

**Medicaid Analytic eXtract Files (MAX) - 1999 and later  
Inpatient Hospital Record (IP)**

8/6/2007 10:00 AM

<b>Data Element</b>	<b>Description</b>	<b>#Char</b>	<b>Type</b>	<b>Position</b>
	<b>**** MAX Inpatient Hospital Record (IP)</b>	<b>753</b>		<b>1-753</b>
	<b>*** Eligibility Region</b>	<b>73</b>		<b>1-73</b>
	<b>** Medicaid Eligibility Group</b>	<b>69</b>		<b>1-69</b>
1	MSIS identification number	20	Char	1-20
2	State	2	Char	21-22
3	Social Security Number (SSN)	9	Char	23-31
4	Medicare HIC number	12	Char	32-43
5	Birth date	8	Num	44-51
6	Sex	1	Char	52-52
7	Race/ethnicity	1	Char	53-53
8	State specific eligibility group - most recent	6	Char	54-59
9	State specific eligibility gp - month of service	6	Char	60-65
10	MAX eligibility group - most recent	2	Char	66-67
11	MAX eligibility group - month of service	2	Char	68-69
	<b>** Crossover (Medicare) Eligibility Group</b>	<b>4</b>		<b>70-73</b>
12	Crossover code (annual/old values)	1	Num	70-70
13	Crossover code (from claims only)	1	Num	71-71
14	Crossover code (annual/new in FFY 1999)	2	Num	72-73
	<b>*** Utilization and Payment Summary Region</b>	<b>680</b>		<b>74-753</b>
	<b>** Service Group</b>	<b>17</b>		<b>74-90</b>
15	MSIS Type of Service (TOS)	2	Num	74-75
16	MSIS Type of Program (TOP)	1	Num	76-76
17	MAX Type of Service (TOS)	2	Num	77-78
18	Billing provider identification number	12	Char	79-90
	<b>** Claims and Payment Group</b>	<b>72</b>		<b>91-162</b>
19	Type of claim	1	Num	91-91
20	Adjustment code	1	Num	92-92
21	Managed care type of plan code	2	Num	93-94
22	Managed care plan identification code	12	Char	95-106
23	Medicaid payment amount	8	Num*	107-114
24	Third party payment amount	8	Num*	115-122
25	Payment/adjudication date	8	Num	123-130
26	Charge amount	8	Num*	131-138
27	Prepaid plan value	8	Num*	139-146
28	Medicare coinsurance payment amount	8	Num*	147-154
29	Medicare deductible payment amount	8	Num*	155-162
	<b>** Inpatient Hospital Group</b>	<b>591</b>		<b>163-753</b>
30	Admission date	8	Num	163-170
31	Beginning date of service	8	Num	171-178
32	Ending date of service	8	Num	179-186
33	Principal diagnosis code	6	Char	187-192
	<b>* Additional diagnoses codes</b>	<b>48</b>		<b>193-240</b>
	<b>8 repeating segments, diagnoses 2-9:</b>			
34	Diagnosis code (2nd diagnosis)	6	Char	193-198
35	Principle procedure date	8	Num	241-248

**Medicaid Analytic eXtract Files (MAX) - 1999 and later  
Inpatient Hospital Record (IP)**

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<b>Data Element</b>	<b>Description</b>	<b>#Char</b>	<b>Type</b>	<b>Position</b>
36	Procedure code system - principal	2	Char	249-250
37	Principle procedure code	7	Char	251-257
<b>* Additional procedure codes</b>		<b>45</b>		<b>258-302</b>
<b>5 repeating segments, procedures 2-6:</b>				
38	Procedure code system (2nd procedure)	2	Char	258-259
39	Procedure code (2nd procedure)	7	Char	260-266
40	Delivery code	1	Num	303-303
41	Medicaid covered inpatient days	3	Num*	304-306
42	Patient status	2	Num	307-308
43	Diagnosis Related Group (DRG) indicator	4	Char	309-312
44	Diagnosis Related Group (DRG)	4	Num	313-316
<b>* UB-92 Revenue code group</b>		<b>437</b>		<b>317-753</b>
<b>23 repeating segments</b>				
45	UB-92 revenue code (1st segment)	4	Num	317-320
46	UB-92 revenue code charge (1st segment)	8	Num*	321-328
47	UB-92 revenue code units (1st segment)	7	Num	329-335

Data elements with type Num\* are in zoned decimal (ZD) format for SAS users.

