

NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
**** STATE MEDICAID RESEARCH DRUG FILE	REC	198	1 198	<p>STATE MEDICAID RESEARCH FILES (SMRF) DRUG RECORD PROVIDES INFORMATION ON DRUGS FOR EACH RECIPIENT, OTHER THAN THOSE PROVIDED BY AN INPATIENT HOSPITAL, OR INCLUDED IN LONG TERM CARE PAYMENT RATES. THE FOLLOWING PROCESS IS USED TO CREATE THE SMRF DRUG FILE. CLAIMS IN THE MSIS "OTHER SERVICES" FILE ARE SEPARATED INTO TWO GROUPS. ONE GROUP CONSISTS OF CLAIMS WHICH HAVE A NATIONAL DRUG CODE (NDC) FOR A DRUG, OR A PROCEDURE CODE (EITHER HCPCS OR STATE SPECIFIC CODE) FOR EITHER A DRUG OR AN INJECTABLE. THESE CLAIMS CONSTITUTE THE SMRF PRESCRIPTION DRUG FILE. THE REMAINING CLAIMS, INCLUDING CLAIMS WITH AN NDC FOR DURABLE MEDICAL EQUIPMENT (DME) AND SUPPLIES CONSTITUTE THE SMRF OTHER SERVICES FILE. THESE RECORDS REPRESENT ALL MEDICAID-COVERED SERVICES FOR THE ELIGIBLE. HOWEVER, THEY MAY NOT INCLUDE ALL SERVICES OR COMPLETE INFORMATION ON MEDICAID COVERED SERVICES WHEN THE ELIGIBLE HAS OTHER HEALTH INSURANCE COVERAGE (E.G. MEDICARE AND/OR PRIVATE COVERAGE).</p> <p>THESE RECORDS REPRESENT ALL MEDICAID-COVERED PRESCRIPTION DRUG SERVICES FOR THE ELIGIBLE. HOWEVER, THEY MAY NOT INCLUDE ALL PRESCRIPTION DRUG SERVICES OR COMPLETE INFORMATION ON MEDICAID COVERED SERVICES WHEN THE ELIGIBLE HAS OTHER HEALTH INSURANCE COVERAGE (E.G. MEDICARE AND/OR PRIVATE COVERAGE).</p> <p>USERS SHOULD REFER TO THE "MSIS TECHNICAL SPECIFICATIONS AND DATA DICTIONARY" FOR A COMPLETE LIST OF MSIS DATA EDIT SPECIFICATIONS.</p>

STATE MEDICAID RESEARCH FILES DRUG RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
**** ELIGIBILITY GROUP		50	1	50	ELIGIBILITY INFORMATION ADDED TO UTILIZATION RECORDS, FROM MSIS ELIGIBILITY FILES (USING ELIGIBLE IDENTIFICATION NUMBER).
1. ELIGIBLE IDENTIFICATION NUMBER	CHAR	20	1	20	UNIQUE IDENTIFICATION NUMBER USED TO IDENTIFY A MEDICAID ELIGIBLE IN THE MEDICAID STATISTICAL INFORMATION SYSTEM (MSIS). SOURCE: MSIS ELIGIBILITY FILES
2. STATE ABBREVIATION CODE	CHAR	2	21	22	U. S. POSTAL SERVICE 2-CHARACTER ABBREVIATION FOR THE STATE MEDICAID AGENCY SUBMITTING THE DATA. CODES: AL = ALABAMA AK = ALASKA AZ = ARIZONA AR = ARKANSAS AS = AMERICAN SAMOA CA = CALIFORNIA CO = COLORADO CT = CONNECTICUT DE = DELAWARE DC = DIST OF COL FL = FLORIDA GA = GEORGIA GU = GUAM HI = HAWAII ID = IDAHO IL = ILLINOIS IN = INDIANA IA = IOWA KS = KANSAS KY = KENTUCKY LA = LOUISIANA ME = MAINE MD = MARYLAND MA = MASSACHUSETTS MI = MICHIGAN MN = MINNESOTA MS = MISSISSIPPI MO = MISSOURI MT = MONTANA

