

Data File: Member Enrollment

Data Field	SDDV1	SDDV2	Data Type	Length	Description	
Z_PATID	Х	Х	Varchar	32	One-way hash encrypted unique identifier for all members in data set. PATID is consistent over time but not consistent across HCCl data contributors. This identifier is not derived from	
					information about the individual, and is compliant with HIPAA §164.514c.	
MNTH	Х	Х	Varchar	2	alendar Month of active member enrollment.	
YR	Х	Х	Character		Calendar Year of active member enrollment.	
SEX	X	Х	Character	1	Member Sex: Male (M), Female (F), Unknown (NULL).	
YBIRTH	Х		Character	4	Year of Member birth.	
AGE_BAND_CD		Х	Character	2	A code identifying the age range of the member.	
REL_CD	Х	Х	Varchar	2	Identifies relationship of member to policy holder.	
MBR_STATE		Х	Character	2	The two character Postal Code for the member's state. Only USA membership is included in the dataset	
STATE_RURAL	Х		Character	2	Standard two character indicator of Member's state of residence where CBSA is '00000'.	
MBR_ZIP_5_CD		Х	Character	5	The number assigned by the US Postal Service to a geographic area for the purposes of efficient mail sorting and delivery.	
					Only zip codes corresponding to populations of greater than 1350 individuals per 2010 US Census ZCTA file are allowed for unrestricted use/release. Zip codes representing 1350 or less or null/invalid zip codes, or zip codes that aren't part of the ZCTA classification will be represented as a null value.	
MBR_CBSA	Х	Х	Character	5	Geographic Indicator, US Census Core Based Statistical Area. Only "Metro" codes, representing populations of 50,000+, are included. Furthermore, under SDDV2, if the MBR_ZIP_5_CD is null, then the MBR_CBSA should be set to null.	
HRR_CD		Х	Integer	19	Identifies a member's regional market for tertiary medical care based on the Dartmouth Atlas Hospital Referral Regions. Furthermore, under SDDV2, if the MBR_ZIP_5_CD is null, then the MBR_CBSA has been set to null.	
PROD	Х	Х	Character	3	ype of benefit plan commonly used by the health care industry to identify the product.	
FI_FLG	Х	Х	Character	1	dentifies ASO (self funded) versus fully insured. Used for commercial products only.	
RX_CVG_IND	Х	Х	Character	1	dentifies a member with pharmacy benefits coverage.	
MH_CVG_IND	Х	Х	Character	1	dentifies members who have mental health benefits as part of their plan coverage.	
SIC	Х	Х	Character	6	A federally assigned Standard Industry Classification number that identifies companies by industry. Values have been aggregated into 8 broad categories.	
OVER65_FLG	Х	Х	Character	1	Derived flag for purposes of data set filtering. Value of '1' indicates member age of 65+.	
ESI_FLG	Х	Х	Character	1	Derived flag for purposes of data set filtering. Value of '1' indicates member age is under 65, member SEX is not missing, and product (PROD) is EPO, HMO, POS, or PPO.	



Data Filel: Medical Claims, Inpatient

Data Field	SDDV1	SDDV2	Data Type	Length	Description	
Z_PATID	Х	Х	Varchar	32	One-way hash encrypted unique identifier for all members in data set. PATID is consistent over time but not consistent across HCCl data contributors. This identifier is not derived from information about the individual, and is compliant with HIPAA §164.514c.	
Z_CLMID	X	х	Varchar	32	One-way hash encrypted Claim ID.	
Z_CLMID CLMSEQ	X	x	Varchar	5	Number assigned in the source system to the service within the claim. Used with CLMID.	
YR	X	x	Character	4	Incurred year of service in format 'YYYY'. Based on FST_ADMTDT.	
MNTH	X	x	Varchar	3	Incurred month of service in format 'MM'. Based on FST_ADMTDT.	
CLM_FRM_TYP	X	x	Varchar	1	Claim form type.	
TOB	X	x	Character	3	Type Of Bill indicator for facility claims.	
FST DT	X	x	Date	10	The beginning date for the service, event, or confinement being billed by the provider.	
LST DT	X	x	Date	10	The ending date for the service, event, or confinement being billed by the provider. The ending date for the service, event, or confinement being billed by the provider.	
FST ADMTDT	X	X	Date	10	Admission Date for Inpatient confinement.	
LST_DISCHDT	X	X	Date Varchar	10 32	Discharge Date for Inpatient confinement.	
Z_ADMIT_ID	X	X			One-way hash encrypted Identifier for an inpatient confinement. Only present on Inpatient claims	
ADMIT_TYPE	X	X	Character	1	Source of patient's admission.	
ADMIT_SRC	X	X	Character	<u> </u>	Point of origin for admission.	
MDC	X	X	Varchar	2	Major Diagnostic Category. Derived from DRG_DRVD field.	
PAID_DT	X	X	Date	10	The date that appears on the check or EFT for claims payment.	
AMT_NET_PAID	X	X	Decimal	11.2	The actual amount paid to the provider for the service performed after all deductions and calculations are performed. This does not include the amount paid fee for service on a capitated	
	L		<u> </u>		service. Values may be positive \$ amount or zero or negative \$ amount or null.	
COINS	Х	X	Decimal	11.2	The amount (usually calculated as a percent of the provider's submitted charges) the member pays for a specific service as defined in their benefit plan. For example, 20% of the cost of	
					an outpatient physical therapy visit. Values may be positive \$ amount or zero or negative \$ amount or null.	
COPAY	X	X	Decimal	11.2	The fixed amount the member pays for a specific service as defined in their benefit plan. For example, \$10 for an office visit. Values may be positive \$ amount or zero or negative \$	
					amount or null.	
DEDUCT	X	Х	Decimal	11.2	The amount applied to the member's deductible.	
CALC_ALLWD	X	Х	Decimal	11.2	The sum of the plan payment plus member cost-share. AMT_NET_PAID + COINS + COPAY + DEDUCT.	
TOT_MEM_CS	X	Х	Decimal	11.2	The sum of COINS + COPAY + DEDUCT.	
UNITS	X	Х	Decimal	11.3	The number of units of service/procedure.	
DIAG_ICD9_CM1	X	Х	Varchar	6	First level ICD-9-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service before 10/01/2015.	
DIAG_ICD9_CM2	X	Х	Varchar	6	Second level ICD-9-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service before 10/01/2015.	
DIAG_ICD9_CM3	X	Х	Varchar	6	Third level ICD-9-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service before 10/01/2015.	
DIAG_ICD10_CM1	Х	Х	Varchar	8	First level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.	
DIAG_ICD10_CM2	Х	Х	Varchar	8	Second level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.	
DIAG ICD10 CM3	Х	Х	Varchar	8	Third level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.	
DIAG ICD10 CM4	Х	Х	Varchar	8	Fourth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.	
DIAG ICD10 CM5	Х	Х	Varchar	8	Fifth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.	
DIAG_ICD10_CM6	X	X	Varchar	8	Sixth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.	
DIAG ICD10 CM7	X	X	Varchar	8	Seventh level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.	
DIAG ICD10 CM8	X	X	Varchar	8	Eighth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.	
DIAG ICD10 CM9	X	X	Varchar	8	Ninth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.	
DIAG ICD10 CM10	X	X	Varchar	8	Tenth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.	
POA1	X	X	Character	1	Present on Admission code (for diagnosis 1). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission.	
POA2	Х	Х	Character	1	Present on Admission code (for diagnosis 2). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission.	
			1	1	, , ,	

