

**PERM FY 2013**

**Sampled Claim Details Data  
Submission Instructions**

**Medicaid Fee-For-Service and  
CHIP Fee-For-Service**

**December 3, 2013**

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## SECTION 1: Overview

Submitting details information for sampled fee-for-service claims to the Statistical Contractor (SC) is the second critical step in the PERM process following universe submission. The Review Contractor (RC) uses the information states submit in the details data to request medical records and conduct medical record review on sampled fee-for-service claims. Therefore, in order for the RC to contact the applicable provider and review the associated medical record appropriately and efficiently, it is vital that states submit accurate and complete details data. (**Note:** Details information is only required for fee-for-service sampled claims. States are not required to take any further action on managed care samples unless otherwise directed by the SC.)

These instructions are intended to guide state staff in the preparation of the claims data that they will have to provide to support the PERM SC and RC. The instructions include an overview of the details process, the PERM-specific definitions of certain fields requested in the details, the specifications for required variables in terms of data types and formats, an overview of the quality control review process, including checks the state can perform on the details data prior to submitting them to the SC, and an overview of details data transmission and security. Appendices include tables of required fields, a Transmission Cover Sheet for quality control verification, and the Standard Details Crosswalk Template.

Each member of the state's PERM team that will be responsible for collecting and reviewing the state's details data, including both technical and non-technical staff, should receive a copy of these instructions and review them early in the process.

The steps involved in the details submission process are as follows:

1. The SC selects random quarterly samples of payments from the fee-for-service universe provided by the state and returns the sampled Medicaid and CHIP fee-for-service claims to the state.
2. The SC conducts a brief "details intake call" (approximately one hour) with the state after returning the first sampled fee-for-service claims which is also attended by the RC. Each member of the state's PERM team that will be involved in the collection of the details data, including any contractors or vendors, is encouraged to attend the "details intake call." The purpose of this call is to:
  - Provide an overview of the details requirements.
  - Collect any additional information that would support the SC review of the details submission. This would include identification of required details fields that are not maintained in the state's data systems or fields that will not be submitted for certain claim types for valid reasons (e.g., the DRG field will not be populated for inpatient claims if these claims are not paid based on the DRG methodology). Knowing this information ahead of time helps the SC validate and reformat the details as necessary.

- Provide states with an opportunity to ask questions about required fields and the details process.
3. The state sends to the SC a file with details for the sampled payments within two weeks of receiving the list of sampled claims.
  4. The SC reviews the sampled claim details for accuracy and completeness, sends follow-up questions to the state if necessary, standardizes the format if necessary, and sends the file to the RC to request medical records.

## SECTION 2: Sampled Claim Details Data

While the PERM universe submission requires a minimal number of variables, the details submission requires approximately 84 fields. The RC requires these 84 fields to request medical records and conduct medical review (e.g., verification of services rendered in accordance with state policy, confirmation of medical necessity of service, determination of whether the service rendered matches the service codes billed and paid). It is important that the details be accurate and complete.

States should be aware that even though individual line items are sampled for PERM, it may be necessary to review all items on a claim in order to determine the accuracy of the individual line. (Reviewers will not record errors associated with lines on a claim that were not part of the sample.) Therefore, the claims details returned to the SC should include complete header and line information for each sampled claim.

- If the SC sampled a payment provided in the universe as a header level claim, the state must return in the details submission all lines associated with that claim, as well as the sampled claim header.
- If a claim is paid at the line level and the SC sampled, for example, line 2, the information returned by the state must include information from the header and all lines associated with that claim header, including line 2.

Please refer to the “sampling unit level” field with each sampled item to determine if a claim was sampled at the header or line level. Sampled items with an “H” were sampled at the header level and those with an “L” were sampled at the line level.

States may submit one file with claim headers and a second file with claim details, or submit one file with both claim header and detail data combined. The SC will work with each state to determine the most appropriate file structure.

Particular fields in the details request are vital to the medical record request and review process and include the following:

- **PERM ID:** Every sampled payment (i.e., fee-for-service claim or managed care capitation payment) will have a PERM ID that the RC will use to track that payment. The SC creates this field for the purpose of assigning a unique identifier to each sampled claim. The PERM ID follows a standard logic:

SS = state  
C/M = CHIP or Medicaid  
13 = year  
0# = quarter number  
F/M = fee-for-service, managed care  
XXX = three-digit sequential number

Example: The fifty-first fee-for-service payment sampling unit from the New Jersey 2013 Q1 CHIP universe will have the following PERM ID: NJC1301F051

The SC sends samples back to the state in the same format as received from the state, and appends a unique PERM ID to each record. States are required to include the associated PERM ID for each sampled fee-for-service in the details submission. States will also be able to use the PERM ID to track a sampled claim's progress on the SMERF website.

- **Recipient ID, Name, Date of Birth and Gender:** Complete and accurate data for these recipient fields are critical for requesting medical records reviews. Note that if a required medical record cannot be obtained due to missing recipient ID, name, date of birth or gender, the payment will be considered fully in error.
- **Billing Provider and Performing Provider:** Identifiers for both the billing provider and the performing provider should be included, along with the providers' addresses and telephone numbers. Provider fax numbers and NPI should also be provided when available.

In some cases, such as when the billing provider in MMIS is a state agency or other organization, the state may need to locate additional information on the performing provider and submit the additional information for the associated sampled claim. Please review the sampled claim detail information to validate that the provider information submitted with each sample is the correct provider for the RC to contact and obtain the record that supports the claim.

**Note:** If a required medical record cannot be obtained from the provider, the payment will be considered fully in error. Therefore, states are advised to provide complete and up-to-date provider contact information.

- **Dates of Service:** Dates of service (from/to) are necessary for both header and line level claims. There are four separate fields for capturing these data. These fields are called "dos\_from\_clm" and "dos\_to\_clm" for header claims and "dos\_from\_line" and "dos\_to\_line" for line claims.

States are advised to inform the SC of any missing values for dates of service fields and provide the reason why they are missing. Dates of service fields for line level claims should be populated even if they are the same as the dates of service for the header.

- **Units Paid:** Verifying the appropriate units of service paid is one of the essential components of the medical record review. Data for this field are particularly important for drug claims. All paid drug records in the details data must have valid units paid

that are greater than zero. If the number of units paid for drug records are not available, states are advised to provide the quantity dispensed or other similar and relevant data. In addition, for data in the “units\_paid” field that are not whole numbers and have fractional values (e.g., 3.5), it is important to ensure that the fractional value is valid and reflects the accurate number of units paid for the corresponding claim.

- **Total Computable Amount Paid:** This field should be populated for both header and line claims and should not include any third-party or patient liability paid amounts, such as copayments. The values for this field should also match the paid amount submitted in the universe for header or line claims.
- **Claim Type:** This field is the state claim type indicator, typically identifying whether the claim is an institutional, medical, or crossover claim. The values for this field in the details file should generally match to the values in the claim type field in the sampler file. However, a state data dictionary is required at the time of details submission if there are differences in claim type values between the sampler and details files.
- **NDC Code:** Mandatory 11-digit number for all pharmacy claims.
- **Fields with Pre-defined Standard Data Values:** The following fields have pre-established definitions and cannot have any missing values in the details file. A state data dictionary is required for values that deviate from the standard definitions for each field shown below:
  - **Recipient Gender:** “M” for Male and “F” for Female
  - **Payment Status:** “P” for Paid and “D” for Denied
    - This field is the paid or denied indicator for each claim or claim line as it was originally adjudicated; should not reflect an adjusted payment status.
  - **Medicare Crossover Indicator:** “Y” for Yes and “N” for No
    - Indicates whether the claim is a crossover claim from Medicare to Medicaid.
  - **Sampling Unit Level:** “H” for Header and “L” for Line
    - This field is a code that is used to denote if the record is a header or a line claim
    - **Note:** States are required to submit this field only if they choose to submit a single file for header and line claims combined.

Section 4 of these instructions and the Quality Review component of the details data fields and descriptions (Tables 1, 2 and 3) also include specific suggestions for minimum checks that states should run on the details submission to ensure that the data are accurate and complete.

### **SECTION 3: Changes to the FY 2013 PERM Details Data Submission Instructions from FY 2010**

- **Header and Line Details Files:** In FY 2013, states have the option to submit one file with claim headers and a second file with claim details or submit one file for both claim header and details data combined. This is a change from FY 2010 instructions, where states were required to submit a single combined file for claim header and details data.
- **Fixed Payment Indicator:** In FY 2013, states will receive fixed payment and fee-for-service samples together. However, no further action is required for fixed payments. States are only required to return details for the fee-for-service samples. Sampled items indicated by a “Y” in the “Fixed Payment Indicator” field are fixed payments. States do not need to provide additional details for these payments as they are not subject to medical review similar to other fee-for-service claims.
- **Fields listed in the FY 2010 PERM Details Data Submission Instructions that are no longer required are as follows:**
  - Revenue code description
  - PERM state (embedded in the PERM ID, therefore, it is not necessary to include in the file)
  - Sample year (embedded in the PERM ID, therefore, it is not necessary to include in the file)
  - Sample quarter (embedded in the PERM ID, therefore, it is not necessary to include in the file)
  - Program code (embedded in the PERM ID, therefore, it is not necessary to include in the file)
  - Claim category
  - Number of line items
  - Sampled indicator
  - Original state ICN
- **Fields added since FY 2010 PERM Details Data Submission Instructions are as follows:**
  - Referring Provider Name
  - Referring Provider NPI
  - Medical Record Contact Name

- Medical Record Contact Address
- Medical Record Contact City
- Medical Record Contact State
- Medical Record Contact Zip Code
- Medical Record Contact Phone Number
- Additional rows have been added for various codes to accommodate the total number of fields allowed on the UB-92, UB-04, and CMS-1500 claim forms and the 837 transaction file as follows:
  - The number of ICD procedure codes increased from 3 to 6
  - The number of diagnosis codes increased from 5 to 9
  - The number of procedure code modifiers increased from 2 to 4
  - The number of user fields increased from 5 to 10
- **Fields where Field Name changed from FY 2010 to FY 2013 are as follows:**
  - The name of the field used for the classification of broad types of state and/or federal covered services has been changed from “Claim category fields” in FY 2010 to “Category of Service” in FY 2013.
  - The name of “ICD9 procedure codes” in FY 2010 changed to “ICD procedure codes” in FY 2013 in order to accommodate either ICD9 or ICD10 procedure codes.

