The All-Payer Claims Database Provider File Submission Guide

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Revision History

Date	Version	Description	Author
7/8/10	1.0	Provider	M. Prettenhofer
10/22/10	2.0	The APCD Monthly Provider File Grid – Types of providers to be included in the file: Clarification of Non Mass providers and file format and asterisk delimiter usage added for clarification	C. Kane
10/22/10	2.0	The APCD Monthly Provider File – The Provider ID – Clarification of unique identifier.	C. Kane
10/22/10	2.0	Denominator Reference – all references to Provider ID Code as Provider ID Type have been corrected. All denominator references point to PV034	M. Prettenhofer
10/22/10	2.0	PV007 – reference to Filler element has been removed and denominator refined to Medicaid MCOs Only with threshold of 0%	M. Prettenhofer
10/22/10	2.0	PV058 – definition refined by removing 'OR' statement	M. Prettenhofer
10/22/10	2.0	PV060 – value added to table for Other	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 Monthly Provider File

As part of the new All Payer Claims Database (APCD) carriers will be required to submit a Provider file. The Division of Healthcare Finance and Policy (Division) recognizes that 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	Monthly	The Division requires monthly submission of this file to insure matching algorithms.
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 file equals	A unique instance of a provider entity, and that provider's affiliation to another entity, or a provider's affiliation to a specific location.	The Division wishes to analyze information on providers, clinicians, hospitals, physician groups and integrated delivery systems.
How the Division defines a provider	A provider is an entity associated with either: 1. providing services to patients 2. submitting claims for services on behalf of a servicing provider 3. providing business services or contracting arrangements for a servicing provider	The Division wishes to analyze information on providers, clinicians, hospitals, physician groups and integrated delivery systems.

Specification Question	Clarification	Rationale
How a unique provider is to be defined	Conceptually, a unique provider is an instance of a provider (Who), with a particular affiliation (Relationship), at a particular location (where), during a pre-defined timeframe (when). The Division will utilize multiple data fields to create a unique provider record within each carrier file.	The Division realizes that carriers store their provider data in a variety of formats and data structures. The Division feels this methodology will provide the most flexibility to analyze provider data.
Types of providers to be included in the file	All Massachusetts contracted providers, regardless of whether they are on the claims file for the time period. Additionally, provider information for out of state providers, who are on the claims file for the time period of the corresponding claims submission – If available. Otherwise use default values as provided in the document: "ProviderFile Examples.xls".	The Division is required to create a cross carrier provider file for analysis and therefore requires data on all providers in a carriers Massachusetts network. Additionally, all claims may be analyzed by provider dimensions that require provider information for corresponding out of state claims.
Reporting time period and providers to be included on the file	All providers, both active and non active. Providers who have not been active since January 2008 do not need to be included	The Division wishes to collect the most up to date provider data that can be used to analyze claims data. Since claims data is collected monthly, the provider file can be synced with the claims file, and can be a snapshot of how the provider file looked at the end of the period for which claims are sent.

Types of Data being collected in the provider file

Provider Identifiers

The Division has made a conscious decision to collect numerous identifiers that may be associated with a provider. The data in fields PV002 through PV008, PV035, PV036, PV039, and PV040 (described below in the data dictionary) will be used by the Division when analyzing provider data across carriers. 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.

Demographics

The Division is collecting address information on each provider entity in order to meet reporting and analysis requirements of the APCD. Additional demographic data elements such as Gender and Date of Birth for the provider are being collected mainly for use in linking providers across carriers. These two fields will be used, when provided, to help with the quality of the matching algorithms across carriers.

Provider Specialty

The fields Taxonomy, Provider Type Code, and Provider Specialty (1-4) are required fields and will be used to meet reporting and analysis requirements of the APCD including clinical groupings and provider specific reports. Each carrier must submit its internal code sets (lookup tables) to the Division for these fields.

Dates

The Division is collecting two sets of date fields for each provider record.
The Begin and End date for each provider describes the dates the provider is active with the carrier and is eligible to provide services to members. For providers who are still active the End date should be Null. The Provider Affiliation Start and Provider Affiliation End Date describe the providers' affiliation/association with a parent entity, such as a billing entity, corporate entity, doctor's office, provider group, or integrated delivery system. Each unique instance of these start and end dates should be submitted as a separate record on this file. If a provider was active and termed in the past with the carrier, and was added back as an active provider, each instance of those 'active' dates should be provided, one for each time span. Similarly, each instance of a provider affiliation, and those associated dates should be provided in a record. If a provider has always been active with a carrier since 2008, but has changed affiliations once, there would be two records submitted as well, one for each affiliation and those respective dates. If a provider's affiliation is terminated, and is made active again at a later date, this would require two records as well.

Qualifiers

The Division is collecting provider information related to healthcare reform, electronic medical records, and patient centered medical home. These data elements may or may not currently be captured in carrier's core systems. It is the Division's belief that these elements will inform more in depth analysis as this data becomes more common in the industry. The thresholds for these fields will be lower in the short term to allow providers and carriers more time to capture and submit this information.

Examples

1. Individual Provider practicing within one doctor's office or group and only one physical office location.

A provider fitting this description should have 1 record per active time span. The record would contain information about the provider (Dr. Jones) and the affiliation fields would indicate that Dr. Jones practices or contracts with (ABC Medical). ABC Medical, since it is a group, would have its own separate record as well in this file. A physician assistant or nurse working in the doctor's office should also be submitted, under their own unique record.

