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**MEDICAID ANALYTIC EXTRACT  
INPATIENT (IP) RECORD  
LAYOUT AND DATA ELEMENT  
DICTIONARY (2005)**

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## **CHANGES TO THE MAX 2005 IP FILE**

1. Added data element 8 (RACE - WHITE).
2. Added data element 9 (RACE - BLACK/AFRICAN-AMERICAN).
3. Added data element 10 (RACE - AMERICAN INDIAN/ALASKAN NATIVE).
4. Added data element 11 (RACE – ASIAN).
5. Added data element 12 (RACE - NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER).
6. Added data element 13 (ETHNICITY - HISPANIC OR LATINO).
7. Added data element 18 (MISSING ELIGIBILITY DATA).
8. Changed data element 20 (MEDICARE CROSSOVER CODE – ANNUAL) to be character instead of numeric.
9. Added data element 25 (NATIONAL PROVIDER IDENTIFIER).
10. Added data element 26 (PROVIDER TAXONOMY).
11. Changed data element 41 (PRINCIPAL DIAGNOSIS CODE) to be 8 characters instead of 6.
12. Changed data element 42 (DIAGNOSIS CODE 2 - 9) to be 8 characters instead of 6.
13. Changed data element 45 (PROCEDURE CODE - PRINCIPAL) to be 8 characters instead of 7.
14. Changed data element 47 (PROCEDURE CODE - ADDITIONAL PROCEDURES 2 - 6) to be 8 characters instead of 7.
15. Deleted MEDICARE CROSSOVER CODE - ANNUAL OLD VALUES (MAX 2004 data element 12).

MEDICAID ANALYTIC EXTRACT (MAX)  
RECORD LAYOUT FOR  
INPATIENT RECORD (IP)

## MEDICAID ANALYTIC EXTRACT RECORD LAYOUT (2005)

### INPATIENT (IP) RECORD

ELEMENT NUMBER:	ELEMENT NAME:	TYPE:	LENGTH:	BEG:	END:
***	MEDICAID ANALYTIC EXTRACT INPATIENT RECORD	REC	807	1	807
***	ELIGIBILITY GROUP	GROUP	79	1	79
1.	MSIS IDENTIFICATION NUMBER	CHAR	20	1	20
2.	STATE ABBREVIATION CODE	CHAR	2	21	22
3.	ELIGIBLE SOCIAL SECURITY NUMBER - FROM MSIS	CHAR	9	23	31
4.	MEDICARE HEALTH INSURANCE CLAIM (HIC) NUMBER - FROM MSIS	CHAR	12	32	43
5.	ELIGIBLE BIRTH DATE	NUM	8	44	51
6.	ELIGIBLE SEX CODE	CHAR	1	52	52
7.	ELIGIBLE RACE/ETHNICITY CODE	CHAR	1	53	53
8.	ELIGIBLE RACE - WHITE	CHAR	1	54	54
9.	ELIGIBLE RACE - BLACK/AFRICAN-AMERICAN	CHAR	1	55	55
10.	ELIGIBLE RACE - AMERICAN INDIAN/ALASKAN NATIVE	CHAR	1	56	56
11.	ELIGIBLE RACE - ASIAN	CHAR	1	57	57
12.	ELIGIBLE RACE - NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER	CHAR	1	58	58
13.	ELIGIBLE 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
**	CROSSOVER GROUP	GROUP	3	77	79
19.	ELIGIBLE MEDICARE CROSSOVER CODE - CLAIM-BASED	NUM	1	77	77
20.	ELIGIBLE MEDICARE CROSSOVER CODE - ANNUAL	CHAR	2	78	79
***	UTILIZATION AND PAYMENT SUMMARY REGION	REGION	728	80	807
**	SERVICE GROUP	GROUP	41	80	120
21.	MSIS TYPE OF SERVICE CODE	NUM	2	80	81
22.	MSIS TYPE OF PROGRAM CODE	NUM	1	82	82
23.	MAX TYPE OF SERVICE CODE	NUM	2	83	84
24.	BILLING PROVIDER IDENTIFICATION NUMBER	CHAR	12	85	96
25.	NATIONAL PROVIDER IDENTIFIER	CHAR	12	97	108
26.	PROVIDER TAXONOMY	CHAR	12	109	120
**	CLAIMS AND PAYMENT GROUP	GROUP	72	121	192
27.	TYPE OF CLAIM CODE	NUM	1	121	121

DATA ELEMENTS WITH TYPE NUM\* ARE IN ZONED DECIMAL (ZD) FORMAT FOR SAS USERS.  
IP LAYOUT Page 1

## MEDICAID ANALYTIC EXTRACT RECORD LAYOUT (2005)

### INPATIENT (IP) RECORD

ELEMENT NUMBER:	ELEMENT NAME:	TYPE:	LENGTH:	BEG:	END:
28.	ADJUSTMENT CODE	NUM	1	122	122
29.	MANAGED CARE TYPE OF PLAN CODE	NUM	2	123	124
30.	MANAGED CARE PLAN IDENTIFICATION NUMBER	CHAR	12	125	136
31.	MEDICAID PAYMENT AMOUNT	NUM*	8	137	144
32.	THIRD PARTY PAYMENT AMOUNT	NUM*	8	145	152
33.	PAYMENT DATE	NUM	8	153	160
34.	CHARGE AMOUNT	NUM*	8	161	168
35.	PREPAID PLAN SERVICE VALUE	NUM*	8	169	176
36.	MEDICARE COINSURANCE PAYMENT AMOUNT	NUM*	8	177	184
37.	MEDICARE DEDUCTIBLE PAYMENT AMOUNT	NUM*	8	185	192
**	INPATIENT HOSPITAL GROUP	GROUP	615	193	807
38.	ADMISSION DATE	NUM	8	193	200
39.	SERVICE BEGINNING DATE	NUM	8	201	208
40.	ENDING DATE OF SERVICE	NUM	8	209	216
41.	PRINCIPAL DIAGNOSIS CODE	CHAR	8	217	224
*	DIAGNOSIS CODE GROUP - ADDITIONAL DIAGNOSIS 2 - 9 (OCCURS 8 TIMES)	GROUP	64	225	288
42.	DIAGNOSIS CODE-2	CHAR	8	225	232
43.	PRINCIPAL PROCEDURE DATE	NUM	8	289	296
44.	PROCEDURE CODING SYSTEM CODE - PRINCIPAL	CHAR	2	297	298
45.	PROCEDURE CODE - PRINCIPAL	CHAR	8	299	306
*	PROCEDURE CODE GROUP - ADDITIONAL PROCEDURES 2 - 6 (OCCURS 5 TIMES)	GROUP	50	307	356
46.	PROCEDURE CODING SYSTEM CODE - ADDITIONAL PROCEDURES	CHAR	2	307	308
47.	PROCEDURE CODE - ADDITIONAL PROCEDURES	CHAR	8	309	316
48.	RECIPIENT DELIVERY CODE	NUM	1	357	357
49.	MEDICAID COVERED INPATIENT DAYS	NUM*	3	358	360
50.	PATIENT STATUS CODE	NUM	2	361	362
51.	DIAGNOSIS RELATED GROUP INDICATOR	CHAR	4	363	366
52.	DIAGNOSIS RELATED GROUP	NUM	4	367	370
*	UB-92 REVENUE CODE GROUP (OCCURS 23 TIMES)	GROUP	437	371	807
53.	UB-92 REVENUE CODE - FIRST REVENUE CODE	NUM	4	371	374
54.	UB-92 REVENUE CODE CHARGE - FIRST REVENUE CODE	NUM*	8	375	382
55.	UB-92 REVENUE CODE UNITS - FIRST REVENUE CODE	NUM	7	383	389

DATA ELEMENTS WITH TYPE NUM\* ARE IN ZONED DECIMAL (ZD) FORMAT FOR SAS USERS.  
IP LAYOUT Page 2

MEDICAID ANALYTIC EXTRACT (MAX)  
DATA ELEMENT DICTIONARY FOR  
INPATIENT RECORD (IP)

# MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005)

## INPATIENT (IP) RECORD

ELEMENT NUMBER: \*\*\*\*

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

SAS VARIABLE: NONE

TYPE: REC LENGTH: 807 BEG: 1 END: 807

DESCRIPTION: THE MEDICAID ANALYTIC EXTRACT (MAX) INPATIENT RECORD (IP) PROVIDES INFORMATION ON INPATIENT HOSPITAL STAYS FOR EACH RECIPIENT. INTERIM CLAIM RECORDS ARE COMBINED INTO A HOSPITAL STAY RECORD IF THEY HAVE THE SAME 'MSIS IDENTIFICATION NUMBER', THE SAME 'BILLING PROVIDER IDENTIFICATION NUMBER' AND ARE FOR CONTIGUOUS OR OVERLAPPING PERIODS OF TIME. CLAIMS ARE DEFINED TO BE CONTIGUOUS IF THE 'ENDING DATE OF SERVICE' ON A PREVIOUS CLAIM IS THE SAME DAY OR THE DAY BEFORE THE 'SERVICE BEGINNING DATE' FOR THE NEXT CLAIM. CONTIGUOUS CLAIMS ARE COMBINED IF THE 'PATIENT STATUS CODE' = 30 (STILL A PATIENT) OR = 99 (UNKNOWN). HOWEVER, CONTIGUOUS CLAIMS ARE NOT COMBINED INTO THE SAME STAY IF THE 'PATIENT STATUS CODE' INDICATES THAT THE PATIENT WAS DISCHARGED AND WAS ADMITTED AGAIN ON THE SAME DAY (OR THE NEXT DAY).