#### **SECTION 4: Sampled Claim Details Field Specifications**

**Table 1** below lists the fields required in the sampled claim details submission if the state is submitting a consolidated header and line file. Two other tables shown in **Appendix A** list the fields required in the details submission if the state is submitting separate header and line files. **Table 2 (Appendix A)** lists the fields required for header records if the state is submitting separate header and line files and **Table 3 (Appendix A)** lists the fields required for line records.

The preferred field names, a format and any suggestions for quality review of each field are listed in Tables 1, 2, and 3. These field names and formats are not required; however, using them helps the RC request medical records earlier, as it will shorten the time spent by the SC to validate and reformat the data prior to sending them to the RC.

If states choose not to use these field names or provide the data in a different order, states are required to include a crosswalk between the state field names and the standard details field names in the Details Transmission Cover Sheet (**Appendix B**). States must also include data dictionaries or crosswalks with the layouts and decodes for each field, as applicable.

**If certain fields are not included in the state system (e.g., your state does not pay any inpatient claims on a DRG or include fax numbers in the provider data), states should indicate that during the details intake call and on the Details Crosswalk Tables shown in Appendix B.**

**Table 1: FY 2013 PERM  
Required Fields for Details Submissions (Single Combined File for Header and Line)  
Medicaid and CHIP Fee-for-Service**

| Field Number | Field Designation | Standard Field Name | Field Description   | Standard Field Format | Quality Review  |
|--------------|-------------------|---------------------|---|-----------------------|---|
| 1            | PERM ID           | perm_id             | Populated field will be provided to the state by the SC in the sampled claim file | varchar               | Copy the PERM ID for the sampled claim from the sampler file into the claim details extract   |
| 2            | ICN               | clm_id_icn          | Unique claim identifier (e.g., ICN, TCN, other state issued number)               | varchar               | <p>Ensure the field is not truncated and does not contain extra data</p> <p>Each record in the PERM universe must be able to be uniquely identified with data elements contained in the record; for “dummy” claims, be sure the ICN information can tie back to the payment in the state’s systems</p> <p>If the ICN/Line Number alone is not sufficient to uniquely identify the sampling unit, the state must define those fields that can be used to uniquely identify the sampling unit</p> |

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| Field Number | Field Designation            | Standard Field Name | Field Description   | Standard Field Format | Quality Review   |
|--------------|------------------------------|---------------------|---|-----------------------|--|
| 3            | Claim type                   | clm_type            | State claim type indicator, typically identifying whether the claim is an institutional, medical, or crossover claim  | varchar               | State data dictionary required if not provided with universe data                                  |
| 4            | Date Paid                    | date_of_payment     | The date a claim or payment was originally adjudicated or paid; not the check date (unless there is no adjudication date)<br><br>This date should match the paid date submitted in the universe for the sampled claim | varchar (mm/dd/yyyy)  | Check that the paid date for all records matches the original paid date submitted in the universe. |
| 5            | Medicare crossover indicator | mcare_xover_ind     | Indicates whether the claim is a crossover claim from Medicare to Medicaid<br><br>"Y" for yes, "N" for no   | varchar               | Ensure all values are coded as "Y" or "N" and the field is populated for all records               |

| Field Number | Field Designation   | Standard Field Name | Field Description   | Standard Field Format | Quality Review   |
|--------------|---------------------|---------------------|---|-----------------------|--|
| 6            | Category of service | service_category    | Classification for broad types of state/federal covered services  | varchar               | Can be MSIS category of service or state-defined service type<br><br>State data dictionary required if not provided with universe data when state codes are used |
| 7            | Source location     | source_location     | The system of origin/location in which the sampled unit was adjudicated   | varchar               | State data dictionary required if not provided with universe<br><br>Value must match value in the universe submission  |
| 8            | Payment status      | payment_status      | Paid or denied indicator for each claim or claim line as it was originally adjudicated; should not reflect an adjusted payment status<br><br>"P" for paid, "D" for denied | varchar               | Ensure all values are coded as "P" or "D" and the field is populated for all records   |

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| Field Number | Field Designation                          | Standard Field Name | Field Description   | Standard Field Format   | Quality Review  |
|--------------|--|---------------------|---|-------------------------|---|
| 9            | Total computable amount paid on the header | amt_paid_clm        | Total computable amount paid at the claim header.<br>Total Computable Amount = Federal Share + State Share<br>Amount paid should be net of any co-payments, third-party, or other beneficiary liability | numeric (with decimals) | Ensure the field is not truncated or rounded, and does not contain extra data |
| 10           | Date-of-service from (claim)               | dos_from_clm        | Beginning date of service on the claim  | varchar (mm/dd/yyyy)    | Ensure beginning date of service is populated for all records.                |
| 11           | Date-of-service to (claim)                 | dos_to_clm          | Ending date of service on the claim   | varchar (mm/dd/yyyy)    | Ensure ending date of service is populated for all records.                   |
| 12           | Recipient ID                               | recipient_id        | Beneficiary ID number   | varchar                 | Ensure recipient ID is populated for all records                              |

| Field Number | Field Designation       | Standard Field Name | Field Description   | Standard Field Format | Quality Review  |
|--------------|-------------------------|---------------------|---|-----------------------|---|
| 13           | Recipient Name          | recipient_name      | Beneficiary Name<br>States may submit beneficiary name according to state preference (e.g., can submit multiple variables for first, middle, and last name or a single variable containing beneficiary full name) | varchar               | Ensure recipient name is populated for all records<br>Ensure the field is not truncated and does not contain extra data |
| 14           | Recipient date of birth | recipient_dob       | Beneficiary date of birth   | varchar (mm/dd/yyyy)  | Ensure date of birth is populated for all records   |
| 15           | Recipient gender        | recipient_gender    | Beneficiary gender code<br>"M" for male, "F" for female   | varchar               | Ensure all values are coded as "M" or "F" and the field is populated for all records                                    |
| 16           | Recipient county        | recipient_county    | Beneficiary county  | varchar               | State data dictionary required if not provided with universe  |

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| Field Number | Field Designation          | Standard Field Name    | Field Description   | Standard Field Format | Quality Review  |
|--------------|----------------------------|------------------------|---|-----------------------|---|
| 17           | Billing provider number    | billing_prov_id        | Billing provider ID number  | varchar               | Ensure billing provider number is populated for all records   |
| 18           | Billing provider name      | billing_prov_name      | Billing provider name   | varchar               | Ensure the field is not truncated, does not contain extra data and is populated for all records                   |
| 19           | Billing provider type      | billing_prov_type      | Billing provider type   | varchar               | State data dictionary required if not provided with universe  |
| 20           | Billing provider specialty | billing_prov_spec      | Billing provider specialty code   | varchar               | State data dictionary required if not provided with universe  |
| 21           | Billing provider address 1 | billing_prov_address_1 | Billing provider address first line<br><br>If medical record contacts are different from the billing provider, please include this information in a separate user field | varchar               | Ensure that provider addresses are complete, up-to-date, and do not contain a medical record contact name instead |

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| Field Number | Field Designation          | Standard Field Name    | Field Description  | Standard Field Format | Quality Review   |
|--------------|----------------------------|------------------------|--|-----------------------|--|
| 22           | Billing provider address 2 | billing_prov_address_2 | Billing provider address second line   | varchar               |  |
| 23           | Billing provider city      | billing_prov_city      | Billing provider city  | varchar               |  |
| 24           | Billing provider state     | billing_prov_state     | Billing provider state   | varchar               | Use the abbreviated 2-letter code for each state (e.g. WA for Washington state)  |
| 25           | Billing provider zip       | billing_prov_zip_code  | Billing provider zip code<br>Should contain either 5 or 9 digits (ZIP+4 digit code)  | varchar               | If possible do not include hyphens when using a ZIP+4 digit code   |
| 26           | Billing provider phone     | billing_prov_phone     | Billing provider phone number(s)<br>All phone numbers should be 10 digits, including the area code<br>Multiple phone numbers and phone extensions should be reported in separate user fields | varchar               | If possible, do not use hyphens or parentheses<br>Verify that the provider phone number is a complete and up-to-date 10 digit code<br>Include multiple phone numbers in separate user fields |

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| Field Number | Field Designation    | Standard Field Name | Field Description                           | Standard Field Format | Quality Review   |
|--------------|----------------------|---------------------|---|-----------------------|--|
| 27           | Billing provider fax | billing_prov_fax    | Billing provider fax number, when available | varchar               | If possible, do not use hyphens or parentheses<br>Verify that the provider fax number is a complete and up-to-date 10 digit code |
| 28           | Billing provider NPI | billing_prov_npi    | Billing provider NPI, when available        | varchar               |  |
| 29           | ICD procedure code 1 | icd_proc_code_1     | ICD-9/10 surgical procedure code 1          | varchar               |  |
| 30           | ICD procedure code 2 | icd_proc_code_2     | ICD-9/10 surgical procedure code 2          | varchar               |  |
| 31           | ICD procedure code 3 | icd_proc_code_3     | ICD-9/10 surgical procedure code 3          | varchar               |  |
| 32           | ICD procedure code 4 | icd_proc_code_4     | ICD-9/10 surgical procedure code 4          | varchar               |  |
| 33           | ICD procedure code 5 | icd_proc_code_5     | ICD-9/10 surgical procedure code 5          | varchar               |  |
| 34           | ICD procedure code 6 | icd_proc_code_6     | ICD-9/10 surgical procedure code 6          | varchar               |  |
| 35           | Diagnosis 1          | diag_code_1         | Diagnosis code 1 (primary)                  | varchar               |  |