2. Individual Provider practicing within an office they own.

A provider fitting this description should have 1 record per active time span for their individual information (Dr. Jones) and a second record for their practice, Dr. Jones Family Care. A physician assistant or nurse working in the doctor's office should also be submitted, under their own unique record.

3. Individual Provider practicing within an office they own or for a practice they do not own across two physical locations.

A provider fitting this description should have 2 records per active time span. The office, affiliation or entity that the doctor does business under (ABC Medical, Dr. Jones family medicine) would have only 1 additional record.

4. Individual Provider practicing across two groups or different affiliations.

A provider fitting this description should have 2 records per active time span, one for each group/entity they are affiliated with. Each group/entity would have its own separate record as well.

5. Entity, Group or Office in one location

An entity fitting this description should have one record per active time span. All affiliated entities, or providers that could be linked or rolled up to these entities, groups or offices, would each have their own records.

6. Entity, Group or Office in two locations

An entity fitting this description should have two records per active time span, one for each location. . All affiliated entities, or providers that could be linked or rolled up to these entities, groups or offices, would each have their own records. If these affiliated entities and providers are associated with just one of the locations, they would have one corresponding record. If they are affiliated with each of the parent entity's locations, they should have one record for each location, similar to example 3.

7. Billing organizations

An entity that shows up in the claims file in the Billing Provider field should also have a corresponding provider record. Medical Billing Associates, Inc. should have one record for each location and identifier it bills under as determined by the claims file.

8. Integrated Delivery Systems

Organizations such as Partners Healthcare or Atrius Health should have their own record if the carrier has a contract with those entities. All entities, groups or providers affiliated with the Organization should have the Provider ID of this entity in the Provider Affiliation Field. Entities meeting a description similar to an Integrated Delivery System should show up one time in the provider file.

The Provider ID

Field, PV002, Provider ID is one of the most critical fields in the Provider File. The definition of this field is:

The unique number for every service provider (persons, facilities or other entities involved in claims transactions) that a carrier has in its system. This field may or may not be the provider NPI. Also see instructions related to provider identifying claims elements including (MC024, MC026, MC076, MC077, and MC112). This field is used to uniquely identify a provider and that provider's affiliation and a provider and a provider's practice location within this provider file.

The goal of this field 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. A Provider ID itself may or may not be unique on this file – but in combination with the Provider Affiliation (PV056) – the two together must be unique for a given time period.

Loading a record where PV002 = PV056 establishes a base record for a provider. All other instances of that PV002 value represent affiliations or additional locations for a provider. See the "ProviderFile Examples.xls" document for sample data.

File Layout

File	Col	Element	Data Element Name	Date Active (version)	Type	Type Description	Revised Length	Old Length	Description	Encrypt Upon Intake
HD-PV	1	HD001	Record Type	06/24/10	Text	ID	2	2	Header Record Identifier	No
HD-PV	2	HD002	Payer	06/24/10	Text	ID Carrier	8	8	Header Submitter/Carrier ID	No
HD-PV	3	HD003	National Plan ID	06/24/10	Text	ID Nat'l Plan	30	30	Header CMS National Plan Identification Number (PlanID)	No
HD-PV	4	HD004	Type of File	06/24/10	Text	ID	2	2	Header Type of File	No
HD-PV	5	HD005	Period Beginning Date	06/24/10	Date Period	Year Month	6	6	Header Period Start Date	No
HD-PV	6	HD006	Period Ending Date	06/24/10	Date Period	Year Month	6	6	Header Period Ending Date	No
HD-PV	7	HD007	Record Count	06/24/10	Integer	Counter	10	10	Header Record Count	No
HD-PV	8	HD008	Comments	06/24/10	Text	Free Text Field	80	80	Header Carrier Comments	No
PV	1	PV001	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
PV	2	PV002	Plan Provider ID	06/24/10	Text	ID Provider	30	30	Carrier Unique Provider Code	No
PV	3	PV003	Tax Id	06/24/10	Text	Tax ID PV002	12	12	The Federal Tax ID associated with the provider identified in PV002.	Yes
PV	4	PV004	UPIN Id	06/24/10	Text	ID PV002	10	10	Unique Physician Identification Number (UPIN)	No
PV	5	PV005	DEA ID	06/24/10	Text	ID PV002	10	10	Primary DEA number for the provider identified in PV002.	No
PV	6	PV006	License Id	06/24/10	Text	ID License PV002	25	25	State practice license for the Provider in PV002	No
PV	7	PV007	Medicaid Id	10/03/10	Text	ID Medicaid PV002	25	25	Medicaid assigned number for the Provider in PV002	No
PV	8	PV008	Last Name	06/24/10	Text	Name Last PV002	50	50	Last name of the Provider in PV002	No
PV	9	PV009	First Name	06/24/10	Text	Name First PV002	50	50	First name of the Provider in PV002	No
PV	10	PV010	Middle Initial	06/24/10	Text	Name Middle PV002	1	1	Middle initial of the Provider in PV002	No
PV	11	PV011	Suffix	06/24/10	Text	Name Suffix PV002	2	2	Suffix of the Provider in PV002	No
PV	12	PV012	Entity Name	06/24/10	Text	Name Entity	100	100	Group / Facility name	No
PV	13	PV013	Entity Code	06/24/10	Text	Lookup Table	10	10	Provider facility code	No
PV	14	PV014	Gender Code	06/24/10	Text	Lookup Table	1	1	Gender of Provider	No
PV	15	PV015	DOB Date	06/24/10	Date	Date Complete	8	8	Provider's date of birth	No

