

NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
**** STATE MEDICAID RESEARCH FILES INPATIENT RECORD	REC	190	1 190	<p>STATE MEDICAID RESEARCH FILES (SMRF) INPATIENT RECORD 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 ELIGIBLE IDENTIFICATION NUMBER (DATA ELEMENT #1), THE SAME PROVIDER IDENTIFICATION NUMBER (DATA ELEMENT #19) 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 BEGINNING DATE OF SERVICE FOR THE NEXT CLAIM. HOWEVER, CONTIGUOUS CLAIMS ARE NOT COMBINED INTO THE SAME STAY IF THE "PATIENT STATUS CODE" (DATA ELEMENT #43) INDICATES THAT THE PATIENT WAS DISCHARGED AND WAS ADMITTED AGAIN ON THE SAME DAY (OR THE NEXT DAY).</p> <p>IT IS POSSIBLE THAT SOME PATIENTS ARE ACTUALLY DISCHARGED (AND SOMETIMES READMITTED) BUT THEIR RECORDS DO NOT INDICATE A STATUS OF DISCHARGED BECAUSE THE RECORDS ARE EITHER CODED INCORRECTLY OR SIMPLY MISSING THE STATUS OF DISCHARGED. IN THESE INSTANCES, SEPARATE CONTIGUOUS STAYS MAY BE COMBINED INCORRECTLY.</p> <p>SEPARATE HOSPITAL STAY RECORDS ARE CREATED FOR SETS OF INTERIM CLAIMS FOR MOTHERS AND INFANTS WHO USE THE SAME MSIS ELIGIBLE IDENTIFICATION NUMBER, BUT HAVE SEPARATE CLAIMS. IN CONTRAST, SOME STAYS FOR THE MOTHER'S DELIVERY AND INFANT'S NEWBORN 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.</p>

STATE MEDICAID RESEARCH FILES INPATIENT RECORD (1995 AND EARLIER YEARS)

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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 SAY 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 BEGINNING DATE OF SERVICE ON ANOTHER.					
(2) SOMETIMES, A HOSPITAL WILL SUBMIT A BILL FOR THE "CROSSOVER" PORTION OF A STAY USING THEIR MEDICARE PROVIDER IDENTIFIER AND WILL SUBMIT A SECOND BILL FOR THE "NON-CROSSOVER" PORTION OF THE SAME STAY USING THEIR MEDICAID PROVIDER IDENTIFIER. 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 DIFFERENT PROVIDER IDENTIFIERS FOR THE COST CENTERS, SEPARATE STAY RECORDS ARE CREATED.					
FOR ALL CLAIMS IN A COMBINED SET: (1) MEDICAID PAYMENTS AND COVERED DAYS ARE SUMMED, (2) ALL DIAGNOSIS AND PROCEDURE CODES ARE PICKED UP FROM THE INTERIM CLAIMS, AND (3) DEMOGRAPHIC INFORMATION AND THE DATE OF PAYMENT ARE TAKEN FROM THE LAST CLAIM IN THE SET.					
THE FILE FOR A GIVEN YEAR CONTAINS STAY RECORDS WHERE THE LAST DATE OF SERVICE IS IN THAT YEAR (EVEN IF THE STAY BEGAN IN A PREVIOUS YEAR).					
THESE RECORDS REPRESENT ALL MEDICAID-COVERED SERVICES FOR THE ELIGIBLE. HOWEVER, THEY MAY NOT INCLUDE ALL INPATIENT HOSPITAL CARE OR COMPLETE INFORMATION ON MEDICAID COVERED SERVICES HOSPITAL CARE 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 "SMRF TYPE OF SERVICE" (DATA ELEMENT #32).					
USERS SHOULD REFER TO THE "MSIS TECHNICAL SPECIFICATIONS AND DATA DICTIONARY" FOR A COMPLETE LIST OF MSIS DATA EDIT SPECIFICATIONS.					

