

**State Medicaid Research Files (SMRF) - 1995 and earlier
Inpatient Hospital Record (IP)**

<i>Data Element</i>	<i>Description</i>	<i>#Char</i>	<i>Type</i>	<i>Position</i>
**** SMRF Inpatient Hospital Record (IP)		190		1-190
	<i>Eligibility Group</i>	50		1-50
1	MSIS Identification Number	20	Char	1-20
2	State	2	Char	21-22
3	Social Security Number (SSN)	9	Char	23-31
4	Birth Date	8	Num	32-39
5	Sex	1	Num	40-40
6	Race/Ethnicity	1	Num	41-41
7	State Specific Eligibility Group	4	Char	42-45
8	SMRF Eligibility Group	2	Num	46-47
9	Maintenance Assistance Status (MAS)	1	Num	48-48
10	Basis of Eligibility (BOE)	1	Num	49-49
11	Crossover code	1	Num	50-50
	<i>Utilization Group</i>	39		51-89
12	Place of Service	1	Num	51-51
13	Type of Claim	1	Num	52-52
14	Type of Coverage	1	Num	53-53
15	MSIS Type of Service	2	Num	54-55
16	Procedure Coding System	2	Num	56-57
17	Beginning Date of Service	6	Num	58-63
18	Charge Amount	4	Bin	64-67
19	TPL Payment Amount	6	Num	68-73
20	Medicaid Payment Amount	4	Bin	74-77
21	Provider ID	12	Num	78-89
	<i>Inpatient Hospital Group</i>	101		90-190
22	Ancillary Amount	4	Bin	90-93
23	Accommodation Amount	4	Bin	94-97
24	2nd Diagnosis	5	Char	98-102
25	Principal Procedure	6	Char	103-108
26	2nd Procedure	6	Char	109-114
27	Discharge Status	1	Num	115-115
28	Payment Date	6	Num	116-121
29	Principal Procedure Modifier	2	Char	122-123
30	Primary Diagnosis	4	Char	124-128
31	Ending Date of Service	6	Num	129-134

**State Medicaid Research Files (SMRF) - 1995 and earlier
Inpatient Hospital Record (IP) (Continued)**

<i>Data Element</i>	<i>Description</i>	<i>#Char</i>	<i>Type</i>	<i>Position</i>
32	SMRF Type of Service	2	Num	135-136
33	Medicaid Cov IP Days	2	Bin	137-138
34	2nd Procedure Modifier	2	Char	139-140
35	Provider Type (Tape-to-Tape)	3	Num	141-143
36	Payment Amount Code (Tape-to-Tape)	1	Char	144-144
37	Type of Service Code (Tape-to-Tape)	2	Num	145-146
38	Local Use (Tape-to-Tape)	10	Char	147-156
39	Admission Date	6	Num	157-162
40	Principal Procedure Date	6	Num	163-168
41	Stay Missing Charge Switch	1	Num	169-169
42	Delivery Code	1	Num	170-170
43	Filler	20	Char	171-190