PV	16	PV016	Street Address1 Name	06/24/10	Text	Address 1	50	50	Street address of the Provider	No
PV	17	PV017	Street Address2 Name	06/24/10	Text	Address 2	50	50	Secondary Street Address of the Provider	No
PV	18	PV018	City Name	06/24/10	Text	Address City	35	35	City of the Provider	No
PV	19	PV019	State Code	06/24/10	Text	Address State	2	2	State of the Provider	No
PV	20	PV020	Country Code	06/24/10	Text	Address Country ID	30	30	Country Code of the Provider	No
PV	21	PV021	Zip Code	06/24/10	Text	Address Zip Code	10	10	Zip code of the Provider	No
PV	22	PV022	Taxonomy	06/24/10	Text	Taxonomy	10	10	Primary Taxonomy Code of the Provider	No
PV	23	PV023	Mailing Street Address1 Name	06/24/10	Text	Address 1 PV002	50	50	Street address of the Provider / Entity	No
PV	24	PV024	Mailing Street Address2 Name	06/24/10	Text	Address 2 PV002	50	50	Secondary Street address of the Provider / Entity	No
PV	25	PV025	Mailing City Name	06/24/10	Text	Address City PV002	35	35	City name of the Provider / Entity	No
PV	26	PV026	Mailing State Code	06/24/10	Text	Address State PV002	2	2	State name of the Provider / Entity	No
PV	27	PV027	Mailing Country Code	06/24/10	Text	Address Country	30	30	Country name of the Provider / Entity	No
PV	28	PV028	Mailing Zip Code	06/24/10	Text	Address Zip Code PV002	10	10	Zip code of the Provider	No
PV	29	PV029	Provider Type Code	06/24/10	Text	Carrier Table	10	10	Provider Type Code	No
PV	30	PV030	Primary Specialty Code	06/24/10	Text	Taxonomy	10	10	Specialty Code	No
PV	31	PV031	Filler	06/24/10	Filler	Filler	1	1	The APCD will reserve this field for possible future use. Please fill with null values in the format described.	No
PV	32	PV032	Filler	06/24/10	Filler	Filler	20	20	The APCD will reserve this field for possible future use. Please fill with null values in the format described.	No
PV	33	PV033	Filler	06/24/10	Filler	Filler	30	30	The APCD will reserve this field for possible future use. Please fill with null values in the format described.	No
PV	34	PV034	ProviderIDCode	06/24/10	Text	Lookup Table	5	5	Provider Identification Code	No
PV	35	PV035	SSN Id	06/24/10	Text	Tax ID PV002	11	11	Provider's Social Security Number	Yes
PV	36	PV036	Medicare Id	06/24/10	Text	ID Medicare PV002	30	30	Provider's Medicare Number	No
PV	37	PV037	Begin Date	06/24/10	Date	Date Complete	8	8	Provider Start Date	No
PV	38	PV038	End Date	06/24/10	Date	Date Complete	8	8	Provider End Date	No
PV	39	PV039	National Provider ID	06/24/10	Text	NPI	25	25	National Provider Identification (NPI) of the National Provider	No
PV	40	PV040	National Provider2 ID	06/24/10	Text	NPI	25	25	National Provider Identification (NPI) of the Provider	No
PV	41	PV041	Filler	06/24/10	Filler	Filler	25	25	The APCD will reserve this field for possible future use. Please fill with null values.	No

PV	42	PV042	Secondary Specialty2 Code	06/24/10	Text	Taxonomy	10	10	Specialty Code	No
PV	43	PV043	Secondary Specialty3 Code	06/24/10	Text	Taxonomy	10	10	Specialty Code	No
PV	44	PV044	Secondary Specialty4 Code	06/24/10	Text	Taxonomy	10	10	Specialty Code	No
PV	45	PV045	P4PFlag	06/24/10	Text	Lookup Table	1	1	Pay-for-Performance (P4P) indicator	No
PV	46	PV046	NonClaimsFlag	06/24/10	Text	Lookup Table	1	1	Nonclaims Financial Transaction Indicator	No
PV	47	PV047	Uses Electronic Medical Records	06/24/10	Text	Lookup Table	1	1	Provider Uses EMR indicator	No
PV	48	PV048	EMR Vendor	06/24/10	Text	Name Vendor	40	40	Electronic Medical Record Vendor name	No
PV	49	PV049	Accepting New Patients	06/24/10	Text	Lookup Table	1	1	Indicates if provider or provider group is accepting new patients as it applies to this carrier's products/plans.	No
PV	50	PV050	Offers e-Visits	06/24/10	Text	Lookup Table	1	1	Indicates if the provider uses eVisit tools (web based software) for well visits	No
PV	51	PV051	Filler	06/24/10	Filler	Filler	20	20	The APCD will reserve this field for possible future use. Please fill with null values.	No
PV	52	PV052	Has multiple offices	06/24/10	Text	Lookup Table	1	1	Indicates if the provider has multiple office locations where it sees patients	No
PV	53	PV053	Filler	06/24/10	Text	Filler	1	1	Indicates if the provider has multiple office locations where it sees patients	No
PV	54	PV054	Medical/Healthcare Home ID	06/24/10	Text	ID	15	15	Medical Home Identification Number	No
PV	55	PV055	PCP Flag	06/24/10	Text	Lookup Table	1	1	Indicates if the provider is a PCP. For Facilities or entities where this is not applicable value of N (No) is allowed.	No
PV	56	PV056	Provider Affiliation	06/24/10	Text	ID PV002	30	30	Provider Affiliation Code	No
PV	57	PV057	Provider Telephone	06/24/10	Text	Telephone PV002	10	10	Telephone number associated with the provider identified in PV002	No
PV	58	PV058	Delegated Provider Record Flag	10/03/10	Text	Lookup Table	1	1	Provider Record Source Indicator	No
PV	59	PV059	Filler	06/24/10	Filler	Filler	2	2	The APCD will reserve this field for possible future use. Please fill with null values in the format described.	No
PV	60	PV060	Office Type	10/22/10	Text	Lookup Table	1	1	Office Type Code	No
PV	61	PV061	Prescribing Provider	06/24/10	Text	Lookup Table	1	1	Prescribing privilege indicator	No
PV	62	PV062	Provider Affiliation Start Date	06/24/10	Date	Date Complete	8	8	Provider Start Date	No
PV	63	PV063	Provider Affiliation End Date	06/24/10	Date	Date Complete	8	8	Provider End Date	No