THE FILE FOR A GIVEN YEAR CONTAINS STAY RECORDS WHERE THE LAST 'ENDING DATE OF SERVICE' IS IN THAT YEAR, EVEN IF THE STAY BEGAN IN A PREVIOUS YEAR. FOR ALL CLAIMS IN A COMBINED SET: (1) 'MEDICAID PAYMENT AMOUNT' AND 'MEDICAID COVERED INPATIENT DAYS' ARE SUMMED, (2) ALL DIAGNOSIS, PROCEDURE, AND UB-92 REVENUE CODES ARE PICKED UP FROM THE INTERIM CLAIMS, (3) THE 'SERVICE END DATE' AND THE 'PAYMENT DATE' ARE TAKEN FROM THE LAST CLAIM IN THE SET, AND (4) THE 'ADMISSION DATE' IS TAKEN FROM THE FIRST CLAIM IN THE SET. IF ANY OF THE CLAIMS IN THE STAY SET INDICATES A CROSSOVER CLAIM, THEN ALL OF THE CLAIMS IN THE STAY SET ARE RECODED TO CROSSOVER CLAIMS. SERVICE TRACKING CLAIMS (TYPE OF CLAIM CODE= 4) OR THOSE WHOSE FIRST CHARACTER OF THE 'MSIS IDENTIFICATION NUMBER' EQUALS "&" ARE EXCLUDED FROM ALL MAX FILES.

IT IS POSSIBLE THAT SOME PATIENTS ARE ACTUALLY DISCHARGED (AND SOMETIMES READMITTED) BUT THEIR RECORDS DO NOT INDICATE A 'PATIENT STATUS CODE' OF DISCHARGED, IN ERROR. IN THESE INSTANCES, SEPARATE CONTIGUOUS STAYS MAY BE COMBINED INCORRECTLY.

SEPARATE HOSPITAL STAY RECORDS ARE CREATED FOR SETS OF INTERIM CLAIMS FOR MOTHERS AND INFANTS WHO USE THE SAME 'MSIS IDENTIFICATION NUMBER', BUT HAVE SEPARATE CLAIMS. IN CONTRAST, SOME STAYS FOR THE MATERNAL DELIVERY AND NEWBORN DELIVERY WILL BE COMBINED. THIS IS BECAUSE THE PROVIDER HAS SUBMITTED CLAIMS WHICH INCLUDE SERVICES FOR THE MOTHER AND INFANT SO THAT IT IS NOT POSSIBLE TO GENERATE SEPARATE STAY RECORDS.

THERE ARE CIRCUMSTANCES WHERE SEPARATE STAY RECORDS MAY BE CREATED FOR THE SAME HOSPITAL STAY:

- (1) IF THERE ARE MULTIPLE INTERIM CLAIMS WITH THE SAME 'ADMISSION DATE', BUT ONE OF THE INTERIM CLAIMS DURING THE STAY IS MISSING, SEPARATE STAY RECORDS WILL BE CREATED. THIS IS BECAUSE THERE IS A GAP OF ONE OR MORE DAYS BETWEEN THE 'ENDING DATE OF SERVICE' ON ONE RECORD AND THE 'SERVICE BEGINNING DATE' ON ANOTHER.
- (2) SOMETIMES, A HOSPITAL WILL SUBMIT A BILL FOR THE "CROSSOVER" PORTION OF A STAY USING THEIR MEDICARE 'BILLING PROVIDER IDENTIFICATION NUMBER' AND WILL SUBMIT A SECOND BILL FOR THE "NON-CROSSOVER" PORTION OF THE SAME STAY USING THEIR MEDICAID 'BILLING PROVIDER IDENTIFICATION NUMBER'. IN THIS SITUATION, SEPARATE STAY RECORDS ARE CREATED, BECAUSE THE RECORDS HAVE DIFFERENT PROVIDER IDENTIFIERS.
- (3) IF A HOSPITAL SUBMITS SEPARATE BILLS FROM DIFFERENT COST CENTERS IN THE HOSPITAL (E.G. ANCILLARY VERSUS ACCOMMODATION SERVICES) USING A DIFFERENT 'BILLING PROVIDER IDENTIFICATION NUMBER' FOR EACH COST CENTER, SEPARATE STAY RECORDS ARE CREATED.

THERE ARE INSTANCES WHERE THERE MAY BE MULTIPLE RECORDS FOR THE SAME 'MSIS IDENTIFICATION NUMBER' AND THE SAME 'ADMISSION DATE' (OR SAME 'SERVICE BEGINNING DATE'). EXAMPLES INCLUDE THE FOLLOWING:

- (1) AN ADMISSION TO ONE FACILITY AND A SUBSEQUENT TRANSFER TO A DIFFERENT FACILITY ON THE SAME DAY.
- (2) AS NOTED ABOVE, A DELIVERY ADMISSION FOR THE MOTHER AND BIRTH OF A BABY WHERE MOTHER AND BABY SHARE THE SAME 'MSIS IDENTIFICATION NUMBER' BUT HAVE SEPARATE RECORDS.



## **MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005)**

### **INPATIENT (IP) RECORD**

- (3) AS NOTED ABOVE, STAYS FOR DUAL ELIGIBLES WHERE A DIFFERENT 'BILLING PROVIDER IDENTIFICATION NUMBER' IS USED FOR "CROSSOVER" VERSUS "NON-CROSSOVER" SERVICES.
- (4) AS NOTED ABOVE, STAYS WHERE DIFFERENT COST CENTERS OF A HOSPITAL USE A DIFFERENT 'BILLING PROVIDER IDENTIFICATION NUMBERS'.

THESE RECORDS REPRESENT ALL MEDICAID-COVERED SERVICES FOR THE ELIGIBLE. HOWEVER, THEY MAY NOT INCLUDE ALL INPATIENT HOSPITAL CARE SERVICES OR COMPLETE INFORMATION ON MEDICAID COVERED SERVICES AT THE HOSPITAL 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.

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005)**  
**INPATIENT (IP) RECORD**

ELEMENT NUMBER: \*\*\*

ELEMENT NAME: **ELIGIBILITY GROUP**

SAS VARIABLE: NONE

TYPE: GROUP LENGTH: 79 BEG: 1 END: 79

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

# MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005)

## INPATIENT (IP) 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 (2005)

## INPATIENT (IP) 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  
AS = AMERICAN SAMOA  
CA = CALIFORNIA  
CO = COLORADO  
CT = CONNECTICUT  
DE = DELAWARE  
DC = DISTRICT OF COLUMBIA  
FL = FLORIDA  
GA = GEORGIA  
GU = GUAM  
HI = HAWAII  
ID = IDAHO  
IL = ILLINOIS  
IN = INDIANA  
IA = IOWA  
KS = KANSAS  
KY = KENTUCKY  
LA = LOUISIANA  
ME = MAINE  
MD = MARYLAND  
MA = MASSACHUSETTS  
MI = MICHIGAN  
MN = MINNESOTA  
MS = MISSISSIPPI  
MO = MISSOURI  
MT = MONTANA  
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

## **MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005)**

### **INPATIENT (IP) RECORD**

WI = WISCONSIN  
WY = WYOMING

SOURCE: MSIS ELIGIBILITY FILES

# MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005)

## INPATIENT (IP) RECORD

ELEMENT NUMBER: 3.

ELEMENT NAME: **ELIGIBLE 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 (2005)

## INPATIENT (IP) 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 ENROLLMENT 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 (2005)

## INPATIENT (IP) RECORD

ELEMENT NUMBER: 5.

ELEMENT NAME: **ELIGIBLE 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 (2005)

## INPATIENT (IP) RECORD

ELEMENT NUMBER: 6.

ELEMENT NAME: **ELIGIBLE 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 CHANGE TO F, M AND U IN THE 1999 MSIS DATA.

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

# MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005)

## INPATIENT (IP) RECORD

ELEMENT NUMBER: 7.

ELEMENT NAME: **ELIGIBLE RACE/ETHNICITY CODE**

SAS VARIABLE: EL\_RACE\_ETHNCY\_CD

TYPE: CHAR LENGTH: 1 BEG: 53 END: 53

DESCRIPTION: CODE INDICATING THE 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 ALASKAN 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 (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 SUBSTANTIALLY ACROSS STATES AND TIME PERIODS.

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

# MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005)

## INPATIENT (IP) RECORD

ELEMENT NUMBER: 8.

ELEMENT NAME: **ELIGIBLE 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 (2005)

## INPATIENT (IP) RECORD

ELEMENT NUMBER: 9.

ELEMENT NAME: **ELIGIBLE 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 (2005)**

## **INPATIENT (IP) RECORD**

ELEMENT NUMBER: 10.

ELEMENT NAME: **ELIGIBLE RACE - AMERICAN INDIAN/ALASKAN 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/ALASKAN NATIVE.

**CODES:**

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

1 = AMERICAN INDIAN/ALASKAN 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 (2005)

## INPATIENT (IP) RECORD

ELEMENT NUMBER: 11.

ELEMENT NAME: **ELIGIBLE 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 (2005)

## INPATIENT (IP) RECORD

ELEMENT NUMBER: 12.

