Maine Health Data Organization

Claims Database

Data Element Release Schedule

Print Date:
Tuesday, April 10, 2007

FINAL

Outline of Tables

*Key

Code Table

Main Data Table

Note: Italic fonts are used to indicate tables that are universal. This means that if you are in Dental, Medical or Pharmacy Records, the code table is the same.

Dental

- Dental Claims
  - Claim Status
  - Facility Type
  - Individual Relationship
  - Insurance Type - Professional
  - Member Gender
  - Service Provider Entity Type
- Dental Eligibility
  - *Insurance Type*
  - *Coverage Level*
  - *Individual Relationship*
  - *Member Gender*
- Dental Providers
  - *Taxonomy*

Pharmacy

- Pharmacy Claims
  - Claim Status
  - Compount Drug Indicator
  - Dispense as written
  - Generic Drug Indicator
  - Individual Relationship
  - Insurance Type
  - Member Gender
  - New Prescription
- Pharmacy Eligibility
  - *Insurance Type*
  - *Coverage Level*
  - *Individual Relationship*
  - *Member Gender*
- Pharmacy Providers
  - *Taxonomy*

Medical

- Medical Claims
  - Claim Status
  - Facility Type
  - Individual Relationship
  - Insurance Type - Professional
  - Member Gender
  - Member Status
  - Service Provider Entity Type
  - Type of Bill - Institutional
- Medical Eligibility
  - *Insurance Type*
  - *Coverage Level*
  - *Individual Relationship*
  - *Member Gender*
- Medical Providers
- Medical Providers Master
  - *Taxonomy (Providers and Master I*

COLOR KEY
Data elements shown in black are for general (unrestricted) release
Data elements shown in blue are included in restricted release
Data elements shown in green are in the practitioner identifiable release
Data elements shown in red are restricted and not to be released
Delimiter to visually clarify section breaks

Data Element	COLUMNNAME	COLID	DATATYPE	FORMAT/ MAX SIZE	COMMENTS	DESCRIPTION_CODES_SOURCES
ME914	MTIME	col001	integer	YYYYMM		
ME001	PAYER	col002	varchar	6	Payer	Payer submitting payments, MHDO Submitter Code
ME002	NPLAN	col003	varchar	30	National Plan ID	CMS National Plan ID. Set as null if unavailable.
ME003	PRODUCT	col004	varchar	2	Insurance Type/Product Code	
ME004	YEAR	col005	integer	4	Year	Year for which eligibility is reported in this submission
ME005	MONTH	col006	integer	2	Month	Month for which eligibility is reported in this submission
ME006	IGROUP	col007	varchar	30	Insured Group or Policy Number	Group or policy number - not the number that uniquely identifies the subscriber.
ME007	XPLAN	col008	varchar	3	Coverage Level Code	Benefit coverage level
ME008	ESSN	col009	varchar	32	Encrypted Subscriber Social Security Number	Encrypted subscriber's social security number. Set as null if unavailable.
ME009	CONTRACT	col010	varchar	64	Plan Specific Contract Number	Encrypted plan assigned contract number. Set as null if contract number = subscriber's social security number.
ME010	SEQNO	col011	varchar	20	Member Suffix or Sequence Number	Uniquely numbers the member within the contract.
ME011	MEMSSN	col012	varchar	64	Member Identification Code	Encrypted member's social security number. Set as null if unavailable.
ME012	REL	col013	integer	2	Individual Relationship Code	Member's relationship to insured
ME013	GENDER	col014	varchar	1	Member Gender	
ME014	DOB	col015	date	CCYYMMDD	Member Date of Birth	
ME015	PATCITY	col016	varchar	30	Member City Name	City name of member
ME016	PATST	col017	varchar	2	Member State or Province	As defined by the US Postal Service
ME017	PATZIP	col018	varchar	11	Member ZIP Code	ZIP Code of member - may include non-US codes. Do not include dash.
ME018	MEDICAL	col019	varchar	1	Medical Coverage	
ME019	RX	col020	varchar	1	Prescription Drug Coverage	
ME020	DENTAL	col021	varchar	1	Dental Coverage	
ME021	RECTYPE	col022	varchar	2	Record Type	ME
ME901	AGE	col023	integer		Member Age	
ME902	IDN	col024	integer		Record ID#	
ME903	MHDODATE	col025	date	CCYYMMDD	Date of Transfer to MHDO	
ME904	MEMBERID	col026	varchar	71	Encrypted Member ID# (longer of ESSN or Contract) + DOB + Gender	
ME905	MEDICARE	col027	varchar	1	Medicare coverage	
ME906	FILEID	col028	integer		Submission ID#	
ME907	MHDO_ESSN	col029	varchar	64	Double Encrypted Subscriber Social Security Number	
ME908	MHDO_CONTRACT	col030	varchar	128	Double Encrypted Plan Specific Contract Number	
ME909	MHDO_MEMSSN	col031	varchar	128	Double Encrypted Member Identification Code	

