```
                                       POSITIONS
            NAME               TYPE  LENGTH BEG  END                            CONTENTS
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****  STATE MEDICAID RESEARCH   REC    198    1  198  STATE MEDICAID RESEARCH FILES (SMRF) DRUG RECORD PROVIDES INFORMATION ON
      DRUG FILE                                       DRUGS FOR EACH RECIPIENT, OTHER THAN THOSE PROVIDED BY AN INPATIENT
                                                      HOSPITAL, OR INCLUDED IN LONG TERM CARE PAYMENT RATES.  THE FOLLOWING
                                                      PROCESS IS USED TO CREATE THE SMRF DRUG 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.
                                                      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).

                                                      THESE RECORDS REPRESENT ALL MEDICAID-COVERED PRESCRIPTION DRUG SERVICES
                                                      FOR THE ELIGIBLE.  HOWEVER, THEY MAY NOT INCLUDE ALL PRESCRIPTION DRUG
                                                      SERVICES OR COMPLETE INFORMATION ON MEDICAID COVERED SERVICES WHEN THE
                                                      ELIGIBLE HAS OTHER HEALTH INSURANCE COVERAGE (E.G. MEDICARE AND/OR PRIVATE
                                                      COVERAGE).

                                                      USERS SHOULD REFER TO THE "MSIS TECHNICAL SPECIFICATIONS AND DATA
                                                      DICTIONARY" FOR A COMPLETE LIST OF MSIS DATA EDIT SPECIFICATIONS.
```

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                                           POSITIONS
                NAME                TYPE  LENGTH BEG  END                            CONTENTS
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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    CHAR    20    1   20  UNIQUE IDENTIFICATION NUMBER USED TO IDENTIFY A MEDICAID
        NUMBER                                           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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                              POSITIONS
            NAME               TYPE  LENGTH BEG  END                             CONTENTS
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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
```

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

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                                             POSITIONS
             NAME              TYPE  LENGTH BEG   END                            CONTENTS
   --------------------------  ----  ------ ---------  ------------------------------------------------------------
```

3. ELIGIBLE SOCIAL SECURITY   CHAR   9   23   31 SOCIAL SECURITY NUMBER OF THE MEDICAID ELIGIBLE.
   NUMBER

                                                      USER NOTE: NOT AVAILABLE FOR WASHINGTON AND ONLY AVAILABLE ON
                                                      CROSSOVER CLAIMS FOR IOWA.

                                                      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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                                              POSITIONS
              NAME                TYPE  LENGTH BEG  END                             CONTENTS
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```

```
   6. ELIGIBLE RACE/ETHNICITY      NUM     1     41   41   RACE/ETHNICITY OF THE MEDICAID ELIGIBLE.
      CODE
                                                           1 DIGIT

                                                           CODES:
                                                           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
```

USER NOTE: THE METHODS OF COLLECTING INFORMATION ON RACE AND ETHNICITY DIFFER SUBSTANTIALLY ACROSS STATES AND TIME PERIODS.

SOURCE: MSIS ELIGIBILITY FILES

```
   7. STATE SPECIFIC ELIGIBILITY   CHAR    4     42   45   STATE SPECIFIC ELIGIBILITY CODE CLASSIFICATION UNDER
      CODE                                                 WHICH THE MEDICAID ELIGIBLE IS COVERED.
```

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.

SOURCE: SMRF PERSON SUMMARY FILE

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                                                POSITIONS
              NAME                   TYPE  LENGTH BEG  END                                 CONTENTS
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8. SMRF UNIFORM ELIGIBILITY          NUM      2    46   47  STATE MEDICAID RESEARCH FILES (SMRF) UNIFORM ELIGIBILITY CODE FOR THE
   CODE                                                     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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                                        POSITIONS
            NAME               TYPE   LENGTH BEG  END                             CONTENTS
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```

9. MAINTENANCE ASSISTANCE   NUM   1   48   48   MAINTENANCE ASSISTANCE STATUS CLASSIFICATION OF AN
   STATUS (MAS) CODE   ELIGIBLE.

