UTAH DEPARTMENT OF HEALTH
Office of Health Care Statistics

Utah
All Payer
Claims Database

2013-2014

Patient Centric Limited Data Set (PcLDS)

User Manual

Version 1

September 2015

OFFICE OF HEALTH CARE STATISTICS
UTAH DEPARTMENT OF HEALTH

288 NORTH 1460 WEST
PO BOX 144004
SALT LAKE CITY, UTAH 84114-400
Phone: 801-538-6700
Fax: 801-538-9916
Web Page: http://health.utah.gov/hda/

Table of Contents

INTRODUCTION **3**

HEALTH DATA COMMITTEE (HDC) 3

ALL PAYER CLAIMS DATABASE (APCD) 3

PATIENT-CENTRIC LIMITED DATA SET (PcLDS) **4**

OVERVIEW 4

PCLDS INCLUSION/EXCLUSION CRITERIA 4

TARGETED USERS 4

POTENTIAL USES OF PCLDS 5

PCLDS LIMITATIONS 5

DATA PROCESSING AND QUALITY 5

PATIENT AND PROVIDER CONFIDENTIALITY 6

AGREEMENT TO PROTECT PATIENT CONFIDENTIALITY 6

DATA FORMAT 6

CITATION 6

REDISTRIBUTION 6

RISK ADJUSTMENT 6

FILE LAYOUT **8**

DATA DICTIONARY **11**

UNDERSTANDING THE DATA DICTIONARY 11

PERSON FILE OVERVIEW **12**

PERSON FILE DATA DICTIONARY **13**

MEDICAL CLAIMS FILE OVERVIEW **15**

MEDICAL CLAIMS FILE DATA DICTIONARY **17**

PHARMARCY CLAIMS FILE OVERVIEW **31**

PHARMACY CLAIMS DATA DICTIONARY **32**

PROVIDER FILE OVERVIEW **35**

PROVIDER FILE DATA DICTIONARY **36**

APPENDIX A: LOOK UP TABLES **37**

A-1 GENDER 37

A-2 UTAH INDICATOR 37

A-3 METROPOLITAN AND MICROPOLITAN STATISTICAL AREAS 37

A-4 UTAH SMALL AREA INFORMATION (ADAPTED FROM IBIS) 38

A-5 CLINICAL RISK GROUP SEVERITY LEVEL 42

A-6 Claim Type 42
A-7 Admission Type 42
A-8 Admission Source Code 42
A-9 Discharge Status 43
A-10 Type of Bill Codes 44
A-11 ICD-9 / ICD-10 Flag 51
A-12 Present on Admission Codes 51
A-13 Place of SERVICE/Facility Type 51
A-14 APR DRG Risk of Mortality 52
A-15 APR DRG Severity of Illness 52
A-16 Major Diagnostic Category 52
A-17 EAPG Product Line 53
A-18 EAPG Summary Product Line 54
A-19 EAPG Category 54
A-20 EAPG Type 56
A-21 Units Indicator 56
A-22 Refill Indicator 56
A-23 Generic Drug Indicator 56
A-24 Dispense as Written 57
A-25 Compound Drug Indicator 57
APPENDIX B: LINKING ACROSS FILES 58
APPENDIX C: EXTERNAL CODE SOURCES 59

INTRODUCTION

Health Data Committee (HDC)

The HDC, composed of 15 governor-appointed members, was created through the Utah Health Data Authority Act of 1991. The Committee is staffed by the Office of Health Care Statistics (OHCS), which manages the All Payer Claims Database.

All Payer Claims Database (APCD)

Healthcare reform advocates on both the state and national level are calling for increased transparency in our healthcare system. Yet, the healthcare system, as it currently exists, does not lend itself to transparency or the efficient and thorough analysis of data across disparate datasets and payers. Sudden and dramatic reform of the healthcare system as it presently exists is probably not a realistic immediate goal. Rather, deliberate and well-engineered steps toward reform are probably indicated to move the process forward in a realistic manner. The Utah APCD is a big step forward in this process.

Numerous states including Utah have been collecting inpatient hospital discharge data for several years now. While data derived from inpatient hospital discharge records remains valuable, an increasing number of states have initiated the process of compiling medical and pharmacy claims data across healthcare insurance providers (payers). The databases and analytic processes involved in evaluating and reporting these data are commonly referred to as All Payer Databases or APCDs.

The Cost and Quality Data Project (House Bill 9), passed by the Utah Legislature in 2007, directed the Utah HDC to create an advisory panel to study issues related to the development of an APCD that would assist in the analysis of a variety of health care data in Utah. Over a nine month period (August 07-May 08), a diverse panel of stakeholders developed a draft health data plan for this project. The plan, as outlined by House Bill 9, addressed the necessity of an APCD, how it would be compiled, and how and by whom it would be used. On July 8, 2008 the HDC unanimously approved a health data plan outlining the creation of an APCD. Funding for the APCD was provided via House Bill 133, Health Care Reform (2008). The Utah Department of Health (UDOH), OHCS is currently responsible for building and managing the APCD.

OHCS has been collecting claims and eligibility files from Utah's commercial carriers since 2009. Administrative Rules (R428-15-6) requires commercial carriers licensed in Utah with enrollment > 2500 covered lives to data according to the technical specifications published by the Health Data Committee/OHCS. Currently, 37 carriers submit flat files monthly, with some carriers having multiple reporting platforms. Data is processed and enhanced under contract with 3M Health Information Systems, Inc. ("3M") twice annually then submitted back to OHCS for analysis and data release.

PATIENT-CENTRIC LIMITED DATA SET (PCLDS)

Overview

PcLDS is designed to provide protected health care information to a wide spectrum of users that excludes certain identifiers but permits the use and disclosure of more identifiers than in a de-identified data set. It's important to note that unlike traditional limited data sets that usually include service dates, this data element is excluded.

A request for PcLDS **must** be approved by the Director of the Office of Health Care Statistics, and **an APCD Data User Agreement needs to be signed by anyone or any organization seeking to obtain the data prior to its release.** This agreement has specific requirements which are discussed in the data request form.

PcLDS Inclusion/Exclusion Criteria

This data set will have the following features:

- The data will focus on health care claims for a statewide population
- The data will include medical claims and pharmacy claims from 2013-2014
- Claims from statutorily required private submitters and Medicaid will be included; no (or little) data from Medicare payers will be available
- Claims information will contain information about services provided (procedures, prescription drugs, etc.) as well as some related health variables (such as diagnosis) and financial information
- The data will include patient demographics (age[1], gender, and geography[2])
- The data will include claims information for Non-Utah Residents
- The data will include high level provider[3] information; the identity of specific payers or providers will not be included
- Although limited patient and provider identifiers are included, it is possible to link patients and providers across the appropriate files. Refer to the Appendix B for more details.
- The data will include enhanced data, such as groupers

Targeted Users

- APCD data suppliers: 37 health plans or carriers
- APCD developmental partners or the Cycle III grantees:
    - Utah Insurance Department
    - HealthInsight
    - University of Utah Department of Biomedical Informatics

[1] Age in years

[2] Addresses are mapped to the Utah Small Health Areas and Core Based Statistical areas. The dataset will not contain both data elements; requesters will have the option to choose their preference.

*Addresses are mapped to Core Based Statistical Areas for better geographic analysis.

[3] A provider means a health care facility, health care practitioner, health product manufacturer, health product vendor or pharmacy.

    - Center for Clinical and Translational Science (CCTS), University of Utah Biomedical Informatics Core (BMIC)
    - University of Utah Department of Family and Preventive Medicine
    - Utah Health Information Network
- UDOH programs (e.g., Bureau of Health Promotion, etc.)
- Academic and institutional researchers

Potential uses of PcLDS

PcLDS is capable of answer questions such as:

- What happened?
- When and where did it happen?
- How much did it cost?
- Is a patient compliant with standards of care (quality)?
- What is the total cost of care for an event, episode or condition?
- What is the risk of a given patient or groups of patients based on demographic characteristics?
- Relationship between diagnoses and/or procedures to a service and cost

PcLDS Limitations

The following known limitations of PcLDS are:

- No full service date
- High level geographic data
- High level provider data
- No insurance carrier or plan data

Data Processing and Quality

Data Submission: The Utah Data Submission Guide (DSG) provides data element definitions to ensure that all payers report similar data.

System Edits: The data are validated through a process of automated auditing and verification both by 3M and OHCS staff. Although each individual carrier is responsible for the accuracy and completeness of its data, each record is subjected to a series of edits that check for accuracy, consistency, completeness, and conformity with the definitions specified in the Data Submission Guide. Records failing the edit check are returned to the data supplier for correction and resubmission.

Missing Values: Referential integrity is enforced on all of the links across files; as a result, if information is missing, the ID is mapped to 0, which is the "unknown person" or "unknown provider" in both the **Person** and **Provider** files.

Patient and Provider Confidentiality

OHCS has taken considerable efforts to ensure that no individual patient could be identified from PcLDS. In this data set, no full service dates are exposed and patient location is only available at a high level. Moreover, addresses are mapped to Core Based Statistical Areas (CBSA), as defined by the Office of Management and Budget (see Appendix C), and Utah Small Health Areas, as defined by the Utah Department of Health, Office of Public Health Assessment (see Appendix C or A-4)[4].

Agreement to Protect Patient Confidentiality

Users are prohibited from attempting to link this data set with individually identifiable records from other data sets. Furthermore, PcLDS may be used only for the purpose of health statistical reporting and analysis as specified in the user's written request for the data; any effort to determine the identity of any reported cases is prohibited. **Redistribution of the data or derivative data sets is prohibited unless you have purchased the data redistribution license.**

Data Format

Standard format for the data file is a Pipe-Delimited text file on an external hard drive. Requests for other formats, such as a SAS dataset, will be considered.

Citation

Any statistical reporting or analysis based on the data shall cite the source as the following:

> All Payer Claims Database (2013-2014). Utah Health Data Committee/Office of Health Care Statistics, Utah Department of Health, Salt Lake City, Utah, 2015.

Redistribution

As noted earlier, the user shall not redistribute the PcLDS Data File in its original format without the purchase of a redistribution license. The user shall not redistribute any data products derived from the file without written permission from the Office of Health Care Statistics, Utah Department of Health.

Risk Adjustment

Several classification grouper methods that are licensed from 3M Health Information Systems and are used to risk adjust data in the Utah APCD.

[4] The dataset will not contain both data elements; requesters will have the option to choose their preference.

Grouping System	Description	Level of Diagnosis Aggregation	Reference
Clinical Risk Groups (CRGs)	The CRG is a classification system that groups all types of patients into single mutually exclusive risk groups based on historical clinical and demographic data to accurately predict healthcare resource use. CRGs are used to measure a population's burden of illness.	272 clinically-based categories and 1,080 subclasses	3M Health Information Systems. 3M Clinical Risk Groups: Measuring Risk, Managing Care.2011.
All Patient Refined Diagnosis Related Groups (APR-DRG)	APR-DRGs are used to severity and risk adjust data for a variety of applications. They based on the principle that severity of illness and risk of mortality are dependent on a patient's underlying health condition (base APR DRG) and that high severity of illness and risk of mortality are characterized by multiple serious diseases and the interaction of those diseases	314 base categories and 1256 subclasses	3M Health Information Systems. All Patient Refined Diagnosis Related Groups (APR-DRGs) Methodology Overview (2003).
Medicare Severity Diagnosis Related Groups (MS-DRGs)	The Medicare Severity Diagnosis Related Groups (MS-DRGs) are payment groups designed for the Medicare population. Patients who have similar clinical characteristics and similar costs are assigned to an MS-DRG.	745 categories	Wynn BO & Scott M. Evaluation of Severity-Adjusted DRG Systems. Addendum to the Interim Report. 2007.WR434/1-CMS. Prepared for the Centers for Medicare and Medicaid Services.
Enhanced Ambulatory Patient Groups (EAPG)	EAPGs are a patient classification system designed to explain the amount and type of resources used in an ambulatory visit.	505 EAPG groups: •229 significant procedures •183 medical groups •12 drug (for chemotherapy/ pharmacothera py) •66 ancillary	Outpatient Classification Systems and Enhanced Ambulatory Patient Groups (EAPGs)

FILE LAYOUT

The PcLDS will be delivered in four flat-files. These flat-files represent *Person, Medical Claims*, *Pharmacy Claims,* and *Provider* information. The flat-files are organized by the "Claim Integer" (either medical or pharmacy) and data elements within that claim.

