

# Medicaid Analytic Extract Drug (RX) Record Layout and Description 2014

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**Submitted to:**

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## **CHANGES TO THE MAX 2015 RX FILE**

No Changes.

MEDICAID ANALYTIC EXTRACT (MAX)  
RECORD LAYOUT FOR  
DRUG RECORD (RX)

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015)**  
**DRUG (RX) RECORD**

<b>ELEMENT NUMBER:</b>	<b>ELEMENT NAME:</b>	<b>TYPE:</b>	<b>LENGTH:</b>	<b>BEG:</b>	<b>END:</b>
****	MEDICAID ANALYTIC EXTRACT DRUG RECORD	REC	348	1	348
***	MEDICAID ELIGIBILITY REGION	REGION	78	1	78
1.	MSIS IDENTIFICATION NUMBER	CHAR	20	1	20
2.	STATE ABBREVIATION CODE	CHAR	2	21	22
3.	SOCIAL SECURITY NUMBER - FROM MSIS	CHAR	9	23	31
4.	MEDICARE HEALTH INSURANCE CLAIM (HIC) NUMBER - FROM MSIS	CHAR	12	32	43
5.	BIRTH DATE	NUM	8	44	51
6.	SEX CODE	CHAR	1	52	52
7.	RACE/ETHNICITY CODE	CHAR	1	53	53
8.	RACE - WHITE	CHAR	1	54	54
9.	RACE - BLACK/AFRICAN AMERICAN	CHAR	1	55	55
10.	RACE - AMERICAN INDIAN/ALASKA NATIVE	CHAR	1	56	56
11.	RACE - ASIAN	CHAR	1	57	57
12.	RACE - NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER	CHAR	1	58	58
13.	ETHNICITY - HISPANIC OR LATINO	CHAR	1	59	59
14.	STATE-SPECIFIC ELIGIBILITY CODE - MOST RECENT	CHAR	6	60	65
15.	STATE-SPECIFIC ELIGIBILITY CODE - FOR MONTH OF SERVICE	CHAR	6	66	71
16.	MAX UNIFORM ELIGIBILITY CODE - MOST RECENT	CHAR	2	72	73
17.	MAX UNIFORM ELIGIBILITY CODE - FOR MONTH OF SERVICE	CHAR	2	74	75
18.	MISSING ELIGIBILITY DATA	CHAR	1	76	76
19.	MEDICARE DUAL CODE - ANNUAL	CHAR	2	77	78
***	UTILIZATION AND PAYMENT SUMMARY REGION	REGION	270	79	348
**	SERVICE GROUP	GROUP	41	79	119
20.	MSIS TYPE OF SERVICE CODE	NUM	2	79	80
21.	MSIS TYPE OF PROGRAM CODE	NUM	1	81	81
22.	MAX TYPE OF SERVICE CODE	NUM	2	82	83
23.	BILLING PROVIDER IDENTIFICATION NUMBER	CHAR	12	84	95
24.	NATIONAL PROVIDER IDENTIFIER	CHAR	12	96	107
25.	PROVIDER TAXONOMY	CHAR	12	108	119
**	CLAIMS AND PAYMENT GROUP	GROUP	72	120	191
26.	TYPE OF CLAIM CODE	CHAR	1	120	120
27.	ADJUSTMENT CODE	NUM	1	121	121
28.	MANAGED CARE TYPE OF PLAN CODE	NUM	2	122	123

DATA ELEMENTS WITH TYPE NUM\* ARE IN ZONED DECIMAL (ZD) FORMAT FOR SAS USERS.

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015)**  
**DRUG (RX) RECORD**

<b>ELEMENT NUMBER:</b>	<b>ELEMENT NAME:</b>	<b>TYPE:</b>	<b>LENGTH:</b>	<b>BEG:</b>	<b>END:</b>
29.	MANAGED CARE PLAN IDENTIFICATION NUMBER	CHAR	12	124	135
30.	MEDICAID PAYMENT AMOUNT	NUM*	8	136	143
31.	THIRD PARTY PAYMENT AMOUNT	NUM*	8	144	151
32.	PAYMENT DATE	NUM	8	152	159
33.	CHARGE AMOUNT	NUM*	8	160	167
34.	PREPAID PLAN SERVICE VALUE	NUM*	8	168	175
35.	FILLER	CHAR	8	176	183
36.	FILLER	CHAR	8	184	191
**	PRESCRIPTION DRUG GROUP	GROUP	50	192	241
37.	PRESCRIBING PHYSICIAN IDENTIFICATION NUMBER	CHAR	12	192	203
38.	PRESCRIBED DATE	NUM	8	204	211
39.	PRESCRIPTION FILLED DATE	NUM	8	212	219
40.	NEW OR REFILL INDICATOR	NUM	2	220	221
41.	NATIONAL DRUG CODE (NDC)	CHAR	12	222	233
42.	QUANTITY OF SERVICE	NUM	5	234	238
43.	DAYS SUPPLY	NUM	3	239	241
*	FIRST DATA BANK/MEDISPAN GROUP (PROPRIETARY - ACCESS LIMITED TO LICENSE HOLDERS)	GROUP	107	242	348
44.	NATIONAL DRUG CODE FORMAT INDICATOR	CHAR	1	242	242
45.	DRUG CLASS	CHAR	1	243	243
46.	MULTI-SOURCE CODE	CHAR	1	244	244
47.	FILLER	CHAR	54	245	298
48.	HIERARCHICAL SPECIFIC THERAPEUTIC CLASS CODE	CHAR	3	299	301
49.	THERAPEUTIC CLASS CODE, GENERIC	CHAR	2	302	303
50.	FILLER	CHAR	6	304	309
51.	CLINICAL FORMULATION ID	CHAR	6	310	315
52.	INGREDIENT LIST IDENTIFIER	CHAR	6	316	321
53.	HIERARCHICAL SPECIFIC THERAPEUTIC CLASS CODE SEQUENCE NUMBER	CHAR	6	322	327
54.	FILLER	CHAR	6	328	333
55.	MEDI-SPAN THERAPEUTIC CLASSIFICATION SYSTEM CODE	CHAR	14	334	347
56.	OVER-THE-COUNTER INDICATOR CODE	CHAR	1	348	348

DATA ELEMENTS WITH TYPE NUM\* ARE IN ZONED DECIMAL (ZD) FORMAT FOR SAS USERS.

MEDICAID ANALYTIC EXTRACT (MAX)  
DATA ELEMENT DICTIONARY FOR  
DRUG RECORD (RX)

## MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015) DRUG (RX) RECORD

ELEMENT NUMBER: \*\*\*\*

ELEMENT NAME: **MEDICAID ANALYTIC EXTRACT DRUG RECORD**

SAS VARIABLE: NONE

TYPE: REC

LENGTH: 348 BEG: 1 END: 348

**DESCRIPTION:**

THE MEDICAID ANALYTIC EXTRACT (MAX) DRUG RECORD PROVIDES INFORMATION ON DRUGS AND OTHER SERVICES PROVIDED BY A PHARMACY FOR EACH RECIPIENT. ALL RECORDS THAT CONTAIN NATIONAL DRUG CODES (NDCs) ARE INCLUDED IN THIS FILE. NDCs INCLUDE CODES FOR PRESCRIPTION AND OVER-THE-COUNTER DRUGS, AS WELL AS DURABLE MEDICAL EQUIPMENT (DME) AND SUPPLIES. RECORDS WITH NDCs THAT REPRESENT DRUGS ARE MAPPED INTO MAX TYPE OF SERVICE = 16 (PRESCRIBED DRUGS). USING THE HIERARCHICAL INGREDIENT CODE LIST (HICL), RECORDS WITH NDCs THAT REPRESENT DME AND SUPPLIES ARE MAPPED INTO MAX TYPE OF SERVICE = 51 (OTHER SERVICES).

MSIS RECORDS WITH TYPE OF CLAIM = 4 AND/OR THOSE WITH THE FIRST CHARACTER OF THE ELIGIBLE IDENTIFICATION NUMBER HAVING VALUE "&" (SERVICE TRACKING CLAIMS) ARE EXCLUDED FROM ALL MAX FILES.

USERS SHOULD NOTE THAT ANY SERVICE PROVIDED BY A PHARMACY OR SERVICES THAT CONTAIN A NATIONAL DRUG CODE (NDC) ARE REPORTED IN THE MAX DRUG FILE. FOR THIS REASON, DME AND SUPPLIES BILLED BY PHARMACY PROVIDERS (AND CONTAINING NDCs) ARE INCLUDED IN THE MAX DRUG FILE. IN CONTRAST, DME AND SUPPLIES BILLED BY OTHER TYPES OF PROVIDERS (AND CONTAINING HCPCS OR OTHER STATE-SPECIFIC PROCEDURE CODES) ARE INCLUDED IN THE MAX OTHER SERVICES FILE.

USERS SHOULD NOTE THAT INJECTABLE ITEMS, WHICH PATIENTS MAY RECEIVE FROM OTHER TYPES OF PROVIDERS (E.G. PHYSICIANS AND CLINICS), ARE IDENTIFIED USING PROCEDURE (SERVICE) CODE. RECORDS FOR ANY OF THESE SERVICES THAT CONTAIN PROCEDURE (SERVICE) CODES, AND NO NDC, ARE REPORTED IN THE MAX OTHER SERVICES FILE. THEREFORE, DME AND SUPPLIES BILLED BY NON-PHARMACY PROVIDERS ARE REPORTED IN THE MAX OTHER SERVICES FILE.

VACCINES AND CERTAIN OTHER DRUGS (SUCH AS HUMAN GROWTH HORMONE) MAY BE FOUND IN ONE OR BOTH OF THE DRUG AND THE OTHER SERVICES FILES. IN SOME INSTANCES, A PHARMACY MAY SUBMIT A CLAIM FOR A VACCINE AND THE BILL WILL CONTAIN AN NDC. IN THIS CASE, THE RECORD WILL BE REPORTED IN THE DRUG FILE. IN OTHER INSTANCES, A PHYSICIAN (OR OTHER TYPE OF PROVIDER) MAY SUBMIT A CLAIM (VACCINE ONLY OR VACCINE AND ITS ADMINISTRATION). IN THIS CASE, THE RECORD WILL BE REPORTED IN THE OTHER SERVICES FILE.

THE APPROACH DESCRIBED ABOVE TO SEPARATE RECORDS BETWEEN THE MAX DRUG AND THE OTHER SERVICES FILE ABOVE IS CONSISTENT WITH MSIS INSTRUCTIONS TO STATES BEGINNING IN FISCAL 1999. HOWEVER, IT IS DIFFERENT THAN THE APPROACH USED FOR 1992 THROUGH 1995. SEE THE "STATE MEDICAID RESEARCH FILES DRUG RECORD (1996-98)" FOR ADDITIONAL DETAILS.

TO THE EXTENT POSSIBLE, INTERIM AND ADJUSTMENT CLAIMS ARE COMBINED SO THAT EACH RECORD IN THIS FILE REPRESENTS A DISTINCT SERVICE. THESE RECORDS REPRESENT ALL MEDICAID-COVERED SERVICES FOR THE ELIGIBLE. HOWEVER, THEY MAY NOT INCLUDE ALL SERVICES OR COMPLETE INFORMATION ON MEDICAID-COVERED SERVICES WHEN THE ELIGIBLE HAS OTHER HEALTH INSURANCE COVERAGE (E.G. MEDICARE AND/OR PRIVATE COVERAGE).

FOR A COMPLETE LIST OF TYPES OF SERVICE THAT ARE CONTAINED IN THIS FILE, SEE 'MAX TYPE OF SERVICE CODE'.

USERS SHOULD REFER TO THE "MSIS TECHNICAL SPECIFICATIONS AND DATA DICTIONARY" FOR A COMPLETE LIST OF MSIS DATA EDIT SPECIFICATIONS.

BEGINNING IN MAX 2009, WHEN AVAILABLE AND MEANINGFUL, THE INTERNAL CONTROL NUMBER (ICN) WAS USED TO RECONCILE ORIGINAL AND ADJUSTMENT CLAIMS.

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015)**  
**DRUG (RX) RECORD**

ELEMENT NUMBER: \*\*\*

ELEMENT NAME: **MEDICAID ELIGIBILITY REGION**

SAS VARIABLE: NONE

TYPE: REGION LENGTH: 78 BEG: 1 END: 78

DESCRIPTION:

FIELDS CONTAINING ELIGIBILITY INFORMATION ADDED TO EACH SERVICE RECORD, FROM MSIS ELIGIBILITY FILES (USING 'MSIS-IDENTIFICATION-NUMBER').



**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015)**  
**DRUG (RX) RECORD**

ELEMENT NUMBER: 1.

ELEMENT NAME: **MSIS IDENTIFICATION NUMBER**

SAS VARIABLE: MSIS\_ID

TYPE: CHAR

LENGTH: 20 BEG: 1 END: 20

DESCRIPTION:

UNIQUE IDENTIFICATION NUMBER USED TO IDENTIFY A MEDICAID ELIGIBLE IN THE MEDICAID STATISTICAL INFORMATION SYSTEM (MSIS).

