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Policy Research

REPORT

Medicaid Analytic Extract Inpatient (IP) Record Layout and Description 2014

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Submitted to:

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CHANGES TO THE MAX 2014 IP FILE

No Changes.

MEDICAID ANALYTIC EXTRACT (MAX)

RECORD LAYOUT FOR

INPATIENT RECORD (IP)

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER:	ELEMENT NAME:	TYPE:	LENGTH:	BEG:	END:
****	MEDICAID ANALYTIC EXTRACT INPATIENT RECORD	REC	807	1	807
***	MEDICAID ELIGIBILITY REGION	REGION	79	1	79
1.	MSIS IDENTIFICATION NUMBER	CHAR	20	1	20
2.	STATE ABBREVIATION CODE	CHAR	2	21	22
3.	SOCIAL SECURITY NUMBER - FROM MSIS	CHAR	9	23	31
4.	MEDICARE HEALTH INSURANCE CLAIM (HIC) NUMBER - FROM MSIS	CHAR	12	32	43
5.	BIRTH DATE	NUM	8	44	51
6.	SEX CODE	CHAR	1	52	52
7.	RACE/ETHNICITY CODE	CHAR	1	53	53
8.	RACE - WHITE	CHAR	1	54	54
9.	RACE - BLACK/AFRICAN AMERICAN	CHAR	1	55	55
10.	RACE - AMERICAN INDIAN/ALASKA NATIVE	CHAR	1	56	56
11.	RACE - ASIAN	CHAR	1	57	57
12.	RACE - NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER	CHAR	1	58	58
13.	ETHNICITY - HISPANIC OR LATINO	CHAR	1	59	59
14.	STATE-SPECIFIC ELIGIBILITY CODE - MOST RECENT	CHAR	6	60	65
15.	STATE-SPECIFIC ELIGIBILITY CODE - FOR MONTH OF SERVICE	CHAR	6	66	71
16.	MAX UNIFORM ELIGIBILITY CODE - MOST RECENT	CHAR	2	72	73
17.	MAX UNIFORM ELIGIBILITY CODE - FOR MONTH OF SERVICE	CHAR	2	74	75
18.	MISSING ELIGIBILITY DATA	CHAR	1	76	76
19.	MEDICARE DUAL CODE - CLAIM-BASED	NUM	1	77	77
20.	MEDICARE DUAL CODE - ANNUAL	CHAR	2	78	79
***	UTILIZATION AND PAYMENT SUMMARY REGION	REGION	728	80	807
**	SERVICE GROUP	GROUP	41	80	120
21.	MSIS TYPE OF SERVICE CODE	NUM	2	80	81
22.	MSIS TYPE OF PROGRAM CODE	NUM	1	82	82
23.	MAX TYPE OF SERVICE CODE	NUM	2	83	84
24.	BILLING PROVIDER IDENTIFICATION NUMBER	CHAR	12	85	96
25.	NATIONAL PROVIDER IDENTIFIER	CHAR	12	97	108
26.	PROVIDER TAXONOMY	CHAR	12	109	120
**	CLAIMS AND PAYMENT GROUP	GROUP	72	121	192
27.	TYPE OF CLAIM CODE	CHAR	1	121	121
28.	ADJUSTMENT CODE	NUM	1	122	122

DATA ELEMENTS WITH TYPE NUM* ARE IN ZONED DECIMAL (ZD) FORMAT FOR SAS USERS.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER:	ELEMENT NAME:	TYPE:	LENGTH:	BEG:	END:
29.	MANAGED CARE TYPE OF PLAN CODE	NUM	2	123	124
30.	MANAGED CARE PLAN IDENTIFICATION NUMBER	CHAR	12	125	136
31.	MEDICAID PAYMENT AMOUNT	NUM*	8	137	144
32.	THIRD PARTY PAYMENT AMOUNT	NUM*	8	145	152
33.	PAYMENT DATE	NUM	8	153	160
34.	CHARGE AMOUNT	NUM*	8	161	168
35.	PREPAID PLAN SERVICE VALUE	NUM*	8	169	176
36.	MEDICARE COINSURANCE PAYMENT AMOUNT	NUM*	8	177	184
37.	MEDICARE DEDUCTIBLE PAYMENT AMOUNT	NUM*	8	185	192
**	INPATIENT HOSPITAL GROUP	GROUP	615	193	807
38.	ADMISSION DATE	NUM	8	193	200
39.	SERVICE BEGINNING DATE	NUM	8	201	208
40.	ENDING DATE OF SERVICE	NUM	8	209	216
41.	PRINCIPAL DIAGNOSIS CODE	CHAR	7	217	223
42.	PRINCIPAL DIAGNOSIS CODE FLAG	CHAR	1	224	224
*	DIAGNOSIS CODE GROUP - ADDITIONAL DIAGNOSIS 2 - 9 (OCCURS 8 TIMES)	GROUP	64	225	288
43.	DIAGNOSIS CODE - 2	CHAR	7	225	231
44.	DIAGNOSIS CODE FLAG - 2	CHAR	1	232	232
45.	PRINCIPAL PROCEDURE DATE	NUM	8	289	296
46.	PROCEDURE CODING SYSTEM CODE - PRINCIPAL	CHAR	2	297	298
47.	PROCEDURE CODE - PRINCIPAL	CHAR	8	299	306
*	PROCEDURE CODE GROUP - ADDITIONAL PROCEDURES 2 - 6 (OCCURS 5 TIMES)	GROUP	50	307	356
48.	PROCEDURE CODING SYSTEM CODE - 2	CHAR	2	307	308
49.	PROCEDURE CODE - 2	CHAR	8	309	316
50.	DELIVERY CODE	NUM	1	357	357
51.	MEDICAID-COVERED INPATIENT DAYS	NUM*	3	358	360
52.	PATIENT STATUS CODE	NUM	2	361	362
53.	DIAGNOSIS RELATED GROUP INDICATOR	CHAR	4	363	366
54.	DIAGNOSIS RELATED GROUP	NUM	4	367	370
*	UB-92 REVENUE CODE GROUP (OCCURS 23 TIMES)	GROUP	437	371	807
55.	UB-92 REVENUE CODE - FIRST REVENUE CODE	NUM	4	371	374
56.	UB-92 REVENUE CODE CHARGE - FIRST REVENUE CODE	NUM*	8	375	382
57.	UB-92 REVENUE CODE UNITS - FIRST REVENUE CODE	NUM	7	383	389

DATA ELEMENTS WITH TYPE NUM* ARE IN ZONED DECIMAL (ZD) FORMAT FOR SAS USERS.

MEDICAID ANALYTIC EXTRACT (MAX)

DATA ELEMENT DICTIONARY FOR

INPATIENT RECORD (IP)

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: ****

ELEMENT NAME: **MEDICAID ANALYTIC EXTRACT INPATIENT RECORD**

SAS VARIABLE: NONE

TYPE: REC LENGTH: 807 BEG: 1 END: 807

DESCRIPTION:

THE MEDICAID ANALYTIC EXTRACT (MAX) INPATIENT RECORD (IP) PROVIDES INFORMATION ON INPATIENT HOSPITAL STAYS FOR EACH RECIPIENT. INTERIM CLAIM RECORDS ARE COMBINED INTO A HOSPITAL STAY RECORD IF THEY HAVE THE SAME 'MSIS IDENTIFICATION NUMBER', THE SAME 'BILLING PROVIDER IDENTIFICATION NUMBER' AND ARE FOR CONTIGUOUS OR OVERLAPPING PERIODS OF TIME. CLAIMS ARE DEFINED TO BE CONTIGUOUS IF THE 'ENDING DATE OF SERVICE' ON A PREVIOUS CLAIM IS THE SAME DAY OR THE DAY BEFORE THE 'SERVICE BEGINNING DATE' FOR THE NEXT CLAIM. CONTIGUOUS CLAIMS ARE COMBINED IF THE 'PATIENT STATUS CODE' = 30 (STILL A PATIENT) OR = 99 (UNKNOWN). HOWEVER, CONTIGUOUS CLAIMS ARE NOT COMBINED INTO THE SAME STAY IF THE 'PATIENT STATUS CODE' INDICATES THAT THE PATIENT WAS DISCHARGED AND WAS ADMITTED AGAIN ON THE SAME DAY (OR THE NEXT DAY).

THE FILE FOR A GIVEN YEAR CONTAINS STAY RECORDS WHERE THE LAST 'ENDING DATE OF SERVICE' IS IN THAT YEAR, EVEN IF THE STAY BEGAN IN A PREVIOUS YEAR. FOR ALL CLAIMS IN A COMBINED SET: (1) 'MEDICAID PAYMENT AMOUNT' AND 'MEDICAID-COVERED INPATIENT DAYS' ARE SUMMED, (2) ALL DIAGNOSIS, PROCEDURE, AND UB-92 REVENUE CODES ARE PICKED UP FROM THE INTERIM CLAIMS, (3) THE 'SERVICE END DATE' AND THE 'PAYMENT DATE' ARE TAKEN FROM THE LAST CLAIM IN THE SET, AND (4) THE 'ADMISSION DATE' IS TAKEN FROM THE FIRST CLAIM IN THE SET. IF ANY OF THE CLAIMS IN THE STAY SET INDICATES A MEDICARE CROSSOVER CLAIM, THEN ALL OF THE CLAIMS IN THE STAY SET ARE RECODED TO MEDICARE CROSSOVER CLAIMS. SERVICE TRACKING CLAIMS (TYPE OF CLAIM CODE = 4) OR THOSE WHOSE FIRST CHARACTER OF THE 'MSIS IDENTIFICATION NUMBER' EQUALS "&" (SERVICE TRACKING CLAIMS) ARE EXCLUDED FROM ALL MAX FILES.

IT IS POSSIBLE THAT SOME PATIENTS ARE ACTUALLY DISCHARGED (AND SOMETIMES READMITTED) BUT THEIR RECORDS DO NOT INDICATE A 'PATIENT STATUS CODE' OF DISCHARGED, IN ERROR. IN THESE INSTANCES, SEPARATE CONTIGUOUS STAYS MAY BE COMBINED INCORRECTLY.

SEPARATE HOSPITAL STAY RECORDS ARE CREATED FOR SETS OF INTERIM CLAIMS FOR MOTHERS AND INFANTS WHO USE THE SAME 'MSIS IDENTIFICATION NUMBER', BUT HAVE SEPARATE CLAIMS. IN CONTRAST, SOME STAYS FOR THE MATERNAL DELIVERY AND NEWBORN DELIVERY WILL BE COMBINED. THIS IS BECAUSE THE PROVIDER HAS SUBMITTED CLAIMS WHICH INCLUDE SERVICES FOR THE MOTHER AND INFANT SO THAT IT IS NOT POSSIBLE TO GENERATE SEPARATE STAY RECORDS.

THERE ARE CIRCUMSTANCES WHERE SEPARATE STAY RECORDS MAY BE CREATED FOR THE SAME HOSPITAL STAY:

(1) IF THERE ARE MULTIPLE INTERIM CLAIMS WITH THE SAME 'ADMISSION DATE', BUT ONE OF THE INTERIM CLAIMS DURING THE STAY IS MISSING, SEPARATE STAY RECORDS WILL BE CREATED. THIS IS BECAUSE THERE IS A GAP OF ONE OR MORE DAYS BETWEEN THE 'ENDING DATE OF SERVICE' ON ONE RECORD AND THE 'SERVICE BEGINNING DATE' ON ANOTHER.

(2) SOMETIMES, A HOSPITAL WILL SUBMIT A BILL FOR THE MEDICARE "CROSSOVER" PORTION OF A STAY USING THEIR MEDICARE 'BILLING PROVIDER IDENTIFICATION NUMBER' AND WILL SUBMIT A SECOND BILL FOR THE "NON-CROSSOVER" PORTION OF THE SAME STAY USING THEIR MEDICAID 'BILLING PROVIDER IDENTIFICATION NUMBER'. IN THIS SITUATION, SEPARATE STAY RECORDS ARE CREATED, BECAUSE THE RECORDS HAVE DIFFERENT PROVIDER IDENTIFIERS.

(3) IF A HOSPITAL SUBMITS SEPARATE BILLS FROM DIFFERENT COST CENTERS IN THE HOSPITAL (E.G. ANCILLARY VERSUS ACCOMMODATION SERVICES) USING A DIFFERENT 'BILLING PROVIDER IDENTIFICATION NUMBER' FOR EACH COST CENTER, SEPARATE STAY RECORDS ARE CREATED.

THERE ARE INSTANCES WHERE THERE MAY BE MULTIPLE RECORDS FOR THE SAME 'MSIS IDENTIFICATION NUMBER' AND THE SAME 'ADMISSION DATE' (OR SAME 'SERVICE BEGINNING DATE'). EXAMPLES INCLUDE THE FOLLOWING:

(1) AN ADMISSION TO ONE FACILITY AND A SUBSEQUENT TRANSFER TO A DIFFERENT FACILITY ON THE SAME DAY.

(2) AS NOTED ABOVE, A DELIVERY ADMISSION FOR THE MOTHER AND BIRTH OF A BABY WHERE MOTHER AND BABY SHARE THE SAME 'MSIS IDENTIFICATION NUMBER' BUT HAVE SEPARATE RECORDS.

(3) AS NOTED ABOVE, STAYS FOR DUAL ELIGIBLES WHERE A DIFFERENT 'BILLING PROVIDER IDENTIFICATION NUMBER' IS USED FOR "CROSSOVER" VERSUS "NON-CROSSOVER" SERVICES.

(4) AS NOTED ABOVE, STAYS WHERE DIFFERENT COST CENTERS OF A HOSPITAL USE A DIFFERENT 'BILLING PROVIDER IDENTIFICATION NUMBERS'.

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

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

FOR A COMPLETE LIST OF TYPES OF SERVICE THAT ARE CONTAINED IN THIS FILE, SEE 'MAX TYPE OF SERVICE CODE'. USERS SHOULD REFER TO THE "MSIS TECHNICAL SPECIFICATIONS AND DATA DICTIONARY" FOR A COMPLETE LIST OF MSIS DATA EDIT SPECIFICATIONS.

BEGINNING IN MAX 2009, WHEN AVAILABLE AND MEANINGFUL, THE INTERNAL CONTROL NUMBER (ICN) WAS USED TO RECONCILE ORIGINAL AND ADJUSTMENT CLAIMS.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: ***

ELEMENT NAME: **MEDICAID ELIGIBILITY REGION**

SAS VARIABLE: NONE

TYPE: REGION LENGTH: 79 BEG: 1 END: 79

DESCRIPTION:

FIELDS CONTAINING ELIGIBILITY INFORMATION ADDED TO EACH SERVICE RECORD, FROM MSIS ELIGIBILITY FILES (USING 'MSIS-IDENTIFICATION-NUMBER').