POAR X X Character 1 Present on Admission code (for diagnosis 4). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission POAR X X Character 1 Present on Admission code (for diagnosis 5). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission POAR X X Character 1 Present on Admission code (for diagnosis 7). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission POAR X X Character 1 Present on Admission code (for diagnosis 8). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission POAR X X Character 1 Present on Admission code (for diagnosis 8). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission POAR X X Character 1 Present on Admission code (for diagnosis 8). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission POAR X X Character 1 Present on Admission code (for diagnosis 9). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission POAR X X Variater 1 Present on Admission code (for diagnosis 10). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission POAR X X Variater 1 Present on Admission code (for diagnosis 10). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission POAR 2 Variater 3 Variater 3 Variater 4 Present on Admission code (for diagnosis 10). An indicator that differentiates conditions present at time of admission from those	lno.co		l v	01		
POAS X X Character 1 Present on Admission code (for diagnosis 5). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission power at time of admission from those conditions that develop during the inpatient admission power at time of admission from those conditions that develop during the inpatient admission power at time of admission from those conditions that develop during the inpatient admission power at time of admission from those conditions that develop during the inpatient admission power at time of admission from those conditions that develop during the inpatient admission power at time of admission from those conditions that develop during the inpatient admission power at time of admission from those conditions that develop during the inpatient admission power at time of admission from those conditions that develop during the inpatient admission power at time of admission from those conditions that develop during the inpatient admission power at time of admission from those conditions that develop during the inpatient admission power at time of admission from those conditions that develop during the inpatient admission power at time of admission from those conditions that develop during the inpatient admission power at time of admission from those conditions that develop during the inpatient admission power at time of admission from those conditions that develop during the inpatient admission power at time of admission from those conditions that develop during the inpatient admission power at time of admission from those conditions that develop during the inpatient admission power at the power at the power admission that develop during the inpatient admission power at the power a	POA3	X	X	Character	1	Present on Admission code (for diagnosis 3). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission.
POA6 X X Character 1 Present on Admission code (for diagnosis 6). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission POA7 X X Character 1 Present on Admission code (for diagnosis 7). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission POA8 X X Character 1 Present on Admission code (for diagnosis 8). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission POA9 X X Character 1 Present on Admission code (for diagnosis 9). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission POA9 X X Character 1 Present on Admission code (for diagnosis 9). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission POA9 X X Varchar 1 Present on Admission code (for diagnosis 9). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission POA9 X X Varchar 1 Present on Admission code (for diagnosis 10). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission POA9 X X Varchar 1 Present on Admission code (for diagnosis 10). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission POA9 X X Varchar 1 Present on Admission code (for diagnosis 10). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission POA9 X X Varchar 1 Present on POA9 X V	POA4	X	Х	Character	1	Present on Admission code (for diagnosis 4). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission.
PART X X Character 1 Present on Admission code (for diagnosis 9). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission PART X X Character 1 Present on Admission code (for diagnosis 9). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission PART X X X Character 1 Present on Admission code (for diagnosis 9). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission DART X X X Variable 5 The Diagnosis Related Group (DRG) Code as received from payer (not derived or re-grouped by HCCI). DRG DRVD X X Variable 5 The Diagnosis Related Group (DRG) Code develop they HCCI using CRS) Code as received from payer (not derived or re-grouped by HCCI). DRSTATUS X X Character 2 Discharge Status Code. Valid for hospital stays only. Some codes restated for patient dedemilication including death codes (20', 40', 41', 42') PROC CD9 PC61 X X X Variable 6 CP714CP3 Code. DRG DRVD X X X Variable 7 CP714CP3 Code. DRG DRVD X X X Variable 7 CP714CP3 Code. DRG DRVD X X X Variable 7 CP714CP3 Code. DRG DRVD X X X Variable 7 CP714CP3 Code. DRG DRVD X X X Variable 7 CP714CP3 Code. DRG DRVD X X X Variable 7 CP714CP3 Code. DRG DRVD X X X Variable 7 CP714CP3 Code. DRG DRVD X X X Variable 7 CP714CP3 Code. DRG DRVD X X X Variable 7 CP714CP3 Code. DRG DRVD X X X Variable 7 CP714CP3 Code. DRG DRVD X X X Variable 7 CP714CP3 Code. DRG DRVD X X X Variable 7 CP714CP3 Code. DRG DRVD X X X Variable 7 CP714CP3 Code. DRG DRVD X X X Variable 7 CP714CP3 Code. DRG	POA5	X	х	Character	1	Present on Admission code (for diagnosis 5). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission.
POAS X X Character 1 Present on Admission code (for diagnosis 8). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission POAS X X Character 1 Present on Admission code (for diagnosis 9). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission DRG X X X Character 1 Present on Admission code (for diagnosis 10). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission DRG X X X Varchar 5 The Diagnosis Related Group (DRG) Code as received from payer (not derived or re-grouped by HCCI). DRG DRV X X Varchar 5 The Diagnosis Related Group (DRG) Code doerwide by HCCI used Salgorithm. DRTATUS X X Character 2 Discharge Status Code. Valid for hospital stays only. Some codes redacted for patient determination including death codes (20°.40°/41°.42′) DRG DRV X X Varchar 5 The Diagnosis Related Group (DRG) Code develor by HCCI used Salgorithm. DRG DRV X X Varchar 5 The Diagnosis Related Group (DRG) Code develor by HCCI used Salgorithm. DRG COD X X X Varchar 5 The Diagnosis Related Group (DRG) Code develor by HCCI used Salgorithm. DRG COD X X X Varchar 6 The Character 2 Discharge Status Code. Valid for hospital stays only. Some codes redacted for patient determination including death codes (20°.40°/41°.42′) DRG COD X X X Varchar 6 PROC COD X X X Varchar 7 The Character 7 The Code of the Character 7 The Cha	POA6	Х	Х	Character	1	Present on Admission code (for diagnosis 6). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission.
POA9 X X Character 1 Present on Admission code (for diagnosis 9). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission from those conditions that develop during the inpatient admission from those conditions that develop during the inpatient admission from those conditions that develop during the inpatient admission from those conditions that develop during the inpatient admission from those conditions that develop during the inpatient admission from those conditions that develop during the inpatient admission from those conditions that develop during the inpatient admission from those conditions that develop during the inpatient admission from those conditions that develop during the inpatient admission from those conditions that develop during the inpatient admission from those conditions that develop during the inpatient admission from those conditions that develop during the inpatient admission from those conditions that develop during the inpatient admission from those conditions that develop during the inpatient admission from those conditions that develop during the inpatient admission from those conditions that develop during the inpatient admission from those conditions that develop during the inpatient admission from those conditions that develop during the inpatient admission from those conditions that develop during the inpatient admission from those conditions that develop during the inpatient admission from those conditions that develop during the inpatient admission from those conditions that develop during the inpatient admission from those conditions that develop during the inpatient admission from those conditions that develop during the inpatient admission from those conditions that develop during the inpatient admission from those conditions that develop during the inpatient admission from those conditions that develop during the inpatient admission from those conditions that develop during the inpatient adm	POA7	Х	Х	Character	1	Present on Admission code (for diagnosis 7). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission.
POA10 X X X Varchar The Diagnosis Related Group (DRG) Code as received from payer (not derived or re-grouped by HCCI). DRG_DRVD X X Varchar 5 The Diagnosis Related Group (DRG) Code as received from payer (not derived or re-grouped by HCCI). DRG_DRVD X X Varchar 5 The Diagnosis Related Group (DRG) Code as received from payer (not derived or re-grouped by HCCI). DRG_DRVD X X Varchar 5 The Diagnosis Related Group (DRG) Code as received from payer (not derived or re-grouped by HCCI). DRG_DRVD X X Varchar 5 The Diagnosis Related Group (DRG) Code derived by HCCI using CMS algorithm. DRG_DRVD X X Varchar 6 First level ICD-9-CS code. PROC (DP PCS1 X X Varchar 6 First level ICD-9-PCS procedure code as entered on the claim. Effective with incurred dates of service before 10/01/2015. PROC (DP PCS2 X X Varchar 6 Second level ICD-16-PCS procedure code as entered on the claim. Effective with incurred dates of service before 10/01/2015. PROC (DP PCS1 X X Varchar 6 Second level ICD-16-PCS procedure code as entered on the claim. Effective with incurred dates of service before 10/01/2015. PROC (DP PCS1 X X Character 7 First level ICD-16-PCS procedure code as entered on the claim. Effective with incurred dates of service before 10/01/2015. PROC (DP PCS1 X X Character 7 First level ICD-16-PCS procedure code as entered on the claim. Effective with incurred dates of service before 10/01/2015. PROC (DP PCS1 X X Character 7 First level ICD-16-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC (DP PCS1 X X Character 7 First level ICD-16-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC (DP PCS1 X X Character 7 First level ICD-16-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC (DP PCS1 X X Character 7 First level ICD-16-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after	POA8	Х	Х	Character	1	Present on Admission code (for diagnosis 8). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission.
DRG X X Varchar 5 The Diagnosis Related Group (DRG) Code as received from payer (not derived or re-grouped by HCCI). DRG_DRVD X X Varchar 5 The Diagnosis Related Group (DRG) Code derived by HCCI using CMS algorithm. DSTATUS X X Character 2 Discharge Status Code. Valid for hospital stays only. 2 PROC, CD X X Varchar 6 First level ICD-9-PCS procedure code as entered on the claim. Effective with incurred dates of service before 10/01/2015. PROC, ICD9, PCS1 X X Varchar 6 First level ICD-9-PCS procedure code as entered on the claim. Effective with incurred dates of service before 10/01/2015. PROC, ICD9, PCS2 X X Varchar 6 First level ICD-9-PCS procedure code as entered on the claim. Effective with incurred dates of service before 10/01/2015. PROC, ICD9, PCS3 X X Varchar 6 First level ICD-9-PCS procedure code as entered on the claim. Effective with incurred dates of service before 10/01/2015. PROC, ICD9, PCS3 X X Varchar 6 First level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service before 10/01/2015. PROC, ICD19, PCS3 X X Character 7 First level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service before 10/01/2015. PROC, ICD19, PCS3 X X Character 7 First level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC, ICD19, PCS3 X X Character 7 First level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC, ICD19, PCS3 X X Character 7 First level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC, ICD19, PCS5 X X Character 7 First level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC, ICD19, PCS5 X X Character 7 Seventh level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC, ICD19, PCS5 X X Ch	POA9	Х	Х	Character	1	Present on Admission code (for diagnosis 9). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission.