SOURCE: MSIS ELIGIBILITY FILES: 'MSIS-IDENTIFICATION-NUMBER'.

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015)**  
**DRUG (RX) RECORD**

ELEMENT NUMBER: 2.

ELEMENT NAME: **STATE ABBREVIATION CODE**

SAS VARIABLE: STATE\_CD

TYPE: CHAR

LENGTH: 2 BEG: 21 END: 22

DESCRIPTION:

U. S. POSTAL SERVICE 2-CHARACTER ABBREVIATION FOR THE STATE MEDICAID AGENCY SUBMITTING THE DATA.

CODES:

AL = ALABAMA  
AK = ALASKA  
AZ = ARIZONA  
AR = ARKANSAS  
CA = CALIFORNIA  
CO = COLORADO  
CT = CONNECTICUT  
DE = DELAWARE  
DC = DISTRICT OF COLUMBIA  
FL = FLORIDA  
GA = GEORGIA  
GU = GUAM/AMERICAN SAMOA  
HI = HAWAII  
ID = IDAHO  
IL = ILLINOIS  
IN = INDIANA  
IA = IOWA  
KS = KANSAS  
KY = KENTUCKY  
LA = LOUISIANA  
ME = MAINE  
MD = MARYLAND  
MA = MASSACHUSETTS  
MI = MICHIGAN  
MN = MINNESOTA  
MS = MISSISSIPPI  
MO = MISSOURI  
MT = MONTANA  
NE = NEBRASKA  
NV = NEVADA  
NH = NEW HAMPSHIRE  
NJ = NEW JERSEY  
NM = NEW MEXICO  
NY = NEW YORK  
NC = NORTH CAROLINA  
ND = NORTH DAKOTA  
OH = OHIO  
OK = OKLAHOMA  
OR = OREGON  
PA = PENNSYLVANIA  
PR = PUERTO RICO  
RI = RHODE ISLAND  
SC = SOUTH CAROLINA  
SD = SOUTH DAKOTA  
TN = TENNESSEE  
TX = TEXAS  
UT = UTAH  
VT = VERMONT  
VI = VIRGIN ISLANDS  
VA = VIRGINIA  
WA = WASHINGTON  
WV = WEST VIRGINIA  
WI = WISCONSIN  
WY = WYOMING

SOURCE: MSIS FILE NAME.

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015)**  
**DRUG (RX) RECORD**

ELEMENT NUMBER: 3.

ELEMENT NAME: **SOCIAL SECURITY NUMBER - FROM MSIS**

SAS VARIABLE: EL\_SSN

TYPE: CHAR

LENGTH: 9 BEG: 23 END: 31

DESCRIPTION:

SOCIAL SECURITY NUMBER OF THE MEDICAID ELIGIBLE.

USER NOTE: NOT AVAILABLE FOR SOME NEW YORK ELIGIBLES IN 1999.

SOURCE: MSIS ELIGIBILITY FILES: 'SOCIAL-SECURITY-NUMBER'.

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015)**  
**DRUG (RX) RECORD**

ELEMENT NUMBER: 4.

ELEMENT NAME: **MEDICARE HEALTH INSURANCE CLAIM (HIC) NUMBER - FROM MSIS**

SAS VARIABLE: MDCD\_HIC\_NUM

TYPE: CHAR

LENGTH: 12 BEG: 32 END: 43

DESCRIPTION:

THE ELIGIBLE'S HEALTH INSURANCE CLAIM (HIC) NUMBER. THIS NUMBER IS APPLICABLE ONLY TO MEDICAID ELIGIBLES WHO ARE ALSO ELIGIBLE FOR MEDICARE AND IS ASSIGNED TO AN ELIGIBLE BY THE MEDICARE PROGRAM.

USER NOTE: AN ELIGIBLE'S HIC NUMBER MAY CHANGE AS HIS/HER MEDICARE ELIGIBILITY STATUS CHANGES. THE ACCURACY OF REPORTING OF HIC NUMBERS IN MEDICAID ELIGIBILITY DATA IS UNKNOWN. THIS MSIS DATA ELEMENT IS AVAILABLE BEGINNING IN 10/98.

SOURCE: MSIS ELIGIBILITY FILES: 'HIC-NUMBER'.

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015)**  
**DRUG (RX) RECORD**

ELEMENT NUMBER: 5.

ELEMENT NAME: **BIRTH DATE**

SAS VARIABLE: EL\_DOB

TYPE: NUM

LENGTH: 8 BEG: 44 END: 51

DESCRIPTION:

BIRTH DATE OF THE MEDICAID ELIGIBLE.

EDIT-RULES: YYYYMMDD

SOURCE: MSIS ELIGIBILITY FILES: 'DATE-OF-BIRTH'. MSIS DATES WITH 8- OR 9-FILL VALUES ARE CHANGED TO 0-FILL (ZERO-FILL).

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015)**  
**DRUG (RX) RECORD**

ELEMENT NUMBER: 6.

ELEMENT NAME: **SEX CODE**

SAS VARIABLE: EL\_SEX\_CD

TYPE: CHAR

LENGTH: 1    BEG: 52    END: 52

DESCRIPTION:

CODE INDICATING THE SEX OF THE MEDICAID ELIGIBLE.

CODES:

F = FEMALE

M = MALE

U = UNKNOWN/ERROR

USER NOTE: THESE CODES ARE 1 (FEMALE), 2 (MALE) AND 9 (UNKNOWN) IN THE 1996-98 MSIS DATA.

SOURCE: MSIS ELIGIBILITY FILES: 'SEX-CODE'.

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015)**  
**DRUG (RX) RECORD**

ELEMENT NUMBER: 7.

ELEMENT NAME: **RACE/ETHNICITY CODE**

SAS VARIABLE: EL\_RACE\_ETHNCY\_CD

TYPE: CHAR

LENGTH: 1 BEG: 53 END: 53

DESCRIPTION:

RACE/ETHNICITY OF THE MEDICAID ELIGIBLE.

CODES:

1 = WHITE, NOT OF HISPANIC ORIGIN (CHANGED TO "WHITE" BEGINNING 10/98)

2 = BLACK, NOT OF HISPANIC ORIGIN (CHANGED TO "BLACK OR AFRICAN AMERICAN" BEGINNING 10/98)

3 = AMERICAN INDIAN OR ALASKA NATIVE

4 = ASIAN OR PACIFIC ISLANDER (CHANGED TO "ASIAN" BEGINNING 10/98)

5 = HISPANIC (CHANGED TO "HISPANIC OR LATINO - NO RACE INFORMATION AVAILABLE" BEGINNING 10/98)

6 = NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (NEW CODE BEGINNING 10/98)

7 = HISPANIC OR LATINO AND ONE OR MORE RACES (NEW CODE BEGINNING 10/98)

8 = MORE THAN ONE RACE (HISPANIC OR LATINO NOT INDICATED) (NEW CODE BEGINNING 10/98)

9 = UNKNOWN

USER NOTE: SINCE SPECIFICATIONS FOR CODE VALUES = 7 AND 8 WERE NOT ISSUED UNTIL MAY 2000, THESE CODE VALUES MAY NOT APPEAR. THE METHODS OF COLLECTING INFORMATION ON RACE AND ETHNICITY DIFFER SUBSTANTIALY ACROSS STATES AND TIME PERIODS.

SOURCE: MSIS ELIGIBILITY FILES: 'RACE-ETHNICITY-CODE'.

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015)**  
**DRUG (RX) RECORD**

ELEMENT NUMBER: 8.

ELEMENT NAME: **RACE - WHITE**

SAS VARIABLE: RACE\_CODE\_1

TYPE: CHAR

LENGTH: 1 BEG: 54 END: 54

DESCRIPTION:

CODE INDICATING IF THE ELIGIBLE HAS INDICATED A RACE OF WHITE.

CODES:

0 = NON-WHITE OR RACE UNKNOWN

1 = WHITE

SOURCE: MSIS ELIGIBILITY FILES: 'RACE-CODE-1'.

NOTE: IN MAX 2005, THIS VARIABLE WAS ADDED TO THE FILE.



**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015)**  
**DRUG (RX) RECORD**

ELEMENT NUMBER: 9.

ELEMENT NAME: **RACE - BLACK/AFRICAN AMERICAN**

SAS VARIABLE: RACE\_CODE\_2

TYPE: CHAR

LENGTH: 1 BEG: 55 END: 55

DESCRIPTION:

CODE INDICATING IF THE ELIGIBLE HAS INDICATED A RACE OF BLACK OR AFRICAN AMERICAN.

CODES:

0 = NON-BLACK/AFRICAN AMERICAN OR RACE UNKNOWN

1 = BLACK OR AFRICAN AMERICAN

SOURCE: MSIS ELIGIBILITY FILES: 'RACE-CODE-2'.

NOTE: IN MAX 2005, THIS VARIABLE WAS ADDED TO THE FILE.

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015)**  
**DRUG (RX) RECORD**

ELEMENT NUMBER: 10.

ELEMENT NAME: **RACE - AMERICAN INDIAN/ALASKA NATIVE**

SAS VARIABLE: RACE\_CODE\_3

TYPE: CHAR

LENGTH: 1 BEG: 56 END: 56

DESCRIPTION:

CODE INDICATING IF THE ELIGIBLE HAS INDICATED A RACE OF AMERICAN INDIAN/ALASKA NATIVE.

CODES:

0 = NON-AMERICAN INDIAN/ALASKA NATIVE OR RACE UNKNOWN

1 = AMERICAN INDIAN/ALASKA NATIVE

SOURCE: MSIS ELIGIBILITY FILES: 'RACE-CODE-3'.

NOTE: IN MAX 2005, THIS VARIABLE WAS ADDED TO THE FILE.

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015)**  
**DRUG (RX) RECORD**

ELEMENT NUMBER: 11.

ELEMENT NAME: **RACE - ASIAN**

SAS VARIABLE: RACE\_CODE\_4

TYPE: CHAR

LENGTH: 1 BEG: 57 END: 57

DESCRIPTION:

CODE INDICATING IF THE ELIGIBLE HAS INDICATED A RACE OF ASIAN.

CODES:

0 = NON-ASIAN OR RACE UNKNOWN

1 = ASIAN

SOURCE: MSIS ELIGIBILITY FILES: 'RACE-CODE-4'.

NOTE: IN MAX 2005, THIS VARIABLE WAS ADDED TO THE FILE.

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015)**  
**DRUG (RX) RECORD**

ELEMENT NUMBER: 12.

ELEMENT NAME: **RACE - NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER**

SAS VARIABLE: RACE\_CODE\_5

TYPE: CHAR

LENGTH: 1 BEG: 58 END: 58

DESCRIPTION:

CODE INDICATING IF THE ELIGIBLE HAS INDICATED A RACE OF NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER.

CODES:

0 = NON-NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER OR RACE UNKNOWN

1 = NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER

SOURCE: MSIS ELIGIBILITY FILES: 'RACE-CODE-5'.

NOTE: IN MAX 2005, THIS VARIABLE WAS ADDED TO THE FILE.

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015)**  
**DRUG (RX) RECORD**

ELEMENT NUMBER: 13.

ELEMENT NAME: **ETHNICITY - HISPANIC OR LATINO**

SAS VARIABLE: ETHNICITY\_CODE

TYPE: CHAR

LENGTH: 1 BEG: 59 END: 59

DESCRIPTION:

CODE INDICATING IF THE ELIGIBLE HAS INDICATED AN ETHNICITY OF HISPANIC OR LATINO.

CODES:

0 = NON-HISPANIC OR LATINO

1 = HISPANIC OR LATINO

9 = ETHNICITY UNKNOWN

SOURCE: MSIS ELIGIBILITY FILES: 'ETHNICITY-CODE'.

NOTE: IN MAX 2005, THIS VARIABLE WAS ADDED TO THE FILE.

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015)**  
**DRUG (RX) RECORD**

ELEMENT NUMBER: 14.

ELEMENT NAME: **STATE-SPECIFIC ELIGIBILITY CODE - MOST RECENT**

SAS VARIABLE: EL\_SS\_ELGBLTY\_CD\_LTST

TYPE: CHAR

LENGTH: 6 BEG: 60 END: 65

DESCRIPTION:

STATE-SPECIFIC ELIGIBILITY CODE CLASSIFICATION UNDER WHICH THE MEDICAID ELIGIBLE IS COVERED - MOST RECENT OBSERVATION.