Data Element	COLUMNNAME	COLID	DATATYPE	FORMAT/ MAX SIZE	COMMENTS	DESCRIPTION_CODES_SOURCES
ME910	MHDO_MEMBERID	col032	varchar	135	Double Encrypted Member ID# (longer of MHDO_ESSN or MHDO_CONTRACT) + DOB + GENDER	
ME911	MHDO_REL	col033	integer	2	Standardized Insurance Individual Relationship Code	
ME912	MHDO_PRODUCT	col034	varchar	2	Standardized Insurance Type/Product Code	
ME913	DUP	col035	varchar	1	Duplicate	

Data Element	COLUMNNAME	COLID	DATATYPE	FORMAT/ MAX SIZE	COMMENTS	DESCRIPTION_CODES_SOURCES
PE914	MTIME	col001	integer	YYYYMM		
PE001	PAYER	col002	varchar	6	Payer	Payer submitting payments, MHDO Submitter Code
PE002	NPLAN	col003	varchar	30	National Plan ID	CMS National Plan ID. Set as null if unavailable.
PE003	PRODUCT	col004	varchar	2	Insurance Type/Product Code	
PE004	YEAR	col005	integer	4	Year	Year for which eligibility is reported in this submission
PE005	MONTH	col006	integer	2	Month	Month for which eligibility is reported in this submission
PE006	IGROUP	col007	varchar	30	Insured Group or Policy Number	Group or policy number - not the number that uniquely identifies the subscriber
PE007	XPLAN	col008	varchar	3	Coverage Level Code	Benefit coverage level
PE008	ESSN	col009	varchar	32	Encrypted Subscriber Social Security Number	Encrypted subscriber's social security number. Set as null if unavailable.
PE009	CONTRACT	col010	varchar	64	Plan Specific Contract Number	Encrypted plan assigned contract number. Set as null if contract number = subscriber's social security number.
PE010	SEQNO	col011	varchar	20	Member Suffix or Sequence Number	Uniquely numbers the member within the contract
PE011	MEMSSN	col012	varchar	64	Member Identification Code	Encrypted member's social security number. Set as null if unavailable.
PE012	REL	col013	integer	2	Individual Relationship Code	Member's relationship to insured
PE013	GENDER	col014	varchar	1	Member Gender	
PE014	DOB	col015	date	CCYYMMDD	Member Date of Birth	
PE015	PATCITY	col016	varchar	30	Member City Name	City name of member
PE016	PATST	col017	varchar	2	Member State or Province	As defined by the US Postal Service
PE017	PATZIP	col018	varchar	11	Member ZIP Code	ZIP Code of member - may include non-US codes. Do not include dash.
PE018	MEDICAL	col019	varchar	1	Medical Coverage	
PE019	RX	col020	varchar	1	Prescription Drug Coverage	
PE020	DENTAL	col021	varchar	1	Dental Coverage	
PE021	RECTYPE	col022	varchar	2	Record Type	PE
PE901	AGE	col023	integer		Member Age	
PE902	IDN	col024	integer		Record ID#	
PE903	MHDODATE	col025	date	CCYYMMDD	Date of Transfer to MHDO	
PE904	MEMBERID	col026	varchar	71	Encrypted Member ID# (longer of ESSN or Contract) + DOB + Gender	
PE905	MEDICARE	col027	varchar	1	Medicare coverage	
PE906	FILEID	col028	integer		Submission ID#	
PE907	MHDO_ESSN	col029	varchar	64	Double Encrypted Subscriber Social Security Number	
PE908	MHDO_CONTRACT	col030	varchar	128	Double Encrypted Plan Specific Contract Number	
PE909	MHDO_MEMSSN	col031	varchar	128	Double Encrypted Member Identification Code	

Data Element	COLUMNNAME	COLID	DATATYPE	FORMAT/ MAX SIZE	COMMENTS	DESCRIPTION_CODES_SOURCES
PE910	MHDO_MEMBERID	col032	varchar	135	Double Encrypted Member ID# (longer of MHDO_ESSN or MHDO_CONTRACT) + DOB + GENDER	
PE911	MHDO_REL	col033	integer	2	Standardized Insurance Individual Relationship Code	
PE912	MHDO_PRODUCT	col034	varchar	2	Standardized Insurance Type/Product Code	
PE913	DUP	col035	varchar	1	Duplicate	