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: 1.

ELEMENT NAME: **MSIS IDENTIFICATION NUMBER**

SAS VARIABLE: MSIS_ID

TYPE: CHAR LENGTH: 20 BEG: 1 END: 20

DESCRIPTION:

UNIQUE IDENTIFICATION NUMBER USED TO IDENTIFY A MEDICAID ELIGIBLE IN THE MEDICAID STATISTICAL INFORMATION SYSTEM (MSIS).

SOURCE: MSIS ELIGIBILITY FILES: 'MSIS-IDENTIFICATION-NUMBER'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: 2.

ELEMENT NAME: **STATE ABBREVIATION CODE**

SAS VARIABLE: STATE_CD

TYPE: CHAR LENGTH: 2 BEG: 21 END: 22

DESCRIPTION:

U.S. POSTAL SERVICE 2-CHARACTER ABBREVIATION FOR THE STATE MEDICAID AGENCY SUBMITTING THE DATA.

CODES:
AL = ALABAMA
AK = ALASKA
AZ = ARIZONA
AR = ARKANSAS
CA = CALIFORNIA
CO = COLORADO
CT = CONNECTICUT
DE = DELAWARE
DC = DISTRICT OF COLUMBIA
FL = FLORIDA
GA = GEORGIA
GU = GUAM/AMERICAN SAMOA
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
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 FILE NAME.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: 3.

ELEMENT NAME: **SOCIAL SECURITY NUMBER - FROM MSIS**

SAS VARIABLE: EL_SSN

TYPE: CHAR LENGTH: 9 BEG: 23 END: 31

DESCRIPTION:

SOCIAL SECURITY NUMBER OF THE MEDICAID ELIGIBLE.

USER NOTE: NOT AVAILABLE FOR SOME NEW YORK ELIGIBLES IN 1999.

SOURCE: MSIS ELIGIBILITY FILES: 'SOCIAL-SECURITY-NUMBER'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: 4.

ELEMENT NAME: **MEDICARE HEALTH INSURANCE CLAIM (HIC) NUMBER - FROM MSIS**

SAS VARIABLE: MDCD_HIC_NUM

TYPE: CHAR LENGTH: 12 BEG: 32 END: 43

DESCRIPTION:

THE ELIGIBLE'S HEALTH INSURANCE CLAIM (HIC) NUMBER. THIS NUMBER IS APPLICABLE ONLY TO MEDICAID ELIGIBLES WHO ARE ALSO ELIGIBLE FOR MEDICARE AND IS ASSIGNED TO AN ELIGIBLE BY THE MEDICARE PROGRAM.

USER NOTE: AN ELIGIBLE'S HIC NUMBER MAY CHANGE AS HIS/HER MEDICARE ELIGIBILITY STATUS CHANGES. THE ACCURACY OF REPORTING OF HIC NUMBERS IN MEDICAID ELIGIBILITY DATA IS UNKNOWN. THIS MSIS DATA ELEMENT IS AVAILABLE BEGINNING IN 10/98.

SOURCE: MSIS ELIGIBILITY FILES: 'HIC-NUMBER'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: 5.

ELEMENT NAME: **BIRTH DATE**

SAS VARIABLE: EL_DOB

TYPE: NUM LENGTH: 8 BEG: 44 END: 51

DESCRIPTION:

BIRTH DATE OF THE MEDICAID ELIGIBLE.

EDIT-RULES: YYYYMMDD

SOURCE: MSIS ELIGIBILITY FILES: 'DATE-OF-BIRTH'. MSIS DATES WITH 8- OR 9-FILL VALUES ARE CHANGED TO 0-FILL (ZERO-FILL).

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: 6.

ELEMENT NAME: **SEX CODE**

SAS VARIABLE: EL_SEX_CD

TYPE: CHAR LENGTH: 1 BEG: 52 END: 52

DESCRIPTION:

CODE INDICATING THE GENDER OF THE MEDICAID ELIGIBLE.

CODES:
F = FEMALE
M = MALE
U = UNKNOWN/ERROR

USER NOTE: THESE CODES ARE 1 (FEMALE), 2 (MALE) AND 9 (UNKNOWN) IN THE 1996-98 MSIS DATA.

SOURCE: MSIS ELIGIBILITY FILES: 'SEX-CODE'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: 7.

ELEMENT NAME: **RACE/ETHNICITY CODE**

SAS VARIABLE: EL_RACE_ETHNCY_CD

TYPE: CHAR LENGTH: 1 BEG: 53 END: 53

DESCRIPTION:

CODE INDICATING THE RACE/ETHNICITY OF THE MEDICAID ELIGIBLE.

CODES:
1 = WHITE, NOT OF HISPANIC ORIGIN (CHANGED TO "WHITE" BEGINNING 10/98)
2 = BLACK, NOT OF HISPANIC ORIGIN (CHANGED TO "BLACK OR AFRICAN AMERICAN" BEGINNING 10/98)
3 = AMERICAN INDIAN OR ALASKA NATIVE
4 = ASIAN OR PACIFIC ISLANDER (CHANGED TO "ASIAN" BEGINNING 10/98)
5 = HISPANIC (CHANGED TO "HISPANIC OR LATINO - NO RACE INFORMATION AVAILABLE" BEGINNING 10/98)
6 = NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (NEW CODE BEGINNING 10/98)
7 = HISPANIC OR LATINO AND ONE OR MORE RACES (NEW CODE BEGINNING 10/98)
8 = MORE THAN ONE RACE (HISPANIC OR LATINO NOT INDICATED) (NEW CODE BEGINNING 10/98)
9 = UNKNOWN

USER NOTE: SINCE SPECIFICATIONS FOR CODE VALUES = 7 AND 8 WERE NOT ISSUED UNTIL MAY 2000, THESE CODE VALUES MAY NOT APPEAR. THE METHODS OF COLLECTING INFORMATION ON RACE AND ETHNICITY DIFFER SUBSTANTIALLY ACROSS STATES AND TIME PERIODS.

SOURCE: MSIS ELIGIBILITY FILES: 'RACE-ETHNICITY-CODE'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: 8.

ELEMENT NAME: **RACE - WHITE**

SAS VARIABLE: RACE_CODE_1

TYPE: CHAR LENGTH: 1 BEG: 54 END: 54

DESCRIPTION:

CODE INDICATING IF THE ELIGIBLE HAS INDICATED A RACE OF WHITE.

CODES:
0 = NON-WHITE OR RACE UNKNOWN
1 = WHITE

SOURCE: MSIS ELIGIBILITY FILES: 'RACE-CODE-1'.

NOTE: IN MAX 2005, THIS VARIABLE WAS ADDED TO THE FILE.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: 9.

ELEMENT NAME: **RACE - BLACK/AFRICAN AMERICAN**

SAS VARIABLE: RACE_CODE_2

TYPE: CHAR LENGTH: 1 BEG: 55 END: 55

DESCRIPTION:

CODE INDICATING IF THE ELIGIBLE HAS INDICATED A RACE OF BLACK OR AFRICAN AMERICAN.

CODES:
0 = NON-BLACK/AFRICAN AMERICAN OR RACE UNKNOWN
1 = BLACK OR AFRICAN AMERICAN

SOURCE: MSIS ELIGIBILITY FILES: 'RACE-CODE-2'.

NOTE: IN MAX 2005, THIS VARIABLE WAS ADDED TO THE FILE.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: 10.

ELEMENT NAME: **RACE - AMERICAN INDIAN/ALASKA NATIVE**

SAS VARIABLE: RACE_CODE_3

TYPE: CHAR LENGTH: 1 BEG: 56 END: 56

DESCRIPTION:

CODE INDICATING IF THE ELIGIBLE HAS INDICATED A RACE OF AMERICAN INDIAN/ALASKA NATIVE.

CODES:
0 = NON-AMERICAN INDIAN/ALASKA NATIVE OR RACE UNKNOWN
1 = AMERICAN INDIAN/ALASKA NATIVE

SOURCE: MSIS ELIGIBILITY FILES: 'RACE-CODE-3'.

NOTE: IN MAX 2005, THIS VARIABLE WAS ADDED TO THE FILE.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: 11.

ELEMENT NAME: **RACE - ASIAN**

SAS VARIABLE: RACE_CODE_4

TYPE: CHAR LENGTH: 1 BEG: 57 END: 57

DESCRIPTION:

CODE INDICATING IF THE ELIGIBLE HAS INDICATED A RACE OF ASIAN.

CODES:
0 = NON-ASIAN OR RACE UNKNOWN
1 = ASIAN

SOURCE: MSIS ELIGIBILITY FILES: 'RACE-CODE-4'.

NOTE: IN MAX 2005, THIS VARIABLE WAS ADDED TO THE FILE.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: 12.

ELEMENT NAME: **RACE - NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER**

SAS VARIABLE: RACE_CODE_5

TYPE: CHAR LENGTH: 1 BEG: 58 END: 58

DESCRIPTION:

CODE INDICATING IF THE ELIGIBLE HAS INDICATED A RACE OF NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER.

CODES:
0 = NON-NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER OR RACE UNKNOWN
1 = NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER

SOURCE: MSIS ELIGIBILITY FILES: 'RACE-CODE-5'.

NOTE: IN MAX 2005, THIS VARIABLE WAS ADDED TO THE FILE.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: 13.

ELEMENT NAME: **ETHNICITY - HISPANIC OR LATINO**

SAS VARIABLE: ETHNICITY_CODE

TYPE: CHAR LENGTH: 1 BEG: 59 END: 59

DESCRIPTION:

CODE INDICATING IF THE ELIGIBLE HAS INDICATED AN ETHNICITY OF HISPANIC OR LATINO.

CODES:
0 = NON-HISPANIC OR LATINO
1 = HISPANIC OR LATINO
9 = ETHNICITY UNKNOWN

SOURCE: MSIS ELIGIBILITY FILES: 'ETHNICITY-CODE'.

NOTE: IN MAX 2005, THIS VARIABLE WAS ADDED TO THE FILE.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: 14.

ELEMENT NAME: **STATE-SPECIFIC ELIGIBILITY CODE - MOST RECENT**

SAS VARIABLE: EL_SS_ELGBLTY_CD_LTST

TYPE: CHAR LENGTH: 6 BEG: 60 END: 65

DESCRIPTION:

STATE-SPECIFIC ELIGIBILITY CODE CLASSIFICATION UNDER WHICH THE MEDICAID ELIGIBLE IS COVERED - MOST RECENT OBSERVATION.

USER NOTES: 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, REQUIRES A DETAILED KNOWLEDGE OF MEDICAID ELIGIBILITY AND REQUIRES AN UNDERSTANDING OF THE IDIOSYNCRACIES OF INDIVIDUAL STATE ELIGIBILITY SYSTEMS. THESE CODES HAVE BEEN MAPPED INTO 'MAX UNIFORM ELIGIBILITY CODE' FIELDS (MOST RECENT AND FOR MONTH OF SERVICE). THEREFORE, MOST USERS WILL WANT TO USE THOSE CODES. THROUGH 9/98 THIS DATA ELEMENT WAS 4 CHARACTERS IN LENGTH AND IS LEFT-JUSTIFIED AND BLANK FILLED (TWO RIGHT POSITIONS). BEGINNING IN 10/98, IT IS 6 CHARACTERS IN LENGTH. THIS CODE VALUE IS APPENDED TO EACH RECORD FOR THE ELIGIBLE PERSON, FROM THE MAX PERSON SUMMARY FILE. THEREFORE, THIS CODE 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 'STATE-SPECIFIC ELIGIBILITY CODE - MONTH OF SERVICE' INSTEAD.

SOURCE: THIS CODE WAS DERIVED BY USING MONTHLY OBSERVATIONS OF THE 'STATE-SPECIFIC ELIGIBILITY GROUP' FROM THE MAX PERSON SUMMARY FILE AND SELECTING THE FIRST MEANINGFUL CODE (NOT 0- OR 9- FILLED) BEGINNING WITH DECEMBER AND MOVING BACKWARDS IN TIME, MONTH BY MONTH. IT HAS NOT BEEN RECODED FROM THE MAX PERSON SUMMARY FILE.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: 15.

ELEMENT NAME: **STATE-SPECIFIC ELIGIBILITY CODE - FOR MONTH OF SERVICE**

SAS VARIABLE: EL_SS_ELGBLTY_CD_MO

TYPE: CHAR LENGTH: 6 BEG: 66 END: 71

DESCRIPTION:

STATE-SPECIFIC ELIGIBILITY CODE CLASSIFICATION UNDER WHICH THE MEDICAID ELIGIBLE IS COVERED - FOR THE MONTH OF SERVICE.

USER NOTES: 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, REQUIRES A DETAILED KNOWLEDGE OF MEDICAID ELIGIBILITY AND REQUIRES AN UNDERSTANDING OF THE IDIOSYNCRACIES OF INDIVIDUAL STATE ELIGIBILITY SYSTEMS. THESE CODES HAVE BEEN MAPPED INTO 'MAX UNIFORM ELIGIBILITY CODE' FIELDS (MOST RECENT AND FOR MONTH OF SERVICE). THEREFORE, MOST USERS WILL WANT TO USE THOSE. THROUGH 9/98, THIS DATA ELEMENT WAS 4 CHARACTERS IN LENGTH AND IS LEFT-JUSTIFIED AND BLANK FILLED (TWO RIGHT POSITIONS). BEGINNING IN 10/98, IT IS 6 CHARACTERS IN LENGTH.

SOURCE: THIS CODE WAS DERIVED BY USING MONTHLY OBSERVATIONS OF THE 'STATE-SPECIFIC ELIGIBILITY GROUP' FROM THE MAX PERSON SUMMARY FILE AND SELECTING THE MONTHLY VALUE WHICH CORRESPONDS TO THE ENDING MONTH OF SERVICE FOR THIS CLAIM. IT IS BLANK FILLED IF NO ELIGIBILITY IS RECORDED FOR THAT MONTH.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: 16.

ELEMENT NAME: **MAX UNIFORM ELIGIBILITY CODE - MOST RECENT**

SAS VARIABLE: EL_MAX_ELGBLTY_CD_LTST

TYPE: CHAR LENGTH: 2 BEG: 72 END: 73

DESCRIPTION:

MEDICAID ANALYTIC EXTRACTS (MAX) UNIFORM ELIGIBILITY CODE FOR THE MEDICAID ELIGIBLE - MOST RECENT OBSERVATION.

