



The All-Payer Claims Database Product File Submission Guide

October 22, 2010



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Commonwealth of Massachusetts

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Revision History

Date	Version	Description	Author
7/8/10	1.0	Product	M. Prettenhofer
10/22/10	2.0	The APCD Quarterly Product File Grid – file format and asterisk delimiter usage added for clarification	M. Prettenhofer
10/22/10	2.0	Frequency of Submission – updated from Monthly to Quarterly	M. Prettenhofer
10/22/10	2.0	PR001 – element definition updated with clarification on how identifier is assigned	M. Prettenhofer
10/22/10	2.0	PR003 – lookup table updated with a Medicare Advantage Organization option of MAO	M. Prettenhofer
10/22/10	2.0	PR004 – lookup table option of POF updated to OF and lookup table option of 12 for PPO added to match claims filing	M. Prettenhofer
10/22/10	2.0	PR005 – element and lookup table refinement to allow for Group Retiree option as GPRT	M. Prettenhofer
10/22/10	2.0	PR012 – lookup table refinement to indicate >= \$3000	M. Prettenhofer
10/22/10	2.0	PR013 – lookup table refinement to indicate >= \$6000	M. Prettenhofer
10/22/10	2.0	Appendices A & B Column Updates – 1) APCD Denom refined to Required When	M. Prettenhofer
10/22/10	2.0	Appendix C – External Code Source 15 has been added for NAICS coding	M. Prettenhofer

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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 but it is currently collected by a variety of government entities in various formats and levels of completeness. Using its broad authority to collect health care data ("without limitation") under M.G.L. c. 118G, § 6 and 6A, the Division of Health Care Finance and Policy (Division) has adopted regulations to create a comprehensive all payer claims database (APCD) with medical, pharmacy, and dental claims as well as provider, product, and member eligibility information derived from fully-insured, self-insured, Medicare, and Medicaid data. The Division will become a clearinghouse for comprehensive quality and cost information to ensure consumers, employers, insurers, and government have the data necessary to make prudent health care purchasing decisions.

To facilitate communication and collaboration, the Division has set up a dedicated APCD website (www.mass.gov/dhcfp/apcd) with resources that currently include the submission and release regulations, the technical submission guide with examples, and support for providing additional feedback. These resources will be periodically updated with materials and the Division staff will continue to work with all affected payers to ensure full compliance with the regulation.

While the Division is committed to establishing 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 the Division on the all payer claims database.

114.5 CMR 21.00 – Health Care Claims Submission

114.5 CMR 21.00 governs the reporting requirements for Health Care Payers to submit data and information to the Division in accordance with M.G.L. c. 118G, § 6. The regulation establishes the data submission requirements for health care payers to submit information concerning the costs and utilization of health care in Massachusetts. The Division will collect data essential for the Division to monitor health care cost trends, minimize the duplication of data submissions by payers to state entities, and to promote administrative simplification among state entities in Massachusetts.

Health care data and information submitted by Health Care Payers to the Division is not a public record. No public disclosure of any health plan information or data shall be made unless specifically authorized under 114.5 CMR 21.00 or 114.5 CMR 22.00

The APCD Quarterly Product File

As part of the new APCD carriers will be required to submit a Product file. The Division of Healthcare Finance and Policy (Division) recognizes this is a file type that has not been previously requested of carriers, and has made efforts to simplify the data submission as well as clarify what should be contained in the file, and how the Division will utilize this important dataset.

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

Specification Question	Clarification	Rationale
Frequency of submission	Quarterly	The Division feels quarterly files will meet the reporting and analysis needs of the Division.
What is the format of the file	Each submission must be a variable field length asterisk delimited file	An asterisk cannot be used within a field in lieu of another character. Example: if the file includes “Smith*Jones” in the Last Name, the system will read an incorrect number of fields and drop the file.
What each row in a file represents	A unique instance of a Product	The Division wishes to analyze information on Products that Carriers create and Members utilize
How the Division defines a Product	A Product starts as a base offering, often described by a model that it conforms to; HMO, PPO, Indemnity, etc. A generally accepted table is included below, see PR004.	The Division wishes to analyze information on Products offered across Carriers
Does the table allow for lines of business not indicated?	Yes. By reporting the Model Code of ZZ (mutually defined) the Carrier will be able to report the name of the model in PR007	The Division realizes that carriers store their Product data in a variety of formats and data structures. The Division feels this methodology will provide the most flexibility to analyze Product data.

