Administrative Bulletin 14-01

**957 CMR 5.00: Health Care Claims, Case Mix
and Charge Data Release Procedures**

Effective January 9, 2014

The Center for Health Information and Analysis ("Center") is issuing this Administrative Bulletin in accordance with 957 CMR 5.08(2) to provide notice of the availability for release of 2012 health care claims data from the All-Payer Claims Database ("APCD"), which release shall be known as "Release 2.0." Additionally, this Administrative Bulletin updates the tables below to reflect new and reclassified data elements.

The data elements in Table A are available to Government Agencies, Providers, Researchers and Qualified Individuals in accordance with the procedures outlined in 957 CMR 5.03, 5.04 and 5.06. The data elements in Table B are available to Government Agencies in accordance with the procedures outlined in 957CMR 5.03 and to Payers, Providers and Provider Organizations in accordance with the procedures outlined in 957 CMR 5.05.

Data elements that will be reclassified as Level 1 (formerly classified as "Public Use") will be described in a future administrative bulletin.

Table A: Level 2 Data Elements

Dental Claims File	
Data Element Number	**Data Element Number**
Derived-DC1	Submission Month
Derived-DC2	Submission Year
Derived-DC3	County of Member
Derived-DC4	County of Service Provider
Derived-DC5	Dental Claim ID
Derived-DC6	Member ZIP code (first 3 digits)
Derived-DC7	Release ID
Derived-DC8	Submission Control ID
Derived-DC9	*NEW: CHIA Incurred Date (Year and Month only)*
Derived-DC10	*NEW: Medicaid Indicator*

Dental Claims File	
Data Element Number	**Data Element Number**
DC001	Payer
DC002	*National Plan ID – moved from level 3*
DC003	Dental Insurance Type Code/Product
DC004	Payer Claim Control Number
DC005	Line Counter
DC005A	Version Number
DC006	*Insured Group or Policy Number- moved to level 3*
DC011	Individual Relationship Code
DC012	Member Gender
DC013	Member Birth (Year Only)
DC013	Member Birth Month
DC014	Member City Name
DC015	Member State or Province
DC016	Member ZIP Code
DC017	Date Service Approved (AP Date)
DC018	Service Provider Number
DC020	National Service Provider ID
DC021	Service Provider Entity Type Qualifier
DC022	Service Provider First Name
DC023	Service Provider Middle Name
DC024	Service Provider Last Name or Organization Name
DC025	Delegated Benefit Administrator Organization ID
DC026	Service Provider Specialty (Carrier-Specific Custom
DC026	Service Provider Specialty (Standard Values)
DC027	Service Provider City Name
DC028	Service Provider State
DC029	Service Provider ZIP Code
DC030	Facility Type - Professional
DC031	Claim Status
DC032	CDT Code
DC033	Procedure Modifier - 1
DC034	Procedure Modifier - 2
DC035	Date of Service - From
DC036	Date of Service - Thru
DC037	Charge Amount
DC038	Paid Amount
DC039	Copay Amount
DC040	Coinsurance Amount
DC041	Deductible Amount
DC042	Product ID Number
DC045	Paid Date
DC046	Allowed Amount
DC047	Tooth Number/Letter
DC048	Dental Quadrant

Dental Claims File	
Data Element Number	**Data Element Number**
DC049	Tooth Surface
DC056	CarrierSpecificUniqueMemberID
DC057	CarrierSpecificUniqueSubscriberID
DC059	Claim Line Type
DC060	*Former Claim Number – moved from level 3*