ELEMENT NAME: **ELIGIBLE 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 (2005)

## INPATIENT (IP) RECORD

ELEMENT NUMBER: 13.

ELEMENT NAME: **ELIGIBLE 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 (2005)

## INPATIENT (IP) 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, REQUIRE A DETAILED KNOWLEDGE OF MEDICAID ELIGIBILITY AND REQUIRE AN UNDERSTANDING OF THE IDIOSYNCRACIES OF INDIVIDUAL STATE ELIGIBILITY SYSTEMS. THESE CODES HAVE BEEN MAPPED INTO 'MAX UNIFORM ELIGIBILITY CODE' FIELDS (MOST RECENT AND FOR MONTH OF SERVICE). THEREFORE, MOST USERS WILL WANT TO USE THOSE 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 'STATE SPECIFIC ELIGIBILITY CODE - MONTH OF SERVICE' INSTEAD.

SOURCE: THIS CODE WAS DERIVED BY USING MONTHLY OBSERVATIONS OF THE MSIS 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 (2005)

## INPATIENT (IP) RECORD

ELEMENT NUMBER: 15.

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

SAS VARIABLE: EL\_SS\_ELGBLTY\_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, REQUIRE A DETAILED KNOWLEDGE OF MEDICAID ELIGIBILITY AND REQUIRE AN UNDERSTANDING OF THE IDIOSYNCRACIES OF INDIVIDUAL STATE ELIGIBILITY SYSTEMS. THESE CODES HAVE BEEN MAPPED INTO 'MAX UNIFORM ELIGIBILITY CODE' FIELDS (MOST RECENT AND FOR MONTH OF SERVICE). THEREFORE, MOST USERS WILL WANT TO USE THOSE. 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.

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

# MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005)

## INPATIENT (IP) 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 EXTRACTS (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, MN

22 = BLIND/DISABLED, MN

24 = CHILD, MN (FORMERLY AFDC CHILD, MN)

25 = ADULT, MN (FORMERLY AFDC ADULT, MN)

31 = AGED, POVERTY

32 = BLIND/DISABLED, POVERTY

34 = CHILD, POVERTY (INCLUDES MEDICAID EXPANSION SCHIP 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 = 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 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 (2005)

## INPATIENT (IP) RECORD

ELEMENT NUMBER: 17.

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

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

TYPE: CHAR LENGTH: 2 BEG: 74 END: 75

DESCRIPTION: CODE INDICATING THE MEDICAID ANALYTIC EXTRACT (MAX) UNIFORM ELIGIBILITY STATUS 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, MN  
22 = BLIND/DISABLED, MN  
24 = CHILD, MN (FORMERLY AFDC CHILD, MN)  
25 = ADULT, MN (FORMERLY AFDC ADULT, MN)  
31 = AGED, POVERTY  
32 = BLIND/DISABLED, POVERTY  
34 = CHILD, POVERTY (INCLUDES MEDICAID EXPANSION SCHIP 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 = 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 SMRF 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 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 (2005)

## INPATIENT (IP) RECORD

ELEMENT NUMBER: 18.

ELEMENT NAME: **MISSING ELIGIBILITY DATA**

SAS VARIABLE: MSNG\_ELG\_DATA

TYPE: CHAR LENGTH: 1 BEG: 76 END: 76

DESCRIPTION: CODE INDICATING A 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-SCHIP (SCHIP CODE = 3) ENROLLMENT MONTHS WERE FOUND

2 = S-SCHIP ENROLLMENT MONTHS (SCHIP 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-SCHIP ONLY ENROLLMENT (SCHIP 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 (2005)**  
**INPATIENT (IP) RECORD**

ELEMENT NUMBER: \*\*

ELEMENT NAME: **CROSSOVER GROUP**

SAS VARIABLE: NONE

TYPE: GROUP LENGTH: 3 BEG: 77 END: 79

DESCRIPTION: FIELDS CONTAINING INFORMATION FROM MSIS ELIGIBILITY AND CLAIMS FILES ON CROSSOVER STATUS (DUAL ELIGIBILITY FOR MEDICAID AND MEDICARE).

# MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005)

## INPATIENT (IP) RECORD

ELEMENT NUMBER: 19.

ELEMENT NAME: **ELIGIBLE MEDICARE CROSSOVER CODE - CLAIM-BASED**

SAS VARIABLE: EL\_MDCR\_XOVR\_CLM\_BSD\_CD

TYPE: NUM LENGTH: 1 BEG: 77 END: 77

DESCRIPTION: CODE INDICATING THAT THE ELIGIBLE WAS COVERED BY MEDICARE WHEN THIS SERVICE WAS RENDERED.

**CODES:**

0 = NO MEDICARE DEDUCTIBLE OR COINSURANCE PAID BY MEDICAID ON THIS SERVICE

1 = MEDICARE DEDUCTIBLE OR COINSURANCE PAID BY MEDICAID ON THIS SERVICE

SOURCE: MSIS DATA ELEMENTS: 'MEDICARE-DEDUCTIBLE-PAYMENT' AND 'MEDICARE-COINSURANCE-PAYMENT'. IF EITHER THE MEDICARE DEDUCTIBLE OR THE MEDICARE COINSURANCE AMOUNT IS > \$0, THE CODE =1, OTHERWISE THE CODE = 0.

# MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005)

## INPATIENT (IP) RECORD

ELEMENT NUMBER: 20.

ELEMENT NAME: **ELIGIBLE MEDICARE CROSSOVER CODE - ANNUAL**

SAS VARIABLE: EL\_MDCR\_ANN\_XOVR\_99

TYPE: CHAR LENGTH: 2 BEG: 78 END: 79

DESCRIPTION: CODE INDICATING THAT THE ELIGIBLE WAS COVERED BY MEDICARE (KNOWN AS CROSSOVER, DUAL OR MEDICARE ELIGIBILITY), ACCORDING TO MEDICAID (MSIS), MEDICARE (EDB) OR BOTH.

### 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
- 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
- 99 = ELIGIBLE'S MEDICARE STATUS IS UNKNOWN

USER NOTE: USERS SHOULD NOTE THAT THIS IS AN ANNUAL OBSERVATION OF MEDICARE CROSSOVER STATUS WHICH MAY OR MAY NOT CORRESPOND TO ACTUAL CROSSOVER STATUS FOR THE DATE(S) OF SERVICE IN THIS RECORD. PRIOR TO IN 10/98, MSIS DID NOT CAPTURE AS MUCH DETAIL ON DUAL ELIGIBILITY.

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.



**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005)**  
**INPATIENT (IP) RECORD**

ELEMENT NUMBER: \*\*\*

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

SAS VARIABLE: NONE

TYPE: REGION LENGTH: 728 BEG: 80 END: 807

DESCRIPTION: FIELDS CONTAINING DETAILED INFORMATION FROM MSIS CLAIMS ON THE SERVICE PROVIDED.

# MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005)

## INPATIENT (IP) RECORD

ELEMENT NUMBER: \*\*

ELEMENT NAME: **SERVICE GROUP**

SAS VARIABLE: NONE

TYPE: GROUP LENGTH: 41 BEG: 80 END: 120

DESCRIPTION: FIELDS CONTAINING DETAILED INFORMATION ON THE TYPE OF SERVICE, PLACE OF SERVICE AND PROVIDER IDENTIFICATION.

# MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005)

## INPATIENT (IP) RECORD

ELEMENT NUMBER: 21.

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

SAS VARIABLE: MSIS\_TOS

TYPE: NUM LENGTH: 2 BEG: 80 END: 81

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

01 INPATIENT HOSPITAL  
24 STERILIZATIONS  
25 ABORTIONS  
39 RELIGIOUS NON-MEDICAL HEALTH CARE INSTITUTIONS

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 THE MENTALLY RETARDED  
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 OR HIO PLAN  
21 CAPITATED PAYMENTS TO PREPAID HEALTH PLANS - PHPs  
22 CAPITATED PAYMENTS FOR PRIMARY CARE CASE MANAGEMENT - PCCM  
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 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'.

# MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005)

## INPATIENT (IP) RECORD

ELEMENT NUMBER: 22.

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

SAS VARIABLE: MSIS\_TOP

TYPE: NUM LENGTH: 1 BEG: 82 END: 82

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 IS A SERVICE THAT 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 (2005)

## INPATIENT (IP) RECORD

ELEMENT NUMBER: 23.

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

SAS VARIABLE: MAX\_TOS

TYPE: NUM LENGTH: 2 BEG: 83 END: 84

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

01 INPATIENT HOSPITAL  
24 STERILIZATIONS  
25 ABORTIONS  
39 RELIGIOUS NON-MEDICAL HEALTH CARE INSTITUTIONS

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 THE MENTALLY RETARDED  
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 OR HIO PLAN  
21 CAPITATED PAYMENTS TO PREPAID HEALTH PLANS - PHPs  
22 CAPITATED PAYMENTS FOR PRIMARY CARE CASE MANAGEMENT - PCCM  
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 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:

## **MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005)**

### **INPATIENT (IP) RECORD**

- 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.

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005)**  
**INPATIENT (IP) RECORD**

ELEMENT NUMBER: 24.

ELEMENT NAME: **BILLING PROVIDER IDENTIFICATION NUMBER**

SAS VARIABLE: PRVDR\_ID\_NMBR

TYPE: CHAR LENGTH: 12 BEG: 85 END: 96

DESCRIPTION: STATE ASSIGNED UNIQUE IDENTIFICATION NUMBER FOR THE BILLING PROVIDER.