*PERM FY 2013 Sampled Claim Details Data Submission Instructions*

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| <b>Field Number</b> | <b>Field Designation</b> | <b>Standard Field Name</b> | <b>Field Description</b>   | <b>Standard Field Format</b> | <b>Quality Review</b> |
|---------------------|--------------------------|----------------------------|--|------------------------------|-----------------------|
| 36                  | Diagnosis 2              | diag_code_2                | Diagnosis code 2   | varchar                      |                       |
| 37                  | Diagnosis 3              | diag_code_3                | Diagnosis code 3   | varchar                      |                       |
| 38                  | Diagnosis 4              | diag_code_4                | Diagnosis code 4   | varchar                      |                       |
| 39                  | Diagnosis 5              | diag_code_5                | Diagnosis code 5   | varchar                      |                       |
| 40                  | Diagnosis 6              | diag_code_6                | Diagnosis code 6   | varchar                      |                       |
| 41                  | Diagnosis 7              | diag_code_7                | Diagnosis code 7   | varchar                      |                       |
| 42                  | Diagnosis 8              | diag_code_8                | Diagnosis code 8   | varchar                      |                       |
| 43                  | Diagnosis 9              | diag_code_9                | Diagnosis code 9   | varchar                      |                       |
| 44                  | DRG                      | drg_code                   | Diagnosis Related Group (DRG) code, if applicable                    | varchar                      |                       |
| 45                  | Line item number         | clm_id_line_item_num       | Line number of the individual line item number                       | numeric (no decimals)        |                       |
| 46                  | Procedure code line      | proc_code_line             | Procedure code on the line (HCPCS code or CPT) as it was adjudicated | varchar                      |                       |

| Field Number | Field Designation                 | Standard Field Name | Field Description   | Standard Field Format   | Quality Review  |
|--------------|-----------------------------------|---------------------|---|-------------------------|---|
| 47           | Units paid                        | units_of_svc_paid   | Number of units (services) paid   | numeric                 | <p>In cases where there are fractional units paid, ensure that they are valid and reflect the accurate number of units paid for the corresponding claim</p> <p>All paid drug records must have valid units paid greater than 0</p> <p>If the number of units paid for drug records are not available, please include quantity dispensed or other relevant information</p> |
| 48           | Total computable amount paid line | amt_paid_line       | <p>Total computable amount paid at the claim line.</p> <p>Total Computable Amount= Federal Share + State Share</p> <p>Amount paid should be net of any co-payments, third-party, or other beneficiary liability</p> | numeric (with decimals) | <p>Ensure the field is not truncated, rounded and does not contain extra data</p>   |

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| <b>Field Number</b> | <b>Field Designation</b>   | <b>Standard Field Name</b> | <b>Field Description</b>  | <b>Standard Field Format</b> | <b>Quality Review</b>  |
|---------------------|----------------------------|----------------------------|---|------------------------------|--|
| 49                  | Procedure modifier 1       | proc_mod_1                 | Procedure Code Modifier- 1 on the lines as it was adjudicated   | varchar                      |  |
| 50                  | Procedure modifier 2       | proc_mod_2                 | Procedure Code Modifier - 2 on the line as it was adjudicated   | varchar                      |  |
| 51                  | Procedure modifier 3       | proc_mod_3                 | Procedure Code Modifier - 3 on the line as it was adjudicated   | varchar                      |  |
| 52                  | Procedure modifier 4       | proc_mod_4                 | Procedure Code Modifier - 4 on the line as it was adjudicated   | varchar                      |  |
| 53                  | Revenue code               | rev_code                   | Revenue code for the claim line. Note that ALL revenue codes should be submitted for a claim<br><br>A separate record should be created for each revenue code | varchar                      |  |
| 54                  | Performing provider number | perf_prov_id               | Performing (servicing) provider ID number   | varchar                      | Must be submitted for records billed at the claim line level |

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| Field Number | Field Designation             | Standard Field Name | Field Description  | Standard Field Format | Quality Review  |
|--------------|-------------------------------|---------------------|--|-----------------------|---|
| 55           | Performing provider name      | perf_prov_name      | Performing (servicing) provider name   | varchar               | Must be submitted for records billed at the claim line level  |
| 56           | Performing provider type      | perf_prov_type      | Performing (servicing) provider type   | varchar               | Must be submitted for records billed at the claim line level<br>State data dictionary required  |
| 57           | Performing provider spec      | perf_prov_spec      | Performing (servicing) provider specialty code   | varchar               | Must be submitted for records billed at the claim line level<br>State data dictionary required if not provided with universe  |
| 58           | Performing provider address 1 | perf_prov_addr_1    | Performing (servicing) provider address first line<br><br>If medical record contacts are different from the performing provider, please include this information in a separate user field. | varchar               | Must be submitted for records billed at the claim line level<br><br>Verify that provider addresses are complete, up-to-date and do not include a medical record contact names instead |

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| Field Number | Field Designation             | Standard Field Name | Field Description  | Standard Field Format | Quality Review   |
|--------------|-------------------------------|---------------------|--|-----------------------|--|
| 59           | Performing provider address 2 | perf_prov_addr_2    | Performing (servicing) address second line   | varchar               | Must be submitted for records billed at the claim line level   |
| 60           | Performing provider city      | perf_prov_city      | Performing (servicing) provider city   | varchar               | Must be submitted for records billed at the claim line level   |
| 61           | Performing provider state     | perf_prov_state     | Performing (servicing) provider state  | varchar               | Must be submitted for records billed at the claim line level<br>Please use the abbreviated 2-letter code for each state (e.g. WA for Washington state) |
| 62           | Performing provider zip       | perf_prov_zip_code  | Performing (servicing) provider zip code<br>Should contain either 5 or 9 digits (ZIP+4 digit code) | varchar               | Must be submitted for records billed at the claim line level<br>If possible do not include hyphens when using a ZIP+4 digit code                       |

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| Field Number | Field Designation         | Standard Field Name | Field Description   | Standard Field Format | Quality Review  |
|--------------|---------------------------|---------------------|---|-----------------------|---|
| 63           | Performing provider phone | perf_prov_phone     | <p>Performing (servicing) provider phone number</p> <p>All phone numbers should be 10 digits, including the area code</p> <p>Multiple phone numbers and phone extensions should be reported in separate user fields</p> | varchar               | <p>Must be submitted for records billed at the claim line level</p> <p>If possible, do not use hyphens or parentheses</p> <p>Verify that the provider phone number is a complete and up-to-date 10 digit code</p> <p>Include multiple phone numbers in separate user fields</p> |
| 64           | Performing provider fax   | perf_prov_fax       | <p>Performing (servicing) provider fax number</p>   | varchar               | <p>Must be submitted for records billed at the claim line level, when available</p> <p>If possible, do not use hyphens or parenthesis in this field</p> <p>Verify that the provider fax number is a complete and up-to-date 10 digit code</p>                                   |
| 65           | Performing provider NPI   | perf_prov_npi       | <p>Performing provider's NPI, when available</p>  | varchar               | <p>Must be submitted for records billed at the claim line level, when available</p>   |

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| <b>Field Number</b> | <b>Field Designation</b>      | <b>Standard Field Name</b> | <b>Field Description</b>                   | <b>Standard Field Format</b> | <b>Quality Review</b>   |
|---------------------|-------------------------------|----------------------------|--|------------------------------|---|
| 66                  | Referring Prov Name           | ref_prov_name              | Referring provider name                    | varchar                      | Must be submitted for records billed at the claim line and header level, when available |
| 67                  | Referring Prov NPI            | ref_prov_npi               | Referring provider NPI                     | varchar                      | Must be submitted for records billed at the claim line and header level, when available |
| 68                  | Medical Record Contact Name   | mr_contact_name            | Medical record contact name                | varchar                      | Must be submitted for records billed at the claim line and header level, when available |
| 69                  | Medical Record Contact Add 1  | mr_contact_addr_1          | Medical record contact address first line. | varchar                      | Must be submitted for records billed at the claim line and header level, when available |
| 70                  | Medical Record Contact Addr 2 | mr_contact_addr_2          | Medical record contact address second line | varchar                      | Must be submitted for records billed at the claim line and header level, when available |

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| Field Number | Field Designation            | Standard Field Name | Field Description  | Standard Field Format | Quality Review  |
|--------------|------------------------------|---------------------|--|-----------------------|---|
| 71           | Medical Record Contact City  | mr_contact_city     | Medical record contact city  | varchar               | Must be submitted for records billed at the claim line and header level, when available   |
| 72           | Medical Record Contact State | mr_contact_state    | Medical record contact state: 2-char postal abbreviation.  | varchar               | Must be submitted for records billed at the claim line and header level, when available   |
| 73           | Medical Record Contact Zip   | mr_contact_zip_code | Medical record contact zip code.<br>Should contain either 5 or 9 digits (ZIP+4 digit code)   | varchar               | Must be submitted for records billed at the claim line and header level, when available<br><br>If possible do not include hyphens when using a ZIP+4 digit code |
| 74           | Medical Record Contact Phone | mr_contact_phone    | Medical record contact phone number.<br><br>All phone numbers should be 10 digits, including the area code<br><br>Multiple phone numbers and phone extensions should be reported in separate user fields | varchar               | Must be submitted for records billed at the claim line and header level, when available   |

PERM FY 2013 Sampled Claim Details Data Submission Instructions

| Field Number | Field Designation           | Standard Field Name | Field Description  | Standard Field Format | Quality Review  |
|--------------|-----------------------------|---------------------|--|-----------------------|---|
| 75           | Date-of-service from (line) | dos_from_line       | Beginning date of service on the line<br>Should be included for each line of a claim | varchar (mm/dd/yyyy)  | Ensure beginning date of service is populated for all line level claims   |
| 76           | Date-of-service to (line)   | dos_to_line         | Ending date of service on the line<br>Should be included for each line of a claim    | varchar (mm/dd/yyyy)  | Ensure ending data of service is populated for all line level claims  |
| 77           | Place of service            | place_of_svc        | Place of service   | varchar               | State data dictionary required if not provided with universe  |
| 78           | Type of service             | type_of_svc         | Type of service  | varchar               | State data dictionary required if not provided with universe  |
| 79           | National Drug Code (NDC)    | ndc_code            | Made up of labeler(mfr) + product + pkg size configurations                          | varchar               | Must be 11 digits including leading and trailing zeroes<br>Ensure this field is populated for all pharmacy claims |
| 80           | Drug order date             | drug_order_dt       | Date drug was prescribed for a pharmacy claim  | varchar (mm/dd/yyyy)  | Ensure this field is populated for all pharmacy claims  |