STATE MEDICAID RESEARCH FILES DRUG RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
				NE = NEBRASKA
				NV = NEVADA
				NH = NEW HAMPSHIRE
				NJ = NEW JERSEY
				NM = NEW MEXICO
				NY = NEW YORK
				NC = NORTH CAROLINA
				ND = NORTH DAKOTA
				OH = OHIO
				OK = OKLAHOMA
				OR = OREGON
				PA = PENNSYLVANIA
				PR = PUERTO RICO
				RI = RHODE ISLAND
				SC = SOUTH CAROLINA
				SD = SOUTH DAKOTA
				TN = TENNESSEE
				TX = TEXAS
				UT = UTAH
				VT = VERMONT
				VI = VIRGIN ISLANDS
				VA = VIRGINIA
				WA = WASHINGTON
				WV = WEST VIRGINIA
				WI = WISCONSIN
				WY = WYOMING

SOURCE: MSIS ELIGIBILITY FILES

STATE MEDICAID RESEARCH FILES DRUG RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	LENGTH	POSITIONS BEG END	CONTENTS
3. ELIGIBLE SOCIAL SECURITY NUMBER	CHAR	9	23 31	SOCIAL SECURITY NUMBER OF THE MEDICAID ELIGIBLE. USER NOTE: NOT AVAILABLE FOR WASHINGTON AND ONLY AVAILABLE ON CROSSOVER CLAIMS FOR IOWA. SOURCE: MSIS ELIGIBILITY FILES
4. ELIGIBLE BIRTH DATE	NUM	8	32 39	BIRTH DATE OF THE MEDICAID ELIGIBLE. 8 DIGITS EDIT-RULES: YYYYMMDD SOURCE: MSIS ELIGIBILITY FILES
5. ELIGIBLE SEX CODE	NUM	1	40 40	GENDER OF THE MEDICAID ELIGIBLE. 1 DIGIT CODES: 1 = FEMALE 2 = MALE 9 = UNKNOWN/ERROR SOURCE: MSIS ELIGIBILITY FILES

STATE MEDICAID RESEARCH FILES DRUG RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
6. ELIGIBLE RACE/ETHNICITY CODE	NUM	1	41	41	RACE/ETHNICITY OF THE MEDICAID ELIGIBLE. 1 DIGIT CODES: 1 = WHITE, NOT OF HISPANIC ORIGIN 2 = BLACK, NOT OF HISPANIC ORIGIN 3 = AMERICAN INDIAN OR ALASKAN NATIVE 4 = ASIAN OR PACIFIC ISLANDER 5 = HISPANIC 9 = UNKNOWN USER NOTE: THE METHODS OF COLLECTING INFORMATION ON RACE AND ETHNICITY DIFFER SUBSTANTIALLY ACROSS STATES AND TIME PERIODS. SOURCE: MSIS ELIGIBILITY FILES
7. STATE SPECIFIC ELIGIBILITY CODE	CHAR	4	42	45	STATE SPECIFIC ELIGIBILITY CODE CLASSIFICATION UNDER WHICH THE MEDICAID ELIGIBLE IS COVERED. USER NOTE: THESE SOURCE CODES ARE GENERALLY NOT APPLICABLE FOR MOST RESEARCH ACTIVITIES. THE DATA ELEMENT CHANGES OVER TIME, VARIES ACROSS STATES IN TERMS OF THE LEVEL AND TYPE OF ELIGIBILITY DESCRIBED, REQUIRE A DETAILED KNOWLEDGE OF MEDICAID ELIGIBILITY AND REQUIRE AN UNDERSTANDING OF THE IDIOSYNCRASIES OF INDIVIDUAL STATE ELIGIBILITY SYSTEMS. THESE CODES HAVE BEEN MAPPED INTO SMRF UNIFORM ELIGIBILITY CODES. THEREFORE, MOST USERS WILL WANT TO USE SMRF UNIFORM ELIGIBILITY CODES. USERS SHOULD ALSO NOTE THAT THIS ANNUAL CODE IS APPENDED TO EACH CLAIM FOR THE ELIGIBLE PERSON. THEREFORE, THIS CODE (IN THE CLAIMS RECORDS) MAY NOT MATCH THE ELIGIBILITY GROUP IN WHICH THE PERSON WAS ENROLLED IN THE MONTH THE SERVICE WAS DELIVERED. FOR THIS REASON SOME USERS MAY WANT TO USE MONTHLY ELIGIBILITY FROM THE SMRF PERSON SUMMARY FILE. SOURCE: SMRF PERSON SUMMARY FILE

