



The Commonwealth of Massachusetts  
Center for Health Information and Analysis

## **The Massachusetts All-Payer Claims Database**

### **Pharmacy Claim File Submission Guide**

February 2023

Maura Healey, Governor  
Commonwealth of Massachusetts

Lauren Peters, Executive Director  
Center for Health Information and Analysis

Version 2023

## Revision History

| <b>Date</b> | <b>Version</b> | <b>Description</b>   | <b>Author</b>   |
|-------------|----------------|--|-----------------|
| 12/1/2012   | 3.0            | Administrative Bulletin 12-01; issued 11/8/2012  | M. Prettenhofer |
| 1/29/2013   | 3.1            | <ul style="list-style-type: none"> <li>• Updated 'Non-Massachusetts Resident' section</li> <li>• PC120 (APCD ID Code): Added option 6) ICO - Integrated Care Organization</li> <li>• PC071(State Sales Tax) Condition Updated</li> <li>• PC049, PC050 Narrative updated for error</li> <li>• PC118 (Payment Arrangement) updated code for MassHealth</li> <li>• PC119 ID GIC: Corrected Condition</li> </ul> | H. Hines        |
| 5/31/2013   | 3.1            | <ul style="list-style-type: none"> <li>• Updated HD009 to reflect reporting period change</li> </ul>   | H. Hines        |
| 5/31/2013   | 3.1            | <ul style="list-style-type: none"> <li>• Updated ProviderID description on page 9</li> <li>• Updated element submission guideline for Delegated Benefit Administrator OrganizationID (PC072)</li> </ul>  | K. Hines        |
| 10/2014     | 4.0            | <ul style="list-style-type: none"> <li>• Administrative Bulletin 14-08</li> </ul>  | K. Hines        |
| 2/2016      | 5.0            | <ul style="list-style-type: none"> <li>• Administrative Bulletin 16-03</li> </ul>  | K. Hines        |
| 2/2016      | 5.0            | <ul style="list-style-type: none"> <li>• Update APCD Version Number – HD009 – to 5.0</li> </ul>  | K. Hines        |
| 2/2016      | 5.0            | <ul style="list-style-type: none"> <li>• PC018 - Update field length</li> </ul>  | K. Hines        |
| 2/2016      | 5.0            | <ul style="list-style-type: none"> <li>• Update Cover Sheet, CHIA website and address</li> </ul>   | K. Hines        |
| 2/2017      | 6.0            | <ul style="list-style-type: none"> <li>• Initial 6.0 Updates</li> </ul>  | K. Hines        |
| 2/2019      | 2019           | <ul style="list-style-type: none"> <li>• 2019 Updates</li> </ul>   | P. Smith        |
| 3/2022      | 2019 R2.0      | <ul style="list-style-type: none"> <li>• Changed PC033 from Integer to Decimal value</li> </ul>  | P. Smith        |
| 2/2023      | 2023           | <ul style="list-style-type: none"> <li>• PC011 - standardized values across lookup table</li> <li>• PC012 - added lookup table values</li> <li>• PC33 – expanded field length</li> </ul>   | P. Smith        |

## Table of Contents

|  |           |
|--|-----------|
| <b>Introduction</b> .....                                | <b>4</b>  |
| 957 CMR 8.00: APCD and Case Mix Data Submission .....    | 4         |
| Patient Identifying Information .....                    | 5         |
| Acronyms Frequently Used .....                           | 6         |
| <b>The MA APCD Monthly Pharmacy Claims File</b> .....    | <b>7</b>  |
| Types of Data collected in the Pharmacy Claim File ..... | 9         |
| Submitter-Assigned Identifiers .....                     | 9         |
| Claims Data.....   | 9         |
| Non-Massachusetts Resident .....                         | 9         |
| Adjudication Data .....                                  | 10        |
| Provider Identifiers .....                               | 10        |
| The Provider ID .....                                    | 10        |
| File Guideline and Layout .....                          | 12        |
| Legend.....  | 12        |
| <b>Appendix D – External Code Sources</b> .....          | <b>34</b> |

## Introduction

Access to timely, accurate, and relevant data is essential to improving quality, mitigating costs, and promoting transparency and efficiency in the health care delivery system. A valuable source of data can be found in health care claims.

Using its broad statutory authority to collect, store and maintain health care information in a payer and provider claims database pursuant to M.G.L. c. 12C, the Center for Health Information and Analysis (CHIA) has adopted regulations to collect medical, pharmacy, and dental claims as well as provider, product, and member eligibility information derived from fully-insured, self-insured (where allowed), Medicare, Medicaid and Supplemental Policy data, which CHIA stores in an comprehensive All Payer Claims Database (APCD). CHIA serves as the Commonwealth's primary hub for health care data and a primary source of health care analytics that support policy development.

To facilitate communication and collaboration, CHIA actively maintains a MA APCD website (<http://www.chiamass.gov/apcd-information-for-data-submitters/>) with resources that currently include the submission and release regulations, Administrative Bulletins, the technical submission guide with examples, and support documentation. These resources are periodically updated with materials and CHIA staff are dedicated to working with all affected submitters to ensure full compliance with the regulation.

While CHIA is committed to establishing and maintaining an APCD that promotes transparency, improves health care quality, and mitigates health care costs, we welcome your ongoing suggestions for revising reporting requirements that facilitate our shared goal of administrative simplification. If you have any questions regarding the regulations or technical specifications we encourage you to utilize the online resources and reach out to our staff for any further questions.

Thank you for your partnership with CHIA on the all payer claims database.

### **957 CMR 8.00: APCD and Case Mix Data Submission**

957 CMR 8.00 governs the reporting requirements regarding health care data and information that health care Payers and Hospitals must submit pursuant to M.G.L. c. 12C in connection with the APCD and the Acute Hospital Case Mix and Charge Data Databases. The regulation establishes the data submission requirements for the health care claims data and health plan information that Payers must submit and the procedures and timeframe for submitting such health care data and information. CHIA collects data essential for the continued monitoring of health care cost trends, minimizes the duplication of data submissions by payers to state entities, and promotes administrative simplification among state entities in Massachusetts.

Except as specifically provided otherwise by CHIA or under Chapter 12C, claims data collected by CHIA for the APCD is not a public record under clause 26 of section 7 of chapter 4 or under chapter 66. No public disclosure of any health plan information or data

shall be made unless specifically authorized under 957 CMR 5.00. CHIA developed the data release procedures defined in CHIA regulations to ensure that the release of such data is in the public interest, as well as consistent with applicable Federal and State privacy and security laws.

### **Patient Identifying Information**

No patient identifying information may be included in any fields not specifically instructed as such within the element name, description and submission guideline outlined in this document. Patient identifying information includes name, address, social security number and similar information by which the identity of a patient can be readily determined.

## **Acronyms Frequently Used**

APCD – All-Payer Claims Database

CHIA – Center for Health Information and Analysis

CSO – Computer Services Organization

DBA – Delegated Benefit Administrator

DBM – Dental Benefit Manager

DOI – Division of Insurance

GIC – Group Insurance Commission

ID – Identification; Identifier

MA APCD – Massachusetts' All-Payer Claims Database

NPI – National Provider Identifier

PBM – Pharmacy Benefit Manager

QA – Quality Assurance

RA – Risk Adjustment; Risk Adjuster

TME / RP – Total Medical Expense / Relative Pricing

TPA – Third Party Administrator

### **The File Types:**

DC – Dental Claims

MC – Medical Claims

ME – Member Eligibility

PC – Pharmacy Claims

PR – Product File

PV – Provider File

BP – Benefit Plan Control Total File

## The MA APCD Monthly Pharmacy Claims File

Below we have provided details on business rules, data definitions and the potential uses of this data.

| <b>Specification Question</b>             | <b>Clarification</b>  | <b>Rationale</b>  |
|---|---|---|
| What is the frequency of submission?      | Pharmacy claims files are to be submitted monthly by the last day of the month.   | CHIA requires this frequency to maintain a current dataset for analysis.  |
| What is the format of the file?           | Each submission must be a variable field length asterisk delimited file.  | An asterisk cannot be used within an element in lieu of another character.<br>Example: if the file includes “Smith*Jones” in the Last Name, the system will read an incorrect number of elements and drop the file. |
| What does each row in the file represent? | Each row represents a claim line, typically a prescription.   | It is necessary to obtain claim line item data to make sure each prescription is captured.  |
| Are denied claims to be reported?         | No. Wholly denied prescription claims should not be reported at this time. If for some reason a prescription has multiple claim lines and the claim pays but a line in that claim denies, all claim lines should be sent, similar to the denied claim line philosophy used in medical claims. | Denied line items of an adjudicated claim aid with utilization analysis.  |

| Specification Question   | Clarification   | Rationale   |
|--|---|---|
| Should previously paid but now Voided claims be reported?  | Yes. Claims that were paid and reported in one period and voided by either the Provider or the Carrier should be reported in the next file. See PC110 below.  | The reporting of Zero Paid Pharmacy Claims aids with the analysis of services utilized, Member Eligibility and deductibles applied.   |
| What types of claims are to be included?   | The Pharmacy Claims file is used to report any pharmacy claim sent to and paid by the Carrier/PBM.  | CHIA has adopted the most widely used specification at this time to allow for comprehensive analysis.   |
| The word ‘Member’ is used in the specification. Are ‘Member’ and ‘Patient’ used synonymously?  | Yes. Member and Patient are to be used in the same manner in this specification   | Member is used in the claim specification to strengthen the reporting bond between Member Eligibility and the pharmacy claims attached to a Member.   |
| If claims are processed by a third-party administrator, who is responsible for submitting the data and how should the data be submitted? | In instances where more than one entity administers a health plan, the health care carrier <b>and</b> third-party administrators are responsible for submitting data according to the specifications and format defined in the Submission Guides. CHIA expects each party to report the Organization ID of the other party in the Delegated Benefit Organization ID (PC072) field to assist in linkage between the health care carrier and the third party administrator. | CHIA’s objective is to create a <b>comprehensive</b> database that must include data from all health care carriers and all their vendors (TPAs, PBMs, DBAs, CSOs, etc.) to complete the view of the health service delivery system. |



# **Types of Data collected in the Pharmacy Claim File**

## **Submitter-Assigned Identifiers**

CHIA requires various Submitter-assigned identifiers for matching-logic to the other files, including the Product and Member Eligibility files. Some examples of these elements include PC003, PC006, PC107 and PC108. These elements will be used by CHIA to aid with the matching algorithm to those other files. This matching allows for data aggregation and required reporting.

## **Claims Data**

CHIA requires the line-level detail of all Pharmacy Claims for analysis. The line-level data aids with understanding utilization within products across submitters. The specific pharmacy data reported in PC026 through PC035, PC037 through PC039, PC057, PC058, PC060, PC064, PC071, and PC073 through PC075 would be the same or similar elements that are reported to a Carrier or TPA on the NCPDP Format or a Carrier specific direct data entry system.

Subscriber and Member (Patient) Carrier unique identifiers are being requested to aid with the matching algorithm, see PC107 and PC108.