Data Element	COLUMNNAME	COLID	DATATYPE	FORMAT/ MAX SIZE	COMMENTS	DESCRIPTION_CODES_SOURCES
DE914	MTIME	col001	varchar	YYYYMM		
DE001	PAYER	col002	varchar	6	Payer	Payer submitting payments, MHDO Submitter Code
DE002	NPLAN	col003	varchar	30	National Plan ID	CMS National Plan ID. Set as null if unavailable.
DE003	PRODUCT	col004	varchar	2	Insurance Type/Product Code	
DE004	YEAR	col005	integer	4	Year	Year for which eligibility is reported in this submission
DE005	MONTH	col006	integer	2	Month	Month for which eligibility is reported in this submission
DE006	IGROUP	col007	varchar	30	Insured Group or Policy Number	Group or policy number - not the number that uniquely identifies the subscriber
DE007	XPLAN	col008	varchar	3	Coverage Level Code	Benefit coverage level
DE008	ESSN	col009	varchar	32	Encrypted Subscriber Social Security Number	Encrypted subscriber's social security number. Set as null if unavailable.
DE009	CONTRACT	col010	varchar	64	Plan Specific Contract Number	Encrypted plan assigned contract number. Set as null if contract number = subscriber's social security number.
DE010	SEQNO	col011	varchar	20	Member Suffix or Sequence Number	Uniquely numbers the member within the contract
DE011	MEMSSN	col012	varchar	64	Member Identification Code	Encrypted member's social security number. Set as null if unavailable.
DE012	REL	col013	integer	2	Individual Relationship Code	Member's relationship to insured
DE013	GENDER	col014	varchar	1	Member Gender	
DE014	DOB	col015	date	CCYYMMDD	Member Date of Birth	
DE015	PATCITY	col016	varchar	30	Member City Name	City name of member
DE016	PATST	col017	varchar	2	Member State or Province	As defined by the US Postal Service
DE017	PATZIP	col018	varchar	11	Member ZIP Code	ZIP Code of member - may include non-US codes. Do not include dash.
DE018	MEDICAL	col019	varchar	1	Medical Coverage	
DE019	RX	col020	varchar	1	Prescription Drug Coverage	
DE020	DENTAL	col021	varchar	1	Dental Coverage	
DE021	RECTYPE	col022	varchar	2	Record Type	DE
DE901	AGE	col023	integer		Member Age	
DE902	IDN	col024	integer		Record ID#	
DE903	MHDODATE	col025	date	CCYYMMDD	Date of Transfer to MHDO	
DE904	MEMBERID	col026	varchar	71	Encrypted Member ID# (longer of ESSN or Contract) + DOB + Gender	
DE905	MEDICARE	col027	varchar	1	Medicare coverage	
DE906	FILEID	col028	integer		Submission ID#	
DE907	MHDO_ESSN	col029	varchar	64	Double Encrypted Subscriber Social Security Number	
DE908	MHDO_CONTRACT	col030	varchar	128	Double Encrypted Plan Specific Contract Number	
DE909	MHDO_MEMSSN	col031	varchar	128	Double Encrypted Member Identification Code	

Data Element	COLUMNNAME	COLID	DATATYPE	FORMAT/ MAX SIZE	COMMENTS	DESCRIPTION_CODES_SOURCES
DE910	MHDO_MEMBERID	col032	varchar	135	Double Encrypted Member ID# (longer of MHDO_ESSN or MHDO_CONTRACT) + DOB + GENDER	
DE911	MHDO_REL	col033	integer	2	Standardized Insurance Individual Relationship Code	
DE912	MHDO_PRODUCT	col034	varchar	2	Standardized Insurance Type/Product Code	
DE913	DUP	col035	varchar	1	Duplicate	

Data Element	COLUMNNAME	COLID	DATATYPE	FORMAT/ MAX SIZE	COMMENTS	DESCRIPTION_CODES_SOURCES
MC001	PAYER	col001	varchar	6	Payer	Payer submitting payments, MHDO Submitter Code
MC002	NPLAN	col002	varchar	30	National Plan ID	CMS National Plan ID
MC003	PRODUCT	col003	varchar	2	Insurance Type/Product Code	
MC004	CLAIM	col004	varchar	35	Payer Claim Control Number	Must apply to the entire claim and be unique within the payer's system
MC005	LINE	col005	integer	4	Line Counter	Line number for this service. The line counter begins with 1 and is incremented by 1 for each additional service line of a claim
MC006	IGROUP	col006	varchar	30	Insured Group or Policy Number	Group or policy number - not the number that uniquely identifies the subscriber
MC007	ESSN	col007	varchar	32	Encrypted Subscriber Social Security Number	Encrypted subscriber's social security number. Set as null if unavailable
MC008	CONTRACT	col008	varchar	64	Plan Specific Contract Number	Encrypted plan assigned contract number,Set as null if contract number = subscriber's social security number
MC009	SEQNO	col009	varchar	20	Member Suffix or Sequence Number	Uniquely numbers the member within the contract
MC010	MEMSSN	col010	varchar	64	Member Identification Code	Encrypted member's social security number, Set as null if unavailable
MC011	REL	col011	integer	2	Individual Relationship Code	Member's relationship to insured
MC012	GENDER	col012	varchar	1	Member Gender	
MC013	DOB	col013	date	CCYYMMDD	Member Date of Birth	
MC014	PATCITY	col014	varchar	30	Member City Name	City name of member
MC015	PATST	col015	varchar	2	Member State or Province	As defined by the US Postal Service
MC016	PATZIP	col016	varchar	11	Member ZIP Code	ZIP Code of member - may include non-US codes
MC017	PDATE	col017	date	CCYYMMDD	Date Service Approved (AP Date)	
MC018	ADMDAT	col018	date	CCYYMMDD	Admission Date	Required for all inpatient claims
MC019	ADMHR	col019	integer	HHMM	Admission Hour	Required for all inpatient claims. Hour in military time
MC020	ADMTYPE	col020	integer	1	Admission Type	Refer to Appendix A
MC021	ADMSR	col021	varchar	1	Admission Source	Refer to Appendix A
MC022	DISHR	col022	integer	2	Discharge Hour	Hour in military time
MC023	PTDIS	col023	integer	2	Member Status	
MC036	BILLTYPE	col024	integer	2	Type of Bill - Institutional	Type of facility, bill classification.
MC037	FACTYPE	col025	varchar	2	Facility Type - Professional	
MC038	STATUS	col026	integer	2	Claim Status	
MC039	ADMDX	col027	varchar	5	Admitting Diagnosis	Required on all inpatient admission claims and encounters
MC040	ECODE	col028	varchar	5	E-Code	Describes an injury, poisoning or adverse effect
MC041	DX1	col029	varchar	5	Principal Diagnosis	ICD-9-CM Do not code decimal point
MC042	DX2	col030	varchar	5	Other Diagnosis 1	ICD-9-CM Do not code decimal point
MC043	DX3	col031	varchar	5	Other Diagnosis 2	ICD-9-CM Do not code decimal point
MC044	DX4	col032	varchar	5	Other Diagnosis 3	ICD-9-CM Do not code decimal point
MC045	DX5	col033	varchar	5	Other Diagnosis 4	ICD-9-CM Do not code decimal point