**Medicaid Analytic eXtract Files (MAX) - 1999 and later  
Prescription Drug Record (RX)**

8/6/2007 10:00 AM

<b>Data Element</b>	<b>Description</b>	<b>#Char</b>	<b>Type</b>	<b>Position</b>
	<b>**** MAX Prescription Drug Record (RX)</b>	<b>319</b>		<b>1-319</b>
	<b>*** Eligibility Region</b>	<b>73</b>		<b>1-73</b>
	<b>** Medicaid Eligibility Group</b>	<b>69</b>		<b>1-69</b>
1	MSIS identification number	20	Char	1-20
2	State	2	Char	21-22
3	Social Security Number (SSN)	9	Char	23-31
4	Medicare HIC number	12	Char	32-43
5	Birth date	8	Num	44-51
6	Sex	1	Char	52-52
7	Race/ethnicity	1	Char	53-53
8	State specific eligibility group - most recent	6	Char	54-59
9	State specific eligibility gp - month of service	6	Char	60-65
10	MAX eligibility group - most recent	2	Char	66-67
11	MAX eligibility group - month of service	2	Char	68-69
	<b>** Crossover (Medicare) Eligibility Group</b>	<b>4</b>		<b>70-73</b>
12	Crossover code (annual/old values)	1	Num	70-70
13	Crossover code (from claims only)	1	Num	71-71
14	Crossover code (annual/new in FFY 1999)	2	Num	72-73
	<b>*** Utilization and Payment Summary Region</b>	<b>246</b>		<b>74-319</b>
	<b>** Service Group</b>	<b>17</b>		<b>74-90</b>
15	MSIS Type of Service (TOS)	2	Num	74-75
16	MSIS Type of Program (TOP)	1	Num	76-76
17	MAX Type of Service (TOS)	2	Num	77-78
18	Billing provider identification number	12	Char	79-90
	<b>** Claims and Payment Group</b>	<b>72</b>		<b>91-162</b>
19	Type of claim	1	Num	91-91
20	Adjustment code	1	Num	92-92
21	Managed care type of plan code	2	Num	93-94
22	Managed care plan identification code	12	Char	95-106
23	Medicaid payment amount	8	Num*	107-114
24	Third party payment amount	8	Num*	115-122
25	Payment/adjudication date	8	Num	123-130
26	Charge amount	8	Num*	131-138
27	Prepaid plan value	8	Num*	139-146
28	Medicare coinsurance payment amount	8	Num*	147-154
29	Medicare deductible payment amount	8	Num*	155-162
	<b>** Prescription Drug Group</b>	<b>157</b>		<b>163-319</b>
30	Prescribing physician identification number	12	Char	163-174
31	Prescribed date	8	Num	175-182
32	Prescription fill date	8	Num	183-190
33	New or refill indicator	2	Num	191-192
34	National Drug Code (NDC)	12	Char	193-204
35	Quantity of service	5	Num	205-209
36	Days supply	3	Num	210-212

**Medicaid Analytic eXtract Files (MAX) - 1999 and later  
Prescription Drug Record (RX)**

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<b>Data Element</b>	<b>Description</b>	<b>#Char</b>	<b>Type</b>	<b>Position</b>
	<b>* First Data Bank Group (<i>Proprietary</i>)</b>	<b>107</b>		<b>213-319</b>
	<b><i>Access is restricted to license holders</i></b>			
37	NDC Format	1	Char	213-213
38	Drug Class	1	Char	214-214
39	Multi Source Code	1	Char	215-215
40	HICL	54	Char	216-269
41	Therapeutic Class - Specific	3	Char	270-272
42	Therapeutic Class - Generic	2	Char	273-274
43	American Hospital Formulary code	6	Char	275-280
44	Smart Key	24	Char	281-304
45	Medispan code	14	Char	305-318
46	Over-the-counter indicator	1	Char	319-319

Data elements with type Num\* are in zoned decimal (ZD) format for SAS users.