Medical Claims File	
Data Element Number	**Data Element Name**
Derived-MC1	Submission Month
Derived-MC2	Submission Year
Derived-MC3	County of Member
Derived-MC4	County of Service Provider
Derived-MC5	Medical Claim ID
Derived-MC6	Member ZIP code (first 3 digits)
Derived-MC7	Release ID
Derived-MC8	Submission Control ID
Derived-MC9	*NEW: CHIA Incurred Date (Year and Month Only)*
Derived-MC10	*NEW: Highest Version Flag – Added for seven carriers*
Derived-MC11	*NEW: Substance Abuse Indicator*
Derived-MC12	*NEW: Medicaid Indicator*
MC001	Payer
MC002	*National Plan ID – moved from level 3*
MC003	Insurance Type Code/Product
MC004	Payer Claim Control Number
MC005	Line Counter
MC005A	Version Number
MC006	*Insured Group or Policy Number – moved to level 3*
MC011	Individual Relationship Code
MC012	Member Gender
MC013	Member Birth (Month Only)
MC013	Member Birth (Year Only)
MC014	Member City Name
MC015	Member State or Province
MC016	Member ZIP Code
MC017	Date Service Approved (AP Date)
MC018	Admission Date
MC018	Admission Month
MC018	Admission Year
MC019	Admission Hour
MC020	Admission Type
MC021	Admission Source

Medical Claims File	
Data Element Number	**Data Element Name**
MC022	Discharge Hour
MC023	Discharge Status
MC024	Service Provider Number
MC026	National Service Provider ID
MC027	Service Provider Entity Type Qualifier
MC028	Service Provider First Name
MC029	Service Provider Middle Name
MC030	Servicing Provider Last Name or Organization Name
MC031	Service Provider Suffix
MC032	Service Provider Specialty (Carrier-Specific Custom Values)
MC032	Service Provider Specialty (Standard Values)
MC033	Service Provider City Name
MC034	Service Provider State
MC035	Service Provider ZIP Code
MC036	Type of Bill - on Facility Claims
MC037	Site of Service - on NSF/CMS 1500 Claims
MC038	Claim Status
MC039	Admitting Diagnosis
MC040	E-Code
MC041	Principal Diagnosis
MC042	Other Diagnosis - 1
MC043	Other Diagnosis - 2
MC044	Other Diagnosis - 3
MC045	Other Diagnosis - 4
MC046	Other Diagnosis - 5
MC047	Other Diagnosis - 6
MC048	Other Diagnosis - 7
MC049	Other Diagnosis - 8
MC050	Other Diagnosis - 9
MC051	Other Diagnosis - 10
MC052	Other Diagnosis - 11
MC053	Other Diagnosis - 12
MC054	Revenue Code
MC055	Procedure Code
MC056	Procedure Modifier - 1
MC057	Procedure Modifier - 2
MC058	ICD9-CM Procedure Code
MC059	Date of Service - From
MC059	Date of Service - From (Month Only)
MC059	Date of Service - From (Year Only)
MC060	Date of Service - To
MC060	Date of Service - To (Year Only)
MC060	Date of Service - To (Month Only)
MC061	Quantity

Medical Claims File	
Data Element Number	**Data Element Name**
MC062	Charge Amount
MC063	Paid Amount
MC064	Prepaid Amount
MC065	Copay Amount
MC066	Coinsurance Amount
MC067	Deductible Amount
MC068	Patient Control Number
MC069	Discharge Date
MC069	Discharge Month
MC069	Discharge Year
MC070	Service Provider Country Code
MC071	DRG
MC072	DRG Version
MC073	APC
MC074	APC Version
MC075	Drug Code
MC076	Billing Provider Number
MC077	National Billing Provider ID
MC078	Billing Provider Last Name or Organization Name
MC079	Product ID Number
MC080	Reason for Adjustment (Carrier-Specific Custom Values)
MC080	Reason for Adjustment (Standard Values)
MC081	Capitated Encounter Flag
MC083	Other ICD-9-CM Procedure Code - 1
MC084	Other ICD-9-CM Procedure Code - 2
MC085	Other ICD-9-CM Procedure Code - 3
MC086	Other ICD-9-CM Procedure Code - 4
MC087	Other ICD-9-CM Procedure Code - 5
MC088	Other ICD-9-CM Procedure Code - 6
MC089	Paid Date
MC090	*LOINC Code –moved to level 3*
MC092	Covered Days
MC093	Non Covered Days
MC094	Type of Claim
MC095	Coordination of Benefits/TPL Liability Amount
MC096	Other Insurance Paid Amount
MC097	Medicare Paid Amount
MC098	Allowed amount
MC099	Non-Covered Amount
MC100	Delegated Benefit Administrator Organization ID
MC108	Procedure Modifier - 3
MC109	Procedure Modifier - 4
MC110	Claim Processed Date
MC111	Diagnostic Pointer

