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# Update Changes

## No updates for V9, V10, or V11

## Update Summary Version 8

|  |  |  |
| --- | --- | --- |
| PHD Dataset | Changes | Notes |
| PHDCM.ED, PHDCM.ED\_Proc, PHDCM.ED\_Diag | Added 2021 data |  |
| PHDCM.HD, PHDCM.HD\_Proc, PHDCM.HD\_Diag | Added 2021 data  Added 2022 data |  |
| PHDCM.OO | Added 2021 Data |  |
| PHDAPCD.PHARMACY | 1. 2021 data was added, and 2019 and 2020 data was refreshed. Each time a new year of APCD data is added, the two most recent years will be replaced to cover claims updates. 2. The following cost variables were added to the pharmacy file, and are avaliable for PHD records starting in 2019: PHARM\_CHARGED, PHARM\_COPAY, PHARM\_COINSURANCE, PHARM\_DEDUCTIBLE, PHARM\_AMOUNT\_DUE\_OTHER, PHARM\_ALLOWED\_AMOUNT, PHARM\_PAID 3. The following two additional variables were also added: PHARM\_MEDICAID, PHARM\_LINKORGIDME, PHARM\_SUBMISSIONYEAR |  |
| PHDAPCD.MEDICAL | 1. 2021 data was added, and 2019 and 2020 data was refreshed. Each time a new year of APCD data is added, the two most recent years will be replaced to cover claims updates. 2. The following variables were added: MED\_LINKORGIDME, RES\_ZIP\_APCD\_MED, MED\_SUBMISSIONYEAR |  |
| PHDAPCD.DENTAL | 1. 2021 data was added, and 2019 and 2020 data was refreshed. Each time a new year of APCD data is added, the two most recent years will be replaced to cover claims updates. 2. The following variable was added: DENT\_LINKORGIDME, DENT\_SUBMISSIONYEAR |  |
| PHDAPCD.PROVIDER | 1. 2021 data was added, and 2019 and 2020 data was refreshed. Each time a new year of APCD data is added, the two most recent years will be replaced to cover claims updates. 2. The following variable was added: PROV\_SUBMISSIONYEAR |  |
| PHDAPCD.PRODUCT | 1. 2021 data was added, and 2019 and 2020 data was refreshed. Each time a new year of APCD data is added, the two most recent years will be replaced to cover claims updates. 2. The following variable was added: PROd\_SUBMISSIONYEAR |  |
| PHDAPCD.MHEE | 1. 2021-June 2022 data was added, and 2019 and 2020 data was refreshed. Each time a new year of APCD data is added, the two most recent years will be replaced to cover claims updates. 2. The following variable was added: MHEE\_SUBMISSIONYEAR |  |
| PHDAPCD.ME, PHDAPCD.ME\_MTH | 1. 2021-June 2022 data was added, and 2019 and 2020 data was refreshed. Each time a new year of APCD data is added, the two most recent years will be replaced to cover claims updates. 2. The following variable was added: ME\_SUBMISSIONYEAR |  |
| PHDCM.HD | Added new values for HD\_PAYERTYPE1, HD\_PAYERTYPE2 and VISITSOURCE1, VISITSOURCE2 |  |
| PHDCM.HD\_ORG | Added 3 new values for Type\_HDFac |  |
| PHDAPCD.MEDICAL & PHDAPCD.PHARMACY | Added clarification to each ICD diagnosis code variable that decimals are not included in the field |  |

# All Payer’s Claims Data – Dental (PHDAPCD.DENTAL)

\*\*\*For details on how to link PHDAPCD.DENTAL with other PHD APCD datasets, please see **Appendix 1 in the PHD\_Key Facts** for working with the data documentation. \*\*\*

| **Variable Name** | **Variable Description** | **Meta Data** | **Format** |
| --- | --- | --- | --- |
| ID | PHD ID | 9 character alphanumeric ID | Char |
| DENT\_AGE | Member age at service | Age in years, ages greater than 89 set to 999 | Num |
| DENT\_CDT | HCPCS/CDT Code | 5-character CDT code  \*\*Please note, these values are as reported by the insurance characters. Some are not valid CDT codes\*\* | Char |
| DENT\_CHARGED | Amount of provider charges for the claim line | 0=services rendered in conjunction with other services on the claim.  Negative amounts mean there could have been involved cost sharing where the patient paid an amount which rendered the dollar amount owed by the carrier negative, or the carrier’s internal audit discovered that payment exceeded the contractually allowable benefit or that the carrier had made a duplicate payment.  **UPDATED PLEASE NOTE: Decimals are included in this field.** | Num |
| DENT\_CLAIMID | Unique record ID per  submission control ID | CHIA-derived variable | Char |
| DENT\_CLAIM\_STATUS | Claim status | 0= This value is as is submitted by the insurance carrier (with unknown translation)  1=Processed as primary 2=Processed as secondary 3=Processed as tertiary 4=Denied 5=Processed as primary, forwarded to additional payers(s) 6=Processed as secondary, forwarded to additional payers(s) 7=Processed as tertiary, forwarded to additional payer(s) 8=Reversal of previous payment 9=Not our claim, forwarded to additional payer(s) 10=Predetermination pricing only - no payment 11=Missing | Num |
| DENT\_COINSURANCE | Amount of Coinsurance member/patient is responsible to pay | 0=services rendered in conjunction with other services on the claim.  Negative amounts mean there could have been involved cost sharing where the patient paid an amount which rendered the dollar amount owed by the carrier negative, or the carrier’s internal audit discovered that payment exceeded the contractually allowable benefit or that the carrier had made a duplicate payment.  **UPDATED PLEASE NOTE: Decimals are included in this field.** | Num |
| DENT\_COPAY | Amount of Copay member/patient is responsible to pay | 0=services rendered in conjunction with other services on the claim.  Negative amounts mean there could have been involved cost sharing where the patient paid an amount which rendered the dollar amount owed by the carrier negative, or the carrier’s internal audit discovered that payment exceeded the contractually allowable benefit or that the carrier had made a duplicate payment.  **UPDATED PLEASE NOTE: Decimals are included in this field.** | Num |
| DENT\_CSUMID | Carrier Specific Unique Member ID | Integer | Char |
| DENT\_DEDUCTIBLE | Amount of Deductible member/patient is responsible to pay | 0=services rendered in conjunction with other services on the claim.  Negative amounts mean there could have been involved cost sharing where the patient paid an amount which rendered the dollar amount owed by the carrier negative, or the carrier’s internal audit discovered that payment exceeded the contractually allowable benefit or that the carrier had made a duplicate payment.  **UPDATED PLEASE NOTE: Decimals are included in this field.** | Num |
| DENT\_DENIED | Denied flag | 1=Yes  2=No  3=Unknown  4=Other  5=Not Applicable | Num |
| DENT\_ENROLL\_TYPE | Member enrollment type | 1= FIG - Fully-Insured Commercial Group Enrollee  2= SIG - Self-Insured Group Enrollee  3= GIC - Group Insurance Commission Enrollee  4= MCO - MassHealth Managed Care Organization Enrollee  5= Supplemental Policy Enrollee  6 = ICO - Integrated Care Organization or SCO– Senior Care Option  7 =ACO – Accountable Care Organization Enrollee (MassHealth only – unless approved by CHIA)  9= Unknown / Not Applicable | Num |
| DENT\_ENTITY | Service Provider Entity Identifier Code | 1=Person 2=Non-person entity  3=Unknown | Num |
| DENT\_INSURANCE\_TYPE | Insurance Type Code/Product  **\*For a table on how CHIA groups these insurance types (i.e. public, private, etc.) please see the** [**appendix**](#_DENT_INSURANCE_TYPE) **below** | 09=Self pay  10=Central certification  11=Other non-federal programs  12=PPO  13=POS  14=EPO  15=Indemnity insurance  16=HMO Medicare advantage  17=DMO Dental Maintenance Organization  20=Medicare Advantage PPO  21=Medicare Advantage Private Fee for  Service  30=Accountable Care Organization  (ACO) - MassHealth  AM=Automobile medical  BL=Blue cross / Blue shield  CC=Commonwealth Care  CE=Commonwealth  CH=Campus  CI=Commercial Insurance Co.  DS=Disability  HM=HMO  HN=HMO Medicare Risk/Medicare Part  C  IC=Integrated Care Organization  LI=Liability  LM=Liability Medical  MA=Medicare part A  MB=Medicare part B  MC=Medicaid  MD=Medicare part D  MO Medicaid Managed Care  Organization  MP Medicare Primary  MS Medicare Secondary Plan  OF=Other federal program  QM=Qualified Medicare Beneficiary  SC=Senior Care Option  SP=Supplemental Policy  TF=HSN trust fund  TV=Title V  VA=Veterans Administration Plan  WC=Workers' Compensation  ZZ=Other  (blank) = missing  \*\*\*For any other value not contained in the list above – those values are as is submitted by the insurance carrier (with unknown translation)\*\*\* | Char |
| DENT\_LINE | Line Counter | Integer | Num |
| DENT\_LINKORGIDME | Linkage variable to connect dental claim to APCD ME file & Zip code file | Links dental claims at the Insurance Carrier Level | Char |
| DENT\_LINKORGIDPR | Linkage variable to connect dental claim to product file (PROD\_ORGID) | Links dental claims at the Insurance Carrier Level | Char |
| DENT\_LINKORGIDPV | Linkage variable to connect dental claim to APCD provider file (PROV\_ORGID) | Links dental claims at the Insurance Carrier Level | Char |
| DENT\_MEDICAID | Medicaid/HSN Indicator | 0=No  1=Yes | Num |
| DENT\_MONTH | CHIA Incurred Date (Year and Month only) | Months, 1-12 | Num |
| DENT\_NPI | National provider ID | 10-digit NPI | Char |
| DENT\_ORGID | CHIA defined and maintained unique carrier identifier | 3-5 digit numeric | Char |
| DENT\_PAID | Amount paid by the carrier for the claim line | 0=services rendered in conjunction with other services on the claim.  Negative amounts mean there could have been involved cost sharing where the patient paid an amount which rendered the dollar amount owed by the carrier negative, or the carrier’s internal audit discovered that payment exceeded the contractually allowable benefit or that the carrier had made a duplicate payment.  **UPDATED PLEASE NOTE: Decimals are included in this field.** | Num |
| DENT\_PAY\_TYPE | Payment arrangement type | 1=Capitation 2=FFS 3=Percent of charges  4=DRG 5=P4P 6=Global payment 7=Other 8=Bundled payment 9=Payment amount per episode (MassHealth)  (blank) = missing | Num |
| DENT\_PRODUCT\_LINKID | Linkage variable for dental claims to product (in APCD product file, PROD\_PRODUCT\_LINKID) | Links dental claims at the claims row level | Char |
| DENT\_PROV\_CITY | City name of the provider | 1-351 for valid MA city/towns 999=Out of state or unknown  \*Please note, there is a risk of misclassification as APCD covers the entire US. Cities without a corresponding state or zip code will be grouped as MA cities but actually are located outside of MA (in the cases of cities with the same name – ex. Palmer, MA vs Palmer, AK) | Num |
| DENT\_PROV\_STATE | US State, territory, or armed forces 2-character USPS postal abbreviation of the service provider | 2-character abbreviation  XX= another two-character abbreviation that is not a valid US State, territory, or armed forces 2-character USPS postal abbreviation  (blank) = missing | Char |
| DENT\_PROV\_ZIP | Zip code of the provider | 5-digit zip code  99999=missing value | Char |
| DENT\_RELATION | Individual Relationship Code | 01=Spouse  04=Grandfather or grandmother  05=Grandson or granddaughter  07=Nephew or niece  10=Foster child  15=Ward  17=Stepson or stepdaughter  19=Child  20=Self/employee  21=Unknown  22=Handicapped dependent  23=Sponsored dependent  24=Dependent of a minor dependent  29=Significant other  32=Mother  33=Father  36=Emancipated minor  39=Organ donor  40=Cadaver donor  41=Injured plaintiff  43=Child where insured has no financial responsibility  53=Life partner  76=Dependent  \*\*\*For any other value not contained in the list above – those values are as is submitted by the insurance carrier (with unknown translation)\*\*\* | Char |
| DENT\_SERVICEPROVIDER\_LINKID | Linkage variable for dental claims to service provider (in APCD provider file, PROV\_PROVIDER\_LINKID) | Links dental claims at the claims row level | Char |
| DENT\_SEX | Member Sex | 1=Male 2=Female 9=Unknown | Num |
| DENT\_SITE | Place of service code | See Table [Dent\_site](#_Dent_site)  \*\*\*For any other value not contained in the list below– those values are as is submitted by the insurance carrier (with unknown translation)\*\*\* | Char |
| DENT\_START\_DATE | Date of service - start | Date Proxy – count of days between service start date and randomly chosen date in the past  **NOTE: The larger the date proxy, the more recently the event occurred** | Num |
| DENT\_START\_MONTH | N/A | Months, 1-12  Calculated from start date of service | Num |
| DENT\_START\_YEAR | N/A | Years, YYYY format  Calculated from start date of service | Num |
| DENT\_SUBCONTROLID | Unique sequential  number assigned to any  new file type submitted to  CHIA across all carriers | CHIA-derived variable | Char |
| DENT\_SUBMISSIONYEAR | The year the information was sent to CHIA | \*Used to update the APCD files with the newest 3 years, likely not useful in any analyses | Num |
| DENT\_TAXONOMY | Taxonomy code | See Dent\_Taxonomy  Taxonomy values are from the National Uniform Claim Committee’s taxonomy code values; please see <https://www.cms.gov/Medicare/provider-enrollment-and-certification/medicareprovidersupenroll/downloads/taxonomycrosswalk.pdf> for a crosswalk between taxonomy and CMS specialty codes) | Char |
| DENT\_VERSION | Version Number | Integer | Num |
| DENT\_YEAR | CHIA Incurred Date (Year and Month only) | Years, YYYY format | Num |
| RES\_ZIP\_APCD\_DENTAL | Patient’s zip code | **\*Please note this is the zip code associated with primary monthly medical insurance for the member – it may not reflect their actual zip code during the claim to which it is attached.**  5 digit zip 99999=Unknown | Char |

|  |  |  |  |
| --- | --- | --- | --- |
| DENT\_INSURANCE\_TYPE | Description | Plan Type | Product Market |
| 09 | Self-pay | Other | Other |
| 10 | Central Certification | Other | Other |
| 11 | Other Non-Federal Programs | Other | Other |
| 12 | Preferred Provider Organization (PPO) | PPO | Commercial |
| 13 | Point of Service (POS) | POS | Commercial |
| 14 | Exclusive Provider Organization (EPO) | EPO | Commercial |
| 15 | Indemnity Insurance | Indemnity | Commercial |
| 16 | Health Maintenance Organization (HMO) Medicare Advantage | Medicare Advantage | Medicare |
| 17 | Dental Maintenance Organization (DMO) | Other | Other |
| 20 | Medicare Advantage PPO | Medicare Advantage | Medicare |
| 21 | Medicare Advantage Private Fee for Service | Medicare Advantage | Medicare |
| 30 | Accountable Care Organization (ACO) - MassHealth | Medicaid ACO | Medicaid |
| AM | Automobile Medical | Other | Other |
| BL | Blue Cross / Blue Shield | Other | Other |
| CC | Commonwealth Care | Commonwealth Care | Other |
| CE | Commonwealth Choice | Commonwealth Choice | Commercial |
| CH | CHAMPUS | Other | Other |
| CI | Commercial Insurance | Other | Commercial |
| DS | Disability | Other | Other |
| HM | Health Maintenance Organization | HMO | Commercial |
| HN | HMO Medicare Risk/Medicare Part C | Medicare Advantage | Medicare |
| IC | Integrated Care Organization | OneCare | Medicaid |
| LI | Liability | Other | Other |
| LM | Liability Medical | Other | Other |
| MA | Medicare Part A | Other | Medicare |
| MB | Medicare Part B | Other | Medicare |
| MC | Medicaid | Medicaid | Medicaid |
| MD | Medicare Part D | Other | Medicare |
| MO | Medicaid Managed Care Organization | Medicaid MCO | Medicaid |
| MP | Medicare Primary | Other | Medicare |
| MS | Medicare Secondary Plan | Other | Medicare |
| OF | Other Federal Program (e.g. Black Lung) | Other | Other |
| QM | Qualified Medicare Beneficiary | Other | Medicare |
| SC | Senior Care Options | Senior Care Options | Medicaid |
| SP | Supplemental Policy | Other | Other |
| TF | HSN Trust Fund | Other | Other |
| TV | Title V | Other | Other |
| VA | Veterans Administration Plan | Other | Other |
| WC | Workers' Compensation | Other | Other |
| ZZ | Other | Other | Other |

| Dent\_site (<https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set>; updated Sept 2021) | |
| --- | --- |
| 01 | Pharmacy |
| 02 | Telehealth |
| 03 | School |
| 04 | Homeless Shelter |
| 05 | Indian Health Service (Free-standing) |
| 06 | Indian Health Service (Provider-based facility) |
| 07 | Tribal 638 (Free-standing Facility) |
| 08 | Tribal 638 (Provider-based Facility) |
| 09 | Prison/ Correctional Facility |
| 10 | Telehealth Provided in Patient’s Home |
| 11 | Office |
| 12 | Home |
| 13 | Assisted Living Facility |
| 14 | Group Home |
| 15 | Mobile Unit |
| 16 | Temporary Lodging |
| 17 | Walk-in Retail Health Clinic |
| 18 | Place of Employment-Worksite |
| 19 | Off Campus-Outpatient Hospital |
| 20 | Urgent Care Facility |
| 21 | Inpatient Hospital |
| 22 | On Campus-Outpatient Hospital |
| 23 | Emergency Room – Hospital |
| 24 | Ambulatory Surgical Center |
| 25 | Birthing Center |
| 26 | Military Treatment Facility |
| 31 | Skilled Nursing Facility |
| 32 | Nursing Facility |
| 33 | Custodial Care Facility |
| 34 | Hospice |
| 41 | Ambulance (Land) |
| 42 | Ambulance (Air or Water) |
| 49 | Independent Clinic |
| 50 | Federally Qualified Health Center |
| 51 | Inpatient Psychiatric Facility |
| 52 | Psychiatric Facility-Partial Hospitalization |
| 53 | Community Mental Health Center |
| 54 | Intermediate Care Facility/ Individuals with Intellectual Disabilities |
| 55 | Residential Substance Abuse Treatment Facility |
| 56 | Psychiatric Residential Treatment Center |
| 57 | Non-residential Substance Abuse Treatment Facility |
| 58 | Non-residential Opioid Treatment Facility |
| 60 | Mass Immunization Center |
| 61 | Comprehensive Inpatient Rehabilitation Facility |
| 62 | Comprehensive Outpatient Rehabilitation Facility |
| 65 | End-Stage Renal Disease Treatment Facility |
| 71 | Public Health Clinic |
| 72 | Rural Health Clinic |
| 81 | Independent Laboratory |
| 99 | Other Place of Service |