**Medicaid Analytic eXtract Files (MAX) - 1999 and later  
Other Services Record (OT)**

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<b>Data Element</b>	<b>Description</b>	<b>#Char</b>	<b>Type</b>	<b>Position</b>
	<b>**** MAX Other Services Record (OT)</b>	<b>228</b>		<b>1-228</b>
	<b>*** Eligibility Region</b>	<b>73</b>		<b>1-73</b>
	<b>** Medicaid Eligibility Group</b>	<b>69</b>		<b>1-69</b>
1	MSIS identification number	20	Char	1-20
2	State	2	Char	21-22
3	Social Security Number (SSN)	9	Char	23-31
4	Medicare HIC number	12	Char	32-43
5	Birth date	8	Num	44-51
6	Sex	1	Char	52-52
7	Race/ethnicity	1	Char	53-53
8	State specific eligibility group - most recent	6	Char	54-59
9	State specific eligibility gp - month of service	6	Char	60-65
10	MAX eligibility group - most recent	2	Char	66-67
11	MAX eligibility group - month of service	2	Char	68-69
	<b>** Crossover (Medicare) Eligibility Group</b>	<b>4</b>		<b>70-73</b>
12	Crossover code (annual/old values)	1	Num	70-70
13	Crossover code (from claims only)	1	Num	71-71
14	Crossover code (annual/new in FFY 1999)	2	Num	72-73
	<b>*** Utilization and Payment Summary Region</b>	<b>155</b>		<b>74-228</b>
	<b>** Service Group</b>	<b>17</b>		<b>74-90</b>
15	MSIS Type of Service (TOS)	2	Num	74-75
16	MSIS Type of Program (TOP)	1	Num	76-76
17	MAX Type of Service (TOS)	2	Num	77-78
18	Billing provider identification number	12	Char	79-90
	<b>** Claims and Payment Group</b>	<b>72</b>		<b>91-162</b>
19	Type of claim	1	Num	91-91
20	Adjustment code	1	Num	92-92
21	Managed care type of plan code	2	Num	93-94
22	Managed care plan identification code	12	Char	95-106
23	Medicaid payment amount	8	Num*	107-114
24	Third party payment amount	8	Num*	115-122
25	Payment/adjudication date	8	Num	123-130
26	Charge amount	8	Num*	131-138
27	Prepaid plan value	8	Num*	139-146
28	Medicare coinsurance payment amount	8	Num*	147-154
29	Medicare deductible payment amount	8	Num*	155-162
	<b>** Other Services Group</b>	<b>66</b>		<b>163-228</b>
30	Beginning date of service	8	Num	163-170
31	Ending date of service	8	Num	171-178
32	Procedure (service) coding system	2	Char	179-180
33	Procedure (service) code	7	Char	181-187
34	Procedure (service) code modifier	2	Char	188-189

**Medicaid Analytic eXtract Files (MAX) - 1999 and later  
Other Services Record (OT)**

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<b>Data Element</b>	<b>Description</b>	<b>#Char</b>	<b>Type</b>	<b>Position</b>
35	Diagnosis code 1	6	Char	190-195
36	Diagnosis code 2	6	Char	196-201
37	Quantity of service	5	Num	202-206
38	Servicing provider identification number	12	Char	207-218
39	Servicing provider specialty code	4	Char	219-222
40	Place of service	2	Num	223-224
41	UB-92 revenue code	4	Num	225-228

Data elements with type Num\* are in zoned decimal (ZD) format for SAS users.

