

**FY 2012 PERM  
Data Submission Instructions**

**Sampled Claim Details Data**

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

## SECTION 1: OVERVIEW

This document is a guide for states to collect and submit sampled claim details data to the PERM Statistical Contractor (SC). The overall flow of this process is as follows:

1. The PERM SC will select random samples of payments from the fee-for-service and managed care universe claims extracts provided by the state.
2. The SC will return the sampled fee-for-service claims to the state.
3. The SC will conduct a brief “details” intake call (approximately 30 minutes) with the state after returning the sampled fee-for-service claims to the state. The primary purpose of this call is to determine if there are any fields in the details instructions that are not collected or reported by the state or if there are fields that will be missing 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 will allow the SC to expedite its process for validating and reformatting the data after receiving the details data from the states. The details intake call will also provide an opportunity for the states to ask specific questions about any other required fields or the details process in general.

4. For the sampled fee-for-service claims, the state will then provide to the SC a file with details for the sampled payments within 2 weeks. This sampled claim details submission will contain information needed to assist the PERM Review Contractor (RC) in requesting records, and the provider in identifying and submitting the medical record associated with each sampled claim.
5. The SC will review the sampled claim details for completeness, standardize the format if necessary, and send the file to the RC to begin the process of requesting medical records.

## SECTION 2: SAMPLED CLAIM DETAILS DATA

The details for the sampled claims are used to request medical records and conduct medical review (e.g., verification of service provision 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 they be accurate and complete.

Below we have highlighted some specific aspects of this process that are helpful in submitting a timely, accurate, and complete sampled claim details submission.

- **PERM ID:** Every sampled payment (i.e., FFS claim, fixed payment, managed care payment) will have a PERM ID that the Review Contractor will use to track that payment. The PERM ID follows a standard logic:

SS = state

C/M = CHIP or Medicaid  
12 = year  
0# = quarter number  
F/P/M = FFS, fixed payment, managed care  
XXX = three-digit sequential number

Example: the fifty-first FFS payment sampling unit from the Kansas 2012 Q1 CHIP universe will have the following PERM ID: KSC1201F051

While the SC will send the samples back to the state in the same format in which we received them, we will add the PERM ID to each record. Please keep track of these PERM ID numbers and include them in the sampled claim details submission.

Note that only claims with a “FFS” indicator (“F” in the 8<sup>th</sup> position of the PERM ID) need to be included in the details file returned to the SC. Sampled items indicated by “P” are fixed payments. States do not need to provide additional details for these payments as they are not subject to medical review like other fee-for-service claims. Sampled items indicated by “M” are managed care payments and generally included in a separate sampler file. States do not need to provide additional information for these payments unless specifically requested at the time the sample is transmitted to the state.

- **Claim Header and Line Data:** Although in most cases individual line items will be sampled, 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 should return in the details submission all lines associated with that claim, as well as the sampled claim header.
  - If a claim pays on a line basis and the SC sampled line 2, the information returned by the state should include information from the header and **all** lines associated with that claim header, including line 2 and all other lines.

Please refer to the “sampling level” field with each sampled item to determine whether it was sampled at the header or line level. Sampled items indicated by “H” were sampled at the header level and those indicated by “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. Each state will work with the SC to determine the most appropriate file structure.

- **Billing Provider vs. Performing Provider:** Identifiers for both the billing provider and the performing provider should be included, along with the providers’ addresses and telephone numbers.

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 to obtain the record that supports the claim.

Note that 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.

- **Claim Adjustments Data (adjustment fields and adjustment date):** States are not required to submit adjustments with their sampled claim details. The RC will collect any adjustments made within 60 days to sampled claims during the review process.<sup>1</sup> This applies to both fee-for-service and managed care samples. The RC will work with each state to identify mechanisms and data fields to appropriately account for adjustments during the review.

In Section 4 of these instructions we have included specific suggestions for checks that states should run on the submission to ensure that it is accurate and complete.