STATE MEDICAID RESEARCH FILES DRUG RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
8. SMRF UNIFORM ELIGIBILITY CODE	NUM	2	46	47	STATE MEDICAID RESEARCH FILES (SMRF) UNIFORM ELIGIBILITY CODE FOR THE MEDICAID ELIGIBLE.
					2 DIGITS
					CODES:
					0 = NOT ELIGIBLE
					1 = AGED, CASH
					2 = BLIND/DISABLED, CASH
					3 = AFDC CHILD, CASH
					4 = AFDC-U CHILD, CASH
					5 = AFDC ADULT, CASH
					6 = AFDC-U ADULT, CASH
					7 = AGED, MN
					8 = BLIND/DISABLED, MN
					9 = AFDC CHILD, MN
					10 = AFDC ADULT, MN
					11 = RIBICOFF CHILD, MN
					12 = AGED, POVERTY
					13 = BLIND/DISABLED, POVERTY
					14 = CHILD, POVERTY
					15 = ADULT, POVERTY
					16 = OTHER AGED
					17 = OTHER BLIND/DISABLED
					18 = FOSTER CARE CHILD
					19 = OTHER CHILD
					20 = OTHER ADULT
					30 = RMA REFUGE/OTHER FEDERAL
					31 = STATE FUNDING ONLY
					99 = UNKNOWN ELIGIBILITY
					USER NOTE: THIS ANNUAL CODE IS APPENDED TO EACH CLAIM FOR THE ELIGIBLE PERSON. THEREFORE, THIS CODE (IN THE CLAIMS RECORDS) MAY NOT MATCH THE ELIGIBILITY GROUP IN WHICH THE PERSON WAS ENROLLED IN THE MONTH THE SERVICE WAS DELIVERED. FOR THIS REASON SOME USERS MAY WANT TO USE MONTHLY ELIGIBILITY FROM THE SMRF PERSON SUMMARY FILE.
					SOURCE: SMRF PERSON SUMMARY FILE

STATE MEDICAID RESEARCH FILES DRUG RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	LENGTH	POSITIONS BEG END	CONTENTS
9. MAINTENANCE ASSISTANCE STATUS (MAS) CODE	NUM	1	48 48	MAINTENANCE ASSISTANCE STATUS CLASSIFICATION OF AN ELIGIBLE. 1 DIGIT CODES: 0 = INDIVIDUAL WAS NOT ELIGIBLE FOR MEDICAID 1 = CATEGORICALLY NEEDY, RECEIVING FEDERAL CASH ASSISTANCE 2 = CATEGORICALLY NEEDY, NOT RECEIVING FEDERAL CASH ASSISTANCE 3 = MEDICALLY NEEDY 4 = OTHER COVERAGE GROUPS CREATED BY LEGISLATION EFFECTIVE PRIOR TO 1988 5 = COVERAGE GROUPS CREATED BY THE MCCA OF 1988 AND LATER LEGISLATION 9 = STATUS IS UNKNOWN <i>USER NOTE: THIS ANNUAL CODE IS APPENDED TO EACH CLAIM FOR THE ELIGIBLE PERSON. THEREFORE, THIS CODE (IN THE CLAIMS RECORDS) MAY NOT MATCH THE MAS GROUP IN WHICH THE PERSON WAS ENROLLED IN THE MONTH THE SERVICE WAS DELIVERED. FOR THIS REASON, SOME USERS MAY WANT TO USE MONTHLY MAS GROUP FROM THE SMRF PERSON SUMMARY FILE. BEGINNING WITH 1996 SMRF FILES, THIS DATA ELEMENT WILL NO LONGER BE USED. COMPARABLE INFORMATION WILL BE CAPTURED IN THE "SMRF UNIFORM ELIGIBILITY CODE".</i> SOURCE: SMRF PERSON SUMMARY FILE