USER NOTES: THESE SOURCE CODES ARE GENERALLY NOT APPLICABLE FOR MOST RESEARCH ACTIVITIES. THE DATA ELEMENT CHANGES OVER TIME, VARIES ACROSS STATES IN TERMS OF THE LEVEL AND TYPE OF ELIGIBILITY DESCRIBED, REQUIRES A DETAILED KNOWLEDGE OF MEDICAID ELIGIBILITY AND REQUIRES AN UNDERSTANDING OF THE IDIOSYNCRACIES OF INDIVIDUAL STATE ELIGIBILITY SYSTEMS. THESE CODES HAVE BEEN MAPPED INTO MAX UNIFORM ELIGIBILITY CODES. THEREFORE, MOST USERS WILL WANT TO USE MAX UNIFORM ELIGIBILITY CODES. THROUGH 9/98 THIS DATA ELEMENT WAS 4 CHARACTERS IN LENGTH AND IS LEFT-JUSTIFIED AND BLANK FILLED (TWO RIGHT POSITIONS). BEGINNING IN 10/98, IT IS 6 CHARACTERS IN LENGTH. THIS CODE VALUE IS APPENDED TO EACH RECORD FOR THE ELIGIBLE PERSON, FROM THE MAX PERSON SUMMARY FILE. THEREFORE, THIS CODE MAY NOT MATCH THE ELIGIBILITY GROUP IN WHICH THE PERSON WAS ENROLLED IN THE MONTH THE SERVICE WAS DELIVERED. FOR THIS REASON, SOME USERS MAY WANT TO USE THE STATE-SPECIFIC ELIGIBILITY CODE FROM THE MAX PERSON SUMMARY FILE.

SOURCE: THIS CODE WAS DERIVED BY USING MONTHLY OBSERVATIONS OF THE 'STATE-SPECIFIC ELIGIBILITY GROUP' FROM THE MAX PERSON SUMMARY FILE AND SELECTING THE FIRST MEANINGFUL CODE (NOT 0- OR 9-FILLED) BEGINNING WITH DECEMBER AND MOVING BACKWARDS IN TIME MONTH BY MONTH. IT HAS NOT BEEN RECODED FROM THE MAX PERSON SUMMARY FILE.

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015)**  
**DRUG (RX) RECORD**

ELEMENT NUMBER: 15.

ELEMENT NAME: **STATE-SPECIFIC ELIGIBILITY CODE - FOR MONTH OF SERVICE**

SAS VARIABLE: EL\_SS\_ELGLTY\_CD\_MO

TYPE: CHAR

LENGTH: 6 BEG: 66 END: 71

DESCRIPTION:

STATE-SPECIFIC ELIGIBILITY CODE CLASSIFICATION UNDER WHICH THE MEDICAID ELIGIBLE IS COVERED - FOR THE MONTH OF SERVICE.

USER NOTES: THESE SOURCE CODES ARE GENERALLY NOT APPLICABLE FOR MOST RESEARCH ACTIVITIES. THE DATA ELEMENT CHANGES OVER TIME, VARIES ACROSS STATES IN TERMS OF THE LEVEL AND TYPE OF ELIGIBILITY DESCRIBED, REQUIRES A DETAILED KNOWLEDGE OF MEDICAID ELIGIBILITY AND REQUIRES AN UNDERSTANDING OF THE IDIOSYNCRACIES OF INDIVIDUAL STATE ELIGIBILITY SYSTEMS. THESE CODES HAVE BEEN MAPPED INTO MAX UNIFORM ELIGIBILITY CODES. THEREFORE, MOST USERS WILL WANT TO USE MAX UNIFORM ELIGIBILITY CODES. THROUGH 9/98, THIS DATA ELEMENT WAS 4 CHARACTERS IN LENGTH AND IS LEFT-JUSTIFIED AND BLANK FILLED (TWO RIGHT POSITIONS). BEGINNING IN 10/98, IT IS 6 CHARACTERS IN LENGTH. THIS CODE VALUE (FOR ENDING MONTH OF SERVICE) IS APPENDED TO EACH RECORD FOR THE ELIGIBLE PERSON, FROM THE MAX PERSON SUMMARY FILE.

SOURCE: THIS CODE WAS DERIVED BY USING MONTHLY OBSERVATIONS OF THE 'STATE-SPECIFIC ELIGIBILITY GROUP' FROM THE MAX PERSON SUMMARY FILE AND SELECTING THE MONTHLY VALUE WHICH CORRESPONDS TO THE ENDING MONTH FOR THIS SERVICE. IT IS BLANK FILLED IF NO ELIGIBILITY IS RECORDED FOR THAT MONTH.

## MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015) DRUG (RX) RECORD

ELEMENT NUMBER: 16.

ELEMENT NAME: **MAX UNIFORM ELIGIBILITY CODE - MOST RECENT**

SAS VARIABLE: EL\_MAX\_ELGBLTY\_CD\_LTST

TYPE: CHAR

LENGTH: 2    BEG: 72    END: 73

DESCRIPTION:

MEDICAID ANALYTIC EXTRACT (MAX) UNIFORM ELIGIBILITY CODE FOR THE MEDICAID ELIGIBLE - MOST RECENT OBSERVATION

CODES:

00 = NOT ELIGIBLE

11 = AGED, CASH

12 = BLIND/DISABLED, CASH

14 = CHILD (NOT CHILD OF UNEMPLOYED ADULT, NOT FOSTER CARE CHILD), ELIGIBLE UNDER SECTION 1931 OF THE ACT

15 = ADULT (NOT BASED ON UNEMPLOYMENT STATUS), ELIGIBLE UNDER SECTION 1931 OF THE ACT

16 = CHILD OF UNEMPLOYED ADULT, ELIGIBLE UNDER SECTION 1931 OF THE ACT

17 = UNEMPLOYED ADULT, ELIGIBLE UNDER SECTION 1931 OF THE ACT

21 = AGED, MEDICALLY NEEDY

22 = BLIND/DISABLED, MEDICALLY NEEDY

24 = CHILD, MEDICALLY NEEDY (FORMERLY AFDC CHILD, MEDICALLY NEEDY)

25 = ADULT, MEDICALLY NEEDY (FORMERLY AFDC ADULT, MEDICALLY NEEDY)

31 = AGED, POVERTY

32 = BLIND/DISABLED, POVERTY

34 = CHILD, POVERTY (INCLUDES MEDICAID EXPANSION CHIP CHILDREN)

35 = ADULT, POVERTY

3A = INDIVIDUAL COVERED UNDER THE BREAST AND CERVICAL CANCER PREVENTION ACT OF 2000, POVERTY

41 = OTHER AGED

42 = OTHER BLIND/DISABLED

44 = OTHER CHILD

45 = OTHER ADULT

48 = FOSTER CARE CHILD

51 = AGED, SECTION 1115 DEMONSTRATION EXPANSION

52 = BLIND/DISABLED, SECTION 1115 DEMONSTRATION EXPANSION

54 = CHILD, SECTION 1115 DEMONSTRATION EXPANSION

55 = ADULT, SECTION 1115 DEMONSTRATION EXPANSION

99 = UNKNOWN ELIGIBILITY

USER NOTE: MSIS 'MAINTENANCE-ASSISTANCE-STATUS' (MAS) IS IN POSITION #1 AND 'BASIS-OF-ELIGIBILITY' (BOE) IS IN POSITION #2. CODING IS THE SAME AS IN 1996-98 MAX FILES, EXCEPT THAT VALUES 51-55 ARE ADDED FOR 1999 AND VALUE 3A IS ADDED FOR 2000. THERE MAY BE SMALL NUMBERS OF RECORDS WITH INCONSISTENT VALUES BECAUSE MSIS HAS NO MAS/BOE CONSISTENCY CHECKS. PRIOR TO THE END OF THE AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC) PROGRAM, GROUPS 14-17 WERE AFDC CASH RECIPIENTS.

SOURCE: THIS CODE IS EXTRACTED FROM 'MAX UNIFORM ELIGIBILITY CODE - MOST RECENT' IN THE MAX PERSON SUMMARY FILE.



## MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015) DRUG (RX) RECORD

ELEMENT NUMBER: 17.

ELEMENT NAME: **MAX UNIFORM ELIGIBILITY CODE - FOR MONTH OF SERVICE**

SAS VARIABLE: EL\_MAX\_ELGBLTY\_CD\_MO

TYPE: CHAR

LENGTH: 2    BEG: 74    END: 75

DESCRIPTION:

MEDICAID ANALYTIC EXTRACT (MAX) UNIFORM ELIGIBILITY CODE FOR THE MEDICAID ELIGIBLE - FOR THE MONTH OF SERVICE.

CODES:

00 = NOT ELIGIBLE

11 = AGED, CASH

12 = BLIND/DISABLED, CASH

14 = CHILD (NOT CHILD OF UNEMPLOYED ADULT, NOT FOSTER CARE CHILD), ELIGIBLE UNDER SECTION 1931 OF THE ACT

15 = ADULT (NOT BASED ON UNEMPLOYMENT STATUS), ELIGIBLE UNDER SECTION 1931 OF THE ACT

16 = CHILD OF UNEMPLOYED ADULT, ELIGIBLE UNDER SECTION 1931 OF THE ACT

17 = UNEMPLOYED ADULT, ELIGIBLE UNDER SECTION 1931 OF THE ACT

21 = AGED, MEDICALLY NEEDY

22 = BLIND/DISABLED, MEDICALLY NEEDY

24 = CHILD, MEDICALLY NEEDY (FORMERLY AFDC CHILD, MEDICALLY NEEDY)

25 = ADULT, MEDICALLY NEEDY (FORMERLY AFDC ADULT, MEDICALLY NEEDY)

31 = AGED, POVERTY

32 = BLIND/DISABLED, POVERTY

34 = CHILD, POVERTY (INCLUDES MEDICAID EXPANSION CHIP CHILDREN)

35 = ADULT, POVERTY

3A = INDIVIDUAL COVERED UNDER THE BREAST AND CERVICAL CANCER PREVENTION ACT OF 2000, POVERTY

41 = OTHER AGED

42 = OTHER BLIND/DISABLED

44 = OTHER CHILD

45 = OTHER ADULT

48 = FOSTER CARE CHILD

51 = AGED, SECTION 1115 DEMONSTRATION EXPANSION

52 = BLIND/DISABLED, SECTION 1115 DEMONSTRATION EXPANSION

54 = CHILD, SECTION 1115 DEMONSTRATION EXPANSION

55 = ADULT, SECTION 1115 DEMONSTRATION EXPANSION

99 = UNKNOWN ELIGIBILITY

USER NOTE: MSIS 'MAINTENANCE-ASSISTANCE-STATUS' (MAS) IS POSITION #1 AND 'BASIS-OF-ELIGIBILITY' (BOE) IS IN POSITION #2. CODING IS THE SAME AS IN 1996-98 MAX FILES, EXCEPT THAT VALUES 51-55 ARE ADDED FOR 1999 AND VALUE 3A IS ADDED FOR 2000. THERE MAY BE SMALL NUMBERS OF RECORDS WITH INCONSISTENT VALUES BECAUSE MSIS HAS NO MAS/BOE CONSISTENCY CHECKS. PRIOR TO THE END OF THE AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC) PROGRAM, GROUPS 14-17 WERE AFDC CASH RECIPIENTS.

SOURCE: THIS CODE WAS DERIVED BY USING MONTHLY OBSERVATIONS OF 'MONTHLY MAX UNIFORM ELIGIBILITY GROUP' IN THE MAX PERSON SUMMARY FILE AND SELECTING THE MONTHLY VALUE WHICH CORRESPONDS TO THE ENDING MONTH FOR THIS SERVICE. IT IS BLANK FILLED IF NO ELIGIBILITY IS RECORDED FOR THAT MONTH.

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015)**  
**DRUG (RX) RECORD**

ELEMENT NUMBER: 18.

ELEMENT NAME: **MISSING ELIGIBILITY DATA**

SAS VARIABLE: MSGN\_ELQ\_DATA

TYPE: CHAR

LENGTH: 1 BEG: 76 END: 76

DESCRIPTION:

CODE INDICATING PERSON FOR WHOM NO MONTHS OF ENROLLMENT IN MEDICAID WERE FOUND.

CODES:

BLANK = MEDICAID ENROLLMENT MONTHS WERE FOUND.

1 = NEITHER MEDICAID ENROLLMENT MONTHS NOR S-CHIP (CHIP CODE = 3) ENROLLMENT MONTHS WERE FOUND.

2 = S-CHIP ENROLLMENT MONTHS (CHIP CODE = 3) WERE FOUND, BUT NO MEDICAID ENROLLMENT MONTHS WERE FOUND.

USER NOTES: MONTHS OF MEDICAID ENROLLMENT ARE DEFINED AS MONTHS WITH MSIS MASBOE VALUES 11-17, 21-25, 31-35, 3A, 41-45, 48 OR 51-55. CHILDREN WITH S-CHIP ONLY ENROLLMENT (CHIP CODE = 3) ARE INCLUDED BECAUSE THEY DO NOT HAVE ANY MONTHS OF MEDICAID ENROLLMENT.

SOURCE: RECODED USING MSIS ELIGIBILITY AND CLAIMS FILES.

NOTE: IN MAX 2005, THIS VARIABLE WAS ADDED TO THE FILE.

## MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015) DRUG (RX) RECORD

ELEMENT NUMBER: 19.