Data Element	COLUMNNAME	COLID	DATATYPE	FORMAT/ MAX SIZE	COMMENTS	DESCRIPTION_CODES_SOURCES
MC046	DX6	col034	varchar	5	Other Diagnosis 5	ICD-9-CM Do not code decimal point
MC047	DX7	col035	varchar	5	Other Diagnosis 6	ICD-9-CM Do not code decimal point
MC048	DX8	col036	varchar	5	Other Diagnosis 7	ICD-9-CM Do not code decimal point
MC049	DX9	col037	varchar	5	Other Diagnosis 8	ICD-9-CM Do not code decimal point
MC050	DX10	col038	varchar	5	Other Diagnosis 9	ICD-9-CM Do not code decimal point
MC051	DX11	col039	varchar	5	Other Diagnosis 10	ICD-9-CM Do not code decimal point
MC052	DX12	col040	varchar	5	Other Diagnosis 11	ICD-9-CM Do not code decimal point
MC053	DX13	col041	varchar	5	Other Diagnosis 12	ICD-9-CM Do not code decimal point
MC054	REV	col042	varchar	10	Revenue Code	National Uniform Billing Committee Codes
MC055	CPT	col043	varchar	10	Procedure Code	Health Care Common Procedural Coding System (HCPCS) - this includes the CPT codes of the American Medical Association
MC056	MOD1	col044	varchar	2	Procedure Modifier 1	Procedure modifier required when a modifier clarifies/improves the reporting accuracy of the associated procedure code
MC057	MOD2	col045	varchar	2	Procedure Modifier 2	Procedure modifier required when a modifier clarifies/improves the reporting accuracy of the associated procedure code
MC058	OP	col046	varchar	4	ICD-9-CM Procedure Code	Procedure code for this line of service. Do not code decimal point.
MC059	FDATE	col047	date	CCYYMMDD	Date of Service From	First date of service for this service line
MC060	LDATE	col048	date	CCYYMMDD	Date of Service Thru	Last date of service for this service line
MC061	QTY	col049	integer	3	Quantity	Count of services performed
MC062	CHG	col050	decimal	10	Charge Amount	Do not code decimal point
MC063	TPAY	col051	decimal	10	Paid Amount	Includes any withhold amounts
MC064	PREPAID	col052	decimal	10	Prepaid Amount	For capitated services. The fee for service equivalent amount.
MC065	COPAY	col053	decimal	10	Copay Amount	The preset, fixed dollar amount for which the individual is responsible
MC066	COINS	col054	decimal	10	Coinsurance Amount	
MC067	DED	col055	decimal	10	Deductible Amount	
MC068	RECTYPE	col056	varchar	2	Record Type	MC
MC069	PATCON	col075	varchar	38	Patient Account/Control Number	Identifier used to track a claim from creation by the health care provider through payment
MC070	DISDAT	col076	date	CCYYMMDD	Discharge Date	Required for all inpatient claims
MC901	AGE	col057	integer	3	Member Age	
MC902	IDN	col058	integer		Record ID#	
MC903	MHDODATE	col059	date	CCYYMMDD	Date of Transfer to MHDO	
MC904	MEMBERID	col060	varchar	71	Encrypted Member ID# (longer of ESSN or Contract) + DOB + Gender	

Data Element	COLUMNNAME	COLID	DATATYPE	FORMAT/ MAX SIZE	COMMENTS	DESCRIPTION_CODES_SOURCES
MC905	MEDICARE	col061	varchar	1	Medicare Coverage	
MC906	FILEID	col062	integer		Submission ID#	
MC907	MHDO_CLAIM	col063	varchar	100	Double Encrypted Payer Claim Control Number	
MC908	MHDO_ESSN	col064	varchar	64	Double Encrypted Subscriber Social Security Number	
MC909	MHDO_CONTRACT	col065	varchar	128	Double Encrypted Plan Specific Contract Number	
MC910	MHDO_MEMSSN	col066	varchar	128	Double Encrypted Member Identification Code	
MC911	MHDO_MEMBERID	col067	varchar	135	Double Encrypted Member ID# (longer of MHDO_ESSN or MHDO_CONTRACT) + DOB + GENDER	
MC912	PRVIDN	col068	integer		Provider ID#	
MC913	MHDO_PRODUCT	col069	varchar	2	Standardized Insurance Type/Product Code	
MC914	ABORT	col070	integer		0=Release(default) 1=Withhold	
MC915	PAID_YR	col071	integer			
MC916	PAID_MON	col072	integer			
MC917	INCURRED_YR	col073	integer			
MC918	INCURRED_MON	col074	integer			
MC919	PAID_QTR	[calc]	integer		Quarter	calculated from MC914
MC920	INCURRED_QTR	[calc]	integer		Quarter	calculated from MC916