STATE MEDICAID RESEARCH FILES DRUG RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	LENGTH	POSITIONS BEG END	CONTENTS
10. BASIS OF ELIGIBILITY (BOE) CODE	NUM	1	49 49	<p>BASIS OF ELIGIBILITY FOR THE ELIGIBLE OR RECIPIENT TO BE ENROLLED IN MEDICAID AND RECEIVE BENEFITS.</p> <p>1 DIGIT</p> <p>CODES: SEE SECTION 2700, APPENDIX C OF THE STATE MEDICAID MANUAL FOR EXPANDED DEFINITIONS OF VALUES BELOW:</p> <p>0 = INDIVIDUAL WAS NOT ELIGIBLE FOR MEDICAID AT ANY TIME DURING THE MONTH 1 = AGED INDIVIDUAL 2 = BLIND INDIVIDUAL 3 = DISABLED INDIVIDUAL 4 = CHILDREN 5 = CARETAKER RELATIVE AND PREGNANT WOMAN 6 = OTHER TITLE XIX ELIGIBLES 9 = ELIGIBILITY STATUS UNKNOWN</p> <p>USER NOTE: THIS ANNUAL CODE IS APPENDED TO EACH CLAIM FOR THE ELIGIBLE PERSON. THEREFORE, THIS CODE (IN THE CLAIMS RECORDS) MAY NOT MATCH THE BOE GROUP IN WHICH THE PERSON WAS ENROLLED IN THE MONTH THE SERVICE WAS DELIVERED. FOR THIS REASON, SOME USERS MAY WANT TO USE MONTHLY BOE GROUP FROM THE SMRF PERSON SUMMARY FILE. BEGINNING WITH 1996 SMRF FILES, THIS DATA ELEMENT WILL NO LONGER BE USED. COMPARABLE INFORMATION WILL BE CAPTURED IN THE "SMRF UNIFORM ELIGIBILITY CODE".</p> <p>SOURCE: SMRF PERSON SUMMARY FILE</p>

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NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
11. RECIPIENT MEDICARE CROSSOVER CODE	NUM	1	50	50	INDICATES THAT THE ELIGIBLE IS OR HAS BEEN COVERED BY MEDICARE 1 DIGIT CODES: 0 = NO CROSSOVER 1 = DUAL ELIGIBILITY FLAG HAS A VALUE OF 1 (MEANING THAT THE PERSON WAS COVERED BY MEDICARE AT SOME TIME DURING THE YEAR) 2 = MEDICARE DEDUCTIBLE OR COINSURANCE PAID BY MEDICAID ON AT LEAST ONE CLAIM IN THIS FILE TYPE (E.G. OTHER SERVICES) FOR THIS PERSON 3 = BOTH 1 AND 2 APPLY <i>USER NOTE: THE DUAL ELIGIBILITY FLAG, FROM THE SMRF PERSON SUMMARY FILE, IS AN ANNUAL OBSERVATION WHICH MAY NOT MATCH THE DUAL ELIGIBILITY FLAG FOR THE MONTH THE SERVICE WAS DELIVERED.</i> SOURCE: THE DUAL ELIGIBILITY FLAG IS OBTAINED FROM SMRF PERSON SUMMARY FILE AND DEDUCTIBLE OR COINSURANCE PAID AMOUNTS ARE OBTAINED FROM MSIS CLAIMS DATA.
**** CLAIMS GROUP		148	51	198	CLAIMS DATA ELEMENTS FROM MSIS CLAIMS FILE (APPLICABLE TO ALL FILE TYPES).
12. PLACE OF SERVICE CODE	NUM	1	51	51	CODE INDICATING THE PLACE WHERE THE SERVICE WAS PERFORMED. 1 DIGIT CODES: 1 = OFFICE 2 = PATIENT'S HOME 3 = INPATIENT HOSPITAL 4 = NURSING HOME 5 = OUTPATIENT HOSPITAL/ EMERGENCY ROOM/CLINIC 6 = OTHER 8 = NOT APPLICABLE 9 = UNKNOWN SOURCE: MSIS CLAIMS FILE