#### **Changes to the FY 2012 PERM Data Submission Instructions from FY 2011**

- Some fields listed in the FY 2011 PERM Data Submission Instructions are no longer required. (If you have already set up the programming to submit these fields, the SC will accept them.) These fields include:
  1. Number of line items
  2. Sampled line indicator
- In FY 2012, 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. This is a change from FY 2011 instructions, where states were required to submit a single combined file for claim header and details data.

#### **Additional Changes to the FY 2012 PERM Data Submission Instructions from FY 2009**

- **Claim Adjustments Data (adjustment fields and adjustment date):** States are no longer required to submit adjustments with their sampled claim details. The RC will collect any

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<sup>1</sup> While state policies generally allow adjustments to be made more than 60 days after the original paid date, only the adjustments made within 60 days will be considered for PERM review purposes, per federal regulation.

adjustments made within 60 days to sampled claims during the review process. The RC will work with each state to identify mechanisms and data fields to appropriately account for adjustments during the review.

- **Fields listed in the FY 2009 PERM Data Submission Instructions that are no longer required:**

1. Adjustment fields
2. Adjustment date
3. Sampling unit level (the SC will assign the sampling unit level, indicated by H/L/F)
4. Historical ICN
5. Original State ICN
6. Adj indicator
7. Revenue code description
8. PERM state (embedded in the PERM ID so not necessary to include in the file)
9. Sample year (embedded in the PERM ID so not necessary to include in the file)
10. Sample quarter (embedded in the PERM ID so not necessary to include in the file)
11. Program code
12. Claim category
13. Number of line items
14. Sampled ind

- **Fields added since FY 2009 PERM Data Submission Instructions:**

We have added additional rows 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. This includes the following:

1. Increasing the number of ICD-9 procedure codes from 3 to 6
  2. Increasing the number of diagnosis codes from 5 to 9
  3. Increasing the number of procedure code modifiers from 2 to 4
- “Record Type” has been added to the list of fields required in 2012 detailed claims. This code is used to distinguish whether a record is a header or a line level claim.

### **SECTION 3: SAMPLED CLAIM DETAILS FIELD SPECIFICATIONS**

Tables 1 through 3 below list the fields required in the sampled claim details submission. These required fields assist the RC in requesting records and the provider in identifying and submitting the medical record associated with the sampled claim.

- Table 1 lists the fields required if the state is submitting a consolidated header and line file.
- Table 2 lists the fields required for header records if the state is submitting separate header and line files.
- Table 3 lists the fields required for line records if the state is submitting separate header and line files.

We have included field names and a preferred format for each field. These field names and formats are not required but using them will allow the RC to begin requesting medical records earlier, as the SC will not need to reformat your data prior to sending it to the RC. If you do not use these field names or provide the data in a different order, we ask that you include a crosswalk between the state field names and the standard details field names in the details transmission cover sheet. 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 your system (e.g., if you do not pay any inpatient claims on a DRG or include fax numbers in your provider data), please indicate that during the details intake call and on the details transmission cover sheet.

**Table 1: FY 2012 PERM  
Required Fields for Details Submissions (Single File for Header and Line)  
Medicaid and CHIP Fee-for-Service**

<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>
1	PERM ID	perm_id	Populated field will be provided to the state by the SC in the sampled claim file.	varchar	Please 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 or contains 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  Ensure the field is not truncated or contains extra 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)  This date should match the paid date submitted in the universe for the sampled claim.	varchar (mmddyyyy)	Check that the paid date for all records is for the appropriate quarter for FY 2012
5	Medicare crossover indicator	mcare_xover_ind	Indicates that the claim is a crossover claim from Medicare to Medicaid  "Y" for yes , "N" for no	varchar	Please ensure all values are coded as "Y" or "N"
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  State data dictionary required if state codes are used