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

# MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005)

## INPATIENT (IP) RECORD

ELEMENT NUMBER: 25.

ELEMENT NAME: **NATIONAL PROVIDER IDENTIFIER**

SAS VARIABLE: NPI

TYPE: CHAR LENGTH: 12 BEG: 97 END: 108

DESCRIPTION: USER NOTE: THIS DATA ELEMENT WILL BE 9-FILLED FOR 2005 THROUGH 2008 MAX FILES. NATIONAL PROVIDER IDENTIFIERS WILL NOT BE AVAILABLE ON SOURCE MSIS CLAIMS RECORDS UNTIL CALENDAR YEAR 2009. UNTIL THAT TIME, PROVIDER IDENTIFIER NUMBERS WILL ONLY BE CARRIED IN OTHER PROVIDER NUMBER FIELDS.

SOURCE: MSIS CLAIMS FILES (BEGINNING IN 2009).

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



# MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005)

## INPATIENT (IP) RECORD

ELEMENT NUMBER: 26.

ELEMENT NAME: **PROVIDER TAXONOMY**

SAS VARIABLE: TAXONOMY

TYPE: CHAR LENGTH: 12 BEG: 109 END: 120

DESCRIPTION: USER NOTE: THIS DATA ELEMENT WILL BE 9-FILLED FOR 2005 THROUGH 2008 MAX FILES. THE PROVIDER TAXONOMY CODE, A CODE FROM A NATIONWIDE HIPAA-COMPLIANT CODING SET THAT DESCRIBES PROVIDER SPECIALTY OR INSTITUTION TYPE, WILL NOT BE AVAILABLE ON SOURCE MSIS CLAIMS RECORDS UNTIL FFY 2009.

SOURCE: MSIS CLAIMS FILES (BEGINNING IN 2009).

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

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005)**  
**INPATIENT (IP) RECORD**

ELEMENT NUMBER: \*\*

ELEMENT NAME: **CLAIMS AND PAYMENT GROUP**

SAS VARIABLE: NONE

TYPE: GROUP LENGTH: 72 BEG: 121 END: 192

DESCRIPTION: FIELDS CONTAINING DETAILED DATA FROM MSIS CLAIMS ON TYPE OF CLAIM, TYPE OF COVERAGE, PAYMENTS AND CHARGES FROM MSIS CLAIMS.

# MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005)

## INPATIENT (IP) RECORD

ELEMENT NUMBER: 27.

ELEMENT NAME: **TYPE OF CLAIM CODE**

SAS VARIABLE: TYPE\_CLM\_CD

TYPE: NUM LENGTH: 1 BEG: 121 END: 121

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 EPSDT.
- 5 = SUPPLEMENTAL PAYMENT (ABOVE CAPITATION FEE OR ABOVE NEGOTIATED RATE)  
(E.G. FQHC ADDITIONAL REIMBURSEMENT).
- 9 = UNKNOWN

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

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

# MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005)

## INPATIENT (IP) RECORD

ELEMENT NUMBER: 28.

ELEMENT NAME: **ADJUSTMENT CODE**

SAS VARIABLE: ADJUST\_CD

TYPE: NUM LENGTH: 1 BEG: 122 END: 122

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 (2005)

## INPATIENT (IP) RECORD

ELEMENT NUMBER: 29.

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

SAS VARIABLE: PHP\_TYPE

TYPE: NUM LENGTH: 2 BEG: 123 END: 124

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.

66 = THIS RECORD IS AN ENCOUNTER RECORD, BUT THERE IS NO REPORT OF MANAGED CARE ENROLLMENT IN THE ELIGIBILITY RECORD FOR THIS PERSON IN THIS MONTH.

77 = THIS RECORD IS AN ENCOUNTER RECORD, BUT THERE WAS NO MATCH BETWEEN THE PLAN IDENTIFICATION NUMBER (DATA ELEMENT #22) AND THE PLAN IDENTIFIERS IN THE ELIGIBILITY RECORD FOR THIS PERSON IN THIS MONTH.

88 = NOT APPLICABLE, THIS RECORD IS NOT AN ENCOUNTER RECORD.

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

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

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 DATA ELEMENT 'MANAGED CARE PLAN IDENTIFICATION CODE'.

# MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005)

## INPATIENT (IP) RECORD

ELEMENT NUMBER: 30.

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

SAS VARIABLE: PHP\_ID

TYPE: CHAR LENGTH: 12 BEG: 125 END: 136

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 (2005)

## INPATIENT (IP) RECORD

ELEMENT NUMBER: 31.

ELEMENT NAME: **MEDICAID PAYMENT AMOUNT**

SAS VARIABLE: MD CD PYMT\_AMT

TYPE: NUM\* LENGTH: 8 BEG: 137 END: 144

DESCRIPTION: TOTAL AMOUNT OF MONEY PAID BY MEDICAID FOR THIS SERVICE.

(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 PAYMENT AMOUNT' 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' = 20 (CAPITATED PAYMENTS TO HMO OR HIO PLAN), TOS=21 (CAPITATED PAYMENTS TO PREPAID HEALTH PLANS - PHPs) OR TOS=22 (CAPITATED PAYMENT FOR PRIMARY CARE CASE MANAGEMENT - PCCMs).

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 EXCEPT IN MONTANA WHERE OVER 8 PERCENT OF MSIS ORIGINAL OTHER SERVICES CLAIMS HAD A MEDICAID PAYMENT AMOUNT < \$0.

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.

THE INDIVIDUAL LINE ITEMS CONTAIN AN "ALLOWED PAYMENT AMOUNT", AN AMOUNT THAT HAS NOT BEEN REDUCED BY PAYMENTS FROM OTHER INSURERS (TPL) OR OUT-OF-POCKET PAYMENTS BY THE ELIGIBLE (PATIENT SHARE AMOUNTS). IF BOTH ALLOWED AND ACTUAL PAYMENTS ARE RETAINED, SUMS OF PAYMENT AMOUNTS ACROSS THE SUMMARY AND LINE ITEMS WILL OVERSTATE ACTUAL MEDICAID PAYMENTS. FURTHERMORE, THERE IS NO WAY TO APPORTION OR DISTRIBUTE THE ACTUAL MEDICAID PAYMENT AMOUNT FROM THE SUMMARY TO THE INDIVIDUAL LINE ITEMS. SO, THE DECISION WAS MADE TO RETAIN THE ALLOWED PAYMENT AMOUNTS IN THE LINE ITEMS, RETAIN THE TPL AMOUNT IN THE SUMMARY AND ADJUST MEDICAID PAYMENT (IN THE SUMMARY) SO THAT THE SUM ACROSS ALL RECORDS (SUMMARY AND LINE ITEMS) IS EQUAL TO THE ACTUAL MEDICAID PAYMENT AMOUNT. BECAUSE OF THIS, MEDICAID PAYMENT AMOUNT MAY BE ADJUSTED TO AN AMOUNT < \$0 SO THAT THE SUM OF ALL PAYMENT AMOUNTS LESS TPL IS EQUAL TO THE ACTUAL MEDICAID PAYMENT AMOUNT.

SOURCE: RECODED AS NOTED ABOVE USING MSIS CLAIMS FILE: 'MEDICAID-AMOUNT-PAID'.

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005)**

**INPATIENT (IP) RECORD**

ELEMENT NUMBER: 32.

ELEMENT NAME: **THIRD PARTY PAYMENT AMOUNT**

SAS VARIABLE: TP\_PYMT\_AMT

TYPE: NUM\* LENGTH: 8 BEG: 145 END: 152

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.

(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 (2005)

## INPATIENT (IP) RECORD

ELEMENT NUMBER: 33.

ELEMENT NAME: **PAYMENT DATE**

SAS VARIABLE: PYMT\_DT

TYPE: NUM LENGTH: 8 BEG: 153 END: 160

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 (2005)**

**INPATIENT (IP) RECORD**

ELEMENT NUMBER: 34.

ELEMENT NAME:	CHARGE AMOUNT
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SAS VARIABLE: CHRG\_AMT

TYPE: NUM\* LENGTH: 8 BEG: 161 END: 168

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

(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 = 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 = 3 (ENCOUNTER) AND VALUE >= \$0 FOR OTHER TYPE OF CLAIM VALUES, INCLUDING VALUE = 1 (FEE-FOR-SERVICE).

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

# MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005)

## INPATIENT (IP) RECORD

ELEMENT NUMBER: 35.

ELEMENT NAME: **PREPAID PLAN SERVICE VALUE**

SAS VARIABLE: PHP\_VAL

TYPE: NUM\* LENGTH: 8 BEG: 169 END: 176

DESCRIPTION: DOLLAR VALUE PLACED ON THE SERVICE BY THE PROVIDER.

(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 = 3 (ENCOUNTER), THE MSIS VALUE OF 'AMOUNT CHARGED' HAS BEEN MOVED TO '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 = 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.

SOURCE: RECODED AS NOTED ABOVE USING MSIS CLAIMS FILE.

# MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005)

## INPATIENT (IP) RECORD

ELEMENT NUMBER: 36.

