

STATE MEDICAID RESEARCH FILES OTHER SERVICES RECORD (1995 AND EARLIER YEARS) - 03/15/01 VERSION

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
STATE MEDICAID RESEARCH OTHER SERVICES RECORD	REC	208	1	208	<p>STATE MEDICAID RESEARCH FILES (SMRF) OTHER SERVICES RECORD PROVIDES INFORMATION ON SERVICES FOR EACH RECIPIENT, OTHER THAN THOSE PROVIDED BY AN INPATIENT HOSPITAL, LONG TERM CARE FACILITY. THE FOLLOWING PROCESS IS USED TO CREATE THE SMRF OTHER SERVICES FILE. CLAIMS IN THE MSIS 'OTHER SERVICES' FILE ARE SEPARATED INTO TWO GROUPS. ONE GROUP CONSISTS OF CLAIMS WHICH HAVE A NATIONAL DRUG CODE (NDC) FOR A DRUG, OR A PROCEDURE CODE (EITHER HCPCS OR STATE SPECIFIC CODE) FOR EITHER A DRUG OR AN INJECTABLE. THESE CLAIMS CONSTITUTE THE SMRF PRESCRIPTION DRUG FILE. THE REMAINING CLAIMS, INCLUDING CLAIMS WITH AN NDC FOR DURABLE MEDICAL EQUIPMENT (DME) AND SUPPLIES CONSTITUTE THE SMRF OTHER SERVICES FILE. IN ADDITION TO DME AND SUPPLIES, THE SMRF OTHER SERVICES FILE INCLUDES PHYSICIAN, OUTPATIENT HOSPITAL AND CLINIC SERVICES.</p> <p>THESE RECORDS REPRESENT ALL MEDICAID-COVERED SERVICES FOR THE ELIGIBLE. HOWEVER, THEY MAY NOT INCLUDE ALL SERVICES OR COMPLETE INFORMATION ON MEDICAID COVERED SERVICES WHEN THE ELIGIBLE HAS OTHER HEALTH INSURANCE COVERAGE (E.G. MEDICARE AND/OR PRIVATE COVERAGE).</p> <p>FOR A COMPLETE LIST OF TYPES OF SERVICE THAT ARE CONTAINED IN THIS FILE, SEE "SMRF TYPE OF SERVICE" (DATA ELEMENT #30).</p> <p>USERS SHOULD REFER TO THE "MSIS TECHNICAL SPECIFICATIONS AND DATA DICTIONARY" FOR A COMPLETE LIST OF MSIS DATA EDIT SPECIFICATIONS.</p>

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**** 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	UNIQUE IDENTIFICATION NUMBER USED TO IDENTIFY A MEDICAID ELIGIBLE IN THE MEDICAID STATISTICAL INFORMATION SYSTEM (MSIS). SOURCE: MSIS ELIGIBILITY FILES
2. STATE ABBREVIATION CODE	CHAR	2	21	22	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 = DIST OF COL 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

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					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

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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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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 2 = BLACK, NOT OF HISPANIC ORIGIN 3 = AMERICAN INDIAN OR ALASKAN NATIVE 4 = ASIAN OR PACIFIC ISLANDER 5 = HISPANIC 9 = UNKNOWN</p> <p><i>USER NOTE: THE METHODS OF COLLECTING INFORMATION ON RACE AND ETHNICITY DIFFER SUBSTANTIALLY ACROSS STATES AND TIME PERIODS.</i></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><i>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.</i></p> <p>SOURCE: SMRF PERSON SUMMARY FILE</p>

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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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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><i>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".</i></p> <p>SOURCE: SMRF PERSON SUMMARY FILE</p>

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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: 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 1 = AGED INDIVIDUAL 2 = BLIND INDIVIDUAL 3 = DISABLED INDIVIDUAL 4 = CHILDREN 5 = CARETAKER RELATIVE AND PREGNANT WOMAN 6 = OTHER TITLE XIX ELIGIBLES 9 = ELIGIBILITY STATUS UNKNOWN</p> <p><i>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".</i></p> <p>SOURCE: SMRF PERSON SUMMARY FILE</p>