Person File	Medical Claims File	Pharmacy Claims File	Provider File
1. Reporting Period Person Key **2.** Reporting Period Person Key Description **3.** Person Identifier **4.** Age in Years **5.** Member Gender **6.** Gender Code Description **7.** Utah Indicator **8.** Core Based Statistical Area (CBSA) Code **9.** Core Based Statistical Area Description **10.** Metropolitan or Micropolitan Indicator **11.** Utah Small Health Area Code **12.** Utah Small Health Area Description[5] **13.** Clinical Risk Group (CRG) Description **14.** Clinical Risk Group (CRG) Base Description **15.** Clinical Risk Group Base Description Clinical Risk Group Level	**1.** Claim Integer **2.** Claim Line Counter **3.** Person Identifier **4.** Billing Provider Proxy Identifier **5.** Service Provider Proxy Identifier **6.** Claim Type Code **7.** Claim Type Description **8.** Admission Type **9.** Admission Type Description **10.** Admission Source Code **11.** Admission Source Description **12.** Discharge Status Code **13.** Discharge Status Description **14.** Type of Bill **15.** Type of Bill Description **16.** External Causes of Injury Code (E-Code) **17.** Admitting Diagnosis **18.** Principal Diagnosis **19.** ICD-9 / ICD-10 Flag **20.** ICD Procedure Code **21.** Other Diagnosis Code-1 **22.** Present on Admission Code-1 **23.** Present on Admission Code-1 Description **24.** Other Diagnosis Code-2 **25.** Present on Admission Code-1 **26.** Present on Admission Code-2 Description **27.** Other Diagnosis Code-3 **28.** Present on Admission Code-3 **29.** Present on Admission Code-3 Description **30.** Other Diagnosis Code-4 **31.** Present on Admission Code-4 **32.** Present on Admission Code-4 Description **33.** Other Diagnosis Code-5 **34.** Present on Admission Code-5 **35.** Present on Admission Code-5	**1.** Claim Integer **2.** Claim Line Counter **3.** Person Identifier **4.** NDC Code **5.** Drug Name **6.** Refill Indicator **7.** Generic Drug Indicator **8.** Dispense as Written Code **9.** Dispense as Written Description **10.** Compound Drug Indicator **11.** Compound Drug Description **12.** Filled Year **13.** Service Order **14.** Quantity **15.** Prescription Supply Days **16.** Charge Amount **17.** Plan Paid Amount **18.** Ingredient Cost/List Price **19.** Dispensing Fee Amount **20.** Copay Amount **21.** Coinsurance Amount **22.** Member Liability Amount **23.** Deductible Amount **24.** Prescribing Physician Provider Proxy Identifier	**1.** Provider Proxy Identifier **2.** First Provider Taxonomy Code **3.** Second Provider Taxonomy Code **4.** Third Provider Taxonomy Code **5.** Fourth Provider Taxonomy Code **6.** Fifth Provider Taxonomy Code

[5] Either CBSA or Utah Small Health Area will be provided, but not both.

Person File	Medical Claims File	Pharmacy Claims File	Provider File
	Description **36.** Other Diagnosis Code-6 **37.** Present on Admission Code-6 **38.** Present on Admission Code-6 Description **39.** Other Diagnosis Code-7 **40.** Present on Admission Code-7 **41.** Present on Admission Code-7 Description **42.** Other Diagnosis Code-8 **43.** Present on Admission Code-8 **44.** Present on Admission Code-8 Description **45.** Other Diagnosis Code-9 **46.** Present on Admission Code-9 **47.** Present on Admission Code-9 Description **48.** Other Diagnosis Code-10 **49.** Present on Admission Code-10 **50.** Present on Admission Code-10 Description **51.** Other Diagnosis Code-11 **52.** Present on Admission Code-11 **53.** Present on Admission Code-11 Description **54.** Other Diagnosis Code-12 **55.** Present on Admission Code-12 **56.** Present on Admission Code-12 Description **57.** Other Diagnosis Code-13 **58.** Present on Admission Code-13 **59.** Present on Admission Code-13 Description **60.** ICD-9-CM Primary Procedure Code **61.** Other ICD-9 CM Procedure Code – 1 **62.** Other ICD-9 CM Procedure Code – 2 **63.** Other ICD-9-CM Procedure Code – 3 **64.** Other ICD-9-CM Procedure Code – 4 **65.** Other ICD-9-CM Procedure Code – 5 **66.** Place of Service (Facility Type – Professional) **67.** Place of Service Description **68.** Revenue Code **69.** Current Procedural Technology (4) Code **70.** Procedure Modifier – 1 **71.** Procedure Modifier – 2 **72.** Year of Service **73.** Service Order **74.** Length of Stay **75.** All Patient Refined Diagnosis Related		

Person File	Medical Claims File	Pharmacy Claims File	Provider File
	Group (APR-DRG) Code **76.** APR-DRG Code Description **77.** APR-DRG Risk of Mortality **78.** APR-DRG Risk of Mortality Description **79.** APR-DRG Severity Level **80.** APR-DRG Severity Level Description **81.** APR-DRG Major Diagnostic Categories (MDC) Code **82.** APR-DRG MDC Code Description **83.** APR-DRG Version **84.** Medicare Severity Diagnosis Related Group (MSDRG) Code **85.** MSDRG Code Description **86.** MSDRG Version **87.** MSDRG MDC Code **88.** Enhanced Ambulatory Patient Grouping System (EAPG) Code **89.** EAPG Description **90.** EAPG Version **91.** EAPG PL ID **92.** EAPG PL ID Description **93.** EAPG SUM PL ID **94.** EAPG Sum PL ID Description **95.** EAPG Category **96.** EAPG Category Description **97.** EAPG Type **98.** EAPG Type Description **99.** Unit Indicator **100.** Charge Amount **101.** Prepaid Amount **102.** Plan Paid Amount **103.** NDC Code **104.** Copay Amount **105.** Coinsurance Amount **106.** Member Liability Amount **107.** Deductible Amount		

DATA DICTIONARY

Understanding the Data Dictionary

This dictionary provides a list of available data elements. Elements are listed by table; a description of each element is provided to help users plot the most efficient path to the data they need. Each dictionary table includes four columns containing the following information:

COLUMN 1 INCLUDES	COLUMN 2 INCLUDES	COLUMN 3 INCLUDES	COLUMN 4 INCLUDES	COLUMN 5 INCLUDES
• **ELEMENT NAME -** The variable name used in the flat file. • **COMMON NAME -** A brief descriptive title for this element or field	• **Recommended DATA TYPE** • **Recommended LENGTH**	• **DESCRIPTION -** A brief explanation of the contents contained in each element. The description also may indicate an element's relationship to other elements, particularly when reference data sets are involved. In many cases, this column also includes a list of all valid codes for the field.	• **VALID VALUES-** list or range of values that of the data element	• **NULLABLE VALUES-** element name can have null values

ELEMENT NAME COMMON NAME	TYPE (LENGTH)	DESCRIPTION	Valid Values	NULLABLE
Member_Gender_Cd **Member Gender**	CHAR (1)	A code that defines the patient's gender as found in the claim.	M, F, U	Yes

***Data elements within the flat-files are listed as found in the FILE LAYOUT section; their listed order in this dictionary does not necessarily reflect their order in the actual flat-file.**

PERSON FILE OVERVIEW

The "person" data set (**Person File**) contains one record for each person's reporting period. The person file contains limited set of identifiable health information (PHI), this includes local patient ID, demographic information such as gender, age in years, as well as assigned small-health area or CBSA information based on address of residence[6]. Also note the following:

- Each row represents a unique instance of the Patient (**Person_ID**) and their Reporting Period (**RP_Person_Key**).
- A reporting period is the span of time during which a claim can be made; the **reporting period is January 1st to December 31st**.
- If a Person has more than one reporting periods, then the **Person_ID** will be reported again on another record.
- Clinical Risk Group information is provided for each person's reporting period.
- **Total number of rows for this file is 4,883,798 (including the header)**

[6] Either CBSA or Small_Area will be provided, but not both

PERSON FILE DATA DICTIONARY

ELEMENT (Column) NAME COMMON NAME	TYPE (LENGTH)	DESCRIPTION	Valid Values	Nullable
RP_Person_ID **Reporting Period Person Key**	VARCHAR (50)	This field uniquely identifies a member for a specific reporting period.		Yes
Person_Desc **Reporting Period Description**	VARCHAR (15)	This field contains the description of the reporting period associated with the **Reporting Period Person Key.**		Yes
Person_ID **Person Identifier**	VARCHAR (50)	This field uniquely identifies a member.		Yes
Age_In_Years **Age in Years**	VARCHAR (50)	This field contains the age of the member in years.		Yes
Gender_Cd **Member Gender**	VARCHAR (50)	This field indicates the member's gender.	M, F, U, *Blank = Not reported **See A-1 for code description.**	Yes
Gender_Desc **Gender Code Description**	VARCHAR (50)	This field contains the text description of the gender code associated with the claim.	**Male, Female**	Yes
Utah_Indicator **Utah Indicator**	INT (4)	This field identifies whether a person has a Utah address.	0,1 **See A-2 for code description.**	No
CBSA_Cd **Core Based Statistical Area**	VARCHAR (5)	The member's address categorized in one of the Core Based Statistical Area (CBSA).	A valid CBSA code. Range : 10000–49999 **See External Source 2.**	Yes
CBSA_Desc **Core Based Statistical Area Description**	VARCHAR (50)	This field contains the text description of Core Based Statistical Area code associated with the claim.	**Example Values:** Cedar City and Ogden-Clearfield.	Yes
Metro_Micro_Indicator **Metropolitan and Micropolitan Statistical Areas**	VARCHAR (5)	The member's address categorized in one of the Core Based Statistical Areas.	Null, Metro, Micro **See A-3 for code description.**	Yes
Small_Area_Cd **Utah Small Health Area**	VARCHAR (4)	The member's address categorized in one of Utah small area information.	1-61, 23.1, 29.1, 30.1, 33.2, 34.1, 34.2 **See A-4 for code description.**	Yes
Small_Area_Desc **Utah Small Health Area Description**	VARCHAR (120)	This field contains the text description of the Utah Small Health Area code associated with the claim.		Yes
CRG_ Desc **Clinical Risk Group Description (CRG) Description**	VARCHAR (255)	This field contains the text description of the health status of the member. Example: 1 Significant Acute ENT Illness	**Example Value:** 1 Significant Acute ENT Illness *1094 unique descriptions	Yes

ELEMENT (Column) NAME COMMON NAME	TYPE (LENGTH)	DESCRIPTION	Valid Values	Nullable
			Descriptions supplied by 3M Health Information Systems **See External Source 3.**	
CRG_ Base_Desc **Clinical Risk Group Base Description**	VARCHAR (255)	This field contains the text description of the Base CRG. *Base CRG: reflects the full range of diagnoses for that individual.	**Example: Healthy, Non-User** There are 292 descriptions. Descriptions supplied by 3M Health Information Systems **See External Source 3.**	Yes
CRG_ Level **Clinical Risk Group Severity Level**	CHAR (1)	This field contains the severity-of-illness subclass code.	1, 2, 3, 4 **See A-5 for code description.**	Yes

MEDICAL CLAIMS FILE OVERVIEW

The Medical Claims flat file (**Medical)** contains one record for each service that was rendered. Note that the medical claims file contains little identifiable health information; the Person_ID is the only identifiable information available in this data file. Please also note:

- Medical claims are medical bills submitted to health insurance carriers for services rendered to patients by providers of care.
- Only final claims are included in the data set
- A claim identification number (Claim Integer) has been created to allow the user to count claims.
- Services are defined as all medical services associated with a particular claim.
- **If there are multiple services performed and billed on a claim, each of those services will be uniquely identified and reported on a line.**
- **Each row in the Medical file represents one claim line.**
- The columns "Claim Integer" and "Line_No" should be used to query services for a particular claim. The Claim_ID identifies a unique claim, and the Claim_Line_No identifies a unique line within that claim.
- The table below shows the relationship between the Claim Integers and Line Counters

Line_No (Line Counter)	Claim Integer (Claim_ID)
1	1
2	1
3	1
1	2
2	2

Table 1. Example of the relationship between Claim Integers and Line Counters.

- In the above example, the rows with Line_No 1, 2, and 3 represent three different services belonging to the same claim (represented by the Claim_Integer '1').
- **Service start and end dates are not reported**' however, the **Service Order** field is included.
- **Each service day has an order**; if a member receives multiple services in a day the service order integer is the same. The service order resets each new date of service.
- The table below shows an example of the relationship between service orders and servicer dates.

Service Order	Service Date
1	10/20/2014
2	10/24/2014
3	11/03/2014

Service Order	Service Date
4	11/10/2014
4	11/10/2014
5	12/01/2014
5	12/01/2014
6	12/13/2014

Table 2. Example of the relationship between Service Orders and Service Dates.