ELEMENT NAME: **MEDICARE DUAL CODE - ANNUAL**

SAS VARIABLE: EL\_MDCR\_DUAL\_ANN

TYPE: CHAR

LENGTH: 2 BEG: 77 END: 78

DESCRIPTION:

CODE INDICATING THAT THE ELIGIBLE IS COVERED BY MEDICARE (KNOWN AS DUAL OR MEDICARE ELIGIBILITY), ACCORDING TO MEDICAID (MSIS), MEDICARE (EDB) OR BOTH IN THE CALENDAR YEAR.

CODES:

00 = IN MSIS, ELIGIBLE IS NOT A MEDICARE BENEFICIARY

01 = IN MSIS, ELIGIBLE IS ENTITLED TO MEDICARE-QMB ONLY

02 = IN MSIS, ELIGIBLE IS ENTITLED TO MEDICARE-QMB AND FULL MEDICAID COVERAGE

03 = IN MSIS, ELIGIBLE IS ENTITLED TO MEDICARE-SLMB ONLY

04 = IN MSIS, ELIGIBLE IS ENTITLED TO MEDICARE-SLMB AND FULL MEDICAID COVERAGE

05 = IN MSIS, ELIGIBLE IS ENTITLED TO MEDICARE-QDWI

06 = IN MSIS, ELIGIBLE IS ENTITLED TO MEDICARE-QUALIFYING INDIVIDUALS (1)

07 = IN MSIS, ELIGIBLE IS ENTITLED TO MEDICARE-QUALIFYING INDIVIDUALS (2)

08 = IN MSIS, ELIGIBLE IS ENTITLED TO MEDICARE-OTHER DUAL ELIGIBLES

09 = IN MSIS, ELIGIBLE IS ENTITLED TO MEDICARE-DUAL ELIGIBILITY CATEGORY UNKNOWN

10 = IN MSIS, S-CHIP ELIGIBLE IS ENTITLED TO MEDICARE

50 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODES 01-09 DO NOT APPLY

51 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODE 01 APPLIES

52 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODE 02 APPLIES

53 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODE 03 APPLIES

54 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODE 04 APPLIES

55 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODE 05 APPLIES

56 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODE 06 APPLIES

57 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODE 07 APPLIES

58 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODE 08 APPLIES

59 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODE 09 APPLIES

60 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE S-CHIP ELIGIBLE AND CODE 10 APPLIES

99 = IN MSIS, ELIGIBLE'S MEDICARE STATUS IS UNKNOWN

USER NOTE: THE ANNUAL DUAL CODE IS EQUAL TO THE LATEST (MOST RECENT) QUARTERLY DUAL CODE > '00' (BEGINNING WITH THE LAST QUARTER AND MOVING BACKWARDS IN TIME QUARTER BY QUARTER). IF NONE OF THE QUARTERS HAVE DUAL CODE > '00', THE ANNUAL DUAL CODE IS SET TO '00'. IF THE PERSON IS ELIGIBLE FOR MEDICAID AND ENROLLED IN THE MEDICARE EDB IN AT LEAST ONE MONTH OF THE YEAR, A '5' IS MOVED TO THE FIRST POSITION (I.E. VALUES 50-59). IF THE PERSON HAS CLAIMS BUT NO ELIGIBILITY RECORD, THE ANNUAL DUAL CODE IS SET TO '99'.

SOURCE: THIS DATA ELEMENT IS TAKEN FROM THE MAX PERSON SUMMARY FILE.

NOTE: IN MAX 2005, THIS VARIABLE WAS MODIFIED FROM TYPE NUMERIC TO CHARACTER.

NOTE: IN MAX 2009, VALUES '10' AND '60' WERE ADDED TO THE FILE.

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015)**  
**DRUG (RX) RECORD**

ELEMENT NUMBER: \*\*\*

ELEMENT NAME: **UTILIZATION AND PAYMENT SUMMARY REGION**

SAS VARIABLE: NONE

TYPE: REGION

LENGTH: 270    BEG: 79    END: 348

DESCRIPTION:

DETAILED INFORMATION FROM MSIS CLAIMS ON THE SERVICE PROVIDED.

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015)**  
**DRUG (RX) RECORD**

ELEMENT NUMBER: \*\*

ELEMENT NAME: **SERVICE GROUP**

SAS VARIABLE: NONE

TYPE: GROUP LENGTH: 41 BEG: 79 END: 119

DESCRIPTION:

DETAILED INFORMATION ON THE TYPE OF SERVICE, PLACE OF SERVICE AND PROVIDER IDENTIFICATION.

## MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015) DRUG (RX) RECORD

ELEMENT NUMBER: 20.

ELEMENT NAME: **MSIS TYPE OF SERVICE CODE**

SAS VARIABLE: MSIS\_TOS

TYPE: NUM

LENGTH: 2 BEG: 79 END: 80

DESCRIPTION:

CODE INDICATING THE MEDICAID STATISTICAL INFORMATION SYSTEM (MSIS) TYPE OF SERVICE. EXPECTED MSIS TYPES OF SERVICE FOR THIS FILE ARE:

16 = PRESCRIBED DRUGS

19 = OTHER SERVICES

COMPLETE MSIS TYPE OF SERVICE CODES LIST:

01 = INPATIENT HOSPITAL

02 = MENTAL HOSPITAL SERVICES FOR THE AGED

04 = INPATIENT PSYCHIATRIC FACILITY FOR INDIVIDUALS UNDER THE AGE OF 21

05 = INTERMEDIATE CARE FACILITY (ICF) FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES

07 = NURSING FACILITY SERVICES (NFS) - ALL OTHER

08 = PHYSICIANS

09 = DENTAL

10 = OTHER PRACTITIONERS

11 = OUTPATIENT HOSPITAL

12 = CLINIC

13 = HOME HEALTH

15 = LAB AND X-RAY

16 = PRESCRIBED DRUGS

19 = OTHER SERVICES

20 = CAPITATED PAYMENTS TO HMO, HIO, OR PACE PLANS

21 = CAPITATED PAYMENTS TO PREPAID HEALTH PLANS - PHPs

22 = CAPITATED PAYMENTS FOR PRIMARY CARE CASE MANAGEMENT - PCCM

23 = CAPITATED PAYMENTS TO PRIVATE HEALTH INSURANCE - PHI

24 = STERILIZATIONS

25 = ABORTIONS

26 = TRANSPORTATION SERVICES

30 = PERSONAL CARE SERVICES

31 = TARGETED CASE MANAGEMENT

33 = REHABILITATION SERVICES

34 = PT, OT, SPEECH, HEARING SERVICES

35 = HOSPICE BENEFITS

36 = NURSE MIDWIFE SERVICES

37 = NURSE PRACTITIONER SERVICES

38 = PRIVATE DUTY NURSING

39 = RELIGIOUS NON-MEDICAL HEALTH CARE INSTITUTIONS

99 = UNKNOWN

USER NOTE: THE FOLLOWING CODES ARE INVALID: 03, 06, 14, 17, 18, 23, 27, 28, 29, 32 AND 40. BEGINNING IN 10/98, MSIS IDENTIFIED EARLY PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT (EPSDT); FAMILY PLANNING; RURAL HEALTH CLINIC; FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs); INDIAN HEALTH; HOME AND COMMUNITY-BASED CARE FOR DISABLED, ELDERLY AND INDIVIDUALS AGE 65 AND OLDER; AND HOME AND COMMUNITY-BASED CARE WAIVER SERVICES USING A NEW DATA ELEMENT, 'PROGRAM-TYPE'. A SUBSTANTIAL NUMBER OF NEW MSIS TYPE OF SERVICE CODES WERE ADDED IN FISCAL YEAR 1998.

SOURCE: MSIS CLAIMS FILE: 'TYPE-OF-SERVICE'.

NOTE: IN MAX 2008, A TYPOGRAPHICAL ERROR WAS CORRECTED -- VALUE 20 NOW INCLUDES PACE.

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015)**  
**DRUG (RX) RECORD**

ELEMENT NUMBER: 21.

ELEMENT NAME: **MSIS TYPE OF PROGRAM CODE**

SAS VARIABLE: MSIS\_TOP

TYPE: NUM

LENGTH: 1 BEG: 81 END: 81

DESCRIPTION:

CODE INDICATING THE SPECIAL MEDICAID PROGRAM UNDER WHICH THE SERVICE WAS PROVIDED.

CODES:

0 = NO SPECIAL PROGRAM

1 = EARLY PERIODIC SCREENING DIAGNOSIS AND TREATMENT (EPSDT)

2 = FAMILY PLANNING

3 = RURAL HEALTH CLINIC

4 = FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs)

5 = INDIAN HEALTH SERVICES

6 = HOME AND COMMUNITY-BASED CARE FOR DISABLED ELDERLY AND INDIVIDUALS AGE 65 AND OLDER

7 = HOME AND COMMUNITY-BASED CARE WAIVER SERVICES

9 = UNKNOWN

USER NOTE: UNDER EPSDT REQUIREMENTS, STATES MUST PROVIDE HEALTH SCREENING, VISION, HEARING AND DENTAL SERVICES TO CHILDREN UNDER THE AGE OF 21. THESE SERVICES MUST BE PROVIDED AT INTERVALS TO MEET RECOGNIZED STANDARDS OF MEDICAL AND DENTAL PRACTICE AND OTHER INTERVALS TO DETERMINE IF PHYSICAL OR MENTAL ILLNESSES OR CONDITIONS EXIST. STATES MUST ALSO PROVIDE ANY SERVICE NEEDED TO TREAT AN ILLNESS OR CONDITION IDENTIFIED BY A SCREEN (TO THE EXTENT THAT A SERVICE IS PERMITTED UNDER MEDICAID LAW), REGARDLESS OF WHETHER THE SERVICE IS OTHERWISE INCLUDED UNDER THE STATE MEDICAID PLAN. ALTHOUGH EPSDT MAY BE VIEWED AS A PROGRAM BY SOME, IT CAN BE MORE ACCURATELY DESCRIBED AS A GROUP OF SERVICES, WITH A STRONG EMPHASIS ON PREVENTIVE CARE. HOWEVER, THERE IS NO STANDARD DEFINITION OF EPSDT SERVICES AND THERE ARE NO STANDARD REPORTING REQUIREMENTS FOR EPSDT SERVICES IN MEDICAID DATA SYSTEMS. THEREFORE, THERE IS SUBSTANTIAL VARIATION IN REPORTING FOR EPSDT ACROSS STATES. FOR THESE REASONS, USE OF TYPE OF PROGRAM = 1 (EPSDT) IS UNRELIABLE FOR CROSS-STATE COMPARISONS OR DEVELOPMENT OF NATIONAL STATISTICS. EXTREME CAUTION SHOULD BE EXERCISED IN ATTRIBUTING MEANING TO THIS CODE VALUE.

SOURCE: MSIS CLAIMS FILE: 'PROGRAM-TYPE'.

## MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015) DRUG (RX) RECORD

ELEMENT NUMBER: 22.

ELEMENT NAME: **MAX TYPE OF SERVICE CODE**

SAS VARIABLE: MAX\_TOS

TYPE: NUM

LENGTH: 2 BEG: 82 END: 83

DESCRIPTION:

CODE INDICATING THE MEDICAID ANALYTIC EXTRACT (MAX) TYPE OF SERVICE FOR THIS RECORD. EXPECTED MAX TYPES OF SERVICE FOR THIS FILE ARE:

16 = DRUGS

51 = DURABLE MEDICAL EQUIPMENT AND SUPPLIES (INCLUDING EMERGENCY RESPONSE SYSTEMS AND HOME MODIFICATIONS)

COMPLETE MAX TYPE OF SERVICE CODES LIST:

01 = INPATIENT HOSPITAL

02 = MENTAL HOSPITAL SERVICES FOR THE AGED

04 = INPATIENT PSYCHIATRIC FACILITY FOR INDIVIDUALS UNDER THE AGE OF 21

05 = INTERMEDIATE CARE FACILITY (ICF) FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES

07 = NURSING FACILITY SERVICES (NFS) - ALL OTHER

08 = PHYSICIANS

09 = DENTAL

10 = OTHER PRACTITIONERS

11 = OUTPATIENT HOSPITAL

12 = CLINIC

13 = HOME HEALTH

15 = LAB AND X-RAY

16 = DRUGS

19 = OTHER SERVICES

20 = CAPITATED PAYMENTS TO HMO, HIO, OR PACE PLANS

21 = CAPITATED PAYMENTS TO PREPAID HEALTH PLANS - PHPs

22 = CAPITATED PAYMENTS FOR PRIMARY CARE CASE MANAGEMENT - PCCM

23 = CAPITATED PAYMENTS TO PRIVATE HEALTH INSURANCE - PHI

24 = STERILIZATIONS

25 = ABORTIONS

26 = TRANSPORTATION SERVICES

30 = PERSONAL CARE SERVICES

31 = TARGETED CASE MANAGEMENT

33 = REHABILITATION SERVICES

34 = PT, OT, SPEECH, HEARING SERVICES

35 = HOSPICE BENEFITS

36 = NURSE MIDWIFE SERVICES

37 = NURSE PRACTITIONER SERVICES

38 = PRIVATE DUTY NURSING

39 = RELIGIOUS NON-MEDICAL HEALTH CARE INSTITUTIONS

51 = DURABLE MEDICAL EQUIPMENT AND SUPPLIES (INCLUDING EMERGENCY RESPONSE SYSTEMS AND HOME MODIFICATIONS)

52 = RESIDENTIAL CARE (DEFINITION CHANGED FOR 2003 AND LATER YEARS - ADDITIONAL INFORMATION IS AVAILABLE ON REQUEST)

53 = PSYCHIATRIC SERVICES (EXCLUDING ADULT DAY CARE)

54 = ADULT DAY CARE

99 = UNKNOWN

USER NOTE: THE FOLLOWING CODES ARE INVALID: 03, 06, 14, 17, 18, 23, 27, 28, 29, 32 AND 40.