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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 SMRF PERSON SUMMARY FILE AND DEDUCTIBLE OR COINSURANCE PAID AMOUNTS ARE OBTAINED FROM MSIS CLAIMS DATA.
**** CLAIMS GROUP		158	51	208	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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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</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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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: ALL MSIS TYPES OF SERVICE APPEAR IN THIS FILE EXCEPT: TOS = 01 INPATIENT HOSPITAL 02 MENTAL HOSPITAL SERVICES FOR THE AGED 03 SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED 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 16 PRESCRIBED DRUGS

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				<p>THERE MAY BE DRUG RECORDS IN THIS FILE (THAT WERE NOT MOVED TO THE PRESCRIPTION DRUG FILE) WHICH WERE PROVIDED BY PHYSICIANS OR NON-PHARMACY PROVIDERS. THESE DRUGS WILL HAVE A TYPE OF SERVICE OTHER THAN TOS = 16.</p> <p>FOR TYPE OF SERVICE = 17 (EPSDT), THERE IS SUBSTANTIAL VARIATION IN REPORTING ACROSS STATES.</p> <p>SOURCE: MSIS CLAIMS FILE</p>
16. PROCEDURE (SERVICE) CODING SYSTEM CODE	NUM	2	56 57	<p>CODE SPECIFYING THE PROCEDURE CODING SYSTEM USED FOR THE PRINCIPAL AND SECONDARY PROCEDURES.</p> <p>2 DIGITS</p> <p>CODES:</p> <p>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</p> <p>USER NOTE: THIS DATA ELEMENT SHOULD BE USED WITH DATA ELEMENTS #24 AND #27. USERS SHOULD MAKE SURE THE CODE VALUE IN THIS DATA ELEMENT ACCURATELY REFLECTS THE CODING SCHEME IN USE.</p> <p>SOURCE: MSIS CLAIMS FILE</p>
17. SERVICE BEGINNING DATE	NUM	6	58 63	<p>THE FIRST DATE OF SERVICE COVERED BY THIS CLAIM.</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>

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18. CHARGE AMOUNT	BIN	4	64	67	TOTAL AMOUNT OF CHARGES SUBMITTED BY THE PROVIDER FOR THIS SERVICE. 8 DIGITS SIGNED <i>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.</i> SOURCE: MSIS CLAIMS FILE
19. THIRD PARTY PAYMENT AMOUNT	NUM	6	68	73	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. 6 DIGITS SIGNED <i>USER NOTE: BEGINNING IN 1996, THIS DATA ELEMENT WAS STORED AS 8 DIGITS IN "DISPLAY SIGNED NUMERIC" FORMAT.</i> <i>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.</i> SOURCE: MSIS CLAIMS FILE
20. MEDICAID PAYMENT AMOUNT	BIN	4	74	77	TOTAL AMOUNT OF MONEY PAID BY MEDICAID FOR THIS SERVICE. 8 DIGITS SIGNED <i>USER NOTE: BEGINNING IN 1996, THIS DATA ELEMENT WAS STORED AS 8 DIGITS IN "DISPLAY SIGNED NUMERIC" FORMAT.</i> SOURCE: MSIS CLAIMS FILE

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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
***** OTHER SERVICES GROUP		119	90	208	DATA ELEMENTS FROM MSIS CLAIMS FILE THAT ARE SPECIFIC TO OTHER SERVICES.
22. FILLER	CHAR	1	90	90	
23. DRUG CODE	CHAR	12	91	102	NATIONAL DRUG CODE EDIT RULES: SHOULD BE 8-FILLED IF A PROCEDURE (SERVICE) CODE (DATA ELEMENT #24) IS PRESENT. <i>USER NOTE: THE ONLY CLAIMS IN THIS FILE WHICH WILL CONTAIN DRUG CODES ARE DME AND SUPPLY CLAIMS. THIS IS BECAUSE DME AND SUPPLY CLAIMS WERE IDENTIFIED USING SELECTED HIERARCHICAL INGREDIENT CODE LIST (HICL) CODES (MAPPED FROM NDCs) WHICH REPRESENT DME AND SUPPLIES. THE 11-CHARACTER NDC CODE SHOULD BE LEFT JUSTIFIED AND BLANK-FILLED TO THE RIGHT. HOWEVER, USERS SHOULD CHECK THE 12-CHARACTER DATA ELEMENT FOR EACH STATE SINCE THERE ARE INSTANCES WHERE IT MAY BE RIGHT-JUSTIFIED OR CONTAIN AN IMBEDDED "0". AS NOTED IN THE USER NOTE FOR DATA ELEMENT #30 (SMRF TYPE OF SERVICE CODE), DME AND SUPPLIES THAT DO NOT CONTAIN NDCs ARE IDENTIFIED USING LISTS OF PROCEDURE (SERVICE) CODES.</i> SOURCE: MSIS CLAIMS FILE
24. PROCEDURE (SERVICE) CODE	CHAR	6	103	108	PROCEDURE (SERVICE) PROVIDED. SEE DATA ELEMENT #16 PROCEDURE CODING SYSTEM CODE. EDIT RULES: SHOULD BE 8-FILLED IF A DRUG CODE (DATA ELEMENT #23) IS PRESENT. SOURCE: MSIS CLAIMS FILE