**Medicaid Analytic eXtract Files (MAX) - 1999 and later  
Long Term Care Record (LT)**

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<b>Data Element</b>	<b>Description</b>	<b>#Char</b>	<b>Type</b>	<b>Position</b>
	<b>**** MAX Long Term Care Record (LT)</b>	<b>241</b>		<b>1-241</b>
	<b>*** Eligibility Region</b>	<b>73</b>		<b>1-73</b>
	<b>** Medicaid Eligibility Group</b>	<b>69</b>		<b>1-69</b>
1	MSIS identification number	20	Char	1-20
2	State	2	Char	21-22
3	Social Security Number (SSN)	9	Char	23-31
4	Medicare HIC number	12	Char	32-43
5	Birth date	8	Num	44-51
6	Sex	1	Char	52-52
7	Race/ethnicity	1	Char	53-53
8	State specific eligibility group - most recent	6	Char	54-59
9	State specific eligibility gp - month of service	6	Char	60-65
10	MAX eligibility group - most recent	2	Char	66-67
11	MAX eligibility group - month of service	2	Char	68-69
	<b>** Crossover (Medicare) Eligibility Group</b>	<b>4</b>		<b>70-73</b>
12	Crossover code (annual/old values)	1	Num	70-70
13	Crossover code (from claims only)	1	Num	71-71
14	Crossover code (annual/new in FFY 1999)	2	Num	72-73
	<b>*** Utilization and Payment Summary Region</b>	<b>168</b>		<b>74-241</b>
	<b>** Service Group</b>	<b>17</b>		<b>74-90</b>
15	MSIS Type of Service (TOS)	2	Num	74-75
16	MSIS Type of Program (TOP)	1	Num	76-76
17	MAX Type of Service (TOS)	2	Num	77-78
18	Billing provider identification number	12	Char	79-90
	<b>** Claims and Payment Group</b>	<b>72</b>		<b>91-162</b>
19	Type of claim	1	Num	91-91
20	Adjustment code	1	Num	92-92
21	Managed care type of plan code	2	Num	93-94
22	Managed care plan identification code	12	Char	95-106
23	Medicaid payment amount	8	Num*	107-114
24	Third party payment amount	8	Num*	115-122
25	Payment/adjudication date	8	Num	123-130
26	Charge amount	8	Num*	131-138
27	Prepaid plan value	8	Num*	139-146
28	Medicare coinsurance payment amount	8	Num*	147-154
29	Medicare deductible payment amount	8	Num*	155-162
	<b>** Long Term Care Group</b>	<b>79</b>		<b>163-241</b>
30	Long term care admission date	8	Num	163-170
31	Beginning date of service	8	Num	171-178
32	Ending date of service	8	Num	179-186

Medicaid Analytic eXtract Files (MAX) - 1999 and later  
Long Term Care Record (LT)

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Data Element	Description	#Char	Type	Position
	<b>* <i>Diagnosis code group</i></b>	<b>30</b>		<b>187-216</b>
	<b>5 repeating segments, diagnoses 1-5</b>			
33	Diagnosis code (1st diagnosis)	6	Char	187-192
34	Mental hospital for the aged days	3	Num*	217-219
35	Inpatient Psychiatric (age < 21) days	3	Num*	220-222
36	ICF-MR days	3	Num*	223-225
37	Nursing facility days	3	Num*	226-228
38	Leave days	3	Num*	229-231
39	Patient status (including discharge status)	2	Num	232-233
40	Patient liability amount	8	Num*	234-241

Data elements with type Num\* are in zoned decimal (ZD) format for SAS users.



**Medicaid Analytic eXtract Files (MAX) - 1999 and later  
Person Summary File (PS) - With Medicare EDB Elements**

8/6/2007 10:00 AM

<b>Data Element</b>	<b>Description</b>	<b>#Char</b>	<b>Type</b>	<b>Position</b>
	<b>****MAX Person Summary Record (PS)</b>	<b>2604</b>		<b>1-2604</b>
	<b>*** Eligible Summary Region</b>	<b>1052</b>		<b>1-1052</b>
	<b>** Eligible Identifying Group</b>	<b>70</b>		<b>1-70</b>
1	MSIS identification number	20	Char	1-20
2	State	2	Char	21-22
3	Year	4	Num	23-26
4	Social Security Number (SSN)	9	Char	27-35
5	Case number	12	Char	36-47
6	Medicare HIC number (From Medicaid)	12	Char	48-59
7	Medicare HIC number (From Medicare EDB)	11	Char	60-70
	<b>** Eligible Demographic Group</b>	<b>48</b>		<b>71-118</b>
8	Date of birth	8	Num	71-78
9	Age group	1	Num	79-79
10	Sex	1	Char	80-80
11	Race/ethnicity (From Medicaid, <i>Positions 82-86 blank</i> )	6	Char	81-86
12	Race/ethnicity (From Medicare EDB)	1	Num	87-87
13	Medicare language code (From Medicare EDB)	1	Char	88-88
14	Sex/race	1	Num	89-89
15	Date of death (From Medicaid)	8	Num	90-97
16	Date of death (From Medicare EDB)	8	Num	98-105
17	Day of death verified (From Medicare EDB)	1	Char	106-106
18	County of residence	3	Char	107-109
19	Zip code of residence ( <i>Positions 115-118 blank</i> )	9	Num	110-118
	<b>** Annual Eligibility Group</b>	<b>13</b>		<b>119-131</b>
20	State specific eligibility - most recent	6	Char	119-124
21	MAX eligibility - most recent	2	Char	125-126
22	Missing eligibility data	1	Char	127-127
23	Eligible months	2	Num	128-129
24	Private insurance months	2	Num	130-131
	<b>** Medicare Crossover (Dual) Eligibility (old format)</b>	<b>5</b>		<b>132-136</b>
25	Crossover code (Annual)	1	Num	132-132
	<b>* Quarterly Crossover (Dual) Eligibility (old format)</b>	<b>4</b>		<b>133-136</b>
26	Quarterly crossover code (1st segment - Quarter 1)	1	Num	133
	<b>** Medicare Crossover (Dual) Eligibility (new format)</b>	<b>10</b>		<b>137-146</b>
27	Crossover code (Annual)	2	Char	137-138
	<b>* Quarterly Crossover (Dual) Eligibility (new format)</b>	<b>8</b>		<b>139-146</b>
28	Quarterly crossover code (1st segment - Quarter 1)	2	Char	139-140
29	Medicare beneficiary months (From Medicare EDB)	2	Num	147-148
30	Future use	12		149-160
31	Medicare original entitlement reason (From Medicare EDB)	1	Num	161-161
32	Future use	1		162-162

