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Contract Number:  
CMS Contract: HHSM-500-2005-00025I,  
Task Order HHSM-500-T0002

Mathematica Reference Number:  
06759.560

Submitted to:  
Centers for Medicare & Medicaid Services  
ORDI, Mail Stop C3-21-28  
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**Medicaid Analytic Extract Other  
Services (OT) Record Layout  
and Data Element Dictionary,  
1999-2004**

March 11, 2011

**MATHEMATICA**  
Policy Research, Inc.

MEDICAID ANALYTIC EXTRACT (MAX)  
RECORD LAYOUT FOR  
OTHER SERVICES RECORD (OT)

# **MEDICAID ANALYTIC EXTRACT RECORD LAYOUT (1999-2004)** **OTHER SERVICES (OT) RECORD**

<b>ELEMENT NUMBER:</b>	<b>ELEMENT NAME:</b>	<b>TYPE:</b>	<b>LENGTH:</b>	<b>BEG:</b>	<b>END:</b>
****	MEDICAID ANALYTIC EXTRACT OTHER SERVICES RECORD	REC	228	1	228
***	ELIGIBILITY GROUP	GROUP	73	1	73
1.	MSIS IDENTIFICATION NUMBER	CHAR	20	1	20
2.	STATE ABBREVIATION CODE	CHAR	2	21	22
3.	ELIGIBLE SOCIAL SECURITY NUMBER - FROM MSIS	CHAR	9	23	31
4.	MEDICARE HEALTH INSURANCE CLAIM (HIC) NUMBER - FROM MSIS	CHAR	12	32	43
5.	ELIGIBLE BIRTH DATE	NUM	8	44	51
6.	ELIGIBLE SEX CODE	CHAR	1	52	52
7.	ELIGIBLE RACE/ETHNICITY CODE	CHAR	1	53	53
8.	STATE SPECIFIC ELIGIBILITY CODE - MOST RECENT	CHAR	6	54	59
9.	STATE SPECIFIC ELIGIBILITY CODE - FOR MONTH OF SERVICE	CHAR	6	60	65
10.	MAX UNIFORM ELIGIBILITY CODE - MOST RECENT	CHAR	2	66	67
11.	MAX UNIFORM ELIGIBILITY CODE - FOR MONTH OF SERVICE	CHAR	2	68	69
***	CROSSOVER GROUP	GROUP	4	70	73
12.	ELIGIBLE MEDICARE CROSSOVER CODE - ANNUAL OLD VALUES	NUM	1	70	70
13.	ELIGIBLE MEDICARE CROSSOVER CODE - CLAIM-BASED	NUM	1	71	71
14.	ELIGIBLE MEDICARE CROSSOVER CODE - ANNUAL NEW VALUES	NUM	2	72	73
***	UTILIZATION SUMMARY REGION	REGION	155	74	228
**	SERVICE GROUP	GROUP	17	74	90
15.	MSIS TYPE OF SERVICE CODE	NUM	2	74	75
16.	MSIS TYPE OF PROGRAM CODE	NUM	1	76	76
17.	MAX TYPE OF SERVICE CODE	NUM	2	77	78
18.	BILLING PROVIDER IDENTIFICATION NUMBER	CHAR	12	79	90
**	CLAIMS AND PAYMENT GROUP	GROUP	72	91	162
19.	TYPE OF CLAIM CODE	NUM	1	91	91
20.	ADJUSTMENT CODE	NUM	1	92	92
21.	MANAGED CARE TYPE OF PLAN CODE	NUM	2	93	94
22.	MANAGED CARE PLAN IDENTIFICATION NUMBER	CHAR	12	95	106
23.	MEDICAID PAYMENT AMOUNT	NUM*	8	107	114
24.	THIRD PARTY PAYMENT AMOUNT	NUM*	8	115	122
25.	PAYMENT DATE	NUM	8	123	130
26.	CHARGE AMOUNT	NUM*	8	131	138
27.	PREPAID PLAN SERVICE VALUE	NUM*	8	139	146
28.	MEDICARE COINSURANCE PAYMENT AMOUNT	NUM*	8	147	154

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

# **MEDICAID ANALYTIC EXTRACT RECORD LAYOUT (1999-2004)** **OTHER SERVICES (OT) RECORD**

<b>ELEMENT NUMBER:</b>	<b>ELEMENT NAME:</b>	<b>TYPE:</b>	<b>LENGTH:</b>	<b>BEG:</b>	<b>END:</b>
29.	MEDICARE DEDUCTIBLE PAYMENT AMOUNT	NUM*	8	155	162
**	OTHER SERVICES GROUP	GROUP	66	163	228
30.	SERVICE BEGINNING DATE	NUM	8	163	170
31.	ENDING DATE OF SERVICE	NUM	8	171	178
32.	PROCEDURE CODING SYSTEM CODE	CHAR	2	179	180
33.	PROCEDURE (SERVICE) CODE	CHAR	7	181	187
34.	PROCEDURE (SERVICE) MODIFIER CODE	CHAR	2	188	189
35.	DIAGNOSIS CODE-1	CHAR	6	190	195
36.	DIAGNOSIS CODE-2	CHAR	6	196	201
37.	QUANTITY OF SERVICE	NUM	5	202	206
38.	SERVICING PROVIDER IDENTIFICATION NUMBER	CHAR	12	207	218
39.	SERVICING PROVIDER SPECIALTY CODE	CHAR	4	219	222
40.	PLACE OF SERVICE CODE	NUM	2	223	224
41.	UB-92 REVENUE CODE	NUM	4	225	228

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

MEDICAID ANALYTIC EXTRACT (MAX)  
DATA ELEMENT DICTIONARY FOR  
OTHER SERVICES RECORD (OT)

# MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

## OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: \*\*\*\*

ELEMENT NAME: **MEDICAID ANALYTIC EXTRACT OTHER SERVICES RECORD**

SAS VARIABLE: NONE

TYPE: REC LENGTH: 228 BEG: 1 END: 228

DESCRIPTION: THE MEDICAID ANALYTIC EXTRACT (MAX) OTHER SERVICES RECORD PROVIDES INFORMATION ON SERVICES FOR EACH RECIPIENT, OTHER THAN THOSE PROVIDED BY AN INPATIENT HOSPITAL, LONG TERM CARE FACILITY OR PHARMACY. THIS MEANS THAT ALL SERVICE RECORDS WHICH CONTAIN HCPCS OR OTHER STATE-SPECIFIC CODES ARE INCLUDED IN THIS FILE. MSIS RECORDS WITH TYPE OF CLAIM = 4 AND/OR THOSE WITH THE FIRST CHARACTER OF THE ELIGIBLE IDENTIFICATION NUMBER HAVING VALUE "&" - AMPERSAND (SERVICE TRACKING CLAIMS) ARE EXCLUDED FROM ALL MAX FILES.

USERS SHOULD NOTE THAT ANY SERVICE PROVIDED BY A PHARMACY OR SERVICES THAT CONTAIN A NATIONAL DRUG CODE (NDC) ARE REPORTED IN THE MAX DRUG FILE. FOR THIS REASON, DURABLE MEDICAL EQUIPMENT (DME) AND SUPPLIES BILLED BY PHARMACY PROVIDERS (AND CONTAINING NDCs) ARE INCLUDED IN THE MAX DRUG FILE. IN CONTRAST, DME AND SUPPLIES BILLED BY OTHER TYPES OF PROVIDERS (AND CONTAINING HCPCS OR OTHER STATE-SPECIFIC PROCEDURE CODES) ARE INCLUDED IN THE MAX OTHER SERVICES FILE.

USERS SHOULD NOTE THAT INJECTABLE ITEMS, WHICH PATIENTS MAY RECEIVE FROM NON-PHARMACY TYPES OF PROVIDERS (E.G. PHYSICIANS AND CLINICS), ARE IDENTIFIED USING PROCEDURE (SERVICE) CODE. RECORDS FOR ANY OF THESE SERVICES THAT CONTAIN PROCEDURE (SERVICE) CODES, AND NOT NDCs, ARE REPORTED IN THE MAX OTHER SERVICES FILE. HCPCS AND OTHER STATE-SPECIFIC PROCEDURE (SERVICE) CODES INCLUDE HCPCS J-CODES. SOME J-CODES ARE LISTED IN MANUAL SECTIONS LABELED "INHALATION SOLUTIONS" OR "IMMUNOSUPPRESSIVE DRUGS - INCLUDES NON-INJECTABLES" OR "MISCELLANEOUS DRUGS AND SOLUTIONS" AND THEN INCLUDE ONLY THE NAME OF A DRUG/SOLUTION IN THE DESCRIPTION (E.G. 5% DEXTROSE/NORMAL SALINE, 500 ML = 1 UNIT). IT IS UNCLEAR WHETHER THESE ARE MEANT TO INCLUDE ONLY THE DRUG OR ALSO ITS ADMINISTRATION.

VACCINES AND CERTAIN OTHER DRUGS (SUCH AS HUMAN GROWTH HORMONE) MAY BE FOUND IN ONE OR BOTH OF THE DRUG AND THE OTHER SERVICES FILES. IN SOME INSTANCES, A PHARMACY MAY SUBMIT A CLAIM FOR A VACCINE AND THE BILL WILL CONTAIN AN NDC. IN THIS CASE, THE RECORD WILL BE REPORTED IN THE DRUG FILE. IN OTHER INSTANCES, A PHYSICIAN (OR OTHER TYPE OF PROVIDER) MAY SUBMIT A CLAIM (VACCINE ONLY OR VACCINE AND ITS ADMINISTRATION). IN THIS CASE, THE RECORD WILL BE REPORTED IN THE OTHER SERVICES FILE.

THE APPROACH DESCRIBED ABOVE TO SEPARATE RECORDS BETWEEN THE MAX DRUG AND THE OTHER SERVICES FILE ABOVE IS CONSISTENT WITH MSIS INSTRUCTIONS TO STATES BEGINNING IN FISCAL 1999. HOWEVER, IT IS DIFFERENT THAN THE APPROACH USED FOR 1992 THROUGH 1995. SEE THE "STATE MEDICAID RESEARCH FILES OTHER SERVICES RECORD (1996-98)" FOR ADDITIONAL DETAILS.

TO THE EXTENT POSSIBLE, INTERIM AND ADJUSTMENT CLAIMS ARE COMBINED SO THAT EACH RECORD IN THIS FILE REPRESENTS A DISTINCT SERVICE. THESE RECORDS REPRESENT ALL MEDICAID-COVERED SERVICES FOR THE ELIGIBLE. HOWEVER, THEY MAY NOT INCLUDE ALL SERVICES OR COMPLETE INFORMATION ON MEDICAID COVERED SERVICES WHEN THE ELIGIBLE HAS OTHER HEALTH INSURANCE COVERAGE (E.G. MEDICARE AND/OR PRIVATE COVERAGE).

FOR A COMPLETE LIST OF TYPES OF SERVICE THAT ARE CONTAINED IN THIS FILE, SEE 'MAX TYPE OF SERVICE' (DATA ELEMENT #17).