DRG DRVD X X Varchar DSTATUS X X Character Discharge Status Code. Valid for hospital stays only. Some codes reducted for paint deidentification including death codes (20°,40°,41°,42°) PROC. CD PROC. CD X X Varchar 6 CPTH-CPCS code. FROC. ICD9 PCS1 X X Varchar 6 First level ICD-9-PCS procedure code as entered on the claim. Effective with incurred dates of service before 10/01/2015. PROC. ICD9 PCS2 X X Varchar 6 First level ICD-9-PCS procedure code as entered on the claim. Effective with incurred dates of service before 10/01/2015. PROC. ICD9 PCS3 X X Varchar 6 Second level ICD-9-PCS procedure code as entered on the claim. Effective with incurred dates of service before 10/01/2015. PROC. ICD9 PCS3 X X Character 7 First level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service before 10/01/2015. PROC. ICD10 PCS1 X X Character 7 First level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service before 10/01/2015. PROC. ICD10 PCS3 X X Character 7 First level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC. ICD10 PCS3 X X Character 7 First level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC. ICD10 PCS3 X X Character 7 First level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC. ICD10 PCS3 X X Character 7 First level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC. ICD10 PCS3 X X Character 7 Seventh level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC. ICD10 PCS3 X X Character 7 Seventh level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC. ICD10 PCS3 X X Character 7 Seventh level ICD	POA10	Х	Х	Character	1	Present on Admission code (for diagnosis 10). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission.
Discharge Status Code. Valid for hospital stays only. Some codes redacted for patient deidentification including death codes (20',40',41',42') PROC. ICD9 PCS1	DRG	Х	Х	Varchar	5	The Diagnosis Related Group (DRG) Code as received from payer (not derived or re-grouped by HCCI).
PROC. CD PCS1 X X Varchar 6 CPTHICPCS code. PROC. ICD9 PCS2 X X Varchar 6 First level ICD-9PCS procedure code as entered on the claim. Effective with incurred dates of service before 10/01/2015. PROC. ICD9 PCS2 X X Varchar 6 Second level ICD-9PCS procedure code as entered on the claim. Effective with incurred dates of service before 10/01/2015. PROC. ICD10 PCS1 X X Character 7 First level ICD-9PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC. ICD10 PCS2 X X Character 7 First level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC. ICD10 PCS2 X X Character 7 Second level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC. ICD10 PCS3 X X Character 7 Fourth level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC. ICD10 PCS3 X X Character 7 Fourth level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC. ICD10 PCS3 X X Character 7 Fourth level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC. ICD10 PCS8 X X Character 7 Fourth level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC. ICD10 PCS8 X X Character 7 Seventh level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC. ICD10 PCS8 X X Character 7 Seventh level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC. ICD10 PCS8 X X Character 7 Seventh level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC. ICD10 PCS8 X X Character 7 In the ICD PCS procedure code as entered on the claim. Effective	DRG_DRVD	Х	Х	Varchar	5	
PROC. ICD9 PCS1 X X Varchar 6 First level ICD-9-PCS procedure code as entered on the claim. Effective with incurred dates of service before 10/01/2015. PROC. ICD9 PCS3 X X Varchar 6 Second level ICD-9-PCS procedure code as entered on the claim. Effective with incurred dates of service before 10/01/2015. PROC. ICD10 PCS1 X X Character 7 First level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service before 10/01/2015. PROC. ICD10 PCS2 X X Character 7 First level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC. ICD10 PCS3 X X Character 7 Third level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC. ICD10 PCS3 X X Character 7 Fourth level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC. ICD10 PCS4 X X Character 7 Fourth level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC. ICD10 PCS5 X X Character 7 Fourth level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC. ICD10 PCS5 X X Character 7 Fifth level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC. ICD10 PCS6 X X Character 7 Fifth level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC. ICD10 PCS6 X X Character 7 Fifth level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC. ICD10 PCS6 X X Character 7 Sixth level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC. ICD10 PCS6 X X Character 7 Sixth level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10	DSTATUS	Х	Х	Character	2	Discharge Status Code. Valid for hospital stays only. Some codes redacted for patient deidentification including death codes ('20','40','41','42')
PROC. ICD9 PCS2	PROC CD	Х	Х	Varchar	6	CPT/HCPCS code.
PROC ICD19 PCS3 X X Varchar 6 Third level ICD1-9-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC ICD19 PCS2 X X Character 7 First level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC ICD19 PCS3 X X Character 7 Second level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC ICD19 PCS4 X X Character 7 First level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC ICD19 PCS4 X X Character 7 First level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC ICD19 PCS5 X X Character 7 First level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC ICD19 PCS5 X X Character 7 Sixth level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC ICD19 PCS5 X X Character 7 Seventh level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC ICD19 PCS5 X X Character 7 Seventh level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC ICD19 PCS9 X X Character 7 Inith level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC ICD19 PCS9 X X Character 7 Inith level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC ICD19 PCS9 X X Character 7 Inith level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC ICD19 PCS9 X X Character 7 Inith level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PR	PROC ICD9 PCS1	Х	Х	Varchar	6	First level ICD-9-PCS procedure code as entered on the claim. Effective with incurred dates of service before 10/01/2015.
PROC. ICD9 PCS3 X X Varchar 6 Third level ICD-9-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC. ICD10 PCS2 X X Character 7 First level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC. ICD10 PCS3 X X Character 7 First level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC. ICD10 PCS3 X X Character 7 First level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC. ICD10 PCS3 X X Character 7 First level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC. ICD10 PCS3 X X Character 7 First level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC. ICD10 PCS3 X X Character 7 Sixth level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC. ICD10 PCS3 X X Character 7 Seventh level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC. ICD10 PCS3 X X Character 7 Seventh level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC. ICD10 PCS3 X X Character 7 Seventh level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC. ICD10 PCS3 X X Character 7 Seventh level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC. ICD10 PCS3 X X Character 7 Seventh level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC. ICD10 PCS3 X X Character 7 Seventh level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/af	PROC ICD9 PCS2	Х	Х	Varchar	6	Second level ICD-9-PCS procedure code as entered on the claim. Effective with incurred dates of service before 10/01/2015.
PROC ICD10 PCS2 X X Character 7 Second level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC ICD10 PCS4 X X Character 7 Third level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC ICD10 PCS5 X X Character 7 Fourth level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC ICD10 PCS5 X X Character 7 Fifth level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC ICD10 PCS5 X X Character 7 Sixth level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC ICD10 PCS7 X X Character 7 Seventh level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC ICD10 PCS8 X X Character 7 Eight level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC ICD10 PCS9 X X Character 7 Eight level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC ICD10 PCS9 X X Character 7 Eight level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC ICD10 PCS9 X X Character 7 Eight level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC ICD10 PCS9 X X Character 7 Forth level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC ICD10 PCS9 X X Varchar 4 First procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC ICD10 PCS9 X X Varchar 4 First procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC ICD10 PCS9 X X Varcha		Х	Х	Varchar	6	
PROC ICD10 PCS2 X X Character 7 Second level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC ICD10 PCS4 X X Character 7 Third level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC ICD10 PCS5 X X Character 7 Fourth level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC ICD10 PCS5 X X Character 7 Fifth level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC ICD10 PCS5 X X Character 7 Sixth level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC ICD10 PCS7 X X Character 7 Seventh level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC ICD10 PCS8 X X Character 7 Eight level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC ICD10 PCS9 X X Character 7 Eight level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC ICD10 PCS9 X X Character 7 Eight level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC ICD10 PCS9 X X Character 7 Eight level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC ICD10 PCS9 X X Character 7 Forth level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC ICD10 PCS9 X X Varchar 4 First procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC ICD10 PCS9 X X Varchar 4 First procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC ICD10 PCS9 X X Varcha	PROC ICD10 PCS1	Х	Х	Character	7	First level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015.
PROC CD10 PCS3	PROC ICD10 PCS2	Х	Х	Character	7	
PROC ICD10 PCS4		Х	Х	Character	7	
PROC ICD10 PCS5		Х	Х	Character	7	
RROC ICD10 PCS6	PROC ICD10 PCS5	Х	Х	Character	7	Fifth level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015.
PROC ICD10 PCS7 X X Character 7 Seventh level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC ICD10 PCS8 X X Character 7 Eighth level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC ICD10 PCS9 X X Character 7 Ninth level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC ICD10 PCS10 X X Character 7 Tenth level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC ICD10 PCS10 X X Varchar 4 First procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC ICD10 PCS10 X X Varchar 4 First procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC ICD10 PCS10 X X Varchar 4 First procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC ICD10 PCS10 X Varchar 4 Identifies as pecific accommodation, ancillarly service or billing calculation for facility claims. POS X X Varchar 4 Identifies a specific accommodation, ancillarly service or billing calculation for facility claims. POS X X Varchar 4 AMA Place of Service code. HNPI_BE X X Varchar 32 National Provider Identifier (INPI) of the health care rendering provider delivering the service. NPI is assigned by NPPES/CMS to a qualified health care provider. This number is a one-way hash encrypted value consistent across HCCI data contributors using a 32-byte algorithm developed by Humana. PROV AT X Varchar 10 Provider category code that indicates the specialty of the health care professional. PROV_STATE X X Character 5 The number assigned by the US Postal Service to a geographic area for the purposes of efficient mail sorting and delivery. PROV_STATE X X Character 1 Netwo character Postal Code for the provider state. Values are provided consistent with	PROC ICD10 PCS6	Х	Х	Character	7	
PROC ICD10 PCS8 X X Character 7 Eighth level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC ICD10 PCS9 X X Character 7 Ninth level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC ICD10 PCS10 X X Character 7 Tenth level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC ICD10 PCS10 X X Character 7 Tenth level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC ICD10 PCS10 X X Character 7 Tenth level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC ICD10 PCS10 X X Character 7 Tenth level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC ICD10 PCS10 X X Character 7 Tenth level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC ICD10 PCS10 X X Character 7 Tenth level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC ICD10 PCS10 X X Character 7 Tenth level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC ICD10 PCS10 X X Character 7 Tenth level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC ICD10 PCS10 X X Varchar 4 IcD10 PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC ICD10 PCS10 CARACTER 1 Nith level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC ICD10 PCS10	PROC ICD10 PCS7	Х	Х	Character	7	Seventh level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015.