Medical Claims File	
Data Element Number	**Data Element Name**
MC112	Referring Provider ID
MC113	Payment Arrangement Type
MC114	Excluded Expenses
MC115	Medicare Indicator
MC116	Withhold Amount
MC117	Authorization Needed
MC118	Referral Indicator
MC119	PCP Indicator
MC120	DRG Level
MC122	Global Payment Flag
MC123	Denied Flag
MC124	Denial Reason (Carrier-Specific Custom Values)
MC124	Denial Reason (Standard Values)
MC125	Attending Provider
MC126	Accident Indicator
MC127	Family Planning Indicator
MC128	Employment Related Indicator
MC129	EPSDT Indicator
MC130	Procedure Code Type
MC131	InNetwork Indicator
MC132	Service Class
MC134	Plan Rendering Provider Identifier
MC135	Provider Location
MC136	Discharge Diagnosis
MC137	CarrierSpecificUniqueMemberID
MC138	Claim Line Type
MC139	*Former Claim Number moved from level 3*
MC141	CarrierSpecificUniqueSubscriberID

Member Eligibility File	
Data Element Number	**Data Element Name**
Derived-ME1	Submission Month
Derived-ME2	Submission Year
Derived-ME3	County of Member
Derived-ME4	County of Subscriber
Derived-ME5	Member Eligibility ID
Derived-ME6	Member ZIP code (first 3 digits)
Derived-ME7	Release ID
Derived-ME8	Submission Control ID
Derived-ME9	Subscriber ZIP code (first 3 digits)
Derived-ME10	*NEW: CHIA Incurred Date (Year and Month Only)*
Derived-ME11	*NEW: Medicaid Indicator*

Member Eligibility File	
Data Element Number	**Data Element Name**
ME001	Payer
ME002	*National Plan ID- moved from level 3*
ME003	Insurance Type Code/Product
ME004	*Year- moved from level 3*
ME005	*Month- moved from level 3*
ME006	*Insured Group or Policy Number- moved to level 3*
ME007	Coverage Level Code
ME012	Individual Relationship Code
ME013	Member Gender
ME014	Member Birth (Month Only)
ME014	Member Birth (Year Only)
ME015	Member City Name
ME016	Member State or Province
ME017	Member ZIP Code
ME018	Medical Coverage
ME019	Prescription Drug Coverage
ME020	Dental Coverage
ME021	Race 1
ME022	Race 2
ME023	Other Race
ME024	Hispanic Indicator
ME025	Ethnicity 1
ME026	Ethnicity 2
ME027	Other Ethnicity
ME028	Primary Insurance Indicator
ME029	Coverage Type
ME030	Market Category Code
ME031	Special Coverage
ME032	*Group Name- moved to level 3*
ME033	Member language preference
ME034	Member language preference -Other
ME035	Health Care Home Assigned Flag
ME036	Health Care Home Number
ME038	Health Care Home National Provider ID
ME039	Health Care Home Name
ME040	Product ID Number
ME041	Product Enrollment Start Date
ME042	Product Enrollment End Date
ME046	Member PCP ID
ME047	Member PCP Effective Date
ME048	Member PCP Termination Date
ME049	Member Deductible
ME050	Member Deductible Used
ME051	Behavioral Health Benefit Flag

Member Eligibility File	
Data Element Number	**Data Element Name**
ME052	Laboratory Benefit Flag
ME053	Disease Management Enrollee Flag
ME059	Disability Indicator Flag
ME061	Student Status
ME062	Marital Status
ME063	Benefit Status
ME064	Employee Type
ME066	COBRA Status
ME073	Fully insured member
ME074	Interpreter
ME075	*NewMMISID – moved to level 3*
ME076	*Member rating category- moved to level 3*
ME077	Members SIC Code
ME080	*Recipient Historical Number (MassHealth only)- level 3*
ME081	Medicare Code
ME107	CarrierSpecificUniqueMemberID
ME108	Subscriber City Name
ME109	Subscriber State or Province
ME110	Subscriber ZIP Code
ME111	Medical Deductible
ME112	Pharmacy Deductible
ME113	Medical and Pharmacy Deductible
ME114	Behavioral Health Deductible
ME115	Dental Deductible
ME116	Vision Deductible
ME117	CarrierSpecificUniqueSubscriberID
ME118	Vision Benefit