| Dent\_Taxonomy | **Code** |
| --- | --- |
| Multi-Specialty | 193200000X |
| Single Specialty | 193400000X |
| Allergy & Immunology | 207K00000X |
| Allergy | 207KA0200X |
| Clinical & Laboratory Immunology | 207KI0005X |
| Anesthesiology | 207L00000X |
| Addiction Medicine | 207LA0401X |
| Critical Care Medicine | 207LC0200X |
| Hospice and Palliative Medicine | 207LH0002X |
| Pain Medicine | 207LP2900X |
| Pediatric Anesthesiology | 207LP3000X |
| Clinical Pharmacology | 208U00000X |
| Colon & Rectal Surgery | 208C00000X |
| Dermatology | 207N00000X |
| Clinical & Laboratory Dermatological Immunology | 207NI0002X |
| Dermatopathology | 207ND0900X |
| MOHS-Micrographic Surgery | 207ND0101X |
| Pediatric Dermatology | 207NP0225X |
| Procedural Dermatology | 207NS0135X |
| Electrodiagnostic Medicine | 204R00000X |
| Emergency Medicine | 207P00000X |
| Emergency Medical Services | 207PE0004X |
| Hospice and Palliative Medicine | 207PH0002X |
| Medical Toxicology | 207PT0002X |
| Pediatric Emergency Medicine | 207PP0204X |
| Sports Medicine | 207PS0010X |
| Undersea and Hyperbaric Medicine | 207PE0005X |
| Family Medicine | 207Q00000X |
| Addiction Medicine | 207QA0401X |
| Adolescent Medicine | 207QA0000X |
| Adult Medicine | 207QA0505X |
| Geriatric Medicine | 207QG0300X |
| Hospice and Palliative Medicine | 207QH0002X |
| Obesity Medicine | 207QB0002X |
| Sleep Medicine | 207QS1201X |
| Sports Medicine | 207QS0010X |
| General Practice | 208D00000X |
| Hospitalist | 208M00000X |
| Independent Medical Examiner | 202C00000X |
| Internal Medicine | 207R00000X |
| Addiction Medicine | 207RA0401X |
| Adolescent Medicine | 207RA0000X |
| Adult Congenital Heart Disease | 207RA0002X |
| Advanced Heart Failure and Transplant Cardiology | 207RA0001X |
| Allergy & Immunology | 207RA0201X |
| Cardiovascular Disease | 207RC0000X |
| Clinical & Laboratory Immunology | 207RI0001X |
| Clinical Cardiac Electrophysiology | 207RC0001X |
| Critical Care Medicine | 207RC0200X |
| Endocrinology, Diabetes & Metabolism | 207RE0101X |
| Gastroenterology | 207RG0100X |
| Geriatric Medicine | 207RG0300X |
| Hematology | 207RH0000X |
| Hematology & Oncology | 207RH0003X |
| Hepatology | 207RI0008X |
| Hospice and Palliative Medicine | 207RH0002X |
| Hypertension Specialist | 207RH0005X |
| Infectious Disease | 207RI0200X |
| Interventional Cardiology | 207RI0011X |
| Magnetic Resonance Imaging (MRI) | 207RM1200X |
| Medical Oncology | 207RX0202X |
| Nephrology | 207RN0300X |
| Obesity Medicine | 207RB0002X |
| Pulmonary Disease | 207RP1001X |
| Rheumatology | 207RR0500X |
| Sleep Medicine | 207RS0012X |
| Sports Medicine | 207RS0010X |
| Transplant Hepatology | 207RT0003X |
| Legal Medicine | 209800000X |
| Clinical Biochemical Genetics | 207SG0202X |
| Clinical Cytogenetics | 207SC0300X |
| Clinical Genetics (M.D.) | 207SG0201X |
| Clinical Molecular Genetics | 207SG0203X |
| Molecular Genetic Pathology | 207SM0001X |
| Ph.D. Medical Genetics | 207SG0205X |
| Neurological Surgery | 207T00000X |
| Neuromusculoskeletal Medicine & OMM | 204D00000X |
| Neuromusculoskeletal Medicine, Sports Medicine | 204C00000X |
| Nuclear Medicine | 207U00000X |
| In Vivo & In Vitro Nuclear Medicine | 207UN0903X |
| Nuclear Cardiology | 207UN0901X |
| Nuclear Imaging & Therapy | 207UN0902X |
| Obstetrics & Gynecology | 207V00000X |
| Critical Care Medicine | 207VC0200X |
| Female Pelvic Medicine and Reconstructive Surgery | 207VF0040X |
| Gynecologic Oncology | 207VX0201X |
| Gynecology | 207VG0400X |
| Hospice and Palliative Medicine | 207VH0002X |
| Maternal & Fetal Medicine | 207VM0101X |
| Obesity Medicine | 207VB0002X |
| Obstetrics | 207VX0000X |
| Reproductive Endocrinology | 207VE0102X |
| Ophthalmology | 207W00000X |
| Cornea and External Diseases Specialist | 207WX0120X |
| Glaucoma Specialist | 207WX0009X |
| Neuro-ophthalmology | 207WX0109X |
| Ophthalmic Plastic and Reconstructive Surgery | 207WX0200X |
| Pediatric Ophthalmology and Strabismus Specialist | 207WX0110X |
| Retina Specialist | 207WX0107X |
| Uveitis and Ocular Inflammatory Disease | 207WX0108X |
| Oral & Maxillofacial Surgery | 204E00000X |
| Orthopaedic Surgery | 207X00000X |
| Adult Reconstructive Orthopaedic Surgery | 207XS0114X |
| Foot and Ankle Surgery | 207XX0004X |
| Hand Surgery | 207XS0106X |
| Orthopaedic Surgery of the Spine | 207XS0117X |
| Orthopaedic Trauma | 207XX0801X |
| Pediatric Orthopaedic Surgery | 207XP3100X |
| Sports Medicine | 207XX0005X |
| Otolaryngology | 207Y00000X |
| Facial Plastic Surgery | 207YS0123X |
| Otolaryngic Allergy | 207YX0602X |
| Otolaryngology/Facial Plastic Surgery | 207YX0905X |
| Otology & Neurotology | 207YX0901X |
| Pediatric Otolaryngology | 207YP0228X |
| Plastic Surgery within the Head & Neck | 207YX0007X |
| Sleep Medicine | 207YS0012X |
| Interventional Pain Medicine | 208VP0014X |
| Pain Medicine | 208VP0000X |
| Anatomic Pathology | 207ZP0101X |
| Anatomic Pathology & Clinical Pathology | 207ZP0102X |
| Blood Banking & Transfusion Medicine | 207ZB0001X |
| Chemical Pathology | 207ZP0104X |
| Clinical Informatics | 207ZC0008X |
| Clinical Pathology | 207ZC0006X |
| Clinical Pathology/Laboratory Medicine | 207ZP0105X |
| Cytopathology | 207ZC0500X |
| Dermatopathology | 207ZD0900X |
| Forensic Pathology | 207ZF0201X |
| Hematology | 207ZH0000X |
| Immunopathology | 207ZI0100X |
| Medical Microbiology | 207ZM0300X |
| Molecular Genetic Pathology | 207ZP0007X |
| Neuropathology | 207ZN0500X |
| Pediatric Pathology | 207ZP0213X |
| Pediatrics | 208000000X |
| Adolescent Medicine | 2080A0000X |
| Child Abuse Pediatrics | 2080C0008X |
| Clinical & Laboratory Immunology | 2080I0007X |
| Developmental- Behavioral Pediatrics | 2080P0006X |
| Hospice and Palliative Medicine | 2080H0002X |
| Medical Toxicology | 2080T0002X |
| Neonatal-Perinatal Medicine | 2080N0001X |
| Neurodevelopmental Disabilities | 2080P0008X |
| Obesity Medicine | 2080B0002X |
| Pediatric Allergy/Immunology | 2080P0201X |
| Pediatric Cardiology | 2080P0202X |
| Pediatric Critical Care Medicine | 2080P0203X |
| Pediatric Emergency Medicine | 2080P0204X |
| Pediatric Endocrinology | 2080P0205X |
| Pediatric Gastroenterology | 2080P0206X |
| Pediatric Hematology-Oncology | 2080P0207X |
| Pediatric Infectious Diseases | 2080P0208X |
| Pediatric Nephrology | 2080P0210X |
| Pediatric Pulmonology | 2080P0214X |
| Pediatric Rheumatology | 2080P0216X |
| Pediatric Transplant Hepatology | 2080T0004X |
| Sleep Medicine | 2080S0012X |
| Sports Medicine | 2080S0010X |
| Phlebology | 202K00000X |
| Physical Medicine & Rehabilitation | 208100000X |
| Brain Injury Medicine | 2081P0301X |
| Hospice and Palliative Medicine | 2081H0002X |
| Neuromuscular Medicine | 2081N0008X |
| Pain Medicine | 2081P2900X |
| Pediatric Rehabilitation Medicine | 2081P0010X |
| Spinal Cord Injury Medicine | 2081P0004X |
| Sports Medicine | 2081S0010X |
| Plastic Surgery | 208200000X |
| Plastic Surgery Within the Head and Neck | 2082S0099X |
| Surgery of the Hand | 2082S0105X |
| Addiction Medicine | 2083A0300X |
| Aerospace Medicine | 2083A0100X |
| Clinical Informatics | 2083C0008X |
| Medical Toxicology | 2083T0002X |
| Obesity Medicine | 2083B0002X |
| Occupational Medicine | 2083X0100X |
| Preventive Medicine/Occupational Environmental Medicine | 2083P0500X |
| Public Health & General Preventive Medicine | 2083P0901X |
| Sports Medicine | 2083S0010X |
| Undersea and Hyperbaric Medicine | 2083P0011X |
| Addiction Medicine | 2084A0401X |
| Addiction Psychiatry | 2084P0802X |
| Behavioral Neurology & Neuropsychiatry | 2084B0040X |
| Brain Injury Medicine | 2084P0301X |
| Child & Adolescent Psychiatry | 2084P0804X |
| Clinical Neurophysiology | 2084N0600X |
| Diagnostic Neuroimaging | 2084D0003X |
| Forensic Psychiatry | 2084F0202X |
| Geriatric Psychiatry | 2084P0805X |
| Hospice and Palliative Medicine | 2084H0002X |
| Neurocritical Care | 2084A2900X |
| Neurodevelopmental Disabilities | 2084P0005X |
| Neurology | 2084N0400X |
| Neurology with Special Qualifications in Child Neurology | 2084N0402X |
| Neuromuscular Medicine | 2084N0008X |
| Obesity Medicine | 2084B0002X |
| Pain Medicine | 2084P2900X |
| Psychiatry | 2084P0800X |
| Psychosomatic Medicine | 2084P0015X |
| Sleep Medicine | 2084S0012X |
| Sports Medicine | 2084S0010X |
| Vascular Neurology | 2084V0102X |
| Body Imaging | 2085B0100X |
| Diagnostic Neuroimaging | 2085D0003X |
| Diagnostic Radiology | 2085R0202X |
| Diagnostic Ultrasound | 2085U0001X |
| Hospice and Palliative Medicine | 2085H0002X |
| Neuroradiology | 2085N0700X |
| Nuclear Radiology | 2085N0904X |
| Pediatric Radiology | 2085P0229X |
| Radiation Oncology | 2085R0001X |
| Radiological Physics | 2085R0205X |
| Therapeutic Radiology | 2085R0203X |
| Vascular & Interventional Radiology | 2085R0204X |
| Surgery | 208600000X |
| Hospice and Palliative Medicine | 2086H0002X |
| Pediatric Surgery | 2086S0120X |
| Plastic and Reconstructive Surgery | 2086S0122X |
| Surgery of the Hand | 2086S0105X |
| Surgical Critical Care | 2086S0102X |
| Surgical Oncology | 2086X0206X |
| Trauma Surgery | 2086S0127X |
| Vascular Surgery | 2086S0129X |
| Thoracic Surgery (Cardiothoracic Vascular Surgery) | 208G00000X |
| Transplant Surgery | 204F00000X |
| Urology | 208800000X |
| Female Pelvic Medicine and Reconstructive Surgery | 2088F0040X |
| Pediatric Urology | 2088P0231X |
| Assistant Behavior Analyst | 106E00000X |
| Behavior Analyst | 103K00000X |
| Behavior Technician | 106S00000X |
| Clinical Neuropsychologist | 103G00000X |
| Clinical | 103GC0700X |
| Counselor | 101Y00000X |
| Addiction (Substance Use Disorder) | 101YA0400X |
| Mental Health | 101YM0800X |
| Pastoral | 101YP1600X |
| Professional | 101YP2500X |
| School | 101YS0200X |
| Marriage & Family Therapist | 106H00000X |
| Poetry Therapist | 102X00000X |
| Psychoanalyst | 102L00000X |
| Psychologist | 103T00000X |
| Addiction (Substance Use Disorder) | 103TA0400X |
| Adult Development & Aging | 103TA0700X |
| Clinical | 103TC0700X |
| Clinical Child & Adolescent | 103TC2200X |
| Cognitive & Behavioral | 103TB0200X |
| Counseling | 103TC1900X |
| Educational | 103TE1000X |
| Exercise & Sports | 103TE1100X |
| Family | 103TF0000X |
| Forensic | 103TF0200X |
| Group Psychotherapy | 103TP2701X |
| Health | 103TH0004X |
| Health Service | 103TH0100X |
| Men & Masculinity | 103TM1700X |
| Mental Retardation & Developmental Disabilities | 103TM1800X |
| Prescribing (Medical) | 103TP0016X |
| Psychoanalysis | 103TP0814X |
| Psychotherapy | 103TP2700X |
| Rehabilitation | 103TR0400X |
| School | 103TS0200X |
| Women | 103TW0100X |
| Social Worker | 104100000X |
| Clinical | 1041C0700X |
| School | 1041S0200X |
| Chiropractor | 111N00000X |
| Independent Medical Examiner | 111NI0013X |
| Internist | 111NI0900X |
| Neurology | 111NN0400X |
| Nutrition | 111NN1001X |
| Occupational Health | 111NX0100X |
| Orthopedic | 111NX0800X |
| Pediatric Chiropractor | 111NP0017X |
| Radiology | 111NR0200X |
| Rehabilitation | 111NR0400X |
| Sports Physician | 111NS0005X |
| Thermography | 111NT0100X |
| Advanced Practice Dental Therapist | 125K00000X |
| Dental Assistant | 126800000X |
| Dental Hygienist | 124Q00000X |
| Dental Laboratory Technician | 126900000X |
| Dental Therapist | 125J00000X |
| Dentist | 122300000X |
| Dental Public Health | 1223D0001X |
| Dentist Anesthesiologist | 1223D0004X |
| Endodontics | 1223E0200X |
| General Practice | 1223G0001X |
| Oral and Maxillofacial Pathology | 1223P0106X |
| Oral and Maxillofacial Radiology | 1223X0008X |
| Oral and Maxillofacial Surgery | 1223S0112X |
| Orofacial Pain | 1223X2210X |
| Orthodontics and Dentofacial Orthopedics | 1223X0400X |
| Pediatric Dentistry | 1223P0221X |
| Periodontics | 1223P0300X |
| Prosthodontics | 1223P0700X |
| Denturist | 122400000X |
| Oral Medicinist | 125Q00000X |
| Dietary Manager | 132700000X |
| Dietetic Technician, Registered | 136A00000X |
| Dietitian, Registered | 133V00000X |
| Nutrition, Gerontological | 133VN1101X |
| Nutrition, Metabolic | 133VN1006X |
| Nutrition, Obesity and Weight Management | 133VN1201X |
| Nutrition, Oncology | 133VN1301X |
| Nutrition, Pediatric | 133VN1004X |
| Nutrition, Pediatric Critical Care | 133VN1401X |
| Nutrition, Renal | 133VN1005X |
| Nutrition, Sports Dietetics | 133VN1501X |
| Nutritionist | 133N00000X |
| Nutrition, Education | 133NN1002X |
| Emergency Medical Technician, Basic | 146N00000X |
| Emergency Medical Technician, Intermediate | 146M00000X |
| Emergency Medical Technician, Paramedic | 146L00000X |
| Personal Emergency Response Attendant | 146D00000X |
| Optometrist | 152W00000X |
| Corneal and Contact Management | 152WC0802X |
| Low Vision Rehabilitation | 152WL0500X |
| Occupational Vision | 152WX0102X |
| Pediatrics | 152WP0200X |
| Sports Vision | 152WS0006X |
| Vision Therapy | 152WV0400X |
| Technician/Technologist | 156F00000X |
| Contact Lens | 156FC0800X |
| Contact Lens Fitter | 156FC0801X |
| Ocularist | 156FX1700X |
| Ophthalmic | 156FX1100X |
| Ophthalmic Assistant | 156FX1101X |
| Optician | 156FX1800X |
| Optometric Assistant | 156FX1201X |
| Optometric Technician | 156FX1202X |
| Orthoptist | 156FX1900X |
| Licensed Practical Nurse | 164W00000X |
| Licensed Psychiatric Technician | 167G00000X |
| Licensed Vocational Nurse | 164X00000X |
| Registered Nurse | 163W00000X |
| Addiction (Substance Use Disorder) | 163WA0400X |
| Administrator | 163WA2000X |
| Ambulatory Care | 163WP2201X |
| Cardiac Rehabilitation | 163WC3500X |
| Case Management | 163WC0400X |
| College Health | 163WC1400X |
| Community Health | 163WC1500X |
| Continence Care | 163WC2100X |
| Continuing Education/Staff Development | 163WC1600X |
| Critical Care Medicine | 163WC0200X |
| Diabetes Educator | 163WD0400X |
| Dialysis, Peritoneal | 163WD1100X |
| Emergency | 163WE0003X |
| Enterostomal Therapy | 163WE0900X |
| Flight | 163WF0300X |
| Gastroenterology | 163WG0100X |
| General Practice | 163WG0000X |
| Gerontology | 163WG0600X |
| Hemodialysis | 163WH0500X |
| Home Health | 163WH0200X |
| Hospice | 163WH1000X |
| Infection Control | 163WI0600X |
| Infusion Therapy | 163WI0500X |
| Lactation Consultant | 163WL0100X |
| Maternal Newborn | 163WM0102X |
| Medical-Surgical | 163WM0705X |
| Neonatal Intensive Care | 163WN0002X |
| Neonatal, Low-Risk | 163WN0003X |
| Nephrology | 163WN0300X |
| Neuroscience | 163WN0800X |
| Nurse Massage Therapist (NMT) | 163WM1400X |
| Nutrition Support | 163WN1003X |
| Obstetric, High-Risk | 163WX0002X |
| Obstetric, Inpatient | 163WX0003X |
| Occupational Health | 163WX0106X |
| Oncology | 163WX0200X |
| Ophthalmic | 163WX1100X |
| Orthopedic | 163WX0800X |
| Ostomy Care | 163WX1500X |
| Otorhinolaryngology & Head-Neck | 163WX0601X |
| Pain Management | 163WP0000X |
| Pediatric Oncology | 163WP0218X |
| Pediatrics | 163WP0200X |
| Perinatal | 163WP1700X |
| Plastic Surgery | 163WS0121X |
| Psychiatric/Mental Health | 163WP0808X |
| Psychiatric/Mental Health, Adult | 163WP0809X |
| Psychiatric/Mental Health, Child & Adolescent | 163WP0807X |
| Registered Nurse First Assistant | 163WR0006X |
| Rehabilitation | 163WR0400X |
| Reproductive Endocrinology/Infertility | 163WR1000X |
| School | 163WS0200X |
| Urology | 163WU0100X |
| Women's Health Care, Ambulatory | 163WW0101X |
| Wound Care | 163WW0000X |
| Adult Companion | 372600000X |
| Chore Provider | 372500000X |
| Day Training/Habilitation Specialist | 373H00000X |
| Doula | 374J00000X |
| Home Health Aide | 374U00000X |
| Homemaker | 376J00000X |
| Nurse's Aide | 376K00000X |
| Nursing Home Administrator | 376G00000X |
| Religious Nonmedical Nursing Personnel | 374T00000X |
| Religious Nonmedical Practitioner | 374K00000X |
| Technician | 374700000X |
| Attendant Care Provider | 3747A0650X |
| Personal Care Attendant | 3747P1801X |
| Acupuncturist | 171100000X |
| Case Manager/Care Coordinator | 171M00000X |
| Clinical Ethicist | 174V00000X |
| Community Health Worker | 172V00000X |
| Contractor | 171W00000X |
| Home Modifications | 171WH0202X |
| Vehicle Modifications | 171WV0202X |
| Driver | 172A00000X |
| Funeral Director | 176P00000X |
| Genetic Counselor, MS | 170300000X |
| Health Educator | 174H00000X |
| Homeopath | 175L00000X |
| Interpreter | 171R00000X |
| Lactation Consultant, Non-RN | 174N00000X |
| Legal Medicine | 173000000X |
| Mechanotherapist | 172M00000X |
| Medical Genetics, Ph.D. Medical Genetics | 170100000X |
| Midwife | 176B00000X |
| Midwife, Lay | 175M00000X |
| Military Health Care Provider | 171000000X |
| Independent Duty Corpsman | 1710I1002X |
| Independent Duty Medical Technicians | 1710I1003X |
| Naprapath | 172P00000X |
| Naturopath | 175F00000X |
| Peer Specialist | 175T00000X |
| Prevention Professional | 405300000X |
| Reflexologist | 173C00000X |
| Sleep Specialist, PhD | 173F00000X |
| Specialist | 174400000X |
| Graphics Designer | 1744G0900X |
| Prosthetics Case Management | 1744P3200X |
| Research Data Abstracter/Coder | 1744R1103X |
| Research Study | 1744R1102X |
| Veterinarian | 174M00000X |
| Medical Research | 174MM1900X |
| Pharmacist | 183500000X |
| Ambulatory Care | 1835P2201X |
| Critical Care | 1835C0205X |
| General Practice | 1835G0000X |
| Geriatric | 1835G0303X |
| Nuclear | 1835N0905X |
| Nutrition Support | 1835N1003X |
| Oncology | 1835X0200X |
| Pediatrics | 1835P0200X |
| Pharmacist Clinician (PhC)/ Clinical Pharmacy Specialist | 1835P0018X |
| Pharmacotherapy | 1835P1200X |
| Psychiatric | 1835P1300X |
| Pharmacy Technician | 183700000X |
| Advanced Practice Midwife | 367A00000X |
| Anesthesiologist Assistant | 367H00000X |
| Clinical Nurse Specialist | 364S00000X |
| Acute Care | 364SA2100X |
| Adult Health | 364SA2200X |
| Chronic Care | 364SC2300X |
| Community Health/Public Health | 364SC1501X |
| Critical Care Medicine | 364SC0200X |
| Emergency | 364SE0003X |
| Ethics | 364SE1400X |
| Family Health | 364SF0001X |
| Gerontology | 364SG0600X |
| Holistic | 364SH1100X |
| Home Health | 364SH0200X |
| Informatics | 364SI0800X |
| Long-Term Care | 364SL0600X |
| Medical-Surgical | 364SM0705X |
| Neonatal | 364SN0000X |
| Neuroscience | 364SN0800X |
| Occupational Health | 364SX0106X |
| Oncology | 364SX0200X |
| Oncology, Pediatrics | 364SX0204X |
| Pediatrics | 364SP0200X |
| Perinatal | 364SP1700X |
| Perioperative | 364SP2800X |
| Psychiatric/Mental Health | 364SP0808X |
| Psychiatric/Mental Health, Adult | 364SP0809X |
| Psychiatric/Mental Health, Child & Adolescent | 364SP0807X |
| Psychiatric/Mental Health, Child & Family | 364SP0810X |
| Psychiatric/Mental Health, Chronically Ill | 364SP0811X |
| Psychiatric/Mental Health, Community | 364SP0812X |
| Psychiatric/Mental Health, Geropsychiatric | 364SP0813X |
| Rehabilitation | 364SR0400X |
| School | 364SS0200X |
| Transplantation | 364ST0500X |
| Women's Health | 364SW0102X |
| Nurse Anesthetist, Certified Registered | 367500000X |
| Nurse Practitioner | 363L00000X |
| Acute Care | 363LA2100X |
| Adult Health | 363LA2200X |
| Community Health | 363LC1500X |
| Critical Care Medicine | 363LC0200X |
| Family | 363LF0000X |
| Gerontology | 363LG0600X |
| Neonatal | 363LN0000X |
| Neonatal, Critical Care | 363LN0005X |
| Obstetrics & Gynecology | 363LX0001X |
| Occupational Health | 363LX0106X |
| Pediatrics | 363LP0200X |
| Pediatrics, Critical Care | 363LP0222X |
| Perinatal | 363LP1700X |
| Primary Care | 363LP2300X |
| Psychiatric/Mental Health | 363LP0808X |
| School | 363LS0200X |
| Women's Health | 363LW0102X |
| Physician Assistant | 363A00000X |
| Medical | 363AM0700X |
| Surgical | 363AS0400X |
| Assistant, Podiatric | 211D00000X |
| Podiatrist | 213E00000X |
| Foot & Ankle Surgery | 213ES0103X |
| Foot Surgery | 213ES0131X |
| General Practice | 213EG0000X |
| Primary Podiatric Medicine | 213EP1101X |
| Public Medicine | 213EP0504X |
| Radiology | 213ER0200X |
| Sports Medicine | 213ES0000X |
| Anaplastologist | 229N00000X |
| Art Therapist | 221700000X |
| Clinical Exercise Physiologist | 224Y00000X |
| Dance Therapist | 225600000X |
| Developmental Therapist | 222Q00000X |
| Kinesiotherapist | 226300000X |
| Massage Therapist | 225700000X |
| Mastectomy Fitter | 224900000X |
| Music Therapist | 225A00000X |
| Occupational Therapist | 225X00000X |
| Driving and Community Mobility | 225XR0403X |
| Environmental Modification | 225XE0001X |
| Ergonomics | 225XE1200X |
| Feeding, Eating & Swallowing | 225XF0002X |
| Gerontology | 225XG0600X |
| Hand | 225XH1200X |
| Human Factors | 225XH1300X |
| Low Vision | 225XL0004X |
| Mental Health | 225XM0800X |
| Neurorehabilitation | 225XN1300X |
| Pediatrics | 225XP0200X |
| Physical Rehabilitation | 225XP0019X |
| Occupational Therapy Assistant | 224Z00000X |
| Driving and Community Mobility | 224ZR0403X |
| Environmental Modification | 224ZE0001X |
| Feeding, Eating & Swallowing | 224ZF0002X |
| Low Vision | 224ZL0004X |
| Orthotic Fitter | 225000000X |
| Orthotist | 222Z00000X |
| Pedorthist | 224L00000X |
| Physical Therapist | 225100000X |
| Cardiopulmonary | 2251C2600X |
| Electrophysiology, Clinical | 2251E1300X |
| Ergonomics | 2251E1200X |
| Geriatrics | 2251G0304X |
| Hand | 2251H1200X |
| Human Factors | 2251H1300X |
| Neurology | 2251N0400X |
| Orthopedic | 2251X0800X |
| Pediatrics | 2251P0200X |
| Sports | 2251S0007X |
| Physical Therapy Assistant | 225200000X |
| Prosthetist | 224P00000X |
| Pulmonary Function Technologist | 225B00000X |
| Recreation Therapist | 225800000X |
| Recreational Therapist Assistant | 226000000X |
| Rehabilitation Counselor | 225C00000X |
| Assistive Technology Practitioner | 225CA2400X |
| Assistive Technology Supplier | 225CA2500X |
| Orientation and Mobility Training Provider | 225CX0006X |
| Rehabilitation Practitioner | 225400000X |
| Respiratory Therapist, Certified | 227800000X |
| Critical Care | 2278C0205X |
| Educational | 2278E1000X |
| Emergency Care | 2278E0002X |
| General Care | 2278G1100X |
| Geriatric Care | 2278G0305X |
| Home Health | 2278H0200X |
| Neonatal/Pediatrics | 2278P3900X |
| Palliative/Hospice | 2278P3800X |
| Patient Transport | 2278P4000X |
| Pulmonary Diagnostics | 2278P1004X |
| Pulmonary Function Technologist | 2278P1006X |
| Pulmonary Rehabilitation | 2278P1005X |
| SNF/Subacute Care | 2278S1500X |
| Respiratory Therapist, Registered | 227900000X |
| Critical Care | 2279C0205X |
| Educational | 2279E1000X |
| Emergency Care | 2279E0002X |
| General Care | 2279G1100X |
| Geriatric Care | 2279G0305X |
| Home Health | 2279H0200X |
| Neonatal/Pediatrics | 2279P3900X |
| Palliative/Hospice | 2279P3800X |
| Patient Transport | 2279P4000X |
| Pulmonary Diagnostics | 2279P1004X |
| Pulmonary Function Technologist | 2279P1006X |
| Pulmonary Rehabilitation | 2279P1005X |
| SNF/Subacute Care | 2279S1500X |
| Specialist/Technologist | 225500000X |
| Athletic Trainer | 2255A2300X |
| Rehabilitation, Blind | 2255R0406X |
| Audiologist | 231H00000X |
| Assistive Technology Practitioner | 231HA2400X |
| Assistive Technology Supplier | 231HA2500X |
| Audiologist-Hearing Aid Fitter | 237600000X |
| Hearing Instrument Specialist | 237700000X |
| Specialist/Technologist | 235500000X |
| Audiology Assistant | 2355A2700X |
| Speech-Language Assistant | 2355S0801X |
| Speech-Language Pathologist | 235Z00000X |
| Student in an Organized Health Care Education/Training Program | 390200000X |
| Perfusionist | 242T00000X |
| Radiologic Technologist | 247100000X |
| Bone Densitometry | 2471B0102X |
| Cardiac-Interventional Technology | 2471C1106X |
| Cardiovascular-Interventional Technology | 2471C1101X |
| Computed Tomography | 2471C3401X |
| Magnetic Resonance Imaging | 2471M1202X |
| Mammography | 2471M2300X |
| Nuclear Medicine Technology | 2471N0900X |
| Quality Management | 2471Q0001X |
| Radiation Therapy | 2471R0002X |
| Radiography | 2471C3402X |
| Sonography | 2471S1302X |
| Vascular Sonography | 2471V0105X |
| Vascular-Interventional Technology | 2471V0106X |
| Radiology Practitioner Assistant | 243U00000X |
| Specialist/Technologist Cardiovascular | 246X00000X |
| Cardiovascular Invasive Specialist | 246XC2901X |
| Sonography | 246XS1301X |
| Vascular Specialist | 246XC2903X |
| Specialist/Technologist, Health Information | 246Y00000X |
| Coding Specialist, Hospital Based | 246YC3301X |
| Coding Specialist, Physician Office Based | 246YC3302X |
| Registered Record Administrator | 246YR1600X |
| Specialist/Technologist, Other | 246Z00000X |
| Art, Medical | 246ZA2600X |
| Biochemist | 246ZB0500X |
| Biomedical Engineering | 246ZB0301X |
| Biomedical Photographer | 246ZB0302X |
| Biostatistician | 246ZB0600X |
| EEG | 246ZE0500X |
| Electroneurodiagnostic | 246ZE0600X |
| Geneticist, Medical (PhD) | 246ZG1000X |
| Graphics Methods | 246ZG0701X |
| Illustration, Medical | 246ZI1000X |
| Nephrology | 246ZN0300X |
| Orthopedic Assistant | 246ZX2200X |
| Surgical Assistant | 246ZC0007X |
| Surgical Technologist | 246ZS0410X |
| Specialist/Technologist, Pathology | 246Q00000X |
| Blood Banking | 246QB0000X |
| Chemistry | 246QC1000X |
| Cytotechnology | 246QC2700X |
| Hemapheresis Practitioner | 246QH0401X |
| Hematology | 246QH0000X |
| Histology | 246QH0600X |
| Immunology | 246QI0000X |
| Laboratory Management | 246QL0900X |
| Laboratory Management, Diplomate | 246QL0901X |
| Medical Technologist | 246QM0706X |
| Microbiology | 246QM0900X |
| Technician, Cardiology | 246W00000X |
| Technician, Health Information | 247000000X |
| Assistant Record Technician | 2470A2800X |
| Technician, Other | 247200000X |
| Biomedical Engineering | 2472B0301X |
| Darkroom | 2472D0500X |
| EEG | 2472E0500X |
| Renal Dialysis | 2472R0900X |
| Veterinary | 2472V0600X |
| Technician, Pathology | 246R00000X |
| Histology | 246RH0600X |
| Medical Laboratory | 246RM2200X |
| Phlebotomy | 246RP1900X |
| Local Education Agency (LEA) | 251300000X |
| Case Management | 251B00000X |
| Community/Behavioral Health | 251S00000X |
| Day Training, Developmentally Disabled Services | 251C00000X |
| Early Intervention Provider Agency | 252Y00000X |
| Foster Care Agency | 253J00000X |
| Home Health | 251E00000X |
| Home Infusion | 251F00000X |
| Hospice Care, Community Based | 251G00000X |
| In Home Supportive Care | 253Z00000X |
| Nursing Care | 251J00000X |
| Program of All-Inclusive Care for the Elderly (PACE) Provider Organization | 251T00000X |
| Public Health or Welfare | 251K00000X |
| Supports Brokerage | 251X00000X |
| Voluntary or Charitable | 251V00000X |
| Clinic/Center | 261Q00000X |
| Adolescent and Children Mental Health | 261QM0855X |
| Adult Day Care | 261QA0600X |
| Adult Mental Health | 261QM0850X |
| Ambulatory Family Planning Facility | 261QA0005X |
| Ambulatory Fertility Facility | 261QA0006X |
| Ambulatory Surgical | 261QA1903X |
| Amputee | 261QA0900X |
| Augmentative Communication | 261QA3000X |
| Birthing | 261QB0400X |
| Community Health | 261QC1500X |
| Corporate Health | 261QC1800X |
| Critical Access Hospital | 261QC0050X |
| Dental | 261QD0000X |
| Developmental Disabilities | 261QD1600X |
| Emergency Care | 261QE0002X |
| Endoscopy | 261QE0800X |
| End-Stage Renal Disease (ESRD) Treatment | 261QE0700X |
| Family Planning, Non-Surgical | 261QF0050X |
| Federally Qualified Health Center (FQHC) | 261QF0400X |
| Genetics | 261QG0250X |
| Health Service | 261QH0100X |
| Hearing and Speech | 261QH0700X |
| Infusion Therapy | 261QI0500X |
| Lithotripsy | 261QL0400X |
| Magnetic Resonance Imaging (MRI) | 261QM1200X |
| Medical Specialty | 261QM2500X |
| Medically Fragile Infants and Children Day Care | 261QM3000X |
| Mental Health (Including Community Mental Health Center) | 261QM0801X |
| Methadone | 261QM2800X |
| Migrant Health | 261QM1000X |
| Military Ambulatory Procedure Visits Operational (Transportable) | 261QM1103X |
| Military and U.S. Coast Guard Ambulatory Procedure | 261QM1101X |
| Military Outpatient Operational (Transportable) Component | 261QM1102X |
| Military/U.S. Coast Guard Outpatient | 261QM1100X |
| Multi-Specialty | 261QM1300X |
| Occupational Medicine | 261QX0100X |
| Oncology | 261QX0200X |
| Oncology, Radiation | 261QX0203X |
| Ophthalmologic Surgery | 261QS0132X |
| Oral and Maxillofacial Surgery | 261QS0112X |
| Pain | 261QP3300X |
| Physical Therapy | 261QP2000X |
| Podiatric | 261QP1100X |
| Primary Care | 261QP2300X |
| Prison Health | 261QP2400X |
| Public Health, Federal | 261QP0904X |
| Public Health, State or Local | 261QP0905X |
| Radiology | 261QR0200X |
| Radiology, Mammography | 261QR0206X |
| Radiology, Mobile | 261QR0208X |
| Radiology, Mobile Mammography | 261QR0207X |
| Recovery Care | 261QR0800X |
| Rehabilitation | 261QR0400X |
| Rehabilitation, Cardiac Facilities | 261QR0404X |
| Rehabilitation, Comprehensive Outpatient Rehabilitation Facility (CORF) | 261QR0401X |
| Rehabilitation, Substance Use Disorder | 261QR0405X |
| Research | 261QR1100X |
| Rural Health | 261QR1300X |
| Sleep Disorder Diagnostic | 261QS1200X |
| Student Health | 261QS1000X |
| Urgent Care | 261QU0200X |
| VA | 261QV0200X |
| Epilepsy Unit | 273100000X |
| Medicare Defined Swing Bed Unit | 275N00000X |
| Psychiatric Unit | 273R00000X |
| Rehabilitation Unit | 273Y00000X |
| Rehabilitation, Substance Use Disorder Unit | 276400000X |
| Christian Science Sanitorium | 287300000X |
| Chronic Disease Hospital | 281P00000X |
| Children | 281PC2000X |
| General Acute Care Hospital | 282N00000X |
| Children | 282NC2000X |
| Critical Access | 282NC0060X |
| Rural | 282NR1301X |
| Women | 282NW0100X |
| Long Term Care Hospital | 282E00000X |
| Military Hospital | 286500000X |
| Community Health | 2865C1500X |
| Military General Acute Care Hospital | 2865M2000X |
| Military General Acute Care Hospital. Operational (Transportable) | 2865X1600X |
| Psychiatric Hospital | 283Q00000X |
| Rehabilitation Hospital | 283X00000X |
| Children | 283XC2000X |
| Religious Nonmedical Health Care Institution | 282J00000X |
| Special Hospital | 284300000X |
| Clinical Medical Laboratory | 291U00000X |
| Dental Laboratory | 292200000X |
| Military Clinical Medical Laboratory | 291900000X |
| Physiological Laboratory | 293D00000X |
| Exclusive Provider Organization | 302F00000X |
| Health Maintenance Organization | 302R00000X |
| Point of Service | 305S00000X |
| Preferred Provider Organization | 305R00000X |
| Alzheimer Center (Dementia Center) | 311500000X |
| Assisted Living Facility | 310400000X |
| Assisted Living, Behavioral Disturbances | 3104A0630X |
| Assisted Living, Mental Illness | 3104A0625X |
| Christian Science Facility | 317400000X |
| Custodial Care Facility | 311Z00000X |
| Adult Care Home | 311ZA0620X |
| Hospice, Inpatient | 315D00000X |
| Intermediate Care Facility, Mental Illness | 310500000X |
| Intermediate Care Facility, Mentally Retarded | 315P00000X |
| Nursing Facility/Intermediate Care Facility | 313M00000X |
| Skilled Nursing Facility | 314000000X |
| Nursing Care, Pediatric | 3140N1450X |
| Lodging | 177F00000X |
| Meals | 174200000X |
| Community Based Residential Treatment Facility, Mental Illness | 320800000X |
| Community Based Residential Treatment Facility, Mental Retardation and/or Developmental Disabilities | 320900000X |
| Psychiatric Residential Treatment Facility | 323P00000X |
| Residential Treatment Facility, Emotionally Disturbed Children | 322D00000X |
| Residential Treatment Facility, Mental Retardation and/or Developmental Disabilities | 320600000X |
| Residential Treatment Facility, Physical Disabilities | 320700000X |
| Substance Abuse Rehabilitation Facility | 324500000X |
| Substance Abuse Treatment, Children | 3245S0500X |
| Respite Care | 385H00000X |
| Respite Care Camp | 385HR2050X |
| Respite Care, Mental Illness, Child | 385HR2055X |
| Respite Care, Mental Retardation and/or Developmental Disabilities | 385HR2060X |
| Respite Care, Physical Disabilities, Child | 385HR2065X |
| Blood Bank | 331L00000X |
| Department of Veterans Affairs (VA) Pharmacy | 332100000X |
| Durable Medical Equipment & Medical Supplies | 332B00000X |
| Customized Equipment | 332BC3200X |
| Dialysis Equipment & Supplies | 332BD1200X |
| Nursing Facility Supplies | 332BN1400X |
| Oxygen Equipment & Supplies | 332BX2000X |
| Parenteral & Enteral Nutrition | 332BP3500X |
| Emergency Response System Companies | 333300000X |
| Eye Bank | 332G00000X |
| Eyewear Supplier | 332H00000X |
| Hearing Aid Equipment | 332S00000X |
| Home Delivered Meals | 332U00000X |
| Indian Health Service/Tribal/Urban Indian Health (I/T/U) Pharmacy | 332800000X |
| Medical Foods Supplier | 335G00000X |
| Military/U.S. Coast Guard Pharmacy | 332000000X |
| Non-Pharmacy Dispensing Site | 332900000X |
| Organ Procurement Organization | 335U00000X |
| Pharmacy | 333600000X |
| Clinic Pharmacy | 3336C0002X |
| Community/Retail Pharmacy | 3336C0003X |
| Compounding Pharmacy | 3336C0004X |
| Home Infusion Therapy Pharmacy | 3336H0001X |
| Institutional Pharmacy | 3336I0012X |
| Long Term Care Pharmacy | 3336L0003X |
| Mail Order Pharmacy | 3336M0002X |
| Managed Care Organization Pharmacy | 3336M0003X |
| Nuclear Pharmacy | 3336N0007X |
| Specialty Pharmacy | 3336S0011X |
| Portable X-ray and/or Other Portable Diagnostic Imaging Supplier | 335V00000X |
| Prosthetic/Orthotic Supplier | 335E00000X |
| Air Carrier | 344800000X |
| Ambulance | 341600000X |
| Air Transport | 3416A0800X |
| Land Transport | 3416L0300X |
| Water Transport | 3416S0300X |
| Bus | 347B00000X |
| Military/U.S. Coast Guard Transport | 341800000X |
| Military or U.S. Coast Guard Ambulance, Air Transport | 3418M1120X |
| Military or U.S. Coast Guard Ambulance, Ground Transport | 3418M1110X |
| Military or U.S. Coast Guard Ambulance, Water Transport | 3418M1130X |
| Non-emergency Medical Transport (VAN) | 343900000X |
| Private Vehicle | 347C00000X |
| Secured Medical Transport (VAN) | 343800000X |
| Taxi | 344600000X |
| Train | 347D00000X |
| Transportation Broker | 347E00000X |