BEGINNING IN 10/98, MSIS IDENTIFIED EARLY PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT (EPSDT); FAMILY PLANNING; RURAL HEALTH CLINIC; FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs); INDIAN HEALTH; HOME AND COMMUNITY-BASED CARE FOR DISABLED, ELDERLY AND INDIVIDUALS AGE 65 AND OLDER; AND HOME AND COMMUNITY-BASED CARE WAIVER SERVICES USING A NEW DATA ELEMENT, 'PROGRAM-TYPE'.

A SUBSTANTIAL NUMBER OF NEW MSIS TYPE OF SERVICE CODES WERE ADDED IN FISCAL YEAR 1998.

THE FOLLOWING TYPES OF SERVICE ARE DEFINED IN THE MAX PROCESS USING STATE PROCEDURE (SERVICE) CODES:

51 = DURABLE MEDICAL EQUIPMENT AND SUPPLIES (INCLUDING EMERGENCY RESPONSE SYSTEMS AND HOME MODIFICATIONS)

52 = RESIDENTIAL CARE (DEFINITION CHANGED FOR 2003 AND LATER YEARS - ADDITIONAL INFORMATION IS AVAILABLE ON REQUEST)

53 = PSYCHIATRIC SERVICES (EXCLUDING ADULT DAY CARE)

54 = ADULT DAY CARE

SOURCE: MSIS CLAIMS FILE: 'TYPE-OF-SERVICE' EXCEPT FOR CODE VALUES 51-54 AS NOTED ABOVE.

NOTE: IN MAX 2008, A TYPOGRAPHICAL ERROR WAS CORRECTED -- VALUE 20 NOW INCLUDES PACE.



**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015)**  
**DRUG (RX) RECORD**

ELEMENT NUMBER: 23.

ELEMENT NAME: **BILLING PROVIDER IDENTIFICATION NUMBER**

SAS VARIABLE: PRVDR\_ID\_NMBR

TYPE: CHAR

LENGTH: 12    BEG: 84    END: 95

DESCRIPTION:

STATE ASSIGNED UNIQUE IDENTIFICATION NUMBER FOR THE BILLING PROVIDER.

SOURCE: MSIS CLAIMS FILE: 'PROVIDER-ID-NUMBER-BILLING'.

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015)**  
**DRUG (RX) RECORD**

ELEMENT NUMBER: 24.

ELEMENT NAME: **NATIONAL PROVIDER IDENTIFIER**

SAS VARIABLE: NPI

TYPE: CHAR

LENGTH: 12    BEG: 96    END: 107

DESCRIPTION:

NATIONAL PROVIDER IDENTIFIER OF THE BILLING PROVIDER.

SOURCE: MSIS CLAIMS FILE: 'NATIONAL-PROVIDER-ID'.

NOTE: IN MAX 2005, THIS VARIABLE WAS ADDED TO THE FILE.

NOTE: IN MAX 2005-2008, THIS VARIABLE WAS 9-FILLED.

NOTE: IN MAX 2009, THIS VARIABLE WAS NO LONGER 9-FILLED.

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015)**  
**DRUG (RX) RECORD**

ELEMENT NUMBER: 25.

ELEMENT NAME: **PROVIDER TAXONOMY**

SAS VARIABLE: TAXONOMY

TYPE: CHAR

LENGTH: 12    BEG: 108    END: 119

DESCRIPTION:

A NATIONAL HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)-COMPLIANT CODE THAT DESCRIBES THE SPECIALTY OF THE BILLING PROVIDER.

SOURCE: MSIS CLAIMS FILE: 'PROVIDER-TAXONOMY'.

NOTE: IN MAX 2005, THIS VARIABLE WAS ADDED TO THE FILE.

NOTE: IN MAX 2005-2008, THIS VARIABLE WAS 9-FILLED.

NOTE: IN MAX 2009, THIS VARIABLE WAS NO LONGER 9-FILLED.

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015)**  
**DRUG (RX) RECORD**

ELEMENT NUMBER: \*\*

ELEMENT NAME: **CLAIMS AND PAYMENT GROUP**

SAS VARIABLE: NONE

TYPE: GROUP LENGTH: 72 BEG: 120 END: 191

DESCRIPTION:

DETAILED DATA FROM MSIS CLAIMS ON TYPE OF CLAIM, TYPE OF COVERAGE, PAYMENTS AND CHARGES FROM MSIS CLAIMS.

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015)**  
**DRUG (RX) RECORD**

ELEMENT NUMBER: 26.

ELEMENT NAME: **TYPE OF CLAIM CODE**

SAS VARIABLE: TYPE\_CLM\_CD

TYPE: CHAR

LENGTH: 1    BEG: 120    END: 120

DESCRIPTION:

CODE INDICATING THE TYPE OF CLAIM.

CODES:

1 = A CURRENT FEE-FOR-SERVICE CLAIM FOR MEDICAL SERVICES.

2 = CAPITATED PAYMENT.

3 = ENCOUNTER (A.K.A. "DUMMY") RECORD THAT SIMULATES A BILL FOR A SERVICE RENDERED TO A PATIENT COVERED UNDER SOME FORM OF CAPITATION PLAN.

4 = A 'SERVICE TRACKING CLAIM' THAT DOCUMENTS SERVICES RECEIVED BY AN INDIVIDUAL PATIENT, WHEN THE STATE ACCEPTS A LUMP SUM BILL FROM A PROVIDER THAT COVERED SIMILAR SERVICES DELIVERED TO MORE THAN ONE PATIENT, SUCH AS GROUP SCREENING FOR EARLY PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT (EPSDT).

5 = SUPPLEMENTAL PAYMENT (ABOVE CAPITATION FEE OR ABOVE NEGOTIATED RATE) (E.G. FEDERALLY QUALIFIED HEALTH CENTER (FQHC) ADDITIONAL REIMBURSEMENT).

9 = UNKNOWN.

A = S-CHIP CLAIM: A CURRENT FEE-FOR-SERVICE CLAIM FOR MEDICAL SERVICES.

B = S-CHIP CLAIM: CAPITATED PAYMENT.

C = S-CHIP CLAIM: ENCOUNTER (A.K.A. "DUMMY") RECORD THAT SIMULATES A BILL FOR A SERVICE RENDERED TO A PATIENT COVERED UNDER SOME FORM OF CAPITATION PLAN.

D = S-CHIP CLAIM: A 'SERVICE TRACKING CLAIM' THAT DOCUMENTS SERVICES RECEIVED BY AN INDIVIDUAL PATIENT, WHEN THE STATE ACCEPTS A LUMP SUM BILL FROM A PROVIDER THAT COVERED SIMILAR SERVICES DELIVERED TO MORE THAN ONE PATIENT, SUCH AS GROUP SCREENING FOR EPSDT.

E = S-CHIP CLAIM: SUPPLEMENTAL PAYMENT (ABOVE CAPITATION FEE OR ABOVE NEGOTIATED RATE) (E.G. FQHC ADDITIONAL REIMBURSEMENT).

USER NOTE: VOIDED CLAIMS ARE NOT RETAINED IN MAX AS \$0 PAID CLAIMS.

SOURCE: MSIS CLAIMS FILE: 'TYPE-OF-CLAIM'.

NOTE: BEGINNING IN MAX 2009, THIS VARIABLE WAS CHANGED TO CHARACTER.

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015)**  
**DRUG (RX) RECORD**

ELEMENT NUMBER: 27.

ELEMENT NAME: **ADJUSTMENT CODE**

SAS VARIABLE: ADJUST\_CD

TYPE: NUM

LENGTH: 1 BEG: 121 END: 121

DESCRIPTION:

CODE INDICATING IF THE CLAIMS FOR THIS SERVICE WERE ONLY ORIGINAL SUBMISSIONS, INCLUDED ADJUSTMENTS OF ANY TYPE OR IF ONE OR MORE ORIGINAL SUBMISSIONS WAS MISSING.

CODES:

- 0 = NO ADJUSTMENT OF CLAIMS WAS REQUIRED, SINCE ALL CLAIMS FOR THIS RECORD WERE ORIGINAL CLAIMS (ALL CLAIMS FOR THIS RECORD HAD VALUE = 0 IN THE MSIS DATA ELEMENT 'ADJUSTMENT-INDICATOR'). IN THIS CASE, ORIGINAL CLAIMS WERE COMBINED FOR THIS RECORD.
- 1 = THIS RECORD REPRESENTS A CLAIMS SET WHERE IT WAS POSSIBLE TO CORRECTLY COMPLETE THE ADJUSTMENT PROCESS, BY COMBINING ORIGINAL AND ADJUSTMENT CLAIMS FOR THIS RECORD. THIS MEANS THAT THERE WAS AT LEAST ONE ORIGINAL CLAIM AND AT LEAST ONE ADJUSTMENT CLAIM IN THE SET OF CLAIMS FOR THIS RECORD (AT LEAST ONE CLAIM FOR THIS RECORD HAD VALUE = 0 IN THE MSIS DATA ELEMENT 'ADJUSTMENT-INDICATOR' AND AT LEAST ONE CLAIM FOR THIS RECORD HAD A VALUE OTHER THAN 0 IN THE MSIS DATA ELEMENT 'ADJUSTMENT-INDICATOR').
- 2 = THIS RECORD REPRESENTS A CLAIMS SET WHERE IT WAS NOT POSSIBLE TO CORRECTLY COMPLETE THE ADJUSTMENT PROCESS (NONE OF THE CLAIMS FOR THIS RECORD HAD A VALUE = 0 IN THE MSIS DATA ELEMENT 'ADJUSTMENT-INDICATOR').

SOURCE: RECODED USING THE MSIS CLAIMS FILES DATA ELEMENT: 'ADJUSTMENT-INDICATOR'.

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015)**  
**DRUG (RX) RECORD**

ELEMENT NUMBER: 28.

ELEMENT NAME: **MANAGED CARE TYPE OF PLAN CODE**

SAS VARIABLE: PHP\_TYPE

TYPE: NUM

LENGTH: 2 BEG: 122 END: 123

DESCRIPTION:

CODE INDICATING THE TYPE OF MANAGED CARE PLAN, IF ANY, UNDER WHICH THE NON-FEE-FOR-SERVICE ENCOUNTER WAS PROVIDED.

CODES:

00 = INDIVIDUAL WAS NOT ELIGIBLE FOR MEDICAID THIS MONTH.

01 = ELIGIBLE IS ENROLLED IN A MEDICAL OR COMPREHENSIVE MANAGED CARE PLAN THIS MONTH (E.G. HMO).

02 = ELIGIBLE IS ENROLLED IN A DENTAL MANAGED CARE PLAN THIS MONTH.

03 = ELIGIBLE IS ENROLLED IN A BEHAVIORAL MANAGED CARE PLAN THIS MONTH.

04 = ELIGIBLE IS ENROLLED IN A PRENATAL/DELIVERY MANAGED CARE PLAN THIS MONTH.

05 = ELIGIBLE IS ENROLLED IN A LONG-TERM CARE MANAGED CARE PLAN THIS MONTH.

06 = ELIGIBLE IS ENROLLED IN A PROGRAM FOR ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE) THIS MONTH.

07 = ELIGIBLE IS ENROLLED IN A PRIMARY CARE CASE MANAGEMENT MANAGED CARE PLAN THIS MONTH.

08 = ELIGIBLE IS ENROLLED IN AN OTHER MANAGED CARE PLAN THIS MONTH.

77 = THIS RECORD IS AN ENCOUNTER RECORD, BUT THERE WAS NO MATCH BETWEEN THE 'MANAGED CARE PLAN IDENTIFICATION NUMBER' AND THE PLAN IDENTIFIERS IN THE ELIGIBILITY RECORD FOR THIS PERSON.

88 = NOT APPLICABLE, THIS RECORD IS NOT AN ENCOUNTER RECORD OR THIS RECORD'S PLAN ID IS 8-FILLED.

99 = ELIGIBLE'S MANAGED CARE PLAN STATUS IS UNKNOWN.

USER NOTE: THIS DATA ELEMENT IS 8-FILLED FOR NON-ENCOUNTER RECORDS.

IN MAX 2010, VALUE 66 WAS DELETED.

IN MAX 2010, WE REVISED THE ALGORITHM TO LOOK FOR THE CLAIM'S PLAN ID IN ALL FOUR PLANS IN ALL 12 MONTHS OF ELIGIBILITY RATHER THAN LOOK ONLY IN THE SERVICE END MONTH.