Pharmacy Claims File	
Data Element Number	**Data Element Name**
Derived-PC1	Submission Month
Derived-PC2	Submission Year
Derived-PC3	County of Member
Derived-PC4	County of Pharmacy Location City
Derived-PC5	County of Prescribing Physician
Derived-PC6	Member ZIP code (first 3 digits)
Derived-PC7	Pharmacy Claim ID
Derived-PC8	Release ID
Derived-PC9	Submission Control ID
Derived-PC10	*NEW: CHIA Incurred Date (Yearn and Month Only)*
Derived-PC11	*NEW: Medicaid Indicator*
PC001	Payer

	Pharmacy Claims File	
Data Element Number	**Data Element Name**
PC002	*National Plan ID – moved from level 3*
PC003	Insurance Type Code/Product
PC004	Payer Claim Control Number
PC005	Line Counter
PC005A	Version Number
PC006	*Insured Group or Policy Number- moved to level 3*
PC011	Individual Relationship Code
PC012	Member Gender
PC013	Member Birth (Month Only)
PC013	Member Birth (Year Only)
PC014	Member City Name of Residence
PC015	Member State
PC016	Member ZIP Code
PC017	Date Service Approved (AP Date)
PC018	Pharmacy Number
PC020	Pharmacy Name
PC021	National Pharmacy ID Number
PC022	Pharmacy Location City
PC023	Pharmacy Location State
PC024	Pharmacy ZIP Code
PC024A	Pharmacy Country Code
PC025	Claim Status
PC026	Drug Code
PC027	Drug Name
PC028	New Prescription or Refill
PC029	Generic Drug Indicator
PC030	Dispense as Written Code
PC031	Compound Drug Indicator
PC032	Date Prescription Filled
PC032	Date Prescription Filled (Year Only)
PC032	Date Prescription Filled (Month Only)
PC033	Quantity Dispensed
PC034	Days Supply
PC035	Charge Amount
PC036	Paid Amount
PC037	Ingredient Cost/List Price
PC038	Postage Amount Claimed
PC039	Dispensing Fee
PC040	Copay Amount
PC041	Coinsurance Amount
PC042	Deductible Amount
PC043	Prescribing ProviderID
PC044	Prescribing Physician First Name
PC045	Prescribing Physician Middle Name

Pharmacy Claims File	
Data Element Number	**Data Element Name**
PC046	Prescribing Physician Last Name
PC048	Prescribing Physician NPI - National Provider ID
PC049	Prescribing Physician Plan Number
PC050	Prescribing Physician License Number
PC051	Prescribing Physician Street Address
PC052	Prescribing Physician Street Address 2
PC053	Prescribing Physician City
PC054	Prescribing Physician State
PC055	Prescribing Physician Zip
PC056	Product ID Number
PC057	Mail Order pharmacy
PC058	Script number
PC059	Recipient PCP ID
PC060	Single/Multiple Source Indicator
PC063	Paid Date
PC064	Date Prescription Written
PC064	Date Prescription Written (Year Only)
PC064	Date Prescription Written (Month Only)
PC066	Other Insurance Paid Amount
PC068	Allowed amount
PC069	Member Self Pay Amount
PC070	Rebate Indicator
PC071	State Sales Tax
PC072	Delegated Benefit Administrator Organization ID
PC073	Formulary Code
PC074	Route of Administration
PC075	Drug Unit of Measure
PC107	CarrierSpecificUniqueMemberID
PC108	CarrierSpecificUniqueSubscriberID
PC110	Claim Line Type
PC111	*Former Claim Number – moved from level 3*