PERM FY 2013 Sampled Claim Details Data Submission Instructions

| Field Number | Field Designation                           | Standard Field Name  | Field Description  | Standard Field Format | Quality Review   |
|--------------|---|----------------------|--|-----------------------|--|
| 81           | Prescription number                         | rx_num               | Prescription number for the pharmacy claim line  | varchar               | Ensure this field is populated for all pharmacy claims                               |
| 82           | Prior authorization number (header or line) | prior_auth_num       | Prior authorization number will be the same on all lines if PA only available at the claim level   | varchar               |  |
| 83           | Date paid line                              | date_of_payment_line | Paid date for claim Line   | varchar (mm/dd/yyyy)  | Must be submitted for records billed at the claim line level                         |
| 84           | Sampling unit level                         | Sampling_unit_level  | A code that is used to denote if the record is a header or a line claim<br>"H" = header, "L" = line  | varchar               | Ensure all values are coded as "H" or "L" and the field is populated for all records |
| 85           | User field 1                                |                      | User- specific field that may contain unique state data that is important for the program but is not in the standard format<br><br>State may choose to leave this data element out, if desired |                       | State data dictionary may be required depending on the data provided in user fields  |

| <b>Field Number</b> | <b>Field Designation</b> | <b>Standard Field Name</b> | <b>Field Description</b> | <b>Standard Field Format</b> | <b>Quality Review</b> |
|---------------------|--------------------------|----------------------------|--------------------------|------------------------------|-----------------------|
| 86                  | User field 2             |                            | Same as above            |                              | Same as above         |
| 87                  | User field 3             |                            | Same as above            |                              | Same as above         |
| 88                  | User field 4             |                            | Same as above            |                              | Same as above         |
| 89                  | User field 5             |                            | Same as above            |                              | Same as above         |
| 90                  | User field 6             |                            | Same as above            |                              | Same as above         |
| 91                  | User field 7             |                            | Same as above            |                              | Same as above         |
| 92                  | User field 8             |                            | Same as above            |                              | Same as above         |
| 93                  | User field 9             |                            | Same as above            |                              | Same as above         |
| 94                  | User field 10            |                            | Same as above            |                              | Same as above         |

## SECTION 5: Quality Review

Quality review saves time and resources for both the state and CMS contractors by identifying data problems early in the PERM details process. States should perform a quality review of the sampled claim details data prior to submitting files to the SC. Table 4 below lists suggested minimal quality control checks for states to complete.

**Table 4: Minimum Sampled Claim Details Submission Quality Control Checks**

| <b>Quality Review</b>  | <b>Suggested Tests</b>   |
|--|--|
| 1) Ensure all required fields are reported in the details file | Prepare a list of all fields in the data submission and compare it to the list of fields in Table 1, Table 2 and/or Table 3 (note that some fields only apply to certain claim or provider types)<br><br>Identify any missing fields<br><br>Determine why the field is missing; if the state does not maintain a field in the state's data system, indicate the omission on the Details Transmission Cover Sheet |

| Quality Review  | Suggested Tests   |
|---|---|
| <p>2) Check that key fields are properly formatted and have valid values according to the guidelines for Quality Review in Table 1: Required Fields for Details Submission.</p> | <p>Problems with these fields including missing values without explanation will result in automatic rejection of the details file.</p> <ul style="list-style-type: none"> <li>- PERM ID</li> <li>- ICN/TCN</li> <li>- Line number</li> <li>- Billing provider number</li> <li>- Billing provider name</li> <li>- Recipient ID</li> <li>- Recipient name</li> <li>- Recipient gender</li> <li>- Recipient date of birth</li> <li>- Paid amount</li> <li>- Claim type</li> <li>- Payment status</li> <li>- Units Paid (this include quantity dispensed for pharmacy claims)fee-for-service</li> <li>- Date of Service (header and line)</li> <li>- NDC</li> <li>- Sampling Unit Level (is needed only when submitting a single file for header and line claims combined)</li> <li>- Medicare crossover indicator</li> </ul> |
| <p>3) Check that the paid date for all records matches the original paid date submitted in the universe.</p>  | <p>Review the values in the paid date field</p>   |

| Quality Review   | Suggested Tests   |
|--|---|
| 4) Check that claim headers and all details (including the sampled line item and all other line items associated with the same claim or all line items associated with the sampled claim) are included for each sampling unit  | Review file, making sure that it contains all lines associated with each claim (whether or not the claim was sampled at the header or the line level) |
| 5) Review provider information   | Verify that provider information, including addresses, phone numbers, and fax numbers, is complete and up-to-date                                     |
| 6) Ensure that information for mapping your state's field names to the standard details field names are provided with each submission; also indicate which data fields require a data dictionary. Provide the decodes for each field (as applicable) as well as any necessary file layouts | Use the "Standard Details Crosswalk Template" in Appendix B to enter the required information in each field   |
| 7) If the contact name for medical record review is different from the billing or performing provider, please report this information in Medical Record Contact fields and not on the provider address fields  | Verify that only valid mailing addresses are provided in address 1 and address 2 fields   |

## SECTION 6: Data Transmission and Security

This section discusses the PERM data submission media, PERM data submission formats, transmission cover sheet and quality control verification, and data transmission and security.

1. **Submission media:** The SC's data systems are capable of reading electronic data stored on a variety of media (e.g., CDs, DVDs, portable hard drives). It is preferred that states send their data via secure FTP (SFTP). However, if this is not an option, states may submit data on a CD or DVD. Do not send PERM data via email.

See the Data Transmission section below for information on passwords and encryption.

2. **Submission formats:** The SC prefers receiving data in one of three formats: SAS dataset, delimited file, or flat file.
  - SAS dataset: PC-based SAS dataset
  - Delimited file: Comma delimited (.csv) or tab delimited text (.txt)
  - Flat file: A universal text format with a single fixed record length and layout (also called a "flat format" or "ASCII format"). If the state submits text files, except for the first row of the field names, do not include any log or summary information at the beginning or at the bottom of the data file.
3. **Transmission cover sheet:** Please submit a Transmission Cover Sheet with every fee-for-service details data submission. The format for the fee-for-service details data Transmission Cover Sheet and quality control verification are provided in **Appendix B**. The state may burn the Transmission Cover Sheet on the CD or DVD with the data, email the cover sheet to the SC, or submit as a separate file through SFTP.
4. **Privacy:** The SC is committed to protecting the confidentiality, integrity and accessibility of sensitive data. PERM states should comply with HIPAA Privacy and Security Rules, CMS Business Partners Systems Security Manual rules for sensitive data transfer, and state privacy and security rules. Any data that includes protected health information (PHI) and/or personally identifiable information (PII), such as beneficiary ID numbers, is considered sensitive data.
5. **Data transmission:** All data transmissions containing PHI or PII must conform to the FIPS 140-2 standards and comply with proper password protection and encryption procedures. The SC will only accept data files via SFTP transmission or sent on hard media (e.g. CD, DVD) through the mail. Do not send PERM data via email.

**The preferred method of data transmission is via SFTP.**

**Follow these steps if sending data via SFTP:**

1. Contact the SC to discuss the SFTP site, establish a SFTP connection, and test the SFTP prior to data submission (permisc.2013@lewin.com)

2. Encrypt and password-protect data files
3. Zip all PERM data files, including the Transmission Cover Sheet and file layouts, into a single zipped file
4. SFTP the zipped file
5. Email a copy of the Transmission Cover Sheet and password(s) to the SC to indicate that the PERM data is available on the SFTP site

**Follow these steps if mailing data:**

1. Zip files, as needed, based on file size
2. Encrypt and password-protect data files, copy to a CD or DVD
3. Label the CD or DVD "CMS Sensitive Information"
4. Label the envelope "To be opened by addressee only"
5. Address the envelope to the SC
6. Mail the CD or DVD via a private delivery service (such as FedEx or UPS) or a courier service with the capability for certified mail
7. E-mail the Transmission Cover Sheet and password(s) for the data to the SC

Appendix A

Table 2: FY 2013 PERM  
 Required Fields for Details Submissions (Header Record File)  
 Medicaid and CHIP Fee-for-Service

| Field Number | Field Designation | Standard Field Name | Field Description   | Standard Field Format | Quality Review   |
|--------------|-------------------|---------------------|---|-----------------------|--|
| 1            | PERM ID           | perm_id             | Populated field will be provided to the state by the SC in the sampled claim file | varchar               | Copy the PERM ID for the sampled claim from the sampler file into the claim details extract  |
| 2            | ICN               | clm_id_icn          | Unique claim identifier (e.g., ICN, TCN, other state issued number)               | varchar               | <p>Ensure the field is not truncated and does not contain extra data</p> <p>Each record in the PERM universe must be able to be uniquely identified with data elements contained in the record; for “dummy” claims, be sure the ICN information can tie back to the payment in the state’s systems</p> |

| Field Number | Field Designation            | Standard Field Name | Field Description   | Standard Field Format   | Quality Review  |
|--------------|------------------------------|---------------------|---|-------------------------|---|
| 3            | Claim type                   | clm_type            | State claim type indicator, typically identifying whether the claim is an institutional, medical, or crossover claim  | varchar                 | State data dictionary required if not provided with universe data                                 |
| 4            | Date Paid                    | date_of_payment     | Date claim or payment record was adjudicated or paid; not the check date (unless there is no adjudication date)<br><br>This date should match the paid date submitted in the universe for the sampled claim | varchar<br>(mm/dd/yyyy) | Check that the paid date for all records matches the original paid date submitted in the universe |
| 5            | Medicare crossover indicator | mcare_xover_ind     | Indicates whether the claim is a crossover claim from Medicare to Medicaid<br><br>"Y" for yes, "N" for no   | varchar                 | Ensure all values are coded as "Y" or "N" and the field is populated for all records              |