SOURCE: MSIS ELIGIBILITY FILE, BY MATCHING THE ELIGIBLE'S MSIS 'PLAN-ID-NUMBER' FROM THE CLAIM(S) TO THE ELIGIBLE'S ELIGIBILITY RECORD FOR THE MONTH OF THE ENCOUNTER RECORD. SEE 'MANAGED CARE PLAN IDENTIFICATION NUMBER'.

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015)**  
**DRUG (RX) RECORD**

ELEMENT NUMBER: 29.

ELEMENT NAME: **MANAGED CARE PLAN IDENTIFICATION NUMBER**

SAS VARIABLE: PHP\_ID

TYPE: CHAR

LENGTH: 12    BEG: 124    END: 135

DESCRIPTION:

A UNIQUE IDENTIFIER WHICH REPRESENTS THE HEALTH PLAN UNDER WHICH THE NON-FEE-FOR-SERVICE ENCOUNTER WAS PROVIDED.

USER NOTE: THIS DATA ELEMENT IS 8-FILLED FOR NON-ENCOUNTER RECORDS.

SOURCE: MSIS CLAIMS FILE: 'PLAN-ID-NUMBER'.



**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015)**  
**DRUG (RX) RECORD**

ELEMENT NUMBER: 30.

ELEMENT NAME: **MEDICAID PAYMENT AMOUNT**

SAS VARIABLE: MD CD PYMT\_AMT

TYPE: NUM\*

LENGTH: 8 BEG: 136 END: 143

DESCRIPTION:

TOTAL AMOUNT OF MONEY PAID BY MEDICAID FOR THIS SERVICE.

(DISPLAY SIGNED NUMERIC) (SAS USERS: ZONED DECIMAL - ZD8)

USER NOTES: THIS PAYMENT AMOUNT IS = \$0 FOR ENCOUNTER RECORDS. IN MSIS, STATES ARE INSTRUCTED TO SET MEDICAID PAYMENT AMOUNT = \$0 FOR RECORDS WITH TYPE OF CLAIM = 3 (ENCOUNTERS). IN MAX, WE AGAIN SET 'MEDICAID PAYMENT AMOUNT' = \$0 FOR ENCOUNTERS, TO ELIMINATE THE POSSIBILITY OF AMOUNTS > \$0 APPEARING, IN ERROR. 'MEDICAID AMOUNT PAID' IS SET VALUE = \$0 BECAUSE MEDICAID PAYMENT FOR THESE ENCOUNTER RECORDS IS ALREADY CAPTURED IN PREMIUM PAYMENT RECORDS (WITH AMOUNTS > \$0). THE PREMIUM PAYMENT RECORDS CONTAIN EITHER 'MSIS TYPE OF SERVICE CODE' = 20 (CAPITATED PAYMENTS TO HMO, HIO, OR PACE PLANS), TOS = 21 (CAPITATED PAYMENTS TO PREPAID HEALTH PLANS - PHPs) OR TOS = 22 (CAPITATED PAYMENT FOR PRIMARY CARE CASE MANAGEMENT - PCCMs), OR TOS = 23 (CAPITATED PAYMENTS TO PRIVATE HEALTH INSURANCE - PHI).

THERE ARE INSTANCES WHERE THIS PAYMENT AMOUNT MAY BE SET VALUE < \$0 FOR FEE-FOR-SERVICE RECORDS. THIS SHOULD OCCUR ONLY ON CLINIC, PHYSICIAN OR OUTPATIENT DEPARTMENT BILLS FOR SELECTED STATES. THIS SITUATION HAS OCCURRED IN SEVERAL STATES, BUT HAS NOT BEEN A SIGNIFICANT ISSUE.

WHERE THE 'MEDICAID PAYMENT AMOUNT' IS SET < \$0 IN A MAX RECORD, THE PROVIDER BILLS USUALLY CONSIST OF A SUMMARY AND ONE OR MORE LINE ITEMS. THE SUMMARY CONTAINS INFORMATION ABOUT MEDICAID PAYMENT AMOUNT AND OTHER PAYMENTS, E.G. PAYMENTS BY OTHER INSURERS, KNOWN AS THIRD PARTY LIABILITY (TPL). THE SUMMARY DOES NOT INCLUDE DETAIL ON THE ACTUAL SERVICES PROVIDED. THAT DETAIL IS FOUND IN THE LINE ITEMS, BUT THE LINE ITEMS DO NOT INCLUDE THE ACTUAL MEDICAID PAYMENT AMOUNT. FOR THESE REASONS, STATES ARE INSTRUCTED TO SUBMIT BOTH THE SUMMARY AND THE LINE ITEMS IN MSIS SO THAT WE WILL HAVE THE MOST COMPLETE RECORD POSSIBLE OF SERVICES AND PAYMENTS. FOR THE SAME REASON, BOTH TYPES OF RECORDS ARE ALSO CAPTURED IN MAX.

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015)**  
**DRUG (RX) RECORD**

ELEMENT NUMBER: 31.

ELEMENT NAME: **THIRD PARTY PAYMENT AMOUNT**

SAS VARIABLE: TP\_PYMT\_AMT

TYPE: NUM\* LENGTH: 8 BEG: 144 END: 151

DESCRIPTION:

TOTAL AMOUNT OF MONEY PAID BY A THIRD PARTY (I.E. ALL SOURCES OTHER THAN MEDICAID, MEDICARE AND THE ELIGIBLE'S PERSONAL FUNDS) FOR THIS SERVICE.

(DISPLAY SIGNED NUMERIC) (SAS USERS: ZONED DECIMAL - ZD8)

USER NOTE: THERE MAY BE SUBSTANTIAL VARIATION IN THE REPORTING OF THIRD PARTY LIABILITY (TPL) AMOUNTS ACROSS STATES. THIS IS BECAUSE STATES USE DIFFERENT METHODS OF COLLECTING TPL PAYMENTS. SOME STATES MAY REQUIRE PROVIDERS TO THOROUGHLY PURSUE COLLECTION OF TPL PAYMENTS BEFORE CLAIMS ARE ADJUDICATED FOR MEDICAID PAYMENT. OTHER STATES MAY DESIRE TO PAY PROVIDERS PROMPTLY AND THEN RECOVER TPL PAYMENTS FROM OTHER PAYERS. FOR THESE REASONS, THE EXTENT TO WHICH TPL COLLECTIONS ARE ACCURATELY REPORTED IN MSIS IS UNKNOWN.

SOURCE: MSIS CLAIMS FILE: 'OTHER-THIRD-PARTY-PAYMENT'.

# **MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015)** **DRUG (RX) RECORD**

ELEMENT NUMBER: 32.

ELEMENT NAME: **PAYMENT DATE**

SAS VARIABLE: PYMT\_DT

TYPE: NUM LENGTH: 8 BEG: 152 END: 159

DESCRIPTION:

DATE ON WHICH THE CLAIM OR ENCOUNTER RECORD WAS ADJUDICATED BY THE STATE.

EDIT-RULES: YYYYMMDD

USER NOTE: FOR FEE-FOR-SERVICE CLAIMS THIS IS THE DATE THE CLAIM WAS ADJUDICATED FOR PAYMENT.

SOURCE: MSIS CLAIMS FILE: 'DATE-OF-PAYMENT-ADJUDICATION'. MSIS DATES WITH 8- OR 9-FILL VALUES ARE CHANGED TO 0-FILL (ZERO-FILL).

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015)**  
**DRUG (RX) RECORD**

ELEMENT NUMBER: 33.

ELEMENT NAME: **CHARGE AMOUNT**

SAS VARIABLE: CHRГ\_AMT

TYPE: NUM\*

LENGTH: 8 BEG: 160 END: 167

DESCRIPTION:

TOTAL AMOUNT OF CHARGES SUBMITTED BY THE PROVIDER FOR THIS SERVICE.

(DISPLAY SIGNED NUMERIC) (SAS USERS: ZONED DECIMAL - ZD8)

USER NOTE: THIS PAYMENT AMOUNT IS = \$0 FOR ENCOUNTER RECORDS. IN MSIS, FOR TYPE OF CLAIM = 3 (ENCOUNTERS), STATES ARE INSTRUCTED TO REPORT PAYMENT AMOUNTS BY A PLAN TO A PROVIDER IN THE 'AMOUNT-CHARGED' DATA ELEMENT. HOWEVER, SUCH PAYMENTS ARE NOT ACTUAL PROVIDER CHARGES. THEREFORE, IN MAX FOR 'TYPE OF CLAIM CODE' = 3 (ENCOUNTERS), THE MSIS VALUE OF 'AMOUNT-CHARGED' HAS BEEN MOVED TO 'PREPAID PLAN SERVICE VALUE' AND MAX 'CHARGE AMOUNT' HAS BEEN RESET TO VALUE = \$0. AS A RESULT, MAX 'CHARGE AMOUNT' WILL HAVE VALUE = \$0 FOR ALL RECORDS WITH 'TYPE OF CLAIM CODE' = 3 (ENCOUNTER) AND VALUE >= \$0 FOR OTHER TYPE OF CLAIM VALUES, INCLUDING VALUE = 1 (FEE-FOR-SERVICE).

NOTE: DURING MAX 1999-2011, WHEN THE CHARGE AMOUNT WAS MOVED TO THE PREPAID SERVICE VALUE, THE CHARGE AMOUNT WAS NOT RECODED TO ZERO.

SOURCE: RECODED AS NOTED ABOVE USING THE MSIS CLAIMS FILE: 'AMOUNT-CHARGED'.

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015)**  
**DRUG (RX) RECORD**

ELEMENT NUMBER: 34.

ELEMENT NAME: **PREPAID PLAN SERVICE VALUE**

SAS VARIABLE: PHP\_VAL

TYPE: NUM\*

LENGTH: 8 BEG: 168 END: 175

DESCRIPTION:

DOLLAR VALUE PLACED ON THE SERVICE BY THE PROVIDER.

(DISPLAY SIGNED NUMERIC) (SAS USERS: ZONED DECIMAL - ZD8)

USER NOTES: THIS PAYMENT AMOUNT IS > \$0 ONLY FOR ENCOUNTER RECORDS. WHILE THIS PAYMENT AMOUNT COULD HAVE VALUE = \$0 FOR SOME ENCOUNTER RECORDS, IT WILL ALWAYS HAVE VALUE = \$0 FOR OTHER TYPES OF RECORDS. FOR RECORDS IN WHICH 'TYPE OF CLAIM CODE' = 3 (ENCOUNTER), THE MSIS VALUE OF 'AMOUNT-CHARGED' HAS BEEN MOVED TO DATA ELEMENT 'PREPAID PLAN SERVICE VALUE' AND MAX CHARGE AMOUNT HAS BEEN RESET TO VALUE = \$0. SEE 'MEDICAID PAYMENT AMOUNT' AND 'CHARGE AMOUNT' FOR ADDITIONAL INFORMATION. AS A RESULT, MAX PREPAID PLAN SERVICE VALUE WILL HAVE VALUE >= \$0 FOR ALL RECORDS WITH 'TYPE OF CLAIM CODE' = 3 (ENCOUNTER) AND VALUE = \$0 FOR OTHER TYPE OF CLAIM VALUES, INCLUDING VALUE = 1 (FEE-FOR-SERVICE). DEPENDING ON THE PROVIDER AND TYPE OF PREPAID PLAN, THE DOLLAR AMOUNTS IN THIS DATA ELEMENT MAY HAVE DIFFERENT MEANINGS. FOR EXAMPLE, IN AN INDEPENDENT PRACTICE PLAN THE AMOUNT MAY BE A PROVIDER'S CHARGE TO THE PLAN. IN A STAFF MODEL PLAN, THE AMOUNT MAY BE A MEASURE OF RESOURCES USED. FOR THIS REASON, EXTREME CAUTION SHOULD BE EXERCISED WHEN USING THIS DATA ELEMENT.

NOTE: DURING MAX 1999-2011, WHEN THE CHARGE AMOUNT WAS MOVED TO THE PREPAID SERVICE VALUE, THE CHARGE AMOUNT WAS NOT RECODED TO ZERO.

SOURCE: RECODED AS NOTED ABOVE USING MSIS CLAIMS FILE.

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015)**  
**DRUG (RX) RECORD**

ELEMENT NUMBER: 35.

ELEMENT NAME: **FILLER**

SAS VARIABLE: FILLER1

TYPE: CHAR

LENGTH: 8    BEG: 176    END: 183

DESCRIPTION:

SPACES

NOTE: IN MAX 2006, THE VARIABLE PREVIOUSLY AVAILABLE IN THIS POSITION WAS REPLACED WITH FILLER.

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015)**  
**DRUG (RX) RECORD**

ELEMENT NUMBER: 36.

ELEMENT NAME: **FILLER**

SAS VARIABLE: FILLER2

TYPE: CHAR

LENGTH: 8    BEG: 184    END: 191

DESCRIPTION:

SPACES

NOTE: IN MAX 2006, THE VARIABLE PREVIOUSLY AVAILABLE IN THIS POSITION WAS REPLACED WITH FILLER.