PV	64	PV064	PPO Indicator	06/24/10	Text	Lookup Table	1	1	Indicates if the provider is a contracted provider	No
PV	65	PV899	Record Type	06/24/10	Text	ID	2	2	File Type Identifier	No
TR-PV	1	TR001	Record Type	06/24/10	Text	ID	2	2	Trailer Record Identifier	No
TR-PV	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-PV	3	TR003	National Plan ID	06/24/10	Text	ID Nat'l Plan	30	30	CMS National Plan Identification Number (PlanID)	No
TR-PV	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-PV	5	TR005	Period Beginning Date	06/24/10	Date Period	Year Month	6	6	Trailer Period Start Date	No
TR-PV	6	TR006	Period Ending Date	06/24/10	Date Period	Year Month	6	6	Trailer Period Ending Date	No
TR-PV	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-PV	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-PV	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-PV	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-PV	4	HD004	Type of File	06/24/10	Text	PV	2	2	This must have PV 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-PV	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-PV	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-PV	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-PV	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
PV	1	PV001	Payer	06/24/10	Text		8	8		All	100%	same as APCD	No

PV	2	PV002	Plan Provider ID	06/24/10	Text		30	30	The unique number for every service provider (persons, facilities or other entities involved in claims transactions) that a carrier has in its system. This field may or may not be the provider NPI. Also see instructions related to provider identifying claims elements including (MC026, MC076, MC077, MC112). This field is used to help uniquely identify a provider, and that provider's affiliation and or practice location within this provider file. The combination of the Unique Plan Provider ID and the Unique Plan Provider ID that is captured in the Provider Affiliation field, if applicable, is the unique key for this file.	All	100%	same as APCD	No
PV	3	PV003	Tax Id	06/24/10	Text	#########	12	12	Also known as EIN, TIN for FEIN. Do not use hyphen. This field is encrypted upon intake.	All	98%	same as APCD	Yes
PV	4	PV004	UPIN Id	06/24/10	Text		10	10	The UPIN for the Provider identified in PV002. If not available, default to null. Do not use zeros.	ProviderIDcode = 1 and PV036 not Null	0%	98%	No
PV	5	PV005	DEA ID	10/03/10	Text		10	10	If not available or applicable, such as for a group or corporate entity, default to null. Do not use zeros.	ProviderIDCode=0,1,2,3,4,5	98%	same as APCD	No
PV	6	PV006	License Id	06/24/10	Text		25	25	If not available, or not applicable, such as for a group or corporate entity, default to null. For a doctor this is the medical license for a non doctor this is the practice license. Do not use zeros.	All	80%	98%	No
PV	7	PV007	Medicaid Id	10/03/10	Text		25	25	The State Medicaid number for the provider identified in PV002. If not available, or not applicable, such as for a group or corporate entity, default to null. Do not use zeros.	Medicaid MCOs Only	0%	98%	No
PV	8	PV008	Last Name	06/24/10	Text	Free Text Name	50	50	Do not provide non person entities in this field. For facility or non individual provider records this field should be blank and will be captured in PV012 Facility Name	If ProviderIDCode=1	98%	same as APCD	No
PV	9	PV009	First Name	06/24/10	Text	Free Text Name	50	50	Do not provide non person entities in this field. For facility or non individual provider records this field should be blank and will be captured in PV012 Facility Name	If ProviderIDCode=1	98%	same as APCD	No