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NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
13. TYPE OF CLAIM CODE	NUM	1	52 52	CODE INDICATING THE TYPE OF CLAIM. 1 DIGIT CODES: 1 = A CURRENT CLAIM FOR MEDICAL SERVICES OR PREMIUM PAYMENT. 2 = UNAPPLIED ADJUSTMENT TO A PREVIOUSLY PAID OR ADJUSTED CLAIM, OR AN ADJUSTMENT TO A PREMIUM PAYMENT. 3 = DUMMY CLAIM THAT SIMULATES A BILL FOR A SERVICE RENDERED TO A PATIENT COVERED UNDER SOME FORM OF CAPITATION PLAN. 4 = A 'SERVICE TRACKING CLAIM' THAT DOCUMENTS SERVICES RECEIVED BY AN INDIVIDUAL PATIENT, WHEN THE STATE ACCEPTS A LUMP SUM BILL FROM A PROVIDER THAT COVERED SIMILAR SERVICES DELIVERED TO MORE THAN ONE PATIENT, SUCH AS GROUP SCREENING FOR EPSDT. 5 = AN ADJUSTED CLAIM 9 = UNKNOWN SOURCE: MSIS CLAIMS FILE. CODE VALUE = 5 WAS DERIVED.
14. TYPE OF COVERAGE CODE	NUM	1	53 53	CODE INDICATING WHETHER PAYMENTS WERE MADE UNDER FEE-FOR-SERVICE OR A PRE-PAYMENT SYSTEM. 1 DIGIT CODES: 1 = STANDARD MEDICAID FEE-FOR-SERVICE CLAIM OR ADJUSTMENT. 3 = SERVICE PROVIDED UNDER PRIVATE HEALTH INSURANCE PROGRAM OR PREMIUM PAYMENT. 4 = SERVICE PROVIDED UNDER QUALIFIED HMO OR PREMIUM PAYMENT. 5 = SERVICE PROVIDED UNDER PROVISIONAL HMO OR PREMIUM PAYMENT. 6 = SERVICE PROVIDED UNDER OTHER CAPITATION PLAN OR PREMIUM PAYMENT. 9 = UNKNOWN COVERAGE STATUS. SOURCE: MSIS CLAIMS FILE

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NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
15. MSIS TYPE OF SERVICE CODE	NUM	2	54	55	A CODE INDICATING THE MEDICAID STATISTICAL INFORMATION SYSTEM (MSIS) TYPE OF SERVICE. 2 DIGITS CODES (TYPES OF SERVICE THAT APPLY TO THIS FILE TYPE ARE IN BOLD): 01 INPATIENT HOSPITAL 02 MENTAL HOSPITAL SERVICES FOR THE AGED 03 SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED (OBSOLETE BEFORE 1996, BUT NOT REMOVED FROM MSIS SPECIFICATIONS UNTIL 10/98) 04 INPATIENT PSYCHIATRIC FACILITY FOR INDIVIDUALS UNDER THE AGE OF 21 05 INTERMEDIATE CARE FACILITY (ICF) FOR THE MENTALLY RETARDED 06 INTERMEDIATE CARE FACILITY (ICF) - ALL OTHER (OBSOLETE AFTER 1990) 07 NURSING FACILITY SERVICES (NFS) - ALL OTHER 08 PHYSICIANS 09 DENTAL 10 OTHER PRACTITIONERS 11 OUTPATIENT HOSPITAL 12 CLINIC 13 HOME HEALTH 14 FAMILY PLANNING (OBSOLETE BEGINNING 10/98) 15 LAB AND X-RAY 16 PRESCRIBED DRUGS 17 EPSDT (OBSOLETE BEGINNING 10/98) 18 RURAL HEALTH SERVICES (OBSOLETE BEGINNING 10/98) 19 OTHER SERVICES 20 PREMIUM PAYMENT (CHANGED TO "CAPITATED PAYMENTS TO HMO OR HIO PLAN" BEGINNING 10/97) 99 UNKNOWN

USER NOTE: THE ONLY TYPES OF SERVICE THAT APPEAR IN THIS FILE ARE:

TOS = 14 FAMILY PLANNING
16 PRESCRIBED DRUGS

THE VAST MAJORITY OF RECORDS IN THIS FILE ARE TOS =16 (PRESCRIBED DRUG).
THERE MAY BE DRUG RECORDS IN THE OTHER SERVICES FILE (THAT WERE NOT MOVED
TO THIS FILE) WHICH WERE PROVIDED BY PHYSICIANS OR NON-PHARMACY PROVIDERS.
THESE DRUGS WILL HAVE A TYPE OF SERVICE OTHER THAN TOS = 16. FOR TYPE OF
SERVICE = 17 (EPSDT), THERE IS SUBSTANTIAL VARIATION IN REPORTING ACROSS
STATES.