## **Non-Massachusetts Resident**

CHIA requires that payers submitting claims and encounter data on behalf of an employer group submit claims and encounter data for employees who reside outside of Massachusetts.

CHIA requires data submission for employees that are based in Massachusetts whether the employer is based in MA or the employer has a site in Massachusetts that employs individuals. This requirement is for all payers that are licensed by the MA Division of Insurance, or are required by contract with the Group Insurance Commission to submit paid claims and encounter data for all Massachusetts residents, and all members of a Massachusetts employer group including those who reside outside of Massachusetts.

For payers reporting to the MA Division of Insurance, CHIA requires data submissions for all members where the “situs” of the insurance contract or product is Massachusetts regardless of residence or employer (or the location of the employer that signed the contract in Massachusetts).

## **Adjudication Data**

CHIA requires adjudication-centric data in order to comply with analytic requirements. The elements typically used in an adjudication process are PC017, PC025, PC036, PC040 through PC042, PC063, PC065 through PC070 and PC110 and are variations of paper remittances or the HIPAA 835 4010.

**Denied Claims:** Payers will not be required to submit wholly denied claims at this time. CHIA will issue an Administrative Bulletin notifying Submitters when the requirement to submit denied claims will become effective, the detailed process required to identify and report, and the due dates of denied claim reporting.

## **Provider Identifiers**

CHIA has made a conscious decision to collect numerous identifiers that may be associated with a provider. The identifiers will be used to help link providers across carriers in the event that the primary linking data elements are not a complete match. The existence of these extra identifying elements will improve the quality of our matching algorithms. Examples of these identifying elements include PC043-PC055 relating to the Prescribing Provider.

## **The Provider ID**

Elements PC043 (Prescribing Provider ID) and PC048 (Prescribing Physician NPI) are critical elements which link the Prescribing Provider identified on the Pharmacy Claims file with the corresponding record in the Provider File (PV002). In addition to the risk holder, Pharmacy Benefit Managers must report the Provider IDs (PC043, PC048) and associated records within the Provider file. The definition of the PV002 element is:

*The Provider ID is a unique number for every service provider (persons, facilities or other entities involved in claims transactions) that a carrier/submitter has in its system. This element may or may not be the provider NPI and this element is used to uniquely identify a provider and that provider's affiliation, when applicable, as well as the provider's practice location within this provider file.*

The following are the elements that are required to link to PV002:

**Pharmacy Claim Links: PC043** – Prescribing Provider ID; **PC059** – Recipient PCP ID.

The goal of PV002, Provider ID, is to help identify provider data elements associated with provider data that was submitted in the claim line detail, and to identify the details of the Provider Affiliation.

CHIA is committed to working with all submitters and their technical teams to ensure compliance with applicable laws and regulations. CHIA will continue to provide

support through technical assistance calls and resources available on the CHIA website, <http://www.chiamass.gov/>.

## File Guideline and Layout

### Legend

1. File: Identifies the file per element as well as the Header and Trailer Records that repeat on all MA APCD File Types. Headers and Trailers are Mandatory as a whole, with just a few elements allowing situational reporting.
2. Col: Identifies the column the data resides in when reported
3. Elmt: This is the number of the element in regards to the file type
4. Data Element Name: Provides identification of basic data required
5. Date Modified: Identifies the last date that an element was adjusted
6. Type: Defines the data as Decimal, Integer, Numeric or Text. Additional information provided for identification, e.g., Date Period – Integer
7. Type Description: Used to group like-items together for quick identification
8. Format / Length: Defines both the reporting length and element min/max requirements. See below:
  - a. char[n] – this is a fixed length element of [n] characters, cannot report below or above [n]. This can be any type of data, but is governed by the type listed for the element, Text vs. Numeric.
  - b. varchar[n] – this is a variable length field of max [n] characters, cannot report above [n]. This can be any type of data, but is governed by the type listed for the element, Text vs. Numeric.
  - c. int[n] – this is a fixed type and length element of [n] for numeric reporting only. This cannot be anything but numeric with no decimal points or leading zeros.

The plus/minus symbol (**±**) in front on any of the Formats above indicate that a negative can be submitted in the element under specific conditions. **Example:** When the Claim Line Type (MC138) = V (void) or B (backout) then certain claim values can be negative.

9. Description: Short description that defines the data expected in the element
10. Element Submission Guideline: Provides detailed information regarding the data required as well as constraints, exceptions and examples.
11. Condition: Provides the condition for reporting the given data
12. %: Provides the base percentage that the MA APCD is expecting in volume of data in regards to condition requirements.
13. Cat: Provides the category or tiering of elements and reporting margins where applicable. ‘A’ level fields must meet their APCD threshold percentage in order for a file to pass. The other categories (B, C, Z) are also monitored but will not cause a file to fail. Header and Trailer

Mandatory element errors will cause a file to drop. Where elements have a conditional requirement, percentages are applied to the number of records that meet the condition.

HM = Mandatory Header element; HS = Situational Header element; HO = Optional Header element; A0 = Data is required to be valid per Conditions and must meet threshold percent with 0% variation; A1= Data is required to be valid per Conditions and must meet threshold percent with no more than 1% variation; A2 = Data is required to be valid per Conditions and must meet threshold percent with no more than 2% variation; B and C = Data is requested and errors are reported, but will not cause a file to fail; Z = Data is not required; TM = Mandatory Trailer element; TS = Situational Trailer element; TO = Optional Trailer element.

Elements that are highlighted indicate that a MA APCD lookup table is present and contains valid values expected in the element. In very few cases, there is a combination of a MA APCD lookup table and an External Code Source or Carrier Defined Table, these maintain the highlight.

It is important to note that Type, Format/Length, Condition, Threshold and Category are considered as a suite of requirements that the intake edits are built around to ensure compliance, continuity and quality. This ensures that the data can be standardized at other levels for greater understanding of healthcare utilization.

| File  | Co l | Elm t  | Data Element Name | Date Modified | Type    | Type Description | Format / Length | Description   | Element Submission Guideline   | Condition   | %    | Cat |
|-------|------|--------|-------------------|---------------|---------|------------------|-----------------|---|--|-------------|------|-----|
| HD-PC | 1    | HD 001 | Record Type       | 11/8/12       | Text    | ID Record        | char[2]         | Header Record Identifier                                | Report <b>HD</b> here. Indicates the beginning of the Header Elements of the file.   | Mandatory   | 100% | HM  |
| HD-PC | 2    | HD 002 | Submitter         | 11/8/12       | Integer | ID OrgID         | varchar[6]      | Header Submitter / Carrier ID defined by CHIA           | Report CHIA defined, unique Submitter ID here. TR002 must match the Submitter ID reported here. This ID is linked to other elements in the file for quality control.                         | Mandatory   | 100% | HM  |
| HD-PC | 3    | HD 003 | National Plan ID  | 11/8/12       | Integer | ID Nat'l PlanID  | int[10]         | Header CMS National Plan Identification Number (PlanID) | Do not report any value here until National PlanID is fully implemented. This is a unique identifier as outlined by Centers for Medicare and Medicaid Services (CMS) for Plans or Sub plans. | Situational | 0%   | HS  |
| HD-PC | 4    | HD 004 | Type of File      | 11/8/12       | Text    | ID File          | char[2]         | Defines the file type and data expected.                | Report <b>PC</b> here. Indicates that the data within this file is expected to be PHARMACY CLAIM-based. This must match the File Type reported in TR004.                                     | Mandatory   | 100% | HM  |

| File  | Col | Elmt   | Data Element Name     | Date Modified | Type                  | Type Description            | Format / Length | Description               | Element Submission Guideline  | Condition | %    | Cat |
|-------|-----|--------|-----------------------|---------------|-----------------------|-----------------------------|-----------------|---------------------------|---|-----------|------|-----|
| HD-PC | 5   | HD 005 | Period Beginning Date | 11/8/12       | Date Period - Integer | Century Year Month - CCYYMM | int[6]          | Header Period Start Date  | Report the Year and Month of the reported submission period in CCYYMM format. This date period must be repeated in HD006, TR005 and TR006. This same date must be selected in the upload application for successful transfer.           | Mandatory | 100% | HM  |
| HD-PC | 6   | HD 006 | Period Ending Date    | 11/8/12       | Date Period - Integer | Century Year Month - CCYYMM | int[6]          | Header Period Ending Date | Report the Year and Month of the reporting submission period in CCYYMM format. This date period must match the date period reported in HD005 and be repeated in TR005 and TR006.  | Mandatory | 100% | HM  |
| HD-PC | 7   | HD 007 | Record Count          | 11/8/12       | Integer               | Counter                     | varchar[10]     | Header Record Count       | Report the total number of records submitted within this file. Do not report leading zeros, space fill, decimals, or any special characters.  | Mandatory | 100% | HM  |
| HD-PC | 8   | HD 008 | Comments              | 11/8/12       | Text                  | Free Text Field             | varchar[80]     | Header Carrier Comments   | May be used to document the submission by assigning a filename, system source, compile identifier, etc.   | Optional  | 0%   | HO  |
| HD-PC | 9   | HD 009 | APCD Version Number   | 2/2019        | Decimal - Numeric     | ID Version                  | char[4]         | Submission Guide Version  | Report the version number as presented on the APCD Pharmacy Claim File Submission Guide in 0.0 Format. Sets the intake control for editing elements. Version must be accurate or else file will drop. <b>EXAMPLE:</b> 3.0 = Version 3.0 | Mandatory | 100% | HM  |
|       |     |        |                       |               |                       |                             |                 | <b>Code</b>               | <b>Description</b>  |           |      |     |
|       |     |        |                       |               |                       |                             |                 | 2.1                       | Prior Version; valid only for reporting periods prior to October 2013   |           |      |     |
|       |     |        |                       |               |                       |                             |                 | 3.0                       | Version 3.0; required for reporting periods as of October 2013 No longer valid as of May 2015   |           |      |     |
|       |     |        |                       |               |                       |                             |                 | 4.0                       | Version 4.0; required for reporting periods October 2013 onward; No longer valid as of August 2016  |           |      |     |
|       |     |        |                       |               |                       |                             |                 | 5.0                       | Version 5.0; required for reporting periods October 2013 onward as of August 2016; No longer valid as of August 2017  |           |      |     |
|       |     |        |                       |               |                       |                             |                 | 6.0                       | Version 6.0; required for reporting periods October 2013 onward as of August 2017; No longer valid as of August 2019  |           |      |     |