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NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
**** ELIGIBILITY GROUP		50	1	50	ELIGIBILITY INFORMATION ADDED TO UTILIZATION RECORDS, FROM MSIS ELIGIBILITY FILES (USING ELIGIBLE IDENTIFICATION NUMBER).
1. ELIGIBLE IDENTIFICATION NUMBER	CHAR	20	1	20	<p>UNIQUE IDENTIFICATION NUMBER USED TO IDENTIFY A MEDICAID ELIGIBLE IN THE MEDICAID STATISTICAL INFORMATION SYSTEM (MSIS).</p> <p><i>USER NOTE: ELIGIBLE IDENTIFICATION NUMBERS MAY BE SCRAMBLED IN SOME STATE, SUCH AS GEORGIA, MICHIGAN AND WASHINGTON, TO PROTECT THE IDENTITY OF MEDICAID ELIGIBLES.</i></p> <p>SOURCE: MSIS ELIGIBILITY FILES</p>
2. STATE ABBREVIATION CODE	CHAR	2	21	22	<p>U. S. POSTAL SERVICE 2-CHARACTER ABBREVIATION FOR THE STATE MEDICAID AGENCY SUBMITTING THE DATA.</p> <p>CODES:</p> <p>AL = ALABAMA AK = ALASKA AZ = ARIZONA AR = ARKANSAS AS = AMERICAN SAMOA CA = CALIFORNIA CO = COLORADO CT = CONNECTICUT DE = DELAWARE DC = DIST OF COLUMBIA FL = FLORIDA GA = GEORGIA GU = GUAM HI = HAWAII ID = IDAHO IL = ILLINOIS</p>

STATE MEDICAID RESEARCH FILES INPATIENT RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
				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 ELIGIBILITY FILES

STATE MEDICAID RESEARCH FILES INPATIENT RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
3. ELIGIBLE SOCIAL SECURITY NUMBER	CHAR	9	23	31	SOCIAL SECURITY NUMBER OF THE MEDICAID ELIGIBLE. <i>USER NOTE: NOT AVAILABLE FOR WASHINGTON AND ONLY AVAILABLE ON CROSSOVER CLAIMS FOR IOWA.</i> SOURCE: MSIS ELIGIBILITY FILES
4. ELIGIBLE BIRTH DATE	NUM	8	32	39	BIRTH DATE OF THE MEDICAID ELIGIBLE. 8 DIGITS EDIT-RULES: YYYYMMDD SOURCE: MSIS ELIGIBILITY FILES
5. ELIGIBLE SEX CODE	NUM	1	40	40	GENDER OF THE MEDICAID ELIGIBLE. 1 DIGIT CODES: 1 = FEMALE 2 = MALE 9 = UNKNOWN/ERROR SOURCE: MSIS ELIGIBILITY FILES

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NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
6. ELIGIBLE RACE/ETHNICITY CODE	NUM	1	41	41	<p>RACE/ETHNICITY OF THE MEDICAID ELIGIBLE.</p> <p>1 DIGIT</p> <p>CODES:</p> <p>1 = WHITE, NOT OF HISPANIC ORIGIN</p> <p>2 = BLACK, NOT OF HISPANIC ORIGIN</p> <p>3 = AMERICAN INDIAN OR ALASKAN NATIVE</p> <p>4 = ASIAN OR PACIFIC ISLANDER</p> <p>5 = HISPANIC</p> <p>9 = UNKNOWN</p> <p>USER NOTE: THE METHODS OF COLLECTING INFORMATION ON RACE AND ETHNICITY DIFFER SUBSTANTIALLY ACROSS STATES AND TIME PERIODS.</p> <p>SOURCE: MSIS ELIGIBILITY FILES</p>
7. STATE SPECIFIC ELIGIBILITY CODE	CHAR	4	42	45	<p>STATE SPECIFIC ELIGIBILITY CODE CLASSIFICATION UNDER WHICH THE MEDICAID ELIGIBLE IS COVERED.</p> <p>USER NOTE: 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 IDIOSYNCRASIES OF INDIVIDUAL STATE ELIGIBILITY SYSTEMS. THESE CODES HAVE BEEN MAPPED INTO SMRF UNIFORM ELIGIBILITY CODES. THEREFORE, MOST USERS WILL WANT TO USE SMRF UNIFORM ELIGIBILITY CODES. USERS SHOULD ALSO NOTE THAT THIS ANNUAL CODE IS APPENDED TO EACH CLAIM FOR THE ELIGIBLE PERSON. THEREFORE, THIS CODE (IN THE CLAIMS RECORDS) 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 MONTHLY ELIGIBILITY FROM THE SMRF PERSON SUMMARY FILE.</p> <p>SOURCE: SMRF PERSON SUMMARY FILE</p>