CODES:
00 = NOT ELIGIBLE
11 = AGED, CASH
12 = BLIND/DISABLED, CASH
14 = CHILD (NOT CHILD OF UNEMPLOYED ADULT, NOT FOSTER CARE CHILD), ELIGIBLE UNDER SECTION 1931 OF THE ACT
15 = ADULT (NOT BASED ON UNEMPLOYMENT STATUS), ELIGIBLE UNDER SECTION 1931 OF THE ACT
16 = CHILD OF UNEMPLOYED ADULT, ELIGIBLE UNDER SECTION 1931 OF THE ACT
17 = UNEMPLOYED ADULT, ELIGIBLE UNDER SECTION 1931 OF THE ACT
21 = AGED, MEDICALLY NEEDY
22 = BLIND/DISABLED, MEDICALLY NEEDY
24 = CHILD, MEDICALLY NEEDY (FORMERLY AFDC CHILD, MEDICALLY NEEDY)
25 = ADULT, MEDICALLY NEEDY (FORMERLY AFDC ADULT, MEDICALLY NEEDY)
31 = AGED, POVERTY
32 = BLIND/DISABLED, POVERTY
34 = CHILD, POVERTY (INCLUDES MEDICAID EXPANSION CHIP CHILDREN)
35 = ADULT, POVERTY
3A = INDIVIDUAL COVERED UNDER THE BREAST AND CERVICAL CANCER PREVENTION ACT OF 2000, POVERTY
41 = OTHER AGED
42 = OTHER BLIND/DISABLED
44 = OTHER CHILD
45 = OTHER ADULT
48 = FOSTER CARE CHILD
51 = AGED, SECTION 1115 DEMONSTRATION EXPANSION
52 = BLIND/DISABLED, SECTION 1115 DEMONSTRATION EXPANSION
54 = CHILD, SECTION 1115 DEMONSTRATION EXPANSION
55 = ADULT, SECTION 1115 DEMONSTRATION EXPANSION
99 = UNKNOWN ELIGIBILITY

USER NOTE: MSIS 'MAINTENANCE-ASSISTANCE-STATUS' (MAS) IS IN POSITION #1 AND 'BASIS-OF-ELIGIBILITY' (BOE) IS IN POSITION #2. CODING IS THE SAME AS IN 1996-98 MAX FILES, EXCEPT THAT VALUES 51-55 ARE ADDED FOR 1999 AND VALUE 3A IS ADDED FOR 2000. THERE MAY BE SMALL NUMBERS OF RECORDS WITH INCONSISTENT VALUES BECAUSE MSIS HAS NO MAS/BOE CONSISTENCY CHECKS. PRIOR TO THE END OF THE AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC) PROGRAM, GROUPS 14-17 WERE AFDC CASH RECIPIENTS.

SOURCE: THIS CODE IS EXTRACTED FROM 'MAX UNIFORM ELIGIBILITY CODE - MOST RECENT' IN THE MAX PERSON SUMMARY FILE.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: 17.

ELEMENT NAME: **MAX UNIFORM ELIGIBILITY CODE - FOR MONTH OF SERVICE**

SAS VARIABLE: EL_MAX_ELGBLTY_CD_MO

TYPE: CHAR LENGTH: 2 BEG: 74 END: 75

DESCRIPTION:

CODE INDICATING THE MEDICAID ANALYTIC EXTRACT (MAX) UNIFORM ELIGIBILITY STATUS FOR THE MEDICAID ELIGIBLE - FOR THE MONTH OF SERVICE.

CODES:
00 = NOT ELIGIBLE
11 = AGED, CASH
12 = BLIND/DISABLED, CASH
14 = CHILD (NOT CHILD OF UNEMPLOYED ADULT, NOT FOSTER CARE CHILD), ELIGIBLE UNDER SECTION 1931 OF THE ACT
15 = ADULT (NOT BASED ON UNEMPLOYMENT STATUS), ELIGIBLE UNDER SECTION 1931 OF THE ACT
16 = CHILD OF UNEMPLOYED ADULT, ELIGIBLE UNDER SECTION 1931 OF THE ACT
17 = UNEMPLOYED ADULT, ELIGIBLE UNDER SECTION 1931 OF THE ACT
21 = AGED, MEDICALLY NEEDY
22 = BLIND/DISABLED, MEDICALLY NEEDY
24 = CHILD, MEDICALLY NEEDY (FORMERLY AFDC CHILD, MEDICALLY NEEDY)
25 = ADULT, MEDICALLY NEEDY (FORMERLY AFDC ADULT, MEDICALLY NEEDY)
31 = AGED, POVERTY
32 = BLIND/DISABLED, POVERTY
34 = CHILD, POVERTY (INCLUDES MEDICAID EXPANSION CHIP CHILDREN)
35 = ADULT, POVERTY
3A = INDIVIDUAL COVERED UNDER THE BREAST AND CERVICAL CANCER PREVENTION ACT OF 2000, POVERTY
41 = OTHER AGED
42 = OTHER BLIND/DISABLED
44 = OTHER CHILD
45 = OTHER ADULT
48 = FOSTER CARE CHILD
51 = AGED, SECTION 1115 DEMONSTRATION EXPANSION
52 = BLIND/DISABLED, SECTION 1115 DEMONSTRATION EXPANSION
54 = CHILD, SECTION 1115 DEMONSTRATION EXPANSION
55 = ADULT, SECTION 1115 DEMONSTRATION EXPANSION
99 = UNKNOWN ELIGIBILITY

USER NOTE: MSIS 'MAINTENANCE-ASSISTANCE-STATUS' (MAS) IS POSITION #1 AND 'BASIS-OF-ELIGIBILITY' (BOE) IS IN POSITION #2. CODING IS THE SAME AS IN 1996-98 MAX FILES, EXCEPT THAT VALUES 51-55 ARE ADDED FOR 1999 AND VALUE 3A IS ADDED FOR 2000. THERE MAY BE SMALL NUMBERS OF RECORDS WITH INCONSISTENT VALUES BECAUSE MSIS HAS NO MAS/BOE CONSISTENCY CHECKS. PRIOR TO THE END OF THE AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC) PROGRAM, GROUPS 14-17 WERE AFDC CASH RECIPIENTS.

SOURCE: THIS CODE WAS DERIVED BY USING MONTHLY OBSERVATIONS OF 'MONTHLY MAX UNIFORM ELIGIBILITY GROUP' IN THE MAX PERSON SUMMARY FILE AND SELECTING THE MONTHLY VALUE WHICH CORRESPONDS TO THE ENDING MONTH FOR THIS SERVICE. IT IS BLANK FILLED IF NO ELIGIBILITY IS RECORDED FOR THAT MONTH.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: 18.

ELEMENT NAME: **MISSING ELIGIBILITY DATA**

SAS VARIABLE: MSNG_ELG_DATA

TYPE: CHAR LENGTH: 1 BEG: 76 END: 76

DESCRIPTION:

CODE INDICATING A PERSON FOR WHOM NO MONTHS OF ENROLLMENT IN MEDICAID WERE FOUND.

CODES:
BLANK = MEDICAID ENROLLMENT MONTHS WERE FOUND.
1 = NEITHER MEDICAID ENROLLMENT MONTHS NOR S-CHIP (CHIP CODE = 3) ENROLLMENT MONTHS WERE FOUND.
2 = S-CHIP ENROLLMENT MONTHS (CHIP CODE = 3) WERE FOUND, BUT NO MEDICAID ENROLLMENT MONTHS WERE FOUND.

USER NOTES: MONTHS OF MEDICAID ENROLLMENT ARE DEFINED AS MONTHS WITH MSIS MASBOE VALUES 11-17, 21-25, 31-35, 3A, 41-45, 48 OR 51-55. CHILDREN WITH S-CHIP ONLY ENROLLMENT (CHIP CODE = 3) ARE INCLUDED BECAUSE THEY DO NOT HAVE ANY MONTHS OF MEDICAID ENROLLMENT.

SOURCE: RECODED USING MSIS ELIGIBILITY AND CLAIMS FILES.

NOTE: IN MAX 2005, THIS VARIABLE WAS ADDED TO THE FILE.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: 19.

ELEMENT NAME: **MEDICARE DUAL CODE - CLAIM-BASED**

SAS VARIABLE: EL_MDCR_XOVR_CLM_BSD_CD

TYPE: NUM LENGTH: 1 BEG: 77 END: 77

DESCRIPTION:

CODE INDICATING THAT THE ELIGIBLE WAS COVERED BY MEDICARE WHEN THIS SERVICE WAS RENDERED.

CODES:
0 = NO MEDICARE DEDUCTIBLE OR COINSURANCE PAID BY MEDICAID ON THIS SERVICE
1 = MEDICARE DEDUCTIBLE OR COINSURANCE PAID BY MEDICAID ON THIS SERVICE

SOURCE: MSIS DATA ELEMENTS: 'MEDICARE-DEDUCTIBLE-PAYMENT' AND 'MEDICARE-COINSURANCE-PAYMENT'. IF EITHER THE MEDICARE DEDUCTIBLE OR THE MEDICARE COINSURANCE AMOUNT IS > $0, THE CODE = 1, OTHERWISE THE CODE = 0.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: 20.

ELEMENT NAME: **MEDICARE DUAL CODE - ANNUAL**

SAS VARIABLE: EL_MDCR_DUAL_ANN

TYPE: CHAR LENGTH: 2 BEG: 78 END: 79

DESCRIPTION:

CODE INDICATING THAT THE ELIGIBLE IS COVERED BY MEDICARE (KNOWN AS DUAL OR MEDICARE ELIGIBILITY), ACCORDING TO MEDICAID (MSIS), MEDICARE (EDB) OR BOTH IN THE CALENDAR YEAR.

CODES:
00 = IN MSIS, ELIGIBLE IS NOT A MEDICARE BENEFICIARY
01 = IN MSIS, ELIGIBLE IS ENTITLED TO MEDICARE-QMB ONLY
02 = IN MSIS, ELIGIBLE IS ENTITLED TO MEDICARE-QMB AND FULL MEDICAID COVERAGE
03 = IN MSIS, ELIGIBLE IS ENTITLED TO MEDICARE-SLMB ONLY
04 = IN MSIS, ELIGIBLE IS ENTITLED TO MEDICARE-SLMB AND FULL MEDICAID COVERAGE
05 = IN MSIS, ELIGIBLE IS ENTITLED TO MEDICARE-QDWI
06 = IN MSIS, ELIGIBLE IS ENTITLED TO MEDICARE-QUALIFYING INDIVIDUALS (1)
07 = IN MSIS, ELIGIBLE IS ENTITLED TO MEDICARE-QUALIFYING INDIVIDUALS (2)
08 = IN MSIS, ELIGIBLE IS ENTITLED TO MEDICARE-OTHER DUAL ELIGIBLES
09 = IN MSIS, ELIGIBLE IS ENTITLED TO MEDICARE-DUAL ELIGIBILITY CATEGORY UNKNOWN
10 = IN MSIS, S-CHIP ELIGIBLE IS ENTITLED TO MEDICARE
50 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODES 01-09 DO NOT APPLY
51 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODE 01 APPLIES
52 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODE 02 APPLIES
53 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODE 03 APPLIES
54 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODE 04 APPLIES
55 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODE 05 APPLIES
56 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODE 06 APPLIES
57 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODE 07 APPLIES
58 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODE 08 APPLIES
59 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODE 09 APPLIES
60 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE S-CHIP ELIGIBLE AND CODE 10 APPLIES
99 = IN MSIS, ELIGIBLE'S MEDICARE STATUS IS UNKNOWN

USER NOTE: THE ANNUAL DUAL CODE IS EQUAL TO THE LATEST (MOST RECENT) QUARTERLY DUAL CODE > '00' (BEGINNING WITH THE LAST QUARTER AND MOVING BACKWARDS IN TIME QUARTER BY QUARTER). IF NONE OF THE QUARTERS HAVE DUAL CODE > '00', THE ANNUAL DUAL CODE IS SET TO '00'. IF THE PERSON IS ELIGIBLE FOR MEDICAID AND ENROLLED IN THE EDB IN AT LEAST ONE MONTH OF THE YEAR, A '5' IS MOVED TO THE FIRST POSITION (I.E. VALUES 50-59). IF THE PERSON HAS CLAIMS BUT NO ELIGIBILITY RECORD, THE ANNUAL DUAL CODE IS SET TO '99'.

SOURCE: THIS DATA ELEMENT IS TAKEN FROM THE MAX PERSON SUMMARY FILE.

NOTE: IN 2005, THIS VARIABLE WAS MODIFIED FROM TYPE NUMERIC TO CHARACTER.

NOTE: IN MAX 2009, VALUES '10' AND '60' WERE ADDED TO THE FILE.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: ***

ELEMENT NAME: **UTILIZATION AND PAYMENT SUMMARY REGION**

SAS VARIABLE: NONE

TYPE: REGION LENGTH: 728 BEG: 80 END: 807

DESCRIPTION:

FIELDS CONTAINING DETAILED INFORMATION FROM MSIS CLAIMS ON THE SERVICE PROVIDED.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: **

ELEMENT NAME: **SERVICE GROUP**

SAS VARIABLE: NONE

TYPE: GROUP LENGTH: 41 BEG: 80 END: 120

DESCRIPTION:

FIELDS CONTAINING DETAILED INFORMATION ON THE TYPE OF SERVICE, PLACE OF SERVICE AND PROVIDER IDENTIFICATION.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: 21.