- This file contains payment information for each unique medical claim.
- A billing provider means a provider or other entity that submits claims to health care claims processors for health care services directly or provided to a subscriber or member by a service provider.
- A service provider means the provider who directly performed or provided a health care service to a subscriber of member.
- Risk adjusted information [APR-DRG, MS-DRG, and EAPG] is provided in the data.
- Reported diagnosis codes and procedure codes are included in the data.
- ICD 9 or 10 CM are reported in the diagnosis fields; use the ICD 9/10 flag data field to determine which code version was used.
- For medical claims industry standard coding definitions, please refer to the following websites:

  – For Level I HCPCS (CPT) codes, see: http://www.ama-assn.org/ama/pub/category/3113.html

  – For Level II HCPCS (non-CPT) codes, see: http://www.cms.hhs.gov/MedHCPCSGenInfo/

  – For ICD-9-CM and ICD10-CM codes, see: http://www.cdc.gov/nchs/icd.htm

  – For Revenue codes, see: http://www.nubc.org

- For more information about the fields found in this file, please refer to http://health.utah.gov/hda/apd/APD_Technical_Specifications_v1.3.pdf
  or
  http://health.utah.gov/hda/apd/UT_APCD_DSG_v2.0.pdf
  or
  http://health.utah.gov/hda/apd/UT%20APCD%20DSG%20v2.1.pdf

- **Total number of rows for this file is 94,064,306 (including the header)**

MEDICAL CLAIMS FILE DATA DICTIONARY

ELEMENT (Column) NAME COMMON NAME	TYPE (LENGTH)	DESCRIPTION	Valid Values	Nullable
Claim_ID **Claim Integer**	BIGINT (8)	This field uniquely identifies each claim.		No
Claim_Line_No **Claim Line Counter**	SMALLINT (2)	A unique number identify the line within the claim. The line counter begins with 1 and is incremented by 1 for each additional service line of a claim. All claims must contain a line 1.		No
Person_ID **Person Identifier**	BIGINT (8)	This field uniquely identifies a member.		No
Billing_Provider_Proxy_ID **Billing Provider Proxy Identifier**[7]	INT (4)	This field contains the consistent, unique billing provider identifier of those entities or individuals billing payers for care received. *The Billing Provider pertains to the entity or individual who is billing the payer for services rendered.		No
Service_Provider_Proxy_ID **Service Provider Proxy Identifier**[7]	INT (4)	This field contains the consistent, unique service provider identifier.		No
Claim_Type_Cd **Claim Type Code**	CHAR (1)	This field contains the code to identify the type of claim. Determines higher level grouping of claims. This is also used in processing to determine what data elements and enrichment is applied.	I,O,P,R,U **See A-6 for code description.**	Yes
Claim_Type_Desc **Claim Type Description**	VARCHAR (20)	This field contains the text description of the Claim Type code associated with the claim.	Outpatient, Professional, Pharmacy, Unknown	Yes
Admit_Type_Cd **Admission Type Code**	VARCHAR (2)	This field is used to record the type of admission for all inpatient hospital bills. Code set as defined by National Uniform Billing Committee.	1,2,3,4,5,9 **See A-7 for code description.**	Yes

[7] Provider Proxy ID is a surrogate key based on the linked National Provider Index. This is Proxy ID was constructed to provide a potentially more useful and unified provider identifier.

ELEMENT (Column) NAME COMMON NAME	TYPE (LENGTH)	DESCRIPTION	Valid Values	Nullable
Admit_Type_Desc **Admission Type Code Description**	VARCHAR (100)	This field contains the description of the Admission Type code.	Emergency, Urgent, Elective, Newborn, Trauma Center, Information Not Available	Yes
Admit_Source_Cd **Admission Source Code**	VARCHAR (2)	This field reports the code that applies to facility claims were Type of Bill = an inpatient setting. This code indicates how the patient was referred into an inpatient setting at the facility.	1-9 * National Uniform Billing Data Element Specifications **See A-8 for code description.**	Yes
Admit_Source_Desc **Admission Source Code Description**	VARCHAR (200)	This field contains the description of the "Source of Admission" code.	Normal Delivery, Premature Delivery, Sick Baby, Extramural Birth, Trauma Center, Information Not Available	Yes
Discharge_Status_Cd **Discharge Status Code**	CHAR (2)	This field is the primary identification key for each inpatient discharge status record. Provides a 2-digit identifier of the patient's status at time of discharge	01-09, 20, 30, 40, 41, 42, 43, 50, 51, 61, 62, 63, 64 **See A-9 for code description.**	Yes
Discharge_Status_Desc **Discharge Status Code Description**	VARCHAR (150)	This field contains the text description of the Discharge Status code.	**Example Values**: Home, Still Pt, and Unknown	Yes
Bill_Type_Cd **Type of Bill – Institutional**	VARCHAR (3)	This field should report the three-digit value that defines the Type of Bill on an institutional claim. *For Institutional Claims: a standardized code that reports the type of facility where the claim line service occurred.	The Bill Type field shows a 3-digit number where: **1st digit** - Corresponds to the facility where the claim took place **2nd digit** - Corresponds to the type of claim (such as "Inpatient," "Outpatient," etc.) **3rd digit** - Reflects the frequency of the claim **E.g. 111, 117, 138** **The full explanation of these number combinations can be**	Yes

ELEMENT (Column) NAME COMMON NAME	TYPE (LENGTH)	DESCRIPTION	Valid Values	Nullable
			viewed in A-10. *There are Bill Types that are UK (Unknown)	
Bill_Type_Desc **Type of Bill — Institutional — Description**	VARCHAR (200)	This field contains the text description of the "type of bill" code associated with the claim.	E.g. Description of 111: Hospital Inpatient Claim indicating that the claim period covers admit through the patients discharge.	Yes
E-Cd **External Causes of Injury Code**	VARCHAR (7)	This field describes an injury, poisoning or adverse effect using an ICD E-code diagnosis. Decimal point not coded. **Note:** the same E-Code may be reported in this field and in an Other Diagnosis field, depending upon the data reporter.	A valid ICD-9 CM or ICD-10 CM E-code. **External Code Source 4.**	Yes
Admission_Dx_Cd **Admitting Diagnosis**	VARCHAR (7)	This field contains the ICD diagnosis code indicating the reason for the inpatient admission. Decimal point is not coded.	A valid ICD-9 CM or ICD-10 CM diagnosis code or UK (unknown). **See External Code Source 4.**	Yes
Principal_Dx_Cd **Principal Diagnosis**	VARCHAR (7)	This field contains the ICD diagnosis code for the principal diagnosis. Decimal point is not coded.	A valid ICD-9 CM or ICD-10 CM diagnosis code or UK (unknown). **See External Code Source 4.**	Yes
ICD_Vers_Flag **ICD-9 / ICD-10 Flag**	CHAR (1)	This field identifies which code set is being utilized.	0, 1 See A-11 for code description.	Yes
ICD_Procedure_Cd **ICD Procedure Code**	VARCHAR (7)	Unique identifier for the ICD-9 CM primary procedure. Decimal point is not coded.	A valid primary ICD-9 CM procedure code or UK (unknown). **See External Code Source 4.**	Yes
Dx_Cd_1 **Other Diagnosis Code-1**	VARCHAR (7)	This field contains the ICD diagnosis code for the first secondary diagnosis (Other Diagnosis 1). Decimal point is not coded.	A valid ICD-9 CM or ICD-10 CM diagnosis code or UK (unknown).	Yes

ELEMENT (Column) NAME COMMON NAME	TYPE (LENGTH)	DESCRIPTION	Valid Values	Nullable
			See External Code Source 4.	
POA_Cd_1 **Present on Admission Code-1**	CHAR (1)	This field reports the appropriate value from the lookup table to describe diagnosis presence upon admission. Decimal point is not coded.	3,1,E,N,U,W,Y **See A-12 for code description.**	Yes
POA_Desc_1 **Present on Admission Code-1 Description**	VARCHAR (120)	This field contains the text description of the "present on admission" code associated with the claim.	**See A-12 for a complete list of the text descriptions.**	Yes
Dx_Cd_2 **Other Diagnosis Code-2**	VARCHAR (7)	This field contains the ICD diagnosis code for the first secondary diagnosis (Other Diagnosis 2). Decimal point is not coded.	A valid ICD-9 CM or ICD-10 CM diagnosis code or UK (unknown). **See External Code Source 4.**	Yes
POA_Cd_2 **Present on Admission Code-1**	CHAR (1)	This field reports the appropriate value from the lookup table to describe diagnosis presence upon admission. Decimal point is not coded.	3,1,E,N,U,W,Y **See A-12 for code description.**	Yes
POA_Desc_2 **Present on Admission Code-2 Description**	VARCHAR (120)	This field contains the text description of the "present on admission" code associated with the claim.	**See A-12 for a complete list of the text descriptions.**	Yes
Dx_Cd_3 **Other Diagnosis Code-3**	VARCHAR (7)	This field contains the ICD diagnosis code for the first secondary diagnosis (Other Diagnosis 3). Decimal point is not coded.	A valid ICD-9 CM or ICD-10 CM diagnosis code or UK (unknown). **See External Code Source 4.**	Yes
POA_Cd_3 **Present on Admission Code-3**	CHAR (1)	This field reports the appropriate value from the lookup table to describe diagnosis presence upon admission. Decimal point is not coded.	3,1,E,N,U,W,Y **See A-12 for code description.**	Yes
POA_Desc_3 **Present on Admission Code-3 Description**	VARCHAR (120)	This field contains the text description of the "present on admission" code associated with the claim.	**See A-12 for a complete list of the text descriptions.**	Yes
Dx_Cd_4 **Other Diagnosis Code-2**	VARCHAR (7)	This field contains the ICD diagnosis code for the first secondary diagnosis (Other Diagnosis 4). Decimal point is not coded.	A valid ICD-9 CM or ICD-10 CM diagnosis code or UK (unknown).	Yes

ELEMENT (Column) NAME COMMON NAME	TYPE (LENGTH)	DESCRIPTION	Valid Values	Nullable
			See External Code Source 4.	
POA_Cd_4 **Present on Admission Code-4**	CHAR (1)	This field reports the appropriate value from the lookup table to describe diagnosis presence upon admission. Decimal point is not coded.	3,1,E,N,U,W,Y **See A-12 for code description.**	Yes
POA_Desc_4 **Present on Admission Code-4 Description**	VARCHAR (120)	This field contains the text description of the "present on admission" code associated with the claim.	**See A-12 for a complete list of the text descriptions.**	Yes
Dx_Cd_5 **Other Diagnosis Code-5**	VARCHAR (7)	This field contains the ICD diagnosis code for the first secondary diagnosis (Other Diagnosis 5). Decimal point is not coded.	A valid ICD-9 CM or ICD-10 CM diagnosis code or UK (unknown). **See External Code Source 4.**	Yes
POA_Cd_5 **Present on Admission Code-5**	CHAR (1)	This field reports the appropriate value from the lookup table to describe diagnosis presence upon admission. Decimal point is not coded.	3,1,E,N,U,W,Y **See A-12 for code description.**	Yes
POA_Desc_5 **Present on Admission Code-5 Description**	VARCHAR (120)	This field contains the text description of the "present on admission" code associated with the claim.	**See A-12 for a complete list of the text descriptions.**	Yes
Dx_Cd_6 **Other Diagnosis Code-6**	VARCHAR (7)	This field contains the ICD diagnosis code for the first secondary diagnosis (Other Diagnosis 6). Decimal point is not coded.	A valid ICD-9 CM or ICD-10 CM diagnosis code or UK (unknown). **See External Code Source 4.**	Yes
POA_Cd_6 **Present on Admission Code-6**	CHAR (1)	This field reports the appropriate value from the lookup table to describe diagnosis presence upon admission. Decimal point is not coded.	3,1,E,N,U,W,Y **See A-12 for code description.**	Yes
POA_Desc_6 **Present on Admission Code-6 Description**	VARCHAR (120)	This field contains the text description of the "present on admission" code associated with the claim.	**See A-12 for a complete list of the text descriptions.**	Yes
Dx_Cd_7 **Other Diagnosis Code-7**	VARCHAR (7)	This field contains the ICD diagnosis code for the first secondary diagnosis (Other Diagnosis 7). Decimal point is not coded.	A valid ICD-9 CM or ICD-10 CM diagnosis code or UK (unknown).	Yes

ELEMENT (Column) NAME COMMON NAME	TYPE (LENGTH)	DESCRIPTION	Valid Values	Nullable
			See External Code Source 4.	
POA_Cd_7 **Present on Admission Code-7**	CHAR (1)	This field reports the appropriate value from the lookup table to describe diagnosis presence upon admission. Decimal point is not coded.	3,1,E,N,U,W,Y **See A-12 for code description.**	Yes
POA_Desc_7 **Present on Admission Code-7 Description**	VARCHAR (120)	This field contains the text description of the "present on admission" code associated with the claim.	**See A-12 for a complete list of the text descriptions.**	Yes
Dx_Cd_8 **Other Diagnosis Code-8**	VARCHAR (7)	This field contains the ICD diagnosis code for the first secondary diagnosis (Other Diagnosis 8). Decimal point is not coded.	A valid ICD-9 CM or ICD-10 CM diagnosis code or UK (unknown). **See External Code Source 4.**	Yes
POA_Cd_8 **Present on Admission Code-8**	CHAR (1)	This field reports the appropriate value from the lookup table to describe diagnosis presence upon admission. Decimal point is not coded.	3,1,E,N,U,W,Y **See A-12 for code description.**	Yes
POA_Desc_8 **Present on Admission Code-8 Description**	VARCHAR (120)	This field contains the text description of the "present on admission" code associated with the claim.	**See A-12 for a complete list of the text descriptions.**	Yes
Dx_Cd_9 **Other Diagnosis Code-9**	VARCHAR (7)	This field contains the ICD diagnosis code for the first secondary diagnosis (Other Diagnosis 9). Decimal point is not coded.	A valid ICD-9 CM or ICD-10 CM diagnosis code or UK (unknown). **See External Code Source 4.**	Yes
POA_Cd_9 **Present on Admission Code-9**	CHAR (1)	This field reports the appropriate value from the lookup table to describe diagnosis presence upon admission. Decimal point is not coded.	3,1,E,N,U,W,Y **See A-12 for code description.**	Yes
POA_Desc_9 **Present on Admission Code-9 Description**	VARCHAR (120)	This field contains the text description of the "present on admission" code associated with the claim.	**See A-12 for a complete list of the text descriptions.**	Yes
Dx_Cd_10 **Other Diagnosis Code-10**	VARCHAR (7)	This field contains the ICD diagnosis code for the first secondary diagnosis (Other	A valid ICD-9 CM or ICD-10 CM diagnosis code or UK	Yes