| File | Col | Elmt   | Data Element Name           | Date Modified | Type                | Type Description        | Format / Length | Description                                      | Element Submission Guideline   | Condition | %    | Cat |
|------|-----|--------|-----------------------------|---------------|---------------------|-------------------------|-----------------|--|--|-----------|------|-----|
|      |     |        |                             |               |                     |                         |                 | 2019   | Version 2019; required for reporting periods October 2013 onward as of August 2019   |           |      |     |
| PC   | 1   | PC 001 | Submitter                   | 11/8/12       | Integer             | ID Submitter            | varchar[6]      | CHIA defined and maintained unique identifier    | Report the Unique Submitter ID as defined by CHIA here. This must match the Submitter ID reported in HD002.  | All       | 100% | A0  |
| PC   | 2   | PC 002 | National Plan ID            | 11/8/12       | Integer             | ID Nat'l PlanID         | int[10]         | CMS National Plan Identification Number (PlanID) | Do not report any value here until National PlanID is fully implemented. This is a unique identifier as outlined by Centers for Medicare and Medicaid Services (CMS) for Plans or Sub plans. | All       | 0%   | Z   |
| PC   | 3   | PC 003 | Insurance Type Code/Product | 2/2019        | Lookup Table - Text | tlkpClaimInsurance Type | char[2]         | Type / Product Identification Code               | Report the code that defines the type of insurance under which this patient's claim line was processed. <b>EXAMPLE:</b> HM = HMO   | All       | 96%  | A1  |
|      |     |        |                             |               |                     |                         |                 | <b>Code</b>                                      | <b>Description</b>   |           |      |     |
|      |     |        |                             |               |                     |                         |                 | 09   | Self-pay   |           |      |     |
|      |     |        |                             |               |                     |                         |                 | 10   | Central Certification  |           |      |     |
|      |     |        |                             |               |                     |                         |                 | 11   | Other Non-Federal Programs   |           |      |     |
|      |     |        |                             |               |                     |                         |                 | 12   | Preferred Provider Organization (PPO)  |           |      |     |
|      |     |        |                             |               |                     |                         |                 | 13   | Point of Service (POS)   |           |      |     |
|      |     |        |                             |               |                     |                         |                 | 14   | Exclusive Provider Organization (EPO)  |           |      |     |
|      |     |        |                             |               |                     |                         |                 | 15   | Indemnity Insurance  |           |      |     |
|      |     |        |                             |               |                     |                         |                 | 16   | Health Maintenance Organization (HMO) Medicare Advantage   |           |      |     |
|      |     |        |                             |               |                     |                         |                 | 17   | Dental Maintenance Organization (DMO)  |           |      |     |
|      |     |        |                             |               |                     |                         |                 | 20   | Medicare Advantage PPO   |           |      |     |
|      |     |        |                             |               |                     |                         |                 | 21   | Medicare Advantage Private Fee for Service   |           |      |     |
|      |     |        |                             |               |                     |                         |                 | 30   | Accountable Care Organization (ACO) - MassHealth   |           |      |     |
|      |     |        |                             |               |                     |                         |                 | AM   | Automobile Medical   |           |      |     |
|      |     |        |                             |               |                     |                         |                 | BL   | Blue Cross / Blue Shield   |           |      |     |
|      |     |        |                             |               |                     |                         |                 | CC   | Commonwealth Care  |           |      |     |
|      |     |        |                             |               |                     |                         |                 | CE   | Commonwealth Choice  |           |      |     |
|      |     |        |                             |               |                     |                         |                 | CH   | Champus  |           |      |     |
|      |     |        |                             |               |                     |                         |                 | CI   | Commercial Insurance   |           |      |     |
|      |     |        |                             |               |                     |                         |                 | DS   | Disability   |           |      |     |
|      |     |        |                             |               |                     |                         |                 | HM   | Health Maintenance Organization  |           |      |     |
|      |     |        |                             |               |                     |                         |                 | HN   | HMO Medicare Risk/Medicare Part C  |           |      |     |

| File | Col | Elm      | Data Element Name              | Date Modified | Type    | Type Description | Format / Length | Description                        | Element Submission Guideline   | Condition | %    | Cat |
|------|-----|----------|--------------------------------|---------------|---------|------------------|-----------------|------------------------------------|--|-----------|------|-----|
|      |     |          |                                |               |         |                  |                 | IC                                 | Integrated Care Organization   |           |      |     |
|      |     |          |                                |               |         |                  |                 | LI                                 | Liability  |           |      |     |
|      |     |          |                                |               |         |                  |                 | LM                                 | Liability Medical  |           |      |     |
|      |     |          |                                |               |         |                  |                 | MA                                 | Medicare Part A  |           |      |     |
|      |     |          |                                |               |         |                  |                 | MB                                 | Medicare Part B  |           |      |     |
|      |     |          |                                |               |         |                  |                 | MC                                 | Medicaid   |           |      |     |
|      |     |          |                                |               |         |                  |                 | MD                                 | Medicare Part D  |           |      |     |
|      |     |          |                                |               |         |                  |                 | MO                                 | Medicaid Managed Care Organization   |           |      |     |
|      |     |          |                                |               |         |                  |                 | MP                                 | Medicare Primary   |           |      |     |
|      |     |          |                                |               |         |                  |                 | MS                                 | Medicare Secondary Plan  |           |      |     |
|      |     |          |                                |               |         |                  |                 | OF                                 | Other Federal Program (e.g. Black Lung)  |           |      |     |
|      |     |          |                                |               |         |                  |                 | QM                                 | Qualified Medicare Beneficiary   |           |      |     |
|      |     |          |                                |               |         |                  |                 | SC                                 | Senior Care Option   |           |      |     |
|      |     |          |                                |               |         |                  |                 | SP                                 | Supplemental Policy  |           |      |     |
|      |     |          |                                |               |         |                  |                 | TF                                 | HSN Trust Fund   |           |      |     |
|      |     |          |                                |               |         |                  |                 | TV                                 | Title V  |           |      |     |
|      |     |          |                                |               |         |                  |                 | VA                                 | Veterans Administration Plan   |           |      |     |
|      |     |          |                                |               |         |                  |                 | WC                                 | Workers' Compensation  |           |      |     |
|      |     |          |                                |               |         |                  |                 | ZZ                                 | Other  |           |      |     |
| PC   | 4   | PC 004   | Payer Claim Control Number     | 6/24/10       | Text    | ID Claim Number  | varchar[35]     | Payer Claim Control Identification | Report the Unique identifier within the payer's system that applies to the entire claim.   | All       | 100% | A0  |
| PC   | 5   | PC 005   | Line Counter                   | 11/8/12       | Integer | ID Count         | varchar[4]      | Incremental Line Counter           | Report the line number for this service within the claim. Start with 1 and increment by 1 for each additional line. Do not start with 0, include alphas or special characters.                   | All       | 100% | A0  |
| PC   | 6   | PC 005 A | Version Number                 | 7/6/10        | Integer | Counter          | varchar[4]      | Claim Service Line Version Number  | Report the version number of this claim service line. The version number begins with 0 and is incremented by 1 for each subsequent version of that service line. No alpha or special characters. | All       | 100% | A0  |
| PC   | 7   | PC 006   | Insured Group or Policy Number | 6/24/10       | Text    | ID Group         | varchar[30]     | Group / Policy Number              | Report the number that defines the insured group or policy. Do not report the number that uniquely identifies the subscriber or member.  | All       | 98%  | A2  |
| PC   | 8   | PC 007   | Filler                         | 2/2017        | text    | Filler           | char[0]         | Filler                             | Do not populate with any data. Required to be NULL.  | All       | 100% | A0  |



| File | Col | Elmt   | Data Element Name                | Date Modified | Type                | Type Description               | Format / Length | Description                               | Element Submission Guideline   | Condition | %    | Cat |
|------|-----|--------|----------------------------------|---------------|---------------------|--------------------------------|-----------------|---|--|-----------|------|-----|
| PC   | 9   | PC 008 | Plan Specific Contract Number    | 6/24/10       | Text                | ID Contract                    | varchar[30]     | Contract Number                           | Report the Plan assigned contract number. Do not include values in this element that will distinguish one member of the family from another. This should be the contract or certificate number for the subscriber and all of the dependents. | All       | 98%  | A2  |
| PC   | 10  | PC 009 | Member Suffix or Sequence Number | 6/24/10       | Text                | ID Sequence                    | varchar[20]     | Member/Patient's Contract Sequence Number | Report the unique number / identifier of the member within the contract.   | All       | 98%  | A2  |
| PC   | 11  | PC 010 | Filler                           | 2/2017        | text                | Filler                         | char[0]         | Filler                                    | Do not populate with any data. Required to be NULL.  | All       | 100% | A0  |
| PC   | 12  | PC 011 | Individual Relationship Code     | 2/2023        | Lookup Table - Text | tlkpIndividualRelationshipCode | char[2]         | Patient to Subscriber Relationship Code   | Report the value that defines the Patient's relationship to the Subscriber.<br><b>EXAMPLE:</b> 20 = Self / Employee  | All       | 98%  | B   |
|      |     |        |                                  |               |                     |                                |                 | <b>Value</b>                              | <b>Description</b>   |           |      |     |
|      |     |        |                                  |               |                     |                                |                 | 01  | Spouse   |           |      |     |
|      |     |        |                                  |               |                     |                                |                 | 04  | Grandfather or Grandmother   |           |      |     |
|      |     |        |                                  |               |                     |                                |                 | 05  | Grandson or Granddaughter  |           |      |     |
|      |     |        |                                  |               |                     |                                |                 | 07  | Nephew or Niece  |           |      |     |
|      |     |        |                                  |               |                     |                                |                 | 10  | Foster Child   |           |      |     |
|      |     |        |                                  |               |                     |                                |                 | 12  | Other Adult  |           |      |     |
|      |     |        |                                  |               |                     |                                |                 | 15  | Ward   |           |      |     |
|      |     |        |                                  |               |                     |                                |                 | 17  | Stepson or Stepdaughter  |           |      |     |
|      |     |        |                                  |               |                     |                                |                 | 19  | Child  |           |      |     |
|      |     |        |                                  |               |                     |                                |                 | 20  | Self/Employee  |           |      |     |
|      |     |        |                                  |               |                     |                                |                 | 21  | Unknown  |           |      |     |
|      |     |        |                                  |               |                     |                                |                 | 22  | Handicapped Dependent  |           |      |     |
|      |     |        |                                  |               |                     |                                |                 | 23  | Sponsored Dependent  |           |      |     |
|      |     |        |                                  |               |                     |                                |                 | 24  | Dependent of a Minor Dependent   |           |      |     |
|      |     |        |                                  |               |                     |                                |                 | 29  | Significant Other  |           |      |     |
|      |     |        |                                  |               |                     |                                |                 | 32  | Mother   |           |      |     |
|      |     |        |                                  |               |                     |                                |                 | 33  | Father   |           |      |     |
|      |     |        |                                  |               |                     |                                |                 | 36  | Emancipated Minor  |           |      |     |
|      |     |        |                                  |               |                     |                                |                 | 39  | Organ Donor  |           |      |     |
|      |     |        |                                  |               |                     |                                |                 | 40  | Cadaver Donor  |           |      |     |
|      |     |        |                                  |               |                     |                                |                 | 41  | Injured Plaintiff  |           |      |     |