SOURCE: MSIS CLAIMS FILE

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STATE MEDICAID RESEARCH FILES DRUG RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
16. PROCEDURE (SERVICE) CODING SYSTEM CODE	NUM	2	56	57	CODE SPECIFYING THE PROCEDURE CODING SYSTEM USED FOR THE PRINCIPAL AND SECONDARY PROCEDURES. 2 DIGITS CODES: 01 = CPT-4 02 = ICD-9-CM 03 = CRVS 74 04 = CRVS 69 05 = CRVS 64 06 = HCPCS 07 = ICD-10 10-87 = OTHER SYSTEMS 88 = NOT APPLICABLE 99 = UNKNOWN <i>USER NOTE: THIS DATA ELEMENT SHOULD BE USED WITH DATA ELEMENTS #24 AND #27. USERS SHOULD MAKE SURE THE CODE VALUE IN THIS DATA ELEMENT ACCURATELY REFLECTS THE CODING SCHEME IN USE.</i> SOURCE: MSIS CLAIMS FILE
17. SERVICE BEGINNING DATE	NUM	6	58	63	THE FIRST DATE OF SERVICE COVERED BY THIS CLAIM. 6 DIGITS EDIT-RULES: YYMMDD <i>USER NOTE: THIS DATA ELEMENT WAS CHANGED FROM 6 TO 8 DIGITS BEGINNING IN 1996.</i> SOURCE: MSIS CLAIMS FILE

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STATE MEDICAID RESEARCH FILES DRUG RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	LENGTH	BEG	END	CONTENTS
18. CHARGE AMOUNT	BIN	4	64	67	<p>TOTAL AMOUNT OF CHARGES SUBMITTED BY THE PROVIDER FOR THIS SERVICE.</p> <p>8 DIGITS SIGNED</p> <p>USER NOTE: BEGINNING IN 1996, THIS DATA ELEMENT WAS STORED AS 8 DIGITS IN "DISPLAY SIGNED NUMERIC" FORMAT. PRIOR TO 10/98, INSTRUCTIONS TO STATES WERE NOT PRECISE ON HOW THIS DATA ELEMENT WAS TO BE REPORTED FOR ENCOUNTER RECORDS. FOR MOST STATES, THERE SHOULD NOT BE LARGE NUMBERS OF ENCOUNTER RECORDS IN 1995 AND EARLIER YEARS.</p> <p>SOURCE: MSIS CLAIMS FILE</p>
19. THIRD PARTY PAYMENT AMOUNT	NUM	6	68	73	<p>TOTAL AMOUNT OF MONEY PAID BY A THIRD PARTY (I.E., ALL SOURCES OTHER THAN MEDICAID, MEDICARE, AND THE ELIGIBLE'S PERSONAL FUNDS) FOR THIS SERVICE.</p> <p>6 DIGITS SIGNED</p> <p>USER NOTE: BEGINNING IN 1996, THIS DATA ELEMENT WAS STORED AS 8 DIGITS IN "DISPLAY SIGNED NUMERIC" FORMAT.</p> <p>THERE MAY BE SUBSTANTIAL VARIATION IN THE REPORTING OF THIRD PARTY LIABILITY (TPL) AMOUNTS ACROSS STATES. THIS IS BECAUSE STATES USE DIFFERENT METHODS OF COLLECTING TPL PAYMENTS. SOME STATES MAY REQUIRE PROVIDERS TO THOROUGHLY PURSUE COLLECTION OF TPL PAYMENTS BEFORE CLAIMS ARE ADJUDICATED FOR MEDICAID PAYMENT. OTHER STATES MAY DESIRE TO PAY PROVIDERS PROMPTLY AND THEN RECOVER TPL PAYMENTS FROM OTHER PAYERS. FOR THESE REASONS, THE EXTENT TO WHICH TPL COLLECTIONS ARE ACCURATELY REPORTED IN MSIS IS UNKNOWN.</p> <p>SOURCE: MSIS CLAIMS FILE</p>
20. MEDICAID PAYMENT AMOUNT	BIN	4	74	77	<p>TOTAL AMOUNT OF MONEY PAID BY MEDICAID FOR THIS SERVICE.</p> <p>8 DIGITS SIGNED</p> <p>USER NOTE: BEGINNING IN 1996, THIS DATA ELEMENT WAS STORED AS 8 DIGITS IN "DISPLAY SIGNED NUMERIC" FORMAT.</p> <p>SOURCE: MSIS CLAIMS FILE</p>