STATE MEDICAID RESEARCH FILES INPATIENT RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
8. SMRF UNIFORM ELIGIBILITY CODE	NUM	2	46	47	STATE MEDICAID RESEARCH FILES (SMRF) UNIFORM ELIGIBILITY CODE FOR THE MEDICAID ELIGIBLE.
					2 DIGITS
					CODES:
					0 = NOT ELIGIBLE
					1 = AGED, CASH
					2 = BLIND/DISABLED, CASH
					3 = AFDC CHILD, CASH
					4 = AFDC-U CHILD, CASH
					5 = AFDC ADULT, CASH
					6 = AFDC-U ADULT, CASH
					7 = AGED, MN
					8 = BLIND/DISABLED, MN
					9 = AFDC CHILD, MN
					10 = AFDC ADULT, MN
					11 = RIBICOFF CHILD, MN
					12 = AGED, POVERTY
					13 = BLIND/DISABLED, POVERTY
					14 = CHILD, POVERTY
					15 = ADULT, POVERTY
					16 = OTHER AGED
					17 = OTHER BLIND/DISABLED
					18 = FOSTER CARE CHILD
					19 = OTHER CHILD
					20 = OTHER ADULT
					30 = RMA REFUGE/OTHER FEDERAL
					31 = STATE FUNDING ONLY
					99 = UNKNOWN ELIGIBILITY
					USER NOTE: THIS ANNUAL CODE IS APPENDED TO EACH CLAIM FOR THE ELIGIBLE PERSON. THEREFORE, THIS CODE (IN THE CLAIMS RECORDS) 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 MONTHLY ELIGIBILITY FROM THE SMRF PERSON SUMMARY FILE.
					SOURCE: SMRF PERSON SUMMARY FILE

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NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
9. MAINTENANCE ASSISTANCE STATUS (MAS) CODE	NUM	1	48 48	<p>MAINTENANCE ASSISTANCE STATUS CLASSIFICATION OF AN ELIGIBLE.</p> <p>1 DIGIT</p> <p>CODES:</p> <p>0 = INDIVIDUAL WAS NOT ELIGIBLE FOR MEDICAID</p> <p>1 = CATEGORICALLY NEEDY, RECEIVING FEDERAL CASH ASSISTANCE</p> <p>2 = CATEGORICALLY NEEDY, NOT RECEIVING FEDERAL CASH ASSISTANCE</p> <p>3 = MEDICALLY NEEDY</p> <p>4 = OTHER COVERAGE GROUPS CREATED BY LEGISLATION EFFECTIVE PRIOR TO 1988</p> <p>5 = COVERAGE GROUPS CREATED BY THE MCCA OF 1988 AND LATER LEGISLATION</p> <p>9 = STATUS IS UNKNOWN</p> <p>USER NOTE: THIS ANNUAL CODE IS APPENDED TO EACH CLAIM FOR THE ELIGIBLE PERSON. THEREFORE, THIS CODE (IN THE CLAIMS RECORDS) MAY NOT MATCH THE MAS GROUP IN WHICH THE PERSON WAS ENROLLED IN THE MONTH THE SERVICE WAS DELIVERED. FOR THIS REASON, SOME USERS MAY WANT TO USE MONTHLY MAS GROUP FROM THE SMRF PERSON SUMMARY FILE. BEGINNING WITH 1996 SMRF FILES, THIS DATA ELEMENT WILL NO LONGER BE USED. COMPARABLE INFORMATION WILL BE CAPTURED IN THE "SMRF UNIFORM ELIGIBILITY CODE".</p> <p>SOURCE: SMRF PERSON SUMMARY FILE</p>

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NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
10. BASIS OF ELIGIBILITY (BOE) CODE	NUM	1	49	49	<p>BASIS OF ELIGIBILITY FOR THE ELIGIBLE OR RECIPIENT TO BE ENROLLED IN MEDICAID AND RECEIVE BENEFITS.</p> <p>1 DIGIT</p> <p>CODES:</p> <p>SEE SECTION 2700, APPENDIX C OF THE STATE MEDICAID MANUAL FOR EXPANDED DEFINITIONS OF VALUES BELOW:</p> <p>0 = INDIVIDUAL WAS NOT ELIGIBLE FOR MEDICAID AT ANY TIME DURING THE MONTH</p> <p>1 = AGED INDIVIDUAL</p> <p>2 = BLIND INDIVIDUAL</p> <p>3 = DISABLED INDIVIDUAL</p> <p>4 = CHILDREN</p> <p>5 = CARETAKER RELATIVE AND PREGNANT WOMAN</p> <p>6 = OTHER TITLE XIX ELIGIBLES</p> <p>9 = ELIGIBILITY STATUS UNKNOWN</p> <p>USER NOTE: THIS ANNUAL CODE IS APPENDED TO EACH CLAIM FOR THE ELIGIBLE PERSON. THEREFORE, THIS CODE (IN THE CLAIMS RECORDS) MAY NOT MATCH THE BOE GROUP IN WHICH THE PERSON WAS ENROLLED IN THE MONTH THE SERVICE WAS DELIVERED. FOR THIS REASON, SOME USERS MAY WANT TO USE MONTHLY BOE GROUP FROM THE SMRF PERSON SUMMARY FILE. BEGINNING WITH 1996 SMRF FILES, THIS DATA ELEMENT WILL NO LONGER BE USED. COMPARABLE INFORMATION WILL BE CAPTURED IN THE "SMRF UNIFORM ELIGIBILITY CODE".</p> <p>SOURCE: SMRF PERSON SUMMARY FILE</p>