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

## MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

### OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: \*\*\*

ELEMENT NAME: **ELIGIBILITY GROUP**

SAS VARIABLE: NONE

TYPE: GROUP LENGTH: 73 BEG: 1 END: 73

DESCRIPTION: ELIGIBILITY INFORMATION ADDED TO EACH SERVICE RECORD, FROM MSIS ELIGIBILITY FILES (USING ELIGIBLE IDENTIFICATION NUMBER).



**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)**  
**OTHER SERVICES (OT) 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 (1999-2004)

## OTHER SERVICES (OT) 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  
AS = AMERICAN SAMOA  
CA = CALIFORNIA  
CO = COLORADO  
CT = CONNECTICUT  
DE = DELAWARE  
DC = DISTRICT OF COLUMBIA  
FL = FLORIDA  
GA = GEORGIA  
GU = GUAM  
HI = HAWAII  
ID = IDAHO  
IL = ILLINOIS  
IN = INDIANA  
IA = IOWA  
KS = KANSAS  
KY = KENTUCKY  
LA = LOUISIANA  
ME = MAINE  
MD = MARYLAND  
MA = MASSACHUSETTS  
MI = MICHIGAN  
MN = MINNESOTA  
MS = MISSISSIPPI  
MO = MISSOURI  
MT = MONTANA  
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

# **MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)**

## **OTHER SERVICES (OT) RECORD**

WI = WISCONSIN

WY = WYOMING

SOURCE: MSIS ELIGIBILITY FILES.

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)**  
**OTHER SERVICES (OT) RECORD**

ELEMENT NUMBER: 3.

ELEMENT NAME: **ELIGIBLE 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 (1999-2004)**

## **OTHER SERVICES (OT) 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 ENROLLMENT 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 (1999-2004)**  
**OTHER SERVICES (OT) RECORD**

ELEMENT NUMBER: 5.

ELEMENT NAME: **ELIGIBLE 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 (1999-2004)**  
**OTHER SERVICES (OT) RECORD**

ELEMENT NUMBER: 6.

ELEMENT NAME: **ELIGIBLE SEX CODE**

SAS VARIABLE: EL\_SEX\_CD

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

DESCRIPTION: GENDER OF THE MEDICAID ELIGIBLE.

CODES:

M = FEMALE

F = MALE

U = UNKNOWN/ERROR

USER NOTE: THESE CODES CHANGE TO F, M AND U IN THE 1999 MSIS DATA.

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

# MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

## OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 7.

ELEMENT NAME: **ELIGIBLE RACE/ETHNICITY CODE**

SAS VARIABLE: EL\_RACE\_ETHNCY\_CD

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

DESCRIPTION: 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 ALASKAN 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 (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 (1999-2004)

## OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 8.

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

SAS VARIABLE: EL\_SS\_ELGBLTY\_CD\_LTST

TYPE: CHAR LENGTH: 6 BEG: 54 END: 59

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, REQUIRE A DETAILED KNOWLEDGE OF MEDICAID ELIGIBILITY AND REQUIRE AN UNDERSTANDING OF THE IDIOSYNCRACIES OF INDIVIDUAL STATE ELIGIBILITY SYSTEMS. THESE CODES HAVE BEEN MAPPED INTO MAX UNIFORM ELIGIBILITY CODES. THEREFORE, MOST USERS WILL WANT TO USE MAX UNIFORM ELIGIBILITY 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 THE STATE SPECIFIC ELIGIBILITY CODE FROM THE MAX PERSON SUMMARY FILE.

SOURCE: THIS CODE WAS DERIVED BY USING MONTHLY OBSERVATIONS OF THE MSIS 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 (1999-2004)

## OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 9.

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

SAS VARIABLE: EL\_SS\_ELGBLTY\_CD\_MO

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

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, REQUIRE A DETAILED KNOWLEDGE OF MEDICAID ELIGIBILITY AND REQUIRE AN UNDERSTANDING OF THE IDIOSYNCRACIES OF INDIVIDUAL STATE ELIGIBILITY SYSTEMS. THESE CODES HAVE BEEN MAPPED INTO MAX UNIFORM ELIGIBILITY CODES. THEREFORE, MOST USERS WILL WANT TO USE MAX UNIFORM ELIGIBILITY 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 (FOR ENDING MONTH OF SERVICE) IS APPENDED TO EACH RECORD FOR THE ELIGIBLE PERSON, FROM THE MAX PERSON SUMMARY FILE.

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 FOR THIS SERVICE. IT IS BLANK FILLED IF NO ELIGIBILITY IS RECORDED FOR THAT MONTH.

# **MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)**

## **OTHER SERVICES (OT) RECORD**

ELEMENT NUMBER: 10.

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

SAS VARIABLE: EL\_MAX\_ELGLTY\_CD\_LTST

TYPE: CHAR LENGTH: 2 BEG: 66 END: 67

DESCRIPTION: MEDICAID ANALYTIC EXTRACT (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 UNEPLOYED 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, MN

22 = BLIND/DISABLED, MN

24 = CHILD, MN (FORMERLY AFDC CHILD, MN)

25 = ADULT, MN (FORMERLY AFDC ADULT, MN)

31 = AGED, POVERTY

32 = BLIND/DISABLED, POVERTY

34 = CHILD, POVERTY (INCLUDES MEDICAID EXPANSION SCHIP 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 = 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 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 (1999-2004)

## OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 11.

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

SAS VARIABLE: EL\_MAX\_ELGLTY\_CD\_MO

TYPE: CHAR LENGTH: 2 BEG: 68 END: 69

DESCRIPTION: MEDICAID ANALYTIC EXTRACT (MAX) UNIFORM ELIGIBILITY CODE 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 UNEPLOYED 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, MN