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Quality Review
7	Source location	source_location	<p>The entity identifier and location of the source that processed the claim. The system of origin/location in which the sampled unit was adjudicated.</p> <p>Required for states that have multiple locations that process claims for the same universe file</p>	varchar	<p>State data dictionary required</p> <p>Ensure the field is not truncated or contains extra data</p>
8	Payment status	payment_status	<p>Paid or denied indicator for each claim or claim line</p> <p>“P” for paid, “D” for denied</p>	varchar	<p>Please ensure all values are coded as “P” or “D”</p>
9	Total computable amount paid on the claim	amt_paid_clm	<p>Total computable amount paid at the claim header</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 or contains extra data</p>
10	Date-of-service from (claim)	dos_from_clm	From date of service on the claim	varchar (mmddyyyy)	
11	Date-of-service to (claim)	dos_to_clm	To date of service on the claim	varchar (mmddyyyy)	

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Quality Review
12	Recipient ID	recipient_id	Beneficiary ID number	varchar	Ensure the field is not truncated or contains extra data
13	Recipient Name	recipient_name	Beneficiary Name  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	
14	Recipient date of birth	recipient_dob	Beneficiary date of birth	varchar (mmddyyyy)	
15	Recipient gender	recipient_gender	Beneficiary gender code  "M" for male, "F" for female	varchar	Please ensure all values are coded as "M" or "F"
16	Recipient county	recipient_county	Beneficiary county	varchar	State data dictionary required
17	Billing provider number	billing_prov_id	Billing provider ID number	varchar	Ensure the field is not truncated or contains extra data
18	Billing provider name	billing_prov_name	Billing provider name	varchar	
19	Billing provider type	billing_prov_type	Billing provider type	varchar	State data dictionary required

<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>
20	Billing provider specialty	billing_prov_spec	Billing provider specialty code	varchar	State data dictionary required
21	Billing provider address 1	billing_prov_address_1	Billing provider address first line  If medical review contacts are different from the billing provider, please include this information in a separate user field	varchar	Please ensure that provider address is complete and up-to-date.
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	Please use the abbreviated 2 letter code for each state
25	Billing provider zip	billing_prov_zip_code	Billing provider zip code	varchar	If possible do not include hyphens when using a ZIP+4 code

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Quality Review
26	Billing provider phone	billing_prov_phone	Billing provider phone number(s).  Multiple phone numbers and phone extensions should be reported in separate user fields and are acceptable up to 50 bytes. e.g. ('1234567890 OR 0987654321')	varchar	If possible, please do not use hyphens or parenthesis in this field  Verify that provider phone is complete and up-to-date
27	Billing provider fax	billing_prov_fax	Billing provider fax number	varchar	If possible, please do not use hyphens or parenthesis in this field  Verify that provider phone is complete and up-to-date
28	Billing provider NPI	billing_prov_npi	Billing provider NPI, when available	varchar	
29	ICD9 procedure code 1	icd9_proc_code_1	ICD-9/10 surgical procedure code 1	varchar	
30	ICD9 procedure code 2	icd9_proc_code_2	ICD-9/10 surgical procedure code 2	varchar	
31	ICD9 procedure code 3	icd9_proc_code_3	ICD-9/10 surgical procedure code 3	varchar	

<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>
32	ICD9 procedure code 4	icd9_proc_code_4	ICD-9/10 surgical procedure code 4	varchar	
33	ICD9 procedure code 5	icd9_proc_code_5	ICD-9/10 surgical procedure code 5	varchar	
34	ICD9 procedure code 6	icd9_proc_code_6	ICD-9/10 surgical procedure code 6	varchar	
35	Diagnosis 1	diag_code_1	Diagnosis code 1 (primary)	varchar	
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	Must be 3 digits including leading zeroes
45	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
46	Procedure code line	proc_code_line	Procedure code on the line (HCPCS code or CPT) as it was adjudicated	varchar	
47	Units paid	units_of_svc_paid	Number of units (services) paid or drug quantity dispensed	numeric (no decimals)	
48	Total computable amount paid line	amt_paid_line	Total computable amount paid at the claim line  Total Computable Amount= Federal Share + State Share 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 contains extra data
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	