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# All Payer’s Claims Data - MassHealth Member Eligibility (PHDAPCD.MHEE)

| **\*\*\*For details on how to link PHDAPCD.MHEE with other PHD APCD datasets, please see Appendix 1 in the PHD\_Key Facts for working with the data documentation. \*\*\*** | | | |
| --- | --- | --- | --- |
| **Variable Name** | **Variable Description** | **Meta Data** | **Format** |
| ID | N/A | 9-character alphanumeric ID | Char |
| MHEE\_3rdPartyLiabilityCov | MassHealth members can have both MassHealth and private health insurance at the same time. If you have both types of insurance, the private health insurance is considered a liable third party or “TPL”. This means the private health insurance is billed as the primary insurer and MassHealth is the secondary coverage. | 1= Commercial 2= HMO 3= Medicare HMO 4= Medigap 5= Partial 8= Missing, Error  9= N/A | Num |
| MHEE\_BEGINDATE | Effective date enrollment (of segment) | Date Proxy – count of days between service to date and randomly chosen date in the past  **NOTE: The larger the date proxy, the later in time the event occurred** | Num |
| MHEE\_BEGINDATE\_MONTH | Effective date enrollment (of segment) - MONTH | 1-12 | Num |
| MHEE\_BEGINDATE\_YEAR | Effective date enrollment (of segment) - YEAR | YYYY | Num |
| MHEE\_BehavHlthPlan |  | 1= BHOnlyMC  2= Exception  3= FFS  4= ICO  5= MCO-CommCare  6= MCO-MassHealth  7= PACE  8= PCC  9= SCO  10=ACOA-MassHealth  11=ACOB-MassHealth  99 = (missing) | Num |
| MHEE\_BehavHlthPlan2 |  | 1= BH 2= CBHI1 3= CBHI2 4= CommCare-Unenrolled 5= ICO 6= MassHealth Eligible 7= MCO-CommCare 8= MCO-MassHealth 9= Non-MassHealth Eligible 10= Other Exception 11= PACE 12= PCC 13= PCC-NoBH 14= QHP 15= SCO  16=ACOA-MassHealth  17=ACOB+PCCB+BH  18=ACOB+PCCB+BH(CBHI)  19=ACOB+PCCB-NoBH  20=ACOB-NoPCCB+BH  21=ACOB-NoPCCB-NoBH  22=CBHI  23=CPBH  99= (missing) | Num |
| MHEE\_BehavHlthProvider\_LINKID | Provider ID that links into CHIA's Provider file to PHD variable PROV\_PROVIDER\_LINKID | Links MHEE data to provider data | Char |
| MHEE\_DisabilityAidCatFlag |  | 0=No 1=Yes 9=Unknown | Num |
| MHEE\_DisabilityCat | Indicates whether the aid category reflects eligibility due to a disability. | 0=No 1=Yes 8=N/A 9=Unknown  (Covered MassHealth Plans listed below) | Num |
| MHEE\_DisabilityCode |  | 1= Federally Certified Blind 2= Blind 3= CommonHealth 4= SSA Determined Disability 5= Kaileigh Mulligan 6= DES Determined Disability 7= Disability Determination done, Not disabled 8= Missing, Error 9= N/A | Num |
| MHEE\_ELIGIBLE\_DAYS | Integer values 1 to 31 represents days pertaining to the referenced month | Integer values 1 to 31 represents days pertaining to the referenced month | Num |
| MHEE\_ELIGIBLE\_DAYS\_YYYYMM | The month and year associated with the eligible days for MHEE\_ELIGIBLE DAYS | YYYYMM | Char |
| MHEE\_ENDDATE | End date enrollment (of segment) | Date Proxy – count of days between service to date and randomly chosen date in the past  **NOTE: The larger the date proxy, the later in time the event occurred** | Num |
| MHEE\_ENDDATE\_MONTH | End date enrollment (of segment) - MONTH | 1-12 | Num |
| MHEE\_ENDDATE\_YEAR | End date enrollment (of segment) - YEAR | YYYY | Num |
| MHEE\_ID | Derived MHEE Release Record ID | CHIA-derived variable | Char |
| MHEE\_KaleighMulliganAidFlag |  | 0=No 1=Yes 9=Unknown | Num |
| MHEE\_LongTermEligFlag |  | 0=No 1=Yes 9=Unknown | Num |
| MHEE\_LTCProvider\_LINKID | Provider ID that links into CHIA's Provider file to PHD variable PROV\_PROVIDER\_LINKID | Links MHEE data to provider data | Char |
| MHEE\_ManagedCareProvider\_LINKID | Provider ID that links into CHIA's Provider file to PHD variable PROV\_PROVIDER\_LINKID | Links MHEE data to provider data | Char |
| MHEE\_MedicareAdvantageFlag | When this variable =1 (OR MHEE\_MedicarePtAFlag=1 OR MHEE\_MedicarePtBFlag=1), that individual is a dual eligible | 0=No 1=Yes 9=Unknown | Num |
| MHEE\_MedicarePtAFlag | When this variable =1 (OR MHEE\_MedicareAdvantageFlag =1 OR MHEE\_MedicarePtBFlag=1), that individual is a dual eligible | 0=No 1=Yes 9=Unknown | Num |
| MHEE\_MedicarePtBFlag | When this variable =1 (OR MHEE\_MedicarePtAFlag=1 OR MHEE\_MedicareAdvantageFlag =1), that individual is a dual eligible | 0=No 1=Yes 9=Unknown | Num |
| MHEE\_PopCategoryCat | Population applicable to the aid category, identifying MassHealth vs other non-MassHealth populations that are maintained in MassHealth systems.  \*\*\*If you only want the population who is receiving MassHealth, use the value of 1\*\*\* | 1= MassHealth 2= CMSP 3= Commonwealth Care 4= DMH Only 5= HSN 6=QHP 8=Not Applicable 9=Missing | Num |
| MHEE\_PremiumAssistCat | The MassHealth Premium Assistance program is for MassHealth members who have access to employer-sponsored health insurance (ESI) from a job or from another source, such as members of your household. The MassHealth Premium Assistance program reimburses eligible MassHealth members for some or all the premium cost of eligible private insurance. | 0=No 1=Yes 8=N/A 9=Unknown  (Covered MassHealth Plans listed below) | Num |
| MHEE\_PrimaryCareProvider\_LINKID | Provider ID that links into CHIA's Provider file to PHD variable PROV\_PROVIDER\_LINKID | Links MHEE data to provider data | Char |
| MHEE\_SSIAidFlag |  | 0=No 1=Yes 9=Unknown | Num |
| MHEE\_SUBCONTROLID | Unique sequential  number assigned to any  new file type submitted to  CHIA across all carriers | CHIA-derived variable | Char |
| MHEE\_SUBMISSIONYEAR | The year the information was sent to CHIA | \*Used to update the APCD files with the newest 3 years, likely not useful in any analyses | Num |

**MHEE\_DisabilityCat covers the following plans under Yes:**

SSI Disabled, Disabled, CommonHealth Basic, CommonHealth Disabled Working Adult, CommonHealth Disabled Child, CommonHealth Plus, MCB SSI, MCB MA, SF MCB, MCB MA with QMB, TMA Disabled QMB Parents, MCB MA QMB Only, Disabled with QMB, Disabled QMB Only, Disabled SLMB Only, Disabled Emergency Services Only, Disabled, Disabled with QMB, SF Disabled, SF Disabled with QMB, CommonHealth Disabled Child, SF CommonHealth Disabled Child, CommonHealth Disabled Working Adult, CommonHealth Disabled Non Working Adult, SF CommonHealth Disabled Working Adult, SF CommonHealth Disabled Non Working Adult, Temporary Family Assistance, Time Limited HIV Fam Assist, Undocumented Disabled Aliens, HIV Family Assistance, SF HIV Family Assistance, HIV Family Assistance, SF HIV Family Assistance, HIV Family Assistance-Prem Assist w/Wrap, SF HIV Fam Assist Prem Assist w/Wrap, Disab Alien Special Status(ESS if in Managed Care), Disab Alien Special Status age 19 - 64 with TPL, Limited Plus Healthy Start (disabled), NQP Child SF CommonHealth - Direct Coverage, NQP Child SF CommonHealth self-dec/access invest, NQP child SF CommonHealth confirmed access enroll, NQP child SF CommonHealth Premium Assistance, Time Limited CommonHealth/ESI investigation, SF Time Limited CommonHealth/ESI investigation, Time Limited CommonHealth/ESI enrollment, SF Time Limited CommonHealth/ESI enrollment, ESI Premium Payment plus CommonHealth Wrap, ESI Premium Payment plus CommonHealth Wrap, SF ESI Premium Payment plus CommonHealth Wrap, ESI Premium Payment plus Standard Wrap Disabled, HIV Benchmark 1 Direct coverage, HIV Benchmark 1 self-declared access investigation, HIV Benchmark 1 confirmed access enrollment period, HIV Benchmark 1 Premium Assistance, NQP Disabled SF Family Assistance, NQP Disabled SF FA self-declrd access invstigation, NQP Disabled SF FA Premium Assistance, NQP Disabled Adults SF Family Assistance, Disabled - LE 100% FPL, Disabled QI Only - GE 120% LT 135% FPL, Disabled - Met Deductible, Disabled with Medicare GT 100% LT 120% - FPL, Disabled with Medicare GE 120% - LT 135% FPL, Disabled GE 135% FPL, Disabled Adult Child with Medicare, Disabled Adult Child, Disabled Widow, Barred/PRUCOL Aliens Disab, Barred or PRUCOL Aliens – Disabled, NQP Elder Disabled SF FA + Limited, Kaileigh Mulligan with Medicare LE $60, Kaileigh Mulligan LE $60, Kaileigh Mulligan GT $60, Kaileigh Mulligan with Medicare GT 100% LT 120%FPL, Kaileigh Mulligan with Medicare GE 120% LT 135%FPL, Kaileigh Mulligan GT 135% FPL, Kaileigh Mulligan with Medicare GT 100% LT 120%FPL, Kaileigh Mulligan with Medicare GE 120% LT 135%FPL, Pickle - Disabled with Medicare, Pickle – Disabled, Kaileigh Mulligan with Medicare LE 100% FPL, Kaileigh Mulligan LE 100% FPL, Kaileigh Mulligan with Medicare, Kaileigh Mulligan with Medicare GT 100% LT 120%FPL, Kaileigh Mulligan GE 120% LT 135% FPL, Disabled with Medicare GE 120% LT 135% FPL, Disabled with Medicare GT 100% LT 120% FPL, HIV FA PE Benefit, Disabled Limited without HSN, Elder Disabled Limited without HSN

**MHEE\_PremiumAssistCat covers the following plans under Yes:**

MCB MA QMB Only, Aged QMB Only, Disabled QMB Only, Aged SLMB Only, Disabled SLMB Only, SF Fam Assist - Prem Assist with Limited, Basic Health Insurance Premium Assistance, SF Basic Health Insurance Prem Assist with Limited, Family Assistance Premium Assistance, SF Family Assistance Premium Assistance, Expansion Fam Assist Prem Assist Plus, Expansion Fam Assist Prem Assist Plus-Met Cap, MCB MA SLMB Only, Family Assistance Premium Assistance Plus, Fam Assist Prem Assist Plus-Met Cap, HIV Family Assistance-Prem Assist w/Wrap, SF HIV Fam Assist Prem Assist w/Wrap, Medicare Buy In Qualified Individual 1 (QI 1), Medicare Buy In Qualified Individual 2 (QI 2), SF Adult Fam Assist Prem Assist(IRP), Adult Fam Assist Prem Assist (IRP), Benchmark 1 Premium Assistance, TMA Premium Assistance, Essential Health Insurance Premium Payment, Disab Alien Special Status age 19 - 64 with TPL, Former Foster Children Premium Assistance, CarePlus Premium Assistance, NQP child SF CommonHealth Premium Assistance, ESI Premium Payment plus Standard Wrap, ESI Premium Payment plus Standard Wrap, ESI Premium Payment plus CommonHealth Wrap, ESI Premium Payment plus CommonHealth Wrap, SF ESI Premium Payment plus CommonHealth Wrap, ESI Premium Payment plus Standard Wrap Disabled, NQP Preg Premium Assistance, UND Preg Premium Assistance, Small Business Employee Premium Assistance Program, BCCTP Benchmark 1 Premium Assistance, HIV Benchmark 1 Premium Assistance, NQP Disabled SF FA Premium Assistance, Medically Frail Standard – PA, Standard SHIP Premium Assist, SF Family Assist SHIP Premium Assist, Standard SHIP Premium Assist, CommonHealth SHIP Premium Assist, SF Fam Assist SHIP Prem Assist w/Limited, Family Assist SHIP Premium Assist, CarePlus SHIP Premium Assist, Family Assist SHIP Premium Assist, SF CommonHealth SHIP Premium Assist, SF Fam Assist SHIP Prem Assist w/Limited, SF CommonHealth SHIP Prem Assist w/Limited, Standard SHIP Premium Assist, 19-20 Standard – PA, Aged QI Only - GE 120% LT 135% FPL, Disabled QI Only - GE 120% LT 135% FPL, Hermanson Aged with Medicare LE 135% FPL, Kaileigh Mulligan with Medicare GT 100% LT 120%FPL, Kaileigh Mulligan with Medicare GE 120% LT 135%FPL, Kaileigh Mulligan LE 100% FPL, SF FA PA Plus not meet Cap, SF FA PA Plus Met Cap, Kaileigh Mulligan with Medicare, Aged Hermanson with Medicare GT 100% LT 120% FPL, Kaileigh Mulligan with Medicare GT 100% LT 120%FPL, Aged Hermanson with Medicare GE 120% LT 135% FPL, Kaileigh Mulligan GE 120% LT 135% FPL, Aged with Medicare GE 120% LT 135% FPL, Disabled with Medicare GE 120% LT 135% FPL, Aged with Medicare GT 100% LT 120% FPL, Disabled with Medicare GT 100% LT 120% FPL

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# All Payer’s Claims Data – Medical (PHDAPCD.MEDICAL)