Types of Data being collected in the Product File

Product Identifiers

The Division has made a conscious decision to collect elementary identifiers that may be associated with a Product. The data in fields PR002 through PR008 will be used by the Division when analyzing Product data across carriers. The identifiers will be used to help link Product data to the Member's Eligibility File.

Deductibles

The Division is collecting Deductible band-width information on each Product in order to meet reporting and analysis requirements of the APCD. Additional data elements such as Coinsurances and Copays are reported in other file types.

Dates

The Division is collecting two date fields for each Product record. The Begin and End Date for each Product describes the dates the Product was active with the carrier and usable by eligible members. For Products that are still active the End Date should be Null. For Products that are not active but may still have claims being adjudicated against them, the End Date should be the End Date reported to the Division of Insurance OR the date the license was terminated.

The Division is committed to working with payers and their technical teams to ensure compliance with all applicable laws and regulations. The Division will continue to provide support through technical assistance calls and resources available on the Division's website

File Layout

File	Col	Element	Data Element Name	Date Active (version)	Type	Type Description	Revised Length	Old Length	Description	Encrypt Upon Intake
HD-PR	1	HD001	Record Type	06/24/10	Text	ID	2	2	Header Record Identifier	No
HD-PR	2	HD002	Payer	06/24/10	Text	ID Carrier	8	8	Header Submitter/Carrier ID	No
HD-PR	3	HD003	National Plan ID	06/24/10	Text	ID Nat'l Plan	30	30	Header CMS National Plan Identification Number (PlanID)	No
HD-PR	4	HD004	Type of File	06/24/10	Text	ID	2	2	Header Type of File	No
HD-PR	5	HD005	Period Beginning Date	06/24/10	Date Period	Year Month	6	6	Header Period Start Date	No
HD-PR	6	HD006	Period Ending Date	06/24/10	Date Period	Year Month	6	6	Header Period Ending Date	No
HD-PR	7	HD007	Record Count	06/24/10	Integer	Counter	10	10	Header Record Count	No
HD-PR	8	HD008	Comments	06/24/10	Text	Free Text Field	80	80	Header Carrier Comments	No
PR	1	PR001	Product ID number	10/03/10	Text	ID	20	20	Product Identification Number	No
PR	2	PR002	Product Name	06/24/10	Text	Name Product	70	70	Carrier defined Product Name	No
PR	3	PR003	Carrier License Type	10/03/10	Text	Lookup Table	10	10	Carrier License Type	No
PR	4	PR004	Product Line of Business Model	10/03/10	Text	Lookup Table	2	2	The Line of Business / Insurance Model the Product relates to.	No
PR	5	PR005	Insurance Plan Market	10/03/10	Text	Lookup Table	10	10	Insurance Plan Market Code	No
PR	6	PR006	Product Benefit Type	06/24/10	Integer	Lookup Table	1	1	Indicates combinations of offerings.	No
PR	7	PR007	Other Product Benefit Description	06/25/10	Text	Free Text Field	80	80	Benefit Description	No
PR	8	PR008	Risk Type	06/24/10	Text	ID	1	1	Indicates if the product was an at-risk product or self insured.	No
PR	9	PR009	Product Start Date	06/24/10	Date	Date Complete	8	8	Product Start Date	No
PR	10	PR010	Product End Date	06/24/10	Date	Date Complete	8	8	Last date on which members could be enrolled in this product	No
PR	11	PR011	Product Active Flag	06/27/10	Text	Lookup Table	1	1	Indicator to further refine activity status	No
PR	12	PR012	Annual Per Person Deductible Code	10/03/10	Text	Lookup Table	3	3	Per Person Deductible bandwidth reporting	No
PR	13	PR013	Annual Per Family Deductible Code	10/03/10	Text	Lookup Table	3	3	Per Family Deductible bandwidth reporting	No
PR	14	PR014	Coordinated Care model	06/24/10	Text	Lookup Table	1	1	Indicates if a patient's care is clinically coordinated or managed.	No
PR	15	PR899	Record Type	06/24/10	Text	ID	2	2	File Type Identifier	No
TR-PR	1	TR001	Record Type	06/24/10	Text	ID	2	2	Trailer Record Identifier	No