| File | Co l | Elm t  | Data Element Name               | Date Modified | Type                 | Type Description                  | Format / Length | Description                              | Element Submission Guideline  | Condition | %    | Cat |
|------|------|--------|---------------------------------|---------------|----------------------|-----------------------------------|-----------------|--|---|-----------|------|-----|
|      |      |        |                                 |               |                      |                                   |                 | 43                                       | Child Where Insured Has No Financial Responsibility   |           |      |     |
|      |      |        |                                 |               |                      |                                   |                 | 53                                       | Life Partner  |           |      |     |
|      |      |        |                                 |               |                      |                                   |                 | 76                                       | Dependent   |           |      |     |
| PC   | 13   | PC 012 | Member Gender                   | 2/2023        | Lookup Table - Text  | tlkpGender                        | char[1]         | Patient's Gender                         | Report patient gender as found on the claim in alpha format. Used to validate clinical services when applicable and Unique Member ID. <b>EXAMPLE:</b> F = Female  | All       | 100% | B   |
|      |      |        |                                 |               |                      |                                   |                 | <b>Code</b>                              | <b>Description</b>  |           |      |     |
|      |      |        |                                 |               |                      |                                   |                 | F  | Female  |           |      |     |
|      |      |        |                                 |               |                      |                                   |                 | M  | Male  |           |      |     |
|      |      |        |                                 |               |                      |                                   |                 | A  | Transgender Male/Trans Man  |           |      |     |
|      |      |        |                                 |               |                      |                                   |                 | B  | Transgender Female/Trans Woman  |           |      |     |
|      |      |        |                                 |               |                      |                                   |                 | G  | Genderqueer/gender nonconforming: neither exclusively male nor female   |           |      |     |
|      |      |        |                                 |               |                      |                                   |                 | N  | Non-binary  |           |      |     |
|      |      |        |                                 |               |                      |                                   |                 | O  | Other   |           |      |     |
|      |      |        |                                 |               |                      |                                   |                 | U  | Unknown   |           |      |     |
|      |      |        |                                 |               |                      |                                   |                 | C  | Choose not to answer  |           |      |     |
| PC   | 14   | PC 013 | Member Date of Birth            | 2/2019        | Year Month - Integer | Century Year Month - CCYYMM       | Int[6]          | Member/Patient's month and year of birth | Report the month/year the member / patient was born in CCYYMM Format. Used to validate Unique Member ID.  | All       | 99%  | A0  |
| PC   | 15   | PC 014 | Filler                          | 2/2017        | Text                 | Filler                            | char[0]         | Filler                                   | Do not populate with any data. Required to be NULL.   | All       | 100% | A0  |
| PC   | 16   | PC 015 | Filler                          | 2/2019        | Text                 | Filler                            | char[0]         | Filler                                   | Do not populate with any data. Required to be NULL.   | All       | 100% | A0  |
| PC   | 17   | PC 016 | Filler                          | 2/2019        | Text                 | Filler                            | char[0]         | Filler                                   | Do not populate with any data. Required to be NULL.   | All       | 100% | A0  |
| PC   | 18   | PC 017 | Date Service Approved (AP Date) | 6/24/10       | Full Date - Integer  | Century Year Month Day - CCYYMMDD | int[8]          | Date Service Approved by Payer           | Report the date that the payer approved this claim line for payment in CCYYMMDD Format. This element was designed to capture date other than the Paid date. If Approved Date and Paid Date are the same, then the date here should match Paid Date. | All       | 99%  | C   |
| PC   | 19   | PC 018 | Pharmacy Number                 | 2/2016        | Text                 | ID Pharmacy                       | varchar[7]      | Pharmacy Number                          | Report either the NCPDP or NABP number of the dispensing pharmacy   | All       | 98%  | A0  |

| File | Co l | Elm t    | Data Element Name               | Date Modified | Type                             | Type Description                                   | Format / Length | Description  | Element Submission Guideline   | Condition  | %   | Cat |
|------|------|----------|---------------------------------|---------------|----------------------------------|--|-----------------|--|--|--|-----|-----|
| PC   | 20   | PC 019   | Pharmacy Tax ID Number          | 11/8/12       | Numeric                          | ID Tax   | char[9]         | Pharmacy Tax Identification Number                     | Report the Federal Tax ID of the Pharmacy here. Do not use hyphen or alpha prefix. Reminder: Must not be an SSN.                             | All  | 20% | C   |
| PC   | 21   | PC 020   | Pharmacy Name                   | 6/24/10       | Text                             | Name Pharmacy                                      | varchar[100]    | Name of Pharmacy                                       | Report the name of the pharmacy here.  | All  | 90% | A2  |
| PC   | 22   | PC 021   | National Provider ID - Pharmacy | 10/30/14      | External Code Source 3 - Integer | External Code Source 3 - National Provider ID      | int[10]         | National Provider Identification (NPI) of the Pharmacy | Report the Primary National Provider ID (NPI) here. This ID should be found on the Provider File in the NPI element (PV039).                 | All  | 98% | A2  |
| PC   | 23   | PC 022   | Pharmacy Location City          | 6/24/10       | Text                             | Address City Provider                              | varchar[30]     | City name of the Pharmacy                              | Report the city name of pharmacy-preferably pharmacy location.   | All  | 85% | B   |
| PC   | 24   | PC 023   | Pharmacy Location State         | 11/8/12       | External Code Source 2 - Text    | Address State External Code Source 2 - States      | char[2]         | State of the Pharmacy                                  | Report the state where the dispensing pharmacy is located.   | All  | 90% | B   |
| PC   | 25   | PC 024   | Pharmacy ZIP Code               | 11/8/12       | External Code Source 2 - Text    | Address Zip External Code Source 2 - Zip Codes     | varchar[9]      | Zip code of the Pharmacy                               | Report the 5 or 9 digit Zip Code as defined by the United States Postal Service. When submitting the 9-digit Zip Code do not include hyphen. | All  | 90% | B   |
| PC   | 26   | PC 024 A | Pharmacy Country Code           | 12/1/10       | External Code Source 1 - Text    | Address Country External Code Source 1 - Countries | char[3]         | Country Code of the Pharmacy                           | Report the three-character country code as defined by ISO 3166-1, Alpha 3.   | All  | 90% | B   |
| PC   | 27   | PC 025   | Claim Status                    | 11/8/12       | Lookup Table - Numeric           | tlkpClaimStatus                                    | varchar[2]      | Claim Line Status                                      | Report the value that defines the payment status of this claim line  | All  | 98% | A0  |
|      |      |          |                                 |               |                                  |  |                 |  | <b>Value</b>   | <b>Description</b>                                       |     |     |
|      |      |          |                                 |               |                                  |  |                 |  | 1  | Processed as primary                                     |     |     |
|      |      |          |                                 |               |                                  |  |                 |  | 2  | Processed as secondary                                   |     |     |
|      |      |          |                                 |               |                                  |  |                 |  | 3  | Processed as tertiary                                    |     |     |
|      |      |          |                                 |               |                                  |  |                 |  | 4  | Denied   |     |     |
|      |      |          |                                 |               |                                  |  |                 |  | 19   | Processed as primary, forwarded to additional payer(s)   |     |     |
|      |      |          |                                 |               |                                  |  |                 |  | 20   | Processed as secondary, forwarded to additional payer(s) |     |     |
|      |      |          |                                 |               |                                  |  |                 |  | 21   | Processed as tertiary, forwarded to additional payer(s)  |     |     |

| File | Co l | Elm t  | Data Element Name          | Date Modified | Type                           | Type Description                              | Format / Length | Description                           | Element Submission Guideline   | Condition | %    | Cat |
|------|------|--------|----------------------------|---------------|--------------------------------|---|-----------------|---------------------------------------|--|-----------|------|-----|
|      |      |        |                            |               |                                |   |                 | 22                                    | Reversal of previous payment   |           |      |     |
|      |      |        |                            |               |                                |   |                 | 23                                    | Not our claim, forwarded to additional payer(s)  |           |      |     |
|      |      |        |                            |               |                                |   |                 | 25                                    | Predetermination Pricing Only - no payment   |           |      |     |
| PC   | 28   | PC 026 | Drug Code                  | 11/8/12       | External Code Source 12 - Text | External Code Source 12 - National Drug Codes | char[11]        | National Drug Code (NDC)              | Report the NDC Code as defined by the FDA in 11 digit format (5-4-2) without hyphenation.                                      | All       | 98%  | A0  |
| PC   | 29   | PC 027 | Drug Name                  | 10/30/14      | External Code Source 12 - Text | External Code Source 12 - National Drug Names | varchar[80]     | Name of the drug as supplied          | Report the name of the drug that aligns to the National Drug Code. Do not report generic names with brand National Drug Codes. | All       | 95%  | B   |
| PC   | 30   | PC 028 | New Prescription or Refill | 6/24/10       | Numeric                        | ID Count                                      | char[2]         | Prescription Status Indicator         | Report the status of prescription by numeric value. <b>EXAMPLE:</b> 00 = new prescription; First Refill = 01, etc.             | All       | 99%  | A0  |
| PC   | 31   | PC 029 | Generic Drug Indicator     | 11/8/12       | Lookup Table - Integer         | tlkpFlagIndicators                            | int[1]          | Generic Drug Indicator                | Report the value that defines the element. <b>EXAMPLE:</b> 1 = Yes, the drug reported is a generic.                            | All       | 100% | A2  |
|      |      |        |                            |               |                                |   |                 | <b>Value</b>                          | <b>Description</b>   |           |      |     |
|      |      |        |                            |               |                                |   |                 | 1                                     | Yes  |           |      |     |
|      |      |        |                            |               |                                |   |                 | 2                                     | No   |           |      |     |
|      |      |        |                            |               |                                |   |                 | 3                                     | Unknown  |           |      |     |
|      |      |        |                            |               |                                |   |                 | 4                                     | Other  |           |      |     |
|      |      |        |                            |               |                                |   |                 | 5                                     | Not Applicable   |           |      |     |
| PC   | 32   | PC 030 | Dispense as Written Code   | 6/24/10       | Lookup Table - Integer         | tlkpDispenseAsWritten                         | int[1]          | Prescription Dispensing Activity Code | Report the value that defines how the drug was dispensed. <b>EXAMPLE:</b> 0 = Not dispensed as written                         | All       | 98%  | C   |
|      |      |        |                            |               |                                |   |                 | <b>Value</b>                          | <b>Description</b>   |           |      |     |
|      |      |        |                            |               |                                |   |                 | 1                                     | Physician dispense as written  |           |      |     |
|      |      |        |                            |               |                                |   |                 | 2                                     | Member dispense as written   |           |      |     |
|      |      |        |                            |               |                                |   |                 | 3                                     | Pharmacy dispense as written   |           |      |     |
|      |      |        |                            |               |                                |   |                 | 4                                     | No generic available   |           |      |     |
|      |      |        |                            |               |                                |   |                 | 5                                     | Brand dispensed as generic   |           |      |     |
|      |      |        |                            |               |                                |   |                 | 6                                     | Override   |           |      |     |
|      |      |        |                            |               |                                |   |                 | 7                                     | Substitution not allowed, brand drug mandated by law   |           |      |     |