PV	10	PV010	Middle Initial	06/24/10	Text	Free Text Name	1	1	Do not provide facilities in this field. For facility or non individual provider records this field should be blank.	If ProviderIDCode=1	1%	same as APCD	No
PV	11	PV011	Suffix	06/24/10	Text		2	2	Do not provide non person entities in this field. For facility or non individual provider records this field should be blank as well as blank for providers with no suffix.	If ProviderIDCode=1	1%	same as APCD	No
PV	12	PV012	Entity Name	06/24/10	Text	Free Text Name	100	100	Punctuation may be included. This should only be populated for facilities or groups.	If ProviderIDCode=2	98%	same as APCD	No
PV	13	PV013	Entity Code	06/24/10	Text	tlkpEntityCode	10	10	DHCFP will provide lookup values in the carrier submission guide which will allow DHCFP to understand if the entity is a facility, a group, a provider business entity or some other type of pay to provider.	If ProviderIDCode not = 1	98%	same as APCD	No
PV	14	PV014	Gender Code	06/24/10	Text	tlkpGender	1	1	Only applies to providers identified as Entity = Person; else default to null.	ProviderIDCode=1	20%	98%	No
PV	15	PV015	DOB Date	06/24/10	Date	CCYYMMDD	8	8	Only applies to providers identified as Entity = Person; else default to null	ProviderIDCode=1	20%	98%	No
PV	16	PV016	Street Address1 Name	06/24/10	Text	Free Text Address	50	50	Physical street address where provider sees plan members. If only mailing address is available, please send the mailing address in this field in addition to putting it in the mailing address field. If the provider sees members at two locations the provider should have a unique record for each to capture each site where the provider practices.	All	98%	same as APCD	No
PV	17	PV017	Street Address2 Name	06/24/10	Text	Free Text Address	50	50	Physical street address where provider sees plan members. If only mailing address is available, please send the mailing address in this field in addition to putting it in the mailing address field. If the provider sees members at two locations the provider should have a unique record for each to capture each site where the provider practices.	All	2%		No
PV	18	PV018	City Name	06/24/10	Text	Free Text Address	35	35	City where provider sees plan members. If only mailing address is available, please send the mailing address in this field in addition to putting it in the mailing address field. If the provider sees members at two locations the provider should have a unique record for each to capture each site where the provider practices.	All	98%	same as APCD	No

PV	19	PV019	State Code	06/24/10	Text	External Code Source 2	2	2	State where provider sees plan members. Brick & mortar. If only mailing address is available, please send the mailing address in this field in addition to putting it in the mailing address field. If the provider sees members at two locations the provider should have a unique record for each to capture each site where the provider practices.	All	98%	same as APCD	No
PV	20	PV020	Country Code	06/24/10	Text	External Code Source 1	30	30	ISO 1066-3 or most current version	All	98%	same as APCD	No
PV	21	PV021	Zip Code	06/24/10	Text	External Code Source 3	10	10	Zip code where provider sees plan members. If only mailing address is available, please send the mailing address in this field in addition to putting it in the mailing address field. If the provider sees members at two locations the provider should have a unique record for each to capture each site where the provider practices. The Division will provide the national standard link. 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; see External Code Source	All	98%	same as APCD	No
PV	22	PV022	Taxonomy	10/03/10	Text	External Code Source 13	10	10		ProviderIDCode=0,1,2,3,4,5	50%	same as APCD	No
PV	23	PV023	Mailing Street Address1 Name	06/24/10	Text	Free Text Address	50	50	This is the Mailing Address of the Provider / Entity in PV002	All	98%	same as APCD	No
PV	24	PV024	Mailing Street Address2 Name	06/24/10	Text	Free Text Address	50	50	Mailing address of the provider or entity in PV002	All	2%	same as APCD	No
PV	25	PV025	Mailing City Name	06/24/10	Text	Free Text Address	35	35	Mailing address of the provider or entity in PV002	All	98%	same as APCD	No
PV	26	PV026	Mailing State Code	06/24/10	Text	External Code Source 2	2	2	Mailing address state of the provider/entity in PV002. Two-digit state code as defined by the United States Postal Service	All	98%	same as APCD	No
PV	27	PV027	Mailing Country Code	06/24/10	Text	External Code Source 1	30	30	The country code of the provider based on the link the DHCFP will provide.	All	98%	same as APCD	No

PV	28	PV028	Mailing Zip Code	06/24/10	Text	External Code Source 3	10	10	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; see External Code Source	All	98%	same as APCD	No
PV	29	PV029	Provider Type Code	06/24/10	Text	Carrier Defined Reference Table	10	10	The Provider Type code associated with the individual provider or facility. The carrier must provide the Division with Reference tables. This field distinguishes clinicians, facilities, and other. Clinicians are physicians and other practitioners who can perform an E&M service (thereby start an episode of care). Facilities can sometimes start episodes (i.e. patient goes to ER at onset of symptoms). Providers classified as 'other' never start episodes. The Division may use this field to perform further clinical and analytic grouping. Entities not seeing patients should have a classification of 'Other'	All	98%	same as APCD	No
PV	30	PV030	Primary Specialty Code	10/03/10	Text	External Code Source 13 - AND/OR - Carrier Defined Reference Table	10	10	The Primary Specialty code, assigned by the payer, to the provider. Carriers must provide a cross-reference table for any values used in this field. If the Plan can not determine which specialty is primary, then populate this field with the provider's specialty for purposes of assigning cost and quality measures. For non-physicians, set this to a value that indicates that the provider is a hospital or facility or is an entity not providing services and therefore has no specialty.	ProviderIDCode=0,1,2,3,4,5	98%	same as APCD	No
PV	31	PV031	Filler	06/24/10	Filler	Filler	1	1	The APCD will reserve this field for possible future use. Please fill with null values in the format described.	All	0%	same as APCD	No
PV	32	PV032	Filler	06/24/10	Filler	Filler	20	20	The APCD will reserve this field for possible future use. Please fill with null values in the format described.	All	0%	same as APCD	No
PV	33	PV033	Filler	06/24/10	Filler	Filler	30	30	The APCD will reserve this field for possible future use. Please fill with null values in the format described.	All	0%	same as APCD	No
PV	34	PV034	ProviderID Code	06/24/10	Text	tlkpEntityQualifier Code	5	5	This field describes the type of entity that was submitted for this record (PV002). The DHCFP will provide a lookup table of eligible values with the carrier submission guide.	All	100%	same as APCD	No