ELEMENT NAME: **MSIS TYPE OF SERVICE CODE**

SAS VARIABLE: MSIS_TOS

TYPE: NUM LENGTH: 2 BEG: 80 END: 81

DESCRIPTION:

CODE INDICATING THE MEDICAID STATISTICAL INFORMATION SYSTEM (MSIS) TYPE OF SERVICE. EXPECTED MSIS TYPES OF SERVICE FOR THIS FILE ARE:
01 = INPATIENT HOSPITAL
24 = STERILIZATIONS
25 = ABORTIONS
39 = RELIGIOUS NON-MEDICAL HEALTH CARE INSTITUTIONS

COMPLETE MSIS TYPE OF SERVICE CODES LIST:
01 = INPATIENT HOSPITAL
02 = MENTAL HOSPITAL SERVICES FOR THE AGED
04 = INPATIENT PSYCHIATRIC FACILITY FOR INDIVIDUALS UNDER THE AGE OF 21
05 = INTERMEDIATE CARE FACILITY (ICF) FOR INDIVIDUALS WITH INTELLECTUAL DISABLITIES
07 = NURSING FACILITY SERVICES (NFS) - ALL OTHER
08 = PHYSICIANS
09 = DENTAL
10 = OTHER PRACTITIONERS
11 = OUTPATIENT HOSPITAL
12 = CLINIC
13 = HOME HEALTH
15 = LAB AND X-RAY
16 = PRESCRIBED DRUGS
19 = OTHER SERVICES
20 = CAPITATED PAYMENTS TO HMO, HIO, OR PACE PLANS
21 = CAPITATED PAYMENTS TO PREPAID HEALTH PLANS - PHPs
22 = CAPITATED PAYMENTS FOR PRIMARY CARE CASE MANAGEMENT - PCCM
23 = CAPITATED PAYMENTS TO PRIVATE HEALTH INSURANCE - PHI
24 = STERILIZATIONS
25 = ABORTIONS
26 = TRANSPORTATION SERVICES
30 = PERSONAL CARE SERVICES
31 = TARGETED CASE MANAGEMENT
33 = REHABILITATION SERVICES
34 = PT, OT, SPEECH, HEARING SERVICES
35 = HOSPICE BENEFITS
36 = NURSE MIDWIFE SERVICES
37 = NURSE PRACTITIONER SERVICES
38 = PRIVATE DUTY NURSING
39 = RELIGIOUS NON-MEDICAL HEALTH CARE INSTITUTIONS
99 = UNKNOWN

USER NOTE: THE FOLLOWING CODES ARE INVALID: 03, 06, 14, 17, 18, 23, 27, 28, 29, 32 AND 40. BEGINNING IN 10/98, MSIS IDENTIFIED EARLY PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT (EPSDT); FAMILY PLANNING; RURAL HEALTH CLINIC; FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs); INDIAN HEALTH; HOME AND COMMUNITY-BASED CARE FOR DISABLED, ELDERLY AND INDIVIDUALS AGE 65 AND OLDER; AND HOME AND COMMUNITY-BASED CARE WAIVER SERVICES USING A NEW DATA ELEMENT, 'PROGRAM-TYPE'. A SUBSTANTIAL NUMBER OF NEW MSIS TYPE OF SERVICE CODES WERE ADDED IN FISCAL YEAR 1998.

SOURCE: MSIS CLAIMS FILE: 'TYPE-OF-SERVICE'.

NOTE: IN MAX 2008, A TYPOGRAPHICAL ERROR WAS CORRECTED -- VALUE 20 NOW INCLUDES PACE.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: 22.

ELEMENT NAME: **MSIS TYPE OF PROGRAM CODE**

SAS VARIABLE: MSIS_TOP

TYPE: NUM LENGTH: 1 BEG: 82 END: 82

DESCRIPTION:

CODE INDICATING THE SPECIAL MEDICAID PROGRAM UNDER WHICH THE SERVICE WAS PROVIDED.

CODES:
0 = NO SPECIAL PROGRAM
1 = EARLY PERIODIC SCREENING DIAGNOSIS AND TREATMENT (EPSDT)
2 = FAMILY PLANNING
3 = RURAL HEALTH CLINIC
4 = FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs)
5 = INDIAN HEALTH SERVICES
6 = HOME AND COMMUNITY-BASED CARE FOR DISABLED ELDERLY AND INDIVIDUALS AGE 65 AND OLDER
7 = HOME AND COMMUNITY-BASED CARE WAIVER SERVICES
9 = UNKNOWN

USER NOTE: UNDER EPSDT REQUIREMENTS, STATES MUST PROVIDE HEALTH SCREENING, VISION, HEARING AND DENTAL SERVICES TO CHILDREN UNDER THE AGE OF 21. THESE SERVICES MUST BE PROVIDED AT INTERVALS TO MEET RECOGNIZED STANDARDS OF MEDICAL AND DENTAL PRACTICE AND OTHER INTERVALS TO DETERMINE IF PHYSICAL OR MENTAL ILLNESSES OR CONDITIONS EXIST. STATES MUST ALSO PROVIDE ANY SERVICE NEEDED TO TREAT AN ILLNESS OR CONDITION IDENTIFIED BY A SCREEN (TO THE EXTENT THAT A SERVICE IS PERMITTED UNDER MEDICAID LAW), REGARDLESS OF WHETHER THE SERVICE IS OTHERWISE INCLUDED UNDER THE STATE MEDICAID PLAN. ALTHOUGH EPSDT MAY BE VIEWED AS A PROGRAM BY SOME, IT CAN BE MORE ACCURATELY DESCRIBED AS A GROUP OF SERVICES, WITH A STRONG EMPHASIS ON PREVENTIVE CARE. HOWEVER, THERE IS NO STANDARD DEFINITION OF EPSDT SERVICES AND THERE ARE NO STANDARD REPORTING REQUIREMENTS FOR EPSDT SERVICES IN MEDICAID DATA SYSTEMS. THEREFORE, THERE IS SUBSTANTIAL VARIATION IN REPORTING FOR EPSDT ACROSS STATES. FOR THESE REASONS, USE OF TYPE OF PROGRAM = 1 (EPSDT) IS UNRELIABLE FOR CROSS-STATE COMPARISONS OR DEVELOPMENT OF NATIONAL STATISTICS. EXTREME CAUTION SHOULD BE EXERCISED IN ATTRIBUTING MEANING TO THIS CODE VALUE.

SOURCE: MSIS CLAIMS FILE: 'PROGRAM-TYPE'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: 23.

ELEMENT NAME: **MAX TYPE OF SERVICE CODE**

SAS VARIABLE: MAX_TOS

TYPE: NUM LENGTH: 2 BEG: 83 END: 84

DESCRIPTION:

CODE INDICATING THE MEDICAID ANALYTIC EXTRACT (MAX) TYPE OF SERVICE FOR THIS RECORD. EXPECTED MAX TYPES OF SERVICE FOR THIS FILE ARE:
01 = INPATIENT HOSPITAL
24 = STERILIZATIONS
25 = ABORTIONS
39 = RELIGIOUS NON-MEDICAL HEALTH CARE INSTITUTIONS

COMPLETE MAX TYPE OF SERVICE CODES LIST:
01 = INPATIENT HOSPITAL
02 = MENTAL HOSPITAL SERVICES FOR THE AGED
04 = INPATIENT PSYCHIATRIC FACILITY FOR INDIVIDUALS UNDER THE AGE OF 21
05 = INTERMEDIATE CARE FACILITY (ICF) FOR INDIVIDUALS WITH INTELLECTUAL DISABLITIES
07 = NURSING FACILITY SERVICES (NFS) - ALL OTHER
08 = PHYSICIANS
09 = DENTAL
10 = OTHER PRACTITIONERS
11 = OUTPATIENT HOSPITAL
12 = CLINIC
13 = HOME HEALTH
15 = LAB AND X-RAY
16 = DRUGS
19 = OTHER SERVICES
20 = CAPITATED PAYMENTS TO HMO, HIO, OR PACE PLANS
21 = CAPITATED PAYMENTS TO PREPAID HEALTH PLANS - PHPs
22 = CAPITATED PAYMENTS FOR PRIMARY CARE CASE MANAGEMENT - PCCM
23 = CAPITATED PAYMENTS TO PRIVATE HEALTH INSURANCE - PHI
24 = STERILIZATIONS
25 = ABORTIONS
26 = TRANSPORTATION SERVICES
30 = PERSONAL CARE SERVICES
31 = TARGETED CASE MANAGEMENT
33 = REHABILITATION SERVICES
34 = PT, OT, SPEECH, HEARING SERVICES
35 = HOSPICE BENEFITS
36 = NURSE MIDWIFE SERVICES
37 = NURSE PRACTITIONER SERVICES
38 = PRIVATE DUTY NURSING
39 = RELIGIOUS NON-MEDICAL HEALTH CARE INSTITUTIONS
51 = DURABLE MEDICAL EQUIPMENT AND SUPPLIES (INCLUDING EMERGENCY RESPONSE SYSTEMS AND HOME MODIFICATIONS)
52 = RESIDENTIAL CARE (DEFINITION CHANGED FOR 2003 AND LATER YEARS - ADDITIONAL INFORMATION IS AVAILABLE ON REQUEST)
53 = PSYCHIATRIC SERVICES (EXCLUDING ADULT DAY CARE)
54 = ADULT DAY CARE
99 = UNKNOWN

USER NOTE: THE FOLLOWING CODES ARE INVALID: 03, 06, 14, 17, 18, 23, 27, 28, 29, 32 AND 40.

BEGINNING IN 10/98, MSIS IDENTIFIED EARLY PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT (EPSDT); FAMILY PLANNING; RURAL HEALTH CLINIC; FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs); INDIAN HEALTH; HOME AND COMMUNITY-BASED CARE FOR DISABLED, ELDERLY AND INDIVIDUALS AGE 65 AND OLDER; AND HOME AND COMMUNITY-BASED CARE WAIVER SERVICES USING A NEW DATA ELEMENT, 'PROGRAM-TYPE'.

A SUBSTANTIAL NUMBER OF NEW MSIS TYPE OF SERVICE CODES WERE ADDED IN FISCAL YEAR 1998.

THE FOLLOWING TYPES OF SERVICE ARE DEFINED IN THE MAX PROCESS USING STATE PROCEDURE (SERVICE) CODES:
51 = DURABLE MEDICAL EQUIPMENT AND SUPPLIES (INCLUDING EMERGENCY RESPONSE SYSTEMS AND HOME MODIFICATIONS)
52 = RESIDENTIAL CARE (DEFINITION CHANGED FOR 2003 AND LATER YEARS - ADDITIONAL INFORMATION IS AVAILABLE ON REQUEST)
53 = PSYCHIATRIC SERVICES (EXCLUDING ADULT DAY CARE)
54 = ADULT DAY CARE

SOURCE: MSIS CLAIMS FILE: 'TYPE-OF-SERVICE' EXCEPT FOR CODE VALUES 51-54 AS NOTED ABOVE.

NOTE: IN MAX 2008, A TYPOGRAPHICAL ERROR WAS CORRECTED -- VALUE 20 NOW INCLUDES PACE.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: 24.

ELEMENT NAME: **BILLING PROVIDER IDENTIFICATION NUMBER**

SAS VARIABLE: PRVDR_ID_NMBR

TYPE: CHAR LENGTH: 12 BEG: 85 END: 96

DESCRIPTION:

STATE ASSIGNED UNIQUE IDENTIFICATION NUMBER FOR THE BILLING PROVIDER.

SOURCE: MSIS CLAIMS FILE: 'PROVIDER-ID-NUMBER-BILLING'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: 25.

ELEMENT NAME: **NATIONAL PROVIDER IDENTIFIER**

SAS VARIABLE: NPI

TYPE: CHAR LENGTH: 12 BEG: 97 END: 108

DESCRIPTION:

NATIONAL PROVIDER IDENTIFIER OF THE INSTITUTION BILLING/CARING FOR THE ENROLLEE.

SOURCE: MSIS CLAIMS FILE: 'NATIONAL-PROVIDER-ID'.

NOTE: IN MAX 2005, THIS VARIABLE WAS ADDED TO THE FILE.

NOTE: IN MAX 2005-2008, THIS VARIABLE WAS 9-FILLED.

NOTE: IN MAX 2009, THIS VARIABLE WAS NO LONGER 9-FILLED.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: 26.

ELEMENT NAME: **PROVIDER TAXONOMY**

SAS VARIABLE: TAXONOMY

TYPE: CHAR LENGTH: 12 BEG: 109 END: 120

DESCRIPTION:

A NATIONAL HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)-COMPLIANT CODE THAT DESCRIBES THE PROVIDER SPECIALTY OR INSTITUTION TYPE OF THE INSTITUTION BILLING/CARING FOR THE BENEFICIARY.

SOURCE: MSIS CLAIMS FILE: 'PROVIDER-TAXONOMY'.

NOTE: IN MAX 2005, THIS VARIABLE WAS ADDED TO THE FILE.

NOTE: IN MAX 2005-2008, THIS VARIABLE WAS 9-FILLED.

NOTE: IN MAX 2009, THIS VARIABLE WAS NO LONGER 9-FILLED.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: **

ELEMENT NAME: **CLAIMS AND PAYMENT GROUP**

SAS VARIABLE: NONE

TYPE: GROUP LENGTH: 72 BEG: 121 END: 192

DESCRIPTION:

FIELDS CONTAINING DETAILED DATA FROM MSIS CLAIMS ON TYPE OF CLAIM, TYPE OF COVERAGE, PAYMENTS AND CHARGES FROM MSIS CLAIMS.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: 27.

ELEMENT NAME: **TYPE OF CLAIM CODE**

SAS VARIABLE: TYPE_CLM_CD

TYPE: CHAR LENGTH: 1 BEG: 121 END: 121

DESCRIPTION:

CODE INDICATING THE TYPE OF CLAIM.

CODES:
1 = A CURRENT FEE-FOR-SERVICE CLAIM FOR MEDICAL SERVICES.
2 = CAPITATED PAYMENT.
3 = ENCOUNTER (A.K.A. "DUMMY") RECORD 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 EARLY PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT (EPSDT).
5 = SUPPLEMENTAL PAYMENT (ABOVE CAPITATION FEE OR ABOVE NEGOTIATED RATE) (E.G. FEDERALLY QUALIFIED HEALTH CENTER (FQHC) ADDITIONAL REIMBURSEMENT).
9 = UNKNOWN.
A = S-CHIP CLAIM: A CURRENT FEE-FOR-SERVICE CLAIM FOR MEDICAL SERVICES.
B = S-CHIP CLAIM: CAPITATED PAYMENT.
C = S-CHIP CLAIM: ENCOUNTER (A.K.A. "DUMMY") RECORD THAT SIMULATES A BILL FOR A SERVICE RENDERED TO A PATIENT COVERED UNDER SOME FORM OF CAPITATION PLAN.
D = S-CHIP CLAIM: 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.
E = S-CHIP CLAIM: SUPPLEMENTAL PAYMENT (ABOVE CAPITATION FEE OR ABOVE NEGOTIATED RATE) (E.G. FQHC ADDITIONAL REIMBURSEMENT).

USER NOTE: VOIDED CLAIMS ARE NOT RETAINED IN MAX AS $0 PAID CLAIMS.

SOURCE: MSIS CLAIMS FILE: 'TYPE-OF-CLAIM'.

NOTE: BEGINNING IN MAX 2009, THIS VARIABLE WAS CHANGED TO CHARACTER.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: 28.