ELEMENT (Column) NAME COMMON NAME	TYPE (LENGTH)	DESCRIPTION	Valid Values	Nullable
		Diagnosis 10). Decimal point is not coded.	(unknown). **See External Code Source 4.**	
POA_Cd_10 **Present on Admission Code-10**	CHAR (1)	This field reports the appropriate value from the lookup table to describe diagnosis presence upon admission. Decimal point is not coded.	3,1,E,N,U,W,Y **See A-12 for code description.**	Yes
POA_Desc_10 **Present on Admission Code-10 Description**	VARCHAR (120)	This field contains the text description of the "present on admission" code associated with the claim.	**See A-12 for a complete list of the text descriptions.**	Yes
Dx_Cd_11 **Other Diagnosis Code-11**	VARCHAR (7)	This field contains the ICD diagnosis code for the first secondary diagnosis (Other Diagnosis 11). Decimal point is not coded.	A valid ICD-9 CM or ICD-10 CM diagnosis code or UK (unknown). **See External Code Source 4.**	Yes
POA_Cd_11 **Present on Admission Code-11**	CHAR (1)	This field reports the appropriate value from the lookup table to describe diagnosis presence upon admission	3,1,E,N,U,W,Y **See A-12 for code description.**	Yes
POA_Desc_11 **Present on Admission Code-11 Description**	VARCHAR (120)	This field contains the text description of the "present on admission" code associated with the claim.	**See A-12 for a complete list of the text descriptions.**	Yes
Dx_Cd_12 **Other Diagnosis Code-12**	VARCHAR (7)	This field contains the ICD diagnosis code for the first secondary diagnosis (Other Diagnosis 12). Decimal point is not coded.	A valid ICD-9 CM or ICD-10 CM diagnosis code or UK (unknown). **See External Code Source 4.**	Yes
POA_Cd_12 **Present on Admission Code-12**	CHAR (1)	This field reports the appropriate value from the lookup table to describe diagnosis presence upon admission. Decimal point is not coded.	3,1,E,N,U,W,Y **See A-12 for code description.**	Yes
POA_Desc_12 **Present on Admission Code-12 Description**	VARCHAR (120)	This field contains the text description of the "present on admission" code associated with the claim.	**See A-12 for a complete list of the text descriptions.**	Yes
Dx_Cd_13 **Other Diagnosis Code-13**	VARCHAR (7)	This field contains the ICD diagnosis code for the first secondary diagnosis (Other Diagnosis 13). Decimal point is not coded.	A valid ICD-9 CM or ICD-10 CM diagnosis code or UK (unknown).	Yes

ELEMENT (Column) NAME COMMON NAME	TYPE (LENGTH)	DESCRIPTION	Valid Values	Nullable
			See External Code Source 4.	
POA_Cd_13 **Present on Admission Code-13**	CHAR (1)	This field reports the appropriate value from the lookup table to describe diagnosis presence upon admission. Decimal point is not coded.	3,1,E,N,U,W,Y **See A-12 for code description.**	Yes
POA_Desc_13 **Present on Admission Code-13 Description**	VARCHAR (120)	This field contains the text description of the "present on admission" code associated with the claim.	**See A-12 for a complete list of the text descriptions.**	Yes
ICD_Primary_Procedure_Cd **ICD-9-CM Procedure Code**	VARCHAR (7)	This field contains the primary ICD-CM Procedure Code.	A valid primary ICD-9 CM procedure code. **See External Code Source 4.**	Yes
Other_Procedure_Cd_1 **Other ICD-9 CM Procedure Code – 1**	VARCHAR (7)	This field contains the second ICD-9 CM procedure code. The decimal point is not coded.	A valid primary ICD-9 CM procedure code. **See External Code Source 4.**	Yes
Other_Procedure_Cd_2 **Other ICD-9 CM Procedure Code – 2**	VARCHAR (7)	This field contains the third ICD-9 CM procedure code. The decimal point is not coded.	A valid primary ICD-9 CM procedure code. **See External Code Source 4.**	Yes
Other_Procedure_Cd_3 **Other ICD-9-CM Procedure Code – 3**	VARCHAR (7)	This field contains the fourth ICD-9 CM procedure code. The decimal point is not coded.	A valid primary ICD-9 CM procedure code. **See External Code Source 4.**	Yes
Other_Procedure_Cd_4 **Other ICD-9-CM Procedure Code – 4**	VARCHAR (7)	This field contains the fifth ICD-9 CM procedure code. The decimal point is not coded.	A valid primary ICD-9 CM procedure code. **See External Code Source 4.**	Yes
Other_Procedure_Cd_5 **Other ICD-9-CM Procedure Code – 5**	VARCHAR (7)	This field contains the sixth ICD-9 CM procedure code. The decimal point is not coded.	A valid primary ICD-9 CM procedure code. **See External Code Source 4.**	Yes
Place_of_Service_Cd **Place of Service (Facility Type – Professional)**	CHAR(2)	A numerical identifier for the location where the service was rendered.	11,12, 21-26, 31-35, 41, 42, 50-56, 60-62, 65, 71, 72, 81, 99 * National Uniform Billing Data	No

ELEMENT (Column) NAME COMMON NAME	TYPE (LENGTH)	DESCRIPTION	Valid Values	Nullable
			Element Specifications **See A-13 for code description.**	
POS_Short_Desc **Place of Service Code Description**	CHAR(2)	This field contains the text description of the Place of Service Code.	**Example Values:** Office and Ambulance – air or water.	Yes
Rev_Cd **Revenue Code**	VARCHAR (4)	This field is used to report the Revenue Code for hospital claims. National Uniform Billing Committee codes are used in this field.	National Uniform Billing Committee Codes. Code using leading zeroes, left justified, and four digits. **See UB-04 Manual for revenue codes and abbreviations.** **See External Code Source 5.**	No
CPT4_ID **Current Procedural Technology (CPT) Code**	CHAR (5)	The procedure code reported for the claim line.	A VALID HPCS/CPT code. Health Care Common Procedural Coding System (HCPCS); this includes the CPT codes of the American Medical Association. **See External Code Source 6 and 7.**	No
CPT4_Mod1-Cd **Procedure Modifier – 1**[8]	VARCHAR (2)	The first modifier for the procedure code reported on this claim line.	A valid Current Procedural Technology (CPT) / Healthcare Common Procedure Coding Systems (HCPCS) procedure code modifier. **See External Code Source 6 and 7.**	No
CPT4_Mod2-Cd **Procedure Modifier – 2**	VARCHAR (2)	The second modifier for the procedure code reported on this claim line.	A valid Current Procedural Technology (CPT) / Healthcare	No

[8] A modifier is used to indicate that a service or procedure has been altered by some specific circumstance but not changed in its definition or code. Reporting a valid Procedure modifier clarifies / improves the reporting accuracy of the associated procedure code (**CPT4_ID**).

ELEMENT (Column) NAME COMMON NAME	TYPE (LENGTH)	DESCRIPTION	Valid Values	Nullable
			Common Procedure Coding Systems (HCPCS) procedure code modifier. **See External Code Source 6 and 7.**	
Service_Start_Year **Date of Service (From) Year**	INT (4)	This field contains the years of service for this service line in an YYYY format.	YYYY	Yes
Service_Order **Service Order**	BIGINT(8)	This field reports an integer that reflects the ordering of the pharmacy and medical claim events for an individual person across a reporting period. Any event that occurs on the same day receives the same integer.		Yes
Length_of_Stay **Length of Stay**	FLOAT (8)	This field contains the length of stay (in days) for an inpatient claim. It is calculated by subtracting the Admission Date from the Discharge Date.		Yes
APRDRG **All Patient Refined Diagnosis Related Group (APR-DRG)**	CHAR (3)	This field contains a unique identifier for the All Patient Refined Diagnostic Related Group (APR-DRG).	1-956, UK 3M methodology is used. **See External Code Source 3.**	Yes
APRDRG_Desc **All Patient Refined-Diagnosis Related Group Number Description**	VARCHAR (100)	This field provides the abbreviated APR-DRG text description.	**Example Values:** Abdominal Pain and Chemotherapy. Descriptions supplied by 3M Health Information Systems.	Yes
APRDRG_Risk_Of_Mortality **All Patient Refined Diagnosis Related Group Risk of Mortality**	CHAR (1)	This field contains the All Patient Refined Risk of mortality (APR-DRG ROM) ***Risk of mortality**: The likelihood of dying	0, 1,2,3,4 **See A-14 for code description.**	Yes
APRDRG_Risk_Of_Mortality_Desc **All Patient Refined-Diagnosis Related Group Risk of Mortality Description**	VARCHAR (50)	This field provides the text description of the APR-DRG ROM.	0- Ungroupable, 1- Minor, 2- Moderate, 3- Major, 4- Extreme Descriptions supplied by 3M Health Information Systems.	Yes
APRDRG_Severity	CHAR(1)	This field contains the All Patient Refined	0, 1,2,3,4	Yes

ELEMENT (Column) NAME COMMON NAME	TYPE (LENGTH)	DESCRIPTION	Valid Values	Nullable
All Patient Refined Diagnosis Related Group Severity Level		Severity of Illness (APR-DRG SOI) level. ***Severity of illness:** The extent of physiologic decompensation or organ system loss of function	**See A-15 for code description.**	
APRDRG_Severity_Desc **All Patient Refined-Diagnosis Related Group Severity Level Description**	VARCHAR (30)	This field provides the APR-DRG SOI text description.	0- Ungroupable, 1- Minor, 2- Moderate, 3- Major, 4- Extreme Descriptions supplied by 3M Health Information Systems.	Yes
APRDRG_MDC_Code **All Patient Refined Diagnosis Related Group Major Diagnostic Categories**	CHAR (2)	This field contains a unique identifier for the All Patient Refined Diagnostic Related Group Major Diagnostic Categories (APR-DRG MDC).	0-25 **See A-16 for code description.** **See External Code Source 3.**	Yes
APRDRG_MDC_Desc **All Patient Refined-Diagnosis Related Group Major Diagnostic Categories Description**	VARCHAR (100)	This field provides APR-DRG MDC text description.	Descriptions supplied by 3M Health Information Systems. **See A-16 for a list of descriptions.**	Yes
APRDRG_Version **All Patient Refined-Diagnosis Related Group Version**	VARCHAR (5)	The field reports the version of the APR-DRG grouper used.	29	Yes
MSDRG **Medicare Severity Diagnosis Related Groups Code**[9]	VARCHAR (3)	This field contains a unique identifier for Medicare Severity Diagnosis Related Groups (MSDRG).	1-999, UK **See External Source 8.**	Yes
MSDRG_Desc **Medicare Severity Diagnosis Related Groups Description**	VARCHAR (256)	This field contains the text description of the "MSDRG" code associated with the claim.	**Example Values:** Normal Newborn and Minor Skin Disorder w/o MCC. Descriptions supplied by 3M Health Information Systems.	Yes
MSDRG_Version **Medicare Severity Diagnosis Related Groups Version**	VARCHAR (5)	This field reports the version of the MSDRG grouper used.	29, UK (Unknown)	Yes
MSDRG_MDC_Code	VARCHAR	This field indicates MSDRG Major	'00 - 25' with a category for	Yes

[9] Developed and maintained by 3M for the Centers for Medicare & Medicaid Services (CMS).

ELEMENT (Column) NAME COMMON NAME	TYPE (LENGTH)	DESCRIPTION	Valid Values	Nullable
MSDRG Major Diagnostic Code	(3)	Diagnostic Category Code.	'Unknown' **See A-16 for code description.**	
EAPG **Enhanced Ambulatory Patient Grouping System Code**	CHAR (5)	This field contains a unique ID that represents the Enhanced Ambulatory Patient Group (EAPG) - Classification system for outpatient services reimbursement.	1-999, UK **See External Code Source 3.**	Yes
EAPG_Desc **Enhanced Ambulatory Patient Grouping Code Description**	VARCHAR (120)	This field contains the text description of the "EAPG" code associated with the claim.	**Example Values:** Level I Immunology Tests and Unassigned.	Yes
EAPG_Version **Enhanced Ambulatory Patient Grouping Version**	VARCHAR (10)	This field provides the version number of the EAPG grouper.	0, 36	Yes
EAPG_PL_ID **Enhanced Ambulatory Patient Grouping System Product Line Identifier**	VARCHAR (3)	This field contains the product line identifier for the EAPG. ***Note:** The EAPG Product Line identifies the Product Line associated with a visit.	1-14, 16-40 **See A-17 for code description.**	Yes
EAPG_PL_ Desc **Enhanced Ambulatory Patient Grouping System Description Product Line Description**	VARCHAR (120)	This field contains the text description of the EAPG product line ID.	**Example Values:** Laboratory and Cardiology. Descriptions supplied by 3M Health Information Systems. **See A-17 for a complete list of the text descriptions.**	Yes
EAPG_Sum_PL_ID **Enhanced Ambulatory Patient Grouping System Summary Product Line Identifier**	VARCHAR (3)	This field contains the summary product line for the EAPG. ***Note:** The EAPG Summary Product Line **broadly** identifies the Product Line associated with the visit.[10]	1-16, 18 **See A-18 for code description.**	Yes
EAPG_Sum_PL_Desc **Enhanced Ambulatory Patient**	VARCHAR (120)	This field contains the text description of the EAPG summary product line ID.	Example Values: Laboratory and Unclassified.	Yes

[10] The EAPG Summary Product Line rollups individual product lines, i.e. EAPG PL. For example, EAPG_Sum_PL_Desc = Medicine is the rollup of EAPG_PL_Desc = Gastroenterology, Oncology, Preventive Care, Urology/Nephrology, General Medicine, Cardiology, Hematology, Neurology, Otolaryngology, Medical Visit, Pulmonary and Ophthalmology.