PROC_ICD10_PCS9 X X Character 7 Ninth level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC_ICD10_PCS10 X X Character 7 Tenth level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC_ICD10_PCS10 X X Character 7 Tenth level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROC_ICD10_PCS10 X X Varchar 4 First procedure code modifier associated with CPT/InCPCS code. Clarifies or improves the reporting accuracy of the associated procedure code. RVNU_CD X X Varchar 4 Identifies a specific accommodation, ancillarly service or billing calculation for facility claims. POS X X Varchar 4 AMA Place of Service code. HNPI_BE X X Varchar 32 National Provider Identifier (NPI) of the health care rendering provider delivering the service. NPI is assigned by NPPES/CMS to a qualified health care provider. This number is a one-way hash encrypted value consistent across HCCI data contributors using a 32-byte algorithm developed by Humana. HNPI_BE X X Varchar 32 National Provider Identifier (NPI) of the health care billing entity delivering the service. NPI is assigned by NPPES/CMS to a qualified health care provider. This number is a one-way hash encrypted value consistent across HCCI data contributors using a 32-byte algorithm developed by Humana. PROV_CAT X X Varchar 10 Provider category code that indicates the specialty of the health care professional. PROV_STATE X X Character 5 The number assigned by the US Postal Service to a geographic area for the purposes of efficient mail sorting and delivery. PROV_STATE X X Character 1 Network Indicates whether a claim was paid in or out of network. PRIMARY_CVG_IND X X Character 1 Primary_Coverage Indicates whether a claim was paid primary, secondary, tertiary, etc. PRIMARY_CVG_IND X X Varchar 2 Derived "High Level" service category.		Х	Х	Character	7	
PROC_ICD10_PCS10 X X Character 7 Tenth level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015. PROCMOD X X Varchar 4 First procedure code modifier associated with CPT/HCPCS code. Clarifies or improves the reporting accuracy of the associated procedure code. RVNU_CD X X Varchar 4 Identifies a specific accommodation, ancillary service or billing calculation for facility claims. POS X X Varchar 4 AMA Place of Service code. HNPI X X Varchar 32 National Provider Identifier (NPI) of the health care rendering provider delivering the service. NPI is assigned by NPPES/CMS to a qualified health care provider. This number is a one-way hash encrypted value consistent across HCCI data contributors using a 32-byte algorithm developed by Humana. HNPI_BE X X Varchar 32 National Provider Identifier (NPI) of the health care billing entity delivering the service. NPI is assigned by NPPES/CMS to a qualified health care provider. This number is a one-way hash encrypted value consistent across HCCI data contributors using a 32-byte algorithm developed by Humana. PROV_ZIP_5_CD X Character 1 Provider category code that indicates the specialty of the health care professional. PROV_CESA_CD X X Character 5 The number assigned by the US Postal Service to a geographic area for the purposes of efficient mail sorting and delivery. PROV_STATE X X Character 1 Network Indicator. Indicates whether a claim was paid in or out of network. PRIMARY_CVG_IND X X Character 1 Network Indicator. Indicates whether a claim was paid primary, secondary, tertiary, etc. HCCI_HL_CAT X X Varchar 2 Derived "Tiple Level" service category.	PROC ICD10 PCS9	Х	Х	Character	7	
PROCMOD X X Varchar 4 First procedure code modifier associated with CPT/HCPCS code. Clarifies or improves the reporting accuracy of the associated procedure code. RVNU CD X X Varchar 4 Identifies a specific accommodation, ancillarly service or billing calculation for facility claims. POS X X Varchar 4 AMA Place of Service code. HNPI X X Varchar 32 National Provider Identifier (NPI) of the health care rendering provider delivering the service. NPI is assigned by NPPES/CMS to a qualified health care provider. This number is a one-way hash encrypted value consistent across HCCI data contributors using a 32-byte algorithm developed by Humana. HNPI_BE X X Varchar 32 National Provider Identifier (NPI) of the health care billing entity delivering the service. NPI is assigned by NPPES/CMS to a qualified health care provider. This number is a one-way hash encrypted value consistent across HCCI data contributors using a 32-byte algorithm developed by Humana. PROVCAT X X Varchar 10 Provider category code that indicates the specialty of the health care professional. PROV_ZIP_5_CD X Character 5 The number assigned by the US Postal Service to a geographic area for the purposes of efficient mail sorting and delivery. PROV_CBSA_CD X X Character 5 Core Based Statistical Area code, a geographic entity defined by the US Census Bureau. Only "Metro" codes, representing populations of 50,000+, are included. PROV_STATE X X Character 1 Netwo character Postal Code for the provider state. Values are provided consistent with the table shown in the "STATE" tab. NTWRK_IND X X Character 1 Network Indicates whether a claim was paid in or out of network. PRIMARY_CVG_IND X X Varchar 2 Derived "High Level" service category.	PROC ICD10 PCS10	Х	Х	Character	7	
RVNU CD X X Varchar 4 Identifies a specific accommodation, ancillarly service or billing calculation for facility claims. POS X X Varchar 4 AMA Place of Service code. HNPI X X Varchar 32 National Provider Identifier (NPI) of the health care rendering provider delivering the service. NPI is assigned by NPPES/CMS to a qualified health care provider. This number is a one-way hash encrypted value consistent across HCCI data contributors using a 32-byte algorithm developed by Humana. HNPI_BE X X Varchar 32 National Provider Identifier (NPI) of the health care billing entity delivering the service. NPI is assigned by NPPES/CMS to a qualified health care provider. This number is a one-way hash encrypted value consistent across HCCI data contributors using a 32-byte algorithm developed by Humana. PROVCAT X Varchar 10 Provider category code that indicates the specialty of the health care professional. PROV_ZIP_5_CD X Character 5 The number assigned by the US Postal Service to a geographic area for the purposes of efficient mail sorting and delivery. PROV_CBSA_CD X X Character 5 Core Based Statistical Area code, a geographic entity defined by the US Census Bureau. Only "Metro" codes, representing populations of 50,000+, are included. PROV_STATE X X Character 2 The two character Postal Code for the provider state. Values are provided consistent with the table shown in the "STATE" tab. NTWRK_IND X X Character 1 Primary Coverage Indicates whether a claim was paid primary, secondary, tertiary, etc. HCCI_HL_CAT X X Varchar 2 Derived "High Level" service category.	PROCMOD	Х	Х	Varchar	4	First procedure code modifier associated with CPT/HCPCS code. Clarifies or improves the reporting accuracy of the associated procedure code.
POS		Х	Х		4	
HNPI BE X X Varchar 32 National Provider Identifier (NPI) of the health care rendering provider delivering the service. NPI is assigned by NPPES/CMS to a qualified health care provider. This number is a one-way hash encrypted value consistent across HCCI data contributors using a 32-byte algorithm developed by Humana. HNPI_BE X X Varchar 32 National Provider Identifier (NPI) of the health care billing entity delivering the service. NPI is assigned by NPPES/CMS to a qualified health care provider. This number is a one-way hash encrypted value consistent across HCCI data contributors using a 32-byte algorithm developed by Humana. PROV_CAT X X Varchar 10 Provider category code that indicates the specialty of the health care professional. PROV_ZIP_5_CD X Character 5 The number assigned by the US Postal Service to a geographic area for the purposes of efficient mail sorting and delivery. PROV_CBSA_CD X X Character 5 Core Based Statistical Area code, a geographic entity defined by the US Census Bureau. Only "Metro" codes, representing populations of 50,000+, are included. PROV_STATE X X Character 1 Network Indicator. Indicates whether a claim was paid in or out of network. PRIMARY_CVG_IND X X Character 1 Primary Coverage Indicator. Indicates whether a claim was paid primary, secondary, tertiary, etc. HCCI_HL_CAT X X Varchar 2 Derived "High Level" service category.	POS	Х	Х	Varchar	4	AMA Place of Service code.
HNPI_BE X X Varchar 32 National Provider Identifier (NPI) of the health care billing entity delivering the service. NPI is assigned by NPPES/CMS to a qualified health care provider. This number is a one-way hash encrypted value consistent across HCCI data contributors using a 32-byte algorithm developed by Humana. PROV_ZIP_5_CD X Varchar 5 The number assigned by the US Postal Service to a geographic area for the purposes of efficient mail sorting and delivery. PROV_CBSA_CD X Character 5 Core Based Statistical Area code, a geographic entity defined by the US Census Bureau. Only "Metro" codes, representing populations of 50,000+, are included. PROV_STATE X X Character 2 The two character Postal Code for the provider state. Values are provided consistent with the table shown in the "STATE" tab. NTWRK_IND X X Character 1 Network Indicator. Indicates whether a claim was paid in or out of network. PRIMARY_CVG_IND X X Varchar 2 Derived "High Level" service category.		Х	Х	Varchar	32	National Provider Identifier (NPI) of the health care rendering provider delivering the service. NPI is assigned by NPPES/CMS to a qualified health care provider. This number is a one-
HNPI_BE X X Varchar 32 National Provider Identifier (NPI) of the health care billing entity delivering the service. NPI is assigned by NPPES/CMS to a qualified health care provider. This number is a one-way hash encrypted value consistent across HCCI data contributors using a 32-byte algorithm developed by Humana. PROV_ZIP_5_CD X Varchar 5 The number assigned by the US Postal Service to a geographic area for the purposes of efficient mail sorting and delivery. PROV_CBSA_CD X Character 5 Core Based Statistical Area code, a geographic entity defined by the US Census Bureau. Only "Metro" codes, representing populations of 50,000+, are included. PROV_STATE X X Character 2 The two character Postal Code for the provider state. Values are provided consistent with the table shown in the "STATE" tab. NTWRK_IND X X Character 1 Network Indicator. Indicates whether a claim was paid in or out of network. PRIMARY_CVG_IND X X Varchar 2 Derived "High Level" service category.						way hash encrypted value consistent across HCCl data contributors using a 32-byte algorithm developed by Humana.
PROV_ZIP_5_CD	HNPI_BE	Х	Х	Varchar	32	
PROV_ZIP_5_CD						
PROV_CBSA_CDXXCharacter5Core Based Statistical Area code, a geographic entity defined by the US Census Bureau. Only "Metro" codes, representing populations of 50,000+, are included.PROV_STATEXXCharacter2The two character Postal Code for the provider state. Values are provided consistent with the table shown in the "STATE" tab.NTWRK_INDXXCharacter1Network Indicates. Indicates whether a claim was paid in or out of network.PRIMARY_CVG_INDXXCharacter1Primary Coverage Indicator. Indicates whether a claim was paid primary, secondary, tertiary, etc.HCCI_HL_CATXXVarchar2Derived "High Level" service category.	PROVCAT	Х	Х	Varchar	10	
PROV_STATE X X Character 2 The two character Postal Code for the provider state. Values are provided consistent with the table shown in the "STATE" tab. NTWRK_IND X X Character 1 Network Indicator. Indicates whether a claim was paid in or out of network. PRIMARY_CVG_IND X X Character 1 Primary Coverage Indicator. Indicates whether a claim was paid primary, secondary, tertiary, etc. HCCI_HL_CAT X X Varchar 2 Derived "High Level" service category.				Character	5	The number assigned by the US Postal Service to a geographic area for the purposes of efficient mail sorting and delivery.
NTWRK_IND X X Character 1 Network Indicator. Indicates whether a claim was paid in or out of network. PRIMARY_CVG_IND X X Character 1 Primary Coverage Indicator. Indicates whether a claim was paid primary, secondary, tertiary, etc. HCCI_HL_CAT X Varchar 2 Derived "High Level" service category.	PROV_CBSA_CD	X	X	Character	5	Core Based Statistical Area code, a geographic entity defined by the US Census Bureau. Only "Metro" codes, representing populations of 50,000+, are included.
NTWRK_IND X X Character 1 Network Indicator. Indicates whether a claim was paid in or out of network. PRIMARY_CVG_IND X X Character 1 Primary Coverage Indicator. Indicates whether a claim was paid primary, secondary, tertiary, etc. HCCI_HL_CAT X Varchar 2 Derived "High Level" service category.	PROV STATE	Х	х	Character	2	The two character Postal Code for the provider state. Values are provided consistent with the table shown in the "STATE" tab.
PRIMARY CVG IND X X Character 1 Primary Coverage Indicator. Indicates whether a claim was paid primary, secondary, tertiary, etc. HCCI_HL_CAT X X Varchar 2 Derived "High Level" service category.					1	Network Indicator. Indicates whether a claim was paid in or out of network.
HCCI_HL_CAT X X Varchar 2 Derived "High Level" service category.					1	
				_	2	
TUVENDO FLO. I A I A TUTIBLIACIEL I I TUETIVEO HAO TOL DUIDOSES OLIGADA SELIMIENTO, VAIGE OLI INDICATES MEMBER AGE OLIGOT	OVER65 FLG	X	X	Character	1	Derived flag for purposes of data set filtering. Value of '1' indicates member age of 65+.