TR-PR	2	TR002	Payer	06/24/10	Text	ID Carrier	8	8	Carrier Specific Submitter Code as defined by APCD. This must match the Submitter Code reported in HD002	No
TR-PR	3	TR003	National Plan ID	06/24/10	Text	ID Nat'l Plan	30	30	CMS National Plan Identification Number (PlanID)	No
TR-PR	4	TR004	Type of File	06/24/10	Text	ID	2	2	This is an indicator that defines the type of file and the data contained within the file. This must match the File Type reported in HD004.	No
TR-PR	5	TR005	Period Beginning Date	06/24/10	Date Period	Year Month	6	6	Trailer Period Start Date	No
TR-PR	6	TR006	Period Ending Date	06/24/10	Date Period	Year Month	6	6	Trailer Period Ending Date	No
TR-PR	7	TR007	Date Processed	06/24/10	Date	Date Complete	8	8	Trailer Processed Date	No

Appendices

Appendix A – Submission Guideline

File	Col	Element	Data Element Name	Date Active (version)	Type	Format	Revised Length	Old Length	Element Submission Guideline	Required When	APCD Threshold	APCD - GIC Carrier Threshold	Encrypt Upon Intake
HD-PR	1	HD001	Record Type	06/24/10	Text	HD	2	2	This must have HD reported here. Indicates the beginning of the Header Elements of the file.	All	100%	same as APCD	No
HD-PR	2	HD002	Payer	06/24/10	Text		8	8	Carrier Specific Submitter Code as defined by APCD. This must match the Submitter Code reported in TR002	All	100%	same as APCD	No
HD-PR	3	HD003	National Plan ID	06/24/10	Text		30	30	Unique identifier as outlined by Centers for Medicare and Medicaid Services (CMS) for Plans.	All	100%	same as APCD	No
HD-PR	4	HD004	Type of File	06/24/10	Text	PR	2	2	This must have PR reported here. This is an indicator that defines the type of file and the data contained within the file. This must match the File Type reported in TR004.	All	100%	same as APCD	No

HD-PR	5	HD005	Period Beginning Date	06/24/10	Date Period	CCYYMM	6	6	This is the start date period of the reported period in the submission file. This date period must match the date period reported in TR005	All	100%	same as APCD	No
HD-PR	6	HD006	Period Ending Date	06/24/10	Date Period	CCYYMM	6	6	This is the end date period of the reported period in the submission file; if the period reported is a single month of the same year then Period Begin Date and Period End Date will be the same date. This date period must match the date period reported in TR006	All	100%	same as APCD	No
HD-PR	7	HD007	Record Count	06/24/10	Integer	#####	10	10	Total number of records submitted in this file	All	100%	same as APCD	No
HD-PR	8	HD008	Comments	06/24/10	Text	Free Text Comments	80	80	May be used to document the submission by assigning a filename, system source, compile identifier, etc.	All	0%	same as APCD	No
PR	1	PR001	Product ID number	10/03/10	Text		20	20	An identifier assigned by the carrier that uniquely defines this product. This identifier is used on all claims in the various claims files to align product to claim type.	All	100%	same as APCD	No

PR	2	PR002	Product Name	06/24/10	Text	Free Text Name	70	70	Should be a unique name for every Product in a Carrier's system. For Products with identical names, it is required that the Carrier define and append an 'element' to further define Products. This can be numeric, alpha or alpha-numeric	All	100%	same as APCD	No
PR	3	PR003	Carrier License Type	10/03/10	Text	tlkpCarrierLicenseType	10	10	License type associated with the Product filing with the Division of Insurance	All	100%	same as APCD	No
PR	4	PR004	Product Line of Business Model	10/03/10	Text	tlkpProductLineOfBusiness	2	2	See lookup for valid values, such as HMO Open, HMO Closed, POS, EPO, Medicaid FFS, Disability, etc.	All	100%	same as APCD	No
PR	5	PR005	Insurance Plan Market	10/03/10	Text	tlkpInsurancePlanMarket	10	10	Values such as Group, Individual, Medicare, etc.	All	100%	same as APCD	No
PR	6	PR006	Product Benefit Type	06/24/10	Integer	tlkpProductBenefitType	1	1	Indicates if the product is Medical only, Pharmacy Only, or Medical and Pharmacy combined, or whether the product is a vision or dental or behavioral health only product.	All	100%	same as APCD	No