ELEMENT NAME: **ADJUSTMENT CODE**

SAS VARIABLE: ADJUST_CD

TYPE: NUM LENGTH: 1 BEG: 122 END: 122

DESCRIPTION:

CODE INDICATING IF THE CLAIMS FOR THIS SERVICE WERE ONLY ORIGINAL SUBMISSIONS, INCLUDED ADJUSTEMENTS OF ANY TYPE OR IF ONE OR MORE ORIGINAL SUBMISSIONS WAS MISSING.

CODES:
0 = NO ADJUSTMENT OF CLAIMS WAS REQUIRED, SINCE ALL CLAIMS FOR THIS RECORD WERE ORIGINAL CLAIMS (ALL CLAIMS FOR THIS RECORD HAD VALUE = 0 IN THE MSIS DATA ELEMENT 'ADJUSTMENT- INDICATOR'). IN THIS CASE, ORIGINAL CLAIMS WERE COMBINED FOR THIS RECORD.
1 = THIS RECORD REPRESENTS A CLAIMS SET WHERE IT WAS POSSIBLE TO CORRECTLY COMPLETE THE ADJUSTMENT PROCESS, BY COMBINING ORIGINAL AND ADJUSTMENT CLAIMS FOR THIS RECORD. THIS MEANS THAT THERE WAS AT LEAST ONE ORIGINAL CLAIM AND AT LEAST ONE ADJUSTMENT CLAIM IN THE SET OF CLAIMS FOR THIS RECORD (AT LEAST ONE CLAIM FOR THIS RECORD HAD VALUE = 0 IN THE MSIS DATA ELEMENT 'ADJUSTMENT-INDICATOR' AND AT LEAST ONE CLAIM FOR THIS RECORD HAD A VALUE OTHER THAN 0 IN THE MSIS DATA ELEMENT 'ADJUSTMENT-INDICATOR').
2 = THIS RECORD REPRESENTS A CLAIMS SET WHERE IT WAS NOT POSSIBLE TO CORRECTLY COMPLETE THE ADJUSTMENT PROCESS (NONE OF THE CLAIMS FOR THIS RECORD HAD A VALUE = 0 IN THE MSIS DATA ELEMENT 'ADJUSTMENT-INDICATOR').

SOURCE: RECODED USING THE MSIS CLAIMS FILES DATA ELEMENT: 'ADJUSTMENT-INDICATOR'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: 29.

ELEMENT NAME: **MANAGED CARE TYPE OF PLAN CODE**

SAS VARIABLE: PHP_TYPE

TYPE: NUM LENGTH: 2 BEG: 123 END: 124

DESCRIPTION:

CODE INDICATING THE TYPE OF MANAGED CARE PLAN, IF ANY, UNDER WHICH THE NON-FEE-FOR-SERVICE ENCOUNTER WAS PROVIDED.

CODES:
00 = INDIVIDUAL WAS NOT ELIGIBLE FOR MEDICAID THIS MONTH.
01 = ELIGIBLE IS ENROLLED IN A MEDICAL OR COMPREHENSIVE MANAGED CARE PLAN THIS MONTH (E.G. HMO).
02 = ELIGIBLE IS ENROLLED IN A DENTAL MANAGED CARE PLAN THIS MONTH.
03 = ELIGIBLE IS ENROLLED IN A BEHAVIORAL MANAGED CARE PLAN THIS MONTH.
04 = ELIGIBLE IS ENROLLED IN A PRENATAL/DELIVERY MANAGED CARE PLAN THIS MONTH.
05 = ELIGIBLE IS ENROLLED IN A LONG-TERM CARE MANAGED CARE PLAN THIS MONTH.
06 = ELIGIBLE IS ENROLLED IN A PROGRAM FOR ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE) THIS MONTH.
07 = ELIGIBLE IS ENROLLED IN A PRIMARY CARE CASE MANAGEMENT MANAGED CARE PLAN THIS MONTH.
08 = ELIGIBLE IS ENROLLED IN AN OTHER MANAGED CARE PLAN THIS MONTH.
77 = THIS RECORD IS AN ENCOUNTER RECORD, BUT THERE WAS NO MATCH BETWEEN THE 'MANAGED CARE PLAN IDENTIFICATION NUMBER' AND THE PLAN IDENTIFIERS IN THE ELIGIBILTY RECORD FOR THIS PERSON.

88 = NOT APPLICABLE, THIS RECORD IS NOT AN ENCOUNTER RECORD OR THIS RECORD'S PLAN ID IS 8-FILLED.
99 = ELIGIBLE'S MANAGED CARE PLAN STATUS IS UNKNOWN.

USER NOTE: THIS DATA ELEMENT IS 8-FILLED FOR NON-ENCOUNTER RECORDS.

IN MAX 1999-2008, THIS DATA ELEMENT WAS 6, 7, 8 OR 9-FILLED FOR ALL RECORDS.

IN MAX 2010, VALUE 66 WAS DELETED.

IN MAX 2010, WE REVISED THE ALGORITHM TO LOOK FOR THE CLAIM'S PLAN ID IN ALL FOUR PLANS IN ALL 12 MONTHS OF ELIGIBILITY RATHER THAN LOOK ONLY IN THE SERVICE END MONTH.

SOURCE: MSIS ELIGIBILITY FILE, BY MATCHING THE ELIGIBLE'S MSIS 'PLAN-ID-NUMBER' FROM THE CLAIM(S) TO THE ELIGIBLE'S ELIGIBILITY RECORD FOR THE MONTH OF THE ENCOUNTER RECORD. SEE DATA ELEMENT 'MANAGED CARE PLAN IDENTIFICATION CODE'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: 30.

ELEMENT NAME: **MANAGED CARE PLAN IDENTIFICATION NUMBER**

SAS VARIABLE: PHP_ID

TYPE: CHAR LENGTH: 12 BEG: 125 END: 136

DESCRIPTION:

A UNIQUE IDENTIFIER WHICH REPRESENTS THE HEALTH PLAN UNDER WHICH THE NON-FEE-FOR-SERVICE ENCOUNTER WAS PROVIDED.

USER NOTE: THIS DATA ELEMENT IS 8-FILLED FOR NON-ENCOUNTER RECORDS. IN MAX 1999-2008, THIS DATA ELEMENT WAS 8-FILLED OR MISSING FOR ALL RECORDS.

SOURCE: MSIS CLAIMS FILE: 'PLAN-ID-NUMBER'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: 31.

ELEMENT NAME: **MEDICAID PAYMENT AMOUNT**

SAS VARIABLE: MDCD_PYMT_AMT

TYPE: NUM* LENGTH: 8 BEG: 137 END: 144

DESCRIPTION:

TOTAL AMOUNT OF MONEY PAID BY MEDICAID FOR THIS SERVICE.

(SAS USERS: ZONED DECIMAL - ZD8)

USER NOTES: THIS PAYMENT AMOUNT IS = $0 FOR ENCOUNTER RECORDS. IN MSIS, STATES ARE INSTRUCTED TO SET 'MEDICAID-AMOUNT-PAID' = $0 FOR RECORDS WITH 'TYPE-OF-CLAIM' = 3 (ENCOUNTERS). IN MAX, WE AGAIN SET 'MEDICAID PAYMENT AMOUNT' = $0 FOR ENCOUNTERS, TO ELIMINATE THE POSSIBILITY OF AMOUNTS > $0 APPEARING, IN ERROR. 'MEDICAID PAYMENT AMOUNT' IS SET VALUE = $0 BECAUSE MEDICAID PAYMENT FOR THESE ENCOUNTER RECORDS IS ALREADY CAPTURED IN PREMIUM PAYMENT RECORDS (WITH AMOUNTS > $0). THE PREMIUM PAYMENT RECORDS CONTAIN EITHER MSIS 'TYPE-OF-SERVICE' = 20 (CAPITATED PAYMENTS TO HMO, HIO, OR PACE PLANS), TOS = 21 (CAPITATED PAYMENTS TO PREPAID HEALTH PLANS - PHPs), TOS = 22 (CAPITATED PAYMENT FOR PRIMARY CARE CASE MANAGEMENT - PCCMs), OR TOS = 23 (CAPITATED PAYMENTS TO PRIVATE HEALTH INSURANCE - PHI).

THERE ARE INSTANCES WHERE THIS PAYMENT AMOUNT MAY BE SET VALUE < $0 FOR FEE-FOR-SERVICE RECORDS. THIS SHOULD OCCUR ONLY ON CLINIC, PHYSICIAN OR OUTPATIENT DEPARTMENT BILLS FOR SELECTED STATES. THIS SITUATION HAS OCCURRED IN SEVERAL STATES, BUT HAS NOT BEEN A SIGNIFICANT ISSUE.

WHERE THE 'MEDICAID PAYMENT AMOUNT' IS SET < $0 IN A MAX RECORD, THE PROVIDER BILLS USUALLY CONSIST OF A SUMMARY AND ONE OR MORE LINE ITEMS. THE SUMMARY CONTAINS INFORMATION ABOUT 'MEDICAID PAYMENT AMOUNT' AND OTHER PAYMENTS, E.G. PAYMENTS BY OTHER INSURERS, KNOWN AS THIRD PARTY LIABILITY (TPL). THE SUMMARY DOES NOT INCLUDE DETAIL ON THE ACTUAL SERVICES PROVIDED. THAT DETAIL IS FOUND IN THE LINE ITEMS, BUT THE LINE ITEMS DO NOT INCLUDE THE ACTUAL MEDICAID PAYMENT AMOUNT. FOR THESE REASONS, STATES ARE INSTRUCTED TO SUBMIT BOTH THE SUMMARY AND THE LINE ITEMS IN MSIS SO THAT WE WILL HAVE THE MOST COMPLETE RECORD POSSIBLE OF SERVICES AND PAYMENTS. FOR THE SAME REASON, BOTH TYPES OF RECORDS ARE ALSO CAPTURED IN MAX.

THE INDIVIDUAL LINE ITEMS CONTAIN AN "ALLOWED PAYMENT AMOUNT", AN AMOUNT THAT HAS NOT BEEN REDUCED BY PAYMENTS FROM OTHER INSURERS (TPL) OR OUT-OF-POCKET PAYMENTS BY THE ELIGIBLE (PATIENT SHARE AMOUNTS). IF BOTH ALLOWED AND ACTUAL PAYMENTS ARE RETAINED, SUMS OF PAYMENT AMOUNTS ACROSS THE SUMMARY AND LINE ITEMS WILL OVERSTATE ACTUAL MEDICAID PAYMENTS. FURTHERMORE, THERE IS NO WAY TO APPORTION OR DISTRIBUTE THE ACTUAL MEDICAID PAYMENT AMOUNT FROM THE SUMMARY TO THE INDIVIDUAL LINE ITEMS. SO, THE DECISION WAS MADE TO RETAIN THE ALLOWED PAYMENT AMOUNTS IN THE LINE ITEMS, RETAIN THE TPL AMOUNT IN THE SUMMARY AND ADJUST MEDICAID PAYMENT (IN THE SUMMARY) SO THAT THE SUM ACROSS ALL RECORDS (SUMMARY AND LINE ITEMS) IS EQUAL TO THE ACTUAL MEDICAID PAYMENT AMOUNT. BECAUSE OF THIS, MEDICAID PAYMENT AMOUNT MAY BE ADJUSTED TO AN AMOUNT < $0 SO THAT THE SUM OF ALL PAYMENT AMOUNTS LESS TPL IS EQUAL TO THE ACTUAL MEDICAID PAYMENT AMOUNT.

SOURCE: RECODED AS NOTED ABOVE USING MSIS CLAIMS FILE: 'MEDICAID-AMOUNT-PAID'.

NOTE: IN MAX 2008, A TYPOGRAPHICAL ERROR WAS CORRECTED -- TYPE OF SERVICE = 20 NOW INCLUDES PACE.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: 32.

ELEMENT NAME: **THIRD PARTY PAYMENT AMOUNT**

SAS VARIABLE: TP_PYMT_AMT

TYPE: NUM* LENGTH: 8 BEG: 145 END: 152

DESCRIPTION:

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.

(SAS USERS: ZONED DECIMAL - ZD8)

USER NOTE: 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: 'OTHER-THIRD-PARTY-PAYMENT'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: 33.

ELEMENT NAME: **PAYMENT DATE**

SAS VARIABLE: PYMT_DT

TYPE: NUM LENGTH: 8 BEG: 153 END: 160

DESCRIPTION:

DATE ON WHICH THE CLAIM OR ENCOUNTER RECORD WAS ADJUDICATED BY THE STATE.

EDIT-RULES: YYYYMMDD

USER NOTE: FOR FEE-FOR-SERVICE CLAIMS THIS IS THE DATE THE CLAIM WAS ADJUDICATED FOR PAYMENT.

SOURCE: MSIS CLAIMS FILE: 'DATE-OF-PAYMENT-ADJUDICATION'. MSIS DATES WITH 8- OR 9-FILL VALUES ARE CHANGED TO 0-FILL (ZERO-FILL).

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: 34.

ELEMENT NAME: **CHARGE AMOUNT**

SAS VARIABLE: CHRG_AMT

TYPE: NUM* LENGTH: 8 BEG: 161 END: 168

DESCRIPTION:

TOTAL AMOUNT OF CHARGES SUBMITTED BY THE PROVIDER FOR THIS SERVICE.

(SAS USERS: ZONED DECIMAL - ZD8)

USER NOTE: THIS PAYMENT AMOUNT IS = $0 FOR ENCOUNTER RECORDS. IN MSIS, FOR TYPE OF CLAIM = 3 (ENCOUNTERS), STATES ARE INSTRUCTED TO REPORT PAYMENT AMOUNTS BY A PLAN TO A PROVIDER IN THE 'AMOUNT-CHARGED' DATA ELEMENT. HOWEVER, SUCH PAYMENTS ARE NOT ACTUAL PROVIDER CHARGES. THEREFORE, IN MAX FOR TYPE OF CLAIM = 3 (ENCOUNTERS), THE MSIS VALUE OF 'AMOUNT-CHARGED' HAS BEEN MOVED TO 'PREPAID PLAN SERVICE VALUE' AND MAX CHARGE AMOUNT HAS BEEN RESET TO VALUE = $0. AS A RESULT, MAX CHARGE AMOUNT WILL HAVE VALUE = $0 FOR ALL RECORDS WITH TYPE OF CLAIM = 3 (ENCOUNTER) AND VALUE >= $0 FOR OTHER TYPE OF CLAIM VALUES, INCLUDING VALUE = 1 (FEE-FOR-SERVICE).