ELEMENT (Column) NAME COMMON NAME	TYPE (LENGTH)	DESCRIPTION	Valid Values	Nullable
Grouping System Summary Product Line Description			**See A-18 for a complete list of the text descriptions.**	
EAPG_Category **Enhanced Ambulatory Patient Grouping System Category**	VARCHAR (2)	This field contains the Enhanced Ambulatory Patient Group (EAPG) Category that's provided by the EAPG software. *3M EAPGs are organized into one of 55 categories that provide a framework for service line analysis and reporting at a more general level.	1-25, 30, 50-76, 99 **See A-19 for code description.**	Yes
EAPG_Category_Desc **Enhanced Ambulatory Patient Grouping System Category Description**	VARCHAR (120)	This field contains the text description of the "EAPG Category" code associated with the claim.	**Example Values:** Burns and Neonates. **See A-19 for a complete list of the text descriptions.**	Yes
EAPG_Type **Enhanced Ambulatory Patient Grouping System Type**	VARCHAR (2)	This field contains the Enhanced Ambulatory Patient Group (EAPG) Category that's provided by the EAPG software.	1-8, 21-25 **See A-20 for code description.**	Yes
EAPG_Type_Desc **Enhanced Ambulatory Patient Grouping System Type Description**	VARCHAR (120)	This field contains the text description of the "EAPG" code associated with the claim.	**Example Values:** Per Diem and Significant Procedure. **See A-20 for a complete list of the text descriptions.**	Yes
Units **Unit Indicator**	INT (4)	This field reports the "unit of measure."	DA, MJ, UN and null *Other standard ANSI values may be used with prior approval from OHCS. **See A-21 for code description.**	No
Charge_Amt **Charge Amount**	MONEY (8)	This field reports the amount of provider charges for the claim line. Decimal point not coded, nor is any		Yes

ELEMENT (Column) NAME COMMON NAME	TYPE (LENGTH)	DESCRIPTION	Valid Values	Nullable
		punctuation provided. For example, $1,000.00 is converted to 100000. **Same for all financial data that follows.**		
Pre_Paid_Amt **Prepaid Amount**	MONEY (8)	This field contains the fee for service equivalent that would have been paid by the health care claims processor for a specific service if the service had not been capitated. [11]		Yes
Plan_Paid_Amt **Plan Paid Amount**	MONEY (8)	This field includes all health plan payments, including withhold amounts, and excludes all member payments. [12]		Yes
NDC_Cd **National Drug Code**	CHAR (11)	This field contains a universal product identifier for prescription drugs for human use.	A valid NDC. The NDC will be in one of the following configurations: 4-4-2, 5-3-2, or 5-4-1. **See External Source 9.**	No
Copay_Amt **Copay Amount**	MONEY (8)	This field reports the preset, fixed dollar amount payable by a member.		Yes
Coinsurance_Amt **Coinsurance Amount**	MONEY (8)	This field reports the dollar amount the member is responsible for – not the percentage.		Yes
Member_Liability_Amt **Member Liability Amount**	MONEY (8)	This field reports the Portion of Medical Allowed amount to be paid by the member.		Yes
Deductible_Amt **Deductible Amount**	MONEY (8)	The field reports the amount that is required to be paid by a member before health plan benefits will begin to reimburse for services. It is usually an annual amount of all health care costs that are not covered by the member's insurance plan.		Yes

[11] Capitated services are services rendered by a provider through a contract under which payments are based upon a fixed dollar amount for each member on a monthly basis. Note that the provider did not receive this payment. Any payment for this service was made through capitation and that is not captured in this database.
[12] Medical Plan Paid is the portion of the Medical Allowed amount to be paid by the plan. It represents actual dollars that were the plans responsibility.

PHARMARCY CLAIMS FILE OVERVIEW

The pharmacy claims data set (**Pharmacy File**) contains one record for each filled script. Also note the following:

- "Pharmacy Claims Data File" means a data file composed of service level remittance information including, but not limited to, member demographics, provider information, charge and payment information and national drug codes from all paid claims for each prescription filled.
- Reported payment information is provided, including payments by the payer and those payments for which the member is responsible.
- Prescription-filled dates are not reported.
- Reported drug codes are included in the data. For pharmacy claims industry standard coding definitions, please refer to the following website: http://www.fda.gov/drugs/informationondrugs/ucm142438.htm
- **Total number of rows for this file is 34,510,158 (including the header)**

PHARMACY CLAIMS FILE DATA DICTIONARY

ELEMENT (Column) NAME COMMON NAME	TYPE (LENGTH)	DESCRIPTION	Valid Values	Nullable
Claim_ID **Claim Integer**	BIGINT (8)	This field uniquely identifies each claim.		No
Claim_Line_No **Claim Line Counter**	SMALLINT (2)	A unique number identify the line within the claim. The line counter begins with 1 and is incremented by 1 for each additional service line of a claim. All claims must contain a line 1.		No
Person_ID **Person Identifier**	BIGINT (8)	This field uniquely identifies a member.		No
NDC_Cd **NDC Code**	CHAR (11)	This field contains a universal product identifier for prescription drugs for human use.	A valid NDC. The NDC will be in one of the following configurations: 4-4-2, 5-3-2, or 5-4-1. **See External source 9.**	No
Drug_Name **Drug Name**	VARCHAR (80)	This field contains the text name of drug as supplied by the data reporter.		Yes
Refill_Ind **New Prescription or Refill Indicator**	CHAR (2)	This field is used to determine if this is a new prescription or a refill.	01,02 **See A-22 for code description.**	No
Generic_Ind **Generic Drug Indicator**	CHAR (2)	This field indicates whether the drug is a branded drug or a generic drug.	01,02 **See A-23 for code description.**	No
Dispense_as_Written_Cd **Dispense as Written Code**	CHAR (1)	This field reports the value that defines how the drug was dispensed	0,1,2,3,4,5,6,7,8,9 **See A-24 for code description.**	No
Dispense_as_Written_Desc **Dispense as Written Description**	VARCHAR (150)	This field contains the description of the Dispense as Written Key element.		Yes

ELEMENT (Column) NAME COMMON NAME	TYPE (LENGTH)	DESCRIPTION	Valid Values	Nullable
Compound_Drug_Ind **Compound Drug Indicator**	CHAR (1)	This field indicates if the pharmaceutical delivered is the result of combining two or more drugs.	N, Y, U **See A-25 for code description.**	No
Compound_Drug_Desc **Compound Drug Description**	VARCHAR (30)	This field contains the description of the Compound Drug Indicator data element.		Yes
Filled_Year Prescription Filled Year	INT (4)	This field reports the year the pharmacy filled and dispensed the prescription to the patient.		Yes
Service_Order **Service Order**	BIGINT (8)	This field reports an integer that reflects the ordering of the pharmacy and medical claim events for an individual person across a reporting period. Any event that occurs on the same day receives the same integer.		Yes
Quantity **Quantity Dispensed**	INT (4)	This field contains the numeric value of supply dispensed for a prescription drug.		Yes
Days_Supply **Prescription Supply Days**	INT (4)	This field reports the estimated number of days the prescription will last if taken as prescribed		Yes
Charge_Amt **Charge Amount**	MONEY (8)	This field reports the amount of provider charges for the claim line. Decimal point not coded, nor is any punctuation provided. For example, $1,000.00 is converted to 100000. **Same for all financial data that follows.**		Yes
Plan_Paid_Amt **Paid Amount**	MONEY (8)	This field includes all health plan payments, including withhold amounts, and excludes all member payments. [13]		Yes
Ingredient_Cost_Amt **Ingredient Cost/List Price**	MONEY (8)	This field reports the cost of the drug that was dispensed as reported by the payer.		Yes
Dispensing_Fee_Amt **Dispensing Fee**	MONEY (8)	This field reports the amount charged for dispensing the drug for the claim line.		Yes
Copay_Amt **Co-pay Amount**	MONEY (8)	This field reports the preset, fixed dollar amount for which the individual (member) is responsible to pay.		Yes

[13] Medical Plan Paid is the portion of the Medical Allowed amount to be paid by the plan. It represents actual dollars that were the plans responsibility.

ELEMENT (Column) NAME COMMON NAME	TYPE (LENGTH)	DESCRIPTION	Valid Values	Nullable
Coinsurance_Amt **Coinsurance Amount**	MONEY (8)	This field contains the dollar amount an individual is responsible to pay.		Yes
Member_Liability_Amt **Member Liability Amount**	MONEY (8)	This field reports portion of Medical Allowed amount to be paid by the member.		Yes
Deductible_Amt **Deductible Amount**	MONEY (8)	Amount of member's deductible applied to this service/claim.		Yes
Prescribing_Physician_Proxy_ID[14] **Prescribing Physician Proxy Identifier**	INT (4)	This field contains the consistent, unique identifier or the prescribing provider.		Yes

[14] The Provider Proxy ID is a surrogate key based on the linked National Provider Index. This is Proxy ID was constructed to provide a potentially more useful and unified provider identifier.

PROVIDER FILE OVERVIEW

The provider data set (**Provider File**) contains a unique provider record for a provider entity. The provider file has limited information but include the Taxonomy and Provider Type Code which can be used to meet reporting and analysis requirements. Also note the following:

- A provider means a health care facility, health care practitioner, health product manufacturer, health product vendor or pharmacy.
- The XXX_Provider_Proxy_ID (found in the Medical and Pharmacy Claims Data File) can be used to link the Provider identified on the claims file with the corresponding record in the Provider file; see Appendix B for more information.
- **Total number of rows for this file is 133,246 (including the header)**

PROVIDER FILE DATA DICTIONARY

ELEMENT (Column) NAME COMMON NAME	TYPE (LENGTH)	DESCRIPTION	Valid Values	Nullable
Provider_Proxy_ID **Provider Proxy Identifier**[15]	INT (4)	This field contains the consistent, unique billing provider identifier of those entities or individuals billing payers for care received.		No
Taxonomy_Code_1 **Taxonomy Code**	VARCHAR (3)	This field contains the CMS-defined code for the provider's specialty/taxonomy. [16]	A valid Taxonomy code[17] **External Source Code 10.**	Yes
Taxonomy_Code_2 **Taxonomy Code**	VARCHAR (3)	This field contains the CMS-defined code for the provider's specialty/taxonomy	**External Source Code 10.**	Yes
Taxonomy_Code_3 **Taxonomy Code**	VARCHAR (3)	This field contains the CMS-defined code for the provider's specialty/taxonomy	**External Source Code 10.**	Yes
Taxonomy_Code_4 **Taxonomy Code**	VARCHAR (3)	This field contains the CMS-defined code for the provider's specialty/taxonomy	**External Source Code 10.**	Yes
Taxonomy_Code_5 **Taxonomy Code**	VARCHAR (3)	This field contains the CMS-defined code for the provider's specialty/taxonomy	**External Source Code 10.**	Yes

[15] The Provider Proxy ID is a surrogate key based on the linked National Provider Index. This is Proxy ID was constructed to provide a potentially more useful and unified provider identifier.
[16] Taxonomy values allow for the reporting of hygienists, assistants and laboratory technicians, where applicable, as well as Dentists, Orthodontists, etc.
[17] The American Medical Association (AMA) holds the copyright for the Health Care Provider Taxonomy code set on behalf of the National Uniform Claim Committee, which maintains the coding system.