PV	35	PV035	SSN Id	06/24/10	Text	#########	11	11	Social Security Number of the individual provider in PV002. No hyphens. If not available, set to null. Non individual providers should have this field set to null as well. This field will be encrypted.	ProviderIDCode=1	98%	same as APCD	Yes
PV	36	PV036	Medicare Id	10/03/10	Text		30	30	Medicare ID of the provider or entity in PV002. If not available, set to null.	ProviderIDCode=0,1,2,3,4,5, and UPIN not Null	90%	same as APCD	No
PV	37	PV037	Begin Date	06/24/10	Date	CCYYMMDD	8	8	The Date the provider or facility becomes eligible/contracted to perform services for plan members/insureds. YYYYMMDD. Providers who do not render services should have this field blank.	All	98%	same as APCD	No
PV	38	PV038	End Date	10/03/10	Date	CCYYMMDD	8	8	The Date the provider or facility is no longer eligible to perform services for plan members/insureds. YYYYMMDD. Use Null for providers who are still actively eligible to provide services. Providers who do not render services should have this field blank.	ProviderIDCode=0,1,2,3,4,5	98%	same as APCD	No
PV	39	PV039	National Provider ID	10/03/10	Text	External Code Source 4	25	25	The Primary National Provider Identifier (NPI) for each provider/clinician and organization.	ProviderIDCode=0,1,2,3,4,5	98%	same as APCD	No
PV	40	PV040	National Provider2 ID	10/03/10	Text	External Code Source 4	25	25	Secondary or Other NPI of the provider referenced in PV039	ProviderIDCode=0,1,2,3,4,5	1%	same as APCD	No
PV	41	PV041	Filler	06/24/10	Filler	Filler	25	25	The APCD will reserve this field for possible future use. Please fill with null values in the format described.	All	0%	same as APCD	No
PV	42	PV042	Secondary Specialty2 Code	10/03/10	Text	External Code Source 13 - AND/OR - Carrier Defined Reference Table	10	10	see mapping notes for primary specialty above. Secondary/additional specialty codes associated with a provider should be populated in this field, using values from the carrier submitted specialty lookup tables.	ProviderIDCode=0,1,2,3,4,5	1%	same as APCD	No

PV	43	PV043	Secondary Specialty3 Code	10/03/10	Text	External Code Source 13 - AND/OR - Carrier Defined Reference Table	10	10	see mapping notes for primary specialty above. Secondary/additional specialty codes associated with a provider should be populated in this field, using values from the carrier submitted specialty lookup tables.	ProviderI DCode=0 ,1,2,3,4,5	0%	same as APCD	No
PV	44	PV044	Secondary Specialty4 Code	10/03/10	Text	External Code Source 13 - AND/OR - Carrier Defined Reference Table	10	10	see mapping notes for primary specialty above. Secondary/additional specialty codes associated with a provider should be populated in this field, using values from the carrier submitted specialty lookup tables.	ProviderI DCode=0 ,1,2,3,4,5	0%	same as APCD	No
PV	45	PV045	P4PFlag	10/03/10	Text	tlkpFlagIndicators	1	1	1 = Yes, provider has a contract incentive. Example: Pay-for-performance bonuses or year-end withhold returns based on performance for at least one service performed by this provider within the month. The Division will provide further instruction via administrative bulletin in the future when supplemental information or reports for providers with a Yes value are requested.	ProviderI DCode=1 , 2, 3	100%	same as APCD	No
PV	46	PV046	NonClaims Flag	06/24/10	Text	tlkpFlagIndicators	1	1	1 = Yes, provider may be eligible to receive other payments not flowing through the claims system. Example: Risk Sharing; at least one instance of a financial transaction within the month. The Division will provide further instruction via administrative bulletin in the future when supplemental information or reports for providers with a Yes value are requested.	All	100%	same as APCD	No
PV	47	PV047	Uses Electronic Medical Records	06/24/10	Text	tlkpFlagIndicators	1	1	1 = Yes, provider uses Electronic Medical Records	All	100%	same as APCD	No
PV	48	PV048	EMR Vendor	06/24/10	Text	Free Text Name	40	40	Name of the vendor provider uses for EMR processing.	All	0%	same as APCD	No
PV	49	PV049	Accepting New Patients	10/03/10	Text	tlkpFlagIndicators	1	1	1 = Yes, provider or provider group is accepting new patients as of the day the file was created for this submission. The carrier should provide the information relevant to their organization. If the provider is not accepting new patients for your plan but is for	ProviderI DCode=1 ,2,3	100%	same as APCD	No