Data Element	COLUMNNAME	COLID	DATATYPE	FORMAT/ MAX SIZE	COMMENTS	DESCRIPTION_CODES_SOURCES
PC001	PAYER	col001	varchar	6	Payer	Payer submitting payments, MHDO Submitter Code
PC002	NPLAN	col002	varchar	30	Plan ID	CMS National Plan ID
PC003	PRODUCT	col003	varchar	2	Insurance Type/Product Code	
PC004	CLAIM	col004	varchar	35	Payer Claim Control Number	Must apply to the entire claim and be unique within the payer's system
PC005	LINE	col005	integer	4	Line Counter	Line number for this service
PC006	IGROUP	col006	varchar	30	Insured Group Number	Group or policy number - not the number that uniquely identifies the subscriber
PC007	ESSN	col007	varchar	32	Encrypted Subscriber Social Security Number	Encrypted subscriber's social security number
PC008	CONTRACT	col008	varchar	64	Plan Specific Contract Number	Encrypted plan assigned contract number
PC009	SEQNO	col009	varchar	20	Member Suffix or Sequence Number	Uniquely numbers the member within the contract
PC010	MEMSSN	col010	varchar	30	Member Identification Code	Encrypted member's social security number
PC011	REL	col011	integer	2	Individual Relationship Code	Member's relationship to insured
PC012	GENDER	col012	integer	1	Member Gender	
PC013	DOB	col013	date	CCYYMMDD	Member Date of Birth	
PC014	PATCITY	col014	varchar	50	Member City Name of Residence	City name of member
PC015	PATST	col015	varchar	2	Member State or Province	As defined by the US Postal Service
PC016	PATZIP	col016	varchar	11	Member ZIP Code	ZIP Code of member - may include non-US codes. Do not include dash.
PC017	PDATE	col017	date	CCYYMMDD	Date Service Approved (AP Date)	
PC025	STATUS	col018	integer	2	Claim Status	
PC026	NDC	col019	varchar	11	Drug Code	NDC Code
PC027	DRUGNM	col020	varchar	80	Drug Name	Text name of drug
PC028	NEWPR	col021	integer	2	New Prescription	00 New prescription, 01-99 Number of refill
PC029	GENRX	col022	varchar	1	Generic Drug Indicator	
PC030	DAW	col023	integer	1	Dispense as Written Code	
PC031	COMPOUND	col024	varchar	1	Compound Drug Indicator	
PC032	FDATE	col025	date	CCYYMMDD	Date Prescription Filled	
PC033	QTY	col026	integer	5	Quantity Dispensed	Number of metric units of medication dispensed
PC034	DAYS	col027	integer	3	Days Supply	Estimated number of days the prescription will last
PC035	CHG	col028	decimal	10	Charge Amount	
PC036	TPAY	col029	decimal	10	Paid Amount	Includes all health plan payments and excludes all member payments
PC037	INGRED	col030	decimal	10	Ingredient Cost/List Price	Cost of the drug dispensed
PC038	POSTAGE	col031	decimal	10	Postage Amount Claimed	
PC039	DISPFEE	col032	decimal	10	Dispensing Fee	
PC040	COPAY	col033	decimal	10	Copay Amount	The preset, fixed dollar amount for which the individual is responsible
PC041	COINS	col034	decimal	10	Coinsurance Amount	
PC042	DED	col035	decimal	10	Deductible Amount	

Data Element	COLUMNNAME	COLID	DATATYPE	FORMAT/ MAX SIZE	COMMENTS	DESCRIPTION_CODES_SOURCES
PC043	RECTYPE	col036	varchar	2	Record Type	PC
PC901	AGE	col037	integer	3	Member Age	
PC902	IDN	col038	integer		Record ID#	
PC903	MHDODATE	col039	date	CCYYMMDD	Date of Transfer to MHDO	
PC904	MEMBERID	col040	varchar	71	Encrypted Member ID# (longer of ESSN or Contract) + DOB + Gender	
PC905	FILEID	col041	integer		Submission ID#	
PC906	MHDO_CLAIM	col042	varchar	100	Double Encrypted Payer Claim Control Number	
PC907	MHDO_ESSN	col043	varchar	64	Double Encrypted Subscriber Social Security Number	
PC908	MHDO_CONTRACT	col044	varchar	128	Double Encrypted Plan Specific Contract Number	
PC909	MHDO_MEMSSN	col045	varchar	128	Double Encrypted Member Identification Code	
PC910	MHDO_MEMBERID	col046	varchar	135	Double Encrypted Member ID# (longer of MHDO_ESSN or MHDO_CONTRACT) + DOB + GENDER	
PC911	MHDO_GENDER	col047	varchar	1	Standardized Member Gender	
PC912	MHDO_PRODUCT	col048	varchar	2	Standardized Insurance Type/Product Code	
PC913	PHARMID	col049	integer		Key to Pharmacy Detail table	
PC914	PAID_YR	col050	integer			
PC915	PAID_MON	col051	integer			
PC916	INCURRED_YR	col052	integer			
PC917	INCURRED_MON	col053	integer			
PC918	PAID_QTR	[calc]	integer		Quarter	calculated from PC915
PC919	INCURRED_QTR	[calc]	integer		Quarter	calculated from PC917
PC920	PRVIDN	col054	integer	12	Prescribing Physician ID#	