APPENDIX A: LOOK UP TABLES

A-1 Gender

M	Male
F	Female
U	Unknown

***Blank fields = Not Reported**

A-2 Utah Indicator

0	Not Utah
1	Utah

A-3 Metropolitan and Micropolitan Statistical Areas

0	Not a Statistical Area
Metro	Metropolitan Statistical Area
Micro	Micropolitan Statistical Area

A-4 Utah Small Area Information (Adapted from IBIS)

In order to facilitate reporting data at the community level Utah has been divided into Small Areas. Areas are determined based on specific criteria, including population size, political boundaries of cities and towns, and economic similarity. The health measures that are reported by Small Area are those with events occurring with sufficient frequency to be meaningful. ***Last Updated June 2014.**

Local Health Distric	County	#	Utah Small Area	Boundary Designation
Bear River LHD (01)	BOX ELDER	1	Brigham City	ZIP Code 84302
		2	Box Elder County (Other)	All of Box Elder County except Brigham City (includes ZIP Codes 84301, 84306, 84307, 84309, 84311, 84312, 84313, 84314, 84316, 84324, 84329, 84330, 84331, 84334, 84336, 84337, 84340)
	CACHE/RICH	3	Logan	ZIP Codes 84321, 84322, 84332, 84341
		4	Cache County (Other)/Rich County (All)	All of Rich County; Cache County except Logan (includes ZIP Codes 84028, 84038, 84064, 84086, 84304, 84305, 84308, 84318, 84319, 84320, 84323, 84325, 84326, 84327, 84328, 84333, 84335, 84338, 84339)
Weber-Morgan LHD (12)	WEBER	5	Ben Lomond	ZIP Codes 84404, 84407, 84412
	MORGAN/ WEBER	6	Morgan County (All)/Weber	All of Morgan County; ZIP Codes 84018, 84050, 84310, 84317, 84414 in Weber County
	WEBER	7	Ogden (Downtown)	ZIP Codes 84401, 84402
		8	South Ogden	ZIP Codes 84403, 84408
		9	Roy/Hooper	ZIP Code 84067; ZIP Code 84315 (only in Weber County)
		10	Riverdale	ZIP Code 84405 (only in Weber County); ZIP Code 84409
Davis County LHD (03)		11	Clearfield/Hill Air Force Base	ZIP Codes 84015, 84016, 84056; ZIP Code 84315 (only in Davis County)
		12	Layton	ZIP Codes 84040, 84041; ZIP Code 84405 (only in Davis County)
		13	Syracuse/Kaysville	ZIP Codes 84037, 84075
		14	Farmington/Centerville	ZIP Codes 84014, 84025
		15	Woods Cross/North	ZIP Codes 84054, 84087
		16	Bountiful	ZIP Codes 84010, 84011
Salt Lake County LHD (04)		17	Salt Lake City (Rose	ZIP Codes 84116, 84122
		18	Salt Lake City	ZIP Codes 84103, 84114, 84150
		19	Salt Lake City (Foothill/	ZIP Codes 84108, 84112, 84113
		20	Magna	ZIP Code 84044
		21	Salt Lake City	ZIP Codes 84101, 84104, 84110, 84180
		22	West Valley (West)	ZIP Codes 84120, 84128, 84170

		23	West Valley (East) **[2011 AND BEFORE]**	ZIP Codes 84119, 84199 **[EFFECTIVE 2011 AND BEFORE]**

Local Health District	County	#	Utah Small Area	Boundary Designation
Salt Lake County LHD (04) – continued		23.1	West Valley (East) V2 **[2012AND AFTER]**	Revised ZIP Code 84119; 84199 **[EFFECTIVE 2012 AND AFTER]**
		24	Salt Lake City (Downtown)	ZIP Codes 84102, 84105, 84111, 84145, 84152
		25	South Salt Lake	ZIP Codes 84115, 84165
		26	Millcreek	ZIP Codes 84106, 84109, 84151
		27	Holladay	ZIP Codes 84117, 84124, 84127
		28	Cottonwood	ZIP Code 84121
		29	Kearns **[2011 AND BEFORE]**	ZIP Code 84118 **[EFFECTIVE 2011 AND BEFORE]**
		29.1	Kearns V2 **[2012 AND AFTER]**	Revised ZIP Code 84118 **[EFFECTIVE 2012 AND AFTER]**
		30	Taylorsville(East)/ Murray(West) (RENAMED FROM TAYLORSVILLE IN 2012]	ZIP Code 84123
		30.1	Taylorsville (West) **[2012 AND AFTER]**	ZIP Code 84129 (new ZIP Code introduced in 2011) **[EFFECTIVE 2012 AND AFTER]**
		31	Murray	ZIP Codes 84107, 84157
		32	Midvale	ZIP Code 84047
		33	West Jordan (North) **[2008 AND BEFORE]**	ZIP Code 84084 **[EFFECTIVE 2008 AND BEFORE]**
		33.1	West Jordan (Northeast) **[2009 THROUGH 2011]**	Revised ZIP Code 84084 **[EFFECTIVE 2009 THROUGH 2011]**
		33.2	West Jordan (Northeast) V2 **[2012 AND AFTER]**	Revised ZIP Code 84084 **[EFFECTIVE 2012 AND AFTER]**
		34	West Jordan/Copperton **[2008 AND BEFORE]**	ZIP Codes 84006, 84088 **[EFFECTIVE 2008 AND BEFORE]**
		34.1	West Jordan (Southeast) **[2009 AND AFTER]**	Revised ZIP Code 84088 **[EFFECTIVE 2009 AND AFTER]**
		34.2	West Jordan (West)/ Copperton **[2009 AND AFTER]**	ZIP Codes 84006, 84081 (new ZIP Code introduced in 2008) **[EFFECTIVE 2009 AND AFTER]**
		35	South Jordan	ZIP Code 84095
		36	Sandy (Center)	ZIP Codes 84070, 84091, 84094
		37	Sandy (Northeast)	ZIP Codes 84090, 84093
		38	Sandy (Southeast)	ZIP Code 84092
		39	Riverton/Draper	ZIP Codes 84020, 84065, 84096 (new ZIP Code introduced in 2006)

Tooele County LHD (08)	40	Tooele County	All of Tooele County (includes ZIP Codes 84022, 84029,84034, 84069, 84071, 84074, 84080, 84083)
Utah County LHD (10)	41	Lehi/Cedar Valley	ZIP Codes 84005 (new ZIP Code introduced in 2006), 84013, 84043, 84045 (new ZIP Code introduced in 2006)
	42	American Fork/Alpine	ZIP Codes 84003, 84004
	43	Pleasant Grove/Lindon	ZIP Codes 84042, 84062
	44	Orem (North)	ZIP Codes 84057, 84059
	45	Orem (West)	ZIP Code 84058
	46	Orem (East)	ZIP Code 84097

Local Health District	County	#	Utah Small Area	Boundary Designation
Utah County LHD (10) — continued		47	Provo (North)/Brigha	ZIP Codes 84602, 84604
		48	Provo (South)	ZIP Codes 84601, 84603, 84605, 84606
		49	Springville/Spa	ZIP Codes 84653, 84660, 84663, 84664
		50	Utah County	ZIP Codes 84626, 84633, 84651, 84655
Summit County LHD (07)		51	Summit County	All of Summit County (includes ZIP Codes 84017, 84024,84033, 84036, 84055, 84060, 84061, 84068, 84098)
Wasatch County LHD (11)		52	Wasatch County	All of Wasatch County (includes ZIP Codes 84032, 84049, 84082)
TriCounty LHD (09)	**DAGGET/ DUCHESNE/ UINTAH**	53	TriCounty Local Health District	All of Daggett, Duchesne, and Uintah Counties (includes ZIP Codes 84001, 84002, 84007, 84008, 84021, 84023, 84026,84027, 84031, 84035, 84039, 84046, 84051, 84052, 84053, 84063, 84066, 84072, 84073, 84076, 84078, 84079, 84085)
Central LHD (02)	**JUAB/ MILLARD/ SANPETE**	54	Juab/Millard/ Sanpete Counties	All of Juab, Millard, and Sanpete Counties (includes ZIP Codes 84621, 84622, 84623, 84624, 84627, 84628, 84629, 84630, 84631, 84632, 84634, 84635, 84636, 84637, 84638,84639, 84640, 84642, 84643, 84644, 84645, 84646, 84647,84648, 84649, 84650, 84656, 84662, 84665, 84667, 84728)
	SEVIER/ PIUTE/WAYNE	55	Sevier/Piute/ Wayne Counties	All of Piute, Sevier, and Wayne Counties (includes ZIP Codes 84620, 84652, 84654, 84657, 84701, 84711, 84715, 84723, 84724, 84730, 84732, 84734, 84739, 84740, 84743,84744, 84747, 84749, 84750, 84754, 84766, 84773, 84775)

Southeastern LHD (05)	**CARBON/ EMERY**	56	Carbon/Emery Counties	All of Carbon and Emery Counties (includes ZIP Codes 84501, 84513, 84516, 84518, 84520, 84521, 84522, 84523, 84525, 84526, 84527, 84528, 84529, 84537, 84539, 84542)
	GRAND/ SAN JUAN	57	Grand/San Juan Counties	All of Grand and San Juan Counties (includes ZIP Codes 84510, 84511, 84512, 84515, 84530, 84531, 84532, 84533, 84534, 84535, 84536, 84540, 86044, 86514)
Southwest LHD (06)	**WASHINGTON**	58	St George	ZIP Codes 84770, 84771, 84790
		59	Washington County (Other)	All of Washington County except St. George (includes ZIP Codes 84722, 84725, 84733, 84737, 84738, 84745, 84746, 84757, 84763, 84765, 84767, 84774, 84779, 84780, 84781, 84782, 84783, 84784, 84791)
	IRON	60	Cedar City	ZIP Codes 84720, 84721
	BEAVER/ GARFIELD/ IRON/KANE	61	Southwest Local Health District (Other)	All of Beaver, Garfield, and Kane Counties; Iron County except Cedar City (includes ZIP Codes 84710, 84712, 84713, 84714, 84716, 84718, 84719, 84726, 84729, 84731, 84735, 84736, 84741, 84742, 84751, 84752, 84753, 84755, 84756, 84758, 84759, 84760, 84761, 84762, 84764, 84772, 84776)

END

A-5 Clinical Risk Group Severity Level

1	Minor
2	Moderate
3	Major
4	Extreme

A-6 Claim Type

I	Inpatient
O	Outpatient
P	Professional
R	Pharmacy
U	Unknown

A-7 Admission Type

1	Emergency
2	Urgent
3	Elective
4	Newborn
5	Trauma Center
9	Information Not Available

A-8 Admission Source Code

For newborns (Admission Type = 4)

1	Normal Delivery
2	Premature Delivery
3	Sick Baby
4	Extramural Birth
5	Trauma Center
9	Information Not Available

Admissions other than newborn

1	Physician Referral
2	Clinic Referral
3	HMO Referral
4	Transfer from a hospital
5	Transfer from a skilled nursing facility
6	Transfer from another health care facility
7	Emergency Room
8	Court/Law Enforcement
9	Information Not Available

A-9 Discharge Status

01	Discharged to home or self-care
02	Discharged/transferred to another short term general hospital for inpatient care
03	Discharged/transferred to skilled nursing facility (SNF)
04	Discharged/transferred to nursing facility (NF)
05	Discharged/transferred to another type of institution for inpatient care or referred for outpatient services to another institution
06	Discharged/transferred to home under care of organized home health service organization
07	Left against medical advice or discontinued care
08	Discharged/transferred to home under care of a Home IV provider
09	Admitted as an inpatient to this hospital
20	Expired
30	Still patient or expected to return for outpatient services
40	Expired at home
41	Expired in a medical facility
42	Expired, place unknown
43	Discharged/ transferred to a Federal Hospital
50	Hospice – home
51	Hospice – medical facility
61	Discharged/transferred within this institution to a hospital-based Medicare-approved swing bed
62	Discharged/transferred to an inpatient rehabilitation facility including distinct parts of a hospital
63	Discharged/transferred to a longterm care hospital
64	Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare

A-10 Type of Bill Codes

*To determine all other Type of Bills, use the following:

- **1st DIGIT** = Type of Facility

TYPE OF FACILITY 1st DIGIT

Hospital	1
Skilled Nursing	2
Home Health	3
Christian Science (Hospital)	4
Christian Science (Extended Care)	5
Intermediate Care	6
Clinic	7
Special Facility	8
Reserved for National Use	9

- **2nd DIGIT** = Bill classification (3 different categories)

- **3rd DIGIT** = Frequency

BILL CLASSIFICATION 2ND DIGIT: First Digit =1- 6

Inpatient (Including Medicare Part A)	1
Inpatient (Medicare Part B only)	2
Outpatient	3
Other (for hospital referenced diagnostic services or home health not	4
Intermediate Care, Level I	5
Intermediate Care, Level II	6
Intermediate Care, Level III	7
Swing Beds	8
Reserved for National Use	9

BILL CLASSIFICATION 2ND DIGIT: First Digit= 7

Rural Health	1
Hospital Based or Independent Renal Dialysis Center	2
Free Standing	3
Outpatient Rehabilitation Facility (ORF)	4
Comprehensive Outpatient Rehabilitation Facilities (CORFS)	5
Community Mental Health Center	6
Reserved for National Use	7-8
Other	9

BILL CLASSIFICATION 2ND DIGIT: First Digit=8

Hospice (Non-Hospital based)	1
Hospice (Hospital based)	2
Ambulatory Surgery Center	3
Free Standing Birthing Center	4
Rural Primary Care Hospital	5
Reserved for National Use	6-8
Other	9

FREQUENCY 3RD DIGIT

Non-Payment/Zero Claim	0
Admit through discharge	1
Interim, first claim	2
Interim, continuing claim	3
Interim, last claim	4
Late Charge(s) only claim	5
Replacement of prior claim	7
Void/Cancel of prior claim	8
Reserved for National Assignment	9