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Quality Review
53	Revenue code	rev_code	Revenue code for the claim line. Note that ALL revenue codes should be submitted for a claim.  A separate record should be created for each revenue code.	varchar	Must be 4 digits including leading zeroes  State data dictionary required
54	Performing provider number	perf_prov_id	Performing (servicing) provider ID number	varchar	
55	Performing provider name	perf_prov_name	Performing (servicing) provider name	varchar	
56	Performing provider type	perf_prov_type	Performing (servicing) provider type	varchar	State data dictionary required
57	Performing provider spec	perf_prov_spec	Performing (servicing) provider specialty code	varchar	State data dictionary required
58	Performing provider address 1	perf_prov_addr_1	Performing (servicing) provider address first line.  If medical review contacts are different from the performing provider, please include this information in a separate user field	varchar	Verify that provider addresses is complete and up-to-date
59	Performing provider address 2	perf_prov_addr_2	Performing (servicing) address second line	varchar	

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Quality Review
60	Performing provider city	perf_prov_city	Performing (servicing) provider city	varchar	
61	Performing provider state	perf_prov_state	Performing (servicing) provider state	varchar	Please use the abbreviated 2 letter code for each state
62	Performing provider zip	perf_prov_zip_code	Performing (servicing) provider zip code	varchar	If possible do not include hyphens when using a ZIP+4 code.
63	Performing provider phone	perf_prov_phone	Performing (servicing) provider phone number  Multiple phone numbers and phone extensions should be reported in separate user fields and are acceptable up to 50 bytes. e.g. ('1234567890 OR 0987654321')	varchar	If possible, please do not use hyphens or parenthesis in this field
64	Performing provider fax	perf_prov_fax	Performing (servicing) provider fax number	varchar	If possible, please do not use hyphens or parenthesis in this field
65	Performing provider NPI	perf_prov_npi	Performing provider's NPI, when available	varchar	
66	Date-of-service from (line)	dos_from_line	From date of service on the line. Should be included for each line of a claim.	varchar (mmdyyy)	
67	Date-of-service to (line)	dos_to_line	To date of service on the line. Should be included for each line of a claim	varchar (mmdyyy)	

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Quality Review
68	Place of service	place_of_svc	Place of service	varchar	State data dictionary required
69	Type of service	type_of_svc	Type of service	varchar	State data dictionary required
70	National Drug Code (NDC)	ndc_code	Made up of labeler(mfr) + product+ pkg size configurations	varchar	Must be 11 digits (do not cut off leading or ending zeros)
71	Drug order date	drug_order_dt	Date drug was prescribed for a pharmacy claim	varchar (mmddyyyy)	
72	Prescription number	rx_num	Prescription number for the pharmacy claim line	varchar	
73	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	
74	Date paid line	date_of_payment_line	For those Medicaid systems that have paid dates at the line level (because they adjudicated each line separately), the date paid for that line, if different from the date of payment for the entire claim.	varchar (mmddyyyy)	
75	Record type	record_type	Denote if the record is a header or a line  "H" = header, "L" = line	varchar	Please ensure all values are coded as "H" or "L"

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Quality Review
76	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.
77	User field 2		As above		State data dictionary may be required depending on the data provided in user fields.
78	User field 3		As above		State data dictionary may be required depending on the data provided in user fields.
79	User field 4		As above		State data dictionary may be required depending on the data provided in user fields.
80	User field 5		As above		State data dictionary may be required depending on the data provided in user fields.