22 = BLIND/DISABLED, MN

24 = CHILD, MN (FORMERLY AFDC CHILD, MN)

25 = ADULT, MN (FORMERLY AFDC ADULT, MN)

31 = AGED, POVERTY

32 = BLIND/DISABLED, POVERTY

34 = CHILD, POVERTY (INCLUDES MEDICAID EXPANSION SCHIP 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 = 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 SMRF 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 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 (1999-2004)**  
**OTHER SERVICES (OT) RECORD**

ELEMENT NUMBER: \*\*\*

ELEMENT NAME: **CROSSOVER GROUP**

SAS VARIABLE: NONE

TYPE: GROUP LENGTH: 4 BEG: 70 END: 73

DESCRIPTION: INFORMATION FROM MSIS ELIGIBILITY AND CLAIMS FILES ON CROSSOVER STATUS (DUAL ELIGIBILITY FOR MEDICAID AND MEDICARE).

# MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

## OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 12.

ELEMENT NAME: **ELIGIBLE MEDICARE CROSSOVER CODE - ANNUAL OLD VALUES**

SAS VARIABLE: EL-MDCR\_XOVR

TYPE: NUM LENGTH: 1 BEG: 70 END: 70

DESCRIPTION: INDICATES THAT THE ELIGIBLE IS OR HAS BEEN COVERED BY MEDICARE (KNOWN AS CROSSOVER, DUAL ELIGIBILITY OR MEDICARE CODE)

CODES:

- 0 = NO CROSSOVER
- 1 = IN MSIS, THE DUAL ELIGIBILITY FLAG HAS A VALUE OF 1 (MEANING THAT THE PERSON IS COVERED BY MEDICARE)
- 2 = IN MSIS, MEDICARE DEDUCTIBLE OR COINSURANCE WAS PAID BY MEDICAID ON AT LEAST ONE (INPATIENT HOSPITAL) CLAIM DURING THE YEAR.
- 3 = IN MSIS, BOTH 1 AND 2 APPLY
- 4 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE, AND NEITHER 1 NOR 2 APPLY.
- 5 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE, AND 1 APPLIES.
- 6 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE, AND 2 APPLIES.
- 7 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE, AND BOTH 1 AND 2 APPLY.
- 9 = ELIGIBLE'S MEDICARE STATUS IS UNKNOWN

USER NOTE: BEGINNING IN 10/98, MSIS CAPTURES GREATER DETAIL ON DUAL ELIGIBILITY. GIVEN THE IMPORTANCE OF CROSSOVER STATUS FOR SOME DATA USERS, THE EXPANDED DETAIL APPEARS AS DATA ELEMENT #14 IN THIS FILE. USERS SHOULD NOTE THAT THIS IS AN ANNUAL OBSERVATION OF MEDICARE CROSSOVER STATUS WHICH MAY OR MAY NOT CORRESPOND TO ACTUAL CROSSOVER STATUS FOR THE DATE(S) OF SERVICE IN THIS RECORD.

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

# MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

## OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 13.

ELEMENT NAME: **ELIGIBLE MEDICARE CROSSOVER CODE - CLAIM-BASED**

SAS VARIABLE: EL-MDCR\_XOVR\_CLM\_BSD\_CD

TYPE: NUM LENGTH: 1 BEG: 71 END: 71

DESCRIPTION: INDICATES 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 (1999-2004)

## OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 14.

ELEMENT NAME: **ELIGIBLE MEDICARE CROSSOVER CODE - ANNUAL NEW VALUES**

SAS VARIABLE: EL-MDCR\_ANN\_XOVR\_99

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

DESCRIPTION: INDICATES THAT THE ELIGIBLE WAS COVERED BY MEDICARE (KNOWN AS CROSSOVER, DUAL OR MEDICARE ELIGIBILITY, ACCORDING TO MEDICAID (MSIS), MEDICARE (EDB) OR BOTH.

### 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
- 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
- 99 = ELIGIBLE'S MEDICARE STATUS IS UNKNOWN

USER NOTE: USERS SHOULD NOTE THAT THIS IS AN ANNUAL OBSERVATION OF MEDICARE CROSSOVER STATUS WHICH MAY OR MAY NOT CORRESPOND TO ACTUAL CROSSOVER STATUS FOR THE DATE(S) OF SERVICE IN THIS RECORD. PRIOR TO IN 10/98, MSIS DID NOT CAPTURE AS MUCH DETAIL ON DUAL ELIGIBILITY. GIVEN THE IMPORTANCE OF CROSSOVER STATUS FOR SOME DATA USERS AND THE NEED FOR SOME USERS TO HAVE CONTINUITY WITH PAST DEFINITIONS, THE OLD VALUES APPEAR AS DATA ELEMENT #12 IN THIS FILE.

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



**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)**  
**OTHER SERVICES (OT) RECORD**

ELEMENT NUMBER: \*\*\*

ELEMENT NAME: **UTILIZATION SUMMARY REGION**

SAS VARIABLE: NONE

TYPE: REGION LENGTH: 155 BEG: 74 END: 228

DESCRIPTION: DETAILED INFORMATION FROM MSIS CLAIMS ON THE SERVICE PROVIDED.

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)**  
**OTHER SERVICES (OT) RECORD**

ELEMENT NUMBER: \*\*

ELEMENT NAME: **SERVICE GROUP**

SAS VARIABLE: NONE

TYPE: GROUP LENGTH: 17 BEG: 74 END: 90

DESCRIPTION: DETAILED INFORMATION ON THE TYPE OF SERVICE, PLACE OF SERVICE AND PROVIDER IDENTIFICATION.

# MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

## OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 15.

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

SAS VARIABLE: MSIS\_TOS

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

DESCRIPTION: CODE INDICATING THE MEDICAID STATISTICAL INFORMATION SYSTEM (MSIS) TYPE OF SERVICE.

CODES (TYPES OF SERVICE THAT APPLY TO THIS FILE TYPE ARE MARKED \*):

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 THE MENTALLY RETARDED  
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 OR HIO PLAN  
21\* = CAPITATED PAYMENTS TO PREPAID HEALTH PLANS - PHPs  
22\* = CAPITATED PAYMENTS FOR PRIMARY CARE CASE MANAGEMENT - PCCM  
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 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'.

# MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

## OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 16.

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

SAS VARIABLE: MSIS\_TOP

TYPE: NUM LENGTH: 1 BEG: 76 END: 76

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 IS A SERVICE THAT 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 (1999-2004)

## OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 17.

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

SAS VARIABLE: MAX\_TOS

TYPE: NUM LENGTH: 2 BEG: 77 END: 78

DESCRIPTION: CODE INDICATING THE MEDICAID ANALYTIC EXTRACT (MAX) TYPE OF SERVICE FOR THIS RECORD.

CODES (TYPES OF SERVICE IN THIS FILE TYPE ARE MARKED \*):

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 THE MENTALLY RETARDED  
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 OR HIO PLAN  
21\* = CAPITATED PAYMENTS TO PREPAID HEALTH PLANS - PHPs  
22\* = CAPITATED PAYMENTS FOR PRIMARY CARE CASE MANAGEMENT - PCCM  
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 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.

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)**  
**OTHER SERVICES (OT) RECORD**

ELEMENT NUMBER: 18.

ELEMENT NAME: **BILLING PROVIDER IDENTIFICATION NUMBER**

SAS VARIABLE: PRVDR\_ID\_NMBR

TYPE: CHAR LENGTH: 12 BEG: 79 END: 90

DESCRIPTION: STATE ASSIGNED UNIQUE IDENTIFICATION NUMBER FOR THE BILLING PROVIDER.

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

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)**  
**OTHER SERVICES (OT) RECORD**

ELEMENT NUMBER: \*\*

ELEMENT NAME: **CLAIMS AND PAYMENT GROUP**

SAS VARIABLE: NONE

TYPE: GROUP LENGTH: 72 BEG: 91 END: 162

DESCRIPTION: DETAILED DATA FROM MSIS CLAIMS ON TYPE OF CLAIM, TYPE OF COVERAGE, PAYMENTS AND CHARGES FROM MSIS CLAIMS.

# MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

## OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 19.

ELEMENT NAME: **TYPE OF CLAIM CODE**

SAS VARIABLE: TYPE\_CLM\_CD

TYPE: NUM LENGTH: 1 BEG: 91 END: 91

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 EPSDT.

5 = SUPPLEMENTAL PAYMENT (ABOVE CAPITATION FEE OR ABOVE NEGOTIATED RATE) (E.G. FQHC ADDITIONAL REIMBURSEMENT).

9 = UNKNOWN

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

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



# MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

## OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 20.

ELEMENT NAME: **ADJUSTMENT CODE**

SAS VARIABLE: ADJUST\_CD

TYPE: NUM LENGTH: 1 BEG: 92 END: 92

DESCRIPTION: CODE INDICATING IF THE CLAIMS FOR THIS SERVICE WERE ONLY ORIGINAL SUBMISSIONS, INCLUDED ADJUSTMENTS 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 (1999-2004)

## OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 21.

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

SAS VARIABLE: PHP\_TYPE

TYPE: NUM LENGTH: 2 BEG: 93 END: 94

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.

66 = THIS RECORD IS AN ENCOUNTER RECORD, BUT THERE IS NO REPORT OF MANAGED CARE ENROLLMENT IN THE ELIGIBILITY RECORD FOR THIS PERSON IN THIS MONTH.

77 = THIS RECORD IS AN ENCOUNTER RECORD, BUT THERE WAS NO MATCH BETWEEN THE PLAN IDENTIFICATION NUMBER (DATA ELEMENT #22) AND THE PLAN IDENTIFIERS IN THE ELIGIBILITY RECORD FOR THIS PERSON IN THIS MONTH.

88 = NOT APPLICABLE, THIS RECORD IS NOT AN ENCOUNTER RECORD.

99 = ELIGIBLE'S MANAGED CARE PLAN STATUS IS UNKNOWN.

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

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 #22.

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)**  
**OTHER SERVICES (OT) RECORD**

ELEMENT NUMBER: 22.

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

SAS VARIABLE: PHP\_ID

TYPE: CHAR LENGTH: 12 BEG: 95 END: 106

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.

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

## MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

### OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 23.

ELEMENT NAME: **MEDICAID PAYMENT AMOUNT**

SAS VARIABLE: MDCD\_PYMT\_AMT

TYPE: NUM\* LENGTH: 8 BEG: 107 END: 114

DESCRIPTION: TOTAL AMOUNT OF MONEY PAID BY MEDICAID FOR THIS SERVICE.

(DISPLAY SIGNED NUMERIC) (SAS USERS: ZONED DECIMAL - ZD8)

USER NOTES: THIS PAYMENT AMOUNT IS = \$0 FOR ENCOUNTER RECORDS. IN MSIS, STATES ARE INSTRUCTED TO SET MEDICAID PAYMENT AMOUNT = \$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 AMOUNT PAID 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 OR HIO PLAN), TOS=21 (CAPITATED PAYMENTS TO PREPAID HEALTH PLANS - PHPs) OR TOS=22 (CAPITATED PAYMENT FOR PRIMARY CARE CASE MANAGEMENT - PCCMs).