ELEMENT NAME: **MEDICARE COINSURANCE PAYMENT AMOUNT**

SAS VARIABLE: MDCR\_COINSUR\_PYMT\_AMT

TYPE: NUM\* LENGTH: 8 BEG: 177 END: 184

DESCRIPTION: THE AMOUNT PAID BY MEDICAID, FOR THIS SERVICE, TOWARD THE RECIPIENT'S MEDICARE COINSURANCE LIABILITY.

(SAS USERS: ZONED DECIMAL - ZD8)

SOURCE: MSIS CLAIMS FILE: 'MEDICARE-COINSURANCE-PAYMENT'.

# MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005)

## INPATIENT (IP) RECORD

ELEMENT NUMBER: 37.

ELEMENT NAME: **MEDICARE DEDUCTIBLE PAYMENT AMOUNT**

SAS VARIABLE: MDCR\_DED\_PYMT\_AMT

TYPE: NUM\* LENGTH: 8 BEG: 185 END: 192

DESCRIPTION: THE AMOUNT PAID BY MEDICAID, FOR THIS SERVICE, TOWARD THE RECIPIENT'S MEDICARE DEDUCTIBLE LIABILITY.

(SAS USERS: ZONED DECIMAL - ZD8)

USER NOTE: THIS DATA ELEMENT IS NOT APPLICABLE FOR THE FOLLOWING MAX TYPES OF SERVICE: TOS = 5 (INTERMEDIATE CARE FACILITY - ICF - FOR THE MENTALLY RETARDED) OR TOS = 7 (NURSING FACILITY SERVICES - NFS - ALL OTHER). THEREFORE, THIS DATA ELEMENT WILL BE 0-FILLED FOR THESE TYPES OF SERVICE.

SOURCE: MSIS CLAIMS FILE: 'MEDICARE-DEDUCTIBLE-PAYMENT'.

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005)**  
**INPATIENT (IP) RECORD**

ELEMENT NUMBER: \*\*

ELEMENT NAME: **INPATIENT HOSPITAL GROUP**

SAS VARIABLE: NONE

TYPE: GROUP LENGTH: 615 BEG: 193 END: 807

DESCRIPTION:

# MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005)

## INPATIENT (IP) RECORD

ELEMENT NUMBER: 38.

ELEMENT NAME: **ADMISSION DATE**

SAS VARIABLE: ADMSN\_DT

TYPE: NUM LENGTH: 8 BEG: 193 END: 200

DESCRIPTION: DATE WHICH THE RECIPIENT WAS ADMITTED FOR THIS INPATIENT STAY.

EDIT-RULES: YYYYMMDD

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

# MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005)

## INPATIENT (IP) RECORD

ELEMENT NUMBER: 39.

ELEMENT NAME: **SERVICE BEGINNING DATE**

SAS VARIABLE: SRVC\_BGN\_DT

TYPE: NUM LENGTH: 8 BEG: 201 END: 208

DESCRIPTION: BEGINNING DATE OF SERVICE FOR THIS CLAIM.

EDIT-RULES: YYYYMMDD

USER NOTE: THIS DATE MAY OR MAY NOT BE THE ADMISSION DATE.

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



# MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005)

## INPATIENT (IP) RECORD

ELEMENT NUMBER: 40.

ELEMENT NAME: **ENDING DATE OF SERVICE**

SAS VARIABLE: SRVC\_END\_DT

TYPE: NUM LENGTH: 8 BEG: 209 END: 216

DESCRIPTION: THE DATE RECORDED HERE IS THE LATEST DATE OF SERVICE FOR ANY CLAIM RELATED TO THIS HOSPITAL STAY. THIS DATE MAY OR MAY NOT BE THE DISCHARGE DATE.

EDIT-RULES: YYYYMMDD

USER NOTES: THIS DATA ELEMENT IS BEST USED TOGETHER WITH 'PATIENT STATUS CODE'.

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

# MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005)

## INPATIENT (IP) RECORD

ELEMENT NUMBER: 41.

ELEMENT NAME: **PRINCIPAL DIAGNOSIS CODE**

SAS VARIABLE: DIAG\_CD\_1

TYPE: CHAR LENGTH: 8 BEG: 217 END: 224

DESCRIPTION: PRINCIPAL ICD-9-CM DIAGNOSIS FOR THIS RECORD.

EDIT-RULES: LEFT JUSTIFIED, NO DECIMAL POINT

USER NOTE: USERS SHOULD EXERCISE CAUTION SINCE THIS DATA ELEMENT REMAINS AS IT WAS REPORTED BY EACH STATE. IT MAY CONTAIN EITHER BLANK-PADDING OR ZERO-PADDING TO THE RIGHT FOR 3- OR 4- CHARACTER ICD-9-CM CODES.

SOURCE: MSIS CLAIMS FILE: 'DIAGNOSIS-CODE-1 (PRINCIPAL)'.

NOTE: IN MAX 2005, THE LENGTH OF THIS VARIABLE WAS CHANGED FROM 6 TO 8.

# MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005)

## INPATIENT (IP) RECORD

ELEMENT NUMBER: \*

ELEMENT NAME: **DIAGNOSIS CODE GROUP - ADDITIONAL DIAGNOSIS 2 - 9 (OCCURS 8 TIMES)**

SAS VARIABLE: NONE

TYPE: GROUP LENGTH: 64 BEG: 225 END: 288

DESCRIPTION: FIELDS CONTAINING ICD-9-CM DIAGNOSES FOR THIS RECORD. THERE A EIGHT OCCURRENCES, ONE EACH FOR DIAGNOSIS 2 TO 9. THE EXAMPLE FIELD IS FOR DIAGNOSIS CODE-2.

DIAGNOSIS CODE-2 (POSITIONS 225 TO 232)  
DIAGNOSIS CODE-3 (POSITIONS 233 TO 240)  
DIAGNOSIS CODE-4 (POSITIONS 241 TO 248)  
DIAGNOSIS CODE-5 (POSITIONS 249 TO 256)  
DIAGNOSIS CODE-6 (POSITIONS 257 TO 264)  
DIAGNOSIS CODE-7 (POSITIONS 265 TO 272)  
DIAGNOSIS CODE-8 (POSITIONS 273 TO 280)  
DIAGNOSIS CODE-9 (POSITIONS 281 TO 288)

# MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005)

## INPATIENT (IP) RECORD

ELEMENT NUMBER: 42.

ELEMENT NAME: **DIAGNOSIS CODE-2**

SAS VARIABLE: DIAG\_CD\_2

TYPE: CHAR LENGTH: 8 BEG: 225 END: 232

DESCRIPTION: SECOND ICD-9-CM DIAGNOSIS CODE FOR THIS RECORD.

EDIT-RULES: LEFT JUSTIFIED, NO DECIMAL POINT.

USER NOTE: USERS SHOULD EXERCISE CAUTION SINCE THIS DATA ELEMENT REMAINS AS IT WAS REPORTED BY EACH STATE. IT MAY CONTAIN EITHER BLANK-PADDING OR ZERO-PADDING TO THE RIGHT FOR 3- OR 4- CHARACTER ICD-9-CM CODES.

SOURCE: MSIS CLAIMS FILE: 'DIAGNOSIS-CODE-2'.

NOTE: IN MAX 2005, THE LENGTH OF THIS VARIABLE WAS CHANGED FROM 6 TO 8.

# MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005)

## INPATIENT (IP) RECORD

ELEMENT NUMBER: 43.

ELEMENT NAME: **PRINCIPAL PROCEDURE DATE**

SAS VARIABLE: PRNCPL\_PRCDR\_DT

TYPE: NUM LENGTH: 8 BEG: 289 END: 296

DESCRIPTION: DATE ON WHICH THE PRINCIPAL PROCEDURE, IF ANY, WAS PERFORMED.

EDIT-RULES: YYYYMMDD

SOURCE: MSIS CLAIMS FILE: 'PROC-DATE-PRINCIPAL'.

MSIS DATES WITH 8- OR 9-FILL VALUES ARE CHANGED TO 0-FILL (ZERO-FILL).

# MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005)

## INPATIENT (IP) RECORD

ELEMENT NUMBER: 44.

ELEMENT NAME: **PROCEDURE CODING SYSTEM CODE - PRINCIPAL**

SAS VARIABLE: PRCDR\_CD\_SYS\_1

TYPE: CHAR LENGTH: 2 BEG: 297 END: 298

DESCRIPTION: CODE SPECIFYING THE PROCEDURE CODING SYSTEM USED FOR THE PRINCIPAL PROCEDURE.

**CODES:**

01 = CPT-4 (HCPCS LEVEL 1)  
02 = ICD-9-CM  
06 = HCPCS (HCPCS LEVELS 2 AND 3)  
07 = ICD-10 (FUTURE USE)  
10-87 = OTHER SYSTEMS  
88 = NOT APPLICABLE  
99 = UNKNOWN

USER NOTES: THIS DATA ELEMENT SHOULD BE USED WITH 'PRINCIPAL PROCEDURE CODE'. USERS SHOULD MAKE SURE THE CODE VALUE IN THIS DATA ELEMENT ACCURATELY REFLECTS THE CODING SCHEME IN USE. THE FOLLOWING CODE VALUES ARE OBSOLETE:

03 = CRVS 74,  
04 = CRVS 69, AND  
05 = CRVS 64.

SOURCE: MSIS CLAIMS FILE: 'PROC-CODE-FLAG-PRINCIPAL'.

# MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005)

## INPATIENT (IP) RECORD

ELEMENT NUMBER: 45.

ELEMENT NAME: **PROCEDURE CODE - PRINCIPAL**

SAS VARIABLE: PRCDR\_CD\_1

TYPE: CHAR LENGTH: 8 BEG: 299 END: 306

DESCRIPTION: PRINCIPAL PROCEDURE PERFORMED FOR DEFINITIVE TREATMENT (RATHER THAN DIAGNOSTIC OR EXPLORATORY PURPOSES). IT IS RELATED TO EITHER THE DIAGNOSIS OR TO COMPLICATIONS. SEE 'PROCEDURE CODING SYSTEM CODE - PRINCIPAL'.

SOURCE: MSIS CLAIMS FILE: 'PROC-CODE-PRINCIPAL'.

NOTE: IN MAX 2005, THE LENGTH OF THIS VARIABLE WAS CHANGED FROM 7 TO 8.

# MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005)

## INPATIENT (IP) RECORD

ELEMENT NUMBER: \*

ELEMENT NAME: **PROCEDURE CODE GROUP - ADDITIONAL PROCEDURES 2 - 6 (OCCURS 5 TIMES)**

SAS VARIABLE: NONE

TYPE: GROUP LENGTH: 50 BEG: 307 END: 356

DESCRIPTION: INDICATES WHICH, IF ANY, ADDITIONAL PROCEDURES WERE PERFORMED. THERE ARE FIVE OCCURRENCES OF 'PROCEDURE CODING SYSTEM CODE' AND 'PROCEDURE CODE' FOR THE SECOND TO SIXTH PROCEDURES.

SECOND PROCEDURE (POSITIONS 307 TO 316)  
    PROCEDURE CODING SYSTEM CODE (POSITIONS 307 TO 308)  
    PROCEDURE CODE (POSITIONS 309 TO 316)  
THIRD PROCEDURE (POSITIONS 317 TO 326)  
    PROCEDURE CODING SYSTEM CODE (POSITIONS 317 TO 318)  
    PROCEDURE CODE (POSITIONS 319 TO 326)  
FOURTH PROCEDURE (POSITIONS 327 TO 336)  
    PROCEDURE CODING SYSTEM CODE (POSITIONS 327 TO 328)  
    PROCEDURE CODE (POSITIONS 329 TO 336)  
FIFTH PROCEDURE (POSITIONS 337 TO 346)  
    PROCEDURE CODING SYSTEM CODE (POSITIONS 337 TO 338)  
    PROCEDURE CODE (POSITIONS 339 TO 346)  
SIXTH PROCEDURE (POSITIONS 347 TO 356)  
    PROCEDURE CODING SYSTEM CODE (POSITIONS 347 TO 348)  
    PROCEDURE CODE (POSITIONS 349 TO 356)



# MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005)

## INPATIENT (IP) RECORD

ELEMENT NUMBER: 46.

ELEMENT NAME: **PROCEDURE CODING SYSTEM CODE - ADDITIONAL PROCEDURES**

SAS VARIABLE: PRCDR\_CD\_SYS\_2

TYPE: CHAR LENGTH: 2 BEG: 307 END: 308

DESCRIPTION: CODE SPECIFYING THE PROCEDURE CODING SYSTEM USED FOR THE PROCEDURE.

### CODES:

01 = CPT-4 (HCPCS LEVEL 1)  
02 = ICD-9-CM  
06 = HCPCS (HCPCS LEVELS 2 AND 3)  
07 = ICD-10 (FUTURE USE)  
10-87 = OTHER SYSTEMS  
88 = NOT APPLICABLE  
99 = UNKNOWN

USER NOTES: THIS DATA ELEMENT SHOULD BE USED WITH 'PROCEDURE CODE - ADDITIONAL PROCEDURES'.  
USERS SHOULD MAKE SURE THE CODE VALUE IN THIS DATA ELEMENT ACCURATELY REFLECTS THE CODING  
SCHEME IN USE. THE FOLLOWING CODE VALUES ARE OBSOLETE:

03 = CRVS 74,  
04 = CRVS 69, AND  
05 = CRVS 64.

SOURCE: MSIS CLAIMS FILE: 'PROC-CODE-FLAG-2'.

# MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005)

## INPATIENT (IP) RECORD

ELEMENT NUMBER: 47.

ELEMENT NAME: **PROCEDURE CODE - ADDITIONAL PROCEDURES**

SAS VARIABLE: PRCDR\_CD\_2

TYPE: CHAR LENGTH: 8 BEG: 309 END: 316

DESCRIPTION: PROCEDURE PERFORMED FOR DEFINITIVE TREATMENT (RATHER THAN DIAGNOSTIC OR EXPLORATORY PURPOSES). IT IS RELATED TO EITHER THE DIAGNOSIS OR TO COMPLICATIONS. SEE 'PROCEDURE CODING SYSTEM CODE - ADDITIONAL PROCEDURES'.

USER NOTE: MSIS DOES NOT OBTAIN PROCEDURE DATES FOR ADDITIONAL PROCEDURES.

SOURCE: MSIS CLAIMS FILE: 'PROC-CODE-2'.

NOTE: IN MAX 2005, THE LENGTH OF THIS VARIABLE WAS CHANGED FROM 7 TO 8.

# MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005)

## INPATIENT (IP) RECORD

ELEMENT NUMBER: 48.

ELEMENT NAME: **RECIPIENT DELIVERY CODE**

SAS VARIABLE: RCPNT\_DLVRY\_CD

TYPE: NUM LENGTH: 1 BEG: 357 END: 357

DESCRIPTION: CODE INDICATING WHETHER THIS IS A DELIVERY STAY.

**CODES:**

0 = NOT A DELIVERY STAY

1 = MATERNAL DELIVERY STAY

2 = NEWBORN DELIVERY STAY

USER NOTE: CODE VALUE = 1 IS ASSIGNED IF ANY OF THE CLAIMS FOR THIS STAY HAVE A MATERNAL DELIVERY CODE. CODE VALUE = 2 IS ASSIGNED FOR SEPARATE NEWBORN DELIVERY CLAIMS THAT ARE KNOWN TO CONTAIN THE MOTHER'S MEDICAID IDENTIFIER. IF THERE ARE CLAIMS IDENTIFIED AS MATERNAL DELIVERIES AND NEWBORN DELIVERIES IN THE SAME CLAIMS "SET", TWO SEPARATE ADJUSTED STAY RECORDS ARE CREATED - ONE FOR THE MOTHER AND ONE FOR THE NEWBORN. THE DATE OF BIRTH ON THE NEWBORN DELIVERY CLAIM MUST BE WITHIN THE YEAR OF THE FILE. IF THERE ARE ONLY RECORDS FOR A NEWBORN DELIVERY, THE ADJUSTED STAY RECORD IS REPORTED AS VALUE = 0 (NOT A DELIVERY STAY).

USERS ARE WARNED THAT COUNTING THE NUMBER OF DELIVERY STAYS MAY RESULT IN AN OVERCOUNT OF THE ACTUAL NUMBER OF DELIVERIES. THIS IS BECAUSE THERE MAY BE MORE THAN ONE STAY RECORD FOR THE SAME MATERNAL DELIVERY (E.G. STAYS FOR FALSE LABOR AND/OR STAYS FOR DELIVERY-RELATED COMPLICATIONS). THIS CAN OCCUR WHEN MATERNAL STAYS DO NOT RESULT IN A DELIVERY ARE CODED INCORRECTLY. SIMILARLY, COUNTS OF NEWBORN DELIVERY STAYS MAY UNDERCOUNT ACTUAL DELIVERIES (OR CHILDREN BORN UNDER MEDICAID) SINCE CODING OF NEWBORN DELIVERIES MAY BE REPORTED FOR PROCESSING PURPOSES ONLY.

FINALLY, THE METHOD OF CODING THIS DATA ELEMENT IS BASED ON THE PREDOMINANT METHOD OF REPORTING DELIVERIES IN EACH STATE. THEREFORE, CODING MAY BE INCORRECT FOR CLAIMS THAT HAVE BEEN SUBMITTED ACCORDING TO OTHER REPORTING METHODS.

SOURCE: RECODED FROM MSIS CLAIMS RECORDS.

# MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005)

## INPATIENT (IP) RECORD

ELEMENT NUMBER: 49.

ELEMENT NAME: **MEDICAID COVERED INPATIENT DAYS**

SAS VARIABLE: MDCD\_CVRD\_IP\_DAYS

TYPE: NUM\* LENGTH: 3 BEG: 358 END: 360

DESCRIPTION: NUMBER OF INPATIENT DAYS COVERED BY MEDICAID ON THIS INPATIENT STAY, INCLUDING NEWBORN DAYS.

(SAS USERS: ZONED DECIMAL - ZD3)

USER NOTE: FOR STATES THAT REIMBURSE HOSPITALS USING DIAGNOSIS RELATED GROUPS (DRGs) OR SELECTIVE CONTRACTING, USERS SHOULD DISREGARD THE VALUES IN THIS DATA ELEMENT. IN THESE CASES, MEDICAID COVERED INPATIENT DAYS ARE ACTUALLY THE LENGTH OF STAY = THE NUMBER OF DAYS FROM ADMISSION TO DISCHARGE (+1 IF THE PERSON WAS ADMITTED AND DISCHARGED ON THE SAME DAY).