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		LENGTH	BEG	END	
11. RECIPIENT MEDICARE CROSSOVER CODE	NUM	1	50	50	INDICATES THAT THE ELIGIBLE IS OR HAS BEEN COVERED BY MEDICARE 1 DIGIT CODES: 0 = NO CROSSOVER 1 = DUAL ELIGIBILITY FLAG HAS A VALUE OF 1 (MEANING THAT THE PERSON WAS COVERED BY MEDICARE AT SOME TIME DURING THE YEAR) 2 = MEDICARE DEDUCTIBLE OR COINSURANCE PAID BY MEDICAID ON AT LEAST ONE CLAIM IN THIS FILE TYPE (E.G. OTHER SERVICES) FOR THIS PERSON 3 = BOTH 1 AND 2 APPLY <i>USER NOTE: THE DUAL ELIGIBILITY FLAG, FROM THE SMRF PERSON SUMMARY FILE, IS AN ANNUAL OBSERVATION WHICH MAY NOT MATCH THE DUAL ELIGIBILITY FLAG FOR THE MONTH THE SERVICE WAS DELIVERED.</i> SOURCE: THE DUAL ELIGIBILITY FLAG IS OBTAINED FROM MSIS ELIGIBILITY FILE AND DEDUCTIBLE OR COINSURANCE PAID AMOUNTS ARE OBTAINED FROM MSIS CLAIMS DATA.
**** CLAIMS GROUP		39	51	89	CLAIMS DATA ELEMENTS FROM MSIS CLAIMS FILE (APPLICABLE TO ALL FILE TYPES).
12. PLACE OF SERVICE CODE	NUM	1	51	51	CODE INDICATING THE PLACE WHERE THE SERVICE WAS PERFORMED. 1 DIGIT CODES: 1 = OFFICE 2 = PATIENT'S HOME 3 = INPATIENT HOSPITAL 4 = NURSING HOME 5 = OUTPATIENT HOSPITAL/ EMERGENCY ROOM/CLINIC 6 = OTHER 8 = NOT APPLICABLE 9 = UNKNOWN SOURCE: MSIS CLAIMS FILE

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NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
13. TYPE OF CLAIM CODE	NUM	1	52	52	<p>CODE INDICATING THE TYPE OF CLAIM.</p> <p>1 DIGIT</p> <p>CODES:</p> <p>1 = A CURRENT CLAIM FOR MEDICAL SERVICES OR PREMIUM PAYMENT.</p> <p>2 = UNAPPLIED ADJUSTMENT TO A PREVIOUSLY PAID OR ADJUSTED CLAIM, OR AN ADJUSTMENT TO A PREMIUM PAYMENT.</p> <p>3 = DUMMY CLAIM THAT SIMULATES A BILL FOR A SERVICE RENDERED TO A PATIENT COVERED UNDER SOME FORM OF CAPITATION PLAN.</p> <p>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.</p> <p>5 = AN ADJUSTED CLAIM</p> <p>9 = UNKNOWN</p> <p>SOURCE: MSIS CLAIMS FILE. CODE VALUE = 5 WAS DERIVED.</p>
14. TYPE OF COVERAGE CODE	NUM	1	53	53	<p>CODE INDICATING WHETHER PAYMENTS WERE MADE UNDER FEE-FOR-SERVICE OR A PRE-PAYMENT SYSTEM.</p> <p>1 DIGIT</p> <p>CODES:</p> <p>1 = STANDARD MEDICAID FEE-FOR-SERVICE CLAIM OR ADJUSTMENT.</p> <p>3 = SERVICE PROVIDED UNDER PRIVATE HEALTH INSURANCE PROGRAM OR PREMIUM PAYMENT.</p> <p>4 = SERVICE PROVIDED UNDER QUALIFIED HMO OR PREMIUM PAYMENT.</p> <p>5 = SERVICE PROVIDED UNDER PROVISIONAL HMO OR PREMIUM PAYMENT.</p> <p>6 = SERVICE PROVIDED UNDER OTHER CAPITATION PLAN OR PREMIUM PAYMENT.</p> <p>9 = UNKNOWN COVERAGE STATUS.</p> <p>SOURCE: MSIS CLAIMS FILE</p>