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25. HIERARCHICAL INGREDIENT CODE LIST (HICL) THERAPEUTIC CATEGORY	CHAR	7	109 115	THE FIRST SEVEN CHARACTERS OF THE HIERARCHICAL INGREDIENT CODE LIST (HICL), CLASSIFYING THIS DRUG ACCORDING TO ITS THERAPEUTIC VALUE. EDIT-RULES: ANY COPIES OF THIS FILE GOING OUTSIDE HCFA SHOULD BE BLANK. SOURCE: PROPRIETARY DATA OF FIRST DATA BANK CORPORATION.
26. PAYMENT DATE	NUM	6	116 121	DATE ON WHICH THE PAYMENT WAS ADJUDICATED BY THE STATE. 6 DIGITS EDIT-RULES: YYMMDD <i>USER NOTE: THIS DATA ELEMENT WAS CHANGED FROM 6 TO 8 DIGITS BEGINNING IN 1996.</i> SOURCE: MSIS CLAIMS FILE
27. PROCEDURE (SERVICE) MODIFIER CODE	CHAR	2	122 123	PROCEDURE CODE MODIFIER CODE FOR THE PROCEDURE TO FURTHER DEFINE THE PROCEDURE. SOURCE: MSIS CLAIMS FILE
28. PRIMARY DIAGNOSIS CODE	CHAR	5	124 128	ICD-9-CM (PRIMARY OR PRINCIPAL) DIAGNOSIS FOR A PHYSICIAN OR OTHER PRACTITIONER VISIT EDIT-RULES: LEFT JUSTIFIED, NO DECIMAL POINT. MAY BE 0-FILLED TO THE RIGHT FOR 3- OR 4-CHARACTER DIAGNOSIS CODES. SOURCE: MSIS CLAIMS FILE
29. SERVICE ENDING DATE	NUM	6	129 134	THE LAST DATE OF SERVICE COVERED BY THIS CLAIM. 6 DIGITS EDIT-RULES: YYMMDD <i>USER NOTE: THIS DATA ELEMENT WAS CHANGED FROM 6 TO 8 DIGITS BEGINNING IN 1996.</i> SOURCE: MSIS CLAIMS FILE

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30. SMRF TYPE OF SERVICE CODE	NUM	2	135 136	CODE INDICATING THE STATE MEDICAID RESEARCH FILES (SMRF) TYPE OF SERVICE THAT WAS PAID. 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 15 LAB AND X-RAY 16 PRESCRIBED DRUGS 17 EPSDT 18 RURAL HEALTH SERVICES 19 OTHER SERVICES 20 PREMIUM PAYMENT 21 DME AND SUPPLIES 22 CASE MANAGEMENT SERVICES 23 TRANSPORTATION 99 UNKNOWN USER NOTE: ALL SMRF TYPES OF SERVICE APPEAR IN THIS FILE EXCEPT: TOS = 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