| **\*\*\*For details on how to link PHDAPCD.MEDICAL with other PHD APCD datasets, please see Appendix 1 in the PHD\_Key Facts for working with the data documentation. \*\*\*** | | | |
| --- | --- | --- | --- |
| **Variable Name** | **Variable Description** | **Meta Data** | **Format** |
| ID | PHD ID | 9 character alphanumeric ID | Char |
| MED\_ADM\_DATE | Admission Date | Date Proxy – count of days between admission date and randomly chosen date in the past  Please note: Admission Date only applies to events where there were admissions such as hospital visits. For dates related to outpatient care, we recommend MED\_FROM\_DATE **NOTE: The larger the date proxy, the more recently the event occurred**  (blank) = data is missing | Num |
| MED\_ADM\_DATE\_MONTH | Admission Date - month | 1-12  (blank) = data is missing | Num |
| MED\_ADM\_DATE\_YEAR | Admission Date - year | YYYY  (blank) = data is missing | Num |
| MED\_ADM\_DIAGNOSIS | Admitting Diagnosis | ICD9/ICD10 code  \*No decimals included  (blank) = data is missing | Char |
| MED\_ADM\_SOURCE | Admission Source | For Inpatient/SNF Claims:  0=ANOMALY: invalid value, if present, translate to '9'  1=Non-Health Care Facility Point of Origin (Physician Referral) - The patient was admitted to this facility upon an order of a physician.  2=Clinical referral - The patient was admitted upon the recommendation of this facility's clinic physician.  3=HMO referral - Reserved for national assignment. (eff. 3/08) Prior to 3/08, HMO referral - The patient was admitted upon the recommendation of a health maintenance organization (HMO) physician.  4=Transfer from hospital (Different Facility) - The patient was admitted to this facility as a hospital transfer from an acute care facility where he or she was an inpatient.  5=Transfer from a skilled nursing facility (SNF) or Intermediate Care Facility (ICF) - The patient was admitted to this facility as a transfer from a SNF or ICF where he or she was a resident.  6=Transfer from another health care facility - The patient was admitted to this facility as a transfer from another type of health care facility not defined elsewhere in this code list where he or she was an inpatient.  7=Emergency room - The patient was admitted to this facility after receiving services in this facility's emergency room department. (Obsolete - eff. 7/1/10)  8=Court/law enforcement - The patient was admitted upon the direction of a court of law or upon the request of a law enforcement agency's representative. Includes transfers from incarceration facilities.  9=Information not available - The means by which the patient was admitted is not known.  A=Reserved for National Assignment. (eff. 3/08) Prior to 3/08 defined as: Transfer from a Critical Access Hospital - patient was admitted/referred to this facility as a transfer from a Critical Access Hospital.  B=Transfer from Another Home Health Agency - The patient was admitted to this home health agency as a transfer from another home health agency. (Discontinued July 1, 2010 - See Condition Code 47)  C=Readmission to Same Home Health Agency - The patient was readmitted to this home health agency within the same home health episode period. (Discontinued July 1, 2010)  D=Transfer from hospital inpatient in the same facility resulting in a separate claim to the payer - The patient was admitted to this facility as a transfer from hospital inpatient within this facility resulting in a separate claim to the payer.  E=Transfer from Ambulatory Surgery Center - The patient was admitted to this facility as a transfer from an ambulatory surgery center. (eff. 10/1/2007)  F=Transfer from Hospice and is under a Hospice Plan of Care or Enrolled in a Hospice Program - The patient was admitted to this facility as a transfer from a hospice. (eff. 10/1/2007)  For Newborn Type of Admission:  5= Born Inside this Hospital (eff. 10/1/07)  6=Born Outside of This Hospital (eff. 10/1/07)  **For up-to-date values & for all other values, please refer to the Official UB-04 Data Specifications Manual released by the National Uniform Billing Committee** | Char |
| MED\_ADM\_TYPE | Admission Type | 1 = Emergency - The patient required immediate medical intervention as a result of severe, life threatening, or potentially disabling conditions. Generally, the patient was admitted through the emergency room.  2 = Urgent - The patient required immediate attention for the care and treatment of a physical or mental disorder. Generally, the patient was admitted to the first available and suitable accommodation.  3 = Elective - The patient's condition permitted adequate time to schedule the availability of suitable accommodations.  4 = Newborn - Necessitates the use of special source of admission codes.  5 = Trauma Center - visits to a trauma center/hospital as licensed or designated by the State or local government authority authorized to do so, or as verified by the American College of Surgeons and involving a trauma activation.  9 = Unknown - Information not available.  **For up-to-date values & for all other values, please refer to the Official UB-04 Data Specifications Manual released by the National Uniform Billing Committee** | Char |
| MED\_AGE | Member age at service | Age in years, ages greater than 89 set to 999 | Num |
| MED\_ALLOWED\_AMOUNT | Allowed amount | 0=claim line is denied.  Negative amounts could mean there was cost sharing where the patient paid an amount which rendered the dollar amount owed by the carrier negative, or the carrier’s internal audit discovered that payment exceeded the contractually allowable benefit or that the carrier had made a duplicate payment.  (blank) = data is missing  **UPDATED PLEASE NOTE: Decimals are included in this field.** | Num |
| MED\_AMOUNT\_DUE\_OTHER | Amount paid by other | 0=Prior Payer paid 0 towards this claim line  Negative amounts could mean there was cost sharing where the patient paid an amount which rendered the dollar amount owed by the carrier negative, or the carrier’s internal audit discovered that payment exceeded the contractually allowable benefit or that the carrier had made a duplicate payment.  (blank) = data is missing  **UPDATED PLEASE NOTE: Decimals are included in this field.** | Num |
| MED\_AMOUNT\_DUE\_SECONDARY | Amount due from a Secondary Carrier when known | 0=no COB / TPL amount.  Negative amounts could mean there was cost sharing where the patient paid an amount which rendered the dollar amount owed by the carrier negative, or the carrier’s internal audit discovered that payment exceeded the contractually allowable benefit or that the carrier had made a duplicate payment.  (blank) = data is missing  **UPDATED PLEASE NOTE: Decimals are included in this field.** | Num |
| MED\_BILLINGPROVIDER\_LINKID | Linkage variable for medical claims to billing provider (in APCD provider file, PROV\_PROVIDER\_LINKID) | Billing Provider details: a tax reporting entity to which insurance companies send reimbursement for claim submitted. The Billing Provider and the Servicing Provider can be the same provider (i.e., when the Servicing Provider bills under its own NPI). Often times the Billing Provider is not the same as the Servicing Provider (i.e. a Group Practice or Hospital System bills under its NPI and collects the reimbursement on behalf of the Servicing Provider.)  Links medical claims at the claims row level  (blank) = data is missing | Char |
| MED\_BILLINGPROVIDER\_NPI | National Service Provider ID | Billing Provider details: a tax reporting entity to which insurance companies send reimbursement for claim submitted. The Billing Provider and the Servicing Provider can be the same provider (i.e., when the Servicing Provider bills under its own NPI). Often times the Billing Provider is not the same as the Servicing Provider (i.e. a Group Practice or Hospital System bills under its NPI and collects the reimbursement on behalf of the Servicing Provider.)  (blank) = data is missing | Char |
| MED\_CAPITATED | Capitated Encounter Flag | 1 =Yes 2 =No 3 =Unknown 4 =Other 5 =Not Applicable | Num |
| MED\_CHARGED | Charge Amount | 0=services rendered in conjunction with other services on the claim.  Negative amounts could mean there was cost sharing where the patient paid an amount which rendered the dollar amount owed by the carrier negative, or the carrier’s internal audit discovered that payment exceeded the contractually allowable benefit or that the carrier had made a duplicate payment.  (blank) = data is missing  **UPDATED PLEASE NOTE: Decimals are included in this field.** | Num |
| MED\_CLAIMID | Unique record ID per  submission control ID | CHIA-derived variable  (blank) = data is missing | Char |
| MED\_CLAIM\_STATUS | Claim status | 0= This value is as is submitted by the insurance carrier (with unknown translation)  1=Processed as primary 2=Processed as secondary 3=Processed as tertiary 4=Denied 5=Processed as primary, forwarded to additional payers(s) 6=Processed as secondary, forwarded to additional payers(s) 7=Processed as tertiary, forwarded to additional payer(s) 8=Reversal of previous payment 9=Not our claim, forwarded to additional payer(s) 10=Predetermination pricing only - no payment  11=Missing | Num |
| MED\_CLAIM\_TYPE | Type of Claim | 1=Professional 2=Facility 3=Reimbursement form  (blank) = missing | Num |
| MED\_CLAIM\_TYPE\_MASSHEALTH | MassHealth Claim Type Indicator | 1= INPATIENT PART A CROSSOVER UB92 2= PROFESSIONAL PART B CROSSOVER 3= OUTPATIENT PART B CROSSOVER UB-04 4= DENTAL  5= HOME HEALTH AND COMMUNITY HEALTH 6= HOSPITAL INPATIENT 7= LONG TERM CARE 8= PHYSICIAN CLAIM 9= HOSPITAL OUTPATIENT 10= PHARMACY 11= COMPOUND DRUG CLAIMS  (blank) = missing | Num |
| MED\_COINSURANCE | Coinsurance Amount | 0=services rendered in conjunction with other services on the claim.  Negative amounts could mean there was cost sharing where the patient paid an amount which rendered the dollar amount owed by the carrier negative, or the carrier’s internal audit discovered that payment exceeded the contractually allowable benefit or that the carrier had made a duplicate payment.  (blank) = data is missing  **UPDATED PLEASE NOTE: Decimals are included in this field.** | Num |
| MED\_COPAY | Copay Amount | 0=services rendered in conjunction w/other services on claim.  Negative amounts could mean there was cost sharing where the patient paid an amount which rendered the dollar amount owed by the carrier negative, or the carrier’s internal audit discovered that payment exceeded the contractually allowable benefit or that the carrier had made a duplicate payment.  (blank) = data is missing  **UPDATED PLEASE NOTE: Decimals are included in this field.** | Num |
| MED\_CSUMID | Carrier Specific Unique Member ID | Integer  (blank) = data is missing | Char |
| MED\_DEDUCTIBLE | Deductible Amount | 0=services rendered in conjunction w/other services on claim.  Negative amounts could mean there was cost sharing where the patient paid an amount which rendered the dollar amount owed by the carrier negative, or the carrier’s internal audit discovered that payment exceeded the contractually allowable benefit or that the carrier had made a duplicate payment.  (blank) = data is missing  **UPDATED PLEASE NOTE: Decimals are included in this field.** | Num |
| MED\_DIS\_DATE | Discharge Date | Date Proxy – count of days between service to date and randomly chosen date in the past  **NOTE: The larger the date proxy, the more recently the event occurred**  (blank) = data is missing | Num |
| MED\_DIS\_DATE\_MONTH | Discharge Date - Month | 1-12  (blank) = data is missing | Num |
| MED\_DIS\_DATE\_YEAR | Discharge Date - Year | YYYY  (blank) = data is missing | Num |
| MED\_DIS\_DIAGNOSIS | Discharge Diagnosis | ICD9/ICD10 code  \*No decimals included  (blank) = data is missing | Char |
| MED\_DISCHARGE | Discharge Status; applies to any facility not just acute care | 0 or 00=Unknown Value (but present in data)  01=Discharged to home/self care (routine charge).  02=Discharged/transferred to other short term general hospital for inpatient care.  03=Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of covered skilled care -- (For hospitals with an approved swing bed arrangement, use Code 61 - swing bed. For reporting discharges/transfers to a non-certified SNF, the hospital must use Code 04 - ICF.  04=Discharged/transferred to intermediate care facility (ICF).  05=Discharged/transferred to another type of institution for inpatient care (including distinct parts). NOTE: Effective 1/2005, psychiatric hospital or psychiatric distinct part unit of a hospital will no longer be identified by this code. New code is '65'  06=Discharged/transferred to home 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. (discontinued effective 10/1/05); now reserved for assignment by NUBC  09=Admitted as an inpatient to this hospital (effective 3/1/91). In situations where a patient is admitted before midnight of the third day following the day of an outpatient service, the outpatient services are considered inpatient.  20=Expired (did not recover - Christian Science patient).  21=Discharged/transferred to Court/Law Enforcement  30=Still patient  40=Expired at home (hospice claims only)  41=Expired in a medical facility such as hospital, SNF, ICF, or freestanding hospice. (Hospice claims only)  42=Expired - place unknown (Hospice claims only)  43=Discharged/transferred to a federal hospital (eff. 10/1/03)  50=Hospice - home (eff. 10/96)  51=Hospice - medical facility (eff. 10/96)  61=Discharged/transferred within this institution to a hospital-based Medicare approved swing bed (eff. 9/01)  62=Discharged/transferred to an inpatient rehabilitation facility including distinct parts units of a hospital. (eff. 1/2002)  63=Discharged/transferred to a long term care hospitals. (eff. 1/2002)  64=Discharged/transferred to a nursing facility certified under Medicaid but not under Medicare (eff. 10/2002)  65=Discharged/Transferred to a psychiatric hospital or psychiatric distinct unit of a hospital (these types of hospitals were pulled from patient/discharge status code '05' and given their own code). (eff. 1/2005).  66=Discharged/transferred to a Critical Access Hospital (CAH) (eff. 1/1/06)  69=Discharged/transferred to a designated disaster alternative care site (eff. 10/2013)  70=Discharged/transferred to another type of health care institution not defined elsewhere in code list.  81=Discharged to home or self-care with a planned acute care hospital inpatient readmission.  85=Discharged/transferred to a designated cancer center or children’s hospital with a planned acute care hospital inpatient readmission.  86=Discharged/transferred to home under care of organized home health service organization with a planned acute care hospital inpatient readmission.  87=Discharged/transferred to court/law enforcement with a planned acute care hospital inpatient readmission.  88=Discharged/transferred to a federal health care facility with a planned acute care hospital inpatient readmission.  89=Discharged/transferred to a hospital-based Medicare approved swing bed with a planned acute care hospital inpatient readmission.  90=Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital with a planned acute care hospital inpatient readmission.  91=Discharged/transferred to a Medicare certified long term care hospital (LTCH) with a planned acute care hospital inpatient readmission.  92=Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare with a planned acute care hospital inpatient readmission.  93=Discharged/transferred to a psychiatric distinct part unit of a hospital with a planned acute care hospital inpatient readmission.  94=Discharged/transferred to a critical access hospital (CAH) with a planned acute care hospital inpatient readmission.  95=Discharged/transferred to another type of health care institution not defined elsewhere in this code list with a planned acute care hospital inpatient readmission.  280=Acute Myocardial Infarction, Discharged Alive with MCC  281=Acute Myocardial Infarction, Discharged Alive with CC  282=Acute Myocardial Infarction, Discharged Alive without CC/MCC  789=Neonates, Died or Transferred to Another Acute Care Facility  **For up-to-date values & for all other values, please refer to the Official UB-04 Data Specifications Manual released by the National Uniform Billing Committee** | Char |
| MED\_ECODE | E-Code | ICD9/ICD10 code May contain non-e-codes, and e-codes may be located in other ICD variable fields (MED\_ADM\_DIAGNOSIS, MED\_DIS\_DIAGNOSIS, MED\_ICD1- MED\_ICD25)  \*No decimals included  (blank) = data is missing | Char |
| MED\_EMP\_RELATED | Employment Related Indicator | 0= No 1= Yes 2= Other 8= Not Applicable 9= Unknown | Num |
| MED\_ENROLL\_TYPE | Member enrollment type | 1= FIG - Fully-Insured Commercial Group Enrollee 2= SIG - Self-Insured Group Enrollee 3= GIC - Group Insurance Commission Enrollee 4= MCO - MassHealth Managed Care Organization Enrollee 5= Supplemental Policy Enrollee 6 = ICO - Integrated Care Organization or SCO– Senior Care Option 7 =ACO – Accountable Care Organization Enrollee (MassHealth only – unless approved by CHIA) 9= Unknown / Not Applicable | Num |
| MED\_ENTITY | Service Provider Entity Type Qualifier | 1= Person 2= Non-person entity  3=Missing | Num |
| MED\_FACILITY\_TYPE | Type of Facility | 1= General Acute Care Facility 2= Skilled Nursing Facility/Long Term Care Facility 3= Intermediate Care Facility 4= Hospice Facility 5= Designated Cancer Center 6= Designated Inpatient Children’s Hospital 7= Inpatient Rehabilitation Facility 8= Inpatient Psychiatric Hospital 9= Critical Access Hospital 10= VNA/Home Care 99= Other Type of Facility  (blank)=missing | Num |
| MED\_FROM\_DATE | Date of Service - From | Date Proxy – count of days between service from date and randomly chosen date in the past  **NOTE: The larger the date proxy, the more recently the event occurred**  (blank) = data is missing | Num |
| MED\_FROM\_DATE\_MONTH | Date of Service – From - MONTH | 1-12  (blank) = data is missing | Num |
| MED\_FROM\_DATE\_YEAR | Date of Service – From - YEAR | YYYY  (blank) = data is missing | Num |
| MED\_GLOBAL\_PAY | Global Payment Flag | 0= No 1= Yes 2= Other 8= Not Applicable 9= Unknown | Num |
| MED\_HIGHESTVERSION | Flags if this claim line is the highest version | 1= Highest Version Claim Line 0=Not Highest Version Claim Line 9=Versioning Not Applied  (blank) = data is missing | Num |
| MED\_HIGHESTVERSION\_DENIED | Flags if this claim is the highest version and if it was denied (must also be considered with MED\_HIGHESTVERSION\_PAID) | 1= Is Highest Version Denied 0=Is Not Highest Version Denied 9=Highest Version Denied Flag Not Applied  (blank) = data is missing | Num |
| MED\_HIGHESTVERSION\_PAID | Flags if this claim is the highest version and if it was paid (must also be considered with MED\_HIGHESTVERSION\_DENIED) | 1= Highest Version Paid 0=Not Highest Version Paid 9=Versioning Not Applied  (blank) = data is missing | Num |
| MED\_ICD\_PROC1 | ICD-CM Procedure Code | ICD CM procedure code, no decimal  (blank) = data is missing | Char |
| MED\_ICD\_PROC2 | Other ICD-CM Procedure Code -1 | ICD9/ICD10 code, no decimal  (blank) = data is missing | Char |
| MED\_ICD\_PROC3 | Other ICD-CM Procedure Code -2 | ICD9/ICD10 code, no decimal  (blank) = data is missing | Char |
| MED\_ICD\_PROC4 | Other ICD-CM Procedure Code -3 | ICD9/ICD10 code, no decimal  (blank) = data is missing | Char |
| MED\_ICD\_PROC5 | Other ICD-CM Procedure Code -4 | ICD9/ICD10 code, no decimal  (blank) = data is missing | Char |
| MED\_ICD\_PROC6 | Other ICD-CM Procedure Code -5 | ICD9/ICD10 code, no decimal  (blank) = data is missing | Char |
| MED\_ICD\_PROC7 | Other ICD-CM Procedure Code -6 | ICD9/ICD10 code, no decimal  (blank) = data is missing | Char |
| MED\_ICD1 | Principal Diagnosis | ICD9/ICD10 code  \*No decimals included  (blank) = data is missing | Char |
| MED\_ICD10 | Other Diagnosis - 9 | ICD9/ICD10 code  \*No decimals included  (blank) = data is missing | Char |
| MED\_ICD11 | Other Diagnosis-10 | ICD9/ICD10 code  \*No decimals included  (blank) = data is missing | Char |
| MED\_ICD12 | Other Diagnosis 11 | ICD9/ICD10 code  \*No decimals included  (blank) = data is missing | Char |
| MED\_ICD13 | Other Diagnosis -12 | ICD9/ICD10 code  \*No decimals included  (blank) = data is missing | Char |
| MED\_ICD14 | Other Diagnosis-13 | ICD9/ICD10 code  \*No decimals included  (blank) = data is missing | Char |
| MED\_ICD15 | Other Diagnosis-14 | ICD9/ICD10 code  \*No decimals included  (blank) = data is missing | Char |
| MED\_ICD16 | Other Diagnosis-15 | ICD9/ICD10 code  \*No decimals included  (blank) = data is missing | Char |
| MED\_ICD17 | Other Diagnosis-16 | ICD9/ICD10 code  \*No decimals included  (blank) = data is missing | Char |
| MED\_ICD18 | Other Diagnosis-17 | ICD9/ICD10 code  \*No decimals included  (blank) = data is missing | Char |
| MED\_ICD19 | Other Diagnosis-18 | ICD9/ICD10 code  \*No decimals included  (blank) = data is missing | Char |
| MED\_ICD2 | Other Diagnosis - 1 | ICD9/ICD10 code  \*No decimals included  (blank) = data is missing | Char |
| MED\_ICD20 | Other Diagnosis-19 | ICD9/ICD10 code  \*No decimals included  (blank) = data is missing | Char |
| MED\_ICD21 | Other Diagnosis-20 | ICD9/ICD10 code  \*No decimals included  (blank) = data is missing | Char |
| MED\_ICD22 | Other Diagnosis-21 | ICD9/ICD10 code  \*No decimals included  (blank) = data is missing | Char |
| MED\_ICD23 | Other Diagnosis-22 | ICD9/ICD10 code  \*No decimals included  (blank) = data is missing | Char |
| MED\_ICD24 | Other Diagnosis-23 | ICD9/ICD10 code  \*No decimals included  (blank) = data is missing | Char |
| MED\_ICD25 | Other Diagnosis-24 | ICD9/ICD10 code  \*No decimals included  (blank) = data is missing | char |
| MED\_ICD3 | Other Diagnosis - 2 | ICD9/ICD10 code  \*No decimals included  (blank) = data is missing | Char |
| MED\_ICD4 | Other Diagnosis - 3 | ICD9/ICD10 code  \*No decimals included  (blank) = data is missing | Char |
| MED\_ICD5 | Other Diagnosis - 4 | ICD9/ICD10 code  \*No decimals included  (blank) = data is missing | Char |
| MED\_ICD6 | Other Diagnosis - 5 | ICD9/ICD10 code  \*No decimals included  (blank) = data is missing | Char |
| MED\_ICD7 | Other Diagnosis - 6 | ICD9/ICD10 code  \*No decimals included  (blank) = data is missing | Char |
| MED\_ICD8 | Other Diagnosis - 7 | ICD9/ICD10 code  \*No decimals included  (blank) = data is missing | Char |
| MED\_ICD9 | Other Diagnosis - 8 | ICD9/ICD10 code  \*No decimals included  (blank) = data is missing | Char |
| MED\_INSURANCE\_TYPE | Insurance Type Code/Product  **\*For a table on how CHIA groups these insurance types (i.e. public, private, etc.) please see the appendix below** | 09=Self pay  10=Central certification  11=Other non-federal programs  12=PPO  13=POS  14=EPO  15=Indemnity insurance  16=HMO Medicare advantage  17=DMO Dental Maintenance Organization  20=Medicare Advantage PPO  21=Medicare Advantage Private Fee for  Service  30=Accountable Care Organization  (ACO) - MassHealth  AM=Automobile medical  BL=Blue cross / Blue shield  CC=Commonwealth Care  CE=Commonwealth  CH=Campus  CI=Commercial Insurance Co.  DS=Disability  HM=HMO  HN=HMO Medicare Risk/Medicare Part  C  IC=Integrated Care Organization  LI=Liability  LM=Liability Medical  MA=Medicare part A  MB=Medicare part B  MC=Medicaid  MD=Medicare part D  MO=Medicaid Managed Care Organization  MP=Medicare Primary  MS=Medicare Secondary Plan  OF=Other federal program  QM=Qualified Medicare Beneficiary  SC=Senior Care Option  SP=Supplemental Policy  TF=HSN trust fund  TV=Title V  VA=Veterans Administration Plan  WC=Workers' Compensation  ZZ=Other  (blank) = missing  \*\*\*For any other value not contained in the list above – those values are as is submitted by the insurance carrier (with unknown translation)\*\*\* | Char |
| MED\_LINE | Line Counter | Integer  (blank) = data is missing | Num |
| MED\_LINKORGIDME | Linkage variable to connect medical claim to APCD ME file & Zip code file | Links medical claims at the Insurance Carrier Level | Char |
| MED\_LINKORGIDPR | Linkage variable to connect medical claim to product file (PROD\_ORGID) | Links medical claims at the Insurance Carrier Level  (blank) = data is missing | Char |
| MED\_LINKORGIDPV | Linkage variable to connect medical claim to APCD provider file (PROV\_ORGID) | Links medical claims at the Insurance Carrier Level  (blank) = data is missing | Char |
| Med\_MassHealth\_RateCode | MassHealth Rate Code | 1= CHRONIC HOSPITAL PER DIEM  2= CHRONIC HOSPITAL PER DIEM ADMIN DAY RATE  3= PSYCHIATRIC PER DIEM  4= PSYCHIATRIC ADMINISTRATIVE DAY RATE  5= ALCOHOL / DRUG DETOX PER DIEM  6= DRG ACUTE INPATIENT PAYMENT  7= DRG ACUTE INPATIENT TRANSFER PER DIEM  8= DRG ACUTE INPATIENT INTERIM PER DIEM  9= DRG ACUTE INPATIENT FINAL PER DIEM  10= ACUTE OUTPATIENT HOSPITAL RATE  11= STANDARD PAYMENT AMOUNT  12= PEDIATRIC PAYMENT AMOUNT  13= STANDARD OUTLIER  14= PEDIATRIC OUTLIER  15= AOH PRICING  16= CHRONIC LEVEL I AD  17= CHRONIC LEVEL I AD  18= HEBREW REHAB  19= DRG ACUTE INPATIENT PEDIATRIC PAYMENT  20= DRG ACUTE INPATIENT PEDIATRIC TRANSFER PER DIEM  21= DRG ACUTE INPATIENT PEDIATRIC INTERIM PER DIEM  22= DRG ACUTE INPATIENT PEDIATRIC FINAL PER DIEM  23= STANDARD TRANSFER  24= PEDIATRIC TRANSFER AMOUNT  25= 66 - XOVER PART A AS PART B (DO NOT USE FOR RATES)  26= ACUTE INPATIENT-BMC & CHRONIC-BAYSTATE & IRTP/DIEM  27= ZERO PAY BILLED DAYS RFA 93  28= DMH REPLACEMENT UNIT  29= OUTPATIENT ZERO/NON-PAYMENT  30= INTENSIVE RESIDENTIAL TREATMENT PROGRAM (IRTP)  31= PSYCH  32= INPATIENT PERCENT OF CHARGE  33= ADMINISTRATIVE DAY PERCENT OF CHARGE  34= SNF/ICF AD PART B OR A/B  35= SNF/ICF AD WO PART B A/NONE  36= CHRONIC OPD  37= PSYCH PER DIEM - ACUTE INPT  38= STATE FACILITY  39= IP Chronic Percent Of Charge  99=Missing  (This variable became available starting in 2015)  (blank) = data is missing | Num |
| MED\_MEDICAID | Medicaid/HSN Indicator  This indicates that a claim was covered by Medicaid or HSN, and is the best indicator to use. | 0=No 1=Yes  (blank) = data is missing | Num |
| MED\_MEDICARE\_AMOUNT | Amount Medicare paid on claim | Blank = Medicare did not pay towards this claim 0=Medicare paid 0  Negative amounts could mean there was cost sharing where the patient paid an amount which rendered the dollar amount owed by the carrier negative, or the carrier’s internal audit discovered that payment exceeded the contractually allowable benefit or that the carrier had made a duplicate payment.  (blank) = data is missing  **UPDATED PLEASE NOTE: Decimals are included in this field.** | Num |
| MED\_MONTH | CHIA Incurred Date (Year and Month only) | Months, 1-12  (blank) = data is missing | Num |
| MED\_NDC | Drug Code | 11-digit format (5-4-2) without hyphenation  Report the NDC code used only when a medication is paid for as part of a medical claim or when a DME device has an NDC code. Rarely populated  (blank) = data is missing | Char |
| MED\_NOT\_COVERED\_AMOUNT | Amount of claim line charge not covered | 0= all charges are covered or fall into other categories.  Negative amounts could mean there was cost sharing where the patient paid an amount which rendered the dollar amount owed by the carrier negative, or the carrier’s internal audit discovered that payment exceeded the contractually allowable benefit or that the carrier had made a duplicate payment.  (blank) = data is missing  **UPDATED PLEASE NOTE: Decimals are included in this field.** | Num |
| MED\_ORGID | CHIA defined and maintained unique carrier identifier | 3-5 digit Numeric  (blank) = data is missing | Char |
| MED\_PAID | Paid Amount | 0=services rendered in conjunction with other services on the claim.  Negative amounts could mean there was cost sharing where the patient paid an amount which rendered the dollar amount owed by the carrier negative, or the carrier’s internal audit discovered that payment exceeded the contractually allowable benefit or that the carrier had made a duplicate payment.  (blank) = data is missing  **UPDATED PLEASE NOTE: Decimals are included in this field.** | Num |
| MED\_PAY\_TYPE | Payment Arrangement Type | 1=Capitation 2=FFS 3=Percent of charges  4=DRG 5=P4P 6=Global payment 7=Other 8=Bundled payment 9=Payment amount per episode (MassHealth) 10=Enhanced Ambulatory Patient Grouping (EAPG, MassHealth)  (blank) = missing | Num |
| MED\_POA1 | Present on Admission code (POA) -1 | Y = present at time of admission  N = not present at time of admission  U = documentation insufficient to determine if present at time of admission  W = Unable to clinically determine if present at time of admission,  1 = Unreported/Not used. Exempt from POA reporting. This code is equivalent to a blank in UB04  \*\*\*For any other value not contained in the list above – those values are as is submitted by the insurance carrier (with unknown translation)\*\*\* | Char |
| MED\_POA10 | Present on Admission code (POA) -10 | Y = present at time of admission  N = not present at time of admission  U = documentation insufficient to determine if present at time of admission  W = Unable to clinically determine if present at time of admission,  1 = Unreported/Not used. Exempt from POA reporting. This code is equivalent to a blank in UB04  \*\*\*For any other value not contained in the list above – those values are as is submitted by the insurance carrier (with unknown translation)\*\*\* | Char |
| MED\_POA11 | Present on Admission code (POA) -11 | Y = present at time of admission  N = not present at time of admission  U = documentation insufficient to determine if present at time of admission  W = Unable to clinically determine if present at time of admission,  1 = Unreported/Not used. Exempt from POA reporting. This code is equivalent to a blank in UB04  \*\*\*For any other value not contained in the list above – those values are as is submitted by the insurance carrier (with unknown translation)\*\*\* | Char |
| MED\_POA12 | Present on Admission code (POA) -12 | Y = present at time of admission  N = not present at time of admission  U = documentation insufficient to determine if present at time of admission  W = Unable to clinically determine if present at time of admission,  1 = Unreported/Not used. Exempt from POA reporting. This code is equivalent to a blank in UB04  \*\*\*For any other value not contained in the list above – those values are as is submitted by the insurance carrier (with unknown translation)\*\*\* | Char |
| MED\_POA13 | Present on Admission code (POA) -13 | Y = present at time of admission  N = not present at time of admission  U = documentation insufficient to determine if present at time of admission  W = Unable to clinically determine if present at time of admission,  1 = Unreported/Not used. Exempt from POA reporting. This code is equivalent to a blank in UB04  \*\*\*For any other value not contained in the list above – those values are as is submitted by the insurance carrier (with unknown translation)\*\*\* | Char |
| MED\_POA14 | Present on Admission code (POA) -14 | Y = present at time of admission  N = not present at time of admission  U = documentation insufficient to determine if present at time of admission  W = Unable to clinically determine if present at time of admission,  1 = Unreported/Not used. Exempt from POA reporting. This code is equivalent to a blank in UB04  \*\*\*For any other value not contained in the list above – those values are as is submitted by the insurance carrier (with unknown translation)\*\*\* | Char |
| MED\_POA15 | Present on Admission code (POA) -15 | Y = present at time of admission  N = not present at time of admission  U = documentation insufficient to determine if present at time of admission  W = Unable to clinically determine if present at time of admission,  1 = Unreported/Not used. Exempt from POA reporting. This code is equivalent to a blank in UB04  \*\*\*For any other value not contained in the list above – those values are as is submitted by the insurance carrier (with unknown translation)\*\*\* | Char |
| MED\_POA16 | Present on Admission code (POA) -16 | Y = present at time of admission  N = not present at time of admission  U = documentation insufficient to determine if present at time of admission  W = Unable to clinically determine if present at time of admission,  1 = Unreported/Not used. Exempt from POA reporting. This code is equivalent to a blank in UB04  \*\*\*For any other value not contained in the list above – those values are as is submitted by the insurance carrier (with unknown translation)\*\*\* | Char |
| MED\_POA17 | Present on Admission code (POA) -17 | Y = present at time of admission  N = not present at time of admission  U = documentation insufficient to determine if present at time of admission  W = Unable to clinically determine if present at time of admission,  1 = Unreported/Not used. Exempt from POA reporting. This code is equivalent to a blank in UB04  \*\*\*For any other value not contained in the list above – those values are as is submitted by the insurance carrier (with unknown translation)\*\*\* | Char |
| MED\_POA18 | Present on Admission code (POA) -18 | Y = present at time of admission  N = not present at time of admission  U = documentation insufficient to determine if present at time of admission  W = Unable to clinically determine if present at time of admission,  1 = Unreported/Not used. Exempt from POA reporting. This code is equivalent to a blank in UB04  \*\*\*For any other value not contained in the list above – those values are as is submitted by the insurance carrier (with unknown translation)\*\*\* | Char |
| MED\_POA19 | Present on Admission code (POA) -19 | Y = present at time of admission  N = not present at time of admission  U = documentation insufficient to determine if present at time of admission  W = Unable to clinically determine if present at time of admission,  1 = Unreported/Not used. Exempt from POA reporting. This code is equivalent to a blank in UB04  \*\*\*For any other value not contained in the list above – those values are as is submitted by the insurance carrier (with unknown translation)\*\*\* | Char |
| MED\_POA2 | Present on Admission code (POA) -2 | Y = present at time of admission  N = not present at time of admission  U = documentation insufficient to determine if present at time of admission  W = Unable to clinically determine if present at time of admission,  1 = Unreported/Not used. Exempt from POA reporting. This code is equivalent to a blank in UB04  \*\*\*For any other value not contained in the list above – those values are as is submitted by the insurance carrier (with unknown translation)\*\*\* | Char |
| MED\_POA20 | Present on Admission code (POA) -20 | Y = present at time of admission  N = not present at time of admission  U = documentation insufficient to determine if present at time of admission  W = Unable to clinically determine if present at time of admission,  1 = Unreported/Not used. Exempt from POA reporting. This code is equivalent to a blank in UB04  \*\*\*For any other value not contained in the list above – those values are as is submitted by the insurance carrier (with unknown translation)\*\*\* | Char |
| MED\_POA21 | Present on Admission code (POA) -21 | Y = present at time of admission  N = not present at time of admission  U = documentation insufficient to determine if present at time of admission  W = Unable to clinically determine if present at time of admission,  1 = Unreported/Not used. Exempt from POA reporting. This code is equivalent to a blank in UB04  \*\*\*For any other value not contained in the list above – those values are as is submitted by the insurance carrier (with unknown translation)\*\*\* | Char |
| MED\_POA22 | Present on Admission code (POA) -22 | Y = present at time of admission  N = not present at time of admission  U = documentation insufficient to determine if present at time of admission  W = Unable to clinically determine if present at time of admission,  1 = Unreported/Not used. Exempt from POA reporting. This code is equivalent to a blank in UB04  \*\*\*For any other value not contained in the list above – those values are as is submitted by the insurance carrier (with unknown translation)\*\*\* | Char |
| MED\_POA23 | Present on Admission code (POA) -23 | Y = present at time of admission  N = not present at time of admission  U = documentation insufficient to determine if present at time of admission  W = Unable to clinically determine if present at time of admission,  1 = Unreported/Not used. Exempt from POA reporting. This code is equivalent to a blank in UB04  \*\*\*For any other value not contained in the list above – those values are as is submitted by the insurance carrier (with unknown translation)\*\*\* | Char |
| MED\_POA24 | Present on Admission code (POA) -24 | Y = present at time of admission  N = not present at time of admission  U = documentation insufficient to determine if present at time of admission  W = Unable to clinically determine if present at time of admission,  1 = Unreported/Not used. Exempt from POA reporting. This code is equivalent to a blank in UB04  \*\*\*For any other value not contained in the list above – those values are as is submitted by the insurance carrier (with unknown translation)\*\*\* | Char |
| MED\_POA25 | Present on Admission code (POA) -25 | Y = present at time of admission  N = not present at time of admission  U = documentation insufficient to determine if present at time of admission  W = Unable to clinically determine if present at time of admission,  1 = Unreported/Not used. Exempt from POA reporting. This code is equivalent to a blank in UB04  \*\*\*For any other value not contained in the list above – those values are as is submitted by the insurance carrier (with unknown translation)\*\*\* | Char |
| MED\_POA3 | Present on Admission code (POA) -3 | Y = present at time of admission  N = not present at time of admission  U = documentation insufficient to determine if present at time of admission  W = Unable to clinically determine if present at time of admission,  1 = Unreported/Not used. Exempt from POA reporting. This code is equivalent to a blank in UB04  \*\*\*For any other value not contained in the list above – those values are as is submitted by the insurance carrier (with unknown translation)\*\*\* | Char |
| MED\_POA4 | Present on Admission code (POA) -4 | Y = present at time of admission  N = not present at time of admission  U = documentation insufficient to determine if present at time of admission  W = Unable to clinically determine if present at time of admission,  1 = Unreported/Not used. Exempt from POA reporting. This code is equivalent to a blank in UB04  \*\*\*For any other value not contained in the list above – those values are as is submitted by the insurance carrier (with unknown translation)\*\*\* | Char |
| MED\_POA5 | Present on Admission code (POA) -5 | Y = present at time of admission  N = not present at time of admission  U = documentation insufficient to determine if present at time of admission  W = Unable to clinically determine if present at time of admission,  1 = Unreported/Not used. Exempt from POA reporting. This code is equivalent to a blank in UB04  \*\*\*For any other value not contained in the list above – those values are as is submitted by the insurance carrier (with unknown translation)\*\*\* | Char |
| MED\_POA6 | Present on Admission code (POA) -6 | Y = present at time of admission  N = not present at time of admission  U = documentation insufficient to determine if present at time of admission  W = Unable to clinically determine if present at time of admission,  1 = Unreported/Not used. Exempt from POA reporting. This code is equivalent to a blank in UB04  \*\*\*For any other value not contained in the list above – those values are as is submitted by the insurance carrier (with unknown translation)\*\*\* | Char |
| MED\_POA7 | Present on Admission code (POA) -7 | Y = present at time of admission  N = not present at time of admission  U = documentation insufficient to determine if present at time of admission  W = Unable to clinically determine if present at time of admission,  1 = Unreported/Not used. Exempt from POA reporting. This code is equivalent to a blank in UB04  \*\*\*For any other value not contained in the list above – those values are as is submitted by the insurance carrier (with unknown translation)\*\*\* | Char |
| MED\_POA8 | Present on Admission code (POA) -8 | Y = present at time of admission  N = not present at time of admission  U = documentation insufficient to determine if present at time of admission  W = Unable to clinically determine if present at time of admission,  1 = Unreported/Not used. Exempt from POA reporting. This code is equivalent to a blank in UB04  \*\*\*For any other value not contained in the list above – those values are as is submitted by the insurance carrier (with unknown translation)\*\*\* | Char |
| MED\_POA9 | Present on Admission code (POA) -9 | Y = present at time of admission  N = not present at time of admission  U = documentation insufficient to determine if present at time of admission  W = Unable to clinically determine if present at time of admission,  1 = Unreported/Not used. Exempt from POA reporting. This code is equivalent to a blank in UB04  \*\*\*For any other value not contained in the list above – those values are as is submitted by the insurance carrier (with unknown translation)\*\*\* | Char |
| MED\_PREPAID | Prepaid Amount | 0 =services rendered in conjunction with other services on the claim.  Covers capitated claims only  Negative amounts could mean there was cost sharing where the patient paid an amount which rendered the dollar amount owed by the carrier negative, or the carrier’s internal audit discovered that payment exceeded the contractually allowable benefit or that the carrier had made a duplicate payment.  (blank) = data is missing  **UPDATED PLEASE NOTE: Decimals are included in this field.** | Num |
| MED\_PROC\_CODE | Procedure code | CPTs & HCPCS  (blank) = data is missing | Char |
| MED\_PROC\_MOD1 | Procedure Modifier-1 | HCPCS / CPT Code Modifier  (blank) = data is missing | Char |
| MED\_PROC\_MOD2 | Procedure Modifier-2 | HCPCS / CPT Code Modifier  (blank) = data is missing | Char |
| MED\_PROC\_MOD3 | Procedure Modifier - 3 | HCPCS / CPT Code Modifier  (blank) = data is missing | Char |
| MED\_PROC\_MOD4 | Procedure Modifier - 4 | HCPCS / CPT Code Modifier  (blank) = data is missing | Char |
| MED\_PRODUCT\_LINKID | Linkage variable for medical claims to product (in APCD product file, PROD\_PRODUCT\_LINKID) | Links medical claims at the claims row level  (blank) = data is missing | Char |
| MED\_PROV\_CITY | Service Provider City Name | 1-351 for valid MA city/towns 999=Out of state or unknown  \*Please note, there is a risk of misclassification as APCD covers the entire US. Cities without a corresponding state or zip code will be grouped as MA cities but actually are located outside of MA (in the cases of cities with the same name – ex. Palmer, MA vs Palmer, AK) | Num |
| MED\_PROV\_ZIP | Service Provider Zip Code | 5-digit zip code  99999=missing value | Char |
| MED\_RELATION | Individual Relationship Code | 01=Spouse  04=Grandfather or grandmother  05=Grandson or granddaughter  07=Nephew or niece  10=Foster child  15=Ward  17=Stepson or stepdaughter  19=Child  20=Self/employee  21=Unknown  22=Handicapped dependent  23=Sponsored dependent  24=Dependent of a minor dependent  29=Significant other  32=Mother  33=Father  36=Emancipated minor  39=Organ donor  40=Cadaver donor  41=Injured plaintiff  43=Child where insured has no financial responsibility  53=Life partner  76=Dependent  \*\*\*For any other value not contained in the list above– those values are as is submitted by the insurance carrier (with unknown translation)\*\*\* | Char |
| MED\_RENDERINGPROVIDER\_LINKID | Linkage variable for medical claims to rendering provider (in APCD provider file, PROV\_PROVIDER\_LINKID) | Rendering Provider Details: performs service for the patient, and often times the Rendering Provider is the same as the Servicing Provider  Links medical claims at the claims row level  (blank) = data is missing | Char |
| MED\_RENDERINGPROVIDER\_NPI | National Service Provider ID | Rendering Provider Details: performs service for the patient, and often times the Rendering Provider is the same as the Servicing Provider  (blank) = data is missing | Char |
| MED\_REVENUE\_CODE | Revenue code | Code using leading zeroes, left-justified, and four digits.  (blank) = data is missing | Char |
| MED\_SERVICEPROVIDER\_LINKID | Linkage variable for medical claims to service provider (in APCD provider file, PROV\_PROVIDER\_LINKID) | Service Provider Details: individual, institution, agency that provides health services to health care consumers  Links medical claims at the claims row level  (blank) = data is missing | Char |
| MED\_SERVICEPROVIDER\_NPI | National Service Provider ID | Service Provider Details: individual, institution, agency that provides health services to health care consumers  (blank) = data is missing | Char |
| MED\_SEX | Member Sex | 1=Male 2=Female 9=Unknown | Num |
| MED\_SITE | Site of Service - on MSF/CMS 1500 claims | See "MED\_SITE" below  \*\*\*For any other value not contained in the list below– those values are as is submitted by the insurance carrier (with unknown translation)\*\*\* | Char |
| MED\_SUBUSECMS | Applies CMS’ Substance Use Disorder filter to claims  \*\*Codes related to employer drug testing and tobacco are not included | 0=No 1=Yes  \*\*Data begins with the 2016 claims and is not available before then (values will be blank)\*\*\* | Num |
| MED\_SUBCONTROLID | Unique sequential  number assigned to any  new file type submitted to  CHIA across all carriers | CHIA-derived variable  (blank) = data is missing | Char |
| MED\_SUBMISSIONYEAR | The year the information was sent to CHIA | \*Used to update the APCD files with the newest 3 years, likely not useful in any analyses | Num |
| MED\_TAXONOMY | Service Provider Specialty (Standard/Carrier-Specific) | See “MED\_TAXONOMY” below  Taxonomy values are from the National Uniform Claim Committee’s taxonomy code values; please see <https://www.cms.gov/Medicare/provider-enrollment-and-certification/medicareprovidersupenroll/downloads/taxonomycrosswalk.pdf> for a crosswalk between taxonomy and CMS specialty codes)  (blank) = data is missing | Char |
| MED\_TO\_DATE | Date of Service - To | Date Proxy – count of days between service to date and randomly chosen date in the past  **NOTE: The larger the date proxy, the more recently the event occurred**  (blank) = data is missing | Num |
| MED\_TO\_DATE\_MONTH | Date of Service – To – MONTH | 1-12  (blank) = data is missing | Num |
| MED\_TO\_DATE\_YEAR | Date of Service – To - YEAR | YYYY  (blank) = data is missing | Num |
| MED\_TOT\_OutOfPOCKET | Total Amount Paid Out Of Pocket by Patient | Report the total amount patient / member is responsible to pay to the provider as part of their costs for services. Report 0 if there are no Out of Pocket expenses.  Negative amounts could mean there was cost sharing where the patient paid an amount which rendered the dollar amount owed by the carrier negative, or the carrier’s internal audit discovered that payment exceeded the contractually allowable benefit or that the carrier had made a duplicate payment.  (blank) = data is missing  **UPDATED PLEASE NOTE: Decimals are included in this field.** | Num |
| MED\_VERSION | Version Number | Integer  (blank) = data is missing | Num |
| MED\_YEAR | CHIA Incurred Date (Year and Month only) | Years, YYYY format  (blank) = data is missing | Num |
| RES\_ZIP\_APCD\_MED | Patient’s zip code | **\*Please note this is the zip code associated with primary monthly medical insurance for the member – it may not reflect their actual zip code during the claim to which it is attached.**  5 digit zip  99999=Unknown | Char |

|  |  |  |  |
| --- | --- | --- | --- |
| MED\_INSURANCE\_TYPE | Description | Plan Type | Product Market |
| 09 | Self-pay | Other | Other |
| 10 | Central Certification | Other | Other |
| 11 | Other Non-Federal Programs | Other | Other |
| 12 | Preferred Provider Organization (PPO) | PPO | Commercial |
| 13 | Point of Service (POS) | POS | Commercial |
| 14 | Exclusive Provider Organization (EPO) | EPO | Commercial |
| 15 | Indemnity Insurance | Indemnity | Commercial |
| 16 | Health Maintenance Organization (HMO) Medicare Advantage | Medicare Advantage | Medicare |
| 17 | Dental Maintenance Organization (DMO) | Other | Other |
| 20 | Medicare Advantage PPO | Medicare Advantage | Medicare |
| 21 | Medicare Advantage Private Fee for Service | Medicare Advantage | Medicare |
| 30 | Accountable Care Organization (ACO) - MassHealth | Medicaid ACO | Medicaid |
| AM | Automobile Medical | Other | Other |
| BL | Blue Cross / Blue Shield | Other | Other |
| CC | Commonwealth Care | Commonwealth Care | Other |
| CE | Commonwealth Choice | Commonwealth Choice | Commercial |
| CH | CHAMPUS | Other | Other |
| CI | Commercial Insurance | Other | Commercial |
| DS | Disability | Other | Other |
| HM | Health Maintenance Organization | HMO | Commercial |
| HN | HMO Medicare Risk/Medicare Part C | Medicare Advantage | Medicare |
| IC | Integrated Care Organization | OneCare | Medicaid |
| LI | Liability | Other | Other |
| LM | Liability Medical | Other | Other |
| MA | Medicare Part A | Other | Medicare |
| MB | Medicare Part B | Other | Medicare |
| MC | Medicaid | Medicaid | Medicaid |
| MD | Medicare Part D | Other | Medicare |
| MO | Medicaid Managed Care Organization | Medicaid MCO | Medicaid |
| MP | Medicare Primary | Other | Medicare |
| MS | Medicare Secondary Plan | Other | Medicare |
| OF | Other Federal Program (e.g. Black Lung) | Other | Other |
| QM | Qualified Medicare Beneficiary | Other | Medicare |
| SC | Senior Care Options | Senior Care Options | Medicaid |
| SP | Supplemental Policy | Other | Other |
| TF | HSN Trust Fund | Other | Other |
| TV | Title V | Other | Other |
| VA | Veterans Administration Plan | Other | Other |
| WC | Workers' Compensation | Other | Other |
| ZZ | Other | Other | Other |

| **Med\_site** (<https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set>; updated Sept 2021) | |
| --- | --- |
| 01 | Pharmacy |
| 02 | Telehealth |
| 03 | School |
| 04 | Homeless Shelter |
| 05 | Indian Health Service (Free-standing) |
| 06 | Indian Health Service (Provider-based facility) |
| 07 | Tribal 638 (Free-standing Facility) |
| 08 | Tribal 638 (Provider-based Facility) |
| 09 | Prison/ Correctional Facility |
| 10 | Telehealth Provided in Patient’s Home |
| 11 | Office |
| 12 | Home |
| 13 | Assisted Living Facility |
| 14 | Group Home |
| 15 | Mobile Unit |
| 16 | Temporary Lodging |
| 17 | Walk-in Retail Health Clinic |
| 18 | Place of Employment-Worksite |
| 19 | Off Campus-Outpatient Hospital |
| 20 | Urgent Care Facility |
| 21 | Inpatient Hospital |
| 22 | On Campus-Outpatient Hospital |
| 23 | Emergency Room – Hospital |
| 24 | Ambulatory Surgical Center |
| 25 | Birthing Center |
| 26 | Military Treatment Facility |
| 31 | Skilled Nursing Facility |
| 32 | Nursing Facility |
| 33 | Custodial Care Facility |
| 34 | Hospice |
| 41 | Ambulance (Land) |
| 42 | Ambulance (Air or Water) |
| 49 | Independent Clinic |
| 50 | Federally Qualified Health Center |
| 51 | Inpatient Psychiatric Facility |
| 52 | Psychiatric Facility-Partial Hospitalization |
| 53 | Community Mental Health Center |
| 54 | Intermediate Care Facility/ Individuals with Intellectual Disabilities |
| 55 | Residential Substance Abuse Treatment Facility |
| 56 | Psychiatric Residential Treatment Center |
| 57 | Non-residential Substance Abuse Treatment Facility |
| 58 | Non-residential Opioid Treatment Facility |
| 60 | Mass Immunization Center |
| 61 | Comprehensive Inpatient Rehabilitation Facility |
| 62 | Comprehensive Outpatient Rehabilitation Facility |
| 65 | End-Stage Renal Disease Treatment Facility |
| 71 | Public Health Clinic |
| 72 | Rural Health Clinic |
| 81 | Independent Laboratory |
| 99 | Other Place of Service |