| Field Number | Field Designation   | Standard Field Name | Field Description   | Standard Field Format | Quality Review   |
|--------------|---------------------|---------------------|---|-----------------------|--|
| 6            | Category of service | service_category    | Classification for broad types of state/federal covered services  | varchar               | Can be MSIS category of service or state-defined service type<br>State data dictionary required if not provided with universe data when state codes are used |
| 7            | Source location     | source_location     | The system of origin/location in which the sampled unit was adjudicated   | varchar               | State data dictionary required if not provided with universe<br>value must match value in the universe submission  |
| 8            | Payment status      | payment_status      | Paid or denied indicator for each claim or claim line as it was originally adjudicated; should not reflect an adjusted payment status<br>"P" for paid, "D" for denied | varchar               | Ensure all values are coded as "P" or "D" and the field is populated for all records   |

| Field Number | Field Designation                         | Standard Field Name | Field Description   | Standard Field Format   | Quality Review  |
|--------------|---|---------------------|---|-------------------------|---|
| 9            | Total computable amount paid on the claim | amt_paid_clm        | Total computable amount paid at the claim header.<br>Total Computable Amount = Federal Share + State Share<br>Amount paid should be net of any co-payments, third-party, or other beneficiary liability | numeric (with decimals) | Ensure the field is not truncated or rounded, and does not contain extra data |
| 10           | Date-of-service from (claim)              | dos_from_clm        | Beginning date of service on the claim  | varchar (mm/dd/yyyy)    | Ensure beginning date of service is populated for all records.                |
| 11           | Date-of-service to (claim)                | dos_to_clm          | Ending date of service on the claim   | varchar (mm/dd/yyyy)    | Ensure ending date of service is populated for all records.                   |
| 12           | Recipient ID                              | recipient_id        | Beneficiary ID number   | varchar                 | Ensure recipient ID is populated for all records                              |

| Field Number | Field Designation       | Standard Field Name | Field Description  | Standard Field Format | Quality Review  |
|--------------|-------------------------|---------------------|--|-----------------------|---|
| 13           | Recipient Name          | recipient_name      | Beneficiary Name<br>State may submit beneficiary name according to state preference (e.g., can submit multiple variables for first, middle, and last name or a single variable containing beneficiary full name) | varchar               | Ensure recipient name is populated for all records<br>Ensure the field is not truncated and does not contain extra data |
| 14           | Recipient date of birth | recipient_dob       | Beneficiary date of birth  | varchar (mm/dd/yyyy)  | Ensure date of birth is populated for all records   |
| 15           | Recipient gender        | recipient_gender    | Beneficiary gender code<br>"M" for male, "F" for female  | varchar               | Ensure all values are coded as "M" or "F" and the field is populated for all records                                    |
| 16           | Recipient county        | recipient_county    | Beneficiary county   | varchar               | State data dictionary required if not provided with universe  |
| 17           | Billing provider number | billing_prov_id     | Billing provider ID number   | varchar               | Ensure billing provider number is populated for all records   |

| Field Number | Field Designation          | Standard Field Name    | Field Description  | Standard Field Format | Quality Review  |
|--------------|----------------------------|------------------------|--|-----------------------|---|
| 18           | Billing provider name      | billing_prov_name      | Billing provider name  | varchar               | Ensure the field is not truncated, does not contain extra data and is populated for all records                   |
| 19           | Billing provider type      | billing_prov_type      | Billing provider type  | varchar               | State data dictionary required if not provided with universe  |
| 20           | Billing provider specialty | billing_prov_spec      | Billing provider specialty code  | varchar               | State data dictionary required if not provided with universe  |
| 21           | Billing provider address 1 | billing_prov_address_1 | Billing provider address first line.<br>If medical record contacts are different from the billing provider, please include this information in a separate user field | varchar               | Ensure that provider addresses are complete, up-to-date, and do not contain a medical record contact name instead |
| 22           | Billing provider address 2 | billing_prov_address_2 | Billing provider address second line   | varchar               |   |
| 23           | Billing provider city      | billing_prov_city      | Billing provider city  | varchar               |   |

| Field Number | Field Designation      | Standard Field Name   | Field Description   | Standard Field Format | Quality Review   |
|--------------|------------------------|-----------------------|---|-----------------------|--|
| 24           | Billing provider state | billing_prov_state    | Billing provider state  | varchar               | Use the abbreviated 2-letter code for each state (e.g. WA for Washington state)  |
| 25           | Billing provider zip   | billing_prov_zip_code | Billing provider zip code<br>Should contain either 5 or 9 digits (ZIP+4 digit code)   | varchar               | If possible do not include hyphens when using a ZIP+4 digit code   |
| 26           | Billing provider phone | billing_prov_phone    | Billing provider phone number(s)<br>All phone numbers should be 10 digits, including the area code<br>Multiple phone numbers and phone extensions should be reported in separate user fields) | varchar               | If possible, do not use hyphens or parentheses<br>Verify that the provider phone number is a complete and up-to-date 10 digit code<br>Include multiple phone numbers in separate user fields |
| 27           | Billing provider fax   | billing_prov_fax      | Billing provider fax number, when available   | varchar               | If possible, do not use hyphens or parenthesis in this field<br>Verify that the provider fax number is a complete and up-to-date 10 digit code   |

| Field Number | Field Designation    | Standard Field Name | Field Description                    | Standard Field Format | Quality Review |
|--------------|----------------------|---------------------|--------------------------------------|-----------------------|----------------|
| 28           | Billing provider NPI | billing_prov_npi    | Billing provider NPI, when available | varchar               |                |
| 29           | ICD procedure code 1 | icd_proc_code_1     | ICD-9/10 surgical procedure code 1   | varchar               |                |
| 30           | ICD procedure code 2 | icd_proc_code_2     | ICD-9/10 surgical procedure code 2   | varchar               |                |
| 31           | ICD procedure code 3 | icd_proc_code_3     | ICD-9/10 surgical procedure code 3   | varchar               |                |
| 32           | ICD procedure code 4 | icd_proc_code_4     | ICD-9/10 surgical procedure code 4   | varchar               |                |
| 33           | ICD procedure code 5 | icd_proc_code_5     | ICD-9/10 surgical procedure code 5   | varchar               |                |
| 34           | ICD procedure code 6 | icd_proc_code_6     | ICD-9/10 surgical procedure code 6   | varchar               |                |
| 35           | Diagnosis 1          | diag_code_1         | Diagnosis code 1 (primary)           | varchar               |                |

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| <b>Field Number</b> | <b>Field Designation</b> | <b>Standard Field Name</b> | <b>Field Description</b>                                   | <b>Standard Field Format</b> | <b>Quality Review</b>   |
|---------------------|--------------------------|----------------------------|--|------------------------------|---|
| 36                  | Diagnosis 2              | diag_code_2                | Diagnosis code 2   | varchar                      |   |
| 37                  | Diagnosis 3              | diag_code_3                | Diagnosis code 3   | varchar                      |   |
| 38                  | Diagnosis 4              | diag_code_4                | Diagnosis code 4   | varchar                      |   |
| 39                  | Diagnosis 5              | diag_code_5                | Diagnosis code 5   | varchar                      |   |
| 40                  | Diagnosis 6              | diag_code_6                | Diagnosis code 6   | varchar                      |   |
| 41                  | Diagnosis 7              | diag_code_7                | Diagnosis code 7   | varchar                      |   |
| 42                  | Diagnosis 8              | diag_code_8                | Diagnosis code 8   | varchar                      |   |
| 43                  | Diagnosis 9              | diag_code_9                | Diagnosis code 9   | varchar                      |   |
| 44                  | DRG                      | drg_code                   | Diagnosis Related Group (DRG) code, if applicable          | varchar                      |   |
| 45                  | National Drug Code (NDC) | ndc_code                   | Made up of labeler(mfr) + product+ pkg size configurations | varchar                      | Must be 11 digits including leading and trailing zeroes<br>Ensure this field is populated for all pharmacy claims |
| 46                  | Drug order date          | drug_order_dt              | Date drug was prescribed for a pharmacy claim              | varchar (mm/dd/yyyy)         | Ensure this field is populated for all pharmacy claims  |

| Field Number | Field Designation             | Standard Field Name | Field Description  | Standard Field Format | Quality Review   |
|--------------|-------------------------------|---------------------|--|-----------------------|--|
| 47           | Prescription number           | rx_num              | Prescription number for the pharmacy claim line  | varchar               | Ensure this field is populated for all pharmacy claims   |
| 48           | Prior authorization number    | prior_auth_num      | Prior authorization number will be the same on all lines if PA only available at the claim level | varchar               |  |
| 49           | Medical Record Contact Name   | mr_contact_name     | Medical record contact name  | varchar               | Ensure the field is not truncated, does not contain extra data and is populated for all records when available |
| 50           | Medical Record Contact Addr 1 | mr_contact_addr_1   | Medical record contact address first line.   | varchar               | Ensure that provider addresses are complete and up-to-date   |
| 51           | Medical Record Contact Addr 2 | mr_contact_addr_2   | Medical record contact address second line   | varchar               |  |
| 52           | Medical Record Contact City   | mr_contact_city     | Medical record contact city  | varchar               |  |