PR	7	PR007	Other Product Benefit Description	06/25/10	Text	Free Text Description	80	80	Free text field that further explains Benefit Type PR006 when Other is selected. Example: Chiropractor	Where PR006 =Other	100%	same as APCD	No
PR	8	PR008	Risk Type	06/24/10	Text	tlkpRiskType	1	1	Risk Type Offering Code defines how a Member is insured under this Product.	All	100%	same as APCD	No
PR	9	PR009	Product Start Date	06/24/10	Date	CCYYMMDD	8	8	First date on which members could be enrolled in this product	All	100%	same as APCD	No
PR	10	PR010	Product End Date	06/24/10	Date	CCYYMMDD	8	8	Use Null if product is still able to enroll members at end of reporting period	All	100%	same as APCD	No
PR	11	PR011	Product Active Flag	06/27/10	Text	tlkpFlagIndicators	1	1	A refinement indicator to Product by indicating activity status.	All	100%	same as APCD	No
PR	12	PR012	Annual Per Person Deductible Code	10/03/10	Text	tlkpAnnualPerPersonDeductible	3	3	Total Per Person Deductible for all benefits under this product	All	100%	same as APCD	No

PR	13	PR013	Annual Per Family Deductible Code	10/03/10	Text	tlkpAnnualPerFamilyDeductible	3	3	Total Per Family Deductible for all benefits under this product	All	100%	same as APCD	No
PR	14	PR014	Coordinated Care model	06/24/10	Text	tlkpFlagIndicators	1	1	1 = Yes, Member's care is clinically coordinated/managed.	All	100%	same as APCD	No
PR	15	PR899	Record Type	06/24/10	Text	PR	2	2	This must be reported as PR here. This is an indicator that defines the type of file and the data contained within the file. This must match the File Type reported in HD004.	All	100%	same as APCD	No
TR-PR	1	TR001	Record Type	06/24/10	Text	TR	2	2	This must be reported as TR here	All	100%	same as APCD	No
TR-PR	2	TR002	Payer	06/24/10	Text		8	8	Payer submitting file	All	100%	same as APCD	No
TR-PR	3	TR003	National Plan ID	06/24/10	Text		30	30	Unique identifier as outlined by Centers for Medicare and Medicaid Services (CMS) for Plans.	All	100%	same as APCD	No

TR-PR	4	TR004	Type of File	06/24/10	Text	PR	2	2	This must have PR reported here	All	100%	same as APCD	No
TR-PR	5	TR005	Period Beginning Date	06/24/10	Date Period	CCYYMM	6	6	This is the start date period of the reported period in the submission file. This date period must match the date period reported in HD005	All	100%	same as APCD	No
TR-PR	6	TR006	Period Ending Date	06/24/10	Date Period	CCYYMM	6	6	This is the end date period of the reported period in the submission file; if the period reported is a single month of the same year then Period Begin Date and Period End Date will be the same date. This date period must match the date period reported in HD006	All	100%	same as APCD	No
TR-PR	7	TR007	Date Processed	06/24/10	Date	CCYYMMDD	8	8	This is the date that the submission was processed by the carrier for submission	All	100%	same as APCD	No