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STATE MEDICAID RESEARCH FILES DRUG RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
21. PROVIDER IDENTIFICATION NUMBER	NUM	12	78	89	STATE ASSIGNED UNIQUE IDENTIFICATION NUMBER FOR THE PROVIDER. 12 DIGITS <i>USER NOTE: THIS PROVIDER IS USUALLY THE BILLING PROVIDER.</i> SOURCE: MSIS CLAIMS FILE
**** DRUG GROUP		109	90	198	DATA ELEMENTS FROM MSIS CLAIMS FILE THAT ARE SPECIFIC TO DRUG CLAIMS
22. NATIONAL DRUG CODE (NDC) SWITCH	NUM	1	90	90	CODE INDICATING IF THE DRUG CODE DATA FIELD CONTAINS A VALID NATIONAL DRUG CODE (NDC). 1 DIGIT CODES: 0 = DRUG CODE IS NOT A NDC 1 = DRUG CODE IS A NDC SOURCE: MSIS CLAIMS FILE
23. DRUG CODE	CHAR	12	91	102	NATIONAL DRUG CODE EDIT RULES: SHOULD BE 8-FILLED IF A PROCEDURE (SERVICE) CODE (DATA ELEMENT #24) IS PRESENT. <i>USER NOTE: THE 11-CHARACTER NDC CODE SHOULD BE LEFT JUSTIFIED AND BLANK- FILLED TO THE RIGHT. HOWEVER, USERS SHOULD CHECK THE 12-CHARACTER DATA ELEMENT FOR EACH STATE SINCE THERE ARE INSTANCES WHERE IT MAY BE RIGHT -JUSTIFIED OR CONTAIN AN IMBEDDED "0". CLAIMS WITH NDCs FOR DME AND SUPPLIES, WHICH WERE IDENTIFIED USING SELECTED HIERARCHICAL INGREDIENT CODE LIST (HICL) CODES (MAPPED FROM NDCs), CAN BE FOUND IN THE SMRF OTHER SERVICES FILE.</i> SOURCE: MSIS CLAIMS FILE

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NAME	TYPE	LENGTH	POSITIONS BEG END		CONTENTS
24. PROCEDURE (SERVICE) CODE	CHAR	6	103	108	<p>PROCEDURE (SERVICE) PROVIDED. SEE DATA ELEMENT #16 PROCEDURE CODING SYSTEM CODE.</p> <p><i>USER NOTE: THE ONLY CLAIMS IN THIS FILE WHICH CONTAIN PROCEDURE CODES ARE CLAIMS FOR EITHER A DRUG OR AN INJECTABLE (IDENTIFIED BY EITHER A HCPCS OR A STATE SPECIFIC CODE).</i></p> <p>EDIT RULES: SHOULD BE 8-FILLED IF A DRUG CODE (DATA ELEMENT #23) IS PRESENT.</p> <p>SOURCE: MSIS CLAIMS FILE</p>
25. HIERARCHICAL INGREDIENT CODE LIST (HICL) THERAPEUTIC CATEGORY	CHAR	7	109	115	<p>THE FIRST SEVEN CHARACTERS OF THE HIERARCHICAL INGREDIENT CODE LIST (HICL), CLASSIFYING THIS DRUG ACCORDING TO ITS THERAPEUTIC VALUE.</p> <p>EDIT-RULES: ANY COPIES OF THIS FILE GOING OUTSIDE HCFA SHOULD BE BLANK.</p> <p>SOURCE: PROPRIETARY DATA OF FIRST DATA BANK CORPORATION.</p>
26. PAYMENT DATE	NUM	6	116	121	<p>DATE ON WHICH THE PAYMENT WAS ADJUDICATED BY THE STATE.</p> <p>6 DIGITS</p> <p>EDIT-RULES: YYMMDD</p> <p><i>USER NOTE: THIS DATA ELEMENT WAS CHANGED FROM 6 TO 8 DIGITS BEGINNING IN 1996.</i></p> <p>SOURCE: MSIS CLAIMS FILE</p>
27. TAPE-TO-TAPE PROVIDER TYPE CODE	NUM	3	122	124	<p>3 DIGITS</p> <p>SOURCE: FROM TAPE-TO-TAPE DATA FOR MI, CA, GA, AND TN. THIS DATA ELEMENT WILL BE BLANK FOR OTHER STATES.</p>
28. TAPE-TO-TAPE PAYMENT AMOUNT CODE	CHAR	1	125	125	<p>SOURCE: FROM TAPE-TO-TAPE DATA FOR MI, CA, GA, AND TN. THIS DATA ELEMENT WILL BE BLANK FOR OTHER STATES.</p>