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| <b>Field Number</b> | <b>Field Designation</b>     | <b>Standard Field Name</b> | <b>Field Description</b>  | <b>Standard Field Format</b> | <b>Quality Review</b>  |
|---------------------|------------------------------|----------------------------|---|------------------------------|--|
| 53                  | Medical Record Contact State | mr_contact_state           | Medical record contact state: 2-char postal abbreviation.   | varchar                      |  |
| 54                  | Medical Record Contact Zip   | mr_contact_zip_code        | Medical record contact zip code.<br>Should contain either 5 or 9 digits (ZIP+4 digit code)  | varchar                      | If possible do not include hyphens when using a ZIP+4 digit code |
| 55                  | Medical Record Contact Phone | mr_contact_phone           | Medical record contact phone number<br>All phone numbers should be 10 digits, including the area code<br>Multiple phone numbers and phone extensions should be reported in separate user fields | varchar                      |  |

| Field Number | Field Designation | Standard Field Name | Field Description  | Standard Field Format | Quality Review  |
|--------------|-------------------|---------------------|--|-----------------------|---|
| 56           | User field 1      |                     | User- specific field that may contain unique state data that is important for the program but is not in the standard format<br><br>State may choose to leave this data element out, if desired |                       | State data dictionary may be required depending on the data provided in user fields |
| 57           | User field 2      |                     | Same as above  |                       | Same as above   |
| 58           | User field 3      |                     | Same as above  |                       | Same as above   |
| 59           | User field 4      |                     | Same as above  |                       | Same as above   |
| 60           | User field 5      |                     | Same as above  |                       | Same as above   |
| 61           | User field 6      |                     | Same as above  |                       | Same as above   |
| 62           | User field 7      |                     | Same as above  |                       | Same as above   |
| 63           | User field 8      |                     | Same as above  |                       | Same as above   |
| 64           | User field 9      |                     | Same as above  |                       | Same as above   |
| 65           | User field 10     |                     | Same as above  |                       | Same as above   |

**Table 3: FY 2013 PERM  
Required Fields for Details Submissions (Detail Record File)  
Medicaid and CHIP Fee-for-Service**

| Field Number | Field Designation | Standard Field Name | Field Description   | Standard Field Format | Quality Review  |
|--------------|-------------------|---------------------|---|-----------------------|---|
| 1            | PERM ID           | perm_id             | Populated field will be provided to the state by the SC in the sampled claim file | varchar               | Copy the PERM ID for the sampled claim from the sampler file into the claim details extract   |
| 2            | ICN               | clm_id_icn          | Unique claim identifier (e.g., ICN, TCN, other state issued number)               | varchar               | <p>Ensure the field is not truncated and does not contain extra data</p> <p>Each record in the PERM universe must be able to be uniquely identified with data elements contained in the record; for “dummy” claims, be sure the ICN information can tie back to the payment in the state’s systems</p> <p>If the ICN/Line Number alone is not sufficient to uniquely identify the sampling unit, the state must define those fields that can be used to uniquely identify the sampling unit</p> |

| Field Number | Field Designation            | Standard Field Name  | Field Description   | Standard Field Format | Quality Review   |
|--------------|------------------------------|----------------------|---|-----------------------|--|
| 3            | Claim type                   | clm_type             | State claim type indicator, typically identifying whether the claim is an institutional, medical, or crossover claim  | varchar               | State data dictionary required if not provided with universe data  |
| 4            | Medicare crossover indicator | mcare_xover_ind      | Indicates whether the claim is a crossover claim from Medicare to Medicaid<br>"Y" for yes, "N" for no   | varchar               | Ensure all values are coded as "Y" or "N" and the field is populated for all records   |
| 5            | Category of service          | service_category     | Classification for broad types of state/federal covered services  | varchar               | Can be MSIS category of service or state-defined service type<br>State data dictionary required if not provided with universe data when state codes are used |
| 6            | Payment status               | payment_status       | Paid or denied indicator for each claim or claim line as it was originally adjudicated; should not reflect an adjusted payment status<br>"P" for paid, "D" for denied | varchar               | Ensure all values are coded as "P" or "D" and the field is populated for all records   |
| 7            | Line item number             | clm_id_line_item_num | Line number of the individual line item number  | numeric (no decimals) |  |

| Field Number | Field Designation                 | Standard Field Name | Field Description   | Standard Field Format   | Quality Review  |
|--------------|-----------------------------------|---------------------|---|-------------------------|---|
| 8            | Procedure code line               | proc_code_line      | Procedure code on the line (HCPCS code or CPT) as it was adjudicated  | varchar                 |   |
| 9            | Units paid                        | units_of_svc_paid   | Number of units (services) paid   | numeric                 | <p>In cases where there are fractional units paid, ensure that they are valid and reflect the accurate number of units paid for the corresponding claim</p> <p>All paid drug records must have valid units paid greater than 0</p> <p>If the number of units paid for drug records are not available, please include quantity dispensed or other relevant information</p> |
| 10           | Total computable amount paid line | amt_paid_line       | <p>Total computable amount paid at the claim line.</p> <p>Total Computable Amount= Federal Share + State Share</p> <p>Amount paid should be net of any co-payments, third-party, or other beneficiary liability</p> | numeric (with decimals) | Ensure the field is not truncated and does not contain extra data   |

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| Field Number | Field Designation          | Standard Field Name | Field Description   | Standard Field Format | Quality Review   |
|--------------|----------------------------|---------------------|---|-----------------------|--|
| 11           | Procedure modifier 1       | proc_mod_1          | Procedure Code Modifier- 1 on the lines as it was adjudicated   | varchar               |  |
| 12           | Procedure modifier 2       | proc_mod_2          | Procedure Code Modifier - 2 on the line as it was adjudicated   | varchar               |  |
| 13           | Procedure modifier 3       | proc_mod_3          | Procedure Code Modifier - 3 on the line as it was adjudicated   | varchar               |  |
| 14           | Procedure modifier 4       | proc_mod_4          | Procedure Code Modifier - 4 on the line as it was adjudicated   | varchar               |  |
| 15           | Revenue code               | rev_code            | Revenue code for the claim line. Note that ALL revenue codes should be submitted for a claim<br><br>A separate record should be created for each revenue code | varchar               |  |
| 16           | Performing provider number | perf_prov_id        | Performing (servicing) provider ID number   | varchar               | Must be submitted for records billed at the claim line level |
| 17           | Performing provider name   | perf_prov_name      | Performing (servicing) provider name  | varchar               | Must be submitted for records billed at the claim line level |

| Field Number | Field Designation             | Standard Field Name | Field Description   | Standard Field Format | Quality Review  |
|--------------|-------------------------------|---------------------|---|-----------------------|---|
| 18           | Performing provider type      | perf_prov_type      | Performing (servicing) provider type  | varchar               | Must be submitted for records billed at the claim line level<br>State data dictionary required if not provided with universe  |
| 19           | Performing provider spec      | perf_prov_spec      | Performing (servicing) provider specialty code  | varchar               | Must be submitted for records billed at the claim line level<br>State data dictionary required if not provided with universe  |
| 20           | Performing provider address 1 | perf_prov_addr_1    | Performing (servicing) provider address first line.<br>If medical record contacts are different from the performing provider, please include this information in a separate user field. | varchar               | Must be submitted for records billed at the claim line level<br>Verify that provider addresses are complete, up-to-date and do not include a medical record contact name. |
| 21           | Performing provider address 2 | perf_prov_addr_2    | Performing (servicing) address second line  | varchar               | Must be submitted for records billed at the claim line level  |
| 22           | Performing provider city      | perf_prov_city      | Performing (servicing) provider city  | varchar               | Must be submitted for records billed at the claim line level  |

| Field Number | Field Designation         | Standard Field Name | Field Description  | Standard Field Format | Quality Review   |
|--------------|---------------------------|---------------------|--|-----------------------|--|
| 23           | Performing provider state | perf_prov_state     | Performing (servicing) provider state  | varchar               | Must be submitted for records billed at the claim line level<br>Use the abbreviated 2-letter code for each state (e.g. WA for Washington state)  |
| 24           | Performing provider zip   | perf_prov_zip_code  | Performing (servicing) provider zip code<br>Should contain either 5 or 9 digits (ZIP+4 digit code)   | varchar               | Must be submitted for records billed at the claim line level<br>If possible do not include hyphens when using a ZIP+4 digit code   |
| 25           | Performing provider phone | perf_prov_phone     | Performing (servicing) provider phone number<br>All phone numbers should be 10 digits, including the area code<br>Multiple phone numbers and phone extensions should be reported in separate user fields | varchar               | Must be submitted for records billed at the claim line level<br>If possible, do not use hyphens or parentheses<br>Verify that the provider phone number is a complete and up-to-date 10 digit code<br>Include multiple phone numbers in separate user fields |

| Field Number | Field Designation           | Standard Field Name | Field Description  | Standard Field Format | Quality Review   |
|--------------|-----------------------------|---------------------|--|-----------------------|--|
| 26           | Performing provider fax     | perf_prov_fax       | Performing (servicing) provider fax number when available                          | varchar               | <p>Must be submitted for records billed at the claim line level when available</p> <p>If possible, do not use hyphens or parenthesis in this field</p> <p>Verify that the provider fax number is a complete and up-to-date 10 digit code</p> |
| 27           | Performing provider NPI     | perf_prov_npi       | Performing provider's NPI, when available  | varchar               | <p>Must be submitted for records billed at the claim line level, when available</p>  |
| 28           | Referring Prov Name         | ref_prov_name       | Referring provider name  | varchar               |  |
| 29           | Referring Prov NPI          | ref_prov_npi        | Referring provider NPI   | varchar               |  |
| 30           | Date-of-service from (line) | dos_from_line       | Beginning date of service on the line. Should be included for each line of a claim | varchar (mm/dd/yyyy)  | <p>Ensure beginning date of service is populated for all line level claims</p>   |