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NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
15. MSIS TYPE OF SERVICE CODE	NUM	2	54	55	A CODE INDICATING THE MEDICAID STATISTICAL INFORMATION SYSTEM (MSIS) TYPE OF SERVICE. 2 DIGITS CODES (TYPES OF SERVICE THAT APPLY TO THIS FILE TYPE ARE IN BOLD): 01 INPATIENT HOSPITAL 02 MENTAL HOSPITAL SERVICES FOR THE AGED 03 SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED (OBSOLETE BEFORE 1996, BUT NOT REMOVED FROM MSIS SPECIFICATIONS UNTIL 10/98) 04 INPATIENT PSYCHIATRIC FACILITY FOR INDIVIDUALS UNDER THE AGE OF 21 05 INTERMEDIATE CARE FACILITY (ICF) FOR THE MENTALLY RETARDED 06 INTERMEDIATE CARE FACILITY (ICF) - ALL OTHER (OBSOLETE AFTER 1990) 07 NURSING FACILITY SERVICES (NFS) - ALL OTHER 08 PHYSICIANS 09 DENTAL 10 OTHER PRACTITIONERS 11 OUTPATIENT HOSPITAL 12 CLINIC 13 HOME HEALTH 14 FAMILY PLANNING (OBSOLETE BEGINNING 10/98) 15 LAB AND X-RAY 16 PRESCRIBED DRUGS 17 EPSDT (OBSOLETE BEGINNING 10/98) 18 RURAL HEALTH SERVICES (OBSOLETE BEGINNING 10/98) 19 OTHER SERVICES 20 PREMIUM PAYMENT (CHANGED TO "CAPITATED PAYMENTS TO HMO OR HIO PLAN" BEGINNING 10/97) 99 UNKNOWN USER NOTE: THE ONLY MSIS TYPES OF SERVICE THAT APPEAR IN THIS FILE ARE: 01 INPATIENT HOSPITAL 14 FAMILY PLANNING FOR TYPE OF SERVICE = 17 (EPSDT), THERE IS SUBSTANTIAL VARIATION IN REPORTING ACROSS STATES. SOURCE: MSIS CLAIMS FILE

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		LENGTH	BEG	END	
16. PROCEDURE CODING SYSTEM CODE	NUM	2	56	57	CODE SPECIFYING THE PROCEDURE CODING SYSTEM USED FOR THE PRINCIPAL AND SECONDARY PROCEDURES. PROCEDURES. 2 DIGITS CODES: 01 = CPT-4 02 = ICD-9-CM 03 = CRVS 74 04 = CRVS 69 05 = CRVS 64 06 = HCPCS 07 = ICD-10 10-87 = OTHER SYSTEMS 88 = NOT APPLICABLE 99 = UNKNOWN <i>USER NOTE: THIS DATA ELEMENT SHOULD BE USED WITH DATA ELEMENTS #25 AND #26. USERS SHOULD MAKE SURE THE CODE VALUE IN THIS DATA ELEMENT ACCURATELY REFLECTS THE CODING SCHEME IN USE.</i> SOURCE: MSIS CLAIMS FILE
17. SERVICE BEGINNING DATE	NUM	6	58	63	THE BEGINNING DATE OF SERVICE FOR THIS CLAIM. 6 DIGITS EDIT-RULES: YYMMDD <i>USER NOTE: THIS DATE MAY OR MAY NOT BE THE ADMISSION DATE. THIS DATA ELEMENT WAS CHANGED FROM 6 TO 8 DIGITS BEGINNING IN 1996.</i> SOURCE: MSIS CLAIMS FILE

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NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
18. CHARGE AMOUNT	BIN	4	64	67	<p>TOTAL AMOUNT OF CHARGES SUBMITTED BY THE PROVIDER FOR THIS SERVICE.</p> <p>8 DIGITS SIGNED</p> <p>USER NOTE: BEGINNING IN 1996, THIS DATA ELEMENT WAS STORED AS 8 DIGITS IN "DISPLAY SIGNED NUMERIC" FORMAT. PRIOR TO 10/98, INSTRUCTIONS TO STATES WERE NOT PRECISE ON HOW THIS DATA ELEMENT WAS TO BE REPORTED FOR ENCOUNTER RECORDS. FOR MOST STATES, THERE SHOULD NOT BE LARGE NUMBERS OF ENCOUNTER RECORDS IN 1995 AND EARLIER YEARS.</p> <p>SOURCE: MSIS CLAIMS FILE</p>
19. THIRD PARTY PAYMENT AMOUNT	NUM	6	68	73	<p>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.</p> <p>6 DIGITS SIGNED</p> <p>USER NOTE: BEGINNING IN 1996, THIS DATA ELEMENT WAS STORED AS 8 DIGITS IN "DISPLAY SIGNED NUMERIC" FORMAT.</p> <p>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.</p> <p>SOURCE: MSIS CLAIMS FILE</p>
20. MEDICAID PAYMENT AMOUNT	BIN	4	74	77	<p>TOTAL AMOUNT OF MONEY PAID BY MEDICAID FOR THIS SERVICE.</p> <p>8 DIGITS SIGNED</p> <p>USER NOTE: BEGINNING IN 1996, THIS DATA ELEMENT WAS STORED AS 8 DIGITS IN "DISPLAY SIGNED NUMERIC" FORMAT.</p> <p>SOURCE: MSIS CLAIMS FILE</p>