***There are bill types in the database that are unknown (UK).**

Inpatient Hospital

111	Regular Inpatient
112	First Portion: continuous stay inpatient claim
113	Subsequent Portion: continuous stay inpatient claim
114	Final Portion: continuous stay inpatient claim
115	Inpatient: late charge(s) only claim
116	Inpatient : adjustment or prior claim needed
117	Inpatient: replacement of prior claim
118	Inpatient: void/cancel of prior claim

Hospital Inpatient (Medicare Part B only)

121	Hospital Inpatient (Medicare Part B only): ADMIT THROUGH DISCHARGE
122	Hospital Inpatient (Medicare Part B only): INTERIM, FIRST CLAIM
123	Hospital Inpatient (Medicare Part B only): INTERIM, CONTINUING CLAIM
124	Hospital Inpatient (Medicare Part B only): INTERIM, FINAL CLAIM
125	Hospital Inpatient (Medicare Part B only): LATE CHARGE(S) ONLY CLAIM
127	Hospital Inpatient (Medicare Part B only): REPLACEMENT OF PRIOR CLAIM
128	Hospital Inpatient (Medicare Part B only): VOID/CANCEL OF PRIOR CLAIM

Outpatient Hospital

131	Regular Outpatient
132	First Interim: Continuing outpatient claim
133	Subsequent interim: continuing outpatient claim
134	Final Interim: outpatient claim
135	Outpatient: late charge(s) only claim
136	Outpatient: adjustment of prior claim
137	Outpatient: replacement of prior claim
138	Outpatient: void/cancel of prior claims

Outpatient Diagnostic (Non Treatment Plan)

141	Outpatient Diagnostic: admit through discharge
142	Outpatient Diagnostic: interim, first claim
143	Outpatient Diagnostic: interim, continuing claim
144	Outpatient Diagnostic: interim, final claim
145	Outpatient Diagnostic: late charge(s) only claim
146	Outpatient Diagnostic: adjustment of prior claim
147	Outpatient Diagnostic: replacement of prior claim
148	Outpatient Diagnostic: void/cancel of prior claim

Hospital Swing Beds

181	Hospital Swing Beds: admit through discharge
182	Hospital Swing Beds: interim, first claim
183	Hospital Swing Beds: interim, continuing claim
184	Hospital Swing Beds: interim, final claim
185	Hospital Swing Beds: late charge(s) only claim
187	Hospital Swing Beds: replacement of prior claim
188	Hospital Swing Beds: void/cancel of prior claim

Skilled Nursing

211	Skilled Nursing: admit through discharge
212	Skilled Nursing: interim, first claim
213	Skilled Nursing: interim, continuing claim
214	Skilled Nursing: final claim
215	Skilled Nursing: late charge(s) only claim
217	Skilled Nursing: replacement of prior claim
218	Skilled Nursing: void/cancel of prior claim

Skilled Nursing (Medicare Part B only)

221	Skilled Nursing (Medicare Part B only): admit through discharge
222	Skilled Nursing (Medicare Part B only): interim, first claim
223	Skilled Nursing (Medicare Part B only): interim, continuing claim
224	Skilled Nursing (Medicare Part B only): final claim
225	Skilled Nursing (Medicare Part B only): late charge(s) only claim
227	Skilled Nursing (Medicare Part B only): replacement of prior claim
228	Skilled Nursing (Medicare Part B only): void/cancel of prior claim

Skilled Nursing Outpatient

231	Skilled Nursing Outpatient: admit through discharge
232	Skilled Nursing Outpatient: interim, first claim
233	Skilled Nursing Outpatient: interim, continuing claim
234	Skilled Nursing Outpatient: final claim
235	Skilled Nursing Outpatient: late charge(s) only claim
237	Skilled Nursing Outpatient: replacement of prior claim
238	Skilled Nursing Outpatient: void/cancel of prior claim

Home Health Inpatient (Pan of Treatment under Part B only)

321	Home Health Inpatient admit through discharge
322	Home Health Inpatient : interim, first claim
323	Home Health Inpatient: interim, continuing claim
324	Home Health Inpatient : interim, final claim
325	Home Health Inpatient: late charge(s) only claim
327	Home Health Inpatient: replacement of prior claim
328	Home Health Inpatient : void/cancel of a prior claim

Home Health – Outpatient (Plan of treatment under Part A only, including Durable Medical Equipment (DME) under Part A -Discontinued as of October 1, 2013

331	Coordinated Home Care: admit through discharge
332	Coordinated Home Care: interim, first claim
333	Coordinated Home Care: interim, continuing claim
334	Coordinated Home Care: interim, final claim
335	Coordinated Home Care: late charge(s) only
337	Coordinated Home Care: replacement of prior claim
338	Coordinated Home Care: : void/cancel of a prior claim

Home Health–Other (For medical and surgical services not under a Plan of Treatment)

341	Home Health Services – Other: admit through discharge
342	Home Health Services - Other: interim, first claim
343	Home Health Services - Other: interim, continuing claim
344	Home Health Services - Other: interim, final claim

345	Home Health Services – Other: late charge(s) only claim
347	Home Health Services - Other: replacement of prior claim or corrected claim
348	Home Health Services (not under a Plan of Treatment): void/cancel of prior claim

Religious Non-Medical Health Care Institution - Hospital Inpatient

411	Religious Non-Medical Health Care Institutions - Hospital Inpatient: admit through discharge
412	Religious Non-Medical Health Care Institutions - Hospital Inpatient: interim, first claim
413	Religious Non-Medical Health Care Institutions - Hospital Inpatient: interim, continuing claim
414	Religious Non-Medical Health Care Institutions - Hospital Inpatient: interim, final claim
415	Religious Non-Medical Health Care Institutions - Hospital Inpatient: late charge(s) only claim
417	Religious Non-Medical Health Care Institutions - Hospital Inpatient: replacement of prior claim or corrected claim
418	Religious Non-Medical Health Care Institutions - Hospital Inpatient: void/cancel of prior claim

Religious Non-Medical Health Care Institutions - Outpatient Services

43X	Religious Non-Medical Health Care Institutions - Outpatient Services

Religious Non-Medical Health Care Institutions, Hospital Inpatient – Other

44X	Religious Non-Medical Health Care Institutions – Hospital Inpatient Services

Intermediate Care - Level I

65X	Religious Non-Medical Health Care Institutions - Outpatient Services

Intermediate Care - Level II

66X	Religious Non-Medical Health Care Institutions - Outpatient Services

Clinic Rural Health

711	Clinic Rural Health: admit through discharge
712	Clinic Rural Health: interim, first claim
713	Clinic Rural Health: interim, continuing claim
714	Clinic Rural Health: interim, final claim
715	Clinic Rural Health: late charge(s) only claim
717	Clinic Rural Health: replacement of prior claim

Hospital Based or Independent Renal Dialysis

721	Hospital Based or Independent Renal Dialysis: admit through discharge
722	Hospital Based or Independent Renal Dialysis: interim, first claim
723	Hospital Based or Independent Renal Dialysis: interim, continuing claim
724	Hospital Based or Independent Renal Dialysis: interim, final claim
725	Hospital Based or Independent Renal Dialysis: late charge(s) only claim
727	Hospital Based or Independent Renal Dialysis: replacement of prior claim
728	Hospital Based or Independent Renal Dialysis: void/cancel of prior claim

Free Standing Clinic

73X	Free Standing Clinic

Clinic Outpatient Rehabilitation Facility (ORF)

741	Clinic Outpatient Rehabilitation Facility (ORF): admit through discharge
742	Clinic Outpatient Rehabilitation Facility (ORF): interim, first claim
743	Clinic Outpatient Rehabilitation Facility (ORF): interim, continuing claim
744	Clinic Outpatient Rehabilitation Facility (ORF): interim, final claim
745	Clinic Outpatient Rehabilitation Facility (ORF): late charge(s) only
747	Clinic Outpatient Rehabilitation Facility (ORF): replacement of prior claim
748	Clinic Outpatient Rehabilitation Facility (ORF): void/cancel of prior claim

Clinic- Comprehensive Outpatient Rehabilitation Facility (CORF)

751	Clinic - Comprehensive Outpatient Rehabilitation Facility (CORF): admit through discharge
752	Clinic - Comprehensive Outpatient Rehabilitation Facility (CORF): interim, first claim
753	Clinic - Comprehensive Outpatient Rehabilitation Facility (CORF): interim, continuing claim
754	Clinic - Comprehensive Outpatient Rehabilitation Facility (CORF): interim, final claim
755	Clinic - Comprehensive Outpatient Rehabilitation Facility (CORF): late charge (s) only claim
757	Clinic - Comprehensive Outpatient Rehabilitation Facility (CORF): replacement of prior claim
758	Clinic - Comprehensive Outpatient Rehabilitation Facility (CORF): void/cancel of prior claim

Clinic – Community Mental Health Center

76X	Clinic- Community Mental Health Center

Clinic - Federally Qualified Health Center

77X	Clinic - Federally Qualified Health Center

Licensed Free Standing Emergency Medical Facility

78X	Licensed Free Standing Emergency Medical Facility

Clinic - other

79X	Clinic - other

Specialty Facility Hospice (Non-Hospital Based)

811	Specialty Facility Hospice (Non-Hospital Based): admit through discharge
812	Specialty Facility Hospice (Non-Hospital Based): interim, first claim

813	Specialty Facility Hospice (Non-Hospital Based): interim, continuing claim
814	Specialty Facility Hospice (Non-Hospital Based): interim, final claim
815	Specialty Facility Hospice (Non-Hospital Based): late charge (s) only claim
817	Specialty Facility Hospice (Non-Hospital Based): replacement of prior claim
818	Specialty Facility Hospice (Non-Hospital Based): void/cancel of prior claim

Specialty Facility Hospice (Hospital Based)

821	Specialty Facility Hospice (Hospital Based): admit through discharge
822	Specialty Facility Hospice (Hospital Based): interim, first claim
823	Specialty Facility Hospice (Hospital Based): interim, continuing claim
824	Specialty Facility Hospice (Hospital Based): interim, final claim
825	Specialty Facility Hospice (Hospital Based): late charge (s) only claim
827	Specialty Facility Hospice (Hospital Based): replacement of prior claim
828	Specialty Facility Hospice (Hospital Based): void/cancel of prior claim

Specialty Facility Ambulatory Surgery

831	Specialty Facility Ambulatory Surgery: admit through discharge
832	Specialty Facility Ambulatory Surgery: interim, first claim
833	Specialty Facility Ambulatory Surgery: interim, continuing claim
834	Specialty Facility Ambulatory Surgery: interim, final claim
835	Specialty Facility Ambulatory Surgery: late charge(s) only claim
837	Specialty Facility Ambulatory Surgery: replacement of prior claim
838	Specialty Facility Ambulatory Surgery: void/cancel of prior claim

Specialty Facility - Free Standing Birthing Center - reclassified to outpatient only

84X	Specialty Facility - Free Standing Birthing Center

Specialty Facility - Critical Access Hospital

851	Specialty Facility - Critical Access Hospital: admit through discharge
852	Specialty Facility - Critical Access Hospital: interim, first claim
853	Specialty Facility - Critical Access Hospital: interim, continuing claim
854	Specialty Facility - Critical Access Hospital: interim, final claim
855	Specialty Facility - Critical Access Hospital: late charge(s) only claim
857	Specialty Facility - Critical Access Hospital: replacement of prior claim or corrected
838	Specialty Facility - Critical Access Hospital: void/cancel of prior claim

Specialty Facility - Residential Facility

86X	Specialty Facility - Residential Facility

Specialty Facility - Other - reclassified to outpatient only

89X	Specialty Facility - Other

----------END----------

A-11 ICD-9 / ICD-10 Flag

0	Claim contains ICD-9-CM codes
1	Claim contains ICD-10-CM codes

A-12 Present on Admission Codes

3	Unknown
1	Exempt for POA reporting
E	Exempt for POA reporting
N	Diagnosis was not present at time of inpatient admission
U	Documentation insufficient to determine if condition was present at time of inpatient admission
W	Clinically undetermined
Y	Diagnosis was present at time of inpatient admission

A-13 Place of Service/Facility Type

11	Office
12	Home
21	Inpatient Hospital
22	Outpatient Hospital
23	Emergency Room - Hospital
24	Ambulatory Surgery Center
25	Birthing Center
26	Military Treatment Facility
31	Skilled Nursing Facility
32	Nursing Facility
33	Custodial Care Facility
34	Hospice
35	Boarding Home
41	Ambulance – Land
42	Ambulance - Air or Water
51	Inpatient Psychiatric Facility
52	Psychiatric Facility Partial Hospitalization
53	Community Mental Health Center
54	Intermediate Care Facility/Mentally
55	Residential Substance Abuse Treatment Facility
56	Psychiatric Residential Treatment Center
50	Federally Qualified Center
60	Mass Immunization Center

61	Comprehensive Inpatient Rehabilitation Facility
62	Comprehensive Outpatient Rehabilitation Facility
65	End Stage Renal Disease Treatment Facility
71	State or Local Public Health Clinic
72	Rural Health Clinic
81	Independent Laboratory
99	Other Unlisted Facility