~~0=Release(default) 1=Withhold~~ Eliminated 4/1/2007

Data Element	COLUMNNAME	COLID	DATATYPE	FORMAT/ MAX SIZE	COMMENTS	DESCRIPTION_CODES_SOURCES
DC001	PAYER	col001	varchar	6	Payer	Payer submitting payments
DC002	NPLAN	col002	varchar	30	National Plan ID	CMS National Plan ID
DC003	PRODUCT	col003	varchar	2	Insurance Type/Product Code	
DC004	CLAIM	col004	varchar	35	Payer Claim Control Number	Must apply to entire claim and be unique within the payer's system
DC005	LINE	col005	integer	4	Line Counter	Line number for this service
DC006	IGROUP	col006	varchar	30	Insured Group or Policy Number	Group or policy number - not the number that uniquely identifies the subscriber
DC007	ESSN	col007	varchar	32	Encrypted Subscriber Social Security Number	Encrypted subscriber's social security number
DC008	CONTRACT	col008	varchar	64	Plan Specific Contract Number	Encrypted plan assigned contract number
DC009	SEQNO	col009	varchar	20	Member Suffix or Sequence Number	Uniquely numbers the member within the contract
DC010	MEMSSN	col010	varchar	30	Member Identification Code	Encrypted member's social security number
DC011	REL	col011	integer	2	Individual Relationship Code	Member's relationship to insured
DC012	GENDER	col012	varchar	1	Member Gender	
DC013	DOB	col013	date	CCYYMMDD	Member Date of Birth	
DC014	PATCITY	col014	varchar	50	Member City Name of Residence	City name of member
DC015	PATST	col015	varchar	2	Member State or Province	As defined by the US Postal Service
DC016	PATZIP	col016	varchar	11	Member ZIP Code	ZIP Code of member - may include non-US codes
DC017	PDATE	col017	date	CCYYMMDD	Date Service Approved (AP Date)	
DC030	FACTYPE	col018	varchar	2	Facility Type - Professional	
DC031	STATUS	col019	integer	2	Claim Status	
DC032	CDT	col020	varchar	5	CDT Code	Common Dental Terminology code
DC033	MOD1	col021	varchar	2	Procedure Modifier - 1	Procedure modifier required when a modifier clarifies/improves the reporting accuracy of the associated procedure code
DC034	MOD2	col022	varchar	2	Procedure Modifier - 2	Procedure modifier required when a modifier clarifies/improves the reporting accuracy of the associated procedure code
DC035	FDATE	col023	date	CCYYMMDD	Date of Service From	First date of service for this service line
DC036	LDATE	col024	date	CCYYMMDD	Date of Service Thru	Last date of service for this service line
DC037	CHG	col025	decimal	10	Charge Amount	
DC038	TPAY	col026	decimal	10	Paid Amount	
DC039	COPAY	col027	decimal	10	Copay Amount	The preset, fixed dollar amount for which the individual is responsible
DC040	COINS	col028	decimal	10	Coinsurance Amount	
DC041	DED	col029	decimal	10	Deductible Amount	
DC042	RECTYPE	col030	varchar	2	Record Type	DC
DC901	AGE	col031	integer	3	Member Age	
DC902	IDN	col032	integer		Record ID#	

Data Element	COLUMNNAME	COLID	DATATYPE	FORMAT/ MAX SIZE	COMMENTS	DESCRIPTION_CODES_SOURCES
DC903	MHDODATE	col033	date	CCYYMMDD	Date of Transfer to MHDO	
DC904	MEMBERID	col034	varchar	71	Encrypted Member ID# (longer of ESSN or Contract) + DOB + Gender	
DC905	FILEID	col035	integer		Submission ID#	
DC906	MHDO_CLAIM	col036	varchar	100	Double Encrypted Payer Claim Control Number	
DC907	MHDO_ESSN	col037	varchar	64	Double Encrypted Subscriber Social Security Number	
DC908	MHDO_CONTRACT	col038	varchar	128	Double Encrypted Plan Specific Contract Number	
DC909	MHDO_MEMSSN	col039	varchar	128	Double Encrypted Member Identification Code	
DC910	MHDO_MEMBERID	col040	varchar	135	Double Encrypted Member ID# (longer of MHDO_ESSN or MHDO_CONTRACT) + DOB + GENDER	
DC911	PRVIDN	col041	integer		Provider ID#	
DC912	MHDO_PRODUCT	col042	varchar	2	Standardized Insurance Type/Product Code	
DC913	PAID_YR	col043	integer			
DC914	PAID_MON	col044	integer			
DC915	INCURRED_YR	col045	integer			
DC916	INCURRED_MON	col046	integer			
DC917	PAID_QTR	[calc]	integer		Quarter	calculated from DC914
DC918	INCURRED_QTR	[calc]	integer		Quarter	calculated from DC916