**Table 2: FY 2012 PERM  
Required Fields for Details Submissions (Header Record File)  
Medicaid and CHIP Fee-for-Service**

<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>
1	PERM ID	perm_id	Populated field will be provided to the state by the SC in the sampled claim file.	varchar	Please 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 or contains 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>
3	Claim type	clm_type	State claim type indicator, typically identifying whether the claim is an institutional, medical, or crossover claim	varchar	<p>State data dictionary required if not provided with universe data</p> <p>Ensure the field is not truncated or contains extra data</p>

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Quality Review
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)  This date should match the paid date submitted in the universe for the sampled claim.	varchar (MMDDYYYY)	Check that the paid date for all records is for the appropriate quarter for FY 2012
5	Medicare crossover indicator	mcare_xover_ind	Indicates that the claim is a crossover claim from Medicare to Medicaid  "Y" for yes, "N" for no	varchar	Please ensure all values are codes as "Y" or "N"
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 (state data dictionary required if state code used)
7	Source location	source_location	The entity identifier and location of the source that processed the claim. The system of origin/location in which the sampled unit was adjudicated.  Required for states that have multiple locations that process claims for the same universe file	varchar	State data dictionary required  Ensure the field is not truncated or contains extra data

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Quality Review
8	Payment status	payment_status	Paid or denied indicator for each claim or claim line  "P" for paid, "D" for denied	varchar	Please ensure all values are coded as "P" or "D"
9	Total computable amount paid on the claim	amt_paid_clm	Total computable amount paid at the claim header  Total Computable Amount = Federal Share + State Share 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 contains extra data
10	Date-of-service from (claim)	dos_from_clm	From date of service on the claim	varchar (mmddyyyy)	
11	Date-of-service to (claim)	dos_to_clm	To date of service on the claim	varchar (mmddyyyy)	
12	Recipient ID	recipient_id	Beneficiary ID number	varchar	Ensure the field is not truncated or contains extra data

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Quality Review
13	Recipient Name	recipient_name	Beneficiary Name  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	
14	Recipient date of birth	recipient_dob	Beneficiary date of birth	varchar (mmddyyyy)	
15	Recipient gender	recipient_gender	Beneficiary gender code  "M" for male, "F" for female	varchar	Please ensure all values are coded as "M" or "F"
16	Recipient county	recipient_county	Beneficiary county	varchar	State data dictionary required
17	Billing provider number	billing_prov_id	Billing provider ID number	varchar	Ensure the field is not truncated or contains extra data
18	Billing provider name	billing_prov_name	Billing provider name	varchar	
19	Billing provider type	billing_prov_type	Billing provider type	varchar	State data dictionary required
20	Billing provider specialty	billing_prov_spec	Billing provider specialty code	varchar	State data dictionary required

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Quality Review
21	Billing provider address 1	billing_prov_address_1	Billing provider address first line.  If medical review contacts are different from the billing provider, please include this information in a separate user field.	varchar	Please ensure that provider address is complete and up-to-date
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	Please use the abbreviated 2 letter code for each state
25	Billing provider zip	billing_prov_zip_code	Billing provider zip code	varchar	If possible do not include hyphens when using a ZIP+4 code

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Quality Review
26	Billing provider phone	billing_prov_phone	Billing provider phone number(s).  Multiple phone numbers and phone extensions should be reported in separate user fields and are acceptable up to 50 bytes. e.g. ('1234567890 OR 0987654321')	varchar	If possible, please do not use hyphens or parenthesis in this field  Verify that provider phone is complete and up-to-date
27	Billing provider fax	billing_prov_fax	Billing provider fax number	varchar	If possible, please do not use hyphens or parenthesis in this field  Verify that provider phone is complete and up-to-date
28	Billing provider NPI	billing_prov_npi	Billing provider NPI, when available	varchar	
29	ICD9 procedure code 1	icd9_proc_code_1	ICD-9/10 surgical procedure code 1	varchar	
30	ICD9 procedure code 2	icd9_proc_code_2	ICD-9/10 surgical procedure code 2	varchar	
31	ICD9 procedure code 3	icd9_proc_code_3	ICD-9/10 surgical procedure code 3	varchar	