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STATE MEDICAID RESEARCH FILES DRUG RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	LENGTH	POSITIONS BEG END		CONTENTS
29. TAPE-TO-TAPE TYPE OF SERVICE CODE	NUM	2	126	127	2 DIGITS SOURCE: FROM TAPE-TO-TAPE DATA FOR MI, CA, GA, AND TN. THIS DATA ELEMENT WILL BE BLANK FOR OTHER STATES.
30. TAPE-TO-TAPE LOCAL USE TEXT	CHAR	10	128	137	 SOURCE: FROM TAPE-TO-TAPE DATA FOR MI, CA, GA, AND TN. THIS DATA ELEMENT WILL BE BLANK FOR OTHER STATES.
31. TAPE-TO-TAPE QUANTITY	NUM	6	138	143	6 DIGITS SOURCE: FROM TAPE-TO-TAPE DATA FOR MI, CA, GA, AND TN. THIS DATA ELEMENT WILL BE BLANK FOR OTHER STATES.
32. TAPE-TO-TAPE SERVICE PROVIDER NUMBER	NUM	11	144	154	11 DIGITS SOURCE: FROM TAPE-TO-TAPE DATA FOR MI, CA, GA, AND TN. THIS DATA ELEMENT WILL BE BLANK FOR OTHER STATES.
33. FILLER	CHAR	20	155	174	
**** SMRF DRUG ERROR FLAG GROUP	GROUP	24	175	198	SMRF DRUG ERROR FLAGS PERTAINING TO THE INDIVIDUAL FOR THE CALENDAR YEAR.
34. ELIGIBLE IDENTIFICATION NUMBER ERROR CODE	BIN	2	175	176	A CODE INDICATING IF THERE IS AN ERROR IN THE MEDICAID STATISTICAL INFORMATION SYSTEM (MSIS) IDENTIFICATION NUMBER DATA FIELD 4 DIGITS SIGNED
35. PLACE OF SERVICE ERROR CODE	BIN	2	177	178	CODE INDICATING IF THERE IS AN ERROR IN THE MEDICAID PLACE OF SERVICE DATA FIELD. 4 DIGITS SIGNED
36. TYPE OF CLAIM ERROR CODE	BIN	2	179	180	A CODE INDICATING IF THERE IS AN ERROR IN THE MEDICAID TYPE OF CLAIM DATA FIELD. 4 DIGITS SIGNED

STATE MEDICAID RESEARCH FILES DRUG RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	POSITIONS			CONTENTS
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37. TYPE OF COVERAGE ERROR CODE	BIN	2	181	182	CODE INDICATING IF THERE IS AN ERROR IN THE MEDICAID TYPE OF COVERAGE DATA FIELD. 4 DIGITS SIGNED
38. ELIGIBLE SERVICE INDICATOR ERROR CODE	BIN	2	183	184	A CODE INDICATING IF THERE IS AN ERROR IN THE MEDICAL CODING SYSTEM TYPE CODE DATA FIELD. 4 DIGITS SIGNED
39. SERVICE BEGINNING DATE ERROR CODE	BIN	2	185	186	A CODE INDICATING IF THERE IS AN ERROR IN THE SERVICE BEGINNING DATE DATA FIELD. 4 DIGITS SIGNED
40. CHARGE AMOUNT ERROR CODE	BIN	2	187	188	A CODE INDICATING IF THERE IS AN ERROR IN THE CHARGE AMOUNT DATA FIELD. 4 DIGITS SIGNED
41. THIRD PARTY PAYMENT AMOUNT ERROR CODE	BIN	2	189	190	CODE INDICATING IF THERE IS AN ERROR IN THE THIRD PARTY PAYMENT AMOUNT DATA FIELD. 4 DIGITS SIGNED
42. MEDICAID PAYMENT AMOUNT ERROR CODE	BIN	2	191	192	CODE INDICATING IF THERE IS AN ERROR IN THE MEDICAID PAYMENT AMOUNT DATA FIELD. 4 DIGITS SIGNED
43. PROVIDER IDENTIFICATION NUMBER ERROR CODE	BIN	2	193	194	A CODE INDICATING IF THERE IS AN ERROR IN THE PROVIDER IDENTIFICATION NUMBER DATA FIELD. 4 DIGITS SIGNED
44. DRUG ERROR CODE	BIN	2	195	196	CODE INDICATING IF THERE IS AN ERROR IN THE CLAIM DRUG CODE DATA FIELD. 4 DIGITS SIGNED

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NAME	TYPE	LENGTH	POSITIONS		CONTENTS
-----	---	-----	BEG	END	-----
45. SERVICE MODIFIER ERROR CODE	BIN	2	197	198	A CODE INDICATING IF THERE IS AN ERROR IN THE SERVICE MODIFIER DATA FIELD.
					4 DIGITS SIGNED