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 EXCEPT IN MONTANA WHERE OVER 8 PERCENT OF MSIS ORIGINAL OTHER SERVICES CLAIMS HAD A MEDICAID PAYMENT AMOUNT < \$0.

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 LIME 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'.

# MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

## OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 24.

ELEMENT NAME: **THIRD PARTY PAYMENT AMOUNT**

SAS VARIABLE: TP\_PYMT\_AMT

TYPE: NUM\* LENGTH: 8 BEG: 115 END: 122

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.

(DISPLAY SIGNED NUMERIC) (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 (1999-2004)**

## **OTHER SERVICES (OT) RECORD**

ELEMENT NUMBER: 25.

ELEMENT NAME: **PAYMENT DATE**

SAS VARIABLE: PYMT\_DT

TYPE: NUM LENGTH: 8 BEG: 123 END: 130

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 (1999-2004)

## OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 26.

ELEMENT NAME: **CHARGE AMOUNT**

SAS VARIABLE: CHRG\_AMT

TYPE: NUM\* LENGTH: 8 BEG: 131 END: 138

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

(DISPLAY SIGNED NUMERIC) (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 DATA ELEMENT #27 (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).

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

# MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

## OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 27.

ELEMENT NAME: **PREPAID PLAN SERVICE VALUE**

SAS VARIABLE: PHP\_VAL

TYPE: NUM\* LENGTH: 8 BEG: 139 END: 146

DESCRIPTION: DOLLAR VALUE PLACED ON THE SERVICE BY THE PROVIDER.

(DISPLAY SIGNED NUMERIC) (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 DATA ELEMENT #27 (PREPAID PLAN SERVICE VALUE) AND MAX CHARGE AMOUNT HAS BEEN RESET TO VALUE = \$0. SEE DATA ELEMENT #24 (MEDICAID PAYMENT AMOUNT) AND DATA ELEMENT #26 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.

SOURCE: RECODED AS NOTED ABOVE USING MSIS CLAIMS FILE.



**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)**

**OTHER SERVICES (OT) RECORD**

ELEMENT NUMBER: 28.

ELEMENT NAME: **MEDICARE COINSURANCE PAYMENT AMOUNT**

SAS VARIABLE: MDCR\_COINSUR\_PYMT\_AMT

TYPE: NUM\* LENGTH: 8 BEG: 147 END: 154

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

(DISPLAY SIGNED NUMERIC) (SAS USERS: ZONED DECIMAL - ZD8)

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

# MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

## OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 29.

ELEMENT NAME: **MEDICARE DEDUCTIBLE PAYMENT AMOUNT**

SAS VARIABLE: MDCR\_DED\_PYMT\_AMT

TYPE: NUM\* LENGTH: 8 BEG: 155 END: 162

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

(DISPLAY SIGNED NUMERIC) (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 THE MENTALLY RETARDED) 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 (1999-2004)**  
**OTHER SERVICES (OT) RECORD**

ELEMENT NUMBER: \*\*

ELEMENT NAME: **OTHER SERVICES GROUP**

SAS VARIABLE: NONE

TYPE: GROUP LENGTH: 66 BEG: 163 END: 228

DESCRIPTION:

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)**  
**OTHER SERVICES (OT) RECORD**

ELEMENT NUMBER: 30.

ELEMENT NAME: **SERVICE BEGINNING DATE**

SAS VARIABLE: SRVC\_BGN\_DT

TYPE: NUM LENGTH: 8 BEG: 163 END: 170

DESCRIPTION: THE BEGINNING DATE OF SERVICE FOR THIS CLAIM.

EDIT-RULES: YYYYMMDD

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

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 (1999-2004)**  
**OTHER SERVICES (OT) RECORD**

ELEMENT NUMBER: 31.

ELEMENT NAME: **ENDING DATE OF SERVICE**

SAS VARIABLE: SRVC\_END\_DT

TYPE: NUM LENGTH: 8 BEG: 171 END: 178

DESCRIPTION: THE LAST DATE OF SERVICE COVERED BY THIS CLAIM.

EDIT-RULES: YYYYMMDD

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 (1999-2004)

## OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 32.

ELEMENT NAME: **PROCEDURE CODING SYSTEM CODE**

SAS VARIABLE: PRCDR\_CD\_SYS

TYPE: CHAR LENGTH: 2 BEG: 179 END: 180

DESCRIPTION: CODE SPECIFYING THE PROCEDURE CODING SYSTEM USED FOR THE PRINCIPAL AND SECONDARY PROCEDURES.

**CODES:**

01 = CPT-4  
02 = ICD-9-CM  
03 = CRVS 74  
04 = CRVS 69  
05 = CRVS 64  
06 = HCPCS  
07 = ICD-10  
10-87 = OTHER SYSTEMS  
88 = NOT APPLICABLE  
99 = UNKNOWN

USER NOTES: THIS DATA ELEMENT SHOULD BE USED WITH DATA ELEMENTS #33 AND #34. USERS SHOULD MAKE SURE THE CODE VALUE IN THIS DATA ELEMENT ACCURATELY REFLECTS THE CODING SCHEME IN USE.

SOURCE: MSIS CLAIMS FILE: 'SERVICE-CODE-FLAG'.

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)**  
**OTHER SERVICES (OT) RECORD**

ELEMENT NUMBER: 33.

ELEMENT NAME: **PROCEDURE (SERVICE) CODE**

SAS VARIABLE: PRCDR\_CD

TYPE: CHAR LENGTH: 7 BEG: 181 END: 187

DESCRIPTION: PROCEDURE (SERVICE) PROVIDED. SEE DATA ELEMENT #32 PROCEDURE CODING SYSTEM CODE.