SOURCE: MSIS CLAIMS FILE: 'MEDICAID-COVERED-INPATIENT-DAYS'.

# MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005)

## INPATIENT (IP) RECORD

ELEMENT NUMBER: 50.

ELEMENT NAME: **PATIENT STATUS CODE**

SAS VARIABLE: PATIENT\_STATUS\_CD

TYPE: NUM LENGTH: 2 BEG: 361 END: 362

DESCRIPTION: CODE INDICATING THE PATIENT'S DISCHARGE STATUS.

**CODES:**

01 = DISCHARGED TO HOME OR SELF CARE (ROUTINE DISCHARGE)  
02 = DISCHARGED/TRANSFERRED TO ANOTHER SHORT-TERM HOSPITAL  
03 = DISCHARGED/TRANSFERRED TO A NURSING FACILITY  
04 = DISCHARGED/TRANSFERRED TO AN INTERMEDIATE CARE FACILITY  
05 = DISCHARGED/TRANSFERRED TO ANOTHER TYPE INSTITUTION (INCLUDING DISTINCT PARTS) OR  
REFERRED FOR OUTPATIENT SERVICES TO ANOTHER INSTITUTION  
06 = DISCHARGED/TRANSFERRED TO HOME UNDER CARE OF ORGANIZED HOME HEALTH SERVICE  
ORGANIZATION  
07 = LEFT AGAINST MEDICAL ADVICE OR DISCONTINUED CARE  
08 = DISCHARGED/TRANSFERRED TO HOME UNDER CARE OF A HOME IV DRUG THERAPY PROVIDER  
09 = ADMITTED AS AN INPATIENT TO THIS HOSPITAL  
20 = EXPIRED (OR DID NOT RECOVER - CHRISTIAN SCIENCE) PATIENT  
30 = STILL A PATIENT  
40 = EXPIRED AT HOME (HOSPICE CLAIMS ONLY)  
41 = EXPIRED IN A MEDICAL FACILITY SUCH AS A HOSPITAL, NF OR FREE- STANDING HOSPICE (HOSPICE  
CLAIMS ONLY)  
42 = EXPIRED - PLACE UNKNOWN (HOSPICE CLAIMS ONLY)  
50 = HOSPICE - HOME  
51 = HOSPICE - MEDICAL FACILITY  
99 = UNKNOWN

USER NOTE: THE DATA ELEMENT WAS PREVIOUSLY KNOWN AS DISCHARGE STATUS.

SOURCE: MSIS CLAIMS FILE: 'PATIENT-STATUS'.

# MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005)

## INPATIENT (IP) RECORD

ELEMENT NUMBER: 51.

ELEMENT NAME: **DIAGNOSIS RELATED GROUP INDICATOR**

SAS VARIABLE: DRG\_REL\_GROUP\_IND

TYPE: CHAR LENGTH: 4 BEG: 363 END: 366

DESCRIPTION: IDENTIFIES THE GROUPING ALGORITHM USED TO ASSIGN DIAGNOSIS RELATED GROUP (DRG) VALUES

**CODES:**

8888 = NO DRG SYSTEM WAS USED

9999 = UNKNOWN

OTHERWISE, THE FOLLOWING CODES ARE USED TO FILL THE FIELD:

IN THE LEFT-MOST 2 POSITIONS:

PP = WHERE "PP" IS US POSTAL CODE FOR THE STATE, IF THE DRG VALUES ARE  
FROM A SYSTEM DEVELOPED BY THE STATE.

HG = IF THE DRG VALUES ARE FROM THE CMS SYSTEM.

XX = IF THE DRG VALUES ARE FROM ANOTHER SYSTEM.

IN THE RIGHT-MOST 2 POSITIONS:

NN = WHERE "NN" IS THE DRG VERSION THAT WAS USED (VALUE 01-98).

99 = VERSION IS UNKNOWN.

USER NOTE: FOR EXAMPLE "HG15" WOULD REPRESENT CMS DRG, VERSION 15.

SOURCE: MSIS CLAIMS FILE: 'DIAGNOSIS-RELATED-GROUP-INDICATOR'.

# MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005)

## INPATIENT (IP) RECORD

ELEMENT NUMBER: 52.

ELEMENT NAME: **DIAGNOSIS RELATED GROUP**

SAS VARIABLE: DRG\_REL\_GROUP

TYPE: NUM LENGTH: 4 BEG: 367 END: 370

DESCRIPTION: DIAGNOSIS RELATED GROUP (DRG) CODE FOR THIS INPATIENT RECORD.

USER NOTE: IF DRGs ARE NOT USED, THIS DATA ELEMENT IS 8-FILLED. IF DRGs ARE USED BUT THE DRG VALUE IS UNKNOWN, THIS DATA ELEMENT IS 9-FILLED.

SOURCE: MSIS CLAIMS FILE: 'DIAGNOSIS-RELATED-GROUP (DRG)'.

# MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005)

## INPATIENT (IP) RECORD

ELEMENT NUMBER: \*

ELEMENT NAME: **UB-92 REVENUE CODE GROUP (OCCURS 23 TIMES)**

SAS VARIABLE: NONE

TYPE: GROUP LENGTH: 437 BEG: 371 END: 807

DESCRIPTION: FIELDS CONTAINING UB-92 REVENUE CODES WITH ASSOCIATED CHARGES AND UNITS. EACH SET OF FIELDS OCCURS 23 TIMES. THE EXAMPLE IS FOR THE FIRST REVENUE CODE.

UB-92 REVENUE CODE-1 DATA (POSITIONS 371 TO 389)  
    UB-92 REVENUE CODE-1 (POSITIONS 371 TO 374)  
    UB-92 REVENUE CODE-1 CHARGES (POSITIONS 375 TO 382)  
    UB-92 REVENUE CODE-1 UNITS (POSITIONS 383 TO 389)  
UB-92 REVENUE CODE-2 DATA (POSITIONS 390 TO 408)  
    UB-92 REVENUE CODE-2 (POSITIONS 390 TO 393)  
    UB-92 REVENUE CODE-2 CHARGES (POSITIONS 394 TO 401)  
    UB-92 REVENUE CODE-2 UNITS (POSITIONS 402 TO 408)  
UB-92 REVENUE CODE-3 DATA (POSITIONS 409 TO 427)  
    UB-92 REVENUE CODE-3 (POSITIONS 409 TO 412)  
    UB-92 REVENUE CODE-3 CHARGES (POSITIONS 413 TO 420)  
    UB-92 REVENUE CODE-3 UNITS (POSITIONS 421 TO 427)  
UB-92 REVENUE CODE-4 DATA (POSITIONS 428 TO 446)  
    UB-92 REVENUE CODE-4 (POSITIONS 428 TO 431)  
    UB-92 REVENUE CODE-4 CHARGES (POSITIONS 432 TO 439)  
    UB-92 REVENUE CODE-4 UNITS (POSITIONS 440 TO 446)  
UB-92 REVENUE CODE-5 DATA (POSITIONS 447 TO 465)  
    UB-92 REVENUE CODE-5 (POSITIONS 447 TO 450)  
    UB-92 REVENUE CODE-5 CHARGES (POSITIONS 451 TO 458)  
    UB-92 REVENUE CODE-5 UNITS (POSITIONS 459 TO 465)  
UB-92 REVENUE CODE-6 DATA (POSITIONS 466 TO 484)  
    UB-92 REVENUE CODE-6 (POSITIONS 466 TO 469)  
    UB-92 REVENUE CODE-6 CHARGES (POSITIONS 470 TO 477)  
    UB-92 REVENUE CODE-6 UNITS (POSITIONS 478 TO 484)  
UB-92 REVENUE CODE-7 DATA (POSITIONS 485 TO 503)  
    UB-92 REVENUE CODE-7 (POSITIONS 485 TO 488)  
    UB-92 REVENUE CODE-7 CHARGES (POSITIONS 489 TO 496)  
    UB-92 REVENUE CODE-7 UNITS (POSITIONS 497 TO 503)  
UB-92 REVENUE CODE-8 DATA (POSITIONS 504 TO 522)  
    UB-92 REVENUE CODE-8 (POSITIONS 504 TO 507)  
    UB-92 REVENUE CODE-8 CHARGES (POSITIONS 508 TO 515)  
    UB-92 REVENUE CODE-8 UNITS (POSITIONS 516 TO 522)  
UB-92 REVENUE CODE-9 DATA (POSITIONS 523 TO 541)  
    UB-92 REVENUE CODE-9 (POSITIONS 523 TO 526)  
    UB-92 REVENUE CODE-9 CHARGES (POSITIONS 527 TO 534)  
    UB-92 REVENUE CODE-9 UNITS (POSITIONS 535 TO 541)  
UB-92 REVENUE CODE-10 DATA (POSITIONS 542 TO 560)  
    UB-92 REVENUE CODE-10 (POSITIONS 542 TO 545)  
    UB-92 REVENUE CODE-10 CHARGES (POSITIONS 546 TO 553)  
    UB-92 REVENUE CODE-10 UNITS (POSITIONS 554 TO 560)  
UB-92 REVENUE CODE-11 DATA (POSITIONS 561 TO 579)  
    UB-92 REVENUE CODE-11 (POSITIONS 561 TO 564)  
    UB-92 REVENUE CODE-11 CHARGES (POSITIONS 565 TO 572)  
    UB-92 REVENUE CODE-11 UNITS (POSITIONS 573 TO 579)  
UB-92 REVENUE CODE-12 DATA (POSITIONS 580 TO 598)  
    UB-92 REVENUE CODE-12 (POSITIONS 580 TO 583)  
    UB-92 REVENUE CODE-12 CHARGES (POSITIONS 584 TO 591)  
    UB-92 REVENUE CODE-12 UNITS (POSITIONS 592 TO 598)  
UB-92 REVENUE CODE-13 DATA (POSITIONS 599 TO 617)  
    UB-92 REVENUE CODE-13 (POSITIONS 599 TO 602)  
    UB-92 REVENUE CODE-13 CHARGES (POSITIONS 603 TO 610)  
    UB-92 REVENUE CODE-13 UNITS (POSITIONS 611 TO 617)  
UB-92 REVENUE CODE-14 DATA (POSITIONS 618 TO 636)  
    UB-92 REVENUE CODE-14 (POSITIONS 618 TO 621)



## MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005)

### INPATIENT (IP) RECORD

- UB-92 REVENUE CODE-14 CHARGES (POSITIONS 622 TO 629)
- UB-92 REVENUE CODE-14 UNITS (POSITIONS 630 TO 636)
- UB-92 REVENUE CODE-15 DATA (POSITIONS 637 TO 655)
  - UB-92 REVENUE CODE-15 (POSITIONS 637 TO 640)
  - UB-92 REVENUE CODE-15 CHARGES (POSITIONS 641 TO 648)
  - UB-92 REVENUE CODE-15 UNITS (POSITIONS 649 TO 655)
- UB-92 REVENUE CODE-16 DATA (POSITIONS 656 TO 674)
  - UB-92 REVENUE CODE-16 (POSITIONS 656 TO 659)
  - UB-92 REVENUE CODE-16 CHARGES (POSITIONS 660 TO 667)
  - UB-92 REVENUE CODE-16 UNITS (POSITIONS 668 TO 674)
- UB-92 REVENUE CODE-17 DATA (POSITIONS 675 TO 693)
  - UB-92 REVENUE CODE-17 (POSITIONS 675 TO 678)
  - UB-92 REVENUE CODE-17 CHARGES (POSITIONS 679 TO 686)
  - UB-92 REVENUE CODE-17 UNITS (POSITIONS 687 TO 693)
- UB-92 REVENUE CODE-18 DATA (POSITIONS 694 TO 712)
  - UB-92 REVENUE CODE-18 (POSITIONS 694 TO 697)
  - UB-92 REVENUE CODE-18 CHARGES (POSITIONS 698 TO 705)
  - UB-92 REVENUE CODE-18 UNITS (POSITIONS 706 TO 712)
- UB-92 REVENUE CODE-19 DATA (POSITIONS 713 TO 731)
  - UB-92 REVENUE CODE-19 (POSITIONS 713 TO 716)
  - UB-92 REVENUE CODE-19 CHARGES (POSITIONS 717 TO 724)
  - UB-92 REVENUE CODE-19 UNITS (POSITIONS 725 TO 731)
- UB-92 REVENUE CODE-20 DATA (POSITIONS 732 TO 750)
  - UB-92 REVENUE CODE-20 (POSITIONS 732 TO 735)
  - UB-92 REVENUE CODE-20 CHARGES (POSITIONS 736 TO 743)
  - UB-92 REVENUE CODE-20 UNITS (POSITIONS 744 TO 750)
- UB-92 REVENUE CODE-21 DATA (POSITIONS 751 TO 769)
  - UB-92 REVENUE CODE-21 (POSITIONS 751 TO 754)
  - UB-92 REVENUE CODE-21 CHARGES (POSITIONS 755 TO 762)
  - UB-92 REVENUE CODE-21 UNITS (POSITIONS 763 TO 769)
- UB-92 REVENUE CODE-22 DATA (POSITIONS 770 TO 788)
  - UB-92 REVENUE CODE-22 (POSITIONS 770 TO 773)
  - UB-92 REVENUE CODE-22 CHARGES (POSITIONS 774 TO 781)
  - UB-92 REVENUE CODE-22 UNITS (POSITIONS 782 TO 788)
- UB-92 REVENUE CODE-23 DATA (POSITIONS 789 TO 807)
  - UB-92 REVENUE CODE-23 (POSITIONS 789 TO 792)
  - UB-92 REVENUE CODE-23 CHARGES (POSITIONS 793 TO 800)
  - UB-92 REVENUE CODE-23 UNITS (POSITIONS 801 TO 807)

# MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005)

## INPATIENT (IP) RECORD

ELEMENT NUMBER: 53.

ELEMENT NAME: **UB-92 REVENUE CODE - FIRST REVENUE CODE**

SAS VARIABLE: UB\_92\_REV\_CD\_GP\_1

TYPE: NUM LENGTH: 4 BEG: 371 END: 374

DESCRIPTION: CODE WHICH IDENTIFIES A SPECIFIC ACCOMMODATION, ANCILLARY SERVICE OR BILLING CALCULATION. FOR AN INPATIENT HOSPITAL STAY, REVENUE CODES 0100 - 0249 DESCRIBE ROOM AND BOARD (OR ACCOMMODATIONS). CODES IN THE RANGE 0250 - 0999 DESCRIBE ANCILLARY SERVICES. 0001 IDENTIFIES TOTAL CHARGES FOR THE CLAIM. CODES 0010 - 0090 ARE FOR PROSPECTIVE PAYMENT OR STATE-SPECIFIC CODING. (A COMPLETE LIST OF REVENUE CODES AND MEANINGS IS AVAILABLE AT THE CMS WEBSITE: MEDICARE CLAIMS PROCESSING MANUAL Chapter 25 COMPLETING AND PROCESSING THE FORM CMS-1450 DATA SET FORM LOCATOR 42).

USER NOTE: ONLY VALID CODES DEFINED BY THE NATIONAL UNIFORM BILLING COMMITTEE ARE USED. IF MORE THAN 23 CODES ARE CAPTURED IN THE STATE CLAIMS SYSTEM, ONLY THE FIRST 23 ARE REPORTED IN MSIS. WHEN THE STATE CAPTURES FEWER THAN 23 CODES, DATA ELEMENTS WHERE CODING IS NOT APPLICABLE ARE 0-FILLED. WHEN THE UB-92 REVENUE CODE IS UNKNOWN, THIS DATA ELEMENT IS 9-FILLED.

SOURCE: MSIS CLAIMS FILE: 'UB-REV-CODE-1'.

# MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005)

## INPATIENT (IP) RECORD

ELEMENT NUMBER: 54.

ELEMENT NAME: **UB-92 REVENUE CODE CHARGE - FIRST REVENUE CODE**

SAS VARIABLE: UB\_92\_REV\_CD\_CHGS\_1

TYPE: NUM\* LENGTH: 8 BEG: 375 END: 382

DESCRIPTION: THE TOTAL CHARGE FOR THE RELATED UB-92 REVENUE CODE. TOTAL CHARGES INCLUDE BOTH COVERED AND NON-COVERED CHARGES (AS DEFINED BY THE UB-92 BILLING MANUAL, FORM LOCATOR 47).

(SAS USERS: ZONED DECIMAL - ZD8)

USER NOTE: IF MORE THAN 23 CODES ARE CAPTURED IN THE STATE CLAIMS SYSTEM, ONLY THE FIRST 23 ARE REPORTED IN MSIS. WHEN THE STATE CAPTURES FEWER THAN 23 CODES, DATA ELEMENTS WHERE CODING IS NOT APPLICABLE ARE 0-FILLED. IF THE CHARGE AMOUNT IS MISSING OR INVALID, THESE DATA ELEMENTS ARE 0-FILLED. THE SUM OF ALL 23 UB-92 REVENUE CODE CHARGES IS LESS THAN OR EQUAL TO 'CHARGE AMOUNT'.

SOURCE: MSIS CLAIMS FILE: 'UB-REV-CHARGE-1'.

# MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005)

## INPATIENT (IP) RECORD

ELEMENT NUMBER: 55.

ELEMENT NAME: **UB-92 REVENUE CODE UNITS - FIRST REVENUE CODE**

SAS VARIABLE: UB\_92\_REV\_CD\_UNITS\_1

TYPE: NUM LENGTH: 7 BEG: 383 END: 389

DESCRIPTION: UNITS ASSOCIATED WITH THE RELATED UB-92 REVENUE CODE. THIS DATA ELEMENT IS A QUANTITATIVE MEASURE OF SERVICES RENDERED FOR THE RELATED UB-92 REVENUE CODE. EXAMPLES INCLUDE ITEMS SUCH AS THE NUMBER OF ACCOMMODATION DAYS, MILES, PINTS OF BLOOD OR RENAL DIALYSIS TREATMENTS (AS DEFINED BY THE UB-92 BILLING MANUAL, FORM LOCATOR 46).

USER NOTE: IF MORE THAN 23 CODES ARE CAPTURED IN THE STATE CLAIMS SYSTEM, ONLY THE FIRST 23 ARE REPORTED IN MSIS. WHEN THE STATE CAPTURES FEWER THAN 23 CODES, DATA ELEMENTS WHERE CODING IS NOT APPLICABLE ARE 0-FILLED. MISSING OR INVALID UNITS ARE 0-FILLED.

SOURCE: MSIS CLAIMS FILE: 'UB-REV-UNITS-1'.