ESI FLG	x	x	Character	1 1	Derived flag for purposes of data set filtering. Value of '1' indicates member is ESI (ESI product code of EPO, HMO, POS, or PPO), AGE is valid and under 65, and valid sex values.	\neg
-00						



Data File: Medical Claims, Outpatient

Data File: Medical Data Field				Length	Description	
Z PATID	Х		Varchar		One-way hash encrypted unique identifier for all members in data set. PATID is consistent over time but not consistent across HCCI data contributors. This identifier is not derived from	
	~	-			information about the individual, and is compliant with HIPAA §164.514c.	
Z_CLMID	Х	Х	Varchar	32	One-way hash encrypted Claim ID.	
CLMSEQ	Х	Х	Varchar	5	Number assigned in the source system to the service within the claim. Used with CLMID.	
YR	Х	Х	Character	4	Incurred year of service in format 'YYYY'. Based on CLM FST DT.	
MNTH	Х	Х	Varchar	3	Incurred month of service in format 'MM'. Based on CLM FST DT.	
CLM_FRM_TYP	Х	Х	Varchar	1	Claim form type.	
ТОВ	Х	Х	Character	3	Type Of Bill indicator for facility claims.	
FST DT	Х	Х	Date	10	The beginning date for the service, event, or confinement being billed by the provider.	
LST_DT	Х	Х	Date	10	The ending date for the service, event, or confinement being billed by the provider.	
CLM_FST_DT	Х	Х	Date	10	Minimum FST_DT across all lines of a claim for an Outpatient Visit.	
Z VISITID	Х	Х	Varchar	32	One-way hash encrypted Identifier for an outpatient visit. Only present on Outpatient claims.	
PAID_DT	Х	Х	Date	10	The date that appears on the check or EFT for claims payment.	
AMT_NET_PAID	Х	Х	Decimal	11.2	The actual amount paid to the provider for the service performed after all deductions and calculations are performed. This does not include the amount paid fee for service on a capitated	
					service. Values may be positive \$ amount or zero or negative \$ amount or null.	
COINS	Х	Х	Decimal	11.2	The amount (usually calculated as a percent of the provider's submitted charges) the member pays for a specific service as defined in their benefit plan. For example, 20% of the cost of	
					an outpatient physical therapy visit. Values may be positive \$ amount or zero or negative \$ amount or null.	
COPAY	Х	Х	Decimal	11.2	The fixed amount the member pays for a specific service as defined in their benefit plan. For example, \$10 for an office visit. Values may be positive \$ amount or zero or negative \$	
					amount or null.	
DEDUCT	Х	Х	Decimal	11.2	The amount applied to the member's deductible.	
CALC_ALLWD	Х	Х	Decimal	11.2	The sum of the plan payment plus member cost-share. AMT_NET_PAID + COINS + COPAY + DEDUCT.	
TOT_MEM_CS	Х	Х	Decimal	11.2	The sum of COINS + COPAY + DEDUCT.	
UNITS	Х	Χ	Decimal	11.3	The number of units of service/procedure.	
DIAG_ICD9_CM1	Х	Х	Varchar	6	First level ICD-9-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service before 10/01/2015.	
DIAG_ICD9_CM2	Х	Х	Varchar	6	Second level ICD-9-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service before 10/01/2015.	
DIAG_ICD9_CM3	X	Х	Varchar	6	Third level ICD-9-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service before 10/01/2015.	
DIAG_ICD10_CM1	X	Х	Varchar	8	First level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.	
DIAG_ICD10_CM2	Х	Х	Varchar	8	Second level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.	
DIAG_ICD10_CM3	Х	Х	Varchar	8	Third level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.	
DIAG_ICD10_CM4	Х	Х	Varchar	8	Fourth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.	
DIAG_ICD10_CM5	Х	Х	Varchar	8	Fifth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.	
DIAG_ICD10_CM6	Х	Х	Varchar	8	Sixth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.	
DIAG_ICD10_CM7	X	Х	Varchar	8	Seventh level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.	
DIAG_ICD10_CM8	X	Х	Varchar	8	Eighth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.	
DIAG_ICD10_CM9	Х	Х	Varchar	8	Ninth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.	
DIAG_ICD10_CM10	Х	Х	Varchar	8	Tenth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.	
PROC_CD	Х	Х	Varchar	6	CPT/HCPCS code.	
PROCMOD	Х	Х	Varchar	4	First procedure code modifier associated with CPT/HCPCS code. Clarifies or improves the reporting accuracy of the associated procedure code.	
RVNU_CD	Х	Х	Varchar	4	Identifies a specific accommodation, ancillary service or billing calculation for facility claims.	
POS	Х	Х	Character	2	AMA Place of Service code.	
HNPI	X	Х	Character	32	National Provider Identifier (NPI) of the health care rendering provider delivering the service. NPI is assigned by NPPES/CMS to a qualified health care provider. This number is a one-	
					way hash encrypted value consistent across HCCl data contributors using a 32-byte algorithm developed by Humana.	
HNPI_BE	X	Х	Character	32	National Provider Identifier (NPI) of the health care billing entity delivering the service. NPI is assigned by NPPES/CMS to a qualified health care provider. This number is a one-way	
					hash encrypted value consistent across HCCl data contributors using a 32-byte algorithm developed by Humana.	

PROVCAT	X	Х	Varchar	10	Provider category code that indicates the specialty of the health care professional.	
PROV_ZIP_5_CD		Х	Character	5	The number assigned by the US Postal Service to a geographic area for the purposes of efficient mail sorting and delivery.	
PROV_CBSA_CD	Х	Х	Character	5	Core Based Statistical Area code, a geographic entity defined by the US Census Bureau. Only "Metro" codes, representing populations of 50,000+, are included.	
PROV_STATE	Х	X	Character	2	The two character Postal Code for the provider state. Values are provided consistent with the table shown in the "STATE" tab.	
NTWRK_IND	X	X	Character	1	Network Indicator. Indicates whether a claim was paid in or out of network.	
PRIMARY_CVG_IND	Х	Х	Character	1	rimary Coverage Indicator. Indicates whether a claim was paid primary, secondary, tertiary, etc.	
HCCI_HL_CAT	Х	Х	Varchar	2	Derived "High Level" service category.	
OVER65_FLG	Х	Х	Character		Derived flag for purposes of data set filtering. Value of '1' indicates member age of 65+.	
ESI_FLG	Х	Х	Character	1	Derived flag for purposes of data set filtering. Value of '1' indicates member is ESI (ESI product code of EPO, HMO, POS, or PPO), AGE is valid and under 65, and valid sex values.	