SOURCE: MSIS CLAIMS FILE: 'SERVICE-CODE'.

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)**  
**OTHER SERVICES (OT) RECORD**

ELEMENT NUMBER: 34.

ELEMENT NAME: **PROCEDURE (SERVICE) MODIFIER CODE**

SAS VARIABLE: PRCDR\_SRVC\_MDFR\_CD

TYPE: CHAR LENGTH: 2 BEG: 188 END: 189

DESCRIPTION: MODIFIER CODE TO PROVIDE MORE INFORMATION ABOUT THE SERVICE PROVIDE IN RELATION TO THIS  
PROCEDURE (E.G. ASSISTANCE IN SURGERY).

SOURCE: MSIS CLAIMS FILE: 'SERVICE-CODE-MOD'.



# MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

## OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 35.

ELEMENT NAME: **DIAGNOSIS CODE-1**

SAS VARIABLE: DIAG\_CD\_1

TYPE: CHAR LENGTH: 6 BEG: 190 END: 195

DESCRIPTION: THE FIRST ICD-9-CM DIAGNOSIS CODE FOR THIS RECORD.

EDIT-RULES: LEFT JUSTIFIED, NO DECIMAL POINT

USER NOTE: USERS SHOULD EXERCISE CAUTION SINCE THIS DATA ELEMENT IS 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'.

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)**  
**OTHER SERVICES (OT) RECORD**

ELEMENT NUMBER: 36.

ELEMENT NAME: **DIAGNOSIS CODE-2**

SAS VARIABLE: DIAG\_CD\_2

TYPE: CHAR LENGTH: 6 BEG: 196 END: 201

DESCRIPTION: THE SECOND ICD-9-CM DIAGNOSIS CODE FOR THIS RECORD.

EDIT-RULES: LEFT JUSTIFIED, NO DECIMAL POINT

USER NOTE: USERS SHOULD EXERCISE CAUTION SINCE THIS DATA ELEMENT IS 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'.

# MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

## OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 37.

ELEMENT NAME: **QUANTITY OF SERVICE**

SAS VARIABLE: QTY\_SRVC\_UNITS

TYPE: NUM LENGTH: 5 BEG: 202 END: 206

DESCRIPTION: THE NUMBER OF UNITS OF SERVICE RECEIVED BY THE ELIGIBLE.

USER NOTES: FOR 1/96 THROUGH 9/98, THIS DATA ELEMENT IS 4 CHARACTERS IN LENGTH AND IS RIGHT JUSTIFIED. FOR 10/98 THROUGH 12/98 IT IS 5 CHARACTERS IN LENGTH. MSIS INSTRUCTIONS TO STATES ON HOW TO CODE THIS DATA ELEMENT HAVE VARIED OVER TIME.

FOR DATA THROUGH 10/97, STATES WERE INSTRUCTED THAT THIS DATA ELEMENT "IS ONLY APPLICABLE WHEN THE SERVICE BEING BILLED CAN BE QUANTIFIED IN DISCRETE UNITS, E.G. A NUMBER OF VISITS...". IN ADDITION, THE INSTRUCTIONS STATE THAT THIS DATA ELEMENT IS NOT APPLICABLE FOR INSTITUTIONAL SERVICES, DENTAL SERVICES, LABORATORY AND X-RAY SERVICES, PREMIUM PAYMENTS, OR MISCELLANEOUS SERVICES - INCLUDING CLAIMS WITH MSIS TYPE OF SERVICE 09, 15, 17, 19 AND 20.

ADDITIONAL CLARIFICATION WAS PROVIDED WITH INSTRUCTIONS THAT APPLY TO MAX DATA FROM 10/97 THROUGH 9/98, AS FOLLOWS:

"VISITS SHOULD BE USED FOR THE FOLLOWING SERVICE TYPES: PHYSICIANS, OTHER PRACTITIONERS, OUTPATIENT HOSPITAL, CLINICS, HOME HEALTH, RURAL HEALTH CLINICS, FQHC SERVICES, REHABILITATION SERVICES, NURSE MIDWIFE, NURSE PRACTITIONER, PRIVATE DUTY NURSING, CHRISTIAN SCIENCE PRACTITIONERS. PROCEDURES SHOULD BE USER FOR FAMILY PLANNING SERVICES, STERILIZATIONS, AND ABORTIONS. TREATMENTS SHOULD BE USED FOR PERSONAL CARE SERVICES, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH, HEARING AND LANGUAGE THERAPY. TRIPS TO AND FROM MEDICAL SERVICES SHOULD BE USED FOR TRANSPORTATION SERVICES."

FOR 10/97 THROUGH 12/98, THIS DATA ELEMENT IS NOT APPLICABLE FOR INSTITUTIONAL SERVICES, DENTAL SERVICES, LABORATORY AND X-RAY SERVICES, PREMIUM PAYMENTS OR MISCELLANEOUS SERVICES. FOR 10/97 TO 9/98 THIS INCLUDES CLAIMS WITH MSIS TYPES OF SERVICE 09, 15, 17, 19, 20, 21, 22, 31, 32 AND 40. FOR 9/98 THROUGH 12/98, THIS INCLUDES CLAIMS WITH MSIS TYPES OF SERVICE 09, 15, 19, 20, 21 AND 22.

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

# MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

## OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 38.

ELEMENT NAME: **SERVICING PROVIDER IDENTIFICATION NUMBER**

SAS VARIABLE: SRVC\_PRVDR\_ID\_NMBR

TYPE: CHAR LENGTH: 12 BEG: 207 END: 218

DESCRIPTION: A UNIQUE NUMBER TO IDENTIFY THE PROVIDER WHO TREATED THE RECIPIENT.