									another health plan, 2 = No is an acceptable response.				
PV	50	PV050	Offers e-Visits	06/24/10	Text	tlkpFlagIndicators	1	1	1 = Yes, provider has capacity to perform eVisits.	ProviderIDCode=1,2,3, 4	100%	same as APCD	No
PV	51	PV051	Filler	06/24/10	Filler	Filler	20	20	The APCD will reserve this field for possible future use. Please fill with null values in the format described.	All	0%	same as APCD	No
PV	52	PV052	Has multiple offices	06/24/10	Text	tlkpFlagIndicators	1	1	1 = Yes, provider has multiple offices.	ProviderIDCode=1,2,3	100%	same as APCD	No
PV	53	PV053	Filler	06/24/10	Text	Filler	1	1	The APCD will reserve this field for possible future use. Please fill with null values in the format described.	All	0%	same as APCD	No
PV	54	PV054	Medical/Healthcare Home ID	06/24/10	Text		15	15	The ID number of the patient-centered medical home the provider is linked to	ProviderIDCode=1,2,3	0%	same as APCD	No
PV	55	PV055	PCP Flag	06/24/10	Text	tlkpFlagIndicators	1	1	1 = Yes, provider is a PCP.	ProviderIDCode=1	100%	same as APCD	No
PV	56	PV056	Provider Affiliation	06/24/10	Text		30	30	The Provider ID for any affiliation the provider has with another entity or parent company. If the provider is associated only with self, record the same value here as PV002	All	99%	same as APCD	No
PV	57	PV057	Provider Telephone	06/24/10	Text	##########	10	10	Do not include the provider affiliation telephone number here	All	10%	same as APCD	No
PV	58	PV058	Delegated Provider Record Flag	10/03/10	Text	tlkpFlagIndicators	1	1	1 = Yes, provider record was sourced from the carriers system.	All	100%	same as APCD	No
PV	59	PV059	Filler	06/24/10	Filler	Filler	2	2	The APCD will reserve this field for possible future use. Please fill with null values in the format described.	All	0%	same as APCD	No
PV	60	PV060	Office Type	10/22/10	Text	tlkpOfficeType	1	1	Indicates if the office is a facility, or doctor's office, or clinic, or walk in or lab. The DHCFP will provide the lookup values in the carrier submission guide.	ProviderIDCode=0,1,2,3,4,5	95%	same as APCD	No
PV	61	PV061	Prescribing Provider	06/24/10	Text	tlkpFlagIndicators	1	1	1 = Yes, provider has prescribing privileges for pharmaceuticals or DME.	All	100%	same as APCD	No

PV	62	PV062	Provider Affiliation Start Date	06/24/10	Date	CCYYMMDD	8	8	Indicates start date of providers relationship with parent entity/group in PV056 (Provider Affiliation). If you are affiliated with yourself, put in the start date from PV037.	All	98%	same as APCD	No
PV	63	PV063	Provider Affiliation End Date	06/24/10	Date	CCYYMMDD	8	8	Indicates end date of providers relationship with parent entity/group in PV056 (Provider Affiliation). If there is no known affiliation in PV056 use Null in this field. If the affiliation is still active use Null. If you are affiliated with yourself, put in the end date from PV038.	All	98%	same as APCD	No
PV	64	PV064	PPO Indicator	10/03/10	Text	tlkpFlagIndicators	1	1	1 = Yes, provider is a contracted provider.	ProviderIDCode=0,1,2,3,4,5	100%	same as APCD	No
PV	65	PV899	Record Type	06/24/10	Text	PV	2	2	This must be reported as PV 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-PV	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-PV	2	TR002	Payer	06/24/10	Text		8	8	Payer submitting file	All	100%	same as APCD	No
TR-PV	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-PV	4	TR004	Type of File	06/24/10	Text	PV	2	2	This must have PV reported here	All	100%	same as APCD	No
TR-PV	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-PV	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-PV	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
PV	13	PV013	Entity Code	06/24/10	Text	Lookup Table	10	tlkpEntityType	Provider facility code	DHCFP will provide lookup values in the carrier submission guide which will allow DHCFP to understand if the entity is a facility, a group, a provider business entity or some other type of pay to provider.	If Provider IDCode not = 1	98%	Same as APCD

Entity Type	Type
01	Academic Institution
02	Adult Foster Care
03	Ambulance Services
04	Hospital Based Clinic
05	Stand-Alone, Walk-In/Urgent Care Clinic
06	Other Clinic
07	Community Health Center - General
08	Community Health Center - Urgent Care
09	Government Agency
10	Health Care Corporation
11	Home Health Agency
12	Acute Hospital
13	Chronic Hospital
14	Rehabilitation Hospital
15	Psychiatric Hospital
16	DPH Hospital
17	State Hospital
18	Veterans Hospital
19	DMH Hospital
20	Sub-Acute Hospital
21	Licensed Hospital Satellite Emergency Facility
22	Hospital Emergency Center
23	Nursing Home
24	Freestanding Ambulatory Surgery Center

									25	Hospital Licensed Ambulatory Surgery Center			
									26	Non-Health Corporations			
									27	School Based Health Center			
									28	Rest Home			
									29	Licensed Hospital Satellite Facility			
									30	Hospital Licensed Health Center			
									31	Other			
PV	14	PV014	Gender Code	06/24/10	Text	Lookup Table	1	tlkpGender	Gender of Provider	Only applies to providers identified as Entity = Person; else default to null.	Provider IDCode =1	20%	Same as APCD

Gender Code	Gender
F	Female
M	Male
O	Other
U	Unknown

PV	34	PV034	ProviderIDCode	06/24/10	Text	Lookup Table	5	tlkpEntityQualifier Code	Provider Identification Code	This field describes the type of entity that was submitted for this record (PV002). The DHCFP will provide a lookup table of eligible values with the carrier submission guide.	All	100%	Same as APCD

Entity Qualifier Code	Entity Qualifier
1	Person; physician, clinician, orthodontist, and any individual that is licensed/certified to perform health care services.
2	Facility; hospital, health center, long term care, rehabilitation and any building that is licensed to transact health care services.
3	Professional Group; collection of licensed/certified health care professionals that are practicing health care services under the same entity name and Federal Tax Identification Number.
4	Retail Site; brick-and-mortar licensed/certified place of transaction that is not solely a health care entity, i.e., pharmacies, independent laboratories, vision services.