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Quality Review
32	ICD9 procedure code 4	icd9_proc_code_4	ICD-9/10 surgical procedure code 4	varchar	
33	ICD9 procedure code 5	icd9_proc_code_5	ICD-9/10 surgical procedure code 5	varchar	
34	ICD9 procedure code 6	icd9_proc_code_6	ICD-9/10 surgical procedure code 6	varchar	
35	Diagnosis 1	diag_code_1	Diagnosis code 1 (primary)	varchar	
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	Must be 3 digits including leading zeroes
45	Units paid	units_of_svc_paid	Number of units (services) paid or drug quantity dispensed	numeric(no decimals)	

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Quality Review
46	National Drug Code (NDC)	ndc_code	Made up of labeler(mfr) + product+ pkg size configurations	varchar	Must be 11 digits (do not cut off leading or ending zeros)
47	Drug order date	drug_order_dt	Date drug was prescribed for a pharmacy claim	varchar (mmddyyyy)	
48	Prescription number	rx_num	Prescription number for the pharmacy claim line	varchar	
49	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	
50	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.
51	User field 2		As above		State data dictionary may be required depending on the data provided in user fields.
52	User field 3		As above		State data dictionary may be required depending on the data provided in user fields.
53	User field 4		As above		State data dictionary may be required depending on the data provided in user fields.

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Quality Review
54	User field 5		As above		State data dictionary may be required depending on the data provided in user fields.

**Table 3: FY 2012 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	Please 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 or contains 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>
3	Claim type	clm_type	State claim type indicator, typically identifying whether the claim is an institutional, medical, or crossover claim	varchar	<p>State data dictionary required if not provided with universe data</p> <p>Ensure the field is not truncated or contains extra data</p>

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Quality Review
4	Medicare crossover indicator	mcare_xover_ind	Indicates that the claim is a crossover claim from Medicare to Medicaid  "Y" for yes , "N" for no	varchar	Please ensure all values are coded as "Y" or "N"
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 (state data dictionary required if state code used)
6	Payment status	payment_status	Paid or denied indicator for each claim or claim line  "P" for paid, "D" for denied	varchar	Please ensure all values are coded as "P" or "D"
7	Line item number	clm_id_line_item_num	Line number of the individual line item number	numeric (no decimals)	
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 or drug quantity dispensed	numeric(no decimals)	

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Quality Review
10	Total computable amount paid line	amt_paid_line	Total computable amount paid at the claim line  Total Computable Amount= Federal Share + State Share 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 contains extra data
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. A separate record should be created for each revenue code.	varchar	Must be 4 digits including leading zeroes  State data dictionary required
16	Performing provider number	perf_prov_id	Performing (servicing) provider ID number	varchar	
17	Performing provider name	perf_prov_name	Performing (servicing) provider name	varchar	

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	State data dictionary required
19	Performing provider spec	perf_prov_spec	Performing (servicing) provider specialty code	varchar	State data dictionary required
20	Performing provider address 1	perf_prov_addr_1	Performing (servicing) provider address first line.  If medical review contacts are different from the performing provider, please include this information in a separate user field	varchar	Verify that provider addresses is complete and up-to-date
21	Performing provider address 2	perf_prov_addr_2	Performing (servicing) address second line	varchar	
22	Performing provider city	perf_prov_city	Performing (servicing) provider city	varchar	
23	Performing provider state	perf_prov_state	Performing (servicing) provider state	varchar	Please use the abbreviated 2 letter code for each state
24	Performing provider zip	perf_prov_zip_code	Performing (servicing) provider zip code	varchar	If possible do not include hyphens when using a ZIP+4 code.