USER NOTE: THIS IS NOT NECESSARILY THE SAME PROVIDER THAT BILLED FOR THE SERVICE. THIS DATA ELEMENT SHOULD BE 8-FILLED FOR TOS = 20 (CAPITATED PAYMENTS TO HMO OR HIO PLAN), TOS = 21 (CAPITATED PAYMENTS TO PREPAID HEALTH PLANS - PHPs) AND TOS = 22 (CAPITATED PAYMENTS FOR PRIMARY CARE CASE MANAGEMENT - PCCM).

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

# MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

## OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 39.

ELEMENT NAME: **SERVICING PROVIDER SPECIALTY CODE**

SAS VARIABLE: SRVC\_PRVDR\_SPEC\_CD

TYPE: CHAR LENGTH: 4 BEG: 219 END: 222

DESCRIPTION: A CODE WHICH DESCRIBES THE AREA OF SPECIALTY FOR THE SERVICING PROVIDER. THIS CODE APPLIES ONLY TO PHYSICIANS, OSTEOPATHS, DENTISTS AND OTHER LICENSED PRACTITIONERS.

USER NOTE: SINCE THERE IS NO NATIONAL MEDICAID STANDARD FOR CODING SPECIALTY, STATES ARE INSTRUCTED TO REPORT THE SPECIALTY ACCORDING TO THEIR UNIQUE STATE CODING SYSTEMS. THE DATA ELEMENT IS BLANK-FILLED IF NO SPECIALTY CODE IS AVAILABLE.

SOURCE: MSIS CLAIMS FILE: 'SPECIALTY-CODE'.

# MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

## OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 40.

ELEMENT NAME: **PLACE OF SERVICE CODE**

SAS VARIABLE: SRVC\_PRVDR\_SPEC\_CD

TYPE: NUM LENGTH: 2 BEG: 223 END: 224

DESCRIPTION: CODE INDICATING THE PLACE WHERE THE SERVICE WAS PERFORMED.

**CODES:**

03 = SCHOOL (\*)  
04 = HOMELESS SHELTER (\*)  
05 = INDIAN HEALTH SERVICE FREE-STANDING FACILITY (\*)  
06 = INDIAN HEALTH SERVICE PROVIDER-BASED FACILITY (\*)  
07 = TRIBAL 638 FREE-STANDING FACILITY (\*)  
08 = TRIBAL 638 PROVIDER-BASED FACILITY (\*)  
11 = OFFICE  
12 = PATIENT'S HOME  
16 = MOBILE UNIT (\*)  
20 = URGENT CARE FACILITY (\*)  
21 = INPATIENT HOSPITAL  
22 = OUTPATIENT HOSPITAL  
23 = EMERGENCY ROOM - HOSPITAL  
24 = AMBULATORY SURGERY CENTER  
25 = BIRTHING CENTER  
26 = MILITARY TREATMENT FACILITY  
32 = NURSING FACILITY  
33 = CUSTODIAL CARE FACILITY  
34 = HOSPICE  
41 = AMBULANCE - LAND  
42 = AMBULANCE - AIR OR WATER  
50 = FEDERALLY QUALIFIED HEALTH CENTER  
51 = INPATIENT PSYCHIATRIC FACILITY  
52 = PSYCHIATRIC FACILITY PARTIAL HOSPITALIZATION  
53 = COMMUNITY MENTAL HEALTH CENTER  
54 = INTERMEDIATE CARE FACILITY FOR THE MENTALLY RETARDED  
55 = RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY  
56 = PSYCHIATRIC RESIDENTIAL TREATMENT CENTER  
60 = MASS IMMUNIZATION CENTER (\*)  
61 = COMPREHENSIVE INPATIENT REHABILITATION FACILITY  
62 = COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY  
65 = END STAGE RENAL DISEASE TREATMENT FACILITY  
71 = STATE OR LOCAL PUBLIC HEALTH CLINIC  
72 = RURAL HEALTH CLINIC  
81 = INDEPENDENT LABORATORY  
88 = NOT APPLICABLE (USED WITH TYPE OF SERVICE 20, 21 OR 22)  
99 = OTHER (NOT LISTED ABOVE) OR UNKNOWN

USER NOTE: THE VALUES DENOTED WITH AN ASTERISK (\*) MAY NOT HAVE BEEN USED UNTIL AFTER 1999. NEW CODE VALUES MAY BE ASSIGNED PERIODICALLY. ALL VALID MSIS CODE VALUES FOR THIS DATA ELEMENT HAVE BEEN INCLUDED HERE.

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

# MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

## OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 41.

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

SAS VARIABLE: UB\_92\_REV\_CD

TYPE: NUM LENGTH: 4 BEG: 225 END: 228

DESCRIPTION: REVENUE CODE REPORTED ON THE LINE ITEM FOR THIS CLAIM OR ENCOUNTER RECORD IN THE UB-92 BILL FOR THE SERVICE.

USER NOTE: ONLY VALID CODES AS DEFINED BY THE "NATIONAL UNIFORM BILLING COMMITTEE" SHOULD BE USED. THIS DATA ELEMENT IS ONLY APPLICABLE TO THOSE PROVIDERS THAT USE THE UB-92 BILLING FORM FOR CLAIM SUBMISSION (TOS = 11 - OUTPATIENT HOSPITAL, AND OTHERS AS RELEVANT WITHIN THE STATE). THIS DATA ELEMENT IS 8-FILLED FOR TYPE OF SERVICE VALUES WHERE THE INFORMATION IS NOT APPLICABLE. IT IS 9-FILLED IF THE CODE IS MISSING.

SOURCE: MSIS CLAIMS FILE: "UB-92-REVENUE-CODE".