Data File: Medical Claims, Physician

Z-PATIO X		ata File: Medical Claims, Physician					
Z_CLMID X X Varchar 32 On-way hash encypted Claim ID. CLMSEQ X X Varchar 32 On-way hash encypted Claim ID. CLMSEQ X X Varchar 5 Number assigned in the source system to the service within the claim. Used with E_CLMID. MNTH X X Varchar 3 Incurred month of service in format YMY? Based on FST_OT. MNTH X X Varchar 1 Claim form type. FST_DT X X Date 10 The beginning date for the service, event, or confinement being billed by the provider. LST_DT X X Date 10 The beginning date for the service, event, or confinement being billed by the provider. LST_DT X X Date 10 The beginning date for the service, event, or confinement being billed by the provider. LST_DT X X Date 10 The beginning date for the service, event, or confinement being billed by the provider. LST_DT X X Date 10 The date that appears on the check or EFT for claims payment. AMT_NET_PAID X X Decimal 11:2 The actual amount paid to the provider for the service performed after all deductions and calculations are performed. This does not include the amount paid fee for service or service. CORAY X X Decimal 11:2 The actual amount paid to the provider for the service performed after all deductions and calculations are performed. This does not include the amount paid fee for service or service. Values may be positive \$ amount or zero or negative \$ amount or zero or negativ	Data Field	SDDV1	SDDV2		Length	Description	
CLMSEO	Z_PATID	X	Х	Varchar	32		
CLMSEQ X X Varchar 5 Number assigned in the source system to the service within the claim. Used with E_CLMID. WRTH X X Varchar 3 Incurred year of service in format YMV. Based on FST_DT. MNTH X X Varchar 3 Incurred month of service in format YMV. Based on FST_DT. CLM FRM TYP X X X Date 10 The beginning date for the service, event, or confinement being billed by the provider. LST_DT X X Date 10 The ending date for the service, event, or confinement being billed by the provider. LST_DT X X Date 10 The ending date for the service, event, or confinement being billed by the provider. LST_DT X X Date 10 The ending date for the service, event, or confinement being billed by the provider. PAID_DT X X Decimal 11.2 The ending date for the service, event, or confinement being billed by the provider. COINS X X Decimal 11.2 The actual amount paid to the provider for the service profined after all eductions and calculations are performed. This does not include the amount paid fee for service or negative \$ amount or rull. COPAY X X Decimal 11.2 The actual amount paid to the provider for the service performed after all eductions and calculations are performed. This does not include the amount paid fee for service or negative \$ amount or rull. COPAY X X Decimal 11.2 The sum of the provider's submitted charges) the member pays for a specific service as defined in their benefit plan. For example, \$10 for an office visit. Values may be positive \$ amount or zero or negative \$ amount or rull. CRAIL CALLWD X X Decimal 11.2 The sum of the plan payment plus member cost-share. AMT_NET_PAID + COINS + COPAY + DEDUCT. TOT MEM_CS X X Decimal 11.2 The sum of the plan payment plus member osst-share. AMT_NET_PAID + COINS + COPAY + DEDUCT. TOT MEM_CS X X Decimal 11.3 The sum of the plan payment plus member osst-share. AMT_NET_PAID + COINS + COPAY + DEDUCT. TOT MEM_CS X X Decimal 11.3 The sum of the plan payment plus member osst-share. AMT_NET_PAID + COINS + COPAY + DEDUCT. TOT MEM_CS X X Decimal 11.3 The sum of the plan payment pl							
NRTH		X	Х		32		
MNTH X X Varchar 1 Claim form type. Set DT X X Date 10 The beginning date for the service, event, or confinement being billed by the provider. ST DT X X Date 10 The ending date for the service, event, or confinement being billed by the provider. ST DT X X Date 10 The ending date for the service, event, or confinement being billed by the provider. ST DT X X Date 10 The ending date for the service, event, or confinement being billed by the provider. ST DT X X Date 10 The ending date for the service, event, or confinement being billed by the provider. ST DT DT X X Date 10 The ending date for the service, event, or confinement being billed by the provider. ST DT	CLMSEQ	X	X	Varchar	5		
CCIM FRM_TYP X X Date 10 The degining date for the service, event, or confinement being billed by the provider. LST DT X X Date 10 The degining date for the service, event, or confinement being billed by the provider. AMT_NET_PAID X X Date 11 The date that appears on the check or EFT for claims payment. The actual amount paid to the provider for the service performed after all deductions and calculations are performed. This does not include the amount paid fee for service or service. Values may be positive \$ amount or zero or negative \$ amount or zero		Х	X	Character	4	Incurred year of service in format 'YYYY'. Based on FST_DT.	
FST_DT		X	X	Varchar	3	Incurred month of service in format 'MM'. Based on FST_DT.	
LST DT X X Date 10 The ending date for the service, event, or confinement being billed by the provider. PAID DT X X X Date 11.2 The actual amount paid to the provider for the service, event, claims payment. AMT_NET_PAID X X Decimal 11.2 The actual amount paid to the provider for the service performed after all deductions and calculations are performed. This does not include the amount paid fee for service or service. Values may be positive \$ amount or zund. COINS X X Decimal 11.2 The amount (usually calculated as a percent of the provider's submitted charges) the member pays for a specific service as defined in their benefit plan. For example, 20% of a mount or zero or negative \$ amount or zero or ne	CLM_FRM_TYP	Х	Х	Varchar	1	Claim form type.	
PAID_DT X X Decimal 11.2 The aduat hat appears on the check or EFT for claims payment. AMT_NET_PAID X X Decimal 11.2 The aduate amount paid to the provide for the evince performed after all deductions and calculations are performed. This does not include the amount paid for service or regative \$ amount or null. The amount (usually calculated as a percent of the provider's submitted charges) the member pays for a specific service as defined in their benefit plan. For example, 20% of an outpatient physical threaty visit. Values may be positive \$ amount or null. COPAY X Decimal 11.2 The fixed amount paid to the member pays for a specific service as defined in their benefit plan. For example, \$10 for an office visit. Values may be positive \$ amount or null. DEDUCT X X Decimal 11.2 The amount applied to the member's deductible. CALC ALLWD X X Decimal 11.2 The sum of the plan payment plus member cost-share. AMT_NET_PAID + COINS + COPAY + DEDUCT. TOT MEM CS X X Decimal 11.2 The sum of COINS + COPAY + DEDUCT. TOT MEM CS X X Decimal 11.2 The sum of COINS + COPAY + DEDUCT. UNIT'S X X Decimal 11.2 The sum of COINS + COPAY + DEDUCT. DIAG ICD9 CM1 X X Varchar 6 First level ICD-9-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service before 1001/2015. DIAG ICD9 CM2 X X Varchar 6 First level ICD-9-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service before 1001/2015. DIAG ICD10 CM1 X X Varchar 8 First level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service before 1001/2015. DIAG ICD10 CM2 X X Varchar 8 First level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service before 1001/2015. DIAG ICD10 CM3 X X Varchar 8 First level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 1001/2015. DIAG ICD10 CM5 X X Varcha	FST_DT	Х	Х	Date	10	The beginning date for the service, event, or confinement being billed by the provider.	
AMT_MET_PAID X	LST_DT	Х	Х	Date	10	The ending date for the service, event, or confinement being billed by the provider.	
Service. Values may be positive \$ amount or zero or negative \$ amount or null. COPAY X Decimal 11.2 The amount (susully calculated as a percent of the provider's submitted charges) the member pays for a specific service as defined in their benefit plan. For example, 20% of an outpatient physical therapy visit. Values may be positive \$ amount or zero or negative \$ amount or null. The fixed amount the member pays for a specific service as defined in their benefit plan. For example, 310 for an office visit. Values may be positive \$ amount or zero or negative \$ amount or null. The fixed amount the member pays for a specific service as defined in their benefit plan. For example, 310 for an office visit. Values may be positive \$ amount or zero or negative \$ amount or null. The sum of colins or null. The sum of the plan payment plus member cost-share. AMT_NET_PAID + COINS + COPAY + DEDUCT. TOT MEM CS X X Decimal 11.2 The sum of COINS + COPAY + DEDUCT. TOT MEM CS X X Decimal 11.3 The number of units of service/procedure. DIAG ICD9 CM1 X X Varchar 6 First level ICD-9-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service before 10/01/2015. DIAG ICD9 CM3 X X Varchar 6 First level ICD-9-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service before 10/01/2015. DIAG ICD10 CM2 X X Varchar 8 First level ICD-9-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service before 10/01/2015. DIAG ICD10 CM2 X X Varchar 8 First level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service before 10/01/2015. DIAG ICD10 CM3 X X Varchar 8 First level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG ICD10 CM3 X X Varchar 8 First level ICD-10-CM diagnosis code as entered on the claim (without decimal point).	PAID_DT	Х	Х	Date	10	The date that appears on the check or EFT for claims payment.	
The amount (usually calculated as a percent of the provider's submitted charges) the member pays for a specific service as defined in their benefit plan. For example, 20% of an outpatient physical therapy visit. Values may be positive \$ amount or nualt. The fixed amount the member pays for a specific service as defined in their benefit plan. For example, \$10 for an office visit. Values may be positive \$ amount or nualt. The fixed amount the member pays for a specific service as defined in their benefit plan. For example, \$10 for an office visit. Values may be positive \$ amount or zero or neg amount or nualt. DEDUCT	AMT_NET_PAID	Х	Х	Decimal	11.2	The actual amount paid to the provider for the service performed after all deductions and calculations are performed. This does not include the amount paid fee for service on a capitated	
an outpatient physicial therapy visit. Values may be positive \$ amount or zero or negative \$ amount or null. COPAY X Decimal 11.2 The fixed amount the member pays for a specific service as defined in their benefit plan. For example, \$10 for an office visit. Values may be positive \$ amount or zero or negative \$ amount or null. DEDUCT X X Decimal 11.2 The amount applied to the member seductible. CALC_ALLWD X X Decimal 11.2 The sum of the plan payment plus member cost-share. AMT_NET_PAID + COINS + COPAY + DEDUCT. TOT MEM_CS X X Decimal 11.2 The sum of the plan payment plus member cost-share. AMT_NET_PAID + COINS + COPAY + DEDUCT. UNITS X X Decimal 11.3 The number of units of service/procedure. DIAG_ICD9_CM1 X X Varchar 6 First level ICD-9-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service before 10/01/2015. DIAG_ICD9_CM2 X X Varchar 6 First level ICD-9-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service before 10/01/2015. DIAG_ICD9_CM3 X X Varchar 6 First level ICD-9-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service before 10/01/2015. DIAG_ICD10_CM2 X X Varchar 8 First level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service before 10/01/2015. DIAG_ICD10_CM3 X X Varchar 8 First level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG_ICD10_CM4 X X Varchar 8 First level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG_ICD10_CM4 X X Varchar 8 First level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG_ICD10_CM5 X X Varchar 8 Sixth level ICD-10-CM diagnosis code as entered on the claim (without decimal p						service. Values may be positive \$ amount or zero or negative \$ amount or null.	
DEDUCT X X Decimal 11.2 The fixed amount the member pays for a specific service as defined in their benefit plan. For example, \$10 for an office visit. Values may be positive \$ amount or zero or neg amount or null. The amount applied to the member's deductible. CALC_ALLWD X X Decimal 11.2 The amount applied to the member's deductible. The sum of Colls S X X Decimal 11.2 The sum of Colls S X X Decimal 11.2 The sum of Colls S X X Decimal 11.2 The sum of Colls S X X Decimal 11.2 The sum of Colls S X X Decimal 11.3 The number of units of service/procedure. DIAG_ICD9_CM1 X X Varchar 6 First level ICD-9-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service before 10/01/2015. DIAG_ICD9_CM2 X X Varchar 6 First level ICD-9-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service before 10/01/2015. DIAG_ICD9_CM3 X X Varchar 6 First level ICD-9-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service before 10/01/2015. DIAG_ICD10_CM1 X X Varchar 8 First level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG_ICD10_CM2 X X Varchar 8 Second level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG_ICD10_CM3 X X Varchar 8 First level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG_ICD10_CM3 X X Varchar 8 First level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG_ICD10_CM4 X X Varchar 8 First level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG_ICD10_CM6 X X Varchar 8 Seventh level ICD-10-CM diagnosis code as	COINS	Х	Х	Decimal	11.2	The amount (usually calculated as a percent of the provider's submitted charges) the member pays for a specific service as defined in their benefit plan. For example, 20% of the cost of	