                                                        1 DIGIT

                                                        CODES:
                                                        0 = INDIVIDUAL WAS NOT ELIGIBLE FOR MEDICAID
                                                        1 = CATEGORICALLY NEEDY, RECEIVING FEDERAL CASH
                                                            ASSISTANCE
                                                        2 = CATEGORICALLY NEEDY, NOT RECEIVING FEDERAL
                                                            CASH ASSISTANCE
                                                        3 = MEDICALLY NEEDY
                                                        4 = OTHER COVERAGE GROUPS CREATED BY LEGISLATION
                                                            EFFECTIVE PRIOR TO 1988
                                                        5 = COVERAGE GROUPS CREATED BY THE MCCA OF 1988
                                                            AND LATER LEGISLATION
                                                        9 = STATUS IS UNKNOWN

                                                        *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".*

                                                        SOURCE: SMRF PERSON SUMMARY FILE

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                                              POSITIONS
                 NAME            TYPE  LENGTH BEG  END                           CONTENTS
     -------------------------   ----  ------ --------- ------------------------------------------------------------
```

10. BASIS OF ELIGIBILITY (BOE)   NUM   1   49   49 BASIS OF ELIGIBILITY FOR THE ELIGIBLE OR RECIPIENT
    CODE   TO BE ENROLLED IN MEDICAID AND RECEIVE BENEFITS.

                                                        1 DIGIT

                                                        CODES:
                                                        SEE SECTION 2700, APPENDIX C OF THE STATE MEDICAID MANUAL
                                                        FOR EXPANDED DEFINITIONS OF VALUES BELOW:

                                                        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

                                                        *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".*

                                                        SOURCE: SMRF PERSON SUMMARY FILE

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                                              POSITIONS
                 NAME              TYPE  LENGTH BEG   END                              CONTENTS
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        11. RECIPIENT MEDICARE     NUM      1    50    50  INDICATES THAT THE ELIGIBLE IS OR HAS BEEN COVERED BY MEDICARE
            CROSSOVER CODE
                                                          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

                                                          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.

                                                          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                   148   51   198  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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                                              POSITIONS
              NAME                TYPE  LENGTH BEG  END                         CONTENTS
   --------------------------     ----  ------ ---------  ------------------------------------------------------------

   13. TYPE OF CLAIM CODE         NUM      1    52   52   CODE INDICATING THE TYPE OF CLAIM.

                                                         1 DIGIT

                                                         CODES:
                                                         1 = A CURRENT CLAIM FOR MEDICAL SERVICES OR PREMIUM PAYMENT.
                                                         2 = UNAPPLIED ADJUSTMENT TO A PREVIOUSLY PAID OR ADJUSTED CLAIM,
                                                             OR AN ADJUSTMENT TO A PREMIUM PAYMENT.
                                                         3 = DUMMY CLAIM THAT SIMULATES A BILL FOR A SERVICE RENDERED TO A
                                                             PATIENT COVERED UNDER SOME FORM OF CAPITATION PLAN.
                                                         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.
                                                         5 = AN ADJUSTED CLAIM
                                                         9 = UNKNOWN

                                                         SOURCE:  MSIS CLAIMS FILE.  CODE VALUE = 5 WAS DERIVED.

   14. TYPE OF COVERAGE CODE      NUM      1    53   53   CODE INDICATING WHETHER PAYMENTS WERE MADE UNDER
                                                         FEE-FOR-SERVICE OR A PRE-PAYMENT SYSTEM.

                                                         1 DIGIT

                                                         CODES:
                                                         1 = STANDARD MEDICAID FEE-FOR-SERVICE CLAIM OR ADJUSTMENT.
                                                         3 = SERVICE PROVIDED UNDER PRIVATE HEALTH INSURANCE PROGRAM
                                                             OR PREMIUM PAYMENT.
                                                         4 = SERVICE PROVIDED UNDER QUALIFIED HMO OR PREMIUM PAYMENT.
                                                         5 = SERVICE PROVIDED UNDER PROVISIONAL HMO OR PREMIUM PAYMENT.
                                                         6 = SERVICE PROVIDED UNDER OTHER CAPITATION PLAN OR PREMIUM PAYMENT.
                                                         9 = UNKNOWN COVERAGE STATUS.

                                                         SOURCE:  MSIS CLAIMS FILE
```