| File | Col | Elmt   | Data Element Name        | Date Modified | Type                   | Type Description                  | Format / Length | Description                                   | Element Submission Guideline  | Condition | %   | Cat |
|------|-----|--------|--------------------------|---------------|------------------------|-----------------------------------|-----------------|---|---|-----------|-----|-----|
|      |     |        |                          |               |                        |                                   |                 | 8   | Substitution allowed, generic drug not available in marketplace   |           |     |     |
|      |     |        |                          |               |                        |                                   |                 | 9   | Other   |           |     |     |
|      |     |        |                          |               |                        |                                   |                 | 0   | Not dispensed as written  |           |     |     |
| PC   | 33  | PC 031 | Compound Drug Indicator  | 11/8/12       | Lookup Table - Integer | tlkpFlagIndicators                | int[1]          | Compound Drug Indicator                       | Report the value that defines the element. <b>EXAMPLE:</b> 1 = Yes, drug is a compound.   | All       | 98% | A2  |
|      |     |        |                          |               |                        |                                   |                 | <b>Value</b>                                  | <b>Description</b>  |           |     |     |
|      |     |        |                          |               |                        |                                   |                 | 1   | Yes   |           |     |     |
|      |     |        |                          |               |                        |                                   |                 | 2   | No  |           |     |     |
|      |     |        |                          |               |                        |                                   |                 | 3   | Unknown   |           |     |     |
|      |     |        |                          |               |                        |                                   |                 | 4   | Other   |           |     |     |
|      |     |        |                          |               |                        |                                   |                 | 5   | Not Applicable  |           |     |     |
| PC   | 34  | PC 032 | Date Prescription Filled | 6/24/10       | Full Date - Integer    | Century Year Month Day - CCYYMMDD | int[8]          | Prescription filled date                      | Report the date the pharmacy filled AND dispensed prescription to the patient in CCYYMMDD Format.   | All       | 99% | A0  |
| PC   | 35  | PC 033 | Quantity Dispensed       | 2/2023        | Quantity - Decimal     | Counter                           | ±varchar[15]    | Claim line units dispensed                    | Report the number of metric units of medication dispensed.  | All       | 99% | A1  |
| PC   | 36  | PC 034 | Day's Supply             | 11/8/12       | Quantity - Integer     | Days Prescription                 | ±varchar[4]     | Prescription Supply Days                      | Report the number of days the prescription will last if taken as prescribed.  | All       | 99% | A2  |
| PC   | 37  | PC 035 | Charge Amount            | 6/24/10       | Integer                | Currency                          | ±varchar[10]    | Amount of provider charges for the claim line | Report the amount the provider / dispensing facility billed the insurance carrier for this claim line service. Do not code decimal or round up / down to whole dollars; code zero cents (00) when applicable. <b>EXAMPLE:</b> 150.00 is reported as 15000; 150.70 is reported as 15070  | All       | 99% | A0  |
| PC   | 38  | PC 036 | Paid Amount              | 10/3/10       | Integer                | Currency                          | ±varchar[10]    | Amount paid by the carrier for the claim line | Report the amount paid for the claim line. Report 0 if line is paid as part of another procedure / claim line. Do not report any value if the line is denied. Do not code decimal or round up / down to whole dollars; code zero cents (00) when applicable. <b>EXAMPLE:</b> 150.00 is reported as 15000; 150.70 is reported as 15070 | All       | 99% | A0  |

| File | Co l | Elm t  | Data Element Name          | Date Modified | Type    | Type Description | Format / Length | Description  | Element Submission Guideline  | Condition | %   | Cat |
|------|------|--------|----------------------------|---------------|---------|------------------|-----------------|--|---|-----------|-----|-----|
| PC   | 39   | PC 037 | Ingredient Cost/List Price | 6/24/10       | Integer | Currency         | ±varchar[10]    | Amount defined as the List Price or Ingredient Cost        | Report the amount that defines this pharmaceutical cost / price. Do not report any value if unknown. Do not code decimal or round up / down to whole dollars; code zero cents (00) when applicable. <b>EXAMPLE:</b> 150.00 is reported as 15000; 150.70 is reported as 15070  | All       | 99% | A1  |
| PC   | 40   | PC 038 | Postage Amount Claimed     | 6/24/10       | Integer | Currency         | ±varchar[10]    | Amount of postage claimed on the claim line                | Report the amount of postage claimed for this claim line. Report 0 if postage does not apply. Do not code decimal or round up / down to whole dollars; code zero cents (00) when applicable. <b>EXAMPLE:</b> 150.00 is reported as 15000; 150.70 is reported as 15070   | All       | 99% | C   |
| PC   | 41   | PC 039 | Dispensing Fee             | 6/24/10       | Integer | Currency         | ±varchar[10]    | Amount of dispensing fee for the claim line                | Report the amount that defines the dispensing fee. Report 0 if fee does not apply. Do not code decimal or round up / down to whole dollars; code zero cents (00) when applicable. <b>EXAMPLE:</b> 150.00 is reported as 15000; 150.70 is reported as 15070  | All       | 99% | A1  |
| PC   | 42   | PC 040 | Copay Amount               | 6/24/10       | Integer | Currency         | ±varchar[10]    | Amount of Copay member/patient is responsible to pay       | Report the amount that defines a preset, fixed amount for this claim line service that the patient is responsible to pay. Report 0 if no Copay applies. Do not code decimal or round up / down to whole dollars; code zero cents (00) when applicable. <b>EXAMPLE:</b> 150.00 is reported as 15000; 150.70 is reported as 15070               | All       | 99% | A1  |
| PC   | 43   | PC 041 | Coinsurance Amount         | 6/24/10       | Integer | Currency         | ±varchar[10]    | Amount of coinsurance member/patient is responsible to pay | Report the amount that defines a calculated percentage amount for this claim line service that the patient is responsible to pay. Report 0 if no Coinsurance applies. Do not code decimal or round up / down to whole dollars; code zero cents (00) when applicable. <b>EXAMPLE:</b> 150.00 is reported as 15000; 150.70 is reported as 15070 | All       | 99% | A1  |

| File | Col | Elmt   | Data Element Name                  | Date Modified | Type                             | Type Description                              | Format / Length | Description   | Element Submission Guideline  | Condition | %   | Cat |
|------|-----|--------|------------------------------------|---------------|----------------------------------|---|-----------------|---|---|-----------|-----|-----|
| PC   | 44  | PC 042 | Deductible Amount                  | 6/24/10       | Integer                          | Currency                                      | ±varchar[10]    | Amount of deductible member/patient is responsible to pay on the claim line | Report the amount that defines a preset, fixed amount for this claim line service that the patient is responsible to pay. Report 0 if no Deductible applies to service. Do not code decimal or round up / down to whole dollars; code zero cents (00) when applicable. <b>EXAMPLE:</b> 150.00 is reported as 15000; 150.70 is reported as 15070 | All       | 99% | A1  |
| PC   | 45  | PC 043 | Prescribing ProviderID             | 11/8/12       | Text                             | ID Link to PV002                              | varchar[30]     | Prescribing Provider Number   | Report the number of the prescribing provider here. This value in this element must have corresponding Provider ID (PV002) in the Provider File.  | All       | 98% | A0  |
| PC   | 46  | PC 044 | Prescribing Physician First Name   | 6/24/10       | Text                             | Name First Provider                           | varchar[25]     | First name of Prescribing Physician   | Report the first name of the prescribing physician here.  | All       | 50% | B   |
| PC   | 47  | PC 045 | Prescribing Physician Middle Name  | 6/24/10       | Text                             | Name Middle Provider                          | varchar[25]     | Middle initial of Prescribing Physician                                     | Report the middle name of the prescribing physician here.   | All       | 2%  | C   |
| PC   | 48  | PC 046 | Prescribing Physician Last Name    | 6/24/10       | Text                             | Name Last Provider                            | varchar[60]     | Last name of Prescribing Physician  | Report the last name of the prescribing physician here.   | All       | 50% | B   |
| PC   | 49  | PC 047 | Prescribing Physician DEA Number   | 6/24/10       | Text                             | ID DEA  | char[9]         | Prescribing DEA   | Report the Primary DEA number for the prescribing physician   | All       | 80% | B   |
| PC   | 50  | PC 048 | National Provider ID - Prescribing | 10/30/14      | External Code Source 3 - Integer | External Code Source 3 - National Provider ID | int[10]         | National Provider Identification (NPI) of the Prescribing Provider          | Report the Primary National Provider ID (NPI) of the Prescribing Provider in PC043. This ID should be found on the Provider File in the NPI element (PV039). This element is looking to capture the NPI of an individual physician, not a group.  | All       | 95% | A2  |

| File | Co l | Elm t  | Data Element Name                      | Date Modified | Type                          | Type Description                               | Format / Length | Description   | Element Submission Guideline  | Condition | %    | Cat |
|------|------|--------|--|---------------|-------------------------------|--|-----------------|---|---|-----------|------|-----|
| PC   | 51   | PC 049 | Prescribing Physician Plan Number      | 11/8/12       | Text                          | ID Plan  | varchar[30]     | Carrier-assigned Provider Plan ID                     | Report the prescriber's plan number here. Do not report any value here if not contracted with the carrier.  | All       | 10%  | C   |
| PC   | 52   | PC 050 | Prescribing Physician License Number   | 11/8/12       | Text                          | ID License                                     | varchar[30]     | Prescribing Physician License Number                  | Report the state license number for the provider identified in PC043. For a doctor this is the medical license for a non-doctor this is the practice license. Do not use zero-fill. If not available, or not applicable, such as for a group or corporate entity, do not report any value here. | All       | 10%  | B   |
| PC   | 53   | PC 051 | Prescribing Physician Street Address   | 6/24/10       | Text                          | Address 1 Provider                             | varchar[50]     | Street address of the Prescribing Physician           | Report the street address of the Prescribing Physician.   | All       | 10%  | C   |
| PC   | 54   | PC 052 | Prescribing Physician Street Address 2 | 6/24/10       | Text                          | Address 2 Provider                             | varchar[50]     | Secondary Street Address of the Prescribing Physician | Report the street address of the Prescribing Physician that may contain office number, suite number of PO Box.  | All       | 2%   | C   |
| PC   | 55   | PC 053 | Prescribing Physician City             | 6/24/10       | Text                          | Address City Provider                          | varchar[30]     | City name of the Prescribing Physician                | Report the Prescribing Physician City.  | All       | 10%  | C   |
| PC   | 56   | PC 054 | Prescribing Physician State            | 11/8/12       | External Code Source 2 - Text | Address State External Code Source 2 - States  | char[2]         | State of the Physician                                | Report the state of the prescribing physician here.   | All       | 10%  | C   |
| PC   | 57   | PC 055 | Prescribing Physician Zip              | 11/8/12       | External Code Source 2 - Text | Address Zip External Code Source 2 - Zip Codes | varchar[9]      | Zip code of the Prescribing Physician                 | Report the 5 or 9 digit Zip Code as defined by the United States Postal Service. When submitting the 9-digit Zip Code do not include hyphen.  | All       | 10%  | C   |
| PC   | 58   | PC 056 | Product ID Number                      | 11/8/12       | Text                          | ID Link to PR001                               | varchar[30]     | Product Identification                                | Report the submitter-assigned identifier as it appears in PR001 in the Product File. This element is used to understand Product and Eligibility attributes of the member / subscriber as applied to this record.  | All       | 100% | A0  |