Data Element	COLUMNNAME	COLID	DATATYPE	FORMAT/ MAX SIZE	COMMENTS	REF
MCSP001	PRVIDN	col001	integer		Provider ID#	
MCSP002	PAYER	col002	varchar	6	Payer	
MCSP003	PRV	col003	varchar	30	Service Provider Number	MC024
MCSP004	PRVTAXID	col004	varchar	10	Service Provider Tax ID Number	MC025
MCSP005	PRVTYPE	col005	varchar	1	Service Provider Entity Type Qualifier	MC027
MCSP006	PRVFNAME	col006	varchar	25	Service/Prescribing Provider First Name	MC028, PC044
MCSP007	PRVMNAME	col007	varchar	25	Service/Prescribing Provider Middle Name	MC029, PC045
MCSP008	PRVLNAME	col008	varchar	60	Service/Prescribing Provider Last Name or Organization I	MC030, PC046
MCSP009	PRVSUFFIX	col009	varchar	10	Service Provider Suffix	MC031
MCSP010	PRVSPEC	col010	varchar	10	Service Provider Specialty	MC032
MCSP011	PRVCITY	col011	varchar	30	Service Provider City Name	MC033
MCSP012	PRVST	col012	varchar	2	Service Provider State or Province	MC034
MCSP013	PRVZIP	col013	varchar	11	Service Provider ZIP Code	MC035
MCSP014	DPCID	col014	integer		Data Processing Center Code	
MCSP015	TAXONOMY	col015	varchar	10	Taxonomy Code	MC032
~~MCSP016~~	~~INDIVIDUAL~~	~~col016~~	~~integer~~		~~0=Release(default) 1=Withhold~~ Eliminated 4/1/2007	
MCSP017	PHYSNUM	col017	varchar	9	Prescribing Physician's DEA (Drug Enforcement Authority) Registration Number	PC047
MCSP018	NPI	col018	varchar	20	National Provider Identifier (Future use)	MC026
MCSP019	FILEIND	col019	varchar	1	Indicates Source of Information as Medical or Pharmacy File	

Data Element	COLUMNNAME	COLID	DATATYPE	FORMAT/ MAX SIZE	COMMENTS	REF
MPM901	DPCID	col001	integer		Data Processing Center Code	
MPM902	PRVTAXID	col002	varchar	10	Service Provider Tax ID Number	MC025
MPM903	FACILITY_NAME	col003	varchar	60	Service Provider Facility Name	MC030
MPM904	FACILITY_CODE	col004	varchar	10	Service Provider Facility Code	
MPM905	PRVFNAME	col005	varchar	25	Service Provider First Name	MC028
MPM906	PRVMNAME	col006	varchar	25	Service Provider Middle Name	MC029
MPM907	PRVLNAME	col007	varchar	60	Service Provider Last Name	MC030
MPM908	PRVSUFFIX	col008	varchar	10	Service Provider Suffix	MC031
MPM909	PRVTITLE	col009	varchar	10	Service Provider Title	
MPM910	PRVST	col010	varchar	2	Service Provider State or Province	MC034
MPM911	TAXONOMY	col011	varchar	10	Taxonomy Code	MC032
MPM912	UPIN	col012	varchar	6	Unique Physician Identification Number	
MPM913	NPI	col013	varchar	20	National Provider Identifier (Future use)	MC026
MPM914	PHYSNUM	col014	varchar	9	Prescribing Physician's DEA (Drug Enforcement Authority) Registration Number	PC047

Data Element	COLUMNNAME	COLID	DATATYPE	FORMAT/ MAX SIZE	COMMENTS	REF
PCSP901	PAYER	col001	varchar	6	Payer	PC001
PCSP902	DPCID	col002	integer		Data Processing Center Code	
PCSP903	PHARM	col003	varchar	30	Pharmacy Number	PC018
PCSP904	PHARMTAX	col004	varchar	10	Pharmacy Tax ID Number	PC019
PCSP905	PHARMNM	col005	varchar	100	Pharmacy Name	PC020
PCSP906	NPHARM	col006	varchar	20	National Pharmacy ID Number	PC021
PCSP907	PHARMCITY	col007	varchar	30	Pharmacy Location City	PC022
PCSP908	PHARMST	col008	varchar	2	Pharmacy Location State	PC023
PCSP909	PHARMZIP	col009	varchar	11	Pharmacy ZIP Code	PC024
PCSP910	PHARMID	col010	integer		Key to Pharmacy Claims	PC913