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| Field Number | Field Designation         | Standard Field Name  | Field Description   | Standard Field Format    | Quality Review  |
|--------------|---------------------------|----------------------|---|--------------------------|---|
| 31           | Date-of-service to (line) | dos_to_line          | Ending date of service on the line. Should be included for each line of a claim | vvarchar<br>(mm/dd/yyyy) | Ensure ending date of service is populated for all line level claims  |
| 32           | Place of service          | place_of_svc         | Place of service  | vvarchar                 | State data dictionary required if not provided with universe  |
| 33           | Type of service           | type_of_svc          | Type of service   | vvarchar                 | State data dictionary required if not provided with universe  |
| 34           | National Drug Code (NDC)  | ndc_code             | Made up of labeler(mfr) + product + pkg size configurations                     | vvarchar                 | Must be 11 digits including leading and trailing zeroes<br>Ensure this field is populated for all pharmacy claims |
| 35           | Drug order date           | drug_order_dt        | Date drug was prescribed for a pharmacy claim                                   | vvarchar<br>(mm/dd/yyyy) | Ensure this field is populated for all pharmacy claims  |
| 36           | Prescription number       | rx_num               | Prescription number for the pharmacy claim line                                 | vvarchar                 | Ensure this field is populated for all pharmacy claims  |
| 37           | Date paid line            | date_of_payment_line | Paid date for claim Line  | vvarchar<br>(mm/dd/yyyy) | Must be submitted for records billed at the claim line level  |

| Field Number | Field Designation | Standard Field Name | Field Description  | Standard Field Format | Quality Review  |
|--------------|-------------------|---------------------|--|-----------------------|---|
| 38           | User field 1      |                     | User- specific field that may contain unique state data that is important for the program but is not in the standard format. State may choose to leave this data element out, if desired |                       | State data dictionary may be required depending on the data provided in user fields |
| 39           | User field 2      |                     | Same as above  |                       | Same as above   |
| 40           | User field 3      |                     | Same as above  |                       | Same as above   |
| 41           | User field 4      |                     | Same as above  |                       | Same as above   |
| 42           | User field 5      |                     | Same as above  |                       | Same as above   |
| 43           | User field 6      |                     | Same as above  |                       | Same as above   |
| 44           | User field 7      |                     | Same as above  |                       | Same as above   |
| 45           | User field 8      |                     | Same as above  |                       | Same as above   |
| 46           | User field 9      |                     | Same as above  |                       | Same as above   |
| 47           | User field 10     |                     | Same as above  |                       | Same as above   |

## Appendix B

### Transmission Cover Sheet and Quality Control Verification Medicaid Fee-For-Service or CHIP Fee-For-Service

Complete and submit this cover sheet with every PERM data submission.

**Table A: Contact Information**

|   |  |
|---|--|
| <b>State:</b>                             |  |
| <b>Date:</b>                              |  |
| <b>Quarter:</b>                           |  |
| <b>Contact person for data questions:</b> |  |
| <b>Name:</b>                              |  |
| <b>Phone:</b>                             |  |
| <b>Email:</b>                             |  |
| <b>Title:</b>                             |  |
| <b>Organization:</b>                      |  |

**Table B: Data Descriptions**

| <i>Complete information below. Please include a row describing your data documentation. Add more rows as necessary.</i> |                      |   |  |   |
|---|----------------------|---|--|---|
| <b>Data Description</b><br><small>(e.g., Q1 Medicaid FFS details;<br/>data documentation)</small>                       | <b>Data Filename</b> | <b>File Format</b><br><small>(e.g., text, Excel,<br/>SAS)</small> | <b>File Media</b><br><small>(e.g., CD,<br/>DVD, FTP)</small> | <b>Password Protected? (Y/N)</b><br><small>(if yes,<br/>send password<br/>separately)</small> |
|   |                      |   |  |   |
|   |                      |   |  |   |
| <b>(Add rows if necessary)</b>  |                      |   |  |   |

**Table C: Control Totals**

| Data filename           | Month | Total Lines | Total Dollars |
|-------------------------|-------|-------------|---------------|
|                         |       |             |               |
|                         |       |             |               |
|                         |       |             |               |
|                         |       |             |               |
|                         |       |             |               |
|                         |       |             |               |
| (add rows as necessary) |       |             |               |
|                         |       |             |               |
|                         |       |             |               |

**Table D: Identification of Potential Data Discrepancies or Other Information**

*Please indicate whether there have been any major issues or problems with producing the Details that we should be aware of, including any changes that may have occurred since the last quarter. Also, please use this space to share other important information about your data submission.*

**Table E. Standard Details Crosswalk Template (Single File for Header and Line)**

Please match your state’s field names to the standard details field names below, and also indicate which data dictionary or crosswalk includes the layouts and decodes for each field (as applicable). If certain fields will not be populated by your system (e.g., if you do not pay any inpatient claims on a DRG or include fax numbers in your provider data), please note that as well.

|  |  |
|--|--|
| <p><b>Quality Review- States are responsible for quality control checking of each dataset prior to submitting the data to the SC. By placing your name in this box, you are verifying that your state performed the suggested quality control checks for each field and the results have been reviewed and are acceptable.</b></p> | <p style="text-align: center;"><b>Name</b></p> |
|--|--|

| Field Number | Standard Details Field Name | State Details Field Name (if different from Standard Field Name) | Filename Containing Data Layouts and Decodes | Explanation for Missing Data (if any) |
|--------------|-----------------------------|--|--|---------------------------------------|
| 1            | perm_id                     |  | N/A  |                                       |
| 2            | clm_id_icn                  |  |  |                                       |
| 3            | clm_type                    |  |  |                                       |
| 4            | date_of_payment             |  |  |                                       |
| 5            | mcare_xover_ind             |  |  |                                       |
| 6            | service_category            |  |  |                                       |
| 7            | source_location             |  |  |                                       |
| 8            | payment_status              |  |  |                                       |
| 9            | amt_paid_clm                |  |  |                                       |
| 10           | dos_from_clm                |  |  |                                       |
| 11           | dos_to_clm                  |  |  |                                       |

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| Field Number | Standard Details Field Name | State Details Field Name (if different from Standard Field Name) | Filename Containing Data Layouts and Decodes | Explanation for Missing Data (if any) |
|--------------|-----------------------------|--|--|---------------------------------------|
| 12           | recipient_id                |  |  |                                       |
| 13           | recipient_name              |  |  |                                       |
| 14           | recipient_dob               |  |  |                                       |
| 15           | recipient_gender            |  |  |                                       |
| 16           | recipient_county            |  |  |                                       |
| 17           | billing_prov_id             |  |  |                                       |
| 18           | billing_prov_name           |  |  |                                       |
| 19           | billing_prov_type           |  |  |                                       |
| 20           | billing_prov_spec           |  |  |                                       |
| 21           | billing_prov_address_1      |  |  |                                       |
| 22           | billing_prov_address_2      |  |  |                                       |
| 23           | billing_prov_city           |  |  |                                       |
| 24           | billing_prov_state          |  |  |                                       |
| 25           | billing_prov_zip_code       |  |  |                                       |
| 26           | billing_prov_phone          |  |  |                                       |
| 27           | billing_prov_fax            |  |  |                                       |
| 28           | billing_prov_npi            |  |  |                                       |
| 29           | icd_proc_code_1             |  |  |                                       |
| 30           | icd_proc_code_2             |  |  |                                       |
| 31           | icd_proc_code_3             |  |  |                                       |
| 32           | icd_proc_code_4             |  |  |                                       |

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| Field Number | Standard Details Field Name | State Details Field Name (if different from Standard Field Name) | Filename Containing Data Layouts and Decodes | Explanation for Missing Data (if any) |
|--------------|-----------------------------|--|--|---------------------------------------|
| 33           | icd_proc_code_5             |  |  |                                       |
| 34           | icd_proc_code_6             |  |  |                                       |
| 35           | diag_code_1                 |  |  |                                       |
| 36           | diag_code_2                 |  |  |                                       |
| 37           | diag_code_3                 |  |  |                                       |
| 38           | diag_code_4                 |  |  |                                       |
| 39           | diag_code_5                 |  |  |                                       |
| 40           | diag_code_6                 |  |  |                                       |
| 41           | diag_code_7                 |  |  |                                       |
| 42           | diag_code_8                 |  |  |                                       |
| 43           | diag_code_9                 |  |  |                                       |
| 44           | drg_code                    |  |  |                                       |
| 45           | clm_id_line_item_num        |  |  |                                       |
| 46           | proc_code_line              |  |  |                                       |
| 47           | units_of_svc_paid           |  |  |                                       |
| 48           | amt_paid_line               |  |  |                                       |
| 49           | proc_mod_1                  |  |  |                                       |
| 50           | proc_mod_2                  |  |  |                                       |
| 51           | proc_mod_3                  |  |  |                                       |
| 52           | proc_mod_4                  |  |  |                                       |
| 53           | rev_code                    |  |  |                                       |

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| Field Number | Standard Details Field Name   | State Details Field Name (if different from Standard Field Name) | Filename Containing Data Layouts and Decodes | Explanation for Missing Data (if any) |
|--------------|-------------------------------|--|--|---------------------------------------|
| 54           | perf_prov_id                  |  |  |                                       |
| 55           | perf_prov_name                |  |  |                                       |
| 56           | perf_prov_type                |  |  |                                       |
| 57           | perf_prov_spec                |  |  |                                       |
| 58           | perf_prov_addr_1              |  |  |                                       |
| 59           | perf_prov_addr_2              |  |  |                                       |
| 60           | perf_prov_city                |  |  |                                       |
| 61           | perf_prov_state               |  |  |                                       |
| 62           | perf_prov_zip_code            |  |  |                                       |
| 63           | perf_prov_phone               |  |  |                                       |
| 64           | perf_prov_fax                 |  |  |                                       |
| 65           | perf_prov_npi                 |  |  |                                       |
| 66           | Referring Prov Name           |  |  |                                       |
| 67           | Referring Prov NPI            |  |  |                                       |
| 68           | Medical Record Contact Name   |  |  |                                       |
| 69           | Medical Record Contact Add 1  |  |  |                                       |
| 70           | Medical Record Contact Addr 2 |  |  |                                       |
| 71           | Medical Record Contact City   |  |  |                                       |

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| Field Number | Standard Details Field Name  | State Details Field Name (if different from Standard Field Name) | Filename Containing Data Layouts and Decodes | Explanation for Missing Data (if any) |
|--------------|------------------------------|--|--|---------------------------------------|
| 72           | Medical Record Contact State |  |  |                                       |
| 73           | Medical Record Contact Zip   |  |  |                                       |
| 74           | Medical Record Contact Phone |  |  |                                       |
| 75           | dos_from_line                |  |  |                                       |
| 76           | dos_to_line                  |  |  |                                       |
| 77           | place_of_svc                 |  |  |                                       |
| 78           | type_of_svc                  |  |  |                                       |
| 79           | ndc_code                     |  |  |                                       |
| 80           | drug_order_dt                |  |  |                                       |
| 81           | rx_num                       |  |  |                                       |
| 82           | prior_auth_num               |  |  |                                       |
| 83           | date_of_payment_line         |  |  |                                       |
| 84           | Sampling_unit_level          |  |  |                                       |
| 85           | User field 1                 |  |  |                                       |
| 86           | User field 2                 |  |  |                                       |
| 87           | User field 3                 |  |  |                                       |
| 88           | User field 4                 |  |  |                                       |
| 89           | User field 5                 |  |  |                                       |
| 90           | User field 6                 |  |  |                                       |