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                                         POSITIONS
                  NAME          TYPE  LENGTH BEG  END                        CONTENTS
         --------------------------   ----  ------ ---------   ---------------------------------------------------------
     15. MSIS TYPE OF SERVICE         NUM      2    54   55   A CODE INDICATING THE MEDICAID STATISTICAL INFORMATION SYSTEM
         CODE                                                 (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 TYPES OF SERVICE THAT APPEAR IN THIS FILE ARE:
                                                             TOS = 14  FAMILY PLANNING
                                                                   16  PRESCRIBED DRUGS

                                                             THE VAST MAJORITY OF RECORDS IN THIS FILE ARE TOS =16 (PRESCRIBED DRUG).
                                                             THERE MAY BE DRUG RECORDS IN THE OTHER SERVICES FILE (THAT WERE NOT MOVED
                                                             TO THIS FILE) WHICH WERE PROVIDED BY PHYSICIANS OR NON-PHARMACY PROVIDERS.
                                                             THESE DRUGS WILL HAVE A TYPE OF SERVICE OTHER THAN TOS = 16.  FOR TYPE OF
                                                             SERVICE = 17 (EPSDT), THERE IS SUBSTANTIAL VARIATION IN REPORTING ACROSS
                                                             STATES.

                                                             SOURCE:  MSIS CLAIMS FILE
```

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                                           POSITIONS
              NAME                 TYPE  LENGTH BEG  END                              CONTENTS
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   16. PROCEDURE (SERVICE) CODING   NUM      2    56   57   CODE SPECIFYING THE PROCEDURE CODING SYSTEM USED FOR THE PRINCIPAL
       SYSTEM CODE                                         AND SECONDARY 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

                                                           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.

                                                           SOURCE:  MSIS CLAIMS FILE

   17. SERVICE BEGINNING DATE       NUM      6    58   63   THE FIRST DATE OF SERVICE COVERED BY THIS CLAIM.

                                                           6 DIGITS
                                                           EDIT-RULES:  YYMMDD

                                                           USER NOTE:  THIS DATA ELEMENT WAS CHANGED FROM 6 TO 8 DIGITS BEGINNING
                                                           IN 1996.

                                                           SOURCE:  MSIS CLAIMS FILE
```

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                                        POSITIONS
            NAME              TYPE  LENGTH BEG  END                          CONTENTS
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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

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.

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

USER NOTE: BEGINNING IN 1996, THIS DATA ELEMENT WAS STORED AS 8 DIGITS IN "DISPLAY SIGNED NUMERIC" FORMAT.

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.

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

USER NOTE: BEGINNING IN 1996, THIS DATA ELEMENT WAS STORED AS 8 DIGITS IN "DISPLAY SIGNED NUMERIC" FORMAT.

SOURCE: MSIS CLAIMS FILE

```
                                        POSITIONS
           NAME              TYPE  LENGTH BEG  END                        CONTENTS
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21. PROVIDER IDENTIFICATION  NUM     12    78   89  STATE ASSIGNED UNIQUE IDENTIFICATION NUMBER FOR THE PROVIDER.
    NUMBER
                                                    12 DIGITS

                                                    USER NOTE:  THIS PROVIDER IS USUALLY THE BILLING PROVIDER.

                                                    SOURCE:  MSIS CLAIMS FILE

****   DRUG GROUP                          109   90  198  DATA ELEMENTS FROM MSIS CLAIMS FILE THAT ARE SPECIFIC TO DRUG CLAIMS

22. NATIONAL DRUG CODE (NDC)  NUM     1    90   90  CODE INDICATING IF THE DRUG CODE DATA FIELD CONTAINS A VALID
    SWITCH                                          NATIONAL DRUG CODE (NDC).

                                                    1 DIGIT

                                                    CODES:
                                                    0 = DRUG CODE IS NOT A NDC
                                                    1 = DRUG CODE IS A NDC

                                                    SOURCE:  MSIS CLAIMS FILE

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.

                                                    USER NOTE: 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".  CLAIMS WITH NDCs FOR DME AND
                                                    SUPPLIES, WHICH WERE IDENTIFIED USING SELECTED HIERARCHICAL INGREDIENT
                                                    CODE LIST (HICL) CODES (MAPPED FROM NDCs), CAN BE FOUND IN THE SMRF OTHER
                                                    SERVICES FILE.

                                                    SOURCE:  MSIS CLAIMS FILE
```