| MED\_TAXONOMY | **Code** |
| --- | --- |
| Multi-Specialty | 193200000X |
| Single Specialty | 193400000X |
| Allergy & Immunology | 207K00000X |
| Allergy | 207KA0200X |
| Clinical & Laboratory Immunology | 207KI0005X |
| Anesthesiology | 207L00000X |
| Addiction Medicine | 207LA0401X |
| Critical Care Medicine | 207LC0200X |
| Hospice and Palliative Medicine | 207LH0002X |
| Pain Medicine | 207LP2900X |
| Pediatric Anesthesiology | 207LP3000X |
| Clinical Pharmacology | 208U00000X |
| Colon & Rectal Surgery | 208C00000X |
| Dermatology | 207N00000X |
| Clinical & Laboratory Dermatological Immunology | 207NI0002X |
| Dermatopathology | 207ND0900X |
| MOHS-Micrographic Surgery | 207ND0101X |
| Pediatric Dermatology | 207NP0225X |
| Procedural Dermatology | 207NS0135X |
| Electrodiagnostic Medicine | 204R00000X |
| Emergency Medicine | 207P00000X |
| Emergency Medical Services | 207PE0004X |
| Hospice and Palliative Medicine | 207PH0002X |
| Medical Toxicology | 207PT0002X |
| Pediatric Emergency Medicine | 207PP0204X |
| Sports Medicine | 207PS0010X |
| Undersea and Hyperbaric Medicine | 207PE0005X |
| Family Medicine | 207Q00000X |
| Addiction Medicine | 207QA0401X |
| Adolescent Medicine | 207QA0000X |
| Adult Medicine | 207QA0505X |
| Geriatric Medicine | 207QG0300X |
| Hospice and Palliative Medicine | 207QH0002X |
| Obesity Medicine | 207QB0002X |
| Sleep Medicine | 207QS1201X |
| Sports Medicine | 207QS0010X |
| General Practice | 208D00000X |
| Hospitalist | 208M00000X |
| Independent Medical Examiner | 202C00000X |
| Internal Medicine | 207R00000X |
| Addiction Medicine | 207RA0401X |
| Adolescent Medicine | 207RA0000X |
| Adult Congenital Heart Disease | 207RA0002X |
| Advanced Heart Failure and Transplant Cardiology | 207RA0001X |
| Allergy & Immunology | 207RA0201X |
| Cardiovascular Disease | 207RC0000X |
| Clinical & Laboratory Immunology | 207RI0001X |
| Clinical Cardiac Electrophysiology | 207RC0001X |
| Critical Care Medicine | 207RC0200X |
| Endocrinology, Diabetes & Metabolism | 207RE0101X |
| Gastroenterology | 207RG0100X |
| Geriatric Medicine | 207RG0300X |
| Hematology | 207RH0000X |
| Hematology & Oncology | 207RH0003X |
| Hepatology | 207RI0008X |
| Hospice and Palliative Medicine | 207RH0002X |
| Hypertension Specialist | 207RH0005X |
| Infectious Disease | 207RI0200X |
| Interventional Cardiology | 207RI0011X |
| Magnetic Resonance Imaging (MRI) | 207RM1200X |
| Medical Oncology | 207RX0202X |
| Nephrology | 207RN0300X |
| Obesity Medicine | 207RB0002X |
| Pulmonary Disease | 207RP1001X |
| Rheumatology | 207RR0500X |
| Sleep Medicine | 207RS0012X |
| Sports Medicine | 207RS0010X |
| Transplant Hepatology | 207RT0003X |
| Legal Medicine | 209800000X |
| Clinical Biochemical Genetics | 207SG0202X |
| Clinical Cytogenetics | 207SC0300X |
| Clinical Genetics (M.D.) | 207SG0201X |
| Clinical Molecular Genetics | 207SG0203X |
| Molecular Genetic Pathology | 207SM0001X |
| Ph.D. Medical Genetics | 207SG0205X |
| Neurological Surgery | 207T00000X |
| Neuromusculoskeletal Medicine & OMM | 204D00000X |
| Neuromusculoskeletal Medicine, Sports Medicine | 204C00000X |
| Nuclear Medicine | 207U00000X |
| In Vivo & In Vitro Nuclear Medicine | 207UN0903X |
| Nuclear Cardiology | 207UN0901X |
| Nuclear Imaging & Therapy | 207UN0902X |
| Obstetrics & Gynecology | 207V00000X |
| Critical Care Medicine | 207VC0200X |
| Female Pelvic Medicine and Reconstructive Surgery | 207VF0040X |
| Gynecologic Oncology | 207VX0201X |
| Gynecology | 207VG0400X |
| Hospice and Palliative Medicine | 207VH0002X |
| Maternal & Fetal Medicine | 207VM0101X |
| Obesity Medicine | 207VB0002X |
| Obstetrics | 207VX0000X |
| Reproductive Endocrinology | 207VE0102X |
| Ophthalmology | 207W00000X |
| Cornea and External Diseases Specialist | 207WX0120X |
| Glaucoma Specialist | 207WX0009X |
| Neuro-ophthalmology | 207WX0109X |
| Ophthalmic Plastic and Reconstructive Surgery | 207WX0200X |
| Pediatric Ophthalmology and Strabismus Specialist | 207WX0110X |
| Retina Specialist | 207WX0107X |
| Uveitis and Ocular Inflammatory Disease | 207WX0108X |
| Oral & Maxillofacial Surgery | 204E00000X |
| Orthopaedic Surgery | 207X00000X |
| Adult Reconstructive Orthopaedic Surgery | 207XS0114X |
| Foot and Ankle Surgery | 207XX0004X |
| Hand Surgery | 207XS0106X |
| Orthopaedic Surgery of the Spine | 207XS0117X |
| Orthopaedic Trauma | 207XX0801X |
| Pediatric Orthopaedic Surgery | 207XP3100X |
| Sports Medicine | 207XX0005X |
| Otolaryngology | 207Y00000X |
| Facial Plastic Surgery | 207YS0123X |
| Otolaryngic Allergy | 207YX0602X |
| Otolaryngology/Facial Plastic Surgery | 207YX0905X |
| Otology & Neurotology | 207YX0901X |
| Pediatric Otolaryngology | 207YP0228X |
| Plastic Surgery within the Head & Neck | 207YX0007X |
| Sleep Medicine | 207YS0012X |
| Interventional Pain Medicine | 208VP0014X |
| Pain Medicine | 208VP0000X |
| Anatomic Pathology | 207ZP0101X |
| Anatomic Pathology & Clinical Pathology | 207ZP0102X |
| Blood Banking & Transfusion Medicine | 207ZB0001X |
| Chemical Pathology | 207ZP0104X |
| Clinical Informatics | 207ZC0008X |
| Clinical Pathology | 207ZC0006X |
| Clinical Pathology/Laboratory Medicine | 207ZP0105X |
| Cytopathology | 207ZC0500X |
| Dermatopathology | 207ZD0900X |
| Forensic Pathology | 207ZF0201X |
| Hematology | 207ZH0000X |
| Immunopathology | 207ZI0100X |
| Medical Microbiology | 207ZM0300X |
| Molecular Genetic Pathology | 207ZP0007X |
| Neuropathology | 207ZN0500X |
| Pediatric Pathology | 207ZP0213X |
| Pediatrics | 208000000X |
| Adolescent Medicine | 2080A0000X |
| Child Abuse Pediatrics | 2080C0008X |
| Clinical & Laboratory Immunology | 2080I0007X |
| Developmental- Behavioral Pediatrics | 2080P0006X |
| Hospice and Palliative Medicine | 2080H0002X |
| Medical Toxicology | 2080T0002X |
| Neonatal-Perinatal Medicine | 2080N0001X |
| Neurodevelopmental Disabilities | 2080P0008X |
| Obesity Medicine | 2080B0002X |
| Pediatric Allergy/Immunology | 2080P0201X |
| Pediatric Cardiology | 2080P0202X |
| Pediatric Critical Care Medicine | 2080P0203X |
| Pediatric Emergency Medicine | 2080P0204X |
| Pediatric Endocrinology | 2080P0205X |
| Pediatric Gastroenterology | 2080P0206X |
| Pediatric Hematology-Oncology | 2080P0207X |
| Pediatric Infectious Diseases | 2080P0208X |
| Pediatric Nephrology | 2080P0210X |
| Pediatric Pulmonology | 2080P0214X |
| Pediatric Rheumatology | 2080P0216X |
| Pediatric Transplant Hepatology | 2080T0004X |
| Sleep Medicine | 2080S0012X |
| Sports Medicine | 2080S0010X |
| Phlebology | 202K00000X |
| Physical Medicine & Rehabilitation | 208100000X |
| Brain Injury Medicine | 2081P0301X |
| Hospice and Palliative Medicine | 2081H0002X |
| Neuromuscular Medicine | 2081N0008X |
| Pain Medicine | 2081P2900X |
| Pediatric Rehabilitation Medicine | 2081P0010X |
| Spinal Cord Injury Medicine | 2081P0004X |
| Sports Medicine | 2081S0010X |
| Plastic Surgery | 208200000X |
| Plastic Surgery Within the Head and Neck | 2082S0099X |
| Surgery of the Hand | 2082S0105X |
| Addiction Medicine | 2083A0300X |
| Aerospace Medicine | 2083A0100X |
| Clinical Informatics | 2083C0008X |
| Medical Toxicology | 2083T0002X |
| Obesity Medicine | 2083B0002X |
| Occupational Medicine | 2083X0100X |
| Preventive Medicine/Occupational Environmental Medicine | 2083P0500X |
| Public Health & General Preventive Medicine | 2083P0901X |
| Sports Medicine | 2083S0010X |
| Undersea and Hyperbaric Medicine | 2083P0011X |
| Addiction Medicine | 2084A0401X |
| Addiction Psychiatry | 2084P0802X |
| Behavioral Neurology & Neuropsychiatry | 2084B0040X |
| Brain Injury Medicine | 2084P0301X |
| Child & Adolescent Psychiatry | 2084P0804X |
| Clinical Neurophysiology | 2084N0600X |
| Diagnostic Neuroimaging | 2084D0003X |
| Forensic Psychiatry | 2084F0202X |
| Geriatric Psychiatry | 2084P0805X |
| Hospice and Palliative Medicine | 2084H0002X |
| Neurocritical Care | 2084A2900X |
| Neurodevelopmental Disabilities | 2084P0005X |
| Neurology | 2084N0400X |
| Neurology with Special Qualifications in Child Neurology | 2084N0402X |
| Neuromuscular Medicine | 2084N0008X |
| Obesity Medicine | 2084B0002X |
| Pain Medicine | 2084P2900X |
| Psychiatry | 2084P0800X |
| Psychosomatic Medicine | 2084P0015X |
| Sleep Medicine | 2084S0012X |
| Sports Medicine | 2084S0010X |
| Vascular Neurology | 2084V0102X |
| Body Imaging | 2085B0100X |
| Diagnostic Neuroimaging | 2085D0003X |
| Diagnostic Radiology | 2085R0202X |
| Diagnostic Ultrasound | 2085U0001X |
| Hospice and Palliative Medicine | 2085H0002X |
| Neuroradiology | 2085N0700X |
| Nuclear Radiology | 2085N0904X |
| Pediatric Radiology | 2085P0229X |
| Radiation Oncology | 2085R0001X |
| Radiological Physics | 2085R0205X |
| Therapeutic Radiology | 2085R0203X |
| Vascular & Interventional Radiology | 2085R0204X |
| Surgery | 208600000X |
| Hospice and Palliative Medicine | 2086H0002X |
| Pediatric Surgery | 2086S0120X |
| Plastic and Reconstructive Surgery | 2086S0122X |
| Surgery of the Hand | 2086S0105X |
| Surgical Critical Care | 2086S0102X |
| Surgical Oncology | 2086X0206X |
| Trauma Surgery | 2086S0127X |
| Vascular Surgery | 2086S0129X |
| Thoracic Surgery (Cardiothoracic Vascular Surgery) | 208G00000X |
| Transplant Surgery | 204F00000X |
| Urology | 208800000X |
| Female Pelvic Medicine and Reconstructive Surgery | 2088F0040X |
| Pediatric Urology | 2088P0231X |
| Assistant Behavior Analyst | 106E00000X |
| Behavior Analyst | 103K00000X |
| Behavior Technician | 106S00000X |
| Clinical Neuropsychologist | 103G00000X |
| Clinical | 103GC0700X |
| Counselor | 101Y00000X |
| Addiction (Substance Use Disorder) | 101YA0400X |
| Mental Health | 101YM0800X |
| Pastoral | 101YP1600X |
| Professional | 101YP2500X |
| School | 101YS0200X |
| Marriage & Family Therapist | 106H00000X |
| Poetry Therapist | 102X00000X |
| Psychoanalyst | 102L00000X |
| Psychologist | 103T00000X |
| Addiction (Substance Use Disorder) | 103TA0400X |
| Adult Development & Aging | 103TA0700X |
| Clinical | 103TC0700X |
| Clinical Child & Adolescent | 103TC2200X |
| Cognitive & Behavioral | 103TB0200X |
| Counseling | 103TC1900X |
| Educational | 103TE1000X |
| Exercise & Sports | 103TE1100X |
| Family | 103TF0000X |
| Forensic | 103TF0200X |
| Group Psychotherapy | 103TP2701X |
| Health | 103TH0004X |
| Health Service | 103TH0100X |
| Men & Masculinity | 103TM1700X |
| Mental Retardation & Developmental Disabilities | 103TM1800X |
| Prescribing (Medical) | 103TP0016X |
| Psychoanalysis | 103TP0814X |
| Psychotherapy | 103TP2700X |
| Rehabilitation | 103TR0400X |
| School | 103TS0200X |
| Women | 103TW0100X |
| Social Worker | 104100000X |
| Clinical | 1041C0700X |
| School | 1041S0200X |
| Chiropractor | 111N00000X |
| Independent Medical Examiner | 111NI0013X |
| Internist | 111NI0900X |
| Neurology | 111NN0400X |
| Nutrition | 111NN1001X |
| Occupational Health | 111NX0100X |
| Orthopedic | 111NX0800X |
| Pediatric Chiropractor | 111NP0017X |
| Radiology | 111NR0200X |
| Rehabilitation | 111NR0400X |
| Sports Physician | 111NS0005X |
| Thermography | 111NT0100X |
| Advanced Practice Dental Therapist | 125K00000X |
| Dental Assistant | 126800000X |
| Dental Hygienist | 124Q00000X |
| Dental Laboratory Technician | 126900000X |
| Dental Therapist | 125J00000X |
| Dentist | 122300000X |
| Dental Public Health | 1223D0001X |
| Dentist Anesthesiologist | 1223D0004X |
| Endodontics | 1223E0200X |
| General Practice | 1223G0001X |
| Oral and Maxillofacial Pathology | 1223P0106X |
| Oral and Maxillofacial Radiology | 1223X0008X |
| Oral and Maxillofacial Surgery | 1223S0112X |
| Orofacial Pain | 1223X2210X |
| Orthodontics and Dentofacial Orthopedics | 1223X0400X |
| Pediatric Dentistry | 1223P0221X |
| Periodontics | 1223P0300X |
| Prosthodontics | 1223P0700X |
| Denturist | 122400000X |
| Oral Medicinist | 125Q00000X |
| Dietary Manager | 132700000X |
| Dietetic Technician, Registered | 136A00000X |
| Dietitian, Registered | 133V00000X |
| Nutrition, Gerontological | 133VN1101X |
| Nutrition, Metabolic | 133VN1006X |
| Nutrition, Obesity and Weight Management | 133VN1201X |
| Nutrition, Oncology | 133VN1301X |
| Nutrition, Pediatric | 133VN1004X |
| Nutrition, Pediatric Critical Care | 133VN1401X |
| Nutrition, Renal | 133VN1005X |
| Nutrition, Sports Dietetics | 133VN1501X |
| Nutritionist | 133N00000X |
| Nutrition, Education | 133NN1002X |
| Emergency Medical Technician, Basic | 146N00000X |
| Emergency Medical Technician, Intermediate | 146M00000X |
| Emergency Medical Technician, Paramedic | 146L00000X |
| Personal Emergency Response Attendant | 146D00000X |
| Optometrist | 152W00000X |
| Corneal and Contact Management | 152WC0802X |
| Low Vision Rehabilitation | 152WL0500X |
| Occupational Vision | 152WX0102X |
| Pediatrics | 152WP0200X |
| Sports Vision | 152WS0006X |
| Vision Therapy | 152WV0400X |
| Technician/Technologist | 156F00000X |
| Contact Lens | 156FC0800X |
| Contact Lens Fitter | 156FC0801X |
| Ocularist | 156FX1700X |
| Ophthalmic | 156FX1100X |
| Ophthalmic Assistant | 156FX1101X |
| Optician | 156FX1800X |
| Optometric Assistant | 156FX1201X |
| Optometric Technician | 156FX1202X |
| Orthoptist | 156FX1900X |
| Licensed Practical Nurse | 164W00000X |
| Licensed Psychiatric Technician | 167G00000X |
| Licensed Vocational Nurse | 164X00000X |
| Registered Nurse | 163W00000X |
| Addiction (Substance Use Disorder) | 163WA0400X |
| Administrator | 163WA2000X |
| Ambulatory Care | 163WP2201X |
| Cardiac Rehabilitation | 163WC3500X |
| Case Management | 163WC0400X |
| College Health | 163WC1400X |
| Community Health | 163WC1500X |
| Continence Care | 163WC2100X |
| Continuing Education/Staff Development | 163WC1600X |
| Critical Care Medicine | 163WC0200X |
| Diabetes Educator | 163WD0400X |
| Dialysis, Peritoneal | 163WD1100X |
| Emergency | 163WE0003X |
| Enterostomal Therapy | 163WE0900X |
| Flight | 163WF0300X |
| Gastroenterology | 163WG0100X |
| General Practice | 163WG0000X |
| Gerontology | 163WG0600X |
| Hemodialysis | 163WH0500X |
| Home Health | 163WH0200X |
| Hospice | 163WH1000X |
| Infection Control | 163WI0600X |
| Infusion Therapy | 163WI0500X |
| Lactation Consultant | 163WL0100X |
| Maternal Newborn | 163WM0102X |
| Medical-Surgical | 163WM0705X |
| Neonatal Intensive Care | 163WN0002X |
| Neonatal, Low-Risk | 163WN0003X |
| Nephrology | 163WN0300X |
| Neuroscience | 163WN0800X |
| Nurse Massage Therapist (NMT) | 163WM1400X |
| Nutrition Support | 163WN1003X |
| Obstetric, High-Risk | 163WX0002X |
| Obstetric, Inpatient | 163WX0003X |
| Occupational Health | 163WX0106X |
| Oncology | 163WX0200X |
| Ophthalmic | 163WX1100X |
| Orthopedic | 163WX0800X |
| Ostomy Care | 163WX1500X |
| Otorhinolaryngology & Head-Neck | 163WX0601X |
| Pain Management | 163WP0000X |
| Pediatric Oncology | 163WP0218X |
| Pediatrics | 163WP0200X |
| Perinatal | 163WP1700X |
| Plastic Surgery | 163WS0121X |
| Psychiatric/Mental Health | 163WP0808X |
| Psychiatric/Mental Health, Adult | 163WP0809X |
| Psychiatric/Mental Health, Child & Adolescent | 163WP0807X |
| Registered Nurse First Assistant | 163WR0006X |
| Rehabilitation | 163WR0400X |
| Reproductive Endocrinology/Infertility | 163WR1000X |
| School | 163WS0200X |
| Urology | 163WU0100X |
| Women's Health Care, Ambulatory | 163WW0101X |
| Wound Care | 163WW0000X |
| Adult Companion | 372600000X |
| Chore Provider | 372500000X |
| Day Training/Habilitation Specialist | 373H00000X |
| Doula | 374J00000X |
| Home Health Aide | 374U00000X |
| Homemaker | 376J00000X |
| Nurse's Aide | 376K00000X |
| Nursing Home Administrator | 376G00000X |
| Religious Nonmedical Nursing Personnel | 374T00000X |
| Religious Nonmedical Practitioner | 374K00000X |
| Technician | 374700000X |
| Attendant Care Provider | 3747A0650X |
| Personal Care Attendant | 3747P1801X |
| Acupuncturist | 171100000X |
| Case Manager/Care Coordinator | 171M00000X |
| Clinical Ethicist | 174V00000X |
| Community Health Worker | 172V00000X |
| Contractor | 171W00000X |
| Home Modifications | 171WH0202X |
| Vehicle Modifications | 171WV0202X |
| Driver | 172A00000X |
| Funeral Director | 176P00000X |
| Genetic Counselor, MS | 170300000X |
| Health Educator | 174H00000X |
| Homeopath | 175L00000X |
| Interpreter | 171R00000X |
| Lactation Consultant, Non-RN | 174N00000X |
| Legal Medicine | 173000000X |
| Mechanotherapist | 172M00000X |
| Medical Genetics, Ph.D. Medical Genetics | 170100000X |
| Midwife | 176B00000X |
| Midwife, Lay | 175M00000X |
| Military Health Care Provider | 171000000X |
| Independent Duty Corpsman | 1710I1002X |
| Independent Duty Medical Technicians | 1710I1003X |
| Naprapath | 172P00000X |
| Naturopath | 175F00000X |
| Peer Specialist | 175T00000X |
| Prevention Professional | 405300000X |
| Reflexologist | 173C00000X |
| Sleep Specialist, PhD | 173F00000X |
| Specialist | 174400000X |
| Graphics Designer | 1744G0900X |
| Prosthetics Case Management | 1744P3200X |
| Research Data Abstracter/Coder | 1744R1103X |
| Research Study | 1744R1102X |
| Veterinarian | 174M00000X |
| Medical Research | 174MM1900X |
| Pharmacist | 183500000X |
| Ambulatory Care | 1835P2201X |
| Critical Care | 1835C0205X |
| General Practice | 1835G0000X |
| Geriatric | 1835G0303X |
| Nuclear | 1835N0905X |
| Nutrition Support | 1835N1003X |
| Oncology | 1835X0200X |
| Pediatrics | 1835P0200X |
| Pharmacist Clinician (PhC)/ Clinical Pharmacy Specialist | 1835P0018X |
| Pharmacotherapy | 1835P1200X |
| Psychiatric | 1835P1300X |
| Pharmacy Technician | 183700000X |
| Advanced Practice Midwife | 367A00000X |
| Anesthesiologist Assistant | 367H00000X |
| Clinical Nurse Specialist | 364S00000X |
| Acute Care | 364SA2100X |
| Adult Health | 364SA2200X |
| Chronic Care | 364SC2300X |
| Community Health/Public Health | 364SC1501X |
| Critical Care Medicine | 364SC0200X |
| Emergency | 364SE0003X |
| Ethics | 364SE1400X |
| Family Health | 364SF0001X |
| Gerontology | 364SG0600X |
| Holistic | 364SH1100X |
| Home Health | 364SH0200X |
| Informatics | 364SI0800X |
| Long-Term Care | 364SL0600X |
| Medical-Surgical | 364SM0705X |
| Neonatal | 364SN0000X |
| Neuroscience | 364SN0800X |
| Occupational Health | 364SX0106X |
| Oncology | 364SX0200X |
| Oncology, Pediatrics | 364SX0204X |
| Pediatrics | 364SP0200X |
| Perinatal | 364SP1700X |
| Perioperative | 364SP2800X |
| Psychiatric/Mental Health | 364SP0808X |
| Psychiatric/Mental Health, Adult | 364SP0809X |
| Psychiatric/Mental Health, Child & Adolescent | 364SP0807X |
| Psychiatric/Mental Health, Child & Family | 364SP0810X |
| Psychiatric/Mental Health, Chronically Ill | 364SP0811X |
| Psychiatric/Mental Health, Community | 364SP0812X |
| Psychiatric/Mental Health, Geropsychiatric | 364SP0813X |
| Rehabilitation | 364SR0400X |
| School | 364SS0200X |
| Transplantation | 364ST0500X |
| Women's Health | 364SW0102X |
| Nurse Anesthetist, Certified Registered | 367500000X |
| Nurse Practitioner | 363L00000X |
| Acute Care | 363LA2100X |
| Adult Health | 363LA2200X |
| Community Health | 363LC1500X |
| Critical Care Medicine | 363LC0200X |
| Family | 363LF0000X |
| Gerontology | 363LG0600X |
| Neonatal | 363LN0000X |
| Neonatal, Critical Care | 363LN0005X |
| Obstetrics & Gynecology | 363LX0001X |
| Occupational Health | 363LX0106X |
| Pediatrics | 363LP0200X |
| Pediatrics, Critical Care | 363LP0222X |
| Perinatal | 363LP1700X |
| Primary Care | 363LP2300X |
| Psychiatric/Mental Health | 363LP0808X |
| School | 363LS0200X |
| Women's Health | 363LW0102X |
| Physician Assistant | 363A00000X |
| Medical | 363AM0700X |
| Surgical | 363AS0400X |
| Assistant, Podiatric | 211D00000X |
| Podiatrist | 213E00000X |
| Foot & Ankle Surgery | 213ES0103X |
| Foot Surgery | 213ES0131X |
| General Practice | 213EG0000X |
| Primary Podiatric Medicine | 213EP1101X |
| Public Medicine | 213EP0504X |
| Radiology | 213ER0200X |
| Sports Medicine | 213ES0000X |
| Anaplastologist | 229N00000X |
| Art Therapist | 221700000X |
| Clinical Exercise Physiologist | 224Y00000X |
| Dance Therapist | 225600000X |
| Developmental Therapist | 222Q00000X |
| Kinesiotherapist | 226300000X |
| Massage Therapist | 225700000X |
| Mastectomy Fitter | 224900000X |
| Music Therapist | 225A00000X |
| Occupational Therapist | 225X00000X |
| Driving and Community Mobility | 225XR0403X |
| Environmental Modification | 225XE0001X |
| Ergonomics | 225XE1200X |
| Feeding, Eating & Swallowing | 225XF0002X |
| Gerontology | 225XG0600X |
| Hand | 225XH1200X |
| Human Factors | 225XH1300X |
| Low Vision | 225XL0004X |
| Mental Health | 225XM0800X |
| Neurorehabilitation | 225XN1300X |
| Pediatrics | 225XP0200X |
| Physical Rehabilitation | 225XP0019X |
| Occupational Therapy Assistant | 224Z00000X |
| Driving and Community Mobility | 224ZR0403X |
| Environmental Modification | 224ZE0001X |
| Feeding, Eating & Swallowing | 224ZF0002X |
| Low Vision | 224ZL0004X |
| Orthotic Fitter | 225000000X |
| Orthotist | 222Z00000X |
| Pedorthist | 224L00000X |
| Physical Therapist | 225100000X |
| Cardiopulmonary | 2251C2600X |
| Electrophysiology, Clinical | 2251E1300X |
| Ergonomics | 2251E1200X |
| Geriatrics | 2251G0304X |
| Hand | 2251H1200X |
| Human Factors | 2251H1300X |
| Neurology | 2251N0400X |
| Orthopedic | 2251X0800X |
| Pediatrics | 2251P0200X |
| Sports | 2251S0007X |
| Physical Therapy Assistant | 225200000X |
| Prosthetist | 224P00000X |
| Pulmonary Function Technologist | 225B00000X |
| Recreation Therapist | 225800000X |
| Recreational Therapist Assistant | 226000000X |
| Rehabilitation Counselor | 225C00000X |
| Assistive Technology Practitioner | 225CA2400X |
| Assistive Technology Supplier | 225CA2500X |
| Orientation and Mobility Training Provider | 225CX0006X |
| Rehabilitation Practitioner | 225400000X |
| Respiratory Therapist, Certified | 227800000X |
| Critical Care | 2278C0205X |
| Educational | 2278E1000X |
| Emergency Care | 2278E0002X |
| General Care | 2278G1100X |
| Geriatric Care | 2278G0305X |
| Home Health | 2278H0200X |
| Neonatal/Pediatrics | 2278P3900X |
| Palliative/Hospice | 2278P3800X |
| Patient Transport | 2278P4000X |
| Pulmonary Diagnostics | 2278P1004X |
| Pulmonary Function Technologist | 2278P1006X |
| Pulmonary Rehabilitation | 2278P1005X |
| SNF/Subacute Care | 2278S1500X |
| Respiratory Therapist, Registered | 227900000X |
| Critical Care | 2279C0205X |
| Educational | 2279E1000X |
| Emergency Care | 2279E0002X |
| General Care | 2279G1100X |
| Geriatric Care | 2279G0305X |
| Home Health | 2279H0200X |
| Neonatal/Pediatrics | 2279P3900X |
| Palliative/Hospice | 2279P3800X |
| Patient Transport | 2279P4000X |
| Pulmonary Diagnostics | 2279P1004X |
| Pulmonary Function Technologist | 2279P1006X |
| Pulmonary Rehabilitation | 2279P1005X |
| SNF/Subacute Care | 2279S1500X |
| Specialist/Technologist | 225500000X |
| Athletic Trainer | 2255A2300X |
| Rehabilitation, Blind | 2255R0406X |
| Audiologist | 231H00000X |
| Assistive Technology Practitioner | 231HA2400X |
| Assistive Technology Supplier | 231HA2500X |
| Audiologist-Hearing Aid Fitter | 237600000X |
| Hearing Instrument Specialist | 237700000X |
| Specialist/Technologist | 235500000X |
| Audiology Assistant | 2355A2700X |
| Speech-Language Assistant | 2355S0801X |
| Speech-Language Pathologist | 235Z00000X |
| Student in an Organized Health Care Education/Training Program | 390200000X |
| Perfusionist | 242T00000X |
| Radiologic Technologist | 247100000X |
| Bone Densitometry | 2471B0102X |
| Cardiac-Interventional Technology | 2471C1106X |
| Cardiovascular-Interventional Technology | 2471C1101X |
| Computed Tomography | 2471C3401X |
| Magnetic Resonance Imaging | 2471M1202X |
| Mammography | 2471M2300X |
| Nuclear Medicine Technology | 2471N0900X |
| Quality Management | 2471Q0001X |
| Radiation Therapy | 2471R0002X |
| Radiography | 2471C3402X |
| Sonography | 2471S1302X |
| Vascular Sonography | 2471V0105X |
| Vascular-Interventional Technology | 2471V0106X |
| Radiology Practitioner Assistant | 243U00000X |
| Specialist/Technologist Cardiovascular | 246X00000X |
| Cardiovascular Invasive Specialist | 246XC2901X |
| Sonography | 246XS1301X |
| Vascular Specialist | 246XC2903X |
| Specialist/Technologist, Health Information | 246Y00000X |
| Coding Specialist, Hospital Based | 246YC3301X |
| Coding Specialist, Physician Office Based | 246YC3302X |
| Registered Record Administrator | 246YR1600X |
| Specialist/Technologist, Other | 246Z00000X |
| Art, Medical | 246ZA2600X |
| Biochemist | 246ZB0500X |
| Biomedical Engineering | 246ZB0301X |
| Biomedical Photographer | 246ZB0302X |
| Biostatistician | 246ZB0600X |
| EEG | 246ZE0500X |
| Electroneurodiagnostic | 246ZE0600X |
| Geneticist, Medical (PhD) | 246ZG1000X |
| Graphics Methods | 246ZG0701X |
| Illustration, Medical | 246ZI1000X |
| Nephrology | 246ZN0300X |
| Orthopedic Assistant | 246ZX2200X |
| Surgical Assistant | 246ZC0007X |
| Surgical Technologist | 246ZS0410X |
| Specialist/Technologist, Pathology | 246Q00000X |
| Blood Banking | 246QB0000X |
| Chemistry | 246QC1000X |
| Cytotechnology | 246QC2700X |
| Hemapheresis Practitioner | 246QH0401X |
| Hematology | 246QH0000X |
| Histology | 246QH0600X |
| Immunology | 246QI0000X |
| Laboratory Management | 246QL0900X |
| Laboratory Management, Diplomate | 246QL0901X |
| Medical Technologist | 246QM0706X |
| Microbiology | 246QM0900X |
| Technician, Cardiology | 246W00000X |
| Technician, Health Information | 247000000X |
| Assistant Record Technician | 2470A2800X |
| Technician, Other | 247200000X |
| Biomedical Engineering | 2472B0301X |
| Darkroom | 2472D0500X |
| EEG | 2472E0500X |
| Renal Dialysis | 2472R0900X |
| Veterinary | 2472V0600X |
| Technician, Pathology | 246R00000X |
| Histology | 246RH0600X |
| Medical Laboratory | 246RM2200X |
| Phlebotomy | 246RP1900X |
| Local Education Agency (LEA) | 251300000X |
| Case Management | 251B00000X |
| Community/Behavioral Health | 251S00000X |
| Day Training, Developmentally Disabled Services | 251C00000X |
| Early Intervention Provider Agency | 252Y00000X |
| Foster Care Agency | 253J00000X |
| Home Health | 251E00000X |
| Home Infusion | 251F00000X |
| Hospice Care, Community Based | 251G00000X |
| In Home Supportive Care | 253Z00000X |
| Nursing Care | 251J00000X |
| Program of All-Inclusive Care for the Elderly (PACE) Provider Organization | 251T00000X |
| Public Health or Welfare | 251K00000X |
| Supports Brokerage | 251X00000X |
| Voluntary or Charitable | 251V00000X |
| Clinic/Center | 261Q00000X |
| Adolescent and Children Mental Health | 261QM0855X |
| Adult Day Care | 261QA0600X |
| Adult Mental Health | 261QM0850X |
| Ambulatory Family Planning Facility | 261QA0005X |
| Ambulatory Fertility Facility | 261QA0006X |
| Ambulatory Surgical | 261QA1903X |
| Amputee | 261QA0900X |
| Augmentative Communication | 261QA3000X |
| Birthing | 261QB0400X |
| Community Health | 261QC1500X |
| Corporate Health | 261QC1800X |
| Critical Access Hospital | 261QC0050X |
| Dental | 261QD0000X |
| Developmental Disabilities | 261QD1600X |
| Emergency Care | 261QE0002X |
| Endoscopy | 261QE0800X |
| End-Stage Renal Disease (ESRD) Treatment | 261QE0700X |
| Family Planning, Non-Surgical | 261QF0050X |
| Federally Qualified Health Center (FQHC) | 261QF0400X |
| Genetics | 261QG0250X |
| Health Service | 261QH0100X |
| Hearing and Speech | 261QH0700X |
| Infusion Therapy | 261QI0500X |
| Lithotripsy | 261QL0400X |
| Magnetic Resonance Imaging (MRI) | 261QM1200X |
| Medical Specialty | 261QM2500X |
| Medically Fragile Infants and Children Day Care | 261QM3000X |
| Mental Health (Including Community Mental Health Center) | 261QM0801X |
| Methadone | 261QM2800X |
| Migrant Health | 261QM1000X |
| Military Ambulatory Procedure Visits Operational (Transportable) | 261QM1103X |
| Military and U.S. Coast Guard Ambulatory Procedure | 261QM1101X |
| Military Outpatient Operational (Transportable) Component | 261QM1102X |
| Military/U.S. Coast Guard Outpatient | 261QM1100X |
| Multi-Specialty | 261QM1300X |
| Occupational Medicine | 261QX0100X |
| Oncology | 261QX0200X |
| Oncology, Radiation | 261QX0203X |
| Ophthalmologic Surgery | 261QS0132X |
| Oral and Maxillofacial Surgery | 261QS0112X |
| Pain | 261QP3300X |
| Physical Therapy | 261QP2000X |
| Podiatric | 261QP1100X |
| Primary Care | 261QP2300X |
| Prison Health | 261QP2400X |
| Public Health, Federal | 261QP0904X |
| Public Health, State or Local | 261QP0905X |
| Radiology | 261QR0200X |
| Radiology, Mammography | 261QR0206X |
| Radiology, Mobile | 261QR0208X |
| Radiology, Mobile Mammography | 261QR0207X |
| Recovery Care | 261QR0800X |
| Rehabilitation | 261QR0400X |
| Rehabilitation, Cardiac Facilities | 261QR0404X |
| Rehabilitation, Comprehensive Outpatient Rehabilitation Facility (CORF) | 261QR0401X |
| Rehabilitation, Substance Use Disorder | 261QR0405X |
| Research | 261QR1100X |
| Rural Health | 261QR1300X |
| Sleep Disorder Diagnostic | 261QS1200X |
| Student Health | 261QS1000X |
| Urgent Care | 261QU0200X |
| VA | 261QV0200X |
| Epilepsy Unit | 273100000X |
| Medicare Defined Swing Bed Unit | 275N00000X |
| Psychiatric Unit | 273R00000X |
| Rehabilitation Unit | 273Y00000X |
| Rehabilitation, Substance Use Disorder Unit | 276400000X |
| Christian Science Sanitorium | 287300000X |
| Chronic Disease Hospital | 281P00000X |
| Children | 281PC2000X |
| General Acute Care Hospital | 282N00000X |
| Children | 282NC2000X |
| Critical Access | 282NC0060X |
| Rural | 282NR1301X |
| Women | 282NW0100X |
| Long Term Care Hospital | 282E00000X |
| Military Hospital | 286500000X |
| Community Health | 2865C1500X |
| Military General Acute Care Hospital | 2865M2000X |
| Military General Acute Care Hospital. Operational (Transportable) | 2865X1600X |
| Psychiatric Hospital | 283Q00000X |
| Rehabilitation Hospital | 283X00000X |
| Children | 283XC2000X |
| Religious Nonmedical Health Care Institution | 282J00000X |
| Special Hospital | 284300000X |
| Clinical Medical Laboratory | 291U00000X |
| Dental Laboratory | 292200000X |
| Military Clinical Medical Laboratory | 291900000X |
| Physiological Laboratory | 293D00000X |
| Exclusive Provider Organization | 302F00000X |
| Health Maintenance Organization | 302R00000X |
| Point of Service | 305S00000X |
| Preferred Provider Organization | 305R00000X |
| Alzheimer Center (Dementia Center) | 311500000X |
| Assisted Living Facility | 310400000X |
| Assisted Living, Behavioral Disturbances | 3104A0630X |
| Assisted Living, Mental Illness | 3104A0625X |
| Christian Science Facility | 317400000X |
| Custodial Care Facility | 311Z00000X |
| Adult Care Home | 311ZA0620X |
| Hospice, Inpatient | 315D00000X |
| Intermediate Care Facility, Mental Illness | 310500000X |
| Intermediate Care Facility, Mentally Retarded | 315P00000X |
| Nursing Facility/Intermediate Care Facility | 313M00000X |
| Skilled Nursing Facility | 314000000X |
| Nursing Care, Pediatric | 3140N1450X |
| Lodging | 177F00000X |
| Meals | 174200000X |
| Community Based Residential Treatment Facility, Mental Illness | 320800000X |
| Community Based Residential Treatment Facility, Mental Retardation and/or Developmental Disabilities | 320900000X |
| Psychiatric Residential Treatment Facility | 323P00000X |
| Residential Treatment Facility, Emotionally Disturbed Children | 322D00000X |
| Residential Treatment Facility, Mental Retardation and/or Developmental Disabilities | 320600000X |
| Residential Treatment Facility, Physical Disabilities | 320700000X |
| Substance Abuse Rehabilitation Facility | 324500000X |
| Substance Abuse Treatment, Children | 3245S0500X |
| Respite Care | 385H00000X |
| Respite Care Camp | 385HR2050X |
| Respite Care, Mental Illness, Child | 385HR2055X |
| Respite Care, Mental Retardation and/or Developmental Disabilities | 385HR2060X |
| Respite Care, Physical Disabilities, Child | 385HR2065X |
| Blood Bank | 331L00000X |
| Department of Veterans Affairs (VA) Pharmacy | 332100000X |
| Durable Medical Equipment & Medical Supplies | 332B00000X |
| Customized Equipment | 332BC3200X |
| Dialysis Equipment & Supplies | 332BD1200X |
| Nursing Facility Supplies | 332BN1400X |
| Oxygen Equipment & Supplies | 332BX2000X |
| Parenteral & Enteral Nutrition | 332BP3500X |
| Emergency Response System Companies | 333300000X |
| Eye Bank | 332G00000X |
| Eyewear Supplier | 332H00000X |
| Hearing Aid Equipment | 332S00000X |
| Home Delivered Meals | 332U00000X |
| Indian Health Service/Tribal/Urban Indian Health (I/T/U) Pharmacy | 332800000X |
| Medical Foods Supplier | 335G00000X |
| Military/U.S. Coast Guard Pharmacy | 332000000X |
| Non-Pharmacy Dispensing Site | 332900000X |
| Organ Procurement Organization | 335U00000X |
| Pharmacy | 333600000X |
| Clinic Pharmacy | 3336C0002X |
| Community/Retail Pharmacy | 3336C0003X |
| Compounding Pharmacy | 3336C0004X |
| Home Infusion Therapy Pharmacy | 3336H0001X |
| Institutional Pharmacy | 3336I0012X |
| Long Term Care Pharmacy | 3336L0003X |
| Mail Order Pharmacy | 3336M0002X |
| Managed Care Organization Pharmacy | 3336M0003X |
| Nuclear Pharmacy | 3336N0007X |
| Specialty Pharmacy | 3336S0011X |
| Portable X-ray and/or Other Portable Diagnostic Imaging Supplier | 335V00000X |
| Prosthetic/Orthotic Supplier | 335E00000X |
| Air Carrier | 344800000X |
| Ambulance | 341600000X |
| Air Transport | 3416A0800X |
| Land Transport | 3416L0300X |
| Water Transport | 3416S0300X |
| Bus | 347B00000X |
| Military/U.S. Coast Guard Transport | 341800000X |
| Military or U.S. Coast Guard Ambulance, Air Transport | 3418M1120X |
| Military or U.S. Coast Guard Ambulance, Ground Transport | 3418M1110X |
| Military or U.S. Coast Guard Ambulance, Water Transport | 3418M1130X |
| Non-emergency Medical Transport (VAN) | 343900000X |
| Private Vehicle | 347C00000X |
| Secured Medical Transport (VAN) | 343800000X |
| Taxi | 344600000X |
| Train | 347D00000X |
| Transportation Broker | 347E00000X |