NOTE: DURING MAX 1999-2011, THE CHARGE AMOUNT ON ENCOUNTER RECORDS WAS NOT MOVED TO THE PREPAID PLAN SERVICE VALUE AND THE CHARGE AMOUNT WAS NOT RECODED TO ZERO.

SOURCE: RECODED AS NOTED ABOVE USING THE MSIS CLAIMS FILE: 'AMOUNT-CHARGED'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: 35.

ELEMENT NAME: **PREPAID PLAN SERVICE VALUE**

SAS VARIABLE: PHP_VAL

TYPE: NUM* LENGTH: 8 BEG: 169 END: 176

DESCRIPTION:

DOLLAR VALUE PLACED ON THE SERVICE BY THE PROVIDER.

(SAS USERS: ZONED DECIMAL - ZD8)

USER NOTES: THIS PAYMENT AMOUNT IS > $0 ONLY FOR ENCOUNTER RECORDS. WHILE THIS PAYMENT AMOUNT COULD HAVE VALUE = $0 FOR SOME ENCOUNTER RECORDS, IT WILL ALWAYS HAVE VALUE = $0 FOR OTHER TYPES OF RECORDS. FOR RECORDS IN WHICH TYPE OF CLAIM = 3 (ENCOUNTER), THE MSIS VALUE OF 'AMOUNT-CHARGED' HAS BEEN MOVED TO 'PREPAID PLAN SERVICE VALUE' AND MAX CHARGE AMOUNT HAS BEEN RESET TO VALUE = $0. SEE 'MEDICAID PAYMENT AMOUNT' AND 'CHARGE AMOUNT' FOR ADDITIONAL INFORMATION. AS A RESULT, MAX 'PREPAID PLAN SERVICE VALUE' WILL HAVE VALUE >= $0 FOR ALL RECORDS WITH TYPE OF CLAIM = 3 (ENCOUNTER) AND VALUE = $0 FOR OTHER TYPE OF CLAIM VALUES, INCLUDING VALUE = 1 (FEE-FOR-SERVICE). DEPENDING ON THE PROVIDER AND TYPE OF PREPAID PLAN, THE DOLLAR AMOUNTS IN THIS DATA ELEMENT MAY HAVE DIFFERENT MEANINGS. FOR EXAMPLE, IN AN INDEPENDENT PRACTICE PLAN THE AMOUNT MAY BE A PROVIDER'S CHARGE TO THE PLAN. IN A STAFF MODEL PLAN, THE AMOUNT MAY BE A MEASURE OF RESOURCES USED. FOR THIS REASON, EXTREME CAUTION SHOULD BE EXERCISED WHEN USING THIS DATA ELEMENT.

NOTE: DURING MAX 1999-2011, WHEN THE MEDICAID PAYMENT AMOUNT (NOT THE CHARGE AMOUNT) ON ENCOUNTER RECORDS WAS GREATER THAN ZERO, THE MEDICAID PAYMENT AMOUNT WAS MOVED TO THE PREPAID PLAN SERVICE VALUE AND THE MEDICAID PAYMENT AMOUNT WAS RECODED TO ZERO.

SOURCE: RECODED AS NOTED ABOVE USING MSIS CLAIMS FILE.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: 36.

ELEMENT NAME: **MEDICARE COINSURANCE PAYMENT AMOUNT**

SAS VARIABLE: MDCR_COINSUR_PYMT_AMT

TYPE: NUM* LENGTH: 8 BEG: 177 END: 184

DESCRIPTION:

THE AMOUNT PAID BY MEDICAID FOR THIS SERVICE, TOWARD THE RECIPIENT'S MEDICARE COINSURANCE LIABILITY.

(SAS USERS: ZONED DECIMAL - ZD8)

SOURCE: MSIS CLAIMS FILE: 'MEDICARE-COINSURANCE-PAYMENT'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: 37.

ELEMENT NAME: **MEDICARE DEDUCTIBLE PAYMENT AMOUNT**

SAS VARIABLE: MDCR_DED_PYMT_AMT

TYPE: NUM* LENGTH: 8 BEG: 185 END: 192

DESCRIPTION:

THE AMOUNT PAID BY MEDICAID, FOR THIS SERVICE, TOWARD THE RECIPIENT'S MEDICARE DEDUCTIBLE LIABILITY.

(SAS USERS: ZONED DECIMAL - ZD8)

USER NOTE: THIS DATA ELEMENT IS NOT APPLICABLE FOR THE FOLLOWING MAX TYPES OF SERVICE: TOS = 5 (INTERMEDIATE CARE FACILITY - ICF - FOR INDIVIDUALS WITH INTELLECTUAL DISABLITIES) OR TOS = 7 (NURSING FACILITY SERVICES - NFS - ALL OTHER). THEREFORE, THIS DATA ELEMENT WILL BE 0-FILLED FOR THESE TYPES OF SERVICE.

SOURCE: MSIS CLAIMS FILE: 'MEDICARE-DEDUCTIBLE-PAYMENT'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: **

ELEMENT NAME: **INPATIENT HOSPITAL GROUP**

SAS VARIABLE: NONE

TYPE: GROUP LENGTH: 615 BEG: 193 END: 807

DESCRIPTION:

FIELDS CONTAINING INFORMATION ABOUT THE INPATIENT HOSPITAL VISIT, INCLUDING THE DATES OF SERVICE, DIAGNOSIS CODES, PROCEDURE CODES, UNIFORM BILLING REVENUE CODES, DIAGNOSIS-RELATED GROUP INFORMATION, DELIVERY CODE, PATIENT STATUS CODE, AND MEDICAID-COVERED DAYS.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: 38.

ELEMENT NAME: **ADMISSION DATE**

SAS VARIABLE: ADMSN_DT

TYPE: NUM LENGTH: 8 BEG: 193 END: 200

DESCRIPTION:

DATE WHICH THE RECIPIENT WAS ADMITTED FOR THIS INPATIENT STAY.

EDIT-RULES: YYYYMMDD

SOURCE: MSIS CLAIMS FILE: 'ADMISSION-DATE'. MSIS DATES WITH 8- OR 9-FILL VALUES ARE CHANGED TO 0-FILL (ZERO-FILL).

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: 39.

ELEMENT NAME: **SERVICE BEGINNING DATE**

SAS VARIABLE: SRVC_BGN_DT

TYPE: NUM LENGTH: 8 BEG: 201 END: 208

DESCRIPTION:

BEGINNING DATE OF SERVICE FOR THIS CLAIM.

EDIT-RULES: YYYYMMDD

USER NOTE: THIS DATE MAY OR MAY NOT BE THE ADMISSION DATE.

SOURCE: MSIS CLAIMS FILE: 'BEGINNING-DATE-OF-SERVICE'. MSIS DATES WITH 8- OR 9-FILL VALUES ARE CHANGED TO 0-FILL (ZERO-FILL).

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: 40.

ELEMENT NAME: **ENDING DATE OF SERVICE**

SAS VARIABLE: SRVC_END_DT

TYPE: NUM LENGTH: 8 BEG: 209 END: 216

DESCRIPTION:

THE DATE RECORDED HERE IS THE LATEST DATE OF SERVICE FOR ANY CLAIM RELATED TO THIS HOSPITAL STAY. THIS DATE MAY OR MAY NOT BE THE DISCHARGE DATE.

EDIT-RULES: YYYYMMDD

USER NOTES: THIS DATA ELEMENT IS BEST USED TOGETHER WITH 'PATIENT STATUS CODE'.

SOURCE: MSIS CLAIMS FILE: 'ENDING-DATE-OF-SERVICE'. MSIS DATES WITH 8- OR 9-FILL VALUES ARE CHANGED TO 0-FILL (ZERO-FILL).

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: 41.

ELEMENT NAME: **PRINCIPAL DIAGNOSIS CODE**

SAS VARIABLE: DIAG_CD_1

TYPE: CHAR LENGTH: 7 BEG: 217 END: 223

DESCRIPTION:

PRINCIPAL DIAGNOSIS CODE FOR THIS RECORD.

EDIT-RULES: LEFT JUSTIFIED, NO DECIMAL POINT

USER NOTE: USERS SHOULD EXERCISE CAUTION SINCE THIS DATA ELEMENT REMAINS AS IT WAS REPORTED BY EACH STATE. IT MAY CONTAIN EITHER BLANK-PADDING OR ZERO-PADDING TO THE RIGHT FOR 3- OR 4-CHARACTER ICD-9-CM CODES.

SOURCE: MSIS CLAIMS FILE: 'DIAGNOSIS-CODE-1 (PRINCIPAL)'.

NOTE: IN MAX 2005, THE LENGTH OF THIS VARIABLE WAS CHANGED FROM 6 TO 8.

NOTE: IN MAX 2012, THE LENGTH OF THIS DATA ELEMENT CHANGED FROM 8 TO 7.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: 42.

ELEMENT NAME: **PRINCIPAL DIAGNOSIS CODE FLAG**

SAS VARIABLE: DIAG_CD_FLG_1

TYPE: CHAR LENGTH: 1 BEG: 224 END: 224

DESCRIPTION:

PRINCIPAL DIAGNOSIS CODE FLAG FOR THIS RECORD.

CODES:
0 = ICD-10
9 = ICD-9
BLANK = MISSING

SOURCE: MSIS CLAIMS FILE: 'DIAGNOSIS-CODE-FLAG-1'.

NOTE: SOME STATES BEGAN REPORTING THIS DATA ELEMENT IN 2013. BY OCTOBER 2014, ALL STATES ARE SUPPOSED TO REPORT IT.

NOTE: IN MAX 2012, THIS DATA ELEMENT WAS ADDED.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: *

ELEMENT NAME: **DIAGNOSIS CODE GROUP - ADDITIONAL DIAGNOSIS 2 - 9 (OCCURS 8 TIMES)**

SAS VARIABLE: NONE

TYPE: GROUP LENGTH: 64 BEG: 225 END: 288

DESCRIPTION:

DIAGNOSES FOR THIS RECORD. THERE ARE EIGHT OCCURRENCES OF DIAGNOSIS CODE AND DIAGNOSIS CODE FLAG. THE EXAMPLE FIELD IS FOR DIAGNOSIS CODE-2.
DIAGNOSIS CODE-2 (POSITIONS 225 TO 231)
DIAGNOSIS CODE FLAG-2 (POSITIONS 232 TO 232)
DIAGNOSIS CODE-3 (POSITIONS 233 TO 239)
DIAGNOSIS CODE FLAG-3 (POSITIONS 240 TO 240)
DIAGNOSIS CODE-4 (POSITIONS 241 TO 247)
DIAGNOSIS CODE FLAG-4 (POSITIONS 248 TO 248)
DIAGNOSIS CODE-5 (POSITIONS 249 TO 255)
DIAGNOSIS CODE FLAG-5 (POSITIONS 256 TO 256)
DIAGNOSIS CODE-6 (POSITIONS 257 TO 263)
DIAGNOSIS CODE FLAG-6 (POSITIONS 264 TO 264)
DIAGNOSIS CODE-7 (POSITIONS 265 TO 271)
DIAGNOSIS CODE FLAG-7 (POSITIONS 272 TO 272)
DIAGNOSIS CODE-8 (POSITIONS 273 TO 279)
DIAGNOSIS CODE FLAG-8 (POSITIONS 280 TO 280)
DIAGNOSIS CODE-9 (POSITIONS 281 TO 287)
DIAGNOSIS CODE FLAG-9 (POSITIONS 288 TO 288)

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: 43.

ELEMENT NAME: **DIAGNOSIS CODE - 2**

SAS VARIABLE: DIAG_CD_2

TYPE: CHAR LENGTH: 7 BEG: 225 END: 231

DESCRIPTION:

SECOND DIAGNOSIS CODE FOR THIS RECORD.

EDIT-RULES: LEFT JUSTIFIED, NO DECIMAL POINT.

USER NOTE: USERS SHOULD EXERCISE CAUTION SINCE THIS DATA ELEMENT REMAINS AS IT WAS REPORTED BY EACH STATE. IT MAY CONTAIN EITHER BLANK-PADDING OR ZERO-PADDING TO THE RIGHT FOR 3- OR 4-CHARACTER ICD-9-CM CODES.

SOURCE: MSIS CLAIMS FILE: 'DIAGNOSIS-CODE-2'.

NOTE: IN MAX 2005, THE LENGTH OF THIS VARIABLE WAS CHANGED FROM 6 TO 8.

NOTE: IN MAX 2012, THE LENGTH OF THIS DATA ELEMENT CHANGED FROM 8 TO 7.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: 44.

ELEMENT NAME: **DIAGNOSIS CODE FLAG - 2**

SAS VARIABLE: DIAG_CD_FLG_2

TYPE: CHAR LENGTH: 1 BEG: 232 END: 232

DESCRIPTION:

SECOND DIAGNOSIS CODE FLAG FOR THIS RECORD.

CODES:
0 = ICD-10
9 = ICD-9
BLANK = MISSING

SOURCE: MSIS CLAIMS FILE: 'DIAGNOSIS-CODE-FLAG-2'.

NOTE: SOME STATES BEGAN REPORTING THIS DATA ELEMENT IN 2013. BY OCTOBER 2014, ALL STATES ARE SUPPOSED TO REPORT IT.

NOTE: IN MAX 2012, THIS DATA ELEMENT WAS ADDED.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: 45.

ELEMENT NAME: **PRINCIPAL PROCEDURE DATE**

SAS VARIABLE: PRNCPL_PRCDR_DT

TYPE: NUM LENGTH: 8 BEG: 289 END: 296

DESCRIPTION:

DATE ON WHICH THE PRINCIPAL PROCEDURE, IF ANY, WAS PERFORMED.

EDIT-RULES: YYYYMMDD

SOURCE: MSIS CLAIMS FILE: 'PROC-DATE-PRINCIPAL'. MSIS DATES WITH 8- OR 9-FILL VALUES ARE CHANGED TO 0-FILL (ZERO-FILL).

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: 46.

ELEMENT NAME: **PROCEDURE CODING SYSTEM CODE - PRINCIPAL**

SAS VARIABLE: PRCDR_CD_SYS_1

TYPE: CHAR LENGTH: 2 BEG: 297 END: 298

DESCRIPTION:

CODE SPECIFYING THE PROCEDURE CODING SYSTEM USED FOR THE PRINCIPAL PROCEDURE.

