Appendix B Sample Data Elements Pharmaceutical
TTP Default Formats For Professional Claims

Missing Values: It is preferred for missing / null values to be left blank.
No special characters, n/a, word "Null", multiple blank spaces, etc.
If this is not possible please discuss with TPP prior to test file submission.

Seq	Professional Data Elements	Data Element Description	Data Type Format	Expected Values
1	Payer Name	*Name of entity providing source data.*	*VARCHAR(40)*	
2	File Type	*The type of file being reported (i.e. Professional, Institutional; Pharmacy, Dental).*	*VARCHAR(2)*	*Professional=P* *Institutional-I* *Pharmacy =RX* *Dental=D*
3	Line of Business	*Classification of insurance type.*	*VARCHAR(40)*	*e.g., Medicare, Medicaid, Private*
4	Claim Number	*A unique number assigned by the payment system that identifies a claim*	*VARCHAR(20)*	
5	Claim Line Number	*Line number on the claim.*	*INTEGER(3)*	*1, 2, 3, …*
6	Member ID	*A unique identification number for the member.*	*VARCHAR(20)*	
7	Member SSN	*Member's social security number (full 9 or none).*	*varchar(9)*	
8	Member Sex	*The sex of the member.*	*CHAR(1)*	*Male= M* *Female=F* *Unidentified=U*
9	Member Date of Birth	*Member's date of birth.*	*DATE*	*MM/DD/YYYY*
12	Member DOD	*Member's date of death.*	*DATE*	*MM/DD/YYYY*
10	Member State	*Member's state.*	*CHAR(2)*	*State abbreviation.*
11	Member Zip Code	*Member's zip code.*	*varchar(5)*	*5 digit zip code*
13	Rendering Provider Legal Business Name	*Official name of the rendering provider organization; if individual, in format LAST SUFFIX, FIRST MIDDLE.*	*VARCHAR(100)*	
14	Rendering Provider Doing Business As Name	*Name provider renders services under or is known to public by for organizations; if individual, in format LAST SUFFIX, FIRST MIDDLE*	*VARCHAR(100)*	
15	Rendering Provider NPI	*The NPI for the provider who treated the member (as opposed to the provider "billing" for the service).*	*INTEGER(10)*	
16	Rendering Provider TIN	*Taxpayer identification number for provider who treated the member.*	*INTEGER(10)*	
17	Rendering Provider EIN	*The EIN for the provider who treated the member.*	*INTEGER(10)*	
18	Rendering Provider Taxonomy	*The taxonomy code for the provider who treated the member (as opposed to the provider "billing" for the service).*	*VARCHAR(10)*	
19	Rendering Provider Specialty	*Code that describes the area of specialty for the provider treating the member.*	*VARCHAR(8)*	*Please provide your specialty code definitions.*
20	Rendering Provider Practice Address Line 1	*US address line 1 for the provider rendering service.*	*VARCHAR(100)*	
21	Rendering Provider Practice Address Line 2	*US address line 2 for the provider rendering service.*	*VARCHAR(50)*	
22	Rendering Provider Practice City	*US city for the provider rendering service.*	*VARCHAR(50)*	
23	Rendering Provider Practice State	*US state for the provider rendering service.*	*CHAR(2)*	*State abbreviation.*
24	Rendering Provider Practice Zip	*USPS zip code for the provider rendering service.*	*varchar(5)*	
25	Billing Provider Legal Business Name	*Official name of billing provider organization; if individual, in format LAST SUFFIX, FIRST MIDDLE.*	*VARCHAR(60)*	
26	Billing Provider Doing Business As Name	*Name billing provider is known to public by for organizations; if individual, in format LAST SUFFIX, FIRST MIDDLE.*	*VARCHAR(60)*	
27	Federal Tax Number	*Billing provider taxpayer identification number.*	*varchar(10)*	
28	Billing Provider Address Line 1	*US address line 1 for the billing provider.*	*VARCHAR(60)*	
29	Billing Provider Address Line 2	*US address line 2 for the billing provider.*	*VARCHAR(20)*	
30	Billing Provider City	*US city for billing provider.*	*VARCHAR(25)*	
31	Billing Provider State	*US state for the billing provider.*	*CHAR(2)*	*State abbreviation.*
32	Billing Provider Zip	*USPS zip code for the billing provider.*	*varchar(5)*	
33	Referring Provider Legal Business Name	*Official name of referring provider organization; if individual, in format LAST SUFFIX, FIRST MIDDLE.*	*VARCHAR(100)*	
34	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*	*VARCHAR(100)*	
35	Referring Provider NPI	*NPI of referring provider.*	*INTEGER(10)*	
36	Referring Provider TIN	*Referring taxpayer identification number.*	*INTEGER(10)*	
37	Referring Provider EIN	*The EIN for the provider who referred the member.*	*INTEGER(10)*	
38	Referring Provider Practice Address Line 1	*US address line 1 for the referring provider.*	*VARCHAR(100)*	