| File | Co l | Elm t  | Data Element Name                | Date Modified | Type                   | Type Description    | Format / Length | Description   | Element Submission Guideline   | Condition | %    | Cat |
|------|------|--------|----------------------------------|---------------|------------------------|---------------------|-----------------|---|--|-----------|------|-----|
| PC   | 59   | PC 057 | Mail Order pharmacy              | 11/8/12       | Lookup Table - Integer | tlkpFlagIndicators  | int[1]          | Indicator - Mail Order Option                                   | Report the value that defines the element.<br><b>EXAMPLE:</b> 1 = Yes, pharmacy is a mail order pharmacy                       | All       | 100% | A2  |
|      |      |        |                                  |               |                        |                     |                 | <b>Value</b>  | <b>Description</b>   |           |      |     |
|      |      |        |                                  |               |                        |                     |                 | 1   | Yes  |           |      |     |
|      |      |        |                                  |               |                        |                     |                 | 2   | No   |           |      |     |
|      |      |        |                                  |               |                        |                     |                 | 3   | Unknown  |           |      |     |
|      |      |        |                                  |               |                        |                     |                 | 4   | Other  |           |      |     |
|      |      |        |                                  |               |                        |                     |                 | 5   | Not Applicable   |           |      |     |
| PC   | 60   | PC 058 | Script number                    | 6/24/10       | Text                   | ID Claim Number     | varchar[20]     | Prescription Number   | Report the unique identifier of the prescription.  | All       | 100% | B   |
| PC   | 61   | PC 059 | Recipient PCP ID                 | 6/24/10       | Text                   | ID Link to PV002    | varchar[30]     | Patient's PCP ID Number   | Report the member's PCP ID here. The value in this element must have a corresponding Provider ID (PV002) in the Provider File. | All       | 98%  | B   |
| PC   | 62   | PC 060 | Single/Multiple Source Indicator | 11/8/12       | Lookup Table - Integer | tlkpPharmacySources | int[1]          | Drug Source Indicator   | Report the value that defines the availability of the pharmaceutical.<br><b>EXAMPLE:</b> 1 = Multi-source brand                | All       | 98%  | A2  |
|      |      |        |                                  |               |                        |                     |                 | <b>Value</b>  | <b>Description</b>   |           |      |     |
|      |      |        |                                  |               |                        |                     |                 | 1   | Multi-source brand   |           |      |     |
|      |      |        |                                  |               |                        |                     |                 | 2   | Multi-source brand with generic equivalent   |           |      |     |
|      |      |        |                                  |               |                        |                     |                 | 3   | Single source brand  |           |      |     |
|      |      |        |                                  |               |                        |                     |                 | 4   | Single source brand with generic equivalent  |           |      |     |
|      |      |        |                                  |               |                        |                     |                 | 5   | Unknown  |           |      |     |
| PC   | 63   | PC 061 | Filler                           | 2/2017        | text                   | Filler              | char[0]         | Filler  | Do not populate with any data. Required to be NULL.  | All       | 100% | A0  |
| PC   | 64   | PC 062 | Billing Provider Tax ID Number   | 11/8/12       | Numeric                | ID Tax              | char[9]         | The Billing Provider's Federal Tax Identification Number (FTIN) | Report the Federal Tax ID of the Billing Provider here. Do not use hyphen or alpha prefix. Reminder: Must not be an SSN.       | All       | 90%  | C   |

| File | Col | Elmt   | Data Element Name                             | Date Modified | Type                | Type Description                  | Format / Length | Description                                    | Element Submission Guideline   | Condition                               | %   | Cat |
|------|-----|--------|---|---------------|---------------------|-----------------------------------|-----------------|--|--|---|-----|-----|
| PC   | 65  | PC 063 | Paid Date                                     | 6/24/10       | Full Date - Integer | Century Year Month Day - CCYYMMDD | int[8]          | Paid date of the claim line                    | Report the date that appears on the check and/or remit and/or explanation of benefits and corresponds to any and all types of payment in CCYYMMDD Format. This can be the same date as Processed Date. <b>EXAMPLE:</b> Claims paid in full, partial or zero paid   | All                                     | 99% | A0  |
| PC   | 66  | PC 064 | Date Prescription Written                     | 11/8/12       | Full Date - Integer | Century Year Month Day - CCYYMMDD | int[8]          | Date prescription was prescribed               | Report the date that was written on the prescription or called-in by the physician's office in CCYYMMDD Format.  | All                                     | 98% | B   |
| PC   | 67  | PC 065 | Coordination of Benefits/TPL Liability Amount | 11/8/12       | Integer             | Currency                          | ±varchar[10]    | Amount due from a Secondary Carrier when known | Report the amount that another carrier / insurer is liable for after submitting payer has processed this claim line. Report 0 if there is no COB / TPL amount. Do not code decimal or round up / down to whole dollars; code zero cents (00) when applicable. <b>EXAMPLE:</b> 150.00 is reported as 15000; 150.70 is reported as 15070   | Required when PC025 = 19, 20 or 21      | 98% | A2  |
| PC   | 68  | PC 066 | Other Insurance Paid Amount                   | 8/2018        | Integer             | Currency                          | ±varchar[10]    | Amount paid by a Primary / Prior Carrier       | Report the amount that a prior payer has paid for this claim line. Indicates the submitting Payer is 'secondary' to the prior payer. Do not include any Medicare Paid Amount - that should be reported in PC067. Only report 0 if the Prior Payer paid 0 towards this claim line, else do not report any value here. Do not code decimal or round up / down to whole dollars; code zero cents (00) when applicable. <b>EXAMPLE:</b> 150.00 is reported as 15000; 150.70 is reported as 15070 | Required when PC025 = 02, 03, 20, or 21 | 98% | A2  |
| PC   | 69  | PC 067 | Medicare Paid Amount                          | 11/8/12       | Integer             | Currency                          | ±varchar[10]    | Amount Medicare paid on claim                  | Report the amount Medicare paid towards this claim line. Only report 0 here if Medicare paid 0. If Medicare did not pay towards this claim line do not report any value here. Do not code decimal or round up / down to whole dollars; code zero cents (00) when applicable. <b>EXAMPLE:</b> 150.00 is reported as 15000; 150.70 is reported as 15070  | Required when PC112 = 1                 | 98% | A1  |

| File | Co l | Elm t  | Data Element Name      | Date Modified | Type                   | Type Description   | Format / Length | Description  | Element Submission Guideline  | Condition                                   | %    | Cat |
|------|------|--------|------------------------|---------------|------------------------|--------------------|-----------------|--|---|---|------|-----|
| PC   | 70   | PC 068 | Allowed amount         | 11/8/12       | Integer                | Currency           | ±vchar[10]      | Allowed Amount   | Report the maximum amount contractually allowed, and that a carrier will pay to a provider for a particular procedure or service. This will vary by provider contract and most often it is less than or equal to the fee charged by the pharmacy. Do not code decimal or round up / down to whole dollars; code zero cents (00) when applicable. <b>EXAMPLE:</b> 150.00 is reported as 15000; 150.70 is reported as 15070 | Required when PC025 does not = 4, 22, or 23 | 99%  | A2  |
| PC   | 71   | PC 069 | Member Self Pay Amount | 6/24/10       | Integer                | Currency           | ±vchar[10]      | Amount member/patient paid out of pocket on the claim line | Report the amount that the patient has paid beyond the copay structure. Report 0 if patient has not paid towards this claim line. Do not code decimal or round up / down to whole dollars; code zero cents (00) when applicable. <b>EXAMPLE:</b> 150.00 is reported as 15000; 150.70 is reported as 15070   | All   | 20%  | B   |
| PC   | 72   | PC 070 | Rebate Indicator       | 11/8/12       | Lookup Table - Integer | tlkpFlagIndicators | int[1]          | Drug Rebate Eligibility Indicator                          | Report the value that defines the element. <b>EXAMPLE:</b> 1 = Yes, drug is eligible for a rebate to any entity.  | All   | 100% | A2  |
|      |      |        |                        |               |                        |                    |                 | <b>Value</b>   | <b>Description</b>  |   |      |     |
|      |      |        |                        |               |                        |                    |                 | 1  | Yes   |   |      |     |
|      |      |        |                        |               |                        |                    |                 | 2  | No  |   |      |     |
|      |      |        |                        |               |                        |                    |                 | 3  | Unknown   |   |      |     |
|      |      |        |                        |               |                        |                    |                 | 4  | Other   |   |      |     |
|      |      |        |                        |               |                        |                    |                 | 5  | Not Applicable  |   |      |     |
| PC   | 73   | PC 071 | State Sales Tax        | 11/8/12       | Integer                | Currency           | ±vchar[10]      | Amount of applicable sales tax on the claim line           | Report the amount of state sales tax applied to this claim line. Report 0 if state sales tax does not apply. Do not code decimal or round up / down to whole dollars; code zero cents (00) when applicable. <b>EXAMPLE:</b> 150.00 is reported as 15000; 150.70 is reported as 15070  | Required when PC023 does not = MA           | 98%  | A2  |

