Seq Num	Standard Field Name-FFS	Standard Field Description-Fee For Service	SAS Name-FFS	Reqd From State	Output Group	Decode Values Reqd	Formatting Instructions	Data Type	Length
	PERM SC 2010 STANDARD LAYOUT FOR FEE FOR SERVICE CLAIM DETAILS (RECORD REQUESTS)								
1	Program Code	Medicaid indicator.	program_code	Y	Hdr		Set to M	char	1
2	Sampling Unit Level	Indicates whether sampled unit is paid at the header level (H) or the line level (L).	sampling_level	Y	Hdr		H or L	char	1
3	PERM_ID	Unique Indicator for each sampled unit; set by the Livanta statistical contractor. Please copy the PERM ID for the sampled claim from the sampler file into the claim details extract	perm_id	N	Line			char	11
4	ICN	Claim control number or identifier assigned by state for the current claim. Will usually (but not necessarily) be the same as the ICN of the associated record in the sampler file. Is always populated	icn	Y	Hdr			varchar	30
5	Original State ICN	Original unique identifier provided by the state, if state provided a concatenated field, such as icn+line number, in its universe.	orig_state_icn	N	Line			char	40
6	Claim Type	State claim type indicator, typically identifying whether the claim is an institutional, medical, or crossover claim.	clm_type	Y	Hdr	Y		varchar	3
7	Claim Category	RC claim category which determines what documentation is requested. (e.g. institutional - hospital; institutional - LTC, dental, physician, pharmacy, hospital outpatient, etc.) All associated claim lines will reflect the sampling unit category. State can leave this field blank	clm_category	N	Hdr		RESERVED FOR RC INPUT AND USE	char	2
8	Payment Status	Paid or Denied indicator for each claim or claim line. State should provide decodes.	payment_status	N	Line	Y		char	50
9	Medicare Crossover Indicator	Indicates that the claim is a crossover claim from Medicare to Medicaid.	mcare_xover_ind	Y	Hdr		Y or N	char	1
10	Sample Year	Federal fiscal year of the sample. Can be added by Livanta.	sample_yr	N	Hdr		Set to '2010'	smallint	4
11	Sample Quarter	Federal fiscal quarter indicator formatted as the number of the quarter sampled. Can be added by Livanta.	sample_qtr	N	Hdr		1, 2, 3 or 4	tinyint	1
12	PERM State	PERM state supplying the claims information. Can be added by Livanta.	perm_state	N	Hdr		Use 2-character state abbreviation	char	2
13	Total Computable Amt Paid Clm	Total amount paid for the claim. Total Computable Amount = Federal Share + State Share. Should not include any third-party or patient liability paid amounts, such as copayments. This data element is required for header-level sampled claims, and should match the paid amount submitted in the universe for the claim	amt_paid_clm	Y	Hdr			numeric	(10,2)
14	Date Paid	Date claim was adjudicated or paid; not the check date unless there is no adjudication date. This date should match the paid date submitted in the universe for the sampled claim.	date_of_payment	Y	Hdr			datetime	
15	DOS From Clm	From date of service on the claim.	dos_from_clm	Y	Hdr			datetime	
16	DOS To Clm	To date of service on the claim.	dos_to_clm	Y	Hdr			datetime	
17	Recipient ID	Recipient ID number	recipient_id	Y	Hdr			varchar	50
18	Recipient Name	Name of recipient in last name, first name MI sequence	recipient_name	Y	Hdr			varchar	100
19	Recipient DOB	Recipient date of birth	recipient_dob	Y	Hdr			datetime	
20	Recipient Gender	Recipient gender code	recipient_gender	Y	Hdr		M or F	varchar	1
21	Recipient County	Recipient county	recipient_county	N	Hdr			varchar	50

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		PERM SC 2010 STANDARD LAYOUT FOR FEE FOR SERVICE CLAIM DETAILS (RECORD REQUESTS)							
22	Billing Prov Number	Billing provider ID number	billing_prov_id	Y	Hdr			varchar	50
23	Billing Prov Name	Billing provider name	billing_prov_name	Y	Hdr			varchar	100
24	Billing Prov Type	Billng provider type	billing_prov_type	Y	Hdr	Y		varchar	5