DEDUCT X X Decimal 11.2 The fixed amount the member pays for a specific service as defined in their benefit plan. For example, \$10 for an office visit. Values may be positive \$ amount or zero or neg amount or null. The amount applied to the member's deductible. CALC_ALLWD X X Decimal 11.2 The amount applied to the member's deductible. The sum of Colls S X X Decimal 11.2 The sum of Colls S X X Decimal 11.2 The sum of Colls S X X Decimal 11.2 The sum of Colls S X X Decimal 11.2 The sum of Colls S X X Decimal 11.3 The number of units of service/procedure. DIAG_ICD9_CM1 X X Varchar 6 First level ICD-9-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service before 10/01/2015. DIAG_ICD9_CM2 X X Varchar 6 First level ICD-9-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service before 10/01/2015. DIAG_ICD9_CM3 X X Varchar 6 First level ICD-9-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service before 10/01/2015. DIAG_ICD10_CM1 X X Varchar 8 First level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG_ICD10_CM2 X X Varchar 8 Second level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG_ICD10_CM3 X X Varchar 8 First level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG_ICD10_CM3 X X Varchar 8 First level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG_ICD10_CM4 X X Varchar 8 First level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG_ICD10_CM6 X X Varchar 8 Seventh level ICD-10-CM diagnosis code as						an outpatient physical therapy visit. Values may be positive \$ amount or zero or negative \$ amount or null.	
DEDICT	COPAY	Х	Х	Decimal	11.2	The fixed amount the member pays for a specific service as defined in their benefit plan. For example, \$10 for an office visit. Values may be positive \$ amount or zero or negative \$	
CALC ALLWD X X Decimal 11.2 The sum of the plan payment plus member cost-share. AMT_NET_PAID + COINS + COPAY + DEDUCT. TOT MEM CS X X Decimal 11.2 The sum of COINS + COPAY + DEDUCT. TOT MEM CS X X Decimal 11.2 The sum of COINS + COPAY + DEDUCT. THE SUM OF COING + COI						amount or null.	
CALC ALLWD X	DEDUCT	Х	Х	Decimal	11.2	The amount applied to the member's deductible.	
TOT MEM CS X X Decimal 11.2 The sum of COINS + COPAY + DEDUCT. UNITS X X Decimal 11.3 The number of units of service/procedure. DIAG ICD9 CM1 X X Varchar 6 First level ICD-9-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service before 10/01/2015. DIAG ICD9 CM2 X X Varchar 6 Second level ICD-9-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service before 10/01/2015. DIAG ICD9 CM3 X X Varchar 6 Third level ICD-9-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service before 10/01/2015. DIAG ICD10 CM1 X X Varchar 8 First level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG ICD10 CM2 X X Varchar 8 Second level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG ICD10 CM3 X X Varchar 8 Second level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG ICD10 CM4 X X Varchar 8 First level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG ICD10 CM5 X X Varchar 8 First level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG ICD10 CM6 X X Varchar 8 First level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG ICD10 CM6 X X Varchar 8 First level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG ICD10 CM7 X X Varchar 8 Seventh level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred date			Х	Decimal	11.2		
UNITS X X Decimal 11.3 The number of units of service/procedure. DIAG ICD9 CM1 X X Varchar 6 First level ICD-9-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service before 10/01/2015. DIAG ICD9 CM2 X X Varchar 6 Second level ICD-9-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service before 10/01/2015. DIAG ICD9 CM3 X X Varchar 6 Third level ICD-9-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service before 10/01/2015. DIAG ICD10 CM1 X X Varchar 8 First level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG ICD10 CM2 X X Varchar 8 Second level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG ICD10 CM3 X X Varchar 8 Third level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG ICD10 CM4 X X Varchar 8 Fourth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG ICD10 CM4 X X Varchar 8 Fourth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG ICD10 CM6 X X Varchar 8 Sixth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG ICD10 CM7 X X Varchar 8 Seventh level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG ICD10 CM8 X X Varchar 8 Seventh level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG ICD10 CM9 X X Varchar	TOT MEM CS	Х	Х	Decimal	11.2		
DIAG ICD9 CM1 X X Varchar 6 First level ICD-9-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service before 10/01/2015. DIAG ICD9 CM3 X X Varchar 6 Second level ICD-9-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service before 10/01/2015. DIAG ICD10 CM1 X X Varchar 8 First level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG ICD10 CM2 X X Varchar 8 Second level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG ICD10 CM3 X X Varchar 8 Second level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG ICD10 CM3 X X Varchar 8 Fourth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG ICD10 CM5 X X Varchar 8 Fourth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG ICD10 CM6 X X X Varchar 8 Fifth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG ICD10 CM6 X X X Varchar 8 Sixth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG ICD10 CM7 X X X Varchar 8 Seventh level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG ICD10 CM8 X X Varchar 8 Eighth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG ICD10 CM9 X X Varchar 8 First procedure code modifier associated with CPT/HCP			Х	Decimal	11.3	The number of units of service/procedure.	
DIAG ICD9 CM2 X Varchar 6 Second level ICD-9-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service before 10/01/2015. DIAG ICD9 CM3 X Varchar 6 Third level ICD-9-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service before 10/01/2015. DIAG ICD10 CM1 X Varchar 8 First level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG ICD10 CM3 X Varchar 8 Second level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG ICD10 CM3 X Varchar 8 Third level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG ICD10 CM4 X Varchar 8 Fourth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG ICD10 CM6 X X Varchar 8 Fourth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG ICD10 CM6 X X Varchar 8 Sixth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG ICD10 CM6 X X Varchar 8 Sixth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG ICD10 CM7 X X Varchar 8 Seventh level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG ICD10 CM8 X X Varchar 8 Sixth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG ICD10 CM9 X X Varchar 8 Sixth level ICD-10-CM diagnosis code as entered on the claim (without dec	DIAG ICD9 CM1	Х	Х	Varchar	+		
DIAG ICD9 CM3 X X Varchar 6 Third level ICD-9-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service before 10/01/2015. DIAG ICD10 CM1 X X Varchar 8 First level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG ICD10 CM2 X X Varchar 8 Second level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG ICD10 CM3 X X Varchar 8 Third level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG ICD10 CM4 X X Varchar 8 Fourth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG ICD10 CM5 X X Varchar 8 Fifth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG ICD10 CM6 X X Varchar 8 Sixth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG ICD10 CM7 X X Varchar 8 Seventh level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG ICD10 CM8 X X Varchar 8 Eighth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG ICD10 CM9 X X Varchar 8 Tenth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG ICD10 CM9 X X Varchar 8 Tenth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG ICD10 CM10 X X Varchar 8 Tenth level ICD-10-CM diagnosis code as entered on the cl		Х	Х	Varchar	6		
DIAG ICD10_CM2			Х	Varchar	6		
DIAG_ICD10_CM3		Х	Х	Varchar	8		
DIAG_ICD10_CM3 X X Varchar 8 Third level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG_ICD10_CM5 X X Varchar 8 Fourth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG_ICD10_CM6 X X Varchar 8 Fifth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG_ICD10_CM6 X X Varchar 8 Sixth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG_ICD10_CM7 X X Varchar 8 Seventh level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG_ICD10_CM8 X X Varchar 8 Eighth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG_ICD10_CM9 X X Varchar 8 Ninth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG_ICD10_CM9 X X Varchar 8 Ninth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG_ICD10_CM10 X X Varchar 8 Tenth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. PROC_CD X X Varchar 6 CPT/HCPCS code. PROC_MOD X X Varchar 4 First procedure code modifier associated with CPT/HCPCS code. Clarifies or improves the reporting accuracy of the associated procedure code. PROC_MOD X X Character 2 AMA Place of Service code.			Х		8		
DIAG ICD10_CM4 X X Varchar 8 Fourth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG ICD10_CM6 X X Varchar 8 Fifth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG ICD10_CM6 X X Varchar 8 Sixth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG ICD10_CM7 X X Varchar 8 Seventh level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG ICD10_CM8 X X Varchar 8 Eighth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG ICD10_CM9 X X Varchar 8 Ninth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG ICD10_CM9 X X Varchar 8 Ninth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG ICD10_CM10 X X Varchar 8 Tenth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG ICD10_CM10 X X Varchar 6 CPT/HCPCS code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG ICD10_CM10 X X Varchar 6 CPT/HCPCS code. PROC MOD X X Varchar 4 First procedure code modifier associated with CPT/HCPCS code. Clarifies or improves the reporting accuracy of the associated procedure code. PROC MOD X X X Character 2 AMA Place of Service code.		Х	Х	Varchar	8		
DIAG_ICD10_CM6		Х	Х	Varchar	8		
DIAG_ICD10_CM6 X X Varchar 8 Sixth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG_ICD10_CM8 X X Varchar 8 Seventh level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG_ICD10_CM8 X X Varchar 8 Eighth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG_ICD10_CM9 X X Varchar 8 Ninth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG_ICD10_CM10 X X Varchar 8 Tenth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. PROC_CD X X Varchar 6 CPT/HCPCS code. PROCMOD X X X Varchar 4 First procedure code modifier associated with CPT/HCPCS code. Clarifies or improves the reporting accuracy of the associated procedure code. POS X X Character 2 AMA Place of Service code.		Х	Х		8		
DIAG_ICD10_CM7 X X Varchar 8 Seventh level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG_ICD10_CM8 X X Varchar 8 Eighth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG_ICD10_CM9 X X Varchar 8 Ninth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG_ICD10_CM10 X X Varchar 8 Tenth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. PROC_CD X X Varchar 6 CPT/HCPCS code. PROCMOD X X Varchar 4 First procedure code modifier associated with CPT/HCPCS code. Clarifies or improves the reporting accuracy of the associated procedure code. POS X X Character 2 AMA Place of Service code.		Х	Х		8		
DIAG_ICD10_CM8 X X Varchar 8 Eighth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG_ICD10_CM9 X X Varchar 8 Ninth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG_ICD10_CM10 X X Varchar 8 Tenth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. PROC_CD X X Varchar 6 CPT/HCPCS code. PROCMOD X X Varchar 4 First procedure code modifier associated with CPT/HCPCS code. Clarifies or improves the reporting accuracy of the associated procedure code. POS X X Character 2 AMA Place of Service code.		Х	Х		8		
DIAG_ICD10_CM9 X X Varchar 8 Ninth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. DIAG_ICD10_CM10 X X Varchar 8 Tenth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. PROC_CD X X Varchar 6 CPT/HCPCS code. PROCMOD X X Varchar 4 First procedure code modifier associated with CPT/HCPCS code. Clarifies or improves the reporting accuracy of the associated procedure code. POS X X Character 2 AMA Place of Service code.			Х	Varchar	8		
DIAG_ICD10_CM10 X X Varchar 8 Tenth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015. PROC_CD X X Varchar 6 CPT/HCPCS code. PROCMOD X X Varchar 4 First procedure code modifier associated with CPT/HCPCS code. Clarifies or improves the reporting accuracy of the associated procedure code. POS X X Character 2 AMA Place of Service code.			Х		8		
PROC_CD X X Varchar 6 CPT/HCPCS code. PROCMOD X X Varchar 4 First procedure code modifier associated with CPT/HCPCS code. Clarifies or improves the reporting accuracy of the associated procedure code. POS X X Character 2 AMA Place of Service code.					8	Tenth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.	
PROCMODXXVarchar4First procedure code modifier associated with CPT/HCPCS code. Clarifies or improves the reporting accuracy of the associated procedure code.POSXXCharacter2AMA Place of Service code.		_					
POS X X Character 2 AMA Place of Service code.					+ <u>-</u> -		
					1		
IHNPL X I X Character I 32 National Provider Identifier (NPI) of the health care rendering provider delivering the service. NPI is assigned by NPPES/CMS to a qualified health care provider. This numb	HNPI	X	X	Character	32	National Provider Identifier (NPI) of the health care rendering provider delivering the service. NPI is assigned by NPPES/CMS to a qualified health care provider. This number is a one-	
way hash encrypted value consistent across HCCl data contributors using a 32-byte algorithm developed by Humana.	-		^`		5-		
	HNPI BE	X	X	Character	32	National Provider Identifier (NPI) of the health care billing entity delivering the service. NPI is assigned by NPPES/CMS to a qualified health care provider. This number is a one-way	
hash encrypted value consistent across HCCl data contributors using a 32-byte algorithm developed by Humana.		^	``				