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                                        POSITIONS
              NAME               TYPE  LENGTH BEG  END                          CONTENTS
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```

24. PROCEDURE (SERVICE) CODE   CHAR   6   103 108 PROCEDURE (SERVICE) PROVIDED. SEE DATA ELEMENT #16 PROCEDURE CODING
                                                        SYSTEM CODE.

                                                        *USER NOTE: THE ONLY CLAIMS IN THIS FILE WHICH CONTAIN PROCEDURE CODES ARE
                                                        CLAIMS FOR EITHER A DRUG OR AN INJECTABLE (IDENTIFIED BY EITHER A HCPCS OR
                                                        A STATE SPECIFIC CODE).*

                                                        EDIT RULES: SHOULD BE 8-FILLED IF A DRUG CODE (DATA ELEMENT #23) IS
                                                        PRESENT.

                                                        SOURCE: MSIS CLAIMS FILE

25. HIERARCHICAL INGREDIENT   CHAR   7   109 115 THE FIRST SEVEN CHARACTERS OF THE HIERARCHICAL INGREDIENT CODE LIST
    CODE LIST (HICL)   (HICL), CLASSIFYING THIS DRUG ACCORDING TO ITS THERAPEUTIC VALUE.
    THERAPEUTIC CATEGORY
                                                        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

                                                        *USER NOTE: THIS DATA ELEMENT WAS CHANGED FROM 6 TO 8 DIGITS BEGINNING
                                                        IN 1996.*

                                                        SOURCE: MSIS CLAIMS FILE

27. TAPE-TO-TAPE PROVIDER TYPE   NUM   3   122 124 3 DIGITS
    CODE
                                                        SOURCE: FROM TAPE-TO-TAPE DATA FOR MI, CA, GA, AND TN. THIS DATA ELEMENT
                                                        WILL BE BLANK FOR OTHER STATES.

28. TAPE-TO-TAPE PAYMENT AMOUNT CHAR   1   125 125
    CODE
                                                        SOURCE: FROM TAPE-TO-TAPE DATA FOR MI, CA, GA, AND TN. THIS DATA ELEMENT
                                                        WILL BE BLANK FOR OTHER STATES.

```
                                              POSITIONS
               NAME             TYPE  LENGTH BEG  END                            CONTENTS
      -------------------------- ----  ------ ---------  --------------------------------------------------------------

      29. TAPE-TO-TAPE TYPE OF    NUM      2   126  127  2 DIGITS
          SERVICE CODE
                                                        SOURCE:  FROM TAPE-TO-TAPE DATA FOR MI, CA, GA, AND TN. THIS DATA ELEMENT
                                                        WILL BE BLANK FOR OTHER STATES.

      30. TAPE-TO-TAPE LOCAL USE TEXT  CHAR  10   128  137

                                                        SOURCE:  FROM TAPE-TO-TAPE DATA FOR MI, CA, GA, AND TN. THIS DATA ELEMENT
                                                        WILL BE BLANK FOR OTHER STATES.

      31. TAPE-TO-TAPE QUANTITY   NUM      6   138  143  6 DIGITS

                                                        SOURCE:  FROM TAPE-TO-TAPE DATA FOR MI, CA, GA, AND TN.  THIS DATA ELEMENT
                                                        WILL BE BLANK FOR OTHER STATES.

      32. TAPE-TO-TAPE SERVICE    NUM     11   144  154  11 DIGITS
          PROVIDER NUMBER
                                                        SOURCE:  FROM TAPE-TO-TAPE DATA FOR MI, CA, GA, AND TN. THIS DATA ELEMENT
                                                        WILL BE BLANK FOR OTHER STATES.

      33. FILLER                  CHAR    20   155  174

    ****  SMRF DRUG ERROR FLAG GROUP  GROUP  24   175  198  SMRF DRUG ERROR FLAGS PERTAINING TO THE
                                                        INDIVIDUAL FOR THE CALENDAR YEAR.

      34. ELIGIBLE IDENTIFICATION  BIN     2   175  176  A CODE INDICATING IF THERE IS AN ERROR IN THE MEDICAID STATISTICAL
          NUMBER ERROR CODE                             INFORMATION SYSTEM (MSIS) IDENTIFICATION NUMBER DATA FIELD


                                                        4 DIGITS SIGNED

      35. PLACE OF SERVICE ERROR CODE  BIN  2   177  178  CODE INDICATING IF THERE IS AN ERROR IN THE MEDICAID PLACE OF SERVICE
                                                        DATA FIELD.

                                                        4 DIGITS SIGNED

      36. TYPE OF CLAIM ERROR CODE  BIN    2   179  180  A CODE INDICATING IF THERE IS AN ERROR IN THE MEDICAID TYPE OF CLAIM
                                                        DATA FIELD.

                                                        4 DIGITS SIGNED
```