Seq	Professional Data Elements	Data Element Description	Data Type Format	Expected Values
39	Referring Provider Practice Address Line 2	US Address line 2 for the referring provider.	VARCHAR(50)	
40	Referring Provider Practice City	US city for the referring provider.	VARCHAR(50)	
41	Referring Provider Practice State	US state for the referring provider.	CHAR(2)	State abbreviation.
42	Referring Provider Practice Zip	USPS zip code for the referring provider.	varchar(5)	
43	Service/Procedure Code	The code per CPT, HCPCS **or NDC** used to indicate the service performed on the Beginning Date Of Service by Claim Line Number.	VARCHAR(11)	
44	Service/Procedure Code Modifier	The modifier for the service code by claim line number. Modifier can be used to enhance the Service Code.	VARCHAR(2)	
45	Modifier (2)	The 2nd modifier for the service code on this claim record. Modifier can be used to enhance the Service Code.	VARCHAR(2)	
46	Modifier (3)	The 3rd modifier for the service code on this claim record. Modifier can be used to enhance the Service Code.	VARCHAR(2)	
47	Modifier (4)	The 4th modifier for the service code on this claim record. Modifier can be used to enhance the Service Code.	VARCHAR(2)	
48	Total Units/Quantity of Service	The number of units of service received by the recipient or units dispensed as shown on the claim record.	Decimal(5,0)	Normally integer. If fractional values, insert decimal point.
49	Diagnosis Code 1	The primary ICD-10 code found on the claim.	VARCHAR(8)	
50	Diagnosis Code 2	Second ICD-10-CM code found on the claim.	VARCHAR(8)	
51	Diagnosis Code 3	Third ICD-10 -CM codes that appear on the claim.	VARCHAR(8)	
52	Diagnosis Code 4	Fourth ICD-10-CM codes that appear on the claim.	VARCHAR(8)	
53	Diagnosis Type Code	Indicates if diagnosis code is ICD9-CM or ICD-10-CM.	VARCHAR(8)	ICD9-CM or ICD10-CM
54	Place of Service	Code indicating where the service was performed.	VARCHAR(8)	
55	Beginning Date of Service	The first date of services received during an encounter with a provider on the claim line.	DATE	MM/DD/YYYY
56	Ending Date of Service	The last date of services received during an encounter with a provider on the claim line.	DATE	MM/DD/YYYY
57	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).	VARCHAR(8)	Please provide code definitions.
58	Charged Amount	The total charge on the claim line.	DECIMAL (8,2)	Assumes right two digits are cents value
59	Amount Paid	The total amount paid on the claim line.	DECIMAL (8,2)	Assumes right two digits are cents value.
60	COB Amount	Coordination of benefits amounts paid.	DECIMAL (8,2)	Assumes right two digits are cents value.
61	Claim Submission Date	Date the claim line was submitted for payment.	DATE	MM/DD/YYYY
62	Payment Adjudication Date	The date on which the payment status of the claim was paid.	DATE	MM/DD/YYYY
63	Adjustment Indicator	Code indicating the type of adjustment record claim represented (i.e. original claim, void, resubmittal, credit adjustment, debit adjustment, gross adjustment).	VARCHAR(40)	Please provide code definitions.
64	Billing Provider NPI	NPI for the billing provider.	INTEGER(10)	
65	Allowed Amount	Amount allowed by the payer on the claim line.	DECIMAL (8,2)	
66	Diagnosis Code 5	Fifth ICD-10-CM codes that appear on the claim.	VARCHAR(8)	
67	Diagnosis Code 6	Sixth ICD-10-CM codes that appear on the claim.	VARCHAR(8)	
68	Diagnosis Code 7	Seventh ICD-10-CM codes that appear on the claim.	VARCHAR(8)	
69	Diagnosis Code 8	Eighth ICD-10-CM codes that appear on the claim.	VARCHAR(8)	
70	Diagnosis Code 9	Ninth ICD-10-CM codes that appear on the claim.	VARCHAR(8)	
71	Diagnosis Code 10	Tenth ICD-10-CM codes that appear on the claim.	VARCHAR(8)	
72	Diagnosis Code 11	Eleventh ICD-10-CM codes that appear on the claim.	VARCHAR(8)	
73	Diagnosis Code 12	Twelfth ICD-10-CM codes that appear on the claim.	VARCHAR(8)	