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| Field Number | Standard Details Field Name | State Details Field Name (if different from Standard Field Name) | Filename Containing Data Layouts and Decodes | Explanation for Missing Data (if any) |
|--------------|-----------------------------|--|--|---------------------------------------|
| 91           | User field 7                |  |  |                                       |
| 92           | User field 8                |  |  |                                       |
| 93           | User field 9                |  |  |                                       |
| 94           | User field 10               |  |  |                                       |

**Table F. Standard Details Crosswalk Template (Header Record File)**

Please match your state’s field names to the standard details field names below, and also indicate which data dictionary or crosswalk includes the layouts and decodes for each field (as applicable). If certain fields will not be populated by your system (e.g., if you do not pay any inpatient claims on a DRG or include fax numbers in your provider data), please note that as well.

|   |      |
|---|------|
| Quality Review- States are responsible for quality control checking each dataset prior to submitting the data to the SC. By placing your name in this box, you are verifying that your state performed the suggested quality control checks for each field and the results have been reviewed and are acceptable. | Name |
|---|------|

| Field Number | Standard Field Name | State Details Field Name (if different from Standard Field Name) | Filename Containing Data Layouts and Decodes | Explanation for Missing Data (if any) |
|--------------|---------------------|--|--|---------------------------------------|
| 1            | perm_id             |  | N/A  |                                       |
| 2            | clm_id_icn          |  |  |                                       |
| 3            | clm_type            |  |  |                                       |
| 4            | date_of_payment     |  |  |                                       |
| 5            | mcare_xover_ind     |  |  |                                       |
| 6            | service_category    |  |  |                                       |
| 7            | source_location     |  |  |                                       |
| 8            | payment_status      |  |  |                                       |
| 9            | amt_paid_clm        |  |  |                                       |
| 10           | dos_from_clm        |  |  |                                       |
| 11           | dos_to_clm          |  |  |                                       |
| 12           | recipient_id        |  |  |                                       |

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| Field Number | Standard Field Name    | State Details Field Name (if different from Standard Field Name) | Filename Containing Data Layouts and Decodes | Explanation for Missing Data (if any) |
|--------------|------------------------|--|--|---------------------------------------|
| 13           | recipient_name         |  |  |                                       |
| 14           | recipient_dob          |  |  |                                       |
| 15           | recipient_gender       |  |  |                                       |
| 16           | recipient_county       |  |  |                                       |
| 17           | billing_prov_id        |  |  |                                       |
| 18           | billing_prov_name      |  |  |                                       |
| 19           | billing_prov_type      |  |  |                                       |
| 20           | billing_prov_spec      |  |  |                                       |
| 21           | billing_prov_address_1 |  |  |                                       |
| 22           | billing_prov_address_2 |  |  |                                       |
| 23           | billing_prov_city      |  |  |                                       |
| 24           | billing_prov_state     |  |  |                                       |
| 25           | billing_prov_zip_code  |  |  |                                       |
| 26           | billing_prov_phone     |  |  |                                       |
| 27           | billing_prov_fax       |  |  |                                       |
| 28           | billing_prov_npi       |  |  |                                       |
| 29           | icd_proc_code_1        |  |  |                                       |
| 30           | icd_proc_code_2        |  |  |                                       |
| 31           | icd_proc_code_3        |  |  |                                       |
| 32           | icd_proc_code_4        |  |  |                                       |
| 33           | icd_proc_code_5        |  |  |                                       |

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| Field Number | Standard Field Name           | State Details Field Name (if different from Standard Field Name) | Filename Containing Data Layouts and Decodes | Explanation for Missing Data (if any) |
|--------------|-------------------------------|--|--|---------------------------------------|
| 34           | icd_proc_code_6               |  |  |                                       |
| 35           | diag_code_1                   |  |  |                                       |
| 36           | diag_code_2                   |  |  |                                       |
| 37           | diag_code_3                   |  |  |                                       |
| 38           | diag_code_4                   |  |  |                                       |
| 39           | diag_code_5                   |  |  |                                       |
| 40           | diag_code_6                   |  |  |                                       |
| 41           | diag_code_7                   |  |  |                                       |
| 42           | diag_code_8                   |  |  |                                       |
| 43           | diag_code_9                   |  |  |                                       |
| 44           | drg_code                      |  |  |                                       |
| 45           | ndc_code                      |  |  |                                       |
| 46           | drug_order_dt                 |  |  |                                       |
| 47           | rx_num                        |  |  |                                       |
| 48           | prior_auth_num                |  |  |                                       |
| 49           | Medical Record Contact Name   |  |  |                                       |
| 50           | Medical Record Contact Add 1  |  |  |                                       |
| 51           | Medical Record Contact Addr 2 |  |  |                                       |
| 52           | Medical Record Contact        |  |  |                                       |

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| Field Number | Standard Field Name          | State Details Field Name (if different from Standard Field Name) | Filename Containing Data Layouts and Decodes | Explanation for Missing Data (if any) |
|--------------|------------------------------|--|--|---------------------------------------|
|              | City                         |  |  |                                       |
| 53           | Medical Record Contact State |  |  |                                       |
| 54           | Medical Record Contact Zip   |  |  |                                       |
| 55           | Medical Record Contact Phone |  |  |                                       |
| 56           | User field 1                 |  |  |                                       |
| 57           | User field 2                 |  |  |                                       |
| 58           | User field 3                 |  |  |                                       |
| 59           | User field 4                 |  |  |                                       |
| 60           | User field 5                 |  |  |                                       |
| 61           | User field 6                 |  |  |                                       |
| 62           | User field 7                 |  |  |                                       |
| 63           | User field 8                 |  |  |                                       |
| 64           | User field 9                 |  |  |                                       |
| 65           | User field 10                |  |  |                                       |

**Table G. Standard Details Crosswalk Template (Detail Record File)**

Please match your state’s field names to the standard details field names below, and also indicate which data dictionary or crosswalk includes the layouts and decodes for each field (as applicable). If certain fields will not be populated by your system (e.g., if you do not pay any inpatient claims on a DRG or include fax numbers in your provider data), please note that as well.

|   |   |
|---|---|
| <p><b>Quality Review-</b> States are responsible for quality control checking each dataset prior to submitting the data to the SC. By placing your name in this box, you are verifying that your state performed the suggested quality control checks for each field and the results have been reviewed and are acceptable.</p> | <p style="text-align: center;">Name</p> |
|---|---|

| Field Number | Standard Field Name  | State Details Field Name (if different from Standard Field Name) | Filename Containing Data Layouts and Decodes | Explanation for Missing Data (if any) |
|--------------|----------------------|--|--|---------------------------------------|
| 1            | perm_id              |  | N/A  |                                       |
| 2            | clm_id_icn           |  |  |                                       |
| 3            | clm_type             |  |  |                                       |
| 4            | mcare_xover_ind      |  |  |                                       |
| 5            | service_category     |  |  |                                       |
| 6            | payment_status       |  |  |                                       |
| 7            | clm_id_line_item_num |  |  |                                       |
| 8            | proc_code_line       |  |  |                                       |
| 9            | units_of_svc_paid    |  |  |                                       |
| 10           | amt_paid_line        |  |  |                                       |
| 11           | proc_mod_1           |  |  |                                       |
| 12           | proc_mod_2           |  |  |                                       |

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| Field Number | Standard Field Name | State Details Field Name (if different from Standard Field Name) | Filename Containing Data Layouts and Decodes | Explanation for Missing Data (if any) |
|--------------|---------------------|--|--|---------------------------------------|
| 13           | proc_mod_3          |  |  |                                       |
| 14           | proc_mod_4          |  |  |                                       |
| 15           | rev_code            |  |  |                                       |
| 16           | perf_prov_id        |  |  |                                       |
| 17           | perf_prov_name      |  |  |                                       |
| 18           | perf_prov_type      |  |  |                                       |
| 19           | perf_prov_spec      |  |  |                                       |
| 20           | perf_prov_addr_1    |  |  |                                       |
| 21           | perf_prov_addr_2    |  |  |                                       |
| 22           | perf_prov_city      |  |  |                                       |
| 23           | perf_prov_state     |  |  |                                       |
| 24           | perf_prov_zip_code  |  |  |                                       |
| 25           | perf_prov_phone     |  |  |                                       |
| 26           | perf_prov_fax       |  |  |                                       |
| 27           | perf_prov_npi       |  |  |                                       |
| 28           | ref_prov_name       |  |  |                                       |
| 29           | ref_prov_npi        |  |  |                                       |
| 30           | dos_from_line       |  |  |                                       |
| 31           | dos_to_line         |  |  |                                       |
| 32           | place_of_svc        |  |  |                                       |
| 33           | type_of_svc         |  |  |                                       |

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| Field Number | Standard Field Name  | State Details Field Name (if different from Standard Field Name) | Filename Containing Data Layouts and Decodes | Explanation for Missing Data (if any) |
|--------------|----------------------|--|--|---------------------------------------|
| 34           | ndc_code             |  |  |                                       |
| 35           | drug_order_dt        |  |  |                                       |
| 36           | rx_num               |  |  |                                       |
| 37           | date_of_payment_line |  |  |                                       |
| 38           | User field 1         |  |  |                                       |
| 39           | User field 2         |  |  |                                       |
| 40           | User field 3         |  |  |                                       |
| 41           | User field 4         |  |  |                                       |
| 42           | User field 5         |  |  |                                       |
| 43           | User field 6         |  |  |                                       |
| 44           | User field 7         |  |  |                                       |
| 45           | User field 8         |  |  |                                       |
| 46           | User field 9         |  |  |                                       |
| 47           | User field 10        |  |  |                                       |