| File | Col | Elmt   | Data Element Name                               | Date Modified | Type                   | Type Description          | Format / Length | Description  | Element Submission Guideline  | Condition | %    | Cat |
|------|-----|--------|---|---------------|------------------------|---------------------------|-----------------|--|---|-----------|------|-----|
| PC   | 74  | PC 072 | Delegated Benefit Administrator Organization ID | 11/8/12       | Integer                | ID Link to OrgID          | varchar[6]      | CHIA defined and maintained Org ID for linking across submitters | Riskholders report the OrgID of the DBA here. DBAs report the OrgID of the insurance carrier here. This element contains the CHIA assigned organization ID for the DBA. Contact the APCD for the appropriate value. If no DBA is affiliated with this claim line do not report any value here: i.e., do not repeat the OrgID from PC001 | All       | 98%  | A2  |
| PC   | 75  | PC 073 | Formulary Code                                  | 11/8/12       | Lookup Table - Integer | tlkpFlagIndicators        | int[1]          | Formulary inclusion identifier                                   | Report the value that defines the element. <b>EXAMPLE:</b> 1 = Yes, drug is on the formulary.   | All       | 100% | A2  |
|      |     |        |   |               |                        |                           |                 | <b>Value</b>   | <b>Description</b>  |           |      |     |
|      |     |        |   |               |                        |                           |                 | 1  | Yes   |           |      |     |
|      |     |        |   |               |                        |                           |                 | 2  | No  |           |      |     |
|      |     |        |   |               |                        |                           |                 | 3  | Unknown   |           |      |     |
|      |     |        |   |               |                        |                           |                 | 4  | Other   |           |      |     |
|      |     |        |   |               |                        |                           |                 | 5  | Not Applicable  |           |      |     |
| PC   | 76  | PC 074 | Route of Administration                         | 11/8/12       | Lookup Table - Numeric | tlkpRouteOfAdministration | char[2]         | Route of Administration  | Report Pharmaceutical Route of Administration Indicator that defines method of drug administration. <b>EXAMPLE:</b> 11 = Oral   | All       | 80%  | A2  |
|      |     |        |   |               |                        |                           |                 | <b>Value</b>   | <b>Description</b>  |           |      |     |
|      |     |        |   |               |                        |                           |                 | 01   | Buccal  |           |      |     |
|      |     |        |   |               |                        |                           |                 | 02   | Dental  |           |      |     |
|      |     |        |   |               |                        |                           |                 | 03   | Inhalation  |           |      |     |
|      |     |        |   |               |                        |                           |                 | 04   | Injection   |           |      |     |
|      |     |        |   |               |                        |                           |                 | 05   | Intraperitoneal   |           |      |     |
|      |     |        |   |               |                        |                           |                 | 06   | Irrigation  |           |      |     |
|      |     |        |   |               |                        |                           |                 | 07   | Mouth / Throat  |           |      |     |
|      |     |        |   |               |                        |                           |                 | 08   | Mucous Membrane   |           |      |     |
|      |     |        |   |               |                        |                           |                 | 09   | Nasal   |           |      |     |
|      |     |        |   |               |                        |                           |                 | 10   | Ophthalmic  |           |      |     |
|      |     |        |   |               |                        |                           |                 | 11   | Oral  |           |      |     |
|      |     |        |   |               |                        |                           |                 | 12   | Other / Misc  |           |      |     |
|      |     |        |   |               |                        |                           |                 | 13   | Otic  |           |      |     |
|      |     |        |   |               |                        |                           |                 | 14   | Perfusion   |           |      |     |
|      |     |        |   |               |                        |                           |                 | 15   | Rectal  |           |      |     |
|      |     |        |   |               |                        |                           |                 | 16   | Sublingual  |           |      |     |

| File | Co l | Elm t  | Data Element Name                 | Date Modified | Type                | Type Description          | Format / Length | Description        | Element Submission Guideline  | Condition | %    | Cat |
|------|------|--------|-----------------------------------|---------------|---------------------|---------------------------|-----------------|--------------------|---|-----------|------|-----|
|      |      |        |                                   |               |                     |                           |                 | 17                 | Topical   |           |      |     |
|      |      |        |                                   |               |                     |                           |                 | 18                 | Transdermal   |           |      |     |
|      |      |        |                                   |               |                     |                           |                 | 19                 | Translingual  |           |      |     |
|      |      |        |                                   |               |                     |                           |                 | 20                 | Urethral  |           |      |     |
|      |      |        |                                   |               |                     |                           |                 | 21                 | Vaginal   |           |      |     |
|      |      |        |                                   |               |                     |                           |                 | 22                 | Enteral   |           |      |     |
|      |      |        |                                   |               |                     |                           |                 | 00                 | Not Specified   |           |      |     |
| PC   | 77   | PC 075 | Drug Unit of Measure              | 10/30/14      | Lookup Table - Text | tlkpPharmacyUnitOfMeasure | char[3]         | Units of Measure   | Report the code that defines the unit of measure for drug dispensed. <b>EXAMPLE:</b> EA = Each  | All       | 80%  | A1  |
|      |      |        |                                   |               |                     |                           |                 | <b>Code</b>        | <b>Description</b>  |           |      |     |
|      |      |        |                                   |               |                     |                           |                 | EA                 | Each  |           |      |     |
|      |      |        |                                   |               |                     |                           |                 | F2                 | International Units   |           |      |     |
|      |      |        |                                   |               |                     |                           |                 | GM                 | Grams   |           |      |     |
|      |      |        |                                   |               |                     |                           |                 | ML                 | Milliliters   |           |      |     |
|      |      |        |                                   |               |                     |                           |                 | MG                 | Milligram   |           |      |     |
|      |      |        |                                   |               |                     |                           |                 | MEQ                | Milliequivalent   |           |      |     |
|      |      |        |                                   |               |                     |                           |                 | MM                 | Millimeter  |           |      |     |
|      |      |        |                                   |               |                     |                           |                 | UG                 | Microgram   |           |      |     |
|      |      |        |                                   |               |                     |                           |                 | UU                 | Unit  |           |      |     |
| PC   | 78   | PC 101 | Filler                            | 2/2017        | text                | Filler                    | char[0]         | Filler             | Do not populate with any data. Required to be NULL.   | All       | 100% | A0  |
| PC   | 79   | PC 102 | Filler                            | 2/2017        | text                | Filler                    | char[0]         | Filler             | Do not populate with any data. Required to be NULL.   | All       | 100% | A0  |
| PC   | 80   | PC 103 | Filler                            | 2/2017        | text                | Filler                    | char[0]         | Filler             | Do not populate with any data. Required to be NULL.   | All       | 100% | A0  |
| PC   | 81   | PC 104 | Filler                            | 2/2017        | text                | Filler                    | char[0]         | Filler             | Do not populate with any data. Required to be NULL.   | All       | 100% | A0  |
| PC   | 82   | PC 105 | Filler                            | 2/2017        | text                | Filler                    | char[0]         | Filler             | Do not populate with any data. Required to be NULL.   | All       | 100% | A0  |
| PC   | 83   | PC 106 | Filler                            | 2/2017        | text                | Filler                    | char[0]         | Filler             | Do not populate with any data. Required to be NULL.   | All       | 100% | A0  |
| PC   | 84   | PC 107 | Carrier Specific Unique Member ID | 11/8/12       | Text                | ID Link to ME107          | varchar[50]     | Member's Unique ID | Report the identifier the carrier / submitter uses internally to uniquely identify the member. Used to validate Unique Member ID and link back to Member Eligibility (ME107). | All       | 100% | A0  |

| File | Co l | Elm t  | Data Element Name                     | Date Modified | Type                   | Type Description   | Format / Length | Description                          | Element Submission Guideline   | Condition             | %    | Cat |
|------|------|--------|---------------------------------------|---------------|------------------------|--------------------|-----------------|--------------------------------------|--|-----------------------|------|-----|
| PC   | 85   | PC 108 | Carrier Specific Unique Subscriber ID | 11/8/12       | Text                   | ID Link to ME117   | varchar[50]     | Subscriber's Unique ID               | Report the identifier the carrier / submitter uses internally to uniquely identify the subscriber. Used to validate Unique Member ID and link back to Member Eligibility (ME117).  | All                   | 100% | A0  |
| PC   | 86   | PC 109 | Filler                                | 2/2017        | text                   | Filler             | char[0]         | Filler                               | Do not populate with any data. Required to be NULL.  | All                   | 100% | A0  |
| PC   | 87   | PC 110 | Claim Line Type                       | 11/8/12       | Lookup Table - Text    | tlkpClaimLineType  | char[1]         | Claim Line Activity Type Code        | Report the code that defines the claim line status in terms of adjudication.<br><b>EXAMPLE:</b> O = Original   | All                   | 98%  | A2  |
|      |      |        |                                       |               |                        |                    |                 | <b>Code</b>                          | <b>Description</b>   |                       |      |     |
|      |      |        |                                       |               |                        |                    |                 | O                                    | Original   |                       |      |     |
|      |      |        |                                       |               |                        |                    |                 | V                                    | Void   |                       |      |     |
|      |      |        |                                       |               |                        |                    |                 | R                                    | Replacement  |                       |      |     |
|      |      |        |                                       |               |                        |                    |                 | B                                    | Back Out   |                       |      |     |
|      |      |        |                                       |               |                        |                    |                 | A                                    | Amendment  |                       |      |     |
| PC   | 88   | PC 111 | Former Claim Number                   | 12/1/10       | Text                   | ID Claim Number    | varchar[35]     | Previous Claim Number                | Report the Claim Control Number (PC004) that was originally sent in a prior filing that this line corresponds to. When reported, this data cannot equal its own PC004. Use of "Former Claim Number" to version claims can <b>only</b> be used if approved by the APCD. Contact the APCD for conditions of use. | All                   | 0%   | B   |
| PC   | 89   | PC 112 | Medicare Indicator                    | 11/8/12       | Lookup Table - Integer | tlkpFlagIndicators | int[1]          | Indicator - Medicare Payment Applied | Report the value that defines the element.<br><b>EXAMPLE:</b> 1 = Yes, Medicare paid for part or all of services   | All                   | 100% | A0  |
|      |      |        |                                       |               |                        |                    |                 | <b>Value</b>                         | <b>Description</b>   |                       |      |     |
|      |      |        |                                       |               |                        |                    |                 | 1                                    | Yes  |                       |      |     |
|      |      |        |                                       |               |                        |                    |                 | 2                                    | No   |                       |      |     |
|      |      |        |                                       |               |                        |                    |                 | 3                                    | Unknown  |                       |      |     |
|      |      |        |                                       |               |                        |                    |                 | 4                                    | Other  |                       |      |     |
|      |      |        |                                       |               |                        |                    |                 | 5                                    | Not Applicable   |                       |      |     |
| PC   | 90   | PC 113 | Pregnancy Indicator                   | 10/30/14      | Lookup Table - Integer | tlkpFlagIndicators | int[1]          | Indicator - Pregnancy                | Report the value that defines the element.<br><b>EXAMPLE:</b> 1 = Yes, the patient is pregnant   | Required when PC012=F | 98%  | A2  |
|      |      |        |                                       |               |                        |                    |                 | <b>Value</b>                         | <b>Description</b>   |                       |      |     |
|      |      |        |                                       |               |                        |                    |                 | 1                                    | Yes  |                       |      |     |
|      |      |        |                                       |               |                        |                    |                 | 2                                    | No   |                       |      |     |