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		LENGTH	BEG END	
				<p>06 INTERMEDIATE CARE FACILITY (ICF) - ALL OTHER (OBSOLETE AFTER 1990)</p> <p>07 NURSING FACILITY SERVICES (NFS) - ALL OTHER</p> <p>16 PRESCRIBED DRUGS</p> <p>SMRF TYPES OF SERVICE = 21 (DME AND SUPPLIES), 22 (CASE MANAGEMENT SERVICES) AND 23 (TRANSPORTATION) WERE CODED USING LISTS OF PROCEDURE (SERVICE) CODES (DATA ELEMENT #29) THAT CORRESPOND TO THESE TYPES OF SERVICES. SOME DME AND SUPPLIES CLAIMS ARE IDENTIFIED USING NATIONAL DRUG CODES. SEE DATA ELEMENT #23 (DRUG CODE) FOR DETAILS.</p> <p>THERE MAY BE DRUG RECORDS IN THIS FILE (THAT WERE NOT MOVED TO THE PRESCRIPTION DRUG FILE) WHICH WERE PROVIDED BY PHYSICIANS OR NON-PHARMACY PROVIDERS. THESE DRUGS WILL HAVE A TYPE OF SERVICE OTHER THAN TOS = 16.</p> <p>FOR TYPE OF SERVICE = 17 (EPSDT), THERE IS SUBSTANTIAL VARIATION IN REPORTING ACROSS STATES.</p> <p>SOURCE: MSIS CLAIMS FILE</p>
31. SERVICE QUANTITY	NUM	4	137 140	<p>NUMBER OF UNITS OF SERVICE.</p> <p>4 DIGITS</p> <p>USER NOTES: FOR 1/96 THROUGH 9/98, THIS DATA ELEMENT IS 4 CHARACTERS IN LENGTH AND IS RIGHT JUSTIFIED.</p> <p>FOR DATA THROUGH 10/97, STATES WERE INSTRUCTED THAT THIS DATA ELEMENT "IS ONLY APPLICABLE WHEN THE SERVICE BEING BILLED CAN BE QUANTIFIED IN DISCRETE UNITS, E.G. A NUMBER OF VISITS OR THE NUMBER OF PRESCRIPTIONS/ REFILLS THAT WERE FILLED. (NOTE: ONE PRESCRIPTION FOR 100 TABLETS RESULTS IN QUANTITY-OF-SERVICE = 1.)". IN ADDITION, THE INSTRUCTIONS STATE THAT THIS DATA ELEMENT IS NOT APPLICABLE FOR INSTITUTIONAL SERVICES, DENTAL SERVICES, LABORATORY AND X-RAY SERVICES, PREMIUM PAYMENTS, OR MISCELLANEOUS SERVICES - INCLUDING CLAIMS WITH MSIS TYPE OF SERVICE 09, 15, 17, 19 AND 20.</p> <p>SOURCE: MSIS CLAIMS FILE</p>

STATE MEDICAID RESEARCH FILES OTHER SERVICES RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
32. TAPE-TO-TAPE PROVIDER TYPE CODE	NUM	3	141	143	3 DIGITS SOURCE: FROM TAPE-TO-TAPE DATA FOR MI, CA, GA, AND TN. THIS DATA ELEMENT WILL BE BLANK FOR OTHER STATES.
33. TAPE-TO-TAPE PAYMENT AMOUNT CODE	CHAR	1	144	144	 SOURCE: FROM TAPE-TO-TAPE DATA FOR MI, CA, GA, AND TN. THIS DATA ELEMENT WILL BE BLANK FOR OTHER STATES.
34. TAPE-TO-TAPE TYPE OF SERVICE CODE	NUM	2	145	146	2 DIGITS SOURCE: FROM TAPE-TO-TAPE DATA FOR MI, CA, GA, AND TN. THIS DATA ELEMENT WILL BE BLANK FOR OTHER STATES.
35. TAPE-TO-TAPE LOCAL USE TEXT	CHAR	10	147	156	 SOURCE: FROM TAPE-TO-TAPE DATA FOR MI, CA, GA, AND TN. THIS DATA ELEMENT WILL BE BLANK FOR OTHER STATES.
36. FILLER	CHAR	20	157	176	
**** SMRF OUTPATIENT ERROR FLAG GROUP	GROUP	32	177	208	SMRF OUTPATIENT ERROR FLAGS PERTAINING TO THE INDIVIDUAL FOR THE CALENDAR YEAR.
37. ELIGIBLE IDENTIFICATION NUMBER ERROR CODE	BIN	2	177	178	A CODE INDICATING IF THERE IS AN ERROR IN THE MEDICAID STATISTICAL INFORMATION SYSTEM (MSIS) IDENTIFICATION NUMBER DATA FIELD. 4 DIGITS SIGNED
38. PLACE OF SERVICE ERROR CODE	BIN	2	179	180	CODE INDICATING IF THERE IS AN ERROR IN THE MEDICAID PLACE OF SERVICE DATA FIELD. 4 DIGITS SIGNED
39. TYPE OF CLAIM ERROR CODE	BIN	2	181	182	A CODE INDICATING IF THERE IS AN ERROR IN THE MEDICAID TYPE OF CLAIM DATA FIELD. 4 DIGITS SIGNED