CODES:
01 = CPT-4 (HCPCS LEVEL 1)
02 = ICD-9-CM
06 = HCPCS (HCPCS LEVELS 2 AND 3)
07 = ICD-10 (FUTURE USE)
10-87 = OTHER SYSTEMS
88 = NOT APPLICABLE
99 = UNKNOWN

USER NOTES: THIS DATA ELEMENT SHOULD BE USED WITH 'PRINCIPAL PROCEDURE CODE'. USERS SHOULD MAKE SURE THE CODE VALUE IN THIS DATA ELEMENT ACCURATELY REFLECTS THE CODING SCHEME IN USE. THE FOLLOWING CODE VALUES ARE OBSOLETE:
03 = CRVS 74,
04 = CRVS 69, AND
05 = CRVS 64.

SOURCE: MSIS CLAIMS FILE: 'PROC-CODE-FLAG-PRINCIPAL'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: 47.

ELEMENT NAME: **PROCEDURE CODE - PRINCIPAL**

SAS VARIABLE: PRCDR_CD_1

TYPE: CHAR LENGTH: 8 BEG: 299 END: 306

DESCRIPTION:

PRINCIPAL PROCEDURE PERFORMED FOR DEFINITIVE TREATMENT (RATHER THAN DIAGNOSTIC OR EXPLORATORY PURPOSES). IT IS RELATED TO EITHER THE DIAGNOSIS OR TO COMPLICATIONS. SEE 'PROCEDURE CODING SYSTEM CODE - PRINCIPAL'.

SOURCE: MSIS CLAIMS FILE: 'PROC-CODE-PRINCIPAL'.

NOTE: IN MAX 2005, THE LENGTH OF THIS VARIABLE WAS CHANGED FROM 7 TO 8.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: *

ELEMENT NAME: **PROCEDURE CODE GROUP - ADDITIONAL PROCEDURES 2 - 6 (OCCURS 5 TIMES)**

SAS VARIABLE: NONE

TYPE: GROUP LENGTH: 50 BEG: 307 END: 356

DESCRIPTION:

INDICATES WHICH, IF ANY, ADDITIONAL PROCEDURES WERE PERFORMED. THERE ARE FIVE OCCURRENCES OF 'PROCEDURE CODING SYSTEM CODE' AND 'PROCEDURE CODE' FOR THE SECOND TO SIXTH PROCEDURES.
SECOND PROCEDURE (POSITIONS 307 TO 316)
PROCEDURE CODING SYSTEM CODE (POSITIONS 307 TO 308)
PROCEDURE CODE (POSITIONS 309 TO 316)
THIRD PROCEDURE (POSITIONS 317 TO 326)
PROCEDURE CODING SYSTEM CODE (POSITIONS 317 TO 318)
PROCEDURE CODE (POSITIONS 319 TO 326)
FOURTH PROCEDURE (POSITIONS 327 TO 336)
PROCEDURE CODING SYSTEM CODE (POSITIONS 327 TO 328)
PROCEDURE CODE (POSITIONS 329 TO 336)
FIFTH PROCEDURE (POSITIONS 337 TO 346)
PROCEDURE CODING SYSTEM CODE (POSITIONS 337 TO 338)
PROCEDURE CODE (POSITIONS 339 TO 346)
SIXTH PROCEDURE (POSITIONS 347 TO 356)
PROCEDURE CODING SYSTEM CODE (POSITIONS 347 TO 348)
PROCEDURE CODE (POSITIONS 349 TO 356)

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: 48.

ELEMENT NAME: **PROCEDURE CODING SYSTEM CODE - 2**

SAS VARIABLE: PRCDR_CD_SYS_2

TYPE: CHAR LENGTH: 2 BEG: 307 END: 308

DESCRIPTION:

CODE SPECIFYING THE PROCEDURE CODING SYSTEM USED FOR THE PROCEDURE.

CODES:
01 = CPT-4 (HCPCS LEVEL 1)
02 = ICD-9-CM
06 = HCPCS (HCPCS LEVELS 2 AND 3)
07 = ICD-10 (FUTURE USE)
10-87 = OTHER SYSTEMS
88 = NOT APPLICABLE
99 = UNKNOWN

USER NOTES: THIS DATA ELEMENT SHOULD BE USED WITH 'PROCEDURE CODE - ADDITIONAL PROCEDURES'. USERS SHOULD MAKE SURE THE CODE VALUE IN THIS DATA ELEMENT ACCURATELY REFLECTS THE CODING SCHEME IN USE. THE FOLLOWING CODE VALUES ARE OBSOLETE:
03 = CRVS 74,
04 = CRVS 69, AND
05 = CRVS 64.

SOURCE: MSIS CLAIMS FILE: 'PROC-CODE-FLAG-2'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: 49.

ELEMENT NAME: **PROCEDURE CODE - 2**

SAS VARIABLE: PRCDR_CD_2

TYPE: CHAR LENGTH: 8 BEG: 309 END: 316

DESCRIPTION:

PROCEDURE PERFORMED FOR DEFINITIVE TREATMENT (RATHER THAN DIAGNOSTIC OR EXPLORATORY PURPOSES). IT IS RELATED TO EITHER THE DIAGNOSIS OR TO COMPLICATIONS. SEE 'PROCEDURE CODING SYSTEM CODE - ADDITIONAL PROCEDURES'.

USER NOTE: MSIS DOES NOT OBTAIN PROCEDURE DATES FOR ADDITIONAL PROCEDURES.

SOURCE: MSIS CLAIMS FILE: 'PROC-CODE-2'.

NOTE: IN MAX 2005, THE LENGTH OF THIS VARIABLE WAS CHANGED FROM 7 TO 8.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: 50.

ELEMENT NAME: **DELIVERY CODE**

SAS VARIABLE: RCPNT_DLVRY_CD

TYPE: NUM LENGTH: 1 BEG: 357 END: 357

DESCRIPTION:

CODE INDICATING WHETHER THIS IS A DELIVERY CLAIM

CODES:
0 = NOT A DELIVERY CLAIM
1 = MATERNAL DELIVERY CLAIM
2 = NEWBORN DELIVERY CLAIM

ON THE IP CLAIM, THE DELIVERY INDICATOR IDENTIFIES WHETHER THE CLAIM IS FOR A MATERNAL DELIVERY OR A NEWBORN DELIVERY. THERE ARE 2 STEPS TO THIS PROCESS:

STEP 1. THE DELIVERY INDICATOR IS ADDED TO EACH IP CLAIM. THE VALUES ARE:
0 = NOT A DELIVERY CLAIM
1 = MATERNAL DELIVERY CLAIM (LIVE AND STILL BIRTH)

IF THE CLAIM HAS ONE OF THESE DIAGNOSIS CODES (AFTER REMOVING THE DECIMAL POINT): 650, 6400-6769 (WITH A 5TH DIGIT OF 1 OR 2), AND V271-V279, AND THE PERSON'S AGE IS GREATER THAN 9 YEARS OLD (THE PERSON'S AGE IS CONFIRMED IN STEP 2).
2 = NEWBORN DELIVERY CLAIM

IF THE CLAIM HAS ONE OF THESE DIAGNOSIS CODES (AFTER REMOVING THE DECIMAL POINT): V30, V31-V39 (PLUS A 4TH DIGIT OF 0 OR 1 AND ANY VALUE IN THE 5TH POSITION)

STEP 2. THE DELIVERY INDICATOR IS UPDATED, BASED ON THE PERSON'S AGE ON THE PS RECORD EACH CLAIM IS MERGED TO THE PS RECORD TO GET THE PERSON'S AGE. IF THE DELIVERY INDICATOR ON THE CLAIM = 1 (MATERNAL DELIVERY) BUT THE PERSON IS UNDER AGE 10, THE DELIVERY INDICATOR ON THE CLAIM IS RECODED TO ZERO (NOT A DELIVERY CLAIM).

USER NOTES:

SOME INPATIENT HOSPITAL DELIVERY CLAIMS ARE ONLY FOR THE MOTHER, SOME ARE ONLY FOR THE NEWBORN, AND SOME ARE COMBINED MOTHER/NEWBORN CLAIMS.

INPATIENT HOSPITAL PROCEDURE CODES WERE NOT USED TO IDENTIFY DELIVERIES BECAUSE THEY ARE NOT AS RELIABLE AS DIAGNOSIS CODES.

A SMALL PERCENTAGE OF MEDICAID DELIVERIES OCCUR IN PLACES OF SERVICE OTHER THAN THE INPATIENT HOSPITAL.

COUNTS OF DELIVERIES MAY OVERCOUNT THE ACTUAL NUMBER OF DELIVERIES BECAUSE THERE MAY BE MORE THAN ONE CLAIM FOR THE SAME MATERNAL DELIVERY (E.G. CLAIMS FOR FALSE LABOR AND/OR CLAIMS FOR DELIVERY-RELATED COMPLICATIONS, WHICH DID NOT RESULT IN A DELIVERY, ARE CODED INCORRECTLY AS A DELIVERY).

COUNTS OF NEWBORN DELIVERIES MAY UNDERCOUNT THE ACTUAL NUMBER OF MEDICAID NEWBORNS, BECAUSE THE STATES MAY BE REPORTING NEWBORN DELIVERIES ONLY FOR PROCESSING PURPOSES.

IN MAX 1999-2005 THE DELIVERY INDICATOR ON THE PS FILE INCORRECTLY INCLUDED BOTH MOTHERS AND NEWBORNS INSTEAD OF JUST MOTHERS. STARTING WITH MAX 2006 IT INCLUDES ONLY MATERNAL DELIVERIES. THE DELIVERY INDICATOR ON THE IP FILE CAN BE USED TO PROPERLY IDENTIFY EITHER MATERNAL AND/OR NEWBORN DELIVERIES DURING 1999-2005.

IN MAX 2006 A FEW MORE DIAGNOSIS CODES WERE ADDED TO THE LIST OF NEWBORN DIAGNOSIS CODES.

SOURCE: MSIS CLAIM FILE.

NOTE: IN MAX 2006, THIS SPECIFICATION WAS UPDATED AND ADDITIONAL DIAGNOSIS CODES WERE ADDED TO THE LIST OF NEWBORN DIAGNOSIS CODES.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: 51.

ELEMENT NAME: **MEDICAID-COVERED INPATIENT DAYS**

SAS VARIABLE: MDCD_CVRD_IP_DAYS

TYPE: NUM* LENGTH: 3 BEG: 358 END: 360

DESCRIPTION:

NUMBER OF INPATIENT DAYS COVERED BY MEDICAID ON THIS INPATIENT STAY, INCLUDING NEWBORN DAYS.

(SAS USERS: ZONED DECIMAL - ZD3)

USER NOTE: IF THE CLAIM IS A MEDICARE CROSSOVER CLAIM OR THE CLAIM IS PART OF A HOSPITAL STAY THAT HAS A MEDICARE CROSSOVER CLAIM, THEN MEDICAID-COVERED INPATIENT DAYS IS RECODED TO 0. IF THE NUMBER OF COVERED DAYS > 365, THE VALUE IS RECODED TO 365.

SOURCE: MSIS CLAIMS FILE: 'MEDICAID-COVERED-INPATIENT-DAYS'.

NOTE: IN MAX 2006, THIS SPECIFICATION WAS UPDATED.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: 52.

ELEMENT NAME: **PATIENT STATUS CODE**

SAS VARIABLE: PATIENT_STATUS_CD

TYPE: NUM LENGTH: 2 BEG: 361 END: 362

DESCRIPTION:

CODE INDICATING THE PATIENT'S DISCHARGE STATUS.

CODES:
01 = DISCHARGED TO HOME OR SELF CARE (ROUTINE DISCHARGE)
02 = DISCHARGED/TRANSFERRED TO ANOTHER SHORT-TERM HOSPITAL
03 = DISCHARGED/TRANSFERRED TO A NURSING FACILITY
04 = DISCHARGED/TRANSFERRED TO AN INTERMEDIATE CARE FACILITY
05 = DISCHARGED/TRANSFERRED TO ANOTHER TYPE OF INSTITUTION (INCLUDING DISTINCT PARTS) OR REFERRED FOR OUTPATIENT SERVICES TO ANOTHER INSTITUTION
06 = DISCHARGED/TRANSFERRED TO HOME UNDER CARE OF ORGANIZED HOME HEALTH SERVICE ORGANIZATION
07 = LEFT AGAINST MEDICAL ADVICE OR DISCONTINUED CARE
08 = DISCHARGED/TRANSFERRED TO HOME UNDER CARE OF A HOME IV DRUG THERAPY PROVIDER
09 = ADMITTED AS AN INPATIENT TO THIS HOSPITAL
20 = EXPIRED
30 = STILL A PATIENT
40 = EXPIRED AT HOME (HOSPICE CLAIMS ONLY)
41 = EXPIRED IN A MEDICAL FACILITY SUCH AS A HOSPITAL, NF OR FREE-STANDING HOSPICE (HOSPICE CLAIMS ONLY)
42 = EXPIRED - PLACE UNKNOWN (HOSPICE CLAIMS ONLY)
43 = DISCHARGED/TRANSFERRED TO A FEDERAL HOSPITAL
50 = HOSPICE - HOME
51 = HOSPICE - MEDICAL FACILITY
61 = DISCHARGED TO A HOSPITAL-BASED MEDICARE APPROVED SWING BED
62 = DISCHARGED/TRANSFERRED TO ANOTHER REHAB FACILITY/REHAB UNIT OF A HOSPITAL
63 = DISCHARGED/TRANSFERRED TO A LONG-TERM CARE HOSPITAL
65 = DISCHARGED/TRANSFERRED TO A PSYCH HOSPITAL/PSYCH UNIT OF A HOSPITAL
66 = DISCHARGED TO CRITICAL ACCESS HOSPITAL
71 = DISCHARGED/TRANSFERRED TO ANOTHER INSTITUTION FOR OUTPATIENT SERVICES
72 = DISCHARGED/TRANSFERRED TO THIS INSTITUTION FOR OUTPATIENT SERVICES
99 = UNKNOWN

USER NOTE: THE DATA ELEMENT WAS PREVIOUSLY KNOWN AS DISCHARGE STATUS.

NOTE: IN MAX 2009, VALUES 43, 61, 62, 63, 65, 66, 71 AND 72 WERE ADDED TO THE FILE.

SOURCE: MSIS CLAIMS FILE: 'PATIENT-STATUS'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: 53.

ELEMENT NAME: **DIAGNOSIS RELATED GROUP INDICATOR**

SAS VARIABLE: DRG_REL_GROUP_IND

TYPE: CHAR LENGTH: 4 BEG: 363 END: 366

DESCRIPTION:

IDENTIFIES THE GROUPING ALGORITHM USED TO ASSIGN DIAGNOSIS RELATED GROUP (DRG) VALUES.