| File | Co l | Elm t  | Data Element Name        | Date Modified | Type   | Type Description  | Format / Length | Description                                      | Element Submission Guideline   | Condition                        | %    | Cat |
|------|------|--------|--------------------------|---------------|--|---|-----------------|--|--|----------------------------------|------|-----|
|      |      |        |                          |               |  |   |                 | 3  | Unknown  |                                  |      |     |
|      |      |        |                          |               |  |   |                 | 4  | Other  |                                  |      |     |
|      |      |        |                          |               |  |   |                 | 5  | Not Applicable   |                                  |      |     |
| PC   | 91   | PC 114 | Diagnosis Code           | 11/8/12       | External Code Source 8 - Text                        | External Code Source 8 - International Classification of Disease          | varchar[7]      | ICD Diagnosis Code                               | Report the ICD Diagnosis Code when applicable.   | All                              | 1%   | B   |
| PC   | 92   | PC 115 | ICD Indicator            | 11/8/12       | Lookup Table - Integer                               | tlkpICDIndicator  | int[1]          | International Classification of Diseases version | Report the value that defines whether the diagnoses on claim are ICD9 or ICD10. <b>EXAMPLE:</b> 9 = ICD9                                     | Required when PC114 is populated | 100% | B   |
|      |      |        |                          |               |  |   |                 | <b>Value</b>                                     | <b>Description</b>   |                                  |      |     |
|      |      |        |                          |               |  |   |                 | 9  | ICD-9  |                                  |      |     |
|      |      |        |                          |               |  |   |                 | 0  | ICD-10   |                                  |      |     |
| PC   | 93   | PC 116 | Denied Flag              | 11/8/12       | Lookup Table - Integer                               | tlkpFlagIndicators  | int[1]          | Denied Claim Line Indicator                      | Report the value that defines the element. <b>EXAMPLE:</b> 1 = Yes, Claim Line was denied.   | Required when PC025 = 04         | 100% | A0  |
|      |      |        |                          |               |  |   |                 | <b>Value</b>                                     | <b>Description</b>   |                                  |      |     |
|      |      |        |                          |               |  |   |                 | 1  | Yes  |                                  |      |     |
|      |      |        |                          |               |  |   |                 | 2  | No   |                                  |      |     |
|      |      |        |                          |               |  |   |                 | 3  | Unknown  |                                  |      |     |
|      |      |        |                          |               |  |   |                 | 4  | Other  |                                  |      |     |
|      |      |        |                          |               |  |   |                 | 5  | Not Applicable   |                                  |      |     |
| PC   | 94   | PC 117 | Denial Reason            | 11/8/12       | Carrier Defined Table - OR - External Code Source 16 | External Code Source 16 - Reason Codes <b>-OR -</b> Carrier Defined Table | Varchar[30]     | Denial Reason Code                               | Report the code that defines the reason for denial of the claim line. Carrier must submit denial reason codes in separate table to the APCD. | Required when PC116 = 1          | 98%  | A2  |
| PC   | 95   | PC 118 | Payment Arrangement Type | 11/8/12       | Lookup Table - Numeric                               | tlkpPaymentArrangementType  | char[2]         | Payment Arrangement Type Value                   | Report the value that defines the contracted payment methodology for this claim line. <b>EXAMPLE:</b> 02 = Fee for Service                   | All                              | 98%  | A0  |
|      |      |        |                          |               |  |   |                 | <b>Value</b>                                     | <b>Description</b>   |                                  |      |     |
|      |      |        |                          |               |  |   |                 | 01   | Capitation   |                                  |      |     |
|      |      |        |                          |               |  |   |                 | 02   | Fee for Service  |                                  |      |     |

| File | Col | Elmt   | Data Element Name    | Date Modified | Type                   | Type Description   | Format / Length | Description               | Element Submission Guideline  | Condition                                    | %    | Cat |
|------|-----|--------|----------------------|---------------|------------------------|--------------------|-----------------|---------------------------|---|--|------|-----|
|      |     |        |                      |               |                        |                    |                 | 03                        | Percent of Charges  |  |      |     |
|      |     |        |                      |               |                        |                    |                 | 04                        | DRG   |  |      |     |
|      |     |        |                      |               |                        |                    |                 | 05                        | Pay for Performance   |  |      |     |
|      |     |        |                      |               |                        |                    |                 | 06                        | Global Payment  |  |      |     |
|      |     |        |                      |               |                        |                    |                 | 07                        | Other   |  |      |     |
|      |     |        |                      |               |                        |                    |                 | 08                        | Bundled Payment   |  |      |     |
|      |     |        |                      |               |                        |                    |                 | 09                        | Payment Amount Per Episode (PAPE) (MassHealth).   | (09 Valid for HD002 = MassHealth orgid ONLY) |      |     |
| PC   | 96  | PC 119 | Filler               | 2/2017        | text                   | Filler             | char[0]         | Filler                    | Do not populate with any data. Required to be NULL.   | All  | 100% | A0  |
| PC   | 97  | PC 120 | APCD ID Code         | 2/2019        | Lookup Table - Integer | tlkpADCDIdentifier | int[1]          | Member Enrollment Type    | Report the value that describes the member's / subscriber's enrollment into one of the predefined categories; aligns enrollment to appropriate editing and thresholds. <b>EXAMPLE:</b> 1 = FIG - Fully Insured Commercial Group Enrollee. | All  | 100% | A2  |
|      |     |        |                      |               |                        |                    |                 | <b>Value</b>              | <b>Description</b>  |  |      |     |
|      |     |        |                      |               |                        |                    |                 | 1                         | FIG - Fully-Insured Commercial Group Enrollee   |  |      |     |
|      |     |        |                      |               |                        |                    |                 | 2                         | SIG - Self-Insured Group Enrollee   |  |      |     |
|      |     |        |                      |               |                        |                    |                 | 3                         | GIC - Group Insurance Commission Enrollee   |  |      |     |
|      |     |        |                      |               |                        |                    |                 | 4                         | MCO - MassHealth Managed Care Organization Enrollee   |  |      |     |
|      |     |        |                      |               |                        |                    |                 | 5                         | Supplemental Policy Enrollee  |  |      |     |
|      |     |        |                      |               |                        |                    |                 | 6                         | ICO – Integrated Care Organization or SCO – Senior Care Option  |  |      |     |
|      |     |        |                      |               |                        |                    |                 | 7                         | ACO – Accountable Care Organization Enrollee (MassHealth only – unless approved by CHIA)  |  |      |     |
|      |     |        |                      |               |                        |                    |                 | 0                         | Unknown / Not Applicable  |  |      |     |
| PC   | 98  | PC 121 | Claim Line Paid Flag | 10/30/14      | Lookup Table - Integer | tlkpFlagIndicators | int[1]          | Claim Line Paid Indicator | Report the value that defines the element. <b>EXAMPLE:</b> 1 = Yes, Claim Line was paid.  | Required                                     | 100% | B   |
|      |     |        |                      |               |                        |                    |                 | <b>Value</b>              | <b>Description</b>  |  |      |     |
|      |     |        |                      |               |                        |                    |                 | 1                         | Yes   |  |      |     |
|      |     |        |                      |               |                        |                    |                 | 2                         | No  |  |      |     |



| File  | Co l | Elm t  | Data Element Name     | Date Modified | Type                  | Type Description                  | Format / Length | Description                                      | Element Submission Guideline   | Condition   | %    | Cat |
|-------|------|--------|-----------------------|---------------|-----------------------|-----------------------------------|-----------------|--|--|-------------|------|-----|
|       |      |        |                       |               |                       |                                   |                 | 3  | Unknown  |             |      |     |
|       |      |        |                       |               |                       |                                   |                 | 4  | Other  |             |      |     |
|       |      |        |                       |               |                       |                                   |                 | 5  | Not Applicable   |             |      |     |
| PC    | 99   | PC 899 | Record Type           | 6/24/10       | Text                  | ID File                           | char[2]         | File Type Identifier                             | Report <b>PC</b> here. This validates the type of file and the data contained within the file. This must match HD004.  | All         | 100% | A0  |
| TR-PC | 1    | TR 001 | Record Type           | 6/24/10       | Text                  | ID Record                         | char[2]         | Trailer Record Identifier                        | Report <b>TR</b> here. Indicates the end of the data file.   | Mandatory   | 100% | TM  |
| TR-PC | 2    | TR 002 | Submitter             | 11/8/12       | Integer               | ID Submitter                      | varchar[6]      | Trailer Submitter / Carrier ID defined by CHIA   | Report the Unique Submitter ID as defined by CHIA here. This must match the Submitter ID reported in HD002.  | Mandatory   | 100% | TM  |
| TR-PC | 3    | TR 003 | National Plan ID      | 11/8/12       | Integer               | ID Nat'l PlanID                   | int[10]         | CMS National Plan Identification Number (PlanID) | Do not report any value here until National PlanID is fully implemented. This is a unique identifier as outlined by Centers for Medicare and Medicaid Services (CMS) for Plans or Sub plans. | Situational | 0%   | TS  |
| TR-PC | 4    | TR 004 | Type of File          | 6/24/10       | Text                  | ID File                           | char[2]         | Validates the file type defined in HD004.        | Report <b>PC</b> here. This must match the File Type reported in HD004.  | Mandatory   | 100% | TM  |
| TR-PC | 5    | TR 005 | Period Beginning Date | 6/24/10       | Date Period - Integer | Century Year Month - CCYYMM       | int[6]          | Trailer Period Start Date                        | Report the Year and Month of the reported submission period in CCYYMM format. This date period must match the date period reported in HD005 and HD006.                                       | Mandatory   | 100% | TM  |
| TR-PC | 6    | TR 006 | Period Ending Date    | 6/24/10       | Date Period - Integer | Century Year Month - CCYYMM       | int[6]          | Trailer Period Ending Date                       | Report the Year and Month of the reporting submission period in CCYYMM format. This date period must match the date period reported in TR005 and HD005 and HD006.                            | Mandatory   | 100% | TM  |
| TR-PC | 7    | TR 007 | Date Processed        | 6/24/10       | Full Date - Integer   | Century Year Month Day - CCYYMMDD | int[8]          | Trailer Processed Date                           | Report the full date that the submission was compiled by the submitter in CCYYMMDD Format.   | Mandatory   | 100% | TM  |

## Appendix D – External Code Sources

### 1. Countries

American National Standards Institute

[http://webstore.ansi.org/SdoInfo.aspx?sdoid=39&source=iso\\_member\\_body](http://webstore.ansi.org/SdoInfo.aspx?sdoid=39&source=iso_member_body)

|        |
|--------|
| PC024A |
|--------|

### 2. States, Zip Codes and Other Areas of the US

U.S. Postal Service

<https://www.usps.com/>

|       |
|-------|
| PC015 |
|-------|

|       |
|-------|
| PC016 |
|-------|

|       |
|-------|
| PC023 |
|-------|

|       |
|-------|
| PC024 |
|-------|

|       |
|-------|
| PC054 |
|-------|

|       |
|-------|
| PC055 |
|-------|

### 3. National Provider Identifiers

National Plan & Provider Enumeration System

<https://nppes.cms.hhs.gov/>

|       |
|-------|
| PC021 |
|-------|

|       |
|-------|
| PC048 |
|-------|

### 8. International Classification of Diseases 9 & 10

American Medical Association

<http://www.ama-assn.org/>

|       |
|-------|
| PC114 |
|-------|

- 12. National Drug Codes and Names**  
**U.S. Food and Drug Administration**  
<http://www.fda.gov/drugs/informationondrugs/ucm142438.htm>

|       |       |
|-------|-------|
| PC026 | PC027 |
|-------|-------|

- 16. Claim Adjustment Reason Codes**  
**Washington Publishing Company**  
<http://www.wpc-edi.com/reference/>

|       |
|-------|
| PC117 |
|-------|



# The Commonwealth of Massachusetts Center for Health Information and Analysis

Center for Health Information and Analysis  
501 Boylston Street  
Boston, MA 02116  
Phone: (617) 701-8100  
Fax: (617) 727-7662  
Website: <http://www.chiamass.gov/>

Publication Number:  
Authorized by State Purchasing Agent

This guide is available online at <http://www.chiamass.gov/>.  
When printed by the Commonwealth of Massachusetts, copies are printed on recycled paper.