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21. PROVIDER IDENTIFICATION NUMBER	NUM	12	78	89	STATE ASSIGNED UNIQUE IDENTIFICATION NUMBER FOR THE PROVIDER. 12 DIGITS <i>USER NOTE: THIS PROVIDER IS USUALLY THE BILLING PROVIDER.</i> SOURCE: MSIS CLAIMS FILE
**** INPATIENT HOSPITAL GROUP		101	90	190	
22. ANCILLARY CHARGE AMOUNT	BIN	4	90	93	TOTAL AMOUNT CHARGED FOR OTHER THAN INPATIENT ROOM AND BOARD. 8 DIGITS SIGNED <i>USER NOTE: FILES FOR SOME STATES MAY INCORRECTLY CONTAIN RECORDS FOR LONG-TERM AND STATE-OWNED HOSPITALS. SINCE THESE FACILITIES DO NOT USE UB-92 BILLING FORMS, ANCILLARY CHARGE AMOUNT WILL BE VALUE = \$0 FOR THESE FACILITIES.</i> SOURCE: MSIS CLAIMS FILE
23. ACCOMMODATION CHARGE AMOUNT	BIN	4	94	97	TOTAL AMOUNT CHARGED FOR INPATIENT ROOM AND BOARD. 8 DIGITS SIGNED <i>USER NOTE: FILES FOR SOME STATES MAY INCORRECTLY CONTAIN RECORDS FOR LONG-TERM AND STATE-OWNED HOSPITALS. SINCE THESE FACILITIES DO NOT USE UB-92 BILLING FORMS, ACCOMMODATION CHARGE AMOUNT WILL BE VALUE = \$0 FOR THESE FACILITIES.</i> SOURCE: MSIS CLAIMS FILE
24. SECOND DIAGNOSIS CODE	CHAR	5	98	102	SECOND ICD-9-CM DIAGNOSIS CODE FOR THIS RECORD. EDIT-RULES: LEFT JUSTIFIED, NO DECIMAL POINT. SOURCE: MSIS CLAIMS FILE

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25. PRINCIPAL PROCEDURE CODE	CHAR	6	103	108	<p>PRINCIPAL PROCEDURE PERFORMED FOR DEFINITIVE TREATMENT (RATHER THAN DIAGNOSTIC OR EXPLORATORY PURPOSES). IT IS RELATED TO EITHER THE DIAGNOSIS OR TO COMPLICATIONS. SEE DATA ELEMENT #16 PROCEDURE CODING SYSTEM CODE.</p> <p>SOURCE: MSIS CLAIMS FILE</p>
26. SECONDARY PROCEDURE CODE	CHAR	6	109	114	<p>SECOND MOST SIGNIFICANT PROCEDURE PERFORMED, OTHER THAN THE PRINCIPAL PROCEDURE. SEE DATA ELEMENT #16 PROCEDURE CODING SYSTEM CODE.</p> <p>SOURCE: MSIS CLAIMS FILE</p>
27. DISCHARGE STATUS CODE	NUM	1	115	115	<p>CODE INDICATING THE RECIPIENT'S DISCHARGE STATUS.</p> <p>1 DIGIT</p> <p>CODES:</p> <p>1 = STILL A PATIENT</p> <p>2 = TRANSFERRED TO HOME</p> <p>3 = TRANSFERRED TO ACUTE CARE FACILITY</p> <p>4 = TRANSFERRED TO LTC FACILITY</p> <p>5 = DIED</p> <p>6 = OTHER DISCHARGE</p> <p>9 = UNKNOWN</p> <p>SOURCE: MSIS CLAIMS FILE</p>
28. PAYMENT DATE	NUM	6	116	121	<p>DATE ON WHICH THE PAYMENT WAS ADJUDICATED BY THE STATE.</p> <p>6 DIGITS</p> <p>EDIT-RULES: YYMMDD</p> <p>USER NOTE: THIS DATA ELEMENT WAS CHANGED FROM 6 TO 8 DIGITS BEGINNING IN 1996.</p> <p>SOURCE: MSIS CLAIMS FILE</p>
29. PRINCIPAL PROCEDURE MODIFIER CODE	CHAR	2	122	123	<p>PROCEDURE CODE MODIFIER FOR A PRINCIPAL PROCEDURE TO FURTHER DEFINE THE PROCEDURE.</p> <p>SOURCE: MSIS CLAIMS FILE</p>