Data Element	COLUMNNAME	COLID	DATATYPE	FORMAT/ MAX SIZE	COMMENTS	REF
PM901	DPCID	col001	integer		Data Processing Center Code	
PM902	PHARMTAX	col002	varchar	10	Pharmacy Tax ID Number	PC019
PM903	PHARMNM	col003	varchar	100	Pharmacy Name	PC020
PM904	NPHARM	col004	varchar	20	National Pharmacy ID Number	PC021
PM905	PHARMCITY	col005	varchar	30	Pharmacy Location City	PC022
PM906	PHARMST	col006	varchar	2	Pharmacy Location State	PC023
PM907	PHARMZIP	col007	varchar	11	Pharmacy ZIP Code	PC024

Data Element	COLUMNNAME	COLID	DATATYPE	FORMAT/ MAX SIZE	COMMENTS	REF
DCSP001	PRVIDN	col001	integer		Provider ID#	
DCSP002	PAYER	col002	varchar	6	Payer	
DCSP003	PRV	col003	varchar	30	Service Provider Number	DC018
DCSP004	PRVTAXID	col004	varchar	10	Service Provider Tax ID Number	DC019
DCSP005	PRVTYPE	col005	varchar	1	Service Provider Entity Type Qualifier	DC021
DCSP006	PRVFNAME	col006	varchar	25	Service Provider First Name	DC022
DCSP007	PRVMNAME	col007	varchar	25	Service Provider Middle Name	DC023
DCSP008	PRVLNAME	col008	varchar	60	Service Provider Last Name or Organization Name	DC024
DCSP009	PRVSUFFIX	col009	varchar	10	Service Provider Suffix	DC025
DCSP010	PRVSPEC	col010	varchar	10	Service Provider Specialty	DC026
DCSP011	PRVCITY	col011	varchar	30	Service Provider City Name	DC027
DCSP012	PRVST	col012	varchar	2	Service Provider State or Province	DC028
DCSP013	PRVZIP	col013	varchar	11	Service Provider ZIP Code	DC029
DCSP014	DPCID	col014	integer		Data Processing Center Code	
DCSP015	TAXONOMY	col015	varchar	10	Taxonomy Code	DC026
~~DCSP016~~	~~INDIVIDUAL~~	~~col016~~	~~integer~~	~~1~~	~~0=Release(default) 1=Withhold~~ Eliminated 4/1/2007	
DCSP017	NPI	col017	varchar	20	National Provider Identifier (Future use)	DC020

Data Element	COLUMNNAME	COLID	DATATYPE	FORMAT/ MAX SIZE	COMMENTS	REF
DCPM901	DPCID	col001	varchar		Data Processing Center Code	
DCPM902	PRVTAXID	col002	varchar	10	Service Provider Tax ID Number	DC019
DCPM903	FACILITY_NAME	col003	varchar	60	Service Provider Facility Name	DC024
DCPM904	FACITLITY_CODE	col004	varchar	10	Service Provider Facility Code	
DCPM905	PRVFNAME	col005	varchar	25	Service Provider First Name	DC022
DCPM906	PRVMNAME	col006	varchar	25	Service Provider Middle Name	DC023
DCPM907	PRVLNAME	col007	varchar	60	Service Provider Last Name	DC024
DCPM908	PRVSUFFIX	col008	varchar	10	Service Provider Suffix	DC025
DCPM909	PRVTITLE	col009	varchar	10	Service Provider Title	
DCPM910	PRVST	col010	varchar	2	Service Provider State or Province	DC028
DCPM911	TAXONOMY	col011	varchar	10	Taxonomy Code	DC026
DCPM912	NPI	col013	varchar	20	National Provider Identifier (Future use)	

Data Element	COLUMNNAME	COLID	DATATYPE	FORMAT/ MAX SIZE	COMMENTS
HGCPT901	CODE	col001	varchar	10	Procedure Code
HGCPT902	PAYER	col002	varchar	6	Payer Code
HGCPT903	DESCRIPTION	col003	varchar	200	Procedure Code Description
HGCPT904	EDATE	col004	date	YYYYMMDD	Date HGCPT code was inserted into table

Data Element	COLUMNNAME	COLID	DATATYPE	FORMAT/ MAX SIZE	COMMENTS
HGDX901	CODE	col001	varchar	10	Principal Diagnosis
HGDX902	PAYER	col002	varchar	6	Payer Code
HGDX903	DESCRIPTION	col003	varchar	200	Principal Diagnosis Description

Data Element	COLUMNNAME	COLID	DATATYPE	FORMAT/ MAX SIZE	COMMENTS
PS901	PRVSPEC	col001	varchar	10	Service Provider Specialty
PS902	PAYER	col002	varchar	6	Payer Code
PS903	DESCRIPTION	col003	varchar	200	Service Provider Specialty Description

Data Element	COLUMNNAME	COLID	DATATYPE	FORMAT/ MAX SIZE	COMMENTS
PAYER901	NAME	col001	Varchar	150	Payer Name
PAYER902	CODE	col002	Varchar	6	Payer Code

Data Element	COLUMNNAME	COLID	DATATYPE	FORMAT/ MAX SIZE	COMMENTS
TX901	GENERALTYPE	col001	Varchar	50	Category
TX902	PROVIDERTYPE	col002	Varchar	100	Provider Type
TX903	CLASSIFICATION	col003	Varchar	100	Classification
TX904	SPECIALIZATION	col004	Varchar	255	Area of Specialization
TX905	CODE	col005	Varchar	10	Taxonomy Code