**Appendix B: Sample Data Elements (Pharmaceutical and Institutional)**

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| **Payer Name** | *Name of entity Providing source data* |
| **File Type** | *The type of file being reported. (i.e. professional; Institutional; Pharmacy, Dental)* |
| **Line of Business** | *Payer Identifier and Line of Business* |
| **Claim Number** | *A unique number assigned by the payment system that identifies an original claim or an adjusted claim.* |
| **Claim Line Number** | *Line number on the claim* |
| **Member ID** | *A unique identification number for the member.* |
| **Member Social Security Number** | *Member's social security number (full 9 or none).* |
| **Member Sex** | *The sex of the member* |
| **Member Date of Birth** | *Member’s Date of Birth.* |
| **Member State** | *Member’s state* |
| **Member Zip Code** | *Member’s zip code* |
| **Member DOD** | *Member’s Date of Death.* |
| **Rendering Provider Legal Business Name** | *Official name of rendering provider organization or if individual, in format LAST SUFFIX, FIRST MIDDLE* |
| **Rendering Provider Doing Business As Name** | *Name provider renders services under or is known to public by for organizations or if individual, in format LAST SUFFIX, FIRST MIDDLE* |
| **Rendering Provider NPI** | *The NPI for the provider who treated the member (as opposed to the provider “billing” for the service).* |
| **Rendering Provider TIN** | *Taxpayer Identification Number for provider who treated the member* |
| **Rendering Provider EIN** | *The EIN for the provider who treated the member* |
| **Rendering Provider Taxonomy** | *The taxonomy code for the provider who treated the member (as opposed to the provider “billing” for the service).* |
| **Rendering Provider Specialty** | *Code that describes the area of specialty for the provider treating the member* |
| **Rendering Provider Practice Address Line 1** | *US Address line 1 at which provider renders service* |
| **Rendering Provider Practice Address Line 2** | *US Address line 2 at which provider renders service* |
| **Rendering Provider Practice City** | *US City in which provider renders service* |
| **Rendering Provider Practice State** | *US State in which provider renders service* |
| **Rendering Provider Practice Zip** | *USPS Zip Code in which provider renders service* |
| **Billing Provider Legal Business Name** | *Official name of billing provider organization or if individual, in format LAST SUFFIX, FIRST MIDDLE* |
| **Billing Provider Doing Business As Name** | *Name billing provider is known to public by for organizations or if individual, in format LAST SUFFIX, FIRST MIDDLE* |
| **Billing Provider TIN** | *Billing Provider Taxpayer Identification Number* |
| **Billing Provider Address Line 1** | *US Address line 1 that represents the entity billing address* |
| **Billing Provider Address Line 2** | *US Address line 2 that represents the entity billing address* |
| **Billing Provider City** | *US City for billing entity* |
| **Billing Provider State** | *US State for billing entity* |
| **Billing Provider Zip** | *USPS Zip Code for billing entity* |
| **Referring Provider Legal Business Name** | *Official name of referring provider organization or if individual, in format LAST SUFFIX, FIRST MIDDLE* |
| **Referring Provider Doing Business As Name** | *Name referring provider provides services under or is known to public by for organizations or if individual, in format LAST SUFFIX, FIRST MIDDLE* |
| **Referring Provider NPI** | *NPI of Referring provider* |
| **Referring Provider TIN** | *Referring Taxpayer Identification Number* |
| **Referring Provider EIN** | *The EIN for the provider who referred the member* |
| **Referring Provider Practice Address Line 1** | *US Address line 1 at which provider referred service* |
| **Referring Provider Practice Address Line 2** | *US Address line 2 at which provider referred service* |
| **Referring Provider Practice City** | *US City in which provider referred service* |
| **Referring Provider Practice State** | *US State in which provider referred service* |
| **Referring Provider Practice Zip** | *USPS Zip Code in which provider referred service* |
| **Service/Procedure Code** | *The code per CPT, HCPCS* ***or NDC*** *used to indicate the service provided during the period covered by this claim.* |
| **Service/Procedure Code Modifier** | *The modifier for the service code on this claim record. Modifier can be used to enhance the Service Code* |
| **Modifier (2)** | *The 2nd modifier for the service code on this claim record. Modifier can be used to enhance the Service Code* |
| **Modifier (3)** | *The 3rd modifier for the service code on this claim record. Modifier can be used to enhance the Service Code* |
| **Modifier (4)** | *The 4th modifier for the service code on this claim record. Modifier can be used to enhance the Service Code* |
| **Total Units/Quantity of Service** | *The number of units of service received by the recipient or units dispensed as shown on the claim record.* |
| **Diagnosis Code 1** | *The ICD-9-CM/ ICD-10 code for the primary principal diagnosis for this claim. The principal diagnosis is the condition established after study to be chiefly responsible for the admission.* |
| **Diagnosis Code 2** | *Second ICD-9-CM/ ICD-10-CM code found on the claim.* |
| **Diagnosis Code 3** | *The third ICD-9-CM/ ICD-10 -CM codes that appear on the claim.* |
| **Diagnosis Code 4** | *The fourth ICD-9-CM/ ICD-10-CM codes that appear on the claim.* |
| **Diagnosis Type Code** | *Indicates if diagnosis code is ICD9-CM or ICD-10-CM* |
| **Place of Service** | *Code indicating where the service was performed* |
| **Beginning Date of Service** | *The first date of services received during an encounter with a provider, the date the service covered by this claim was received.* |
| **Ending Date of Service** | *The last date of services received during an encounter with a provider, the date the service covered by this claim was received.* |
| **Type of Service** | *A code indicating the type of service being billed. (if available-i.e. Transportation Services; Hospice, PCS etc. represented by a code)* |
| **Charged Amount** | *The total charge for this claim as submitted by the provider.* |
| **Amount Paid** | *The amount paid on this claim or adjustment.* |
| **COB Amount** | *Coordination of Benefits amounts paid* |
| **Claim Submission Date** | *The date on which the claim was submitted for payment* |
| **Payment Adjudication Date** | *The date on which the payment status of the claim was paid* |
| **Adjustment Indicator** | *Code indicating the type of adjustment record claim represented. (i.e. original claim, void, resubmittal, credit adjustment, debit adjustment, gross adjustment)* |