25	Billing Prov Spec	Billing provider specialty code	billing_prov_spec	Y	Hdr	Y		varchar	5
26	Billing Prov Addr 1	Billing provider address first line. Note that the state may populate this data element with a contact name.	billing_prov_addr_1	Y	Hdr			varchar	255
27	Billing Prov Addr 2	Billing provider address second line	billing_prov_addr_2	Y	Hdr			varchar	255
28	Billing Prov City	Billing provider city	billing_prov_city	Y	Hdr			varchar	50
29	Billing Prov State	Billing provider state	billing_prov_state	Y	Hdr			varchar	2
30	Billing Prov Zip	Billing provider zip code	billing_prov_zip_code	Y	Hdr		If using a ZIP+4 code do not include hyphens	varchar	10
31	Billing Prov Phone	Billing provider phone number(s). Phone extensions are acceptable, as are multiple phone numbers up to 50 bytes. (e.g. '1234567890 OR 0987654321')	billing_prov_phone	Y	Hdr		Include area code but not hyphens or parentheses.	varchar	50
32	Billing Prov Fax	Billing provider fax number	billing_prov_fax	Y	Hdr		Include area code but not hyphens or parentheses	varchar	10
33	Billing Prov NPI	Billing provider's NPI, when available	billing_prov_npi	N	Hdr			varchar	10
34	ICD9 Proc Code 1	ICD9 surgical procedure code 1	icd9_proc_code_1	Y	Hdr			varchar	4
35	ICD9 Proc Code 2	ICD9 surgical procedure code 2	icd9_proc_code_2	Y	Hdr			varchar	4
36	ICD9 Proc Code 3	ICD9 surgical procedure code 3	icd9_proc_code_3	Y	Hdr			varchar	4
37	Diag 1	Diagnosis code 1 (primary)	diag_code_1	Y	Hdr			varchar	5
38	Diag 2	Diagnosis code 2	diag_code_2	Y	Hdr			varchar	5
39	Diag 3	Diagnosis code 3	diag_code_3	Y	Hdr			varchar	5
40	Diag 4	Diagnosis code 4	diag_code_4	Y	Hdr			varchar	5
41	Diag 5	Diagnosis code 5	diag_code_5	Y	Hdr			varchar	5
42	DRG	Diagnosis Related Group (DRG) code, if applicable	drg_code	Y	Hdr		Must be 3 digits including leading zeroes	varchar	3
43	Source Location	The entity identifier and location of the source that processed the claim. Is required for states that have multiple locations that process claims for the same universe file.	source_location	N	Hdr	Y		varchar	100
44	Number of Line Items	The total number of line items on the claim	number_of_line_items	Y	Hdr			int	
45	Line Item Number	Line number of the individual line item	line_item_num	Y	Line			int	
46	Sampled Ind	Indiciates if the individual line was sampled - Yes = Y and No = N. If two lines in a single claim were sampled, each line is marked with a Y in the claim. For header level sampling units, all lines are marked with a Y. Added by Livanta if not provided by state	sampled_ind	N	Line		Y or N	char	1
47	Proc Code Line	Procedure code on the line (HCPCS code or CPT) as it was adjudicated.	proc_code_line	Y	Line			varchar	5

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48	Units Paid	Number of units (services) paid or drug quantity dispensed	units_of_svc_paid	Y	Line			numeric	(9,3)
49	Total Computable Amt Paid Line	Amount paid for the line. Total Computable Amount = Federal Share + State Share. Should not include any third-party or patient liability paid amounts, such as copayments. This data element is required for line-level sampled claims, and should match the paid amount submitted in the universe for the claim line. If the claim is institutional, this field may or may not be populated.	amt_paid_line	Y	Line			numeric	(10,2)
50	Proc Mod 1	Procedure Code Modifier - 1 on the line as it was adjudicated.	proc_mod_1	Y	Line			varchar	2
51	Proc Mod 2	Procedure Code Modifier - 2 on the line as it was adjudicated.	proc_mod_2	Y	Line			varchar	2
52	Rev Code	Revenue code for the claim line. Note that ALL revenue codes should be submitted for a claim. A separate record should be created for each revenue code.	rev_code	Y	Line		Must be 4 digits including leading zeroes	varchar	4
53	Rev Code Description	Description of revenue code.	rev_code_desc	Y	Line			varchar	255
54	Perf Prov Number	Performing (servicing) provider ID number	perf_prov_id	Y	Line			varchar	50