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

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                                             POSITIONS
                NAME              TYPE  LENGTH BEG  END                              CONTENTS
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      37. TYPE OF COVERAGE ERROR CODE  BIN     2   181  182  CODE INDICATING IF THERE IS AN ERROR IN THE MEDICAID TYPE OF COVERAGE
                                                            DATA FIELD.

                                                            4 DIGITS SIGNED

      38. ELIGIBLE SERVICE INDICATOR   BIN     2   183  184  A CODE INDICATING IF THERE IS AN ERROR IN THE MEDICAL CODING SYSTEM
          ERROR CODE                                        TYPE CODE DATA FIELD.

                                                            4 DIGITS SIGNED

      39. SERVICE BEGINNING DATE       BIN     2   185  186  A CODE INDICATING IF THERE IS AN ERROR IN THE SERVICE BEGINNING DATE
          ERROR CODE                                        DATA FIELD.

                                                            4 DIGITS SIGNED

      40. CHARGE AMOUNT ERROR CODE     BIN     2   187  188  A CODE INDICATING IF THERE IS AN ERROR IN THE CHARGE AMOUNT DATA FIELD.

                                                            4 DIGITS SIGNED

      41. THIRD PARTY PAYMENT AMOUNT   BIN     2   189  190  CODE INDICATING IF THERE IS AN ERROR IN THE THIRD PARTY PAYMENT AMOUNT
          ERROR CODE                                        DATA FIELD.

                                                            4 DIGITS SIGNED

      42. MEDICAID PAYMENT AMOUNT      BIN     2   191  192  CODE INDICATING IF THERE IS AN ERROR IN THE MEDICAID PAYMENT AMOUNT
          ERROR CODE                                        DATA FIELD.

                                                            4 DIGITS SIGNED

      43. PROVIDER IDENTIFICATION      BIN     2   193  194  A CODE INDICATING IF THERE IS AN ERROR IN THE PROVIDER IDENTIFICATION
          NUMBER ERROR CODE                                 NUMBER DATA FIELD.

                                                            4 DIGITS SIGNED

      44. DRUG ERROR CODE              BIN     2   195  196  CODE INDICATING IF THERE IS AN ERROR IN THE CLAIM DRUG CODE DATA FIELD.

                                                            4 DIGITS SIGNED
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STATE MEDICAID RESEARCH FILES DRUG RECORD (1995 AND EARLIER YEARS)

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                                             POSITIONS
                 NAME                TYPE  LENGTH BEG   END                            CONTENTS
      ---------------------------    ----  ------ ---------   --------------------------------------------------------

  45. SERVICE MODIFIER ERROR CODE    BIN      2   197   198   A CODE INDICATING IF THERE IS AN ERROR IN THE SERVICE MODIFIER DATA
                                                             FIELD.

                                                             4 DIGITS SIGNED
```