# Person Summary File (PS) - With Medicare EDB Elements

Data Element	Description	#Char	Type	Position
	<b>** Monthly State Specific Eligibility</b>	<b>72</b>		<b>163-234</b>
33	State specific eligibility group (1st segment - January)	6	Char	163-168
	<b>** Monthly MAX Eligibility</b>	<b>24</b>		<b>235-258</b>
34	MAX eligibility group (1st segment - January)	2	Char	235-236
	<b>** Monthly Private Health Insurance</b>	<b>12</b>		<b>259-270</b>
35	Private health insurance group (1st segment - January)	1	Num	259-259
	<b>** Monthly Medicare Beneficiary (From Medicare EDB)</b>	<b>12</b>		<b>271-282</b>
36	Medicare beneficiary (1st segment - January)	1	Num	271-271
	<b>** Prepaid Plan Months Group</b>	<b>14</b>		<b>283-296</b>
	<b><i>7 repeating segments, by type of prepaid plan</i></b>			
37	Prepaid plan months (1st segment - comprehensive plans)	2	Num	283-284
	<b>** Monthly Prepaid Plan Enrollment</b>	<b>672</b>		<b>297-968</b>
38	Prepaid plan type-1 (1st segment - January)	2	Num	297-298
39	Prepaid plan identifier-1 (1st segment - January)	12	Char	299-310
40	Prepaid plan type-2 (1st segment - January)	2	Num	311-312
41	Prepaid plan identifier-2 (1st segment - January)	12	Char	313-324
42	Prepaid plan type-3 (1st segment - January)	2	Num	325-326
43	Prepaid plan identifier-3 (1st segment - January)	12	Char	327-338
44	Prepaid plan type-4 (1st segment - January)	2	Num	339-340
45	Prepaid plan identifier-4 (1st segment - January)	12	Char	341-352
	<b>** Monthly Managed Care Combinations Group</b>	<b>24</b>		<b>969-992</b>
46	Managed care combinations (1st segment - January)	2	Num	969-970
	<b>** Monthly Days of Eligibility Group</b>	<b>24</b>		<b>993-1016</b>
47	Days of eligibility (1st segment - January)	2	Num	993-994
	<b>** Monthly TANF Cash Eligibility Group</b>	<b>12</b>		<b>1017-1028</b>
48	TANF cash eligibility (1st segment - January)	1	Num	1017-1017
	<b>** Monthly Restricted Benefits Group</b>	<b>12</b>		<b>1029-1040</b>
49	Restricted benefits (1st segment - January)	1	Char	1029-1029
	<b>** Monthly SCHIP Eligibility Group</b>	<b>12</b>		<b>1041-1052</b>
50	SCHIP eligibility (1st segment - January)	1	Num	1041-1041
	<b>*** Recipient Claims Summary Region</b>	<b>1520</b>		<b>1053-2573</b>
51	Recipient indicator	1	Char	1053-1053
	<b>** Inpatient Hospital (IP) Summary</b>	<b>18</b>		<b>1054-1071</b>
52	IP discharges	3	Num*	1054-1056
53	IP stays	3	Num*	1057-1059
54	Length of Stay (LOS) - for discharges	3	Num*	1060-1062
55	Length of Stay (LOS) - for stays	3	Num*	1063-1065
56	Covered days - for discharges	3	Num*	1066-1068
57	Covered days - for stays	3	Num*	1069-1071