Appendix B – Lookup Tables by Element

File	Col	Element	Data Element Name	Date Active (version)	Type	Type Description	Revised Length	Format	Description	Element Submission Guideline	Required When	APCD Threshold	APCD - GIC Carrier Threshold
PR	3	PR003	Carrier License Type	10/03/10	Text	Lookup Table	10	tlkpCarrierLicenseType	Carrier License Type	License type associated with the Product filing with the Division of Insurance	All	100%	same as APCD
									Carrier License Type Code	Carrier License Type			
									BLU	Blue Cross and Blue Shield Licensee			
									COM	Commercial Carrier			
									HMO	Health Maintenance Organization			
									MAO	Medicare Advantage Organization			
									SCO	Senior Care Option			
									TPA	Third Party Administrator			
									176	Chapter 176			
PR	4	PR004	Product Line of Business Model	10/03/10	Text	Lookup Table	2	tlkpProductLineOfBusinessModel	The Line of Business / Insurance Model the Product relates to.	See lookup for valid values, such as HMO Open, HMO Closed, POS, EPO, Medicaid FFS, Disability, etc.	All	100%	same as APCD
									Product Line Of Business Model Code	Product Line Of Business Model			
									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			
									AC	Accident Only			
									BH	Basic Hospital			
									CH	CHAMPUS			
									DM	Dental Maintenance Organization			
									DS	Disability			
									HC	HMO - Closed			
									HO	HMO - Open			

									IN	Individual			
									LM	Liability Medical			
									MC	Medicaid FFS			
									MO	Medicaid Managed Care Organization			
									MP	Medicare Primary			
									MR	Medicare			
									OF	Other Federal Program (e.g. Black Lung)			
									PC	Medicaid Primary Care Clinician Plan			
									PR	Preferred Provider Organization (PPO)			
									QM	Qualified Medicare Beneficiary/SLMB			
									SA	Self Administered Group			
									SC	Senior Care Option			
									SP	Supplemental Policy			
									TV	Title V			
									VA	Veterans Administration Plan			
									WC	Workers' Compensation			
									ZZ	Mutually Defined Other			
PR	5	PR005	Insurance Plan Market	10/03/10	Text	Lookup Table	10	tlkpInsurancePlanMarket	Insurance Plan Market Code	Values such as Group, Individual, Medicare, etc.	All	100%	same as APCD
									Insurance Plan Market Code	Insurance Plan Market			
									GPOS	Group - POS			
									GCOB	Group COBRA			
									GCCH	Group-Commonwealth Choice			
									GEMP	Group-Employer			
									GFED	Group-Federal			
									GGIC	Group-GIC			
									GMMK	Group-Merged Market			
									GMUN	Group-Municipality			
									GPRT	Group-Retiree			
									GSC0	Group-Senior Care Option			
									GUNN	Group-Union			
									HEXC	Health Exchange			
									ICCA	Individual - Commonwealth Care			
									ICCH	Individual - Commonwealth Choice			
									ICLO	Individual Closed			
									ICOB	Individual COBRA			

									IYGA	Individual Young Adult			
									MCRA	Medicare Part A			
									MCRB	Medicare Part B			
									MCRC	Medicare Part C			
									MCRD	Medicare Part D			
									MEDX	MediGap/Medicare Supplemental/Medex			
									ITHR	Other			
									OTMC	Other Medicare			
									STUD	Student			
									COBR	COBRA			
									GRUP	Group			
PR	6	PR006	Product Benefit Type	06/24/10	Integer	Lookup Table	1	tlkpProductBenefitType	Indicates combinations of offerings.	Indicates if the product is Medical only, Pharmacy Only, or Medical and Pharmacy combined, or whether the product is a vision or dental or behavioral health only product.	All	100%	same as APCD
									Product Benefit Type Code	Product Benefit Type			
									1	Medical Only			
									2	Pharmacy Only			
									3	Medical and Pharmacy bundled			
									4	Dental			
									5	Behavioral Health			
									6	Vision			
									7	Accident Only			
									8	Medical Comprehensive			
									0	Other			
PR	8	PR008	Risk Type	06/24/10	Text	Lookup Table	1	tlkpRiskType	Indicates if the product was an at-risk product or self insured.	Risk Type Offering Code defines how a Member is insured under this Product.	All	100%	same as APCD
									Risk Type Code	Risk Type Description			
									1	Fully Insured			
									2	Self Insured			
									3	Product available to risk and self insured accounts			
PR	11	PR011	Product Active Flag	06/27/10	Text	Lookup Table	1	tlkpFlagIndicators	Indicator to further refine activity status	A refinement indicator to Product by indicating activity status.	All	100%	same as APCD