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015)**  
**DRUG (RX) RECORD**

ELEMENT NUMBER: \*\*

ELEMENT NAME: **PRESCRIPTION DRUG GROUP**

SAS VARIABLE: NONE

TYPE: GROUP LENGTH: 50 BEG: 192 END: 241

DESCRIPTION:

DETAILED DATA FROM MSIS CLAIMS ABOUT THE SPECIFIC SERVICE, INCLUDING THE STATE-SPECIFIC PRESCRIBING PHYSICIAN PROVIDER IDENTIFICATION NUMBER, PRESCRIBED DATE, PRESCRIPTION FILL DATE, NEW/REFILL INDICATOR, NATIONAL DRUG CODE, QUANTITY OF SERVICE, AND DAYS SUPPLY.



**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015)**  
**DRUG (RX) RECORD**

ELEMENT NUMBER: 37.

ELEMENT NAME: **PRESCRIBING PHYSICIAN IDENTIFICATION NUMBER**

SAS VARIABLE: PRES\_PHYSICIAN\_ID\_NUM

TYPE: CHAR LENGTH: 12 BEG: 192 END: 203

**DESCRIPTION:**

THE UNIQUE IDENTIFICATION NUMBER ASSIGNED TO A PROVIDER, BY THE STATE, WHICH IDENTIFIES THE PHYSICIAN OR OTHER PROVIDER PRESCRIBING THE DRUG, DEVICE OR SUPPLY.

USER NOTE: FOR PHYSICIANS, THIS SHOULD BE THE INDIVIDUAL PROVIDER'S IDENTIFICATION NUMBER, NOT THE IDENTIFICATION NUMBER FOR A GROUP PRACTICE. IF THE PROVIDER'S IDENTIFICATION NUMBER IS NOT AVAILABLE, BUT THE PROVIDER'S DRUG ENFORCEMENT AGENCY (DEA) IDENTIFIER IS AVAILABLE, THIS DATA ELEMENT SHOULD CONTAIN THE PROVIDER'S DEA IDENTIFIER. THIS DATA ELEMENT SHOULD BE 9-FILLED IF UNKNOWN. THIS DATA ELEMENT IS NOT INCLUDED ON STANDARD CLAIMS FORMS. THEREFORE, IT MAY BE MISSING FOR SOME RECORDS.

SOURCE: MSIS CLAIMS FILE: 'PRESCRIBING-PHYSICIAN-ID-NUMBER'.

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015)**  
**DRUG (RX) RECORD**

ELEMENT NUMBER: 38.

ELEMENT NAME: **PRESCRIBED DATE**

SAS VARIABLE: PRSC\_WRTE\_DT

TYPE: NUM

LENGTH: 8 BEG: 204 END: 211

DESCRIPTION:

DATE THE DRUG, DEVICE OR SUPPLY WAS PRESCRIBED BY THE PHYSICIAN OR OTHER PRACTITIONER.

EDIT RULES: YYYYMMDD

USER NOTE: THIS DATA ELEMENT SHOULD NOT BE CONFUSED WITH THE PRESCRIPTION FILLED DATE. THIS DATA ELEMENT IS NOT INCLUDED ON STANDARD CLAIMS FORMS. THEREFORE, IT MAY BE MISSING FOR MANY RECORDS. USERS SHOULD EXAMINE FREQUENCY DATA TO DETERMINE THE EXTENT OF NON-REPORTING.

SOURCE: MSIS CLAIMS FILE: 'DATE-PRESCRIBED'. MSIS DATES WITH 8- OR 9-FILL VALUES ARE CHANGED TO 0-FILL (ZERO-FILL).

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015)**  
**DRUG (RX) RECORD**

ELEMENT NUMBER: 39.

ELEMENT NAME: **PRESCRIPTION FILLED DATE**

SAS VARIABLE: PRSCRPTN\_FILL\_DT

TYPE: NUM

LENGTH: 8 BEG: 212 END: 219

DESCRIPTION:

DATE THE PRESCRIPTION WAS FILLED BY THE PHARMACY OR OTHER PROVIDER.

EDIT-RULES: YYYYMMDD

USER NOTES: THIS DATA ELEMENT SHOULD NOT BE CONFUSED WITH THE PRESCRIBED DATE.

SOURCE: MSIS CLAIMS FILE: 'PRESCRIPTION-FILL-DATE'. MSIS DATES WITH 8- OR 9-FILL VALUES ARE CHANGED TO 0-FILL (ZERO-FILL).

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015)**  
**DRUG (RX) RECORD**

ELEMENT NUMBER: 40.

ELEMENT NAME: **NEW OR REFILL INDICATOR**

SAS VARIABLE: NEW\_REFILL\_IND

TYPE: NUM

LENGTH: 2    BEG: 220    END: 221

**DESCRIPTION:**

INDICATOR SHOWING WHETHER THE PRESCRIPTION BEING FILLED WAS A NEW PRESCRIPTION OR A REFILL. IF IT WAS A REFILL, THE INDICATOR WILL IDENTIFY HOW MANY TIMES IT WAS REFILLED.

**CODES:**

00 = NEW PRESCRIPTION 01-98 = NUMBER OF THE REFILL

99 = UNKNOWN

USER NOTE: SINCE THIS DATA ELEMENT MAY BE MISSING FOR SOME RECORDS, USERS EXAMINE FREQUENCY DATA TO DETERMINE THE EXTENT OF NON-REPORTING. IN ADDITION, THERE MAY BE INFORMATION TO IDENTIFY THIS PRESCRIPTION AS A REFILL, BUT THE NUMBER OF THE REFILL MAY NOT BE KNOWN. IN THESE INSTANCES VALUE = 1 MAY BE A DEFAULT WHEN THE NUMBER OF THE REFILL IS UNKNOWN. FREQUENCY DATA WILL SHOW WHETHER CODE VALUES > 1 ARE BEING USED FOR DATA FROM A GIVEN STATE.

SOURCE: MSIS CLAIMS FILE: 'NEW-REFILL-INDICATOR'.

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015)**  
**DRUG (RX) RECORD**

ELEMENT NUMBER: 41.

ELEMENT NAME: **NATIONAL DRUG CODE (NDC)**

SAS VARIABLE: NDC

TYPE: CHAR

LENGTH: 12 BEG: 222 END: 233

DESCRIPTION:

NATIONAL DRUG CODE (NDC) FOR THIS SERVICE.

USER NOTE: THE 11-CHARACTER NDC CODE SHOULD BE LEFT JUSTIFIED AND BLANK-FILLED TO THE RIGHT. HOWEVER, USERS SHOULD CHECK THE 12-CHARACTER DATA ELEMENT FOR EACH STATE SINCE THERE ARE INSTANCES WHERE IT MAY BE RIGHT-JUSTIFIED OR CONTAIN AN IMBEDDED "0".

SOURCE: MSIS CLAIMS FILE: 'NATIONAL-DRUG-CODE'.

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015)**  
**DRUG (RX) RECORD**

ELEMENT NUMBER: 42.

ELEMENT NAME: **QUANTITY OF SERVICE**

SAS VARIABLE: QTY\_SRVC\_UNITS

TYPE: NUM

LENGTH: 5 BEG: 234 END: 238

DESCRIPTION:

THE NUMBER OF UNITS OF SERVICE RECEIVED BY THE ELIGIBLE.

FOR MAX 1999 AND BEYOND, THIS FIELD IS ONLY APPLICABLE WHEN THE SERVICE BEING BILLED CAN BE QUANTIFIED IN DISCRETE UNITS, E.G., A NUMBER OF VISITS OR THE NUMBER OF UNITS OF A PRESCRIPTION/REFILL THAT WERE FILLED. FOR PRESCRIPTIONS/REFILLS, USE THE MEDICAID DRUG REBATE DEFINITION OF A UNIT, WHICH IS THE SMALLEST UNIT BY WHICH THE DRUG IS NORMALLY MEASURED; E.G. TABLET, CAPSULE, MILLILITER, ETC. FOR DRUGS NOT IDENTIFIABLE OR DISPENSED BY A NORMAL UNIT, E.G. POWDER-FILLED VIALS, USE 1 AS THE NUMBER OF UNITS.

THIS FIELD IS NOT APPLICABLE FOR INSTITUTIONAL SERVICES, DENTAL SERVICES, LABORATORY AND X-RAY SERVICES, PREMIUM PAYMENTS, OR MISCELLANEOUS SERVICES (INCLUDES CLAIMS WITH TYPES-OF-SERVICE 09, 15, 17, 19, 20, 21, 22). USE 8-FILL FOR THESE SERVICES.

NOTE: ONE PRESCRIPTION FOR 100 250-MILLIGRAM TABLETS RESULTS IN 'QUANTITY OF SERVICE' = 100. PRIOR TO 1998, ONE PRESCRIPTION FOR 100 TABLETS RESULTED IN 'QUANTITY OF SERVICE' = 1.

SOURCE: MSIS CLAIMS FILE: 'QUANTITY-OF-SERVICE'.

NOTE: IN MAX 2008, THIS DESCRIPTION WAS COMPLETELY REWRITTEN.

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015)**  
**DRUG (RX) RECORD**

ELEMENT NUMBER: 43.

ELEMENT NAME: **DAYS SUPPLY**

SAS VARIABLE: DAYS\_SUPPLY

TYPE: NUM

LENGTH: 3 BEG: 239 END: 241

DESCRIPTION:

THE NUMBER OF DAYS SUPPLY DISPENSED.

SOURCE: MSIS CLAIMS FILE: 'DAYS-SUPPLY'.

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015)**  
**DRUG (RX) RECORD**

ELEMENT NUMBER: \*

ELEMENT NAME: **FIRST DATA BANK/MEDISPAN GROUP (PROPRIETARY - ACCESS LIMITED TO LICENSE HOLDERS)**

SAS VARIABLE: NONE

TYPE: GROUP LENGTH: 107 BEG: 242 END: 348

DESCRIPTION:

PROPRIETARY - ACCESS LIMITED TO LICENSE HOLDERS.



## MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015)

### DRUG (RX) RECORD

ELEMENT NUMBER: 44.

ELEMENT NAME: **NATIONAL DRUG CODE FORMAT INDICATOR**

SAS VARIABLE: NDC\_FORMAT\_IND

TYPE: CHAR

LENGTH: 1    BEG: 242    END: 242

**DESCRIPTION:**

THIS DATA ELEMENT IS USED TO IDENTIFY THE ORIGINAL 10- OR 11- CHARACTER FORMAT OF THE NATIONAL DRUG CODE (NDC) AND THE TYPE OF CODE, SUCH AS NDC, UNIVERSAL PRODUCT CODE (UPC) OR HEALTH RELATED ITEM (HRI). NDCs AND HRIs ARE 10- OR 11-DIGIT CODES USED TO IDENTIFY DRUG PRODUCTS. NON-PRESCRIPTION DRUG PRODUCTS MAY ALSO HAVE SEPARATE UPCs. IN GENERAL, THE 11-DIGIT NDC IS STRUCTURED AS FOLLOWS:

- LABELER CODE - 5 NUMERIC CHARACTERS
- PRODUCT CODE - 4 CHARACTERS (CAN BE ALPHANUMERIC)
- PACKAGE CODE - 2 CHARACTERS (CAN BE ALPHANUMERIC)

THE FIRST 4 OR 5 DIGITS (LABELER CODE) OF THE NDC OR HRI (DEPENDING ON FORMAT) ARE ASSIGNED BY THE FOOD AND DRUG ADMINISTRATION TO IDENTIFY THE MANUFACTURER. THE LAST 5 OR 6 CHARACTERS ARE ASSIGNED BY THE MANUFACTURERS TO IDENTIFY THEIR PRODUCT AND PACKAGING DESIGNATIONS. IF A COMPANY IS ASSIGNED A 4-DIGIT LABELER CODE, THEY USE A 4-4-2 FORMAT FOR THEIR DRUG PRODUCTS. THOSE ASSIGNED A 5-DIGIT LABELER CODE USE EITHER A 5-3-2, 5-4-1 OR 5-4-2 FORMAT.

**CODE:PRESCRIPTION DRUGS:**

- 0 = FORMAT 5-4-2 (99999-9999-99) CONVERTS TO 99999-9999-99 NDC
- 1 = FORMAT 4-4-2 (9999-9999-99) CONVERTS TO 09999-9999-99 NDC
- 2 = FORMAT 5-3-2 (99999-999-99) CONVERTS TO 99999-0999-99 NDC
- 3 = FORMAT 5-4-1 (99999-9999-9) CONVERTS TO 99999-9999-09 NDC

**PRODUCTS:**

- 4 = FORMAT 5-5 (99999-99999) CONVERTS TO 99999-0999-99 UPC
- 5 = FORMAT 5-5 (99999-99999) CONVERTS TO 99999-9999-09 UPC
- 6 = FORMAT 5-5 (99999-99999) CONVERTS TO 99999-9999-90 UPC

**HEALTH RELATED ITEMS:**

- 7 = FORMAT 4-4-2 (9999-9999-99) CONVERTS TO 09999-999999 HRI

USER NOTE: THIS IS FIRST DATA BANK, NATIONAL DRUG DATA FILE (NDDF) DATA ELEMENT 'NDCFI'.