**Medicaid Analytic eXtract Files (MAX) - 1999 and later  
Person Summary File (PS) - With Medicare EDB Elements**

8/6/2007 10:00 AM

<b>Data Element</b>	<b>Description</b>	<b>#Char</b>	<b>Type</b>	<b>Position</b>
	<b>** Long Term Care (LT) Summary</b>	<b>15</b>		<b>1072-1086</b>
58	Mental hospital covered days	3	Num*	1072-1074
59	Inpatient psych (age < 21) covered days	3	Num*	1075-1077
60	ICF/MR covered days	3	Num*	1078-1080
61	Nursing facility covered days	3	Num*	1081-1083
62	Total LT covered days	3	Num*	1084-1086
	<b>** Claims Payment Summary</b>	<b>60</b>		<b>1087-1146</b>
63	Total record count (sum of data elements #64-66)	5	Num*	1087-1091
64	Fee-for-service claim count	5	Num*	1092-1096
65	Premium payment claim count	5	Num*	1097-1101
66	Encounter record count	5	Num*	1102-1106
67	Total Medicaid payment amount	8	Num*	1107-1114
68	Fee-for-service Medicaid payment amount	8	Num*	1115-1122
69	Premium payment Medicaid payment amount	8	Num*	1123-1130
70	Charge amount	8	Num*	1131-1138
71	Third party payment amount	8	Num*	1139-1146
	<b>** Program Type Summary Group</b>	<b>330</b>		<b>1147-1476</b>
	<b>6 repeating segments, by program type</b>			
72	inpatient hospital records (1st segment - family planning)	3	Num	1147-1149
73	inpatient hospital payments (1st segment - family planning)	8	Num*	1150-1157
74	long term care records (1st segment - family planning)	3	Num	1158-1160
75	long term care payments (1st segment - family planning)	8	Num*	1161-1168
76	other service records (1st segment - family planning)	3	Num	1169-1171
77	other service payments (1st segment - family planning)	8	Num*	1172-1179
78	prescription drug records (1st segment - family planning)	3	Num	1180-1182
79	prescription drug payments (1st segment - family planning)	8	Num*	1183-1190
80	total records (1st segment - family planning)	3	Num	1191-1193
81	total payments (1st segment - family planning)	8	Num*	1194-1201
	<b>** Delivery Summary</b>	<b>1</b>		<b>1477-1477</b>
82	Delivery code	1	Num	1477-1477
	<b>** Type of Service Summary</b>	<b>1085</b>		<b>1478-2562</b>
	<b>31 repeating segments, by MAX Type of Service</b>			
83	Recipient indicator (1st segment - Inpatient hospital )	1	Char	1478-1478
84	Claim count (1st segment - Inpatient hospital)	5	Num*	1479-1483
85	Medicaid payment amount (1st segment - Inpatient hospital)	8	Num*	1484-1491
86	Charge amount (1st segment - Inpatient hospital)	8	Num*	1492-1499
87	Third party payment amount (1st segment - Inpatient hospital)	8	Num*	1500-1507
88	Encounter record count (1st segment - Inpatient hospital)	5	Num	1508-1512
	<b>** Premium Payment Data</b>	<b>42</b>		<b>2563-2604</b>
	<b>3 repeating segments, one for each of the MAX</b>			
	<b>Types of Service for for capitated premium payments</b>			
89	Premium payment indicator (1st segment - HMO/HIO plans)	1	Num	2563-2563
90	Premium payment records (1st segment - HMO/HIO plans)	5	Num*	2564-2568
91	Medicaid premium payments (1st segment - HMO/HIO plans)	8	Num*	2569-2576

Data elements with type Num\* are in zoned decimal (ZD) format for SAS users.