# All Payer’s Claims Data - Member Eligibility (PHDAPCD.ME)

| \*\*\*For details on how to link PHDAPCD.ME with other PHD APCD datasets, please see Appendix 1 in the PHD\_Key Facts for working with the data documentation. \*\*\* | | | |
| --- | --- | --- | --- |
| **Variable Name** | **Variable Description** | **Meta Data** | **Format** |
| ID | N/A | 9-character alphanumeric ID | Char |
| ME\_COVERAGE\_BH | Behavioral Health Benefit Flag | 1 =Yes 2 =No 4 =Other 8 =Not Applicable 9 =Unknown | Num |
| ME\_COVERAGE\_DENTAL | Dental Coverage Flag | 1 =Yes 2 =No 4 =Other 8 =Not Applicable 9 =Unknown | Num |
| ME\_COVERAGE\_LAB | Laboratory Coverage Flag | 1 =Yes 2 =No 4 =Other 8 =Not Applicable 9 =Unknown | Num |
| ME\_COVERAGE\_MEDICAL | Medical Coverage Flag | 1 =Yes 2 =No 4 =Other 8 =Not Applicable 9 =Unknown | Num |
| ME\_COVERAGE\_RX | Prescription Drug Coverage Flag | 1 =Yes 2 =No 4 =Other 8 =Not Applicable 9 =Unknown | Num |
| ME\_COVERAGE\_VISION | Vision Coverage Flag | 1 =Yes 2 =No 4 =Other 8 =Not Applicable 9 =Unknown | Num |
| ME\_CSUMID | Carrier Specific Unique Member ID | Integer | Char |
| ME\_MEMELGID | Member eligibility ID, needed to link to ME Monthly File  **\*For details on how to link the PHDAPCD.ME\_MTH, please see PHDAPCD.ME\_MTH data dictionary** | Integer | Char |
| ME\_ENROLL\_TYPE | Member enrollment type | 1= FIG - Fully-Insured Commercial Group Enrollee 2= SIG - Self-Insured Group Enrollee 3= GIC - Group Insurance Commission Enrollee 4= MCO - MassHealth Managed Care Organization Enrollee 5= Supplemental Policy Enrollee 6 = ICO - Integrated Care Organization or SCO– Senior Care Option 7 =ACO – Accountable Care Organization Enrollee (MassHealth only – unless approved by CHIA) 9= Unknown / Not Applicable | Num |
| ME\_INSURANCE\_TYPE | Insurance type code  **\*For a table on how CHIA groups these insurance types (i.e. public, private, etc.) please see the** [**appendix**](#_ME_INSURANCE_TYPE_1) **below** | 09=Self pay  10=Central certification  11=Other non-federal programs  12=PPO  13=POS  14=EPO  15=Indemnity insurance  16=HMO Medicare advantage  17=DMO Dental Maintenance Organization  20=Medicare Advantage PPO  21=Medicare Advantage Private Fee for  Service  30=Accountable Care Organization  (ACO) - MassHealth  AM=Automobile medical  BL=Blue cross / Blue shield  CC=Commonwealth Care  CE=Commonwealth  CH=Campus  CI=Commercial Insurance Co.  DS=Disability  HM=HMO  HN=HMO Medicare Risk/Medicare Part  C  IC=Integrated Care Organization  LI=Liability  LM=Liability Medical  MA=Medicare part A  MB=Medicare part B  MC=Medicaid  MD=Medicare part D  MO Medicaid Managed Care  Organization  MP Medicare Primary  MS Medicare Secondary Plan  OF=Other federal program  QM=Qualified Medicare Beneficiary  SC=Senior Care Option  SP=Supplemental Policy  TF=HSN trust fund  TV=Title V  VA=Veterans Administration Plan  WC=Workers' Compensation  ZZ=Other  (blank) = missing  \*\*\*For any other value not contained in the list above – those values are as is submitted by the insurance carrier (with unknown translation)\*\*\* | Char |
| ME\_LASTACTIVITYDATE | Date of last activity / change on member enrollment file for this line of eligibility | Date Proxy – count of days between admission date and randomly chosen date in the past   **NOTE: The larger the date proxy, the more recently the event occurred**  Please note, this variable is less reliable than the other date variables in this dataset as insurers are not always sure how to complete this field. | Num |
| ME\_LASTACTIVITYDATE\_MONTH | Date of last activity / change on member enrollment file for this line of eligibility – month | MM  Please note, this variable is less reliable than the other date variables in this dataset as insurers are not always sure how to complete this field. | Num |
| ME\_LASTACTIVITYDATE\_YEAR | Date of last activity / change on member enrollment file for this line of eligibility – year | YYYY  Please note, this variable is less reliable than the other date variables in this dataset as insurers are not always sure how to complete this field. | Num |
| ME\_LINKORGIDPR | Linkage variable to connect dental claim to product file (PROD\_ORGID) | Links ME records at the Insurance Carrier Level | Char |
| ME\_LINKORGIDPV | Linkage variable to connect dental claim to APCD provider file (PROV\_ORGID) | Links ME records at the Insurance Carrier Level | Char |
| ME\_MONTH | CHIA Incurred Date (Month only) | Months, 1-12  (Because this data is submitted quarterly, you will only see values of 3, 6, 9, or 12) | Num |
| ME\_ORGID | CHIA defined and maintained unique carrier identifier | 3-5 digit numeric | Char |
| ME\_PRIMARYINSURANCE | Primary Insurance Indicator | 1 =Yes 2 =No 4 =Other 8 =Not Applicable 9 =Unknown | Num |
| ME\_PROD\_ENDDATE | Product enrollment end date | Date Proxy – count of days between admission date and randomly chosen date in the past   **NOTE: The larger the date proxy, the more recently the event occurred** | Num |
| ME\_PROD\_ENDDATE\_MONTH | Product enrollment end date – Month | MM | Num |
| ME\_PROD\_ENDDATE\_YEAR | Product enrollment end date – Year | YYYY | Num |
| ME\_PROD\_STARTDATE | Product enrollment start date | Date Proxy – count of days between admission date and randomly chosen date in the past   **NOTE: The larger the date proxy, the more recently the event occurred** | Num |
| ME\_PROD\_STARTDATE\_MONTH | Product enrollment start date - Month | MM | Num |
| ME\_PROD\_STARTDATE\_YEAR | Product enrollment start date - Year | YYYY | Num |
| ME\_PRODUCT\_LINKID | Linkage variable to connect member eligibility file to product file (PROD\_PRODUCT\_LINKID) | Links at the product level | Char |
| ME\_SUBCONTROLID | Unique sequential  number assigned to any  new file type submitted to  CHIA across all carriers, needed to link to ME Monthly File  **\*For details on how to link the PHDAPCD.ME\_MTH, please see PHDAPCD.ME\_MTH data dictionary** | CHIA-derived variable | Char |
| ME\_SUBMISSIONYEAR | The year the information was sent to CHIA | \*Used to update the APCD files with the newest 3 years, likely not useful in any analyses | Num |
| ME\_YEAR | CHIA Incurred Date (Year only) | Years, YYYY format | Num |
| RES\_ZIP\_APCD\_ME | Member’s zip code | 5-digit zip  88888=Valid Zip in US, outside of MA  99999=Unknown | Char |

| ME\_INSURANCE\_TYPE | Description | Plan Type | Product Market |
| --- | --- | --- | --- |
| 09 | Self-pay | Other | Other |
| 10 | Central Certification | Other | Other |
| 11 | Other Non-Federal Programs | Other | Other |
| 12 | Preferred Provider Organization (PPO) | PPO | Commercial |
| 13 | Point of Service (POS) | POS | Commercial |
| 14 | Exclusive Provider Organization (EPO) | EPO | Commercial |
| 15 | Indemnity Insurance | Indemnity | Commercial |
| 16 | Health Maintenance Organization (HMO) Medicare Advantage | Medicare Advantage | Medicare |
| 17 | Dental Maintenance Organization (DMO) | Other | Other |
| 20 | Medicare Advantage PPO | Medicare Advantage | Medicare |
| 21 | Medicare Advantage Private Fee for Service | Medicare Advantage | Medicare |
| 30 | Accountable Care Organization (ACO) - MassHealth | Medicaid ACO | Medicaid |
| AM | Automobile Medical | Other | Other |
| BL | Blue Cross / Blue Shield | Other | Other |
| CC | Commonwealth Care | Commonwealth Care | Other |
| CE | Commonwealth Choice | Commonwealth Choice | Commercial |
| CH | CHAMPUS | Other | Other |
| CI | Commercial Insurance | Other | Commercial |
| DS | Disability | Other | Other |
| HM | Health Maintenance Organization | HMO | Commercial |
| HN | HMO Medicare Risk/Medicare Part C | Medicare Advantage | Medicare |
| IC | Integrated Care Organization | OneCare | Medicaid |
| LI | Liability | Other | Other |
| LM | Liability Medical | Other | Other |
| MA | Medicare Part A | Other | Medicare |
| MB | Medicare Part B | Other | Medicare |
| MC | Medicaid | Medicaid | Medicaid |
| MD | Medicare Part D | Other | Medicare |
| MO | Medicaid Managed Care Organization | Medicaid MCO | Medicaid |
| MP | Medicare Primary | Other | Medicare |
| MS | Medicare Secondary Plan | Other | Medicare |
| OF | Other Federal Program (e.g. Black Lung) | Other | Other |
| QM | Qualified Medicare Beneficiary | Other | Medicare |
| SC | Senior Care Options | Senior Care Options | Medicaid |
| SP | Supplemental Policy | Other | Other |
| TF | HSN Trust Fund | Other | Other |
| TV | Title V | Other | Other |
| VA | Veterans Administration Plan | Other | Other |
| WC | Workers' Compensation | Other | Other |
| ZZ | Other | Other | Other |

# All Payer’s Claims Data - Member Eligibility Member Months (PHDAPCD.ME\_MTH)

| \*\*\*For details on how to link PHDAPCD.ME\_MTH with other PHD APCD datasets, please see Appendix 1 in the PHD\_Key Facts for working with the data documentation. \*\*\* | | | |
| --- | --- | --- | --- |
| **Variable Name** | **Variable Description** | **Meta Data** | **Format** |
| ID | N/A | 9-character alphanumeric ID | Char |
| ME\_INSURANCE\_PRODUCT | This is how CHIA groups the insurance types into product types (see [appendix](#_ME_INSURANCE_PRODUCT) below for a crosswalk) | 1= Commercial  2= Medicaid  3= Medicare  88= Other  99=Missing | Num |
| ME\_INSURANCE\_PLAN | This is how CHIA groups the insurance types into plan types (see [appendix](#_ME_INSURANCE_PLAN) below for a crosswalk) | 1= Commonwealth Care  2= Commonwealth Choice  3= EPO  4= HMO  5= Indemnity  6= Medicaid  7= Medicaid ACO  8= Medicaid MCO  9= Medicare Advantage  10= OneCare  11= POS  12= PPO  13= Senior Care Options  88= Other  99=Missing | Num |
| ME\_INSURANCE\_TYPE | Insurance type code  **\*For a table on how CHIA groups these insurance types (i.e. public, private, etc.) please see the** [**appendix**](#_ME_INSURANCE_TYPE) **below** | 09=Self pay  10=Central certification  11=Other non-federal programs  12=PPO  13=POS  14=EPO  15=Indemnity insurance  16=HMO Medicare advantage  17=DMO Dental Maintenance Organization  20=Medicare Advantage PPO  21=Medicare Advantage Private Fee for  Service  30=Accountable Care Organization  (ACO) - MassHealth  AM=Automobile medical  BL=Blue cross / Blue shield  CC=Commonwealth Care  CE=Commonwealth  CH=Campus  CI=Commercial Insurance Co.  DS=Disability  HM=HMO  HN=HMO Medicare Risk/Medicare Part  C  IC=Integrated Care Organization  LI=Liability  LM=Liability Medical  MA=Medicare part A  MB=Medicare part B  MC=Medicaid  MD=Medicare part D  MO Medicaid Managed Care  Organization  MP Medicare Primary  MS Medicare Secondary Plan  OF=Other federal program  QM=Qualified Medicare Beneficiary  SC=Senior Care Option  SP=Supplemental Policy  TF=HSN trust fund  TV=Title V  VA=Veterans Administration Plan  WC=Workers' Compensation  ZZ=Other  (blank) = missing  \*\*\*For any other value not contained in the list above – those values are as is submitted by the insurance carrier (with unknown translation)\*\*\* | Char |
| ME\_MEM\_MONTH | Month this ME data applies to | Months, 1-12 | Num |
| ME\_MEM\_YEAR | Year this ME data applies to | Years, YYYY format | Num |
| ME\_MEMELGID | Member eligibility ID, needed to link to ME Full File  **\*For details on how to link the PHDAPCD.ME, please see the appendix below** | Integer | Char |
| ME\_SUBCONTROLID | Unique sequential  number assigned to any  new file type submitted to  CHIA across all carriers, needed to link to ME full file  **\*For details on how to link the PHDAPCD.ME, please see the appendix below** | CHIA-derived variable | Char |
| ME\_SUBMISSIONYEAR | The year the information was sent to CHIA | \*Used to update the APCD files with the newest 3 years, likely not useful in any analyses | Num |
| RES\_ZIP\_APCD\_ME | Member’s zip code | **\*Please note this is the zip code associated with primary monthly medical insurance for the member – it may not reflect their actual zip code during the month to which it is attached.**  5-digit zip  88888=Valid Zip in US, outside of MA  99999=Unknown | Char |

| ME\_INSURANCE\_TYPE | **Description** | ME\_INSURANCE\_PLAN | ME\_INSURANCE\_PRODUCT |
| --- | --- | --- | --- |
| 09 | Self-pay | Other | Other |
| 10 | Central Certification | Other | Other |
| 11 | Other Non-Federal Programs | Other | Other |
| 12 | Preferred Provider Organization (PPO) | PPO | Commercial |
| 13 | Point of Service (POS) | POS | Commercial |
| 14 | Exclusive Provider Organization (EPO) | EPO | Commercial |
| 15 | Indemnity Insurance | Indemnity | Commercial |
| 16 | Health Maintenance Organization (HMO) Medicare Advantage | Medicare Advantage | Medicare |
| 17 | Dental Maintenance Organization (DMO) | Other | Other |
| 20 | Medicare Advantage PPO | Medicare Advantage | Medicare |
| 21 | Medicare Advantage Private Fee for Service | Medicare Advantage | Medicare |
| 30 | Accountable Care Organization (ACO) - MassHealth | Medicaid ACO | Medicaid |
| AM | Automobile Medical | Other | Other |
| BL | Blue Cross / Blue Shield | Other | Other |
| CC | Commonwealth Care | Commonwealth Care | Other |
| CE | Commonwealth Choice | Commonwealth Choice | Commercial |
| CH | CHAMPUS | Other | Other |
| CI | Commercial Insurance | Other | Commercial |
| DS | Disability | Other | Other |
| HM | Health Maintenance Organization | HMO | Commercial |
| HN | HMO Medicare Risk/Medicare Part C | Medicare Advantage | Medicare |
| IC | Integrated Care Organization | OneCare | Medicaid |
| LI | Liability | Other | Other |
| LM | Liability Medical | Other | Other |
| MA | Medicare Part A | Other | Medicare |
| MB | Medicare Part B | Other | Medicare |
| MC | Medicaid | Medicaid | Medicaid |
| MD | Medicare Part D | Other | Medicare |
| MO | Medicaid Managed Care Organization | Medicaid MCO | Medicaid |
| MP | Medicare Primary | Other | Medicare |
| MS | Medicare Secondary Plan | Other | Medicare |
| OF | Other Federal Program (e.g. Black Lung) | Other | Other |
| QM | Qualified Medicare Beneficiary | Other | Medicare |
| SC | Senior Care Options | Senior Care Options | Medicaid |
| SP | Supplemental Policy | Other | Other |
| TF | HSN Trust Fund | Other | Other |
| TV | Title V | Other | Other |
| VA | Veterans Administration Plan | Other | Other |
| WC | Workers' Compensation | Other | Other |
| ZZ | Other | Other | Other |

**What is an ME Monthly File? Why can’t I just use the ME Full File?**

Each eligibility submission to CHIA includes coverage segments of time that touch the 24-month rolling window designated for each submission (i.e., the June 2020 eligibility submission captures eligibility and coverage between July 2018 and June 2020). Additionally, coverage segments may be repeated within a single submission to capture changes in other attributes. Finally, the rolling 24-month submission period of each submission overlaps with the preceding quarterly submission by 21 months, in some cases stating an updated view of eligibility and coverage for some members. The ME Full File (PHDAPCD.ME) contains all this information, making it hard to untangle what is the best information per individual per month.

PLEASE NOTE: Because CHIA continues to receive and update ME information for 24-month windows, the ME file is subject to change until the 24-month window is closed. For this current extract, data in July 2020 and onwards will be updated as new information arrives in the next extract.

The ME Monthly file (PHDAPCD.ME\_MTH) has transformed the eligibility submissions into monthly data, to support the following via CHIA’s prioritization logic:

* Unique counting of member months, capturing a single eligibility and coverage story for each member during each month they have coverage.
* Sourcing a month of eligibility from the best source of truth available (i.e., the best submission).

For each ME\_MEM\_MONTH & ME\_MEM\_YEAR, the PHDAPCD.ME\_MTH file will contain one record that covers the primary medical insurance an individual had on the 15th of the month.

**How do I link the ME Monthly File (PHDAPCD.ME\_MTH) to the ME Full Dataset (PHDAPCD.ME)?**

To link the ME Monthly File to the ME Full Dataset you must combine them on ME\_MEMELGID & ME\_SUBCONTROLID. Below is suggested code:

*proc sort data= PHDAPCD.ME out=full;*

*by ME\_MEMELGID ME\_SUBCONTROLID;*

*run;*

*proc sort data=PHDAPCD.ME\_MTH out=month;*

*by ME\_MEMELGID ME\_SUBCONTROLID;*

*run;*

*data test;*

*merge month (in=a) full (in=b);*

*by ME\_MEMELGID ME\_SUBCONTROLID;*

*if a=1 and b=1;*

*run;*

# All Payer’s Claims Data – Pharmacy (PHDAPCD.PHARMACY)

| **\*\*\*For details on how to link PHDAPCD.PHARMACY with other PHD APCD datasets, please see Appendix 1 in the PHD\_Key Facts for working with the data documentation. \*\*\*** | | | |
| --- | --- | --- | --- |
| **Variable Name** | **Variable Description** | **Meta Data** | **Format** |
| ID | PHD ID | 9 character alphanumeric ID | Char |
| PHARM\_AGE | Member Age At Service | Age in years, ages greater than 89 set to 999  (blank) = missing | Num |
| PHARM\_ALLOWED\_AMOUNT | Allowed amount | **\*Available in PHD for submission years 2019 and onward\***  0=claim line is denied.  Negative amounts could mean there was cost sharing where the patient paid an amount which rendered the dollar amount owed by the carrier negative, or the carrier’s internal audit discovered that payment exceeded the contractually allowable benefit or that the carrier had made a duplicate payment.  (blank) = data is missing  **UPDATED PLEASE NOTE: Decimals are included in this field.** | Num |
| PHARM\_AMOUNT\_DUE\_OTHER | Amount paid by other | \*Available in PHD for submission years 2019 and onward\*  0=Prior Payer paid 0 towards this claim line  Negative amounts could mean there was cost sharing where the patient paid an amount which rendered the dollar amount owed by the carrier negative, or the carrier’s internal audit discovered that payment exceeded the contractually allowable benefit or that the carrier had made a duplicate payment.  (blank) = data is missing  UPDATED PLEASE NOTE: Decimals are included in this field. | Num |
| PHARM\_CITY | Pharmacy Location City | 1-351 for valid MA city/towns 999=Out of state or unknown  \*Please note, there is a risk of misclassification as APCD covers the entire US. Cities without a corresponding state or zip code will be grouped as MA cities but actually are located outside of MA (in the cases of cities with the same name – ex. Palmer, MA vs Palmer, AK) | Num |
| PHARM\_CHARGED | Charge Amount | **\*Available in PHD for submission years 2019 and onward\***  0=services rendered in  conjunction with other services on the claim.    Negative amounts could mean there was cost sharing where the patient paid an amount which rendered the dollar amount owed by the carrier negative, or the carrier’s internal audit discovered that payment exceeded the contractually allowable benefit or that the carrier had made a duplicate payment.    (blank) = data is missing    **UPDATED PLEASE NOTE: Decimals are included in this field.** | Num |
| PHARM\_CLAIM\_STATUS | Status of claim line | 0= This value is as is submitted by the insurance carrier (with unknown translation)  1=Processed as primary 2=Processed as secondary 3=Processed as tertiary 4=Denied 5=Processed as primary, forwarded to additional payers(s) 6=Processed as secondary, forwarded to additional payers(s) 7=Processed as tertiary, forwarded to additional payer(s) 8=Reversal of previous payment 9=Not our claim, forwarded to additional payer(s) 10=Predetermination pricing only - no payment 11=Missing | Num |
| PHARM\_COINSURANCE | Coinsurance Amount | **\*Available in PHD for submission years 2019 and onward\***  0=services rendered in  conjunction with other services on the claim.    Negative amounts could mean there was cost sharing where the patient paid an amount which rendered the dollar amount owed by the carrier negative, or the carrier’s internal audit discovered that payment exceeded the contractually allowable benefit or that the carrier had made a duplicate payment.    (blank) = data is missing    UPDATED PLEASE NOTE: Decimals are included in this field. | Num |
| PHARM\_COMPOUND | Compound Drug Indicator | 1 =Yes 2 =No 3 =Unknown 4 =Other 5 =Not Applicable | Num |
| PHARM\_COPAY | Copay Amount | \*Available in PHD for submission years 2019 and onward\*  0=services rendered in  conjunction w/other services on claim.    Negative amounts could mean there was cost sharing where the patient paid an amount which rendered the dollar amount owed by the carrier negative, or the carrier’s internal audit discovered that payment exceeded the contractually allowable benefit or that the carrier had made a duplicate payment.    (blank) = data is missing    UPDATED PLEASE NOTE: Decimals are included in this field. | Num |
| PHARM\_CLAIMID | Unique record ID per  submission control ID | CHIA-derived variable | Char |
| PHARM\_CSUMID | Carrier Specific Unique Member ID | Integer | Char |
| PHARM\_DEDUCTIBLE | Deductible Amount | \*Available in PHD for submission years 2019 and onward\*  0=services rendered in  conjunction w/other services on claim.    Negative amounts could mean there was cost sharing where the patient paid an amount which rendered the dollar amount owed by the carrier negative, or the carrier’s internal audit discovered that payment exceeded the contractually allowable benefit or that the carrier had made a duplicate payment.    (blank) = data is missing    UPDATED PLEASE NOTE: Decimals are included in this field. | Num |
| PHARM\_ENROLL\_TYPE | Member enrollment type | 1= FIG - Fully-Insured Commercial Group Enrollee 2= SIG - Self-Insured Group Enrollee 3= GIC - Group Insurance Commission Enrollee 4= MCO - MassHealth Managed Care Organization Enrollee 5= Supplemental Policy Enrollee 6 = ICO - Integrated Care Organization or SCO– Senior Care Option 7 =ACO – Accountable Care Organization Enrollee (MassHealth only – unless approved by CHIA) 9= Unknown / Not Applicable | Num |
| PHARM\_FILL\_DATE | Date Prescription Filled | Date Proxy – count of days between admission date and randomly chosen date in the past  **NOTE: The larger the date proxy, the more recently the event occurred** | Num |
| PHARM\_FILL\_DATE\_MONTH | Date Prescription Filled - Month | 1-12 | Num |
| PHARM\_FILL\_DATE\_YEAR | Date Prescription Filled - Year | YYYY | Num |
| PHARM\_FORMULARY | Formulary Code | 1 =Yes 2 =No 3 =Unknown 4 =Other 5 =Not Applicable | Num |
| PHARM\_GENERIC | Generic Drug Indicator | 1 =Yes 2 =No 3 =Unknown 4 =Other 5 =Not Applicable | Num |
| PHARM\_HIGHESTVERSION\_PAID | Flags if this claim is the highest version and if it was paid | 1= Highest Version Paid 0=Not Highest Version Paid 9=Versioning Not Applied | Num |
| PHARM\_ICD | Diagnosis Code | ICD9/ICD10 code  \*No decimals included | Char |
| PHARM\_INSURANCE\_TYPE | Insurance Type Code/Product  **\*For a table on how CHIA groups these insurance types (i.e. public, private, etc.) please see the** [**appendix**](#_PHARM_INSURANCE_TYPE) **below** | 09=Self pay  10=Central certification  11=Other non-federal programs  12=PPO  13=POS  14=EPO  15=Indemnity insurance  16=HMO Medicare advantage  17=DMO Dental Maintenance Organization  20=Medicare Advantage PPO  21=Medicare Advantage Private Fee for  Service  30=Accountable Care Organization  (ACO) - MassHealth  AM=Automobile medical  BL=Blue cross / Blue shield  CC=Commonwealth Care  CE=Commonwealth  CH=Campus  CI=Commercial Insurance Co.  DS=Disability  HM=HMO  HN=HMO Medicare Risk/Medicare Part  C  IC=Integrated Care Organization  LI=Liability  LM=Liability Medical  MA=Medicare part A  MB=Medicare part B  MC=Medicaid  MD=Medicare part D  MO Medicaid Managed Care  Organization  MP Medicare Primary  MS Medicare Secondary Plan  OF=Other federal program  QM=Qualified Medicare Beneficiary  SC=Senior Care Option  SP=Supplemental Policy  TF=HSN trust fund  TV=Title V  VA=Veterans Administration Plan  WC=Workers' Compensation  ZZ=Other  (blank) = missing  \*\*\*For any other value not contained in the list above – those values are as is submitted by the insurance carrier (with unknown translation)\*\*\* | Char |
| PHARM\_LINE | Line Counter | Integer | Num |
| PHARM\_LINKORGIDME | Linkage variable to connect pharmacy claim to APCD ME file & Zip code file | Links pharmacy claims at the Insurance Carrier Level | Char |
| PHARM\_LINKORGIDPR | Linkage variable to connect pharmacy claim to APCD product file (PROV\_ORGID) | Links pharmacy claims at the Insurance Carrier Level | Char |
| PHARM\_LINKORGIDPV | Linkage variable to connect pharmacy claim to APCD provider file (PROV\_ORGID) | Links pharmacy claims at the Insurance Carrier Level | Char |
| PHARM\_MAIL\_ORDER | Mail Order pharmacy | 1 =Yes 2 =No 3 =Unknown 4 =Other 5 =Not Applicable | Num |
| PHARM\_MEDICAID | Medicaid/HSN Indicator  This indicates that a claim was covered by Medicaid or HSN, and is the best indicator to use. | 0=No 1=Yes  (blank) = data is missing | Num |
| PHARM\_MONTH | CHIA Incurred Date (Year and Month only) | Months, 1-12 | Num |
| PHARM\_NDC | Drug Code | NDC Code as defined by the FDA in 11 digit format (5-4-2) without hyphenation. | Char |
| PHARM\_NPI | National Pharmacy ID Number | 10 digit NPI | Char |
| PHARM\_ORGID | CHIA defined and maintained unique carrier identifier | 3-5 digit numeric | Char |
| PHARM\_PAID | Paid Amount | 0 = line is paid as part of another procedure / claim line.  Do not report any value if the line is denied.  (Negative amounts mean the prescription could have been a pickup that involved cost sharing where the patient paid an amount which rendered the dollar amount owed by the carrier negative, or the carrier’s internal audit discovered that payment exceeded the contractually allowable benefit or that the carrier had made a duplicate payment. They could also mean that the pharmaceutical was returned to supply for any number of reasons, failure to receive prior authorization, correction to prescription, no pick-up, pick-up attempt but the lower-than-expected coverage amount made the co-pay cost prohibitive, etc. .)  **UPDATED PLEASE NOTE: Decimals are included in this field.** | Num |
| PHARM\_PREGNANCY | Pregnancy Indicator | 1 =Yes 2 =No 3 =Unknown 4 =Other 5 =Not Applicable | Num |
| PHARM\_PRESCRIBER\_CITY | Prescribing Physician City | 1-351 for valid MA city/towns 999=Out of state or unknown  \*Please note, there is a risk of misclassification as APCD covers the entire US. Cities without a corresponding state or zip code will be grouped as MA cities but actually are located outside of MA (in the cases of cities with the same name – ex. Palmer, MA vs Palmer, AK) | Num |
| PHARM\_PRESCRIBER\_LINKID | Linkage variable for pharmacy claims to prescribing provider (in APCD provider file, PROV\_PROVIDER\_LINKID) | Links pharmacy claims at the claims row level | Char |
| PHARM\_PRESCRIBER\_NPI | Prescribing Physician NPI - National Provider ID | 10 digit NPI | Char |
| PHARM\_PRESCRIBER\_ZIP | Prescribing Physician Zip | 5 digit zip code 99999=Unknown | Char |
| PHARM\_PRODUCT\_LINKID | Linkage variable for pharmacy claims to product (in APCD product file, PROD\_PRODUCT\_LINKID) | Links pharmacy claims at the claims row level | Char |
| PHARM\_QUANT | Number of metric units of medication dispensed | Integer  (Negative amounts mean that the pharmaceutical was returned to supply for any number of reasons, failure to receive prior authorization, correction to prescription, no pick-up, pick-up attempt but the lower-than-expected coverage amount made the co-pay cost prohibitive, etc.) | Num |
| PHARM\_RECIPIENTPCP\_LINKID | Linkage variable for pharmacy claims to recipient pcp (in APCD provider file, PROV\_PROVIDER\_LINKID) | Links pharmacy claims at the claims row level | Char |
| PHARM\_REFILL | New Prescription or Refill | 0 = new prescription  1 = First Refill  2 = Second refill  3-98 = that number refill  99= 99 or more refills  (blank) = missing  (Negative amounts mean that the pharmaceutical was returned to supply for any number of reasons, failure to receive prior authorization, correction to prescription, no pick-up, pick-up attempt but the lower-than-expected coverage amount made the co-pay cost prohibitive, etc.) | Num |
| PHARM\_RELATION | Individual Relationship Code | 01=Spouse 04=Grandfather or grandmother 05=Grandson or granddaughter 07=Nephew or niece 10=Foster child 15=Ward 17=Stepson or stepdaughter 19=Child 20=Self/employee  21=Unknown 22=Handicapped dependent 23=Sponsored dependent 24=Dependent of a minor dependent 29=Significant other 32=Mother 33=Father 36=Emancipated minor 39=Organ donor 40=Cadaver donor 41=Injured plaintiff 43=Child where insured has no financial responsibility 53=Life partner 76=Dependent  \*\*\*For any other value not contained in the list above – those values are as is submitted by the insurance carrier (with unknown translation)\*\*\* | Char |
| PHARM\_ROA | Route of Administration | 1=Buccal  2=Dental  3=Inhalation  4=Injection  5=Intraperitoneal  6=Irrigation  7=Mouth / Throat  8=Mucous Membrane  9=Nasal  10=Ophthalmic  11=Oral  12=Other / Misc.  13=Otic  14=Perfusion  15=Rectal  16=Sublingual  17=Topical  18=Transdermal  19=Translingual  20=Urethral  21=Vaginal  22=Enteral  99=Unknown | Numeric |
| PHARM\_SEX | Member Sex | 1=Male 2=Female 9=Unknown | Num |
| PHARM\_STATE | US State, territory, or armed forces 2-character USPS postal abbreviation of the Pharmacy Location | 2-character abbreviation  XX= another two-character abbreviation that is not a valid US State, territory, or armed forces 2-character USPS postal abbreviation  (blank) = missing | Char |
| PHARM\_SUBCONTROLID | Unique sequential  number assigned to any  new file type submitted to  CHIA across all carriers | CHIA-derived variable | Char |
| PHARM\_SUBMISSIONYEAR | The year the information was sent to CHIA | \*Used to update the APCD files with the newest 3 years, likely not useful in any analyses | Num |
| PHARM\_SUPPLY | The number of days the prescription will last if taken as prescribed. | Integer  (Negative amounts mean that the pharmaceutical was returned to supply for any number of reasons, failure to receive prior authorization, correction to prescription, no pick-up, pick-up attempt but the lower-than-expected coverage amount made the co-pay cost prohibitive, etc.) | Num |
| PHARM\_UOM | Drug Unit of Measure | EA= Each  F2 =International Units  GM =Grams  ML =Milliliters  MG =Milligram  MEQ =Milliequivalent  MM =Millimeter  UG =Microgram  UU =Unit  \*\*\*For any other value not contained in the list above – those values are as is submitted by the insurance carrier (with unknown translation)\*\*\* | Char |
| PHARM\_VERSION | Version Number | Integer  (blank) = missing | Num |
| PHARM\_YEAR | CHIA Incurred Date (Year and Month only) | Years, YYYY format | Num |
| PHARM\_ZIP\_APCD | Pharmacy ZIP Code | 5 digit zip 99999=Unknown | Char |
| RES\_ZIP\_APCD\_PHARM | Patient’s zip code | **\*Please note this is the zip code associated with primary monthly medical insurance for the member – it may not reflect their actual zip code during the claim to which it is attached**  5 digit zip 99999=Unknown | Char |

Appendix:

|  |  |  |  |
| --- | --- | --- | --- |
| PHARM\_INSURANCE\_TYPE | Description | Plan Type | Product Market |
| 09 | Self-pay | Other | Other |
| 10 | Central Certification | Other | Other |
| 11 | Other Non-Federal Programs | Other | Other |
| 12 | Preferred Provider Organization (PPO) | PPO | Commercial |
| 13 | Point of Service (POS) | POS | Commercial |
| 14 | Exclusive Provider Organization (EPO) | EPO | Commercial |
| 15 | Indemnity Insurance | Indemnity | Commercial |
| 16 | Health Maintenance Organization (HMO) Medicare Advantage | Medicare Advantage | Medicare |
| 17 | Dental Maintenance Organization (DMO) | Other | Other |
| 20 | Medicare Advantage PPO | Medicare Advantage | Medicare |
| 21 | Medicare Advantage Private Fee for Service | Medicare Advantage | Medicare |
| 30 | Accountable Care Organization (ACO) - MassHealth | Medicaid ACO | Medicaid |
| AM | Automobile Medical | Other | Other |
| BL | Blue Cross / Blue Shield | Other | Other |
| CC | Commonwealth Care | Commonwealth Care | Other |
| CE | Commonwealth Choice | Commonwealth Choice | Commercial |
| CH | CHAMPUS | Other | Other |
| CI | Commercial Insurance | Other | Commercial |
| DS | Disability | Other | Other |
| HM | Health Maintenance Organization | HMO | Commercial |
| HN | HMO Medicare Risk/Medicare Part C | Medicare Advantage | Medicare |
| IC | Integrated Care Organization | OneCare | Medicaid |
| LI | Liability | Other | Other |
| LM | Liability Medical | Other | Other |
| MA | Medicare Part A | Other | Medicare |
| MB | Medicare Part B | Other | Medicare |
| MC | Medicaid | Medicaid | Medicaid |
| MD | Medicare Part D | Other | Medicare |
| MO | Medicaid Managed Care Organization | Medicaid MCO | Medicaid |
| MP | Medicare Primary | Other | Medicare |
| MS | Medicare Secondary Plan | Other | Medicare |
| OF | Other Federal Program (e.g. Black Lung) | Other | Other |
| QM | Qualified Medicare Beneficiary | Other | Medicare |
| SC | Senior Care Options | Senior Care Options | Medicaid |
| SP | Supplemental Policy | Other | Other |
| TF | HSN Trust Fund | Other | Other |
| TV | Title V | Other | Other |
| VA | Veterans Administration Plan | Other | Other |
| WC | Workers' Compensation | Other | Other |
| ZZ | Other | Other | Other |

# All Payer’s Claims Data - Product (PHDAPCD.PRODUCT)

| **\*\*\*For details on how to link PHDAPCD.PRODUCT with other PHD APCD datasets, please see Appendix 1 in the PHD\_Key Facts for working with the data documentation. \*\*\*** | | | |
| --- | --- | --- | --- |
| **Variable Name** | **Variable Description** | **Meta Data** | **Format** |
| PROD\_ACTIVE | Product Active Flag | 0= No 1= Yes 2= Other 8= Not Applicable 9= Unknown | Num |
| PROD\_BENEFIT\_TYPE | Product Benefit Type | 1= Medical Only 2= Pharmacy Only 3= Medical and Pharmacy bundled 4= Dental 5= Behavioral Health 6= Vision 7= Accident Only 8= Medical Comprehensive 9= Other | Num |
| PROD\_CARRIER\_LICENSE | Carrier License Type | 1= Blue Cross and Blue Shield Licensee 2= Commercial Carrier 3= Health Maintenance Organization 4= Medicare Advantage Organization 5= Pharmacy Benefit Manager 6= Senior Care Option 7= Third Party Administrator 8= Chapter 176 9= Other License Type  (blank) = missing | Num |
| PROD\_COORD\_CARE | Coordinated Care Model | 1= Yes, member's care is clinically coordinated/managed 2= No 3= Unknown 4= Other 5= Not Applicable | Num |
| PROD\_END\_DATE | Product End Date | SAS Date | Num |
| PROD\_MARKET | Insurance Plan Market | 1= Group - POS 2= Group COBRA 3= Group-Commonwealth Choice 4= Group-Employer 5= Group-Federal 6= Group-GIC 7= Group-Merged Market 8= Group-Municipality 9= Group-Retiree 10= Group-Senior Care Option 11= Group-Union 12= Health Exchange 13= Individual - Commonwealth Care 14= Individual - Commonwealth Choice 15= Individual Closed 16= Individual COBRA 17= Individual Senior Care Option 18= Individual Young Adult 19= Medicare Part A 20= Medicare Part B 21= Medicare Part C 22= Medicare Part D 23= MediGap/Medicare Supplemental/Medex 24= Other 25= Other Medicare 26= Student 27= COBRA 28= Group  (missing) = value not provided | Num |
| PROD\_ORGID | Variable to link product file into medical (MED\_LINKORGIDPR), dental (DENT\_LINKORGIDPR), and pharmacy (PHARM\_LINKORGIDPR) |  | Char |
| PROD\_PRODUCT\_LINE | Product Line of Business Model | 1= Preferred Provider Organization (PPO) 2= Point of Service (POS) 3= Exclusive Provider Organization (EPO) 4= Indemnity Insurance 5= Health Maintenance Organization (HMO) Medicare Advantage 6= Medicare Advantage PPO 7= Medicare Advantage Private Fee for Service 8= Accident Only 9= Basic Hospital 10= CHAMPUS 11= Dental Maintenance Organization 12= Disability 13= HMO - Closed 14= HMO - Open 15= Individual 16= Liability Medical 17= Medicaid FFS 18= Medicaid Managed Care Organization 19= Medicare Primary 20= Medicare 21= Medicare Secondary Plan 22= Other Federal Program (e.g. Black Lung) 23= Medicaid Primary Care Clinician Plan 24= Preferred Provider Organization (PPO) 25= Qualified Health Plan 26= Qualified Medicare Beneficiary/SLMB 27= Self-Administered Group 28= Senior Care Option 29= Supplemental Policy 30= HSN Trust Fund 31= Title V 32= Unemployment 33= Veterans Administration Plan 34= Vision 35= Workers' Compensation  36= Accountable Care Organizations (ACOs) MassHealth 99= Other | Num |
| PROD\_PRODUCT\_LINKID | Variable to link product file into medical (MED\_PRODUCT\_LINKID), dental (DENT\_PRODUCT\_LINKID), and pharmacy (PHARM\_PRODUCT\_LINKID) |  | Char |
| PROD\_PRODUCTID | Unique sequential  number assigned to any  new product submitted to  CHIA across all carriers | CHIA-derived variable | Char |
| PROD\_RELEASEID | Unique record ID per  release | CHIA-derived variable | Char |
| PROD\_RISK | Risk Type | 1= Fully Insured 2= Self-Insured 3= Product available to risk and self-insured accounts 9= Other | Num |
| PROD\_START\_DATE | Product Start Date | SAS Date | Num |
| PROD\_SUBCONTROLID | Unique sequential  number assigned to any  new file type submitted to  CHIA across all carriers | CHIA-derived variable | Char |
| PROD\_SUBMISSIONYEAR | The year the information was sent to CHIA | \*Used to update the APCD files with the newest 3 years, likely not useful in any analyses | Num |

# All Payer’s Claims Database – Provider (PHDAPCD.PROVIDER)

|  |  |  |  |
| --- | --- | --- | --- |
| **\*\*\*For details on how to link PHDAPCD.PROVIDER with other PHD APCD datasets, please see Appendix 1 in the PHD\_Key Facts for working with the data documentation. \*\*\*** | | | |
| **Variable Name** | **Variable Description** | **Meta Data** | **Format** |
| PROV\_ENTITY | Entity Code | 01 =Academic Institution 02 =Adult Foster CareCondition 03 =Ambulance Services 04 =Hospital Based Clinic 05 =Stand-Alone, Walk-In/Urgent Care Clinic 06 =Other Clinic 07 =Community Health Center - General 08 =Community Health Center - Urgent Care 09 =Government Agency 10 =Health Care Corporation 11 =Home Health Agency 12 =Acute Hospital 13 =Chronic Hospital 14 =Rehabilitation Hospital 15 =Psychiatric Hospital 16 =DPH Hospital 17 =State Hospital 18 =Veterans Hospital 19 =DMH Hospital 20 =Sub-Acute Hospital 21 =Licensed Hospital Satellite Emergency Facility 22 =Hospital Emergency Center 23 =Nursing Home 24 =Freestanding Ambulatory Surgery Center 25 =Hospital Licensed Ambulatory Surgery Center 26 =Non-Health Corporation 27 =School Based Health Center 28 =Rest Home 29 =Licensed Hospital Satellite Facility 30 =Hospital Licensed Health Center 31 =Other Facility 40 =Physician (PV034 = 1) 50 =Physician Group (PV034 = 3) 60 =Nurse (PV034 = 1) 70 =Clinician (PV034 = 1) 80 =Technician (PV034 = 1) 90 =Pharmacy / Site or Mail Order (PV034 = 4 or 5) 99 =Other Individual or Group (PV034 = 1 or 3)  **\*\*\*For any other value not contained in the list above – those values are as is submitted by the insurance carrier (with unknown translation)\*\*\*** | Char |
| PROV\_NPI | National Provider ID | 10-character NPI | Char |
| PROV\_NPI2 | National Provider2 ID | 10-character NPI | Char |
| PROV\_OFFICE\_TYPE | Office Type | 1 =Facility 2 =Doctors office 3 =Clinic 4 =Walk in Clinic 5 =Laboratory 8 =Other  (blank) = missing | Num |
| PROV\_ORGID | Variable to link provider file into medical (MED\_LINKORGIDPV), dental (DENT\_LINKORGIDPV), and pharmacy (PHARM\_LINKORGIDPV) |  | Char |
| PROV\_PRESCRIBING | Prescribing Provider | 1 =Yes 2 =No 4 =Other 8 =Not Applicable 9 =Unknown | Num |
| PROV\_PROVIDER\_LINKID | Variable to link provider file into medical (MED\_SERVICEPROVIDER\_LINKID, MED\_BILLINGPROVIDER\_LINKID, MED\_RENDERINGPROVIDER\_LINKID), dental (DENT\_SERVICEPROVIDER\_LINKID), pharmacy (PHARM\_PRESCRIBER\_LINKID, PHARM\_RECIPIENTPCP\_LINKID), and MassHealth's (MHEE\_ManagedCareProvider\_LINKID, MHEE\_PrimaryCareProvider\_LINKID, MHEE\_BehavHlthProvider\_LINKID, MHEE\_LTCProvider\_LINKID) |  | Char |
| PROV\_PROVIDERID | Unique sequential  number assigned to any  new provider submitted to  CHIA across all carriers | CHIA-derived variable | Char |
| PROV\_RELEASEID | Unique record ID per  release | CHIA-derived variable | Char |
| PROV\_SPECIALTY | Provider | See [code list](#_PROV_Specialty) below  Specialty code values are from CMS; please see <https://www.cms.gov/Medicare/provider-enrollment-and-certification/medicareprovidersupenroll/downloads/taxonomycrosswalk.pdf> for a crosswalk between taxonomy and CMS specialty codes)  **\*\*\*For any other value not contained in the code list – those values are as is submitted by the insurance carrier (with unknown translation)\*\*\*** | Char |
| PROV\_SUBCONTROLID | Unique sequential  number assigned to any  new file type submitted to  CHIA across all carriers | CHIA-derived variable | Char |
| PROV\_SUBMISSIONYEAR | The year the information was sent to CHIA | \*Used to update the APCD files with the newest 3 years, likely not useful in any analyses | Num |
| PROV\_TAXONOMY | Taxonomy | See [code list](#_PROV_TAXONOMY) below  Taxonomy values are from the National Uniform Claim Committee’s taxonomy code values; please see <https://www.cms.gov/Medicare/provider-enrollment-and-certification/medicareprovidersupenroll/downloads/taxonomycrosswalk.pdf> for a crosswalk between taxonomy and CMS specialty codes)  **\*\*\*For any other value not contained in the list above – those values are as is submitted by the insurance carrier (with unknown translation)\*\*\*** | Char |

| PROV\_Specialty | |
| --- | --- |
| 01 | General Practice |
| 02 | General Surgery |
| 03 | Allergy/Immunology |
| 04 | Otolaryngology |
| 05 | Anesthesiology |
| 06 | Cardiology |
| 07 | Dermatology |
| 08 | Family Practice |
| 09 | Interventional Pain Management |
| 10 | Gastroenterology |
| 11 | Internal Medicine |
| 12 | Osteopathic Manipulative Medicine |
| 13 | Neurology |
| 14 | Neurosurgery |
| 15 | Speech Language Pathologists |
| 16 | Obstetrics/Gynecology |
| 17 | Hospice and Palliative Care |
| 18 | Ophthalmology |
| 19 | Oral Surgery (dentists only) |
| 20 | Orthopedic Surgery |
| 21 | Cardiac Electrophysiology |
| 22 | Pathology |
| 23 | Sports Medicine |
| 24 | Plastic and Reconstructive Surgery |
| 25 | Physical Medicine and Rehabilitation |
| 26 | Psychiatry |
| 27 | Geriatric Psychiatry |
| 28 | Colorectal Surgery (formerly proctology) |
| 29 | Pulmonary Disease |
| 30 | Diagnostic Radiology |
| 31 | Intensive Cardiac Rehabilitation |
| 32 | Anesthesiologist Assistant |
| 33 | Thoracic Surgery |
| 34 | Thoracic Surgery |
| 35 | Thoracic Surgery |
| 36 | Nuclear Medicine |
| 37 | Pediatric Medicine |
| 38 | Pediatric Medicine |
| 39 | Nephrology |
| 40 | Hand Surgery |
| 41 | Hand Surgery |
| 42 | Certified Nurse Midwife (effective July 1, 1988) |
| 43 | Certified Registered Nurse Anesthetist (CRNA) |
| 44 | Infectious Disease |
| 45 | Mammography Screening Center |
| 46 | Endocrinology |
| 47 | Independent Diagnostic Testing Facility (IDTF) |
| 48 | Podiatry |
| 49 | Ambulatory Surgical Center |
| 50 | Nurse Practitioner |
| 51 | Medical supply company with orthotic personnel certified by an accrediting organization |
| 52 | Medical supply company with prosthetic personnel certified by an accrediting organization |
| 53 | Medical supply company with prosthetic/orthotic personnel certified by an accrediting organization |
| 54 | Medical supply company not included in 51, 52, or 53 |
| 55 | Individual orthotic personnel certified by an accrediting organization |
| 56 | Individual prosthetic personnel certified by an accrediting organization |
| 57 | Individual prosthetic/orthotic personnel certified by an accrediting organization |
| 58 | Medical Supply Company with registered pharmacies |
| 59 | Ambulance Service Supplier, e.g., private ambulance companies, funeral homes |
| 60 | Public Health or Welfare Agencies (Federal, State, and local) |
| 61 | Voluntary Health or Charitable Agencies (e.g., National Cancer Society, National Heart Association, Catholic Charities) |
| 62 | Psychologist (Billing Independently) |
| 63 | Portable X-Ray Supplier (Billing Independently) |
| 64 | Audiologist (Billing Independently) |
| 65 | Physical Therapist in Private Practice |
| 66 | Podiatry |
| 67 | Occupational Therapist in Private Practice |
| 68 | Clinical Psychologist |
| 69 | Clinical Laboratory (Billing Independently) |
| 70 | Single or Multispecialty Clinic or Group Practice |
| 71 | Registered Dietician/Nutrition Professional |
| 72 | Pain Management |
| 73 | Mass Immunization Roster Billers (Mass Immunizers have to roster bill assigned claims and can only bill for immunizations) |
| 74 | Radiation Therapy Centers |
| 75 | Slide Preparation Facilities |
| 76 | Peripheral Vascular Disease |
| 77 | Vascular Surgery |
| 78 | Cardiac Surgery |
| 79 | Addiction Medicine |
| 80 | Licensed Clinical Social Worker |
| 81 | Critical Care (Intensivists) |
| 82 | Hematology |
| 83 | Hematology/Oncology |
| 84 | Preventive Medicine |
| 85 | Maxillofacial Surgery |
| 86 | Neuropsychiatry |
| 87 | All other suppliers, e.g., Drug Stores |
| 88 | Unknown Provider |
| 89 | Certified Clinical Nurse Specialist |
| 90 | Medical Oncology |
| 91 | Surgical Oncology |
| 92 | Radiation Oncology |
| 93 | Emergency Medicine |
| 94 | Interventional Radiology |
| 95 | Unknown Supplier |
| 96 | Optician |
| 97 | Physician Assistant |
| 98 | Gynecological/Oncology |
| 99 | Unknown Physician Specialty |
| A0 | Hospital |
| A1 | Skilled Nursing Facility |
| A2 | Intermediate Care Nursing Facility |
| A3 | Nursing Facility, Other |
| A4 | Home Health Agency |
| A5 | Pharmacy |
| A6 | Medical Supply Company with Respiratory Therapist |
| A7 | Department Store |
| A8 | Grocery Store |
| B1 | Oxygen/Oxygen Related Equipment |
| B2 | Pedorthic Personnel |
| B3 | Medical Supply Company with Pedorthic Personnel |
| B4 | Rehabilitation Agency |
| B5 | Ocularist |
| C0 | Sleep Medicine |
| C1 | Centralized Flu |
| C2 | Indirect Payment Procedure |
| C3 | Interventional Cardiology |
| C5 | Dentist |
| C6 | Hospitalist |
| C7 | Advanced Heart Failure and Transplant Cardiology |
| C8 | Medical Toxicology |
| C9 | Hematopoietic Cell Transplantation and Cellular Therapy |
| D1 | Medicare Diabetes Preventive Program |
| D2 | Restricted Use |
| D3 | Medical Genetics and Genomics |
| D4 | Undersea and Hyperbaric Medicine |
| D5 | Opioid Treatment Program |
| D6 | Home Infusion Therapy Services |