SOURCE: PROPRIETARY DATA FROM FIRST DATA BANK CORPORATION, FOR USE BY CMS STAFF AND CONTRACTORS. SO, THIS DATA ELEMENT SHOULD BE BLANK FOR COPIES OF THIS FILE USED BY OTHER PARTIES.

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015)**  
**DRUG (RX) RECORD**

ELEMENT NUMBER: 45.

ELEMENT NAME: **DRUG CLASS**

SAS VARIABLE: DRUG\_CLASS\_CD

TYPE: CHAR

LENGTH: 1 BEG: 243 END: 243

DESCRIPTION:

CLASSIFIES THE DRUG ACCORDING TO AVAILABILITY TO THE PATIENT.

CODES:

BLANK = UNSPECIFIED

O = OVER THE COUNTER (THIS VALUE IS AN ALPHA LETTER 'O')

F = PRESCRIPTION REQUIRED (THIS VALUE IS AN ALPHA LETTER 'F')

USER NOTE: THIS IS FIRST DATA BANK DATA NATIONAL DRUG DATA FILE (NDDF) ELEMENT 'CL'.

SOURCE: PROPRIETARY DATA FROM FIRST DATA BANK CORPORATION, FOR USE BY CMS STAFF AND CONTRACTORS. SO, THIS DATA ELEMENT SHOULD BE BLANK FOR COPIES OF THIS FILE USED BY OTHER PARTIES.

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015)**  
**DRUG (RX) RECORD**

ELEMENT NUMBER: 46.

ELEMENT NAME: **MULTI-SOURCE CODE**

SAS VARIABLE: MULTI\_SRCE\_CD

TYPE: CHAR

LENGTH: 1    BEG: 244    END: 244

DESCRIPTION:

IDENTIFIES WHETHER THIS DRUG IS PROPRIETARY OR AVAILABLE AS A GENERIC BRAND.

CODES:

N = SINGLE SOURCE, NO GENERICS AVAILABLE

M = CONSIDERED SINGLE SOURCE, CO-LICENSED

O = ORIGINAL PRODUCT, GENERICS AVAILABLE (INNOVATIVE MULTIPLE SOURCE)

Y = CONSIDERED GENERICS, MULTIPLE SOURCES (NON-INNOVATIVE MULTIPLE SOURCE)

USER NOTE: THIS IS MEDI-SPAN MASTER DRUG DATA BASE (MDDb) DATA ELEMENT 'MULTI-SOURCE CODE' FROM POSITION 89 IN THE KEY IDENTIFIER (A1) RECORD, PREVIOUSLY REFERRED TO AS THE 'A089' RECORD.

SOURCE: PROPRIETARY DATA FROM WOLTERS KLUWER HEALTH, FOR USE BY CMS STAFF AND CONTRACTORS. SO, THIS DATA ELEMENT SHOULD BE BLANK FOR COPIES OF THIS FILE USED BY OTHER PARTIES.

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015)**  
**DRUG (RX) RECORD**

ELEMENT NUMBER: 47.

ELEMENT NAME: **FILLER**

SAS VARIABLE: FILLER3

TYPE: CHAR

LENGTH: 54    BEG: 245    END: 298

DESCRIPTION:

SPACES

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015)**  
**DRUG (RX) RECORD**

ELEMENT NUMBER: 48.

ELEMENT NAME: **HIERARCHICAL SPECIFIC THERAPEUTIC CLASS CODE**

SAS VARIABLE: HIC3

TYPE: CHAR

LENGTH: 3 BEG: 299 END: 301

DESCRIPTION:

A THREE-CHARACTER ELEMENT, THAT, DEPENDING ON ITS CONTEXT, IDENTIFIES THE SPECIFIC THERAPEUTIC CLASS OF AN INGREDIENT (HIC\_SEQN), A CLINICAL FORMULATION ID (GCN\_SEQNO), OR EACH INGREDIENT IN AN INGREDIENT LIST (HICL\_SEQNO). [SEE NDDF PLUS DOCUMENTATION, P. 1675].

USER NOTE: THIS IS FIRST DATA BANK NATIONAL DRUG DATA FILE (FDB NDDF) DATA ELEMENT 'HIC3'.

SOURCE: PROPRIETARY DATA FROM FIRST DATA BANK CORPORATION, FOR USE BY CMS STAFF AND CONTRACTORS. SO, THIS DATA ELEMENT SHOULD BE BLANK FOR COPIES OF THIS FILE USED BY OTHER PARTIES.

NOTE: IN MAX 2007, THIS VARIABLE WAS ADDED TO THE FILE.

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015)**  
**DRUG (RX) RECORD**

ELEMENT NUMBER: 49.

ELEMENT NAME: **THERAPEUTIC CLASS CODE, GENERIC**

SAS VARIABLE: THRTPC\_CLASS\_CD\_GENERIC

TYPE: CHAR

LENGTH: 2    BEG: 302    END: 303

DESCRIPTION:

GENERIC THERAPEUTIC CLASS CODE.

USER NOTE: THIS IS FIRST DATA BANK NATIONAL DRUG DATA FILE (FDB NDDF) DATA ELEMENT 'GTC'.

SOURCE: PROPRIETARY DATA FROM FIRST DATA BANK CORPORATION, FOR USE BY CMS STAFF AND CONTRACTORS. SO, THIS DATA ELEMENT SHOULD BE BLANK FOR COPIES OF THIS FILE USED BY OTHER PARTIES.

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015)**  
**DRUG (RX) RECORD**

ELEMENT NUMBER: 50.

ELEMENT NAME: **FILLER**

SAS VARIABLE: FILLER4

TYPE: CHAR

LENGTH: 6 BEG: 304 END: 309

DESCRIPTION:

SPACES

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015)**  
**DRUG (RX) RECORD**

ELEMENT NUMBER: 51.

ELEMENT NAME: **CLINICAL FORMULATION ID**

SAS VARIABLE: GCN\_SEQNO

TYPE: CHAR

LENGTH: 6    BEG: 310    END: 315

DESCRIPTION:

CLINICAL FORMULATION ID REPRESENTS THE CLINICAL FORMULATION, WHICH IS THE COMBINATION OF ACTIVE INGREDIENTS, DOSAGE FORM AND STRENGTH. [P. 1597]. A GCN\_SEQNO CAN BE LINKED TO MANY PACKAGED DRUG PRODUCTS, BUT A PACKAGED DRUG PRODUCT CAN HAVE ONLY ONE GCN\_SEQNO.

USER NOTE: THIS IS FIRST DATA BANK NATIONAL DRUG DATA FILE (FDB NDDF) DATA ELEMENT 'GCN\_SEQNO'.

SOURCE: PROPRIETARY DATA FROM FIRST DATA BANK CORPORATION, FOR USE BY CMS STAFF AND CONTRACTORS. SO, THIS DATA ELEMENT SHOULD BE BLANK FOR COPIES OF THIS FILE USED BY OTHER PARTIES.

NOTE: IN MAX 2007, THIS VARIABLE WAS ADDED TO THE FILE.



**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015)**  
**DRUG (RX) RECORD**

ELEMENT NUMBER: 52.

ELEMENT NAME: **INGREDIENT LIST IDENTIFIER**

SAS VARIABLE: HICL\_SEQNO

TYPE: CHAR

LENGTH: 6    BEG: 316    END: 321

DESCRIPTION:

INGREDIENT LIST IDENTIFIER (FORMERLY HIERARCHICAL INGREDIENT CODE LIST SEQUENCE NUMBER) IDENTIFIES A COMBINATION OF ACTIVE INGREDIENTS IRRESPECTIVE OF MANUFACTURER. CONCEPT DEvised BY FIRST DATA BANK. [P. 1688]. FIND EACH HIC\_SEQN FOR A SINGLE HICL\_SEQNO TO FIND EACH ACTIVE INGREDIENT ASSOCIATED WITH A HICL\_SEQNO. SEE FIRST DATA BANK NATIONAL DRUG DATA FILE (FDB NDDF) PLUS DOCUMENTATION P. 92 FOR LINKING INSTRUCTIONS.

USER NOTE: THIS IS FDB NDDF DATA ELEMENT 'HICL\_SEQNO'.

SOURCE: PROPRIETARY DATA FROM FIRST DATA BANK CORPORATION, FOR USE BY CMS STAFF AND CONTRACTORS. SO, THIS DATA ELEMENT SHOULD BE BLANK FOR COPIES OF THIS FILE USED BY OTHER PARTIES.

NOTE: IN MAX 2007, THIS VARIABLE WAS ADDED TO THE FILE.

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015)**  
**DRUG (RX) RECORD**

ELEMENT NUMBER: 53.

ELEMENT NAME: **HIERARCHICAL SPECIFIC THERAPEUTIC CLASS CODE SEQUENCE NUMBER**

SAS VARIABLE: HIC3\_SEQN

TYPE: CHAR LENGTH: 6 BEG: 322 END: 327

DESCRIPTION:

HIERARCHICAL SPECIFIC THERAPEUTIC CLASS CODE SEQUENCE NUMBER IS A PERMANENT NUMERIC IDENTIFIER THAT REPRESENTS THE SPECIFIC THERAPEUTIC CLASSIFICATION OF A GIVEN ACTIVE INGREDIENT (HIC\_SEQN) THAT WILL ALWAYS REFER TO THE SAME NUMBER. FOR EXAMPLE HIC3\_SEQN 000160 ALWAYS WILL REFER TO EXPECTORANTS.

USER NOTE: THIS IS FIRST DATA BANK NATIONAL DRUG DATA FILE (FDB NDDF) DATA ELEMENT 'HIC3\_SEQN'.

SOURCE: PROPRIETARY DATA FROM FIRST DATA BANK CORPORATION, FOR USE BY CMS STAFF AND CONTRACTORS. SO, THIS DATA ELEMENT SHOULD BE BLANK FOR COPIES OF THIS FILE USED BY OTHER PARTIES.

NOTE: IN MAX 2007, THIS VARIABLE WAS ADDED TO THE FILE.

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015)**  
**DRUG (RX) RECORD**

ELEMENT NUMBER: 54.

ELEMENT NAME: **FILLER**

SAS VARIABLE: FILLER5

TYPE: CHAR

LENGTH: 6    BEG: 328    END: 333

DESCRIPTION:

SPACES

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015)**  
**DRUG (RX) RECORD**

ELEMENT NUMBER: 55.

ELEMENT NAME: **MEDI-SPAN THERAPEUTIC CLASSIFICATION SYSTEM CODE**

SAS VARIABLE: MEDISPAN\_DRG\_CTGRY

TYPE: CHAR

LENGTH: 14    BEG: 334    END: 347

DESCRIPTION:

MEDI-SPAN THERAPEUTIC CLASSIFICATION SYSTEM CODE.

USER NOTE: THIS IS MEDI-SPAN MASTER DRUG DATA BASE (MDDb) DATA ELEMENT 'GENERIC PRODUCT INDICATOR' FROM POSITIONS 17-30 IN THE GENERIC PRODUCT (G1) RECORD, PREVIOUSLY REFERRED TO AS THE 'G017' RECORD. THE MDDb PRODUCT VERSION 8, APRIL 2003 WAS USED.

SOURCE: PROPRIETARY DATA OF WOLTERS KLUWER HEALTH, FOR USE BY CMS STAFF AND CONTRACTORS. SO, THIS DATA ELEMENT SHOULD BE BLANK FOR COPIES OF THIS FILE USED BY OTHER PARTIES.

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2015)**  
**DRUG (RX) RECORD**

ELEMENT NUMBER: 56.

ELEMENT NAME: **OVER-THE-COUNTER INDICATOR CODE**

SAS VARIABLE: OVER\_COUNTER\_IND

TYPE: CHAR

LENGTH: 1 BEG: 348 END: 348

DESCRIPTION:

INDICATES WHETHER THE DRUG IS AN OVER-THE-COUNTER OR A PRESCRIBED DRUG.

CODES:

O = OVER-THE-COUNTER (SINGLE SOURCE)

P = OVER-THE-COUNTER (MULTIPLE SOURCE)

R = PRESCRIPTION DRUG (SINGLE SOURCE)

S = PRESCRIPTION DRUG (MULTIPLE SOURCE)

USER NOTE: THIS IS MEDI-SPAN DRUG DATA BASE (MDDb) DATA ELEMENT 'RX-OTC INDICATOR CODE' FROM POSITION 67 IN THE KEY IDENTIFIER (A1) RECORD. PREVIOUSLY REFERRED TO AS THE 'A061' RECORD. THE MDDb PRODUCT VERSION8, APRIL 2003 WAS USED.

SOURCE: PROPRIETARY DATA OF WOLTERS KLUWER HEALTH, FOR USE BY CMS STAFF AND CONTRACTORS. SO, THIS DATA ELEMENT SHOULD BE BLANK FOR COPIES OF THIS FILE USED BY OTHER PARTIES.

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