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Quality Review
25	Performing provider phone	perf_prov_phone	Performing (servicing) provider phone number  Multiple phone numbers and phone extensions should be reported in separate user fields and are acceptable up to 50 bytes. e.g. ('1234567890 OR 0987654321')	varchar	If possible, please do not use hyphens or parenthesis in this field
26	Performing provider fax	perf_prov_fax	Performing (servicing) provider fax number	varchar	If possible, please do not use hyphens or parenthesis in this field
27	Performing provider NPI	perf_prov_npi	Performing provider's NPI, when available	varchar	
28	Date-of-service from (line)	dos_from_line	From date of service on the line. Should be included for each line of a claim.	varchar (mmddyyyy)	
29	Date-of-service to (line)	dos_to_line	To date of service on the line. Should be included for each line of a claim	varchar (mmddyyyy)	
30	Place of service	place_of_svc	Place of service	varchar	State data dictionary required
31	Type of service	type_of_svc	Type of service	varchar	State data dictionary required
32	National Drug Code (NDC)	ndc_code	Made up of labeler(mfr) + product+ pkg size configurations	varchar	Must be 11 digits (do not cut off leading or ending zeros)

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Quality Review
33	Drug order date	drug_order_dt	Date drug was prescribed for a pharmacy claim	varchar (mmddyyyy)	
34	Prescription number	rx_num	Prescription number for the pharmacy claim line	varchar	
35	Date paid line	date_of_payment_line	For those Medicaid systems that have paid dates at the line level (because they adjudicated each line separately), the date paid for that line, if different from the date of payment for the entire claim.	varchar (mmddyyyy)	Date paid line
36	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.
37	User field 2		As above		State data dictionary may be required depending on the data provided in user fields.
38	User field 3		As above		State data dictionary may be required depending on the data provided in user fields.
39	User field 4		As above		State data dictionary may be required depending on the data provided in user fields.
40	User field 5		As above		State data dictionary may be required depending on the data provided in user fields.

## SECTION 4: 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. Please perform a quality review of the sampled claim details data for your state each quarter prior to submitting files to the SC. Table 2 below lists suggested minimal quality control checks for states to complete.

**Table 2: Minimum Sampled Claim Details Submission Quality Control Checks**

Quality Review	Suggested Tests
1) Ensure all required fields are reported in the detail file	<p>Prepare a list of all fields in the data submission and compare it to the list of fields in Table 1 (note that some fields only apply to certain claim or provider types)</p> <p>Identify any missing fields</p> <p>Determine why the field is missing; if the state does not report a field, indicate the omission on the details transmission cover sheet</p>
2) Check that key fields are properly formatted	<p>Check that key fields are not truncated or contain extra data. Problems with these fields will result in automatic rejection of the details file. Review as the following fields:</p> <ul style="list-style-type: none"> <li>- ICN/TCN</li> <li>- Line number</li> <li>- Billing provider number</li> <li>- Beneficiary ID</li> <li>- Paid amount</li> <li>- Claim type</li> <li>- Payment status</li> <li>- Date paid</li> <li>- Source location</li> <li>- POS</li> <li>- NDC</li> </ul>
3) Check that the paid date for all records is for the appropriate quarter for FY 2012	Review the values in the paid date field

Quality Review	Suggested Tests
4) 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 dictionary includes the layouts and decodes for each field (as applicable).	Use the "Standard Details Crosswalk Template" in Appendix A to enter the required information in each filed.
7) If the contact name for medical record review is different from the billing or performing provider, please report this information in separate user fields and not on the provider address fields.	

## SECTION 5: 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, state 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 data submission. Examples of the Medicaid fee-for-service data transmission cover sheet and quality control verification are provided in **Appendix A**. Please complete and submit a cover sheet with every PERM data submission. 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 (permsc.2012@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 zip 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

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

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

<b>PART A: Contact Information</b>	
<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>	

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

<b>PART C: Control Totals</b> <i>Add more tables as necessary.</i>			
<b>Data filename</b>	<b>Month</b>	<b>Total Lines</b>	<b>Total Dollars</b>
<b>(add rows as necessary)</b>			