A-14 APR DRG Risk of Mortality

0	Ungroupable
1	Minor
2	Moderate
3	Major
4	Extreme

A-15 APR DRG Severity of Illness

0	Ungroupable
1	Minor
2	Moderate
3	Major
4	Extreme

A-16 Major Diagnostic Category

0	Unassigned MDC
1	Diseases And Disorders Of The Nervous System
2	Diseases And Disorders Of The Eye
3	Ear, Nose, Mouth, Throat And Craniofacial Diseases And Disorders
4	Diseases And Disorders Of The Respiratory System
5	Diseases And Disorders Of The Circulatory System
6	Diseases And Disorders Of The Digestive System
7	Diseases And Disorders Of The Hepatobiliary System And Pancreas
8	Diseases And Disorders Of The Musculoskeletal System And Conn Tissue
9	Diseases And Disorders Of The Skin Subcutaneous Tissue And Breast
10	Endocrine Nutritional And Metabolic Diseases And Disorders
11	Diseases and Disorders of the Kidney And Urinary Tract
12	Diseases and Disorders of the Male Reproductive System
13	Diseases and Disorders of the Female Reproductive System
14	Pregnancy, Childbirth And Puerperium
15	Newborn And Other Neonates (Perinatal Period)
16	Diseases and Disorders of the Blood and Blood Forming Organs and Immunological

	Disorders
17	Myeloproliferative DDs (Poorly Differentiated Neoplasms)
18	Infectious and Parasitic DDs (Systemic or unspecified sites)
19	Mental Diseases and Disorders
20	Alcohol/Drug Use or Induced Mental Disorders
21	Injuries, Poison And Toxic Effect of Drugs
22	Burns
23	Factors Influencing Health Status and Other Contacts with Health Services
24	Multiple Significant Trauma
25	Human Immunodeficiency Virus Infection

A-17 EAPG Product Line

1	Anesthesia
2	Cardiac Catheter
3	Cardiology
4	Cardiovascular Surgery
5	Dental
6	Dermatology
7	Dx Radiology
8	Gastroenterology
9	General Medicine
10	General Surgery
11	Gynecology
12	Gynecology Surgery
13	Hematology
14	Incidental Services
16	IV Therapy
17	Laboratory
18	Medical Visit
19	Mental Health
20	Miscellaneous
21	Neurological Surgery
22	Neurology
23	Nuclear Medicine
24	Observation
25	Obstetrics
26	Oncology
27	Opthalmology
28	Ophthalmology Surgery
29	Orthopedic Surgery
30	Orthopedics
31	Otolaryngology

32	Pharmacy/Chemo
33	Preventive Care
34	Pulmonary
35	Therapy
36	Ungroupable
37	Urologic/Nephrologic Surgery
38	Urology/Nephrology
39	Direct Admit Observation
40	Partial Hospitalization

A-18 EAPG Summary Product Line

1	Anesthesia
2	Incidental
4	Laboratory
5	Medicine
7	MH & SA
8	Nuclear Medicine
9	Observation
10	Other
11	Pharmacy
12	Radiology
14	Surgery
15	Therapy
16	Unclassified

A-19 EAPG Category

1	Skin and integumentary system procedures
2	Breast procedures
3	Musculoskeletal system procedures
4	Respiratory procedures
5	Cardiovascular procedures
6	Hematologic, lymphatic, and endocrine procedures
7	Gastrointestinal system procedures
8	Genitourinary system procedures
9	Male Reproductive system procedures
10	Female Reproductive system procedures
11	Neurologic system procedures
12	Ophthalmologic system procedures
13	Otolaryngologic system procedures
14	Rehabilitation
15	Radiologic procedures

16	Mental illness and substance abuse therapies
17	Nuclear Medicine
18	Radiation Oncology
19	Dental procedures
20	Anesthesia
21	Pathology
22	Laboratory
23	Other ancillary tests and procedures
24	Chemotherapy and other drugs
25	Radiology
30	Incidental procedures and services
50	Observation
51	Major signs, symptoms and findings
52	Diseases and disorders of the nervous system
53	Diseases and disorders of the eye
54	Ear, nose, mouth, throat and craniofacial diseases and disorders
55	Diseases and disorders of the respiratory system
56	Diseases and disorders of the circulatory system
57	Diseases and disorders of the digestive system
58	Diseases and disorders of the hepatobiliary system and pancreas
59	Diseases and disorders of the musculoskeletal system and connective tissue
60	Diseases and disorders of the skin, subcutaneous tissue and breast
61	Endocrine, nutritional and metabolic diseases and disorders
62	Diabetes Mellitus
63	Diseases and disorders of the kidney and urinary tract
64	Diseases and disorders of the male reproductive system
65	Diseases and disorders of the female reproductive system
66	Pregnancy, childbirth and the puerperium
67	Neonates
68	Diseases and disorders of blood, blood forming organs and immunologic disorders
69	Lymphatic, hematopoietic, other malignancies, chemotherapy and radiotherapy
70	Infectious and parasitic diseases, systemic or unspecified sites
71	Mental diseases and disorders
72	Alcohol/drug use and alcohol/drug induced organic mental disorders
73	Poisonings, toxic effects, other injuries and other complications of treatment
74	Burns
75	Rehabilitation, aftercare, other factors influencing health status and other health services
76	Human immunodeficiency virus infections
77	Preventive Medicine Services
99	No APG assigned

A-20 EAPG Type

1	Per Diem
2	Significant Procedure
3	Medical Visit
4	Ancillary
5	Incidental
6	Drug
7	DME
8	Unassigned
21	Physical Therapy & Rehab
22	Mental Health & Counseling
23	Dental Procedure
24	Radiologic Procedure
25	Diagnostic Significant Procedures

A-21 Units Indicator

DA	Days
MJ	Minutes
UN	Unit

A-22 Refill Indicator

01	New Prescription
02	Refill

A-23 Generic Drug Indicator

01	No, branded drug
02	Yes, generic drug

A-24 Dispense as Written

0	Not dispensed as written
1	Physician dispense as written
2	Member dispense as written
3	Pharmacy dispense as written
4	No generic available
5	Brand dispensed as generic
6	Override
7	Substitution not allowed - brand drug mandated by law
8	Substitution allowed - generic drug not available in marketplace
9	Other

A-25 Compound Drug Indicator

N	Non-compound drug
Y	Compound drug
U	Non-specified drug compound

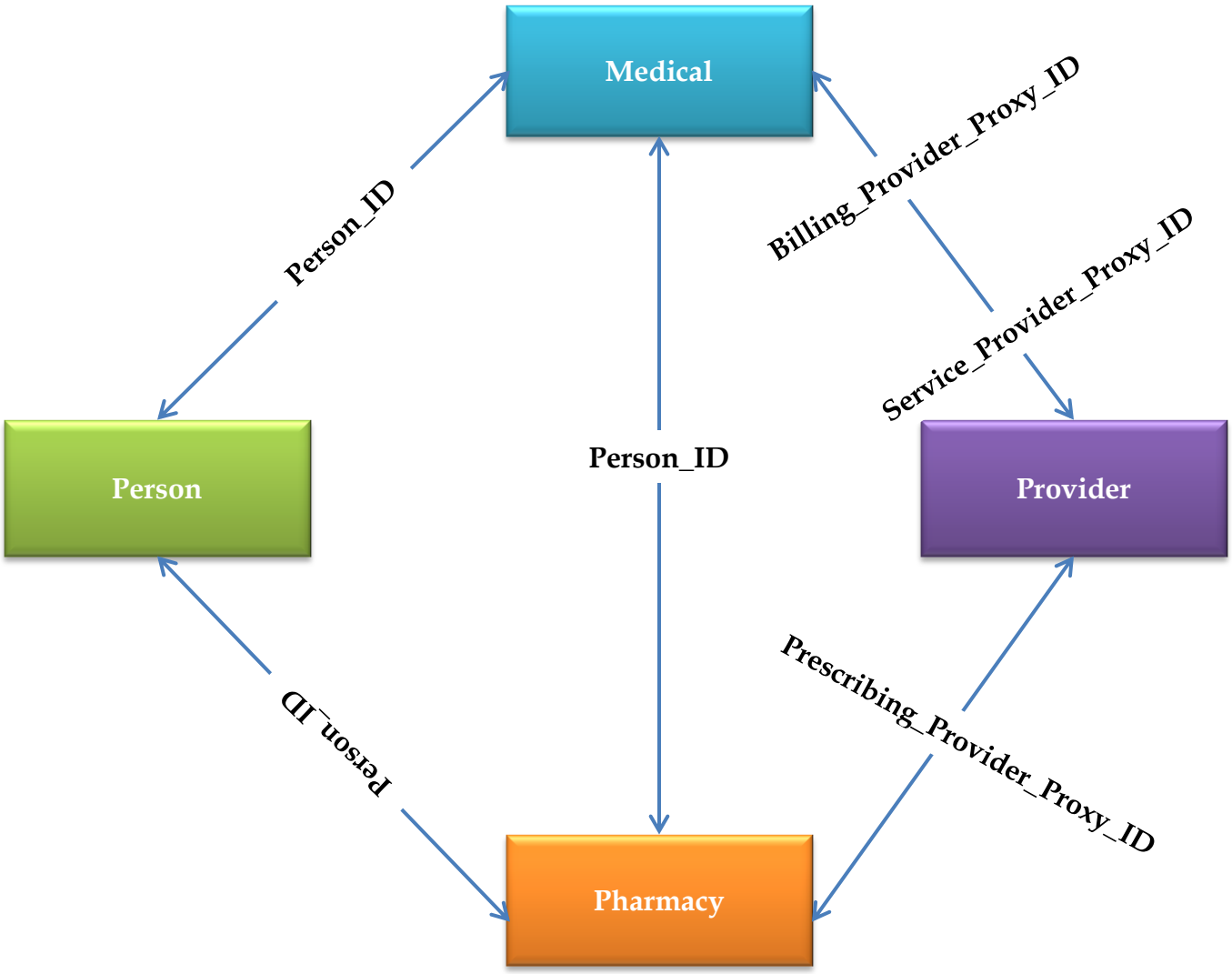
APPENDIX B: LINKING ACROSS FILES

Overview

The following elements can be used to link across the data files:

Linkage Element	Data File
Person_ID	Person, Medical, and Pharmacy
Billing_Provider_Proxy_ID **Service_Provider_Proxy_ID**	Medical and Provider
Prescribing_Physician_Provider_Proxy_ID	Pharmacy and Provider
Provider_Proxy_ID	Provider

- The **Person_ID** in both the Medical and Pharmacy files links to the **Person file**.
- **The XXX_Provider_Proxy_ID** in both the **Medical and Pharmacy files** links to the **Provider file**.
- **In the Pharmacy file, the Provider_Proxy_ID is labeled Prescribing_Physician_Provider_Proxy_ID.**



APPENDIX C: EXTERNAL CODE SOURCES

The External Source Codes is important for the collection and standardization of the APCD data. In the lookup tables featured in each file type's layout, the data element delineates whether an external source code or software was used to populate a lookup table.

1	Utah Small Area Information http://health.utah.gov/opha/IBIShelp/sarea/UtahSmallAreaInfo.pdf	Office of Public Health Assessment Center for Health Data and Informatics Utah Department of Health P.O. Box 142101 Salt Lake City, UT 84114-2101
2	Core Based Statistical Area http://www.census.gov/population/metro/	U.S. Census Bureau 4600 Silver Hill Road Washington, DC 20233
3	3M Health Information Systems (CRGs, APR-DRGs, EPAGs) http://www.canadapost.ca/cpo/mc/languageswitcher.jsf	575 West Murray Boulevard Salt Lake City, UT 84123 U.S.A. 800 367 2447 www.3Mhis.com
4	International Classification of Diseases 9th & 10th Revision, Clinical Modification, Procedures and External Injury Codes National Center for Health Statistics and Centers for Medicare and Medicaid Services https://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes.html	National Center for Health Statistics 3311 Toledo Rd Room 5419 Hyattsville, MD 20782-2064
5	Standard Facility Billing Elements National Uniform Billing Committee (NUBC) http://www.nubc.org/	National Uniform Billing Committee American Hospital Association 155 North Wacker Drive, Suite 400 Chicago, IL 60606 Phone: 312-422-3000 Fax: 312-422-4500
6	Health Care Common Procedural Coding System (HCPCS) and Modifiers www.cms.gov/medicare/hcpcs.htm	Centers for Medicare and Medicaid Services Center for Health Plans and Providers CCPP/DCPC C5-08-27 7500 Security Boulevard Baltimore, MD 21244-1850
7	Current Procedural Terminology (CPT) Codes http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes.html	American Medical Association 515 North State Street Chicago, IL 60610
8	Centers for Medicare and Medicaid Services DRGs	Centers for Medicare and Medicaid Services 7500 Security Boulevard Baltimore, MD 21244
9	National Drug Codes and Names U.S. Food and Drug Administration	U.S. Food and Drug Administration 10903 New Hampshire Avenue

	http://www.fda.gov/drugs/informationondrugs/ucm142438.htm	Silver Spring, MD 20993
10	Health Care Provider Taxonomy Codes http://www.wpc-edi.com/reference/ Definition List: http://www.nucc.org/index.php?option=com_content&view=article&id=107&Itemid=132	Washington Publishing Company (WPC) 2107 Elliott Ave, Suite 305 Seattle, WA 98121