STATE MEDICAID RESEARCH FILES OTHER SERVICES RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
40. TYPE OF COVERAGE ERROR CODE	BIN	2	183	184	CODE INDICATING IF THERE IS AN ERROR IN THE MEDICAID TYPE OF COVERAGE DATA FIELD. 4 DIGITS SIGNED
41. ELIGIBLE SERVICE INDICATOR ERROR CODE	BIN	2	185	186	A CODE INDICATING IF THERE IS AN ERROR IN THE MEDICAL CODING SYSTEM TYPE CODE DATA FIELD. 4 DIGITS SIGNED
42. SERVICE BEGINNING DATE ERROR CODE	BIN	2	187	188	A CODE INDICATING IF THERE IS AN ERROR IN THE SERVICE BEGINNING DATE DATA FIELD. 4 DIGITS SIGNED
43. CHARGE AMOUNT ERROR CODE	BIN	2	189	190	A CODE INDICATING IF THERE IS AN ERROR IN THE CHARGE AMOUNT DATA FIELD. 4 DIGITS SIGNED
44. THIRD PARTY PAYMENT AMOUNT ERROR CODE	BIN	2	191	192	CODE INDICATING IF THERE IS AN ERROR IN THE THIRD PARTY PAYMENT AMOUNT DATA FIELD. 4 DIGITS SIGNED
45. MEDICAID PAYMENT AMOUNT ERROR CODE	BIN	2	193	194	CODE INDICATING IF THERE IS AN ERROR IN THE MEDICAID PAYMENT AMOUNT AMOUNT DATA FIELD. 4 DIGITS SIGNED
46. PROVIDER IDENTIFICATION NUMBER ERROR CODE	BIN	2	195	196	A CODE INDICATING IF THERE IS AN ERROR IN THE PROVIDER IDENTIFICATION NUMBER DATA FIELD. 4 DIGITS SIGNED
47. ELIGIBLE SERVICE INDICATOR ERROR CODE	BIN	2	197	198	A CODE INDICATING IF THERE IS AN ERROR IN THE MEDICAL CODING SYSTEM TYPE CODE DATA FIELD. 4 DIGITS SIGNED

STATE MEDICAID RESEARCH FILES OTHER SERVICES RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
48. PROCEDURE (SERVICE) ERROR CODE	BIN	2	199	200	A CODE INDICATING IF THERE IS AN ERROR IN THE PROCEDURE SERVICE CODE DATA FIELD. 4 DIGITS SIGNED
49. SERVICE ENDING DATE ERROR CODE	BIN	2	201	202	A CODE INDICATING IF THERE IS AN ERROR IN THE SERVICE ENDING DATE DATA FIELD. 4 DIGITS SIGNED
50. SERVICE QUANTITY ERROR CODE	BIN	2	203	204	A CODE INDICATING IF THERE IS AN ERROR IN THE SERVICE QUANTITY DATA FIELD. 4 DIGITS SIGNED
51. PRIMARY DIAGNOSIS ERROR CODE	BIN	2	205	206	A CODE INDICATING IF THERE IS AN ERROR IN THE PRIMARY DIAGNOSIS DATA FIELD 4 DIGITS SIGNED
52. SERVICE MODIFIER ERROR CODE	BIN	2	207	208	A CODE INDICATING IF THERE IS AN ERROR IN THE SERVICE MODIFIER DATA FIELD. 4 DIGITS SIGNED