									Value	Description			
									1	Yes			
									2	No			
									3	Unknown			
									4	Other			
									5	Not Applicable			
PR	12	PR012	Annual Per Person Deductible Code	10/03/10	Text	Lookup Table	3	tlkpAnnualPerPersonDeductible	Per Person Deductible bandwidth reporting	Total Per Person Deductible for all benefits under this product	All	100%	same as APCD
									Annual Per Person Deductible Code	Annual Per Person Deductible			
									000	plans with no per person deductible			
									001	plans with per person deductibles under \$1,000			
									002	plans with per person deductibles of \$1,000 - \$1,999			
									003	plans with per person deductibles \$2,000-\$2,999			
									004	plans with per person deductibles >= \$3000			
									999	Not Applicable			
PR	13	PR013	Annual Per Family Deductible Code	10/03/10	Text	Lookup Table	3	tlkpAnnualPerFamilyDeductible	Per Family Deductible bandwidth reporting	Total Per Family Deductible for all benefits under this product	All	100%	same as APCD
									Annual Per Family Deductible Code	Annual Per Family Deductible			
									000	plans with no per family deductible			
									001	plans with per family deductibles under \$1,000			
									002	plans with per family deductibles of \$1,000 - \$1,999			
									003	plans with per family deductibles \$2,000 - \$2,999			
									004	plans with per family deductibles \$3,000 - \$3,999			
									005	plans with per family deductibles \$4,000 - \$4,999			

									006	plans with per family deductibles \$5,000 - \$5,999			
									007	plans with per family deductibles >= \$6,000			
									999	Not Applicable			
PR	14	PR014	Coordinated Care model	06/24/10	Text	Lookup Table	1	tlkpFlagIndicators	Indicates if a patient's care is clinically coordinated or managed.	1 = Yes, Member's care is clinically coordinated/managed.	All	100%	same as APCD
									Value	Description			
									1	Yes			
									2	No			
									3	Unknown			
									4	Other			
									5	Not Applicable			

Appendix C – External Code Sources

External Code Sources

1 Countries

**American National Standards Institute
11 West 42nd Street, 13th Floor
New York, NY 10036**

2 States and Other Areas of the US

**U.S. Postal Service
National Information Data Center
P.O. Box 2977
Washington, DC 20013**

3 Zip Codes

**U.S. Postal Service
Washington, DC 20260**

4 Centers for Medicare and Medicaid Services National Provider Identifier

**Centers for Medicare and Medicaid Services
Office of Financial Management
Division of Provider/Supplier Enrollment
C4-10-07**

**7500 Security Boulevard
Baltimore, MD 21244-1850**

5 International Classification of Diseases Clinical Modification, 9th Revision

**U.S. Government Printing Office
P.O. Box 371954
Pittsburgh, PA 15250**

6 International Classification of Diseases Clinical Modification, 10th Revision

**National Center for Health Statistics
3311 Toledo Road
Hyattsville, MD 20782**

7 Healthcare Common Procedural Coding System

**Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244**

8 American Dental Association

**Salable Materials
American Dental Association
211 East Chicago Avenue
Chicago, IL 60611-2678**

9 Place of Service Codes for Professional Claims

**Centers for Medicare and Medicaid Services
CMSO, Mail Stop S2-01-16
7500 Security Blvd
Baltimore, MD 21244-1850**

10 National Uniform Billing Committee (NUBC) Codes

**National Uniform Billing Committee
American Hospital Association
One North Franklin
Chicago, IL 60606**

11 Diagnosis Related Group Number (DRG)

**Superintendent of Documents
U.S. Government Printing Office
Washington, DC 20402**

12 National Drug Code Format

**Federal Drug Listing Branch HFN-315
5600 Fishers Lane
Rockville, MD 20857**

13 Health Care Provider Taxonomy

**The National Uniform Claim Committee
c/o American Medical Association
515 North State Street
Chicago, IL 60610**

14 Claim Adjustment Reason Codes

**Blue Cross / Blue Shield Association
Interplan Teleprocessing Services Division
676 N. St. Clair Street
Chicago, IL 60611**

15 North American Industry Classification System (NAICS)

**National Technical Information Service
Alexandria, VA 22312**



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