

Appendix B: Sample Data Elements (Pharmaceutical and Institutional)

Payer Name	<i>Name of entity Providing source data</i>
File Type	<i>The type of file being reported. (i.e. professional; Institutional; Pharmacy, Dental)</i>
Line of Business	<i>Payer Identifier and Line of Business</i>
Claim Number	<i>A unique number assigned by the payment system that identifies an original claim or an adjusted claim.</i>
Claim Line Number	<i>Line number on the claim</i>
Member ID	<i>A unique identification number for the member.</i>
Member Social Security Number	<i>Member's social security number (full 9 or none).</i>
Member Sex	<i>The sex of the member</i>
Member Date of Birth	<i>Member's Date of Birth.</i>
Member State	<i>Member's state</i>
Member Zip Code	<i>Member's zip code</i>
Member DOD	<i>Member's Date of Death.</i>
Rendering Provider Legal Business Name	<i>Official name of rendering provider organization or if individual, in format LAST SUFFIX, FIRST MIDDLE</i>
Rendering Provider Doing Business As Name	<i>Name provider renders services under or is known to public by for organizations or if individual, in format LAST SUFFIX, FIRST MIDDLE</i>

Rendering Provider NPI	<i>The NPI for the provider who treated the member (as opposed to the provider "billing" for the service).</i>
Rendering Provider TIN	<i>Taxpayer Identification Number for provider who treated the member</i>
Rendering Provider EIN	<i>The EIN for the provider who treated the member</i>
Rendering Provider Taxonomy	<i>The taxonomy code for the provider who treated the member (as opposed to the provider "billing" for the service).</i>
Rendering Provider Specialty	<i>Code that describes the area of specialty for the provider treating the member</i>
Rendering Provider Practice Address Line 1	<i>US Address line 1 at which provider renders service</i>
Rendering Provider Practice Address Line 2	<i>US Address line 2 at which provider renders service</i>
Rendering Provider Practice City	<i>US City in which provider renders service</i>
Rendering Provider Practice State	<i>US State in which provider renders service</i>
Rendering Provider Practice Zip	<i>USPS Zip Code in which provider renders service</i>
Billing Provider Legal Business Name	<i>Official name of billing provider organization or if individual, in format LAST SUFFIX, FIRST MIDDLE</i>
Billing Provider Doing Business As Name	<i>Name billing provider is known to public by for organizations or if individual, in format LAST SUFFIX, FIRST MIDDLE</i>

Billing Provider TIN	<i>Billing Provider Taxpayer Identification Number</i>
Billing Provider Address Line 1	<i>US Address line 1 that represents the entity billing address</i>
Billing Provider Address Line 2	<i>US Address line 2 that represents the entity billing address</i>
Billing Provider City	<i>US City for billing entity</i>
Billing Provider State	<i>US State for billing entity</i>
Billing Provider Zip	<i>USPS Zip Code for billing entity</i>
Referring Provider Legal Business Name	<i>Official name of referring provider organization or if individual, in format LAST SUFFIX, FIRST MIDDLE</i>
Referring Provider Doing Business As Name	<i>Name referring provider provides services under or is known to public by for organizations or if individual, in format LAST SUFFIX, FIRST MIDDLE</i>
Referring Provider NPI	<i>NPI of Referring provider</i>
Referring Provider TIN	<i>Referring Taxpayer Identification Number</i>
Referring Provider EIN	<i>The EIN for the provider who referred the member</i>
Referring Provider Practice Address Line 1	<i>US Address line 1 at which provider referred service</i>
Referring Provider Practice Address Line 2	<i>US Address line 2 at which provider referred service</i>
Referring Provider Practice City	<i>US City in which provider referred service</i>

Referring Provider Practice State	<i>US State in which provider referred service</i>
Referring Provider Practice Zip	<i>USPS Zip Code in which provider referred service</i>
Service/Procedure Code	<i>The code per CPT, HCPCS or NDC used to indicate the service provided during the period covered by this claim.</i>
Service/Procedure Code Modifier	<i>The modifier for the service code on this claim record. Modifier can be used to enhance the Service Code</i>
Modifier (2)	<i>The 2nd modifier for the service code on this claim record. Modifier can be used to enhance the Service Code</i>
Modifier (3)	<i>The 3rd modifier for the service code on this claim record. Modifier can be used to enhance the Service Code</i>
Modifier (4)	<i>The 4th modifier for the service code on this claim record. Modifier can be used to enhance the Service Code</i>
Total Units/Quantity of Service	<i>The number of units of service received by the recipient or units dispensed as shown on the claim record.</i>
Diagnosis Code 1	<i>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.</i>

Diagnosis Code 2	<i>Second ICD-9-CM/ ICD-10-CM code found on the claim.</i>
Diagnosis Code 3	<i>The third ICD-9-CM/ ICD-10 -CM codes that appear on the claim.</i>
Diagnosis Code 4	<i>The fourth ICD-9-CM/ ICD-10-CM codes that appear on the claim.</i>
Diagnosis Type Code	<i>Indicates if diagnosis code is ICD9-CM or ICD-10-CM</i>
Place of Service	<i>Code indicating where the service was performed</i>
Beginning Date of Service	<i>The first date of services received during an encounter with a provider, the date the service covered by this claim was received.</i>
Ending Date of Service	<i>The last date of services received during an encounter with a provider, the date the service covered by this claim was received.</i>
Type of Service	<i>A code indicating the type of service being billed. (if available-i.e. Transportation Services; Hospice, PCS etc. represented by a code)</i>
Charged Amount	<i>The total charge for this claim as submitted by the provider.</i>
Amount Paid	<i>The amount paid on this claim or adjustment.</i>
COB Amount	<i>Coordination of Benefits amounts paid</i>

Claim Submission Date	<i>The date on which the claim was submitted for payment</i>
Payment Adjudication Date	<i>The date on which the payment status of the claim was paid</i>
Adjustment Indicator	<i>Code indicating the type of adjustment record claim represented. (i.e. original claim, void, resubmittal, credit adjustment, debit adjustment, gross adjustment)</i>