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NAME	TYPE	LENGTH	POSITIONS BEG END	CONTENTS
30. PRIMARY DIAGNOSIS CODE	CHAR	5	124 128	PRIMARY OR PRINCIPAL ICD-9-CM DIAGNOSIS FOR THIS RECORD. EDIT-RULES: LEFT JUSTIFIED, NO DECIMAL POINT SOURCE: MSIS CLAIMS FILE
31. ENDING DATE OF SERVICE	NUM	6	129 134	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. 6 DIGITS <i>USER NOTES: THIS DATA ELEMENT IS BEST USED TOGETHER WITH DATA ELEMENT #27, DISCHARGE STATUS CODE. THIS DATA ELEMENT WAS CHANGED FROM 6 TO 8 DIGITS BEGINNING IN 1996.</i> EDIT-RULES: YYMMDD SOURCE: MSIS CLAIMS FILE

STATE MEDICAID RESEARCH FILES INPATIENT RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
32. SMRF TYPE OF SERVICE CODE	NUM	2	135	136	<p>CODE INDICATING THE STATE MEDICAID RESEARCH FILES (SMRF) TYPE OF SERVICE FOR THIS RECORD.</p> <p>2 DIGITS</p> <p>CODES (TYPES OF SERVICE THAT APPLY TO THIS FILE TYPE ARE IN BOLD):</p> <p>01 INPATIENT HOSPITAL</p> <p>02 MENTAL HOSPITAL SERVICES FOR THE AGED</p> <p>04 INPATIENT PSYCHIATRIC FACILITY FOR INDIVIDUALS UNDER THE AGE OF 21</p> <p>05 INTERMEDIATE CARE FACILITY (ICF) FOR THE MENTALLY RETARDED</p> <p>06 INTERMEDIATE CARE FACILITY (ICF) - ALL OTHER (OBSOLETE AFTER 1990)</p> <p>07 NURSING FACILITY SERVICES (NFS) - ALL OTHER</p> <p>08 PHYSICIANS</p> <p>09 DENTAL</p> <p>00 OTHER PRACTITIONERS</p> <p>01 OUTPATIENT HOSPITAL</p> <p>12 CLINIC</p> <p>13 HOME HEALTH</p> <p>14 FAMILY PLANNING</p> <p>15 LAB AND X-RAY</p> <p>16 PRESCRIBED DRUGS</p> <p>17 EPSDT</p> <p>18 RURAL HEALTH SERVICES</p> <p>19 OTHER SERVICES</p> <p>20 PREMIUM PAYMENT</p> <p>21 DME AND SUPPLIES</p> <p>22 CASE MANAGEMENT SERVICES</p> <p>23 TRANSPORTATION</p> <p>99 UNKNOWN</p> <p>USER NOTE: THE ONLY SMRF TYPES OF SERVICE THAT APPEAR IN THIS FILE ARE:</p> <p>TOS = 01 (INPATIENT HOSPITAL)</p> <p>14 (FAMILY PLANNING)</p> <p>FOR TYPE OF SERVICE = 17 (EPSDT), THERE IS SUBSTANTIAL VARIATION IN REPORTING ACROSS STATES.</p> <p>SOURCE: MSIS CLAIMS FILES</p>