55	Perf Prov Name	Performing (servicing) provider name	perf_prov_name	Y	Line			varchar	100
56	Performing Prov Type	Performing (servicing) provider type	perf_prov_type	Y	Line	Y		varchar	5
57	Peforming Prov Spec	Performing (servicing) provider specialty code	perf_prov_spec	Y	Line	Y		varchar	5
58	Perf Prov Addr 1	Performing (servicing) provider address first line. Note that the state may populate this data element with a contact name.	perf_prov_addr_1	Y	Line			varchar	255
59	Perf Prov Addr 2	Performing (servicing) provider address second line	perf_prov_addr_2	Y	Line			varchar	255
60	Perf Prov City	Performing (servicing) provider city	perf_prov_city	Y	Line			varchar	50
61	Perf Prov State	Performing (servicing) provider state	perf_prov_state	Y	Line			varchar	2
62	Perf Prov Zip	Performing (servicing) provider zip code.	perf_prov_zip_code	Y	Line		If using a ZIP+4 code do not include hyphens	varchar	10
63	Perf Prov Phone	Performing (servicing) provider phone number. Phone extensions are acceptable, as are multiple phone numbers up to 50 bytes (e.g. '1234567890 OR 0987654321')	perf_prov_phone	Y	Line		Include area code but not hyphens or parentheses	varchar	50
64	Perf Prov Fax	Performing (servicing) provider fax number	perf_prov_fax	Y	Line		Include area code but not hyphens or parentheses	varchar	10
65	Perf Prov NPI	Performing provider's NPI, when available	perf_prov_npi	N	Line			varchar	10
66	DOS From Line	From date of service on the line.	dos_from_line	Y	Line			datetime	
67	DOS To Line	To date of service on the line.	dos_to_line	Y	Line			datetime	
68	POS	Place of service	place_of_svc	Y	Line	Y		varchar	3
69	TOS	Type of service.	type_of_svc	Y	Line	Y		varchar	3
70	NDC Code	National Drug Code (NDC). Made up of labeler (mfr) + product + pkg size = 4/4/2 or 5/3/2 or 5/4/1 configurations.	ndc_code	Y	Line		Must be 11 positions for all Rx claims	varchar	11
71	Drug Order Date	Date drug was prescribed for a pharmacy claim.	drug_order_dt	Y	Line			datetime	
72	Prescription Number	RX Number for the pharmacy claim line.	rx_num	Y	Line			varchar	20

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	**PERM SC 2010 STANDARD LAYOUT FOR FEE FOR SERVICE CLAIM DETAILS (RECORD REQUESTS)**								
73	Prior Authorization	Prior authorization number on the line. Will be the same on all lines if PA only available at the claim level.	prior_auth_num	Y	Line			varchar	20
74	Date Paid Line	For those Medicaid systems that have paid dates at the line level (because each line is adjudicated separately), the date paid for that line, if different from the date of payment for the entire claim	date_of_payment_line	Y	Line			datetime	
75	User Field1	User-specific field that may contain unique state data that is important for the program but is not in the standard format. State may choose to leave this data element out, if desired.	user_field1	N	Line			varchar	255
76	User Field2	User-specific field that may contain unique state data that is important for the program but is not in the standard format. State may choose to leave this data element out, if desired.	user_field2	N	Line			varchar	255
77	User Field3	User-specific field that may contain unique state data that is important for the program but is not in the standard format. State may choose to leave this data element out, if desired.	user_field3	N	Line			varchar	255
78	User Field4	User-specific field that may contain unique state data that is important for the program but is not in the standard format. State may choose to leave this data element out, if desired.	user_field4	N	Line			varchar	255
79	User Field5	User-specific field that may contain unique state data that is important for the program but is not in the standard format. State may choose to leave this data element out, if desired.	user_field5	N	Line			varchar	255
80	Claim Category Fields	Fields from the state, such as category of service or MSIS code, that can be used to categorize the claim.	na	N	0			varchar	50