CODES:
8888 = NO DRG SYSTEM WAS USED
9999 = UNKNOWN

OTHERWISE, THE FOLLWING CODES ARE USED TO FILL THE FIELD:

IN THE LEFT-MOST 2 POSITIONS:
PP = WHERE "PP" IS US POSTAL CODE FOR THE STATE, IF THE DRG VALUES ARE FROM A SYSTEM DEVELOPED BY THE STATE.
HG = IF THE DRG VALUES ARE FROM THE CMS SYSTEM.
XX = IF THE DRG VALUES ARE FROM ANOTHER SYSTEM.

IN THE RIGHT-MOST 2 POSITIONS:
NN = WHERE "NN" IS THE DRG VERSION THAT WAS USED (VALUE 01-98).
99 = VERSION IS UNKNOWN.

USER NOTE: FOR EXAMPLE "HG15" WOULD REPRESENT CMS DRG, VERSION 15.

SOURCE: MSIS CLAIMS FILE: 'DIAGNOSIS-RELATED-GROUP-INDICATOR'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: 54.

ELEMENT NAME: **DIAGNOSIS RELATED GROUP**

SAS VARIABLE: DRG_REL_GROUP

TYPE: NUM LENGTH: 4 BEG: 367 END: 370

DESCRIPTION:

DIAGNOSIS RELATED GROUP (DRG) CODE FOR THIS INPATIENT RECORD.

USER NOTE: IF DRGs ARE NOT USED, THIS DATA ELEMENT IS 8-FILLED. IF DRGs ARE USED BUT THE DRG VALUE IS UNKNOWN, THIS DATA ELEMENT IS 9-FILLED.

SOURCE: MSIS CLAIMS FILE: 'DIAGNOSIS-RELATED-GROUP (DRG)'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: *

ELEMENT NAME: **UB-92 REVENUE CODE GROUP (OCCURS 23 TIMES)**

SAS VARIABLE: NONE

TYPE: GROUP LENGTH: 437 BEG: 371 END: 807

DESCRIPTION:

FIELDS CONTAING UB-92 REVENUE CODES WITH ASSOCIATED CHARGES AND UNITS. EACH SET OF FIELDS OCCURS 23 TIMES. THE EXAMPLE IS FOR THE FIRST REVENUE CODE.
UB-92 REVENUE CODE-1 DATA (POSITIONS 371 TO 389)
UB-92 REVENUE CODE-1 (POSITIONS 371 TO 374)
UB-92 REVENUE CODE-1 CHARGES (POSITIONS 375 TO 382)
UB-92 REVENUE CODE-1 UNITS (POSITIONS 383 TO 389)
UB-92 REVENUE CODE-2 DATA (POSITIONS 390 TO 408)
UB-92 REVENUE CODE-2 (POSITIONS 390 TO 393)
UB-92 REVENUE CODE-2 CHARGES (POSITIONS 394 TO 401)
UB-92 REVENUE CODE-2 UNITS (POSITIONS 402 TO 408)
UB-92 REVENUE CODE-3 DATA (POSITIONS 409 TO 427)
UB-92 REVENUE CODE-3 (POSITIONS 409 TO 412)
UB-92 REVENUE CODE-3 CHARGES (POSITIONS 413 TO 420)
UB-92 REVENUE CODE-3 UNITS (POSITIONS 421 TO 427)
UB-92 REVENUE CODE-4 DATA (POSITIONS 428 TO 446)
UB-92 REVENUE CODE-4 (POSITIONS 428 TO 431)
UB-92 REVENUE CODE-4 CHARGES (POSITIONS 432 TO 439)
UB-92 REVENUE CODE-4 UNITS (POSITIONS 440 TO 446)
UB-92 REVENUE CODE-5 DATA (POSITIONS 447 TO 465)
UB-92 REVENUE CODE-5 (POSITIONS 447 TO 450)
UB-92 REVENUE CODE-5 CHARGES (POSITIONS 451 TO 458)
UB-92 REVENUE CODE-5 UNITS (POSITIONS 459 TO 465)
UB-92 REVENUE CODE-6 DATA (POSITIONS 466 TO 484)
UB-92 REVENUE CODE-6 (POSITIONS 466 TO 469)
UB-92 REVENUE CODE-6 CHARGES (POSITIONS 470 TO 477)
UB-92 REVENUE CODE-6 UNITS (POSITIONS 478 TO 484)
UB-92 REVENUE CODE-7 DATA (POSITIONS 485 TO 503)
UB-92 REVENUE CODE-7 (POSITIONS 485 TO 488)
UB-92 REVENUE CODE-7 CHARGES (POSITIONS 489 TO 496)
UB-92 REVENUE CODE-7 UNITS (POSITIONS 497 TO 503)
UB-92 REVENUE CODE-8 DATA (POSITIONS 504 TO 522)
UB-92 REVENUE CODE-8 (POSITIONS 504 TO 507)
UB-92 REVENUE CODE-8 CHARGES (POSITIONS 508 TO 515)
UB-92 REVENUE CODE-8 UNITS (POSITIONS 516 TO 522)
UB-92 REVENUE CODE-9 DATA (POSITIONS 523 TO 541)
UB-92 REVENUE CODE-9 (POSITIONS 523 TO 526)
UB-92 REVENUE CODE-9 CHARGES (POSITIONS 527 TO 534)
UB-92 REVENUE CODE-9 UNITS (POSITIONS 535 TO 541)
UB-92 REVENUE CODE-10 DATA (POSITIONS 542 TO 560)
UB-92 REVENUE CODE-10 (POSITIONS 542 TO 545)
UB-92 REVENUE CODE-10 CHARGES (POSITIONS 546 TO 553)
UB-92 REVENUE CODE-10 UNITS (POSITIONS 554 TO 560)
UB-92 REVENUE CODE-11 DATA (POSITIONS 561 TO 579)
UB-92 REVENUE CODE-11 (POSITIONS 561 TO 564)
UB-92 REVENUE CODE-11 CHARGES (POSITIONS 565 TO 572)
UB-92 REVENUE CODE-11 UNITS (POSITIONS 573 TO 579)
UB-92 REVENUE CODE-12 DATA (POSITIONS 580 TO 598)
UB-92 REVENUE CODE-12 (POSITIONS 580 TO 583)
UB-92 REVENUE CODE-12 CHARGES (POSITIONS 584 TO 591)
UB-92 REVENUE CODE-12 UNITS (POSITIONS 592 TO 598)
UB-92 REVENUE CODE-13 DATA (POSITIONS 599 TO 617)
UB-92 REVENUE CODE-13 (POSITIONS 599 TO 602)
UB-92 REVENUE CODE-13 CHARGES (POSITIONS 603 TO 610)
UB-92 REVENUE CODE-13 UNITS (POSITIONS 611 TO 617)
UB-92 REVENUE CODE-14 DATA (POSITIONS 618 TO 636)
UB-92 REVENUE CODE-14 (POSITIONS 618 TO 621)
UB-92 REVENUE CODE-14 CHARGES (POSITIONS 622 TO 629)
UB-92 REVENUE CODE-14 UNITS (POSITIONS 630 TO 636)
UB-92 REVENUE CODE-15 DATA (POSITIONS 637 TO 655)
UB-92 REVENUE CODE-15 (POSITIONS 637 TO 640)
UB-92 REVENUE CODE-15 CHARGES (POSITIONS 641 TO 648)
UB-92 REVENUE CODE-15 UNITS (POSITIONS 649 TO 655)
UB-92 REVENUE CODE-16 DATA (POSITIONS 656 TO 674)
UB-92 REVENUE CODE-16 (POSITIONS 656 TO 659)
UB-92 REVENUE CODE-16 CHARGES (POSITIONS 660 TO 667)
UB-92 REVENUE CODE-16 UNITS (POSITIONS 668 TO 674)

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

UB-92 REVENUE CODE-17 DATA (POSITIONS 675 TO 693)
UB-92 REVENUE CODE-17 (POSITIONS 675 TO 678)
UB-92 REVENUE CODE-17 CHARGES (POSITIONS 679 TO 686)
UB-92 REVENUE CODE-17 UNITS (POSITIONS 687 TO 693)
UB-92 REVENUE CODE-18 DATA (POSITIONS 694 TO 712)
UB-92 REVENUE CODE-18 (POSITIONS 694 TO 697)
UB-92 REVENUE CODE-18 CHARGES (POSITIONS 698 TO 705)
UB-92 REVENUE CODE-18 UNITS (POSITIONS 706 TO 712)
UB-92 REVENUE CODE-19 DATA (POSITIONS 713 TO 731)
UB-92 REVENUE CODE-19 (POSITIONS 713 TO 716)
UB-92 REVENUE CODE-19 CHARGES (POSITIONS 717 TO 724)
UB-92 REVENUE CODE-19 UNITS (POSITIONS 725 TO 731)
UB-92 REVENUE CODE-20 DATA (POSITIONS 732 TO 750)
UB-92 REVENUE CODE-20 (POSITIONS 732 TO 735)
UB-92 REVENUE CODE-20 CHARGES (POSITIONS 736 TO 743)
UB-92 REVENUE CODE-20 UNITS (POSITIONS 744 TO 750)
UB-92 REVENUE CODE-21 DATA (POSITIONS 751 TO 769)
UB-92 REVENUE CODE-21 (POSITIONS 751 TO 754)
UB-92 REVENUE CODE-21 CHARGES (POSITIONS 755 TO 762)
UB-92 REVENUE CODE-21 UNITS (POSITIONS 763 TO 769)
UB-92 REVENUE CODE-22 DATA (POSITIONS 770 TO 788)
UB-92 REVENUE CODE-22 (POSITIONS 770 TO 773)
UB-92 REVENUE CODE-22 CHARGES (POSITIONS 774 TO 781)
UB-92 REVENUE CODE-22 UNITS (POSITIONS 782 TO 788)
UB-92 REVENUE CODE-23 DATA (POSITIONS 789 TO 807)
UB-92 REVENUE CODE-23 (POSITIONS 789 TO 792)
UB-92 REVENUE CODE-23 CHARGES (POSITIONS 793 TO 800)
UB-92 REVENUE CODE-23 UNITS (POSITIONS 801 TO 807)

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: 55.

ELEMENT NAME: **UB-92 REVENUE CODE - FIRST REVENUE CODE**

SAS VARIABLE: UB_92_REV_CD_GP_1

TYPE: NUM LENGTH: 4 BEG: 371 END: 374

DESCRIPTION:

CODE WHICH IDENTIFIES A SPECIFIC ACCOMMODATION, ANCILLARY SERVICE OR BILLING CALCULATION. FOR AN INPATIENT HOSPITAL STAY, REVENUE CODES 0100 - 0249 DESCRIBE ROOM AND BOARD (OR ACCOMMODATIONS). CODES IN THE RANGE 0250 - 0999 DESCRIBE ANCILLARY SERVICES. 0001 IDENTIFIES TOTAL CHARGES FOR THE CLAIM. CODES 0010 - 0090 ARE FOR PROSPECTIVE PAYMENT OR STATE-SPECIFIC CODING.

USER NOTE: ONLY VALID CODES DEFINED BY THE NATIONAL UNIFORM BILLING COMMITTEE ARE USED. IF MORE THAN 23 CODES ARE CAPTURED IN THE STATE CLAIMS SYSTEM, ONLY THE FIRST 23 ARE REPORTED IN MSIS. WHEN THE STATE CAPTURES FEWER THAN 23 CODES, DATA ELEMENTS WHERE CODING IS NOT APPLICABLE ARE 0-FILLED. WHEN THE UB-92 REVENUE CODE IS UNKNOWN, THIS DATA ELEMENT IS 9-FILLED.

SOURCE: MSIS CLAIMS FILE: 'UB-REV-CODE-1'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: 56.

ELEMENT NAME: **UB-92 REVENUE CODE CHARGE - FIRST REVENUE CODE**

SAS VARIABLE: UB_92_REV_CD_CHGS_1

TYPE: NUM* LENGTH: 8 BEG: 375 END: 382

DESCRIPTION:

THE TOTAL CHARGE FOR THE RELATED UB-92 REVENUE CODE. TOTAL CHARGES INCLUDE BOTH COVERED AND NON-COVERED CHARGES (AS DEFINED BY THE UB-92 BILLING MANUAL, FORM LOCATOR 47).

(SAS USERS: ZONED DECIMAL - ZD8)

USER NOTE: IF MORE THAN 23 CODES ARE CAPTURED IN THE STATE CLAIMS SYSTEM, ONLY THE FIRST 23 ARE REPORTED IN MSIS. WHEN THE STATE CAPTURES FEWER THAN 23 CODES, DATA ELEMENTS WHERE CODING IS NOT APPLICABLE ARE 0-FILLED. IF THE CHARGE AMOUNT IS MISSING OR INVALID, THESE DATA ELEMENTS ARE 0-FILLED. THE SUM OF ALL 23 UB-92 REVENUE CODE CHARGES IS LESS THAN OR EQUAL TO 'CHARGE AMOUNT'.

SOURCE: MSIS CLAIMS FILE: 'UB-REV-CHARGE-1'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
INPATIENT (IP) RECORD

ELEMENT NUMBER: 57.

ELEMENT NAME: **UB-92 REVENUE CODE UNITS - FIRST REVENUE CODE**

SAS VARIABLE: UB_92_REV_CD_UNITS_1

TYPE: NUM LENGTH: 7 BEG: 383 END: 389

DESCRIPTION:

UNITS ASSOCIATED WITH THE RELATED UB-92 REVENUE CODE. THIS DATA ELEMENT IS A QUANTITATIVE MEASURE OF SERVICES RENDERED FOR THE RELATED UB-92 REVENUE CODE. EXAMPLES INCLUDE ITEMS SUCH AS THE NUMBER OF ACCOMMODATION DAYS, MILES, PINTS OF BLOOD OR RENAL DIALYSIS TREATMENTS (AS DEFINED BY THE UB-92 BILLING MANUAL, FORM LOCATOR 46).

USER NOTE: IF MORE THAN 23 CODES ARE CAPTURED IN THE STATE CLAIMS SYSTEM, ONLY THE FIRST 23 ARE REPORTED IN MSIS. WHEN THE STATE CAPTURES FEWER THAN 23 CODES, DATA ELEMENTS WHERE CODING IS NOT APPLICABLE ARE 0-FILLED. MISSING OR INVALID UNITS ARE 0-FILLED.

SOURCE: MSIS CLAIMS FILE: 'UB-REV-UNITS-1'.

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