STATE MEDICAID RESEARCH FILES INPATIENT RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
33. MEDICAID COVERED INPATIENT DAYS	BIN	2	137	138	<p>NUMBER OF INPATIENT DAYS COVERED BY MEDICAID ON THIS INPATIENT STAY, INCLUDING NEWBORN DAYS.</p> <p>4 DIGITS SIGNED</p> <p><i>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).</i></p> <p>SOURCE: MSIS CLAIMS FILE</p>
34. SECONDARY PROCEDURE MODIFIER CODE	CHAR	2	139	140	<p>PROCEDURE CODE MODIFIER FOR A SECONDARY PROCEDURE TO FURTHER DEFINE THE PROCEDURE.</p> <p>SOURCE: MSIS CLAIMS FILE</p>
35. TAPE-TO-TAPE PROVIDER TYPE CODE	NUM	3	141	143	<p>3 DIGITS</p> <p>SOURCE: FROM TAPE-TO-TAPE DATA FOR MI, CA, GA, AND TN. THIS DATA ELEMENT WILL BE BLANK FOR OTHER STATES.</p>
36. TAPE-TO-TAPE PAYMENT AMOUNT CODE	CHAR	1	144	144	<p>SOURCE: FROM TAPE-TO-TAPE DATA FOR MI, CA, GA, AND TN. THIS DATA ELEMENT WILL BE BLANK FOR OTHER STATES.</p>
37. TAPE-TO-TAPE TYPE OF SERVICE CODE	NUM	2	145	146	<p>2 DIGITS</p> <p>SOURCE: FROM TAPE-TO-TAPE DATA FOR MI, CA, GA, AND TN. THIS DATA ELEMENT WILL BE BLANK FOR OTHER STATES.</p>
38. TAPE-TO-TAPE LOCAL USE TEXT	CHAR	10	147	156	<p>SOURCE: FROM TAPE-TO-TAPE DATA FOR MI, CA, GA, AND TN. THIS DATA ELEMENT WILL BE BLANK FOR OTHER STATES.</p>

STATE MEDICAID RESEARCH FILES INPATIENT RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
39. ADMISSION DATE	NUM	6	157	162	<p>DATE WHICH THE RECIPIENT WAS ADMITTED FOR THIS INPATIENT STAY.</p> <p>6 DIGITS</p> <p>EDIT-RULES: YYMMDD</p> <p>USER NOTE: THIS DATA ELEMENT WAS CHANGED FROM 6 TO 8 DIGITS BEGINNING IN 1996.</p> <p>SOURCE: MSIS CLAIMS FILE</p>
40. PRINCIPAL PROCEDURE DATE	NUM	6	163	168	<p>DATE ON WHICH THE PRINCIPAL PROCEDURE, IF ANY, WAS PERFORMED.</p> <p>6 DIGITS</p> <p>USER NOTE: THIS DATA ELEMENT WAS CHANGED FROM 6 TO 8 DIGITS BEGINNING IN 1996.</p> <p>EDIT-RULES: YYMMDD</p> <p>SOURCE: MSIS CLAIMS FILE</p>
41. STAY MISSING CHARGE SWITCH	NUM	1	169	169	<p>SWITCH INDICATING WHETHER THE CHARGE AMOUNTS FROM INDIVIDUAL CLAIMS FOR THE STAY HAD ANY MISSING VALUES.</p> <p>1 DIGIT</p> <p>CODES:</p> <p>0 = ALL OF THE CLAIMS COMBINED INTO THIS STAY RECORD HAD NO MISSING VALUES IN THE CHARGE AMOUNT DATA ELEMENT.</p> <p>1 = AT LEAST ONE OF THE CLAIMS COMBINED INTO THIS STAY RECORD HAD A MISSING VALUE IN THE CHARGE AMOUNT DATA ELEMENT.</p> <p>SOURCE: CODED AT HCFA FROM MSIS CLAIMS RECORDS.</p>

STATE MEDICAID RESEARCH FILES INPATIENT RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	LENGTH	BEG	END	POSITIONS	CONTENTS
42. RECIPIENT DELIVERY CODE	NUM	1	170	170		CODE INDICATING WHETHER THIS IS A DELIVERY RECORD, AND IF SO, WHETHER DELIVERY CLAIMS WERE FOR THE MOTHER, NEW-BORN OR BOTH. 1 DIGIT CODES: 0 = NO DELIVERY DURING THE YEAR 1 = MATERNAL, SHARES ID WITH NEONATE 2 = MATERNAL, DIFFERENT ID FROM NEONATE 3 = NEONATE, DIFFERENT ID FROM MATERNAL 4 = COMBINED MATERNAL/NEONATE CLAIMS 5 = DELIVERY, BUT CAN NOT CLASSIFY <i>USER NOTE: THE CODING FOR THIS DATA ELEMENT IS BASED ON THE PREDOMINANT METHOD OF REPORTING DELIVERIES IN EACH STATE. THEREFORE, IT MAY NOT BE CODED CORRECTLY FOR ALL CLAIMS IN STATES THAT USE MULTIPLE METHODS OF REPORTING DELIVERIES.</i> SOURCE: CODED AT HCFA FROM MSIS CLAIMS RECORDS.
43. FILLER	CHAR	20	171	190		