Product File	
Data Element Number	**Data Element Name**
Derived-PR1	Release ID
HD002	Payer
Derived-PR2	*NEW: CHIA Incurred Date (Year and Month Only)*
Derived-PR3	*NEW: Medicaid Indicator*
PR002	*Product Name – moved to level 3*
PR003	Carrier License Type
PR004	Product Line of Business Model
PR005	Insurance Plan Market

Product File	
Data Element Number	**Data Element Name**
PR006	Product Benefit Type
PR007	*Other Product Benefit Description – moved to level 3*
PR008	Risk Type
PR009	Product Start Date
PR010	Product End Date
PR011	Product Active Flag
PR012	Annual Per Person Deductible Code
PR013	Annual Per Family Deductible Code
PR014	Coordinated Care model

Provider File	
Data Element Number	**Data Element Name**
Derived-PV1	County of Provider
Derived-PV2	County of Provider Mailing Address
Derived-PV3	Release ID
Derived-PV4	*NEW: CHIA Incurred Date (Year and Month Only)*
Derived-PV5	*NEW: Medicaid Indicator*
PV001	Payer
PV006	License Id
PV007	Medicaid Id
PV008	Last Name
PV009	First Name
PV010	Middle Initial
PV011	Suffix
PV012	Entity Name
PV013	Entity Code
PV014	Gender Code
PV015	Provider DOB (Year Only)
PV016	Street Address1 Name
PV017	Street Address2 Name
PV018	City Name
PV019	State Code
PV020	Country Code
PV021	Zip Code
PV022	Taxonomy
PV023	Mailing Street Address1 Name
PV024	Mailing Street Address2 Name
PV025	Mailing City Name
PV026	Mailing State Code
PV027	Mailing Country Code
PV028	Mailing Zip Code
PV029	Provider Type Code

Provider File	
Data Element Number	**Data Element Name**
PV030	Primary Specialty Code (Carrier-Specific Custom Values)
PV030	Primary Specialty Code (Standard Values)
PV034	ProviderIDCode
PV036	Medicare Id
PV037	Begin Date
PV038	End Date
PV039	National Provider ID
PV040	National Provider2 ID
PV042	Secondary Specialty2 Code (Carrier-Specific Custom
PV042	Secondary Specialty2 Code (Standard Values)
PV043	Secondary Specialty3 Code (Carrier-Specific Custom
PV043	Secondary Specialty3 Code (Standard Values)
PV044	Secondary Specialty4 Code (Carrier-Specific Custom
PV044	Secondary Specialty4 Code (Standard Values)
PV045	P4PFlag
PV046	NonClaimsFlag
PV047	Uses Electronic Medical Records
PV048	EMR Vendor
PV049	Accepting New Patients
PV050	Offers e-Visits
PV052	Has multiple offices
PV054	Medical/Healthcare Home ID
PV055	PCP Flag
PV056	Provider Affiliation
PV057	Provider Telephone
PV058	Delegated Provider Record Flag
PV060	Office Type
PV061	Prescribing Provider
PV062	Provider Affiliation Start Date
PV063	Provider Affiliation End Date
PV064	PPO Indicator

Table B: Level 3 Data Elements

Dental Claims File	
Data Element Number	**Data Element Name**
Derived-DC5	Dental Claim ID
Derived-DC7	Release ID
Derived-DC8	Submission Control ID
DC002	*National Plan ID- changed to level 2*
DC006	*Insured Group or Policy Number – moved from level 2*
DC007	Subscriber SSN
DC008	Plan Specific Contract Number
DC009	Member Suffix or Sequence Number
DC010	Member Identification Code
DC013	Member Date of Birth
DC019	Service Provider Tax ID Number
DC043	Member Street Address
DC044	Billing Provider Tax ID Number
DC050	Subscriber Last Name
DC051	Subscriber First Name
DC052	Subscriber Middle Initial
DC053	Member Last Name
DC054	Member First Name
DC055	Member Middle Initial
DC058	Member Address 2
DC060	*Former Claim Number – moved to level 2*