PROVCAT	Х	X	Character	10	Provider category code that indicates the specialty of the health care professional.	
PROV_ZIP_5_CD		Х	Character	5	The number assigned by the US Postal Service to a geographic area for the purposes of efficient mail sorting and delivery.	
PROV_CBSA_CD	Х	Х	Character	5	Core Based Statistical Area code, a geographic entity defined by the US Census Bureau. Only "Metro" codes, representing populations of 50,000+, are included.	
PROV_STATE	Х	Х	Character	2	The two character Postal Code for the provider state. Values are provided consistent with the table shown in the "STATE" tab.	
NTWRK_IND	Х	Х	Character	1	Network Indicator. Indicates whether a claim was paid in or out of network.	
PRIMARY_CVG_IND	Х	Х	Character	1	Primary Coverage Indicator. Indicates whether a claim was paid primary, secondary, tertiary, etc.	
HCCI_HL_CAT	X	Х	Varchar	2	Derived "High Level" service category.	
OVER65_FLG	Х	Х	Character	1	Derived flag for purposes of data set filtering. Value of '1' indicates member age of 65+.	
ESI_FLG	Х	Х	Character	1	Derived flag for purposes of data set filtering. Value of '1' indicates member is ESI (ESI product code of EPO, HMO, POS, or PPO), AGE is valid and under 65, and valid sex values.	



Data File: Pharmacy Claims

Data Field	SDDV1	SDDV2	Data Type	Length	Description	
Z_PATID	Х	Х	Varchar	32	One-way hash encrypted unique identifier for all members in data set. PATID is consistent over time but not consistent across HCCl data contributors. This identifier is not derived from	
					information about the individual, and is compliant with HIPAA §164.514c.	
Z_CLMID	X	Х	Varchar	32	e-way hash encrypted Claim ID.	
YR	Х	Х	Character	4	Year the prescription was filled by the pharmacy.	
MNTH	Х	Х	Varchar	3	Month the prescription was filled by the pharmacy.	
YRMNTH_PD	Х	Х	Character	6	Year and month the prescription claim was paid.	
FILL_DT	Х	Х	Date	10	Date the prescription was filled by the pharmacy.	
CHK_DT	Х	Х	Date	10	The date that appears on the check for claims payment.	
AMT_NET_PAID	X	Х	Decimal	11.2	The amount the pharmacy is reimbursed, also referred to as the net amount. NOTE: This amount includes the dollars separately reported in the DISPFEE field.	
COPAY_COINS	Х	Х	Decimal	11.2	The amount the member pays for a prescription as a copay or coinsurance as defined in their benefit plan.	
DEDUCT	Х	X	Decimal	11.2	he amount applied to the member's deductible.	
CALC_ALLWD	X	Х	Decimal	11.2	ne calculated allowed amount of a service. The sum of the plan payment plus member cost-share. AMT_NET_PAID + COPAY_COINS + DEDUCT.	
TOT_MEM_CS	X	X	Decimal	11.2	he total member cost share (out-of-pocket payment) far a service. The sum of COPAY_COINS + DEDUCT.	
DISPFEE	Х	Х	Decimal	11.2	mount the pharmacy charged to fill the prescription. NOTE: This amount is included in the AMT_NET_PAID payment to the pharmacy.	
QUANTITY	X	Х	Decimal	10.3	uantity of drug dispensed in metric units.	
HNPI	Х	Х	Varchar	32	ational Provider Identifier (NPI) of the health care provider authorized to prescribe medications. NPI is assigned by NPPES/CMS to a qualified health care provider. This number is a	
					one-way hash encrypted value consistent across HCCl data contributors using a 32-byte algorithm developed by Humana.	
HNPI_BE	Х	Х	Vachar	32	National Provider Identifier (NPI) of the health care billing entity delivering the service. NPI is assigned by NPPES/CMS to a qualified health care provider. This number is a one-way	
					hash encrypted value consistent across HCCl data contributors using a 32-byte algorithm developed by Humana.	
DAW	X	X	Character	1	entifies if a prescription was filled as written or altered by Pharmacy, Physician or Member.	
DAYS_SUP	X	Х	Decimal	11.2	timated day count the drug supply should last.	
NDC	Х	Х	Character	11	e unique code that identifies a drug product as defined by the National Drug Data File (all drug products regulated by the FDA must use an NDC).	
SPCLT_IND	Х	Х	Character	1	ndicates if the pharmacy is a specialty pharmacy.	
HCCI_HL_CAT	Х	X	Varchar	4	Derived "High Level" service category (always 'RX').	
OVER65_FLG	Х	Х	Character	1	Derived flag for purposes of data set filtering. Value of '1' indicates member age of 65+.	
ESI_FLG	Х	X	Character	1	Derived flag for purposes of data set filtering. Value of '1' indicates member is ESI (ESI product code of EPO, HMO, POS, or PPO), AGE is valid and under 65, and valid sex values.	

Helpful Resources								
There are several resources for industry-standard healthcare code sets, these resources may be helpful.								
CBSA_CD (v2017)	United States Census Bureau	https://www.census.gov/programs-surveys/metro-micro.html						
HRR_CD (v2016)	Dartmouth Atlas of Health Care	http://www.dartmouthatlas.org/tools/downloads.aspx?tab=39						
ТОВ	NUBC/AHA UB04 Data Specification	http://www.nubc.org/subscriber/index.dhtml						
ADMIT_SRC	NUBC/AHA UB04 Data Specification	http://www.nubc.org/subscriber/index.dhtml						
ADMIT_TYPE	NUBC/AHA UB04 Data Specification	http://www.nubc.org/subscriber/index.dhtml						
MDC	ICD-10-CM/PCS MS-DRG v37.0 Definitions Manual	https://www.cms.gov/icd10m/version37-fullcode-cms/fullcode cms/P0001.html						
DIAGS (ICD-9-CM diagnoses)	CMS ICD_9 Coding Resources	https://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes						
ICD_10_CM	CMS ICD-10 Coding Resources	https://www.cms.gov/Medicare/Coding/ICD10/ICD-10Resources						
DRG	ICD-10-CM/PCS MS-DRG v37.0 Definitions Manual	https://www.cms.gov/icd10m/version37-fullcode-cms/fullcode cms/P0001.html						
DSTATUS	NUBC/AHA UB04 Data Specification	http://www.nubc.org/subscriber/index.dhtml						
ICD_10_PCS	CMS ICD-10 Coding Resources	https://www.cms.gov/Medicare/Coding/ICD10/ICD-10Resources						
RVNU_CD	RESDAC/AHA	https://www.resdac.org/cms-data/variables/revenue-center-code-ffs						
POS	Centers for Medicare and Medicaid Services	http://www.cms.gov/Medicare/Coding/place-of-service-codes/Place of Service Code Set.html						
NDC	First Databank	http://www.fdbhealth.com/solutions/fdb-medknowledge/						
AHFSCLSS	American Society of Health-System Pharmacists (ASHP)	http://www.ahfsdruginformation.com/						
In addition to the above references, users may find the following two resources helpful for obtaining industry standard code sets in book or electronic form:								
	American Academy of Professional Coders (AAPC)	https://www.aapc.com/medical-coding-books/						
	American Medical Association (AMA)	https://commerce.ama-assn.org/store/						
Researchers should note: Any	Researchers should note: Any values present in the HCCI data tables that are not found in the reference tables should be considered invalid and treated as noise.							