**PART 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.*

**PART 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 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 quality control check described in the table below for each field and the results have been reviewed and are acceptable.</b></p>	<p align="center"><b>Name</b></p>
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Field Number	Standard Details Field Name	State Details Field Name (if different from Standard Field Name)	Filename for 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			

Field Number	Standard Details Field Name	State Details Field Name (if different from Standard Field Name)	Filename for Data Layouts and Decodes	Explanation for Missing Data (if any)
11	dos_to_clm			
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	icd9_proc_code_1			
30	icd9_proc_code_2			

Field Number	Standard Details Field Name	State Details Field Name (if different from Standard Field Name)	Filename for Data Layouts and Decodes	Explanation for Missing Data (if any)
31	icd9_proc_code_3			
32	icd9_proc_code_4			
33	icd9_proc_code_5			
34	icd9_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			

Field Number	Standard Details Field Name	State Details Field Name (if different from Standard Field Name)	Filename for Data Layouts and Decodes	Explanation for Missing Data (if any)
51	proc_mod_3			
52	proc_mod_4			
53	rev_code			
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	dos_from_line			
67	dos_to_line			
68	place_of_svc			
69	type_of_svc			
70	ndc_code			

<b>Field Number</b>	<b>Standard Details Field Name</b>	<b>State Details Field Name (if different from Standard Field Name)</b>	<b>Filename for Data Layouts and Decodes</b>	<b>Explanation for Missing Data (if any)</b>
71	drug_order_dt			
72	rx_num			
73	prior_auth_num			
74	date_of_payment_line			
75	record_type			
76	User field 1			
77	User field 2			
78	User field 3			
79	User field 4			
80	User field 5			

**PART E. 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.

<p><b>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 quality control check described in the table below for each field and the results have been reviewed and are acceptable.</b></p>	<p align="center"><b>Name</b></p>
---	-----------------------------------

Field Number	Standard Field Name	State Details Field Name (if different from Standard Field Name)	Filename for 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			

Field Number	Standard Field Name	State Details Field Name (if different from Standard Field Name)	Filename for 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	icd9_proc_code_1			
30	icd9_proc_code_2			
31	icd9_proc_code_3			

<b>Field Number</b>	<b>Standard Field Name</b>	<b>State Details Field Name (if different from Standard Field Name)</b>	<b>Filename for Data Layouts and Decodes</b>	<b>Explanation for Missing Data (if any)</b>
32	icd9_proc_code_4			
33	icd9_proc_code_5			
34	icd9_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	units_of_svc_paid			
46	ndc_code			
47	drug_order_dt			
48	rx_num			
49	prior_auth_num			
50	User field 1			
51	User field 2			

Field Number	Standard Field Name	State Details Field Name ( <i>if different from Standard Field Name</i> )	Filename for Data Layouts and Decodes	Explanation for Missing Data (if any)
52	User field 3			
53	User field 4			
54	User field 5			

**PART E. 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- 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 quality control check described in the table below for each field and the results have been reviewed and are acceptable.</b></p>	<p><b>Name</b></p>
---	--------------------

Field Number	Standard Field Name	State Details Field Name (if different from Standard Field Name)	Filename for 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			

Field Number	Standard Field Name	State Details Field Name (if different from Standard Field Name)	Filename for Data Layouts and Decodes	Explanation for Missing Data (if any)
11	proc_mod_1			
12	proc_mod_2			
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	dos_from_line			
29	dos_to_line			
30	place_of_svc			

<b>Field Number</b>	<b>Standard Field Name</b>	<b>State Details Field Name (if different from Standard Field Name)</b>	<b>Filename for Data Layouts and Decodes</b>	<b>Explanation for Missing Data (if any)</b>
31	type_of_svc			
32	ndc_code			
33	drug_order_dt			
34	rx_num			
35	date_of_payment_line			
36	User field 1			
37	User field 2			
38	User field 3			
39	User field 4			
40	User field 5			