Medical Claims File	
Data Element Number	**Data Element Name**
Derived-MC5	Medical Claim ID
Derived-MC7	Release ID
Derived-MC8	Submission Control ID
MC002	*National Plan ID –moved to level 2*
MC006	*Insured Group or Policy Number – moved from level 2*
MC007	Subscriber SSN
MC008	Plan Specific Contract Number
MC009	Member Suffix or Sequence Number
MC010	Member SSN
MC013	Member Date of Birth
MC025	Service Provider Tax ID Number
MC082	Member Street Address
MC090	*LOINC Code – moved from level 2*
MC101	Subscriber Last Name
MC102	Subscriber First Name
MC103	Subscriber Middle Initial

Medical Claims File	
Data Element Number	**Data Element Name**
MC104	Member Last Name
MC105	Member First Name
MC106	Member Middle Initial
MC139	*Former Claim Number – moved to level 2*
MC140	Member Address 2

Member Eligibility File	
Data Element Number	**Data Element Name**
Derived-ME5	Member Eligibility ID
Derived-ME7	Release ID
Derived-ME8	Submission Control ID
Not Available	Geocoded Member Address
ME002	*National Plan ID- moved to level 2*
ME004	*Year -moved to level 2*
ME005	*Month -moved to level 2*
ME006	*Insured Group or Policy Number- moved from level 2*
ME008	Subscriber Unique Identification Number
ME009	Plan Specific Contract Number
ME010	Member Suffix or Sequence Number
ME011	Member Identification Code
ME014	Member Date of Birth
ME032	*Group Name –moved from level 2*
ME037	Health Care Home Tax ID Number
ME043	Member Street Address
ME044	Member Address 2
ME054	Eligibility Determination Date - GIC Only
ME056	Last Activity Date - GIC Only
ME057	Member Date of Death - GIC Only
ME057	Member Year of Death
ME058	Subscriber Street Address
ME060	Employment Status - GIC Only
ME065	Date of Retirement - GIC Only
ME067	Spouse Plan Type - GIC Only
ME068	Spouse Plan - GIC Only
ME069	Spouse Medical Coverage - GIC Only
ME070	Spouse Medicare Indicator - GIC Only
ME071	Pool Indicator - GIC Only
ME075	*NewMMISID – moved from level 2*
ME076	*Member rating category – moved from level 2*
ME079	Recipient Identification Number (MassHealth only)
ME080	*Recipient Historical Number (MassHealth only)- from 2*

ME082	Employer Name
ME083	Employer EIN
ME101	Subscriber Last Name
ME102	Subscriber First Name
ME103	Subscriber Middle Initial
ME104	Member Last Name
ME105	Member First Name
ME106	Member Middle Initial

Pharmacy Claims File	
Data Element Number	**Data Element Name**
Derived-PC7	Pharmacy Claim ID
Derived-PC8	Release ID
Derived-PC9	Submission Control ID
PC002	*National Plan ID- moved to level 2*
PC006	*Insured Group or Policy Number – moved from level 2*
PC007	Subscriber SSN
PC008	Plan Specific Contract Number
PC009	Member Suffix or Sequence Number
PC010	Member SSN
PC013	Member Date of Birth
PC019	Pharmacy Tax ID Number
PC047	Prescribing Physician DEA Number
PC061	Member Street Address
PC062	Billing Provider Tax ID Number
PC065	Coordination of Benefits/TPL Liability Amount - GIC Only
PC067	Medicare Paid Amount - GIC Only
PC101	Subscriber Last Name
PC102	Subscriber First Name
PC103	Subscriber Middle Initial
PC104	Member Last Name
PC105	Member First Name
PC106	Member Middle Initial
PC109	Member Street Address 2
PC111	*Former Claim Number – moved to level 2*

Product File	
Data Element Number	**Data Element Name**
Derived-PR1	Release ID
PR001	Product ID Number
PR002	*Product Name –moved from level 2*
PR007	*Other Product Benefit Description – moved from level 2*

Provider File	
Data Element Number	**Data Element Name**
Derived-PV3	Release ID
PV002	Plan Provider ID
PV003	Tax Id
PV004	UPIN Id - GIC Only
PV005	DEA ID
PV015	Provider DOB Date
PV035	SSN Id
PV041	GIC Provider Link ID