									5	E-Site; internet-based order/logistic system of health care services, typically in the form of durable medical equipment, pharmacy or vision services. Address assigned should be the address of the company delivering services or order fulfillment.			
									6	Financial Parent; financial governing body that does not perform health care services itself but directs and finances health care service entities, usually through a Board of Directors.			
									7	Transportation; any form of transport that conveys a patient to/from a healthcare provider			
									0	Other; any type of entity not otherwise defined that performs health care services.			
PV	45	PV045	P4PFlag	10/03/10	Text	Lookup Table	1	tlkpFlagIndicators	Pay-for-Performance (P4P) indicator	1 = Yes, provider has a contract incentive. Example: Pay-for-performance bonuses or year-end withhold returns based on performance for at least one service performed by this provider within the month. The Division will provide further instruction via administrative bulletin in the future when supplemental information or reports for providers with a Yes value is requested.	Provider IDCode =1, 2, 3	100%	Same as APCD

Value	Description
1	Yes
2	No
3	Unknown
4	Other
5	Not Applicable

PV	46	PV046	NonClaimsFlag	06/24/10	Text	Lookup Table	1	tlkpFlagIndicators	Nonclaims Financial Transaction Indicator	1 = Yes, provider may be eligible to receive other payments not flowing through the claims system. Example: Risk Sharing; at least one instance of a financial transaction within the month. The Division will provide further instruction via administrative bulletin in the future when supplemental information or reports for providers with a Yes value is requested.	All	100%	Same as APCD

Value	Description
1	Yes

									2	No			
									3	Unknown			
									4	Other			
									5	Not Applicable			
PV	47	PV047	Uses Electronic Medical Records	06/24/10	Text	Lookup Table	1	tlkpFlagIndicators	Provider Uses EMR indicator	1 = Yes, provider uses Electronic Medical Records	All	100%	Same as APCD

	Value	*Description*	
	1	Yes	
	2	No	
	3	Unknown	
	4	Other	
	5	Not Applicable	

PV	49	PV049	Accepting New Patients	06/24/10	Text	Lookup Table	1	tlkpFlagIndicators	Indicates if provider or provider group is accepting new patients as it applies to this carrier's products/plans.	1 = Yes, provider or provider group is accepting new patients as of the day the file was created for this submission. The carrier should provide the information relevant to their organization. If the provider is not accepting new patients for your plan but is for another health plan, 2 = No is an acceptable response.	Provider IDCode =1,2,3	100%	Same as APCD

	Value	*Description*	
	1	Yes	
	2	No	
	3	Unknown	
	4	Other	
	5	Not Applicable	

PV	50	PV050	Offers e-Visits	06/24/10	Text	Lookup Table	1	tlkpFlagIndicators	Indicates if the provider uses eVisit tools (web based software) for well visits	1 = Yes, provider has capacity to perform eVisits.	Provider IDCode =1,2,3,4	100%	Same as APCD

	Value	*Description*	
	1	Yes	
	2	No	
	3	Unknown	
	4	Other	
	5	Not Applicable	

PV	52	PV052	Has multiple offices	06/24/10	Text	Lookup Table	1	tlkpFlagIndicators	Indicates if the provider has multiple office locations where it sees patients	1 = Yes, provider has multiple offices.	Provider IDCode =1,2,3	100%	Same as APCD
									Value	**Description**			
									1	Yes			
									2	No			
									3	Unknown			
									4	Other			
									5	Not Applicable			
PV	55	PV055	PCP Flag	06/24/10	Text	Lookup Table	1	tlkpFlagIndicators	Indicates if the provider is a PCP. For Facilities or entities where this is not applicable value of N (No) is allowed.	1 = Yes, provider is a PCP.	Provider IDCode =1	100%	Same as APCD
									Value	**Description**			
									1	Yes			
									2	No			
									3	Unknown			
									4	Other			
									5	Not Applicable			
PV	58	PV058	Delegated Provider Record Flag	10/03/10	Text	Lookup Table	1	tlkpFlagIndicators	Provider Record Source Indicator	1 = Yes, provider record was sourced from the carriers system.	All	100%	Same as APCD
									Value	**Description**			
									1	Yes			
									2	No			
									3	Unknown			
									4	Other			
									5	Not Applicable			
PV	60	PV060	Office Type	10/22/10	Text	Lookup Table	1	tlkpOfficeType	Office Type Code	Indicates if the office is a facility, or doctor's office, or clinic, or walk in or lab. The DHCFP will provide the lookup values in the carrier submission guide.	Provider IDCode =0,1,2,3,4,5	95%	Same as APCD
									Office Type Code	**Office Type**			
									1	Facility			

PV										2	Doctors office			
										3	Clinic			
										4	Walk in Clinic			
										5	Laboratory			
										0	Other			
PV	61	PV061	Prescribing Provider	06/24/10	Text	Lookup Table	1	tlkpFlagIndicators	Prescribing privilege indicator	1 = Yes, provider has prescribing privileges for pharmaceuticals or DME.		All	100%	Same as APCD
										Value	**Description**			
										1	Yes			
										2	No			
										3	Unknown			
										4	Other			
										5	Not Applicable			
PV	64	PV064	PPO Indicator	10/03/10	Text	Lookup Table	1	tlkpFlagIndicators	1 = Yes, provider is a contracted provider.	1 = Yes, provider is a contracted provider		Provider IDCode =0,1,2,3,4,5	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, MC 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**