| **PROV\_TAXONOMY****[MED\_TAXONOMY](#_MED_TAXONOMY)** **[DENTAL\_TAXONOMY](#_Dent_Taxonomy)** | **Code** |
| --- | --- |
| Multi-Specialty | 193200000X |
| Single Specialty | 193400000X |
| Allergy & Immunology | 207K00000X |
| Allergy | 207KA0200X |
| Clinical & Laboratory Immunology | 207KI0005X |
| Anesthesiology | 207L00000X |
| Addiction Medicine | 207LA0401X |
| Critical Care Medicine | 207LC0200X |
| Hospice and Palliative Medicine | 207LH0002X |
| Pain Medicine | 207LP2900X |
| Pediatric Anesthesiology | 207LP3000X |
| Clinical Pharmacology | 208U00000X |
| Colon & Rectal Surgery | 208C00000X |
| Dermatology | 207N00000X |
| Clinical & Laboratory Dermatological Immunology | 207NI0002X |
| Dermatopathology | 207ND0900X |
| MOHS-Micrographic Surgery | 207ND0101X |
| Pediatric Dermatology | 207NP0225X |
| Procedural Dermatology | 207NS0135X |
| Electrodiagnostic Medicine | 204R00000X |
| Emergency Medicine | 207P00000X |
| Emergency Medical Services | 207PE0004X |
| Hospice and Palliative Medicine | 207PH0002X |
| Medical Toxicology | 207PT0002X |
| Pediatric Emergency Medicine | 207PP0204X |
| Sports Medicine | 207PS0010X |
| Undersea and Hyperbaric Medicine | 207PE0005X |
| Family Medicine | 207Q00000X |
| Addiction Medicine | 207QA0401X |
| Adolescent Medicine | 207QA0000X |
| Adult Medicine | 207QA0505X |
| Geriatric Medicine | 207QG0300X |
| Hospice and Palliative Medicine | 207QH0002X |
| Obesity Medicine | 207QB0002X |
| Sleep Medicine | 207QS1201X |
| Sports Medicine | 207QS0010X |
| General Practice | 208D00000X |
| Hospitalist | 208M00000X |
| Independent Medical Examiner | 202C00000X |
| Internal Medicine | 207R00000X |
| Addiction Medicine | 207RA0401X |
| Adolescent Medicine | 207RA0000X |
| Adult Congenital Heart Disease | 207RA0002X |
| Advanced Heart Failure and Transplant Cardiology | 207RA0001X |
| Allergy & Immunology | 207RA0201X |
| Cardiovascular Disease | 207RC0000X |
| Clinical & Laboratory Immunology | 207RI0001X |
| Clinical Cardiac Electrophysiology | 207RC0001X |
| Critical Care Medicine | 207RC0200X |
| Endocrinology, Diabetes & Metabolism | 207RE0101X |
| Gastroenterology | 207RG0100X |
| Geriatric Medicine | 207RG0300X |
| Hematology | 207RH0000X |
| Hematology & Oncology | 207RH0003X |
| Hepatology | 207RI0008X |
| Hospice and Palliative Medicine | 207RH0002X |
| Hypertension Specialist | 207RH0005X |
| Infectious Disease | 207RI0200X |
| Interventional Cardiology | 207RI0011X |
| Magnetic Resonance Imaging (MRI) | 207RM1200X |
| Medical Oncology | 207RX0202X |
| Nephrology | 207RN0300X |
| Obesity Medicine | 207RB0002X |
| Pulmonary Disease | 207RP1001X |
| Rheumatology | 207RR0500X |
| Sleep Medicine | 207RS0012X |
| Sports Medicine | 207RS0010X |
| Transplant Hepatology | 207RT0003X |
| Legal Medicine | 209800000X |
| Clinical Biochemical Genetics | 207SG0202X |
| Clinical Cytogenetics | 207SC0300X |
| Clinical Genetics (M.D.) | 207SG0201X |
| Clinical Molecular Genetics | 207SG0203X |
| Molecular Genetic Pathology | 207SM0001X |
| Ph.D. Medical Genetics | 207SG0205X |
| Neurological Surgery | 207T00000X |
| Neuromusculoskeletal Medicine & OMM | 204D00000X |
| Neuromusculoskeletal Medicine, Sports Medicine | 204C00000X |
| Nuclear Medicine | 207U00000X |
| In Vivo & In Vitro Nuclear Medicine | 207UN0903X |
| Nuclear Cardiology | 207UN0901X |
| Nuclear Imaging & Therapy | 207UN0902X |
| Obstetrics & Gynecology | 207V00000X |
| Critical Care Medicine | 207VC0200X |
| Female Pelvic Medicine and Reconstructive Surgery | 207VF0040X |
| Gynecologic Oncology | 207VX0201X |
| Gynecology | 207VG0400X |
| Hospice and Palliative Medicine | 207VH0002X |
| Maternal & Fetal Medicine | 207VM0101X |
| Obesity Medicine | 207VB0002X |
| Obstetrics | 207VX0000X |
| Reproductive Endocrinology | 207VE0102X |
| Ophthalmology | 207W00000X |
| Cornea and External Diseases Specialist | 207WX0120X |
| Glaucoma Specialist | 207WX0009X |
| Neuro-ophthalmology | 207WX0109X |
| Ophthalmic Plastic and Reconstructive Surgery | 207WX0200X |
| Pediatric Ophthalmology and Strabismus Specialist | 207WX0110X |
| Retina Specialist | 207WX0107X |
| Uveitis and Ocular Inflammatory Disease | 207WX0108X |
| Oral & Maxillofacial Surgery | 204E00000X |
| Orthopaedic Surgery | 207X00000X |
| Adult Reconstructive Orthopaedic Surgery | 207XS0114X |
| Foot and Ankle Surgery | 207XX0004X |
| Hand Surgery | 207XS0106X |
| Orthopaedic Surgery of the Spine | 207XS0117X |
| Orthopaedic Trauma | 207XX0801X |
| Pediatric Orthopaedic Surgery | 207XP3100X |
| Sports Medicine | 207XX0005X |
| Otolaryngology | 207Y00000X |
| Facial Plastic Surgery | 207YS0123X |
| Otolaryngic Allergy | 207YX0602X |
| Otolaryngology/Facial Plastic Surgery | 207YX0905X |
| Otology & Neurotology | 207YX0901X |
| Pediatric Otolaryngology | 207YP0228X |
| Plastic Surgery within the Head & Neck | 207YX0007X |
| Sleep Medicine | 207YS0012X |
| Interventional Pain Medicine | 208VP0014X |
| Pain Medicine | 208VP0000X |
| Anatomic Pathology | 207ZP0101X |
| Anatomic Pathology & Clinical Pathology | 207ZP0102X |
| Blood Banking & Transfusion Medicine | 207ZB0001X |
| Chemical Pathology | 207ZP0104X |
| Clinical Informatics | 207ZC0008X |
| Clinical Pathology | 207ZC0006X |
| Clinical Pathology/Laboratory Medicine | 207ZP0105X |
| Cytopathology | 207ZC0500X |
| Dermatopathology | 207ZD0900X |
| Forensic Pathology | 207ZF0201X |
| Hematology | 207ZH0000X |
| Immunopathology | 207ZI0100X |
| Medical Microbiology | 207ZM0300X |
| Molecular Genetic Pathology | 207ZP0007X |
| Neuropathology | 207ZN0500X |
| Pediatric Pathology | 207ZP0213X |
| Pediatrics | 208000000X |
| Adolescent Medicine | 2080A0000X |
| Child Abuse Pediatrics | 2080C0008X |
| Clinical & Laboratory Immunology | 2080I0007X |
| Developmental- Behavioral Pediatrics | 2080P0006X |
| Hospice and Palliative Medicine | 2080H0002X |
| Medical Toxicology | 2080T0002X |
| Neonatal-Perinatal Medicine | 2080N0001X |
| Neurodevelopmental Disabilities | 2080P0008X |
| Obesity Medicine | 2080B0002X |
| Pediatric Allergy/Immunology | 2080P0201X |
| Pediatric Cardiology | 2080P0202X |
| Pediatric Critical Care Medicine | 2080P0203X |
| Pediatric Emergency Medicine | 2080P0204X |
| Pediatric Endocrinology | 2080P0205X |
| Pediatric Gastroenterology | 2080P0206X |
| Pediatric Hematology-Oncology | 2080P0207X |
| Pediatric Infectious Diseases | 2080P0208X |
| Pediatric Nephrology | 2080P0210X |
| Pediatric Pulmonology | 2080P0214X |
| Pediatric Rheumatology | 2080P0216X |
| Pediatric Transplant Hepatology | 2080T0004X |
| Sleep Medicine | 2080S0012X |
| Sports Medicine | 2080S0010X |
| Phlebology | 202K00000X |
| Physical Medicine & Rehabilitation | 208100000X |
| Brain Injury Medicine | 2081P0301X |
| Hospice and Palliative Medicine | 2081H0002X |
| Neuromuscular Medicine | 2081N0008X |
| Pain Medicine | 2081P2900X |
| Pediatric Rehabilitation Medicine | 2081P0010X |
| Spinal Cord Injury Medicine | 2081P0004X |
| Sports Medicine | 2081S0010X |
| Plastic Surgery | 208200000X |
| Plastic Surgery Within the Head and Neck | 2082S0099X |
| Surgery of the Hand | 2082S0105X |
| Addiction Medicine | 2083A0300X |
| Aerospace Medicine | 2083A0100X |
| Clinical Informatics | 2083C0008X |
| Medical Toxicology | 2083T0002X |
| Obesity Medicine | 2083B0002X |
| Occupational Medicine | 2083X0100X |
| Preventive Medicine/Occupational Environmental Medicine | 2083P0500X |
| Public Health & General Preventive Medicine | 2083P0901X |
| Sports Medicine | 2083S0010X |
| Undersea and Hyperbaric Medicine | 2083P0011X |
| Addiction Medicine | 2084A0401X |
| Addiction Psychiatry | 2084P0802X |
| Behavioral Neurology & Neuropsychiatry | 2084B0040X |
| Brain Injury Medicine | 2084P0301X |
| Child & Adolescent Psychiatry | 2084P0804X |
| Clinical Neurophysiology | 2084N0600X |
| Diagnostic Neuroimaging | 2084D0003X |
| Forensic Psychiatry | 2084F0202X |
| Geriatric Psychiatry | 2084P0805X |
| Hospice and Palliative Medicine | 2084H0002X |
| Neurocritical Care | 2084A2900X |
| Neurodevelopmental Disabilities | 2084P0005X |
| Neurology | 2084N0400X |
| Neurology with Special Qualifications in Child Neurology | 2084N0402X |
| Neuromuscular Medicine | 2084N0008X |
| Obesity Medicine | 2084B0002X |
| Pain Medicine | 2084P2900X |
| Psychiatry | 2084P0800X |
| Psychosomatic Medicine | 2084P0015X |
| Sleep Medicine | 2084S0012X |
| Sports Medicine | 2084S0010X |
| Vascular Neurology | 2084V0102X |
| Body Imaging | 2085B0100X |
| Diagnostic Neuroimaging | 2085D0003X |
| Diagnostic Radiology | 2085R0202X |
| Diagnostic Ultrasound | 2085U0001X |
| Hospice and Palliative Medicine | 2085H0002X |
| Neuroradiology | 2085N0700X |
| Nuclear Radiology | 2085N0904X |
| Pediatric Radiology | 2085P0229X |
| Radiation Oncology | 2085R0001X |
| Radiological Physics | 2085R0205X |
| Therapeutic Radiology | 2085R0203X |
| Vascular & Interventional Radiology | 2085R0204X |
| Surgery | 208600000X |
| Hospice and Palliative Medicine | 2086H0002X |
| Pediatric Surgery | 2086S0120X |
| Plastic and Reconstructive Surgery | 2086S0122X |
| Surgery of the Hand | 2086S0105X |
| Surgical Critical Care | 2086S0102X |
| Surgical Oncology | 2086X0206X |
| Trauma Surgery | 2086S0127X |
| Vascular Surgery | 2086S0129X |
| Thoracic Surgery (Cardiothoracic Vascular Surgery) | 208G00000X |
| Transplant Surgery | 204F00000X |
| Urology | 208800000X |
| Female Pelvic Medicine and Reconstructive Surgery | 2088F0040X |
| Pediatric Urology | 2088P0231X |
| Assistant Behavior Analyst | 106E00000X |
| Behavior Analyst | 103K00000X |
| Behavior Technician | 106S00000X |
| Clinical Neuropsychologist | 103G00000X |
| Clinical | 103GC0700X |
| Counselor | 101Y00000X |
| Addiction (Substance Use Disorder) | 101YA0400X |
| Mental Health | 101YM0800X |
| Pastoral | 101YP1600X |
| Professional | 101YP2500X |
| School | 101YS0200X |
| Marriage & Family Therapist | 106H00000X |
| Poetry Therapist | 102X00000X |
| Psychoanalyst | 102L00000X |
| Psychologist | 103T00000X |
| Addiction (Substance Use Disorder) | 103TA0400X |
| Adult Development & Aging | 103TA0700X |
| Clinical | 103TC0700X |
| Clinical Child & Adolescent | 103TC2200X |
| Cognitive & Behavioral | 103TB0200X |
| Counseling | 103TC1900X |
| Educational | 103TE1000X |
| Exercise & Sports | 103TE1100X |
| Family | 103TF0000X |
| Forensic | 103TF0200X |
| Group Psychotherapy | 103TP2701X |
| Health | 103TH0004X |
| Health Service | 103TH0100X |
| Men & Masculinity | 103TM1700X |
| Mental Retardation & Developmental Disabilities | 103TM1800X |
| Prescribing (Medical) | 103TP0016X |
| Psychoanalysis | 103TP0814X |
| Psychotherapy | 103TP2700X |
| Rehabilitation | 103TR0400X |
| School | 103TS0200X |
| Women | 103TW0100X |
| Social Worker | 104100000X |
| Clinical | 1041C0700X |
| School | 1041S0200X |
| Chiropractor | 111N00000X |
| Independent Medical Examiner | 111NI0013X |
| Internist | 111NI0900X |
| Neurology | 111NN0400X |
| Nutrition | 111NN1001X |
| Occupational Health | 111NX0100X |
| Orthopedic | 111NX0800X |
| Pediatric Chiropractor | 111NP0017X |
| Radiology | 111NR0200X |
| Rehabilitation | 111NR0400X |
| Sports Physician | 111NS0005X |
| Thermography | 111NT0100X |
| Advanced Practice Dental Therapist | 125K00000X |
| Dental Assistant | 126800000X |
| Dental Hygienist | 124Q00000X |
| Dental Laboratory Technician | 126900000X |
| Dental Therapist | 125J00000X |
| Dentist | 122300000X |
| Dental Public Health | 1223D0001X |
| Dentist Anesthesiologist | 1223D0004X |
| Endodontics | 1223E0200X |
| General Practice | 1223G0001X |
| Oral and Maxillofacial Pathology | 1223P0106X |
| Oral and Maxillofacial Radiology | 1223X0008X |
| Oral and Maxillofacial Surgery | 1223S0112X |
| Orofacial Pain | 1223X2210X |
| Orthodontics and Dentofacial Orthopedics | 1223X0400X |
| Pediatric Dentistry | 1223P0221X |
| Periodontics | 1223P0300X |
| Prosthodontics | 1223P0700X |
| Denturist | 122400000X |
| Oral Medicinist | 125Q00000X |
| Dietary Manager | 132700000X |
| Dietetic Technician, Registered | 136A00000X |
| Dietitian, Registered | 133V00000X |
| Nutrition, Gerontological | 133VN1101X |
| Nutrition, Metabolic | 133VN1006X |
| Nutrition, Obesity and Weight Management | 133VN1201X |
| Nutrition, Oncology | 133VN1301X |
| Nutrition, Pediatric | 133VN1004X |
| Nutrition, Pediatric Critical Care | 133VN1401X |
| Nutrition, Renal | 133VN1005X |
| Nutrition, Sports Dietetics | 133VN1501X |
| Nutritionist | 133N00000X |
| Nutrition, Education | 133NN1002X |
| Emergency Medical Technician, Basic | 146N00000X |
| Emergency Medical Technician, Intermediate | 146M00000X |
| Emergency Medical Technician, Paramedic | 146L00000X |
| Personal Emergency Response Attendant | 146D00000X |
| Optometrist | 152W00000X |
| Corneal and Contact Management | 152WC0802X |
| Low Vision Rehabilitation | 152WL0500X |
| Occupational Vision | 152WX0102X |
| Pediatrics | 152WP0200X |
| Sports Vision | 152WS0006X |
| Vision Therapy | 152WV0400X |
| Technician/Technologist | 156F00000X |
| Contact Lens | 156FC0800X |
| Contact Lens Fitter | 156FC0801X |
| Ocularist | 156FX1700X |
| Ophthalmic | 156FX1100X |
| Ophthalmic Assistant | 156FX1101X |
| Optician | 156FX1800X |
| Optometric Assistant | 156FX1201X |
| Optometric Technician | 156FX1202X |
| Orthoptist | 156FX1900X |
| Licensed Practical Nurse | 164W00000X |
| Licensed Psychiatric Technician | 167G00000X |
| Licensed Vocational Nurse | 164X00000X |
| Registered Nurse | 163W00000X |
| Addiction (Substance Use Disorder) | 163WA0400X |
| Administrator | 163WA2000X |
| Ambulatory Care | 163WP2201X |
| Cardiac Rehabilitation | 163WC3500X |
| Case Management | 163WC0400X |
| College Health | 163WC1400X |
| Community Health | 163WC1500X |
| Continence Care | 163WC2100X |
| Continuing Education/Staff Development | 163WC1600X |
| Critical Care Medicine | 163WC0200X |
| Diabetes Educator | 163WD0400X |
| Dialysis, Peritoneal | 163WD1100X |
| Emergency | 163WE0003X |
| Enterostomal Therapy | 163WE0900X |
| Flight | 163WF0300X |
| Gastroenterology | 163WG0100X |
| General Practice | 163WG0000X |
| Gerontology | 163WG0600X |
| Hemodialysis | 163WH0500X |
| Home Health | 163WH0200X |
| Hospice | 163WH1000X |
| Infection Control | 163WI0600X |
| Infusion Therapy | 163WI0500X |
| Lactation Consultant | 163WL0100X |
| Maternal Newborn | 163WM0102X |
| Medical-Surgical | 163WM0705X |
| Neonatal Intensive Care | 163WN0002X |
| Neonatal, Low-Risk | 163WN0003X |
| Nephrology | 163WN0300X |
| Neuroscience | 163WN0800X |
| Nurse Massage Therapist (NMT) | 163WM1400X |
| Nutrition Support | 163WN1003X |
| Obstetric, High-Risk | 163WX0002X |
| Obstetric, Inpatient | 163WX0003X |
| Occupational Health | 163WX0106X |
| Oncology | 163WX0200X |
| Ophthalmic | 163WX1100X |
| Orthopedic | 163WX0800X |
| Ostomy Care | 163WX1500X |
| Otorhinolaryngology & Head-Neck | 163WX0601X |
| Pain Management | 163WP0000X |
| Pediatric Oncology | 163WP0218X |
| Pediatrics | 163WP0200X |
| Perinatal | 163WP1700X |
| Plastic Surgery | 163WS0121X |
| Psychiatric/Mental Health | 163WP0808X |
| Psychiatric/Mental Health, Adult | 163WP0809X |
| Psychiatric/Mental Health, Child & Adolescent | 163WP0807X |
| Registered Nurse First Assistant | 163WR0006X |
| Rehabilitation | 163WR0400X |
| Reproductive Endocrinology/Infertility | 163WR1000X |
| School | 163WS0200X |
| Urology | 163WU0100X |
| Women's Health Care, Ambulatory | 163WW0101X |
| Wound Care | 163WW0000X |
| Adult Companion | 372600000X |
| Chore Provider | 372500000X |
| Day Training/Habilitation Specialist | 373H00000X |
| Doula | 374J00000X |
| Home Health Aide | 374U00000X |
| Homemaker | 376J00000X |
| Nurse's Aide | 376K00000X |
| Nursing Home Administrator | 376G00000X |
| Religious Nonmedical Nursing Personnel | 374T00000X |
| Religious Nonmedical Practitioner | 374K00000X |
| Technician | 374700000X |
| Attendant Care Provider | 3747A0650X |
| Personal Care Attendant | 3747P1801X |
| Acupuncturist | 171100000X |
| Case Manager/Care Coordinator | 171M00000X |
| Clinical Ethicist | 174V00000X |
| Community Health Worker | 172V00000X |
| Contractor | 171W00000X |
| Home Modifications | 171WH0202X |
| Vehicle Modifications | 171WV0202X |
| Driver | 172A00000X |
| Funeral Director | 176P00000X |
| Genetic Counselor, MS | 170300000X |
| Health Educator | 174H00000X |
| Homeopath | 175L00000X |
| Interpreter | 171R00000X |
| Lactation Consultant, Non-RN | 174N00000X |
| Legal Medicine | 173000000X |
| Mechanotherapist | 172M00000X |
| Medical Genetics, Ph.D. Medical Genetics | 170100000X |
| Midwife | 176B00000X |
| Midwife, Lay | 175M00000X |
| Military Health Care Provider | 171000000X |
| Independent Duty Corpsman | 1710I1002X |
| Independent Duty Medical Technicians | 1710I1003X |
| Naprapath | 172P00000X |
| Naturopath | 175F00000X |
| Peer Specialist | 175T00000X |
| Prevention Professional | 405300000X |
| Reflexologist | 173C00000X |
| Sleep Specialist, PhD | 173F00000X |
| Specialist | 174400000X |
| Graphics Designer | 1744G0900X |
| Prosthetics Case Management | 1744P3200X |
| Research Data Abstracter/Coder | 1744R1103X |
| Research Study | 1744R1102X |
| Veterinarian | 174M00000X |
| Medical Research | 174MM1900X |
| Pharmacist | 183500000X |
| Ambulatory Care | 1835P2201X |
| Critical Care | 1835C0205X |
| General Practice | 1835G0000X |
| Geriatric | 1835G0303X |
| Nuclear | 1835N0905X |
| Nutrition Support | 1835N1003X |
| Oncology | 1835X0200X |
| Pediatrics | 1835P0200X |
| Pharmacist Clinician (PhC)/ Clinical Pharmacy Specialist | 1835P0018X |
| Pharmacotherapy | 1835P1200X |
| Psychiatric | 1835P1300X |
| Pharmacy Technician | 183700000X |
| Advanced Practice Midwife | 367A00000X |
| Anesthesiologist Assistant | 367H00000X |
| Clinical Nurse Specialist | 364S00000X |
| Acute Care | 364SA2100X |
| Adult Health | 364SA2200X |
| Chronic Care | 364SC2300X |
| Community Health/Public Health | 364SC1501X |
| Critical Care Medicine | 364SC0200X |
| Emergency | 364SE0003X |
| Ethics | 364SE1400X |
| Family Health | 364SF0001X |
| Gerontology | 364SG0600X |
| Holistic | 364SH1100X |
| Home Health | 364SH0200X |
| Informatics | 364SI0800X |
| Long-Term Care | 364SL0600X |
| Medical-Surgical | 364SM0705X |
| Neonatal | 364SN0000X |
| Neuroscience | 364SN0800X |
| Occupational Health | 364SX0106X |
| Oncology | 364SX0200X |
| Oncology, Pediatrics | 364SX0204X |
| Pediatrics | 364SP0200X |
| Perinatal | 364SP1700X |
| Perioperative | 364SP2800X |
| Psychiatric/Mental Health | 364SP0808X |
| Psychiatric/Mental Health, Adult | 364SP0809X |
| Psychiatric/Mental Health, Child & Adolescent | 364SP0807X |
| Psychiatric/Mental Health, Child & Family | 364SP0810X |
| Psychiatric/Mental Health, Chronically Ill | 364SP0811X |
| Psychiatric/Mental Health, Community | 364SP0812X |
| Psychiatric/Mental Health, Geropsychiatric | 364SP0813X |
| Rehabilitation | 364SR0400X |
| School | 364SS0200X |
| Transplantation | 364ST0500X |
| Women's Health | 364SW0102X |
| Nurse Anesthetist, Certified Registered | 367500000X |
| Nurse Practitioner | 363L00000X |
| Acute Care | 363LA2100X |
| Adult Health | 363LA2200X |
| Community Health | 363LC1500X |
| Critical Care Medicine | 363LC0200X |
| Family | 363LF0000X |
| Gerontology | 363LG0600X |
| Neonatal | 363LN0000X |
| Neonatal, Critical Care | 363LN0005X |
| Obstetrics & Gynecology | 363LX0001X |
| Occupational Health | 363LX0106X |
| Pediatrics | 363LP0200X |
| Pediatrics, Critical Care | 363LP0222X |
| Perinatal | 363LP1700X |
| Primary Care | 363LP2300X |
| Psychiatric/Mental Health | 363LP0808X |
| School | 363LS0200X |
| Women's Health | 363LW0102X |
| Physician Assistant | 363A00000X |
| Medical | 363AM0700X |
| Surgical | 363AS0400X |
| Assistant, Podiatric | 211D00000X |
| Podiatrist | 213E00000X |
| Foot & Ankle Surgery | 213ES0103X |
| Foot Surgery | 213ES0131X |
| General Practice | 213EG0000X |
| Primary Podiatric Medicine | 213EP1101X |
| Public Medicine | 213EP0504X |
| Radiology | 213ER0200X |
| Sports Medicine | 213ES0000X |
| Anaplastologist | 229N00000X |
| Art Therapist | 221700000X |
| Clinical Exercise Physiologist | 224Y00000X |
| Dance Therapist | 225600000X |
| Developmental Therapist | 222Q00000X |
| Kinesiotherapist | 226300000X |
| Massage Therapist | 225700000X |
| Mastectomy Fitter | 224900000X |
| Music Therapist | 225A00000X |
| Occupational Therapist | 225X00000X |
| Driving and Community Mobility | 225XR0403X |
| Environmental Modification | 225XE0001X |
| Ergonomics | 225XE1200X |
| Feeding, Eating & Swallowing | 225XF0002X |
| Gerontology | 225XG0600X |
| Hand | 225XH1200X |
| Human Factors | 225XH1300X |
| Low Vision | 225XL0004X |
| Mental Health | 225XM0800X |
| Neurorehabilitation | 225XN1300X |
| Pediatrics | 225XP0200X |
| Physical Rehabilitation | 225XP0019X |
| Occupational Therapy Assistant | 224Z00000X |
| Driving and Community Mobility | 224ZR0403X |
| Environmental Modification | 224ZE0001X |
| Feeding, Eating & Swallowing | 224ZF0002X |
| Low Vision | 224ZL0004X |
| Orthotic Fitter | 225000000X |
| Orthotist | 222Z00000X |
| Pedorthist | 224L00000X |
| Physical Therapist | 225100000X |
| Cardiopulmonary | 2251C2600X |
| Electrophysiology, Clinical | 2251E1300X |
| Ergonomics | 2251E1200X |
| Geriatrics | 2251G0304X |
| Hand | 2251H1200X |
| Human Factors | 2251H1300X |
| Neurology | 2251N0400X |
| Orthopedic | 2251X0800X |
| Pediatrics | 2251P0200X |
| Sports | 2251S0007X |
| Physical Therapy Assistant | 225200000X |
| Prosthetist | 224P00000X |
| Pulmonary Function Technologist | 225B00000X |
| Recreation Therapist | 225800000X |
| Recreational Therapist Assistant | 226000000X |
| Rehabilitation Counselor | 225C00000X |
| Assistive Technology Practitioner | 225CA2400X |
| Assistive Technology Supplier | 225CA2500X |
| Orientation and Mobility Training Provider | 225CX0006X |
| Rehabilitation Practitioner | 225400000X |
| Respiratory Therapist, Certified | 227800000X |
| Critical Care | 2278C0205X |
| Educational | 2278E1000X |
| Emergency Care | 2278E0002X |
| General Care | 2278G1100X |
| Geriatric Care | 2278G0305X |
| Home Health | 2278H0200X |
| Neonatal/Pediatrics | 2278P3900X |
| Palliative/Hospice | 2278P3800X |
| Patient Transport | 2278P4000X |
| Pulmonary Diagnostics | 2278P1004X |
| Pulmonary Function Technologist | 2278P1006X |
| Pulmonary Rehabilitation | 2278P1005X |
| SNF/Subacute Care | 2278S1500X |
| Respiratory Therapist, Registered | 227900000X |
| Critical Care | 2279C0205X |
| Educational | 2279E1000X |
| Emergency Care | 2279E0002X |
| General Care | 2279G1100X |
| Geriatric Care | 2279G0305X |
| Home Health | 2279H0200X |
| Neonatal/Pediatrics | 2279P3900X |
| Palliative/Hospice | 2279P3800X |
| Patient Transport | 2279P4000X |
| Pulmonary Diagnostics | 2279P1004X |
| Pulmonary Function Technologist | 2279P1006X |
| Pulmonary Rehabilitation | 2279P1005X |
| SNF/Subacute Care | 2279S1500X |
| Specialist/Technologist | 225500000X |
| Athletic Trainer | 2255A2300X |
| Rehabilitation, Blind | 2255R0406X |
| Audiologist | 231H00000X |
| Assistive Technology Practitioner | 231HA2400X |
| Assistive Technology Supplier | 231HA2500X |
| Audiologist-Hearing Aid Fitter | 237600000X |
| Hearing Instrument Specialist | 237700000X |
| Specialist/Technologist | 235500000X |
| Audiology Assistant | 2355A2700X |
| Speech-Language Assistant | 2355S0801X |
| Speech-Language Pathologist | 235Z00000X |
| Student in an Organized Health Care Education/Training Program | 390200000X |
| Perfusionist | 242T00000X |
| Radiologic Technologist | 247100000X |
| Bone Densitometry | 2471B0102X |
| Cardiac-Interventional Technology | 2471C1106X |
| Cardiovascular-Interventional Technology | 2471C1101X |
| Computed Tomography | 2471C3401X |
| Magnetic Resonance Imaging | 2471M1202X |
| Mammography | 2471M2300X |
| Nuclear Medicine Technology | 2471N0900X |
| Quality Management | 2471Q0001X |
| Radiation Therapy | 2471R0002X |
| Radiography | 2471C3402X |
| Sonography | 2471S1302X |
| Vascular Sonography | 2471V0105X |
| Vascular-Interventional Technology | 2471V0106X |
| Radiology Practitioner Assistant | 243U00000X |
| Specialist/Technologist Cardiovascular | 246X00000X |
| Cardiovascular Invasive Specialist | 246XC2901X |
| Sonography | 246XS1301X |
| Vascular Specialist | 246XC2903X |
| Specialist/Technologist, Health Information | 246Y00000X |
| Coding Specialist, Hospital Based | 246YC3301X |
| Coding Specialist, Physician Office Based | 246YC3302X |
| Registered Record Administrator | 246YR1600X |
| Specialist/Technologist, Other | 246Z00000X |
| Art, Medical | 246ZA2600X |
| Biochemist | 246ZB0500X |
| Biomedical Engineering | 246ZB0301X |
| Biomedical Photographer | 246ZB0302X |
| Biostatistician | 246ZB0600X |
| EEG | 246ZE0500X |
| Electroneurodiagnostic | 246ZE0600X |
| Geneticist, Medical (PhD) | 246ZG1000X |
| Graphics Methods | 246ZG0701X |
| Illustration, Medical | 246ZI1000X |
| Nephrology | 246ZN0300X |
| Orthopedic Assistant | 246ZX2200X |
| Surgical Assistant | 246ZC0007X |
| Surgical Technologist | 246ZS0410X |
| Specialist/Technologist, Pathology | 246Q00000X |
| Blood Banking | 246QB0000X |
| Chemistry | 246QC1000X |
| Cytotechnology | 246QC2700X |
| Hemapheresis Practitioner | 246QH0401X |
| Hematology | 246QH0000X |
| Histology | 246QH0600X |
| Immunology | 246QI0000X |
| Laboratory Management | 246QL0900X |
| Laboratory Management, Diplomate | 246QL0901X |
| Medical Technologist | 246QM0706X |
| Microbiology | 246QM0900X |
| Technician, Cardiology | 246W00000X |
| Technician, Health Information | 247000000X |
| Assistant Record Technician | 2470A2800X |
| Technician, Other | 247200000X |
| Biomedical Engineering | 2472B0301X |
| Darkroom | 2472D0500X |
| EEG | 2472E0500X |
| Renal Dialysis | 2472R0900X |
| Veterinary | 2472V0600X |
| Technician, Pathology | 246R00000X |
| Histology | 246RH0600X |
| Medical Laboratory | 246RM2200X |
| Phlebotomy | 246RP1900X |
| Local Education Agency (LEA) | 251300000X |
| Case Management | 251B00000X |
| Community/Behavioral Health | 251S00000X |
| Day Training, Developmentally Disabled Services | 251C00000X |
| Early Intervention Provider Agency | 252Y00000X |
| Foster Care Agency | 253J00000X |
| Home Health | 251E00000X |
| Home Infusion | 251F00000X |
| Hospice Care, Community Based | 251G00000X |
| In Home Supportive Care | 253Z00000X |
| Nursing Care | 251J00000X |
| Program of All-Inclusive Care for the Elderly (PACE) Provider Organization | 251T00000X |
| Public Health or Welfare | 251K00000X |
| Supports Brokerage | 251X00000X |
| Voluntary or Charitable | 251V00000X |
| Clinic/Center | 261Q00000X |
| Adolescent and Children Mental Health | 261QM0855X |
| Adult Day Care | 261QA0600X |
| Adult Mental Health | 261QM0850X |
| Ambulatory Family Planning Facility | 261QA0005X |
| Ambulatory Fertility Facility | 261QA0006X |
| Ambulatory Surgical | 261QA1903X |
| Amputee | 261QA0900X |
| Augmentative Communication | 261QA3000X |
| Birthing | 261QB0400X |
| Community Health | 261QC1500X |
| Corporate Health | 261QC1800X |
| Critical Access Hospital | 261QC0050X |
| Dental | 261QD0000X |
| Developmental Disabilities | 261QD1600X |
| Emergency Care | 261QE0002X |
| Endoscopy | 261QE0800X |
| End-Stage Renal Disease (ESRD) Treatment | 261QE0700X |
| Family Planning, Non-Surgical | 261QF0050X |
| Federally Qualified Health Center (FQHC) | 261QF0400X |
| Genetics | 261QG0250X |
| Health Service | 261QH0100X |
| Hearing and Speech | 261QH0700X |
| Infusion Therapy | 261QI0500X |
| Lithotripsy | 261QL0400X |
| Magnetic Resonance Imaging (MRI) | 261QM1200X |
| Medical Specialty | 261QM2500X |
| Medically Fragile Infants and Children Day Care | 261QM3000X |
| Mental Health (Including Community Mental Health Center) | 261QM0801X |
| Methadone | 261QM2800X |
| Migrant Health | 261QM1000X |
| Military Ambulatory Procedure Visits Operational (Transportable) | 261QM1103X |
| Military and U.S. Coast Guard Ambulatory Procedure | 261QM1101X |
| Military Outpatient Operational (Transportable) Component | 261QM1102X |
| Military/U.S. Coast Guard Outpatient | 261QM1100X |
| Multi-Specialty | 261QM1300X |
| Occupational Medicine | 261QX0100X |
| Oncology | 261QX0200X |
| Oncology, Radiation | 261QX0203X |
| Ophthalmologic Surgery | 261QS0132X |
| Oral and Maxillofacial Surgery | 261QS0112X |
| Pain | 261QP3300X |
| Physical Therapy | 261QP2000X |
| Podiatric | 261QP1100X |
| Primary Care | 261QP2300X |
| Prison Health | 261QP2400X |
| Public Health, Federal | 261QP0904X |
| Public Health, State or Local | 261QP0905X |
| Radiology | 261QR0200X |
| Radiology, Mammography | 261QR0206X |
| Radiology, Mobile | 261QR0208X |
| Radiology, Mobile Mammography | 261QR0207X |
| Recovery Care | 261QR0800X |
| Rehabilitation | 261QR0400X |
| Rehabilitation, Cardiac Facilities | 261QR0404X |
| Rehabilitation, Comprehensive Outpatient Rehabilitation Facility (CORF) | 261QR0401X |
| Rehabilitation, Substance Use Disorder | 261QR0405X |
| Research | 261QR1100X |
| Rural Health | 261QR1300X |
| Sleep Disorder Diagnostic | 261QS1200X |
| Student Health | 261QS1000X |
| Urgent Care | 261QU0200X |
| VA | 261QV0200X |
| Epilepsy Unit | 273100000X |
| Medicare Defined Swing Bed Unit | 275N00000X |
| Psychiatric Unit | 273R00000X |
| Rehabilitation Unit | 273Y00000X |
| Rehabilitation, Substance Use Disorder Unit | 276400000X |
| Christian Science Sanitorium | 287300000X |
| Chronic Disease Hospital | 281P00000X |
| Children | 281PC2000X |
| General Acute Care Hospital | 282N00000X |
| Children | 282NC2000X |
| Critical Access | 282NC0060X |
| Rural | 282NR1301X |
| Women | 282NW0100X |
| Long Term Care Hospital | 282E00000X |
| Military Hospital | 286500000X |
| Community Health | 2865C1500X |
| Military General Acute Care Hospital | 2865M2000X |
| Military General Acute Care Hospital. Operational (Transportable) | 2865X1600X |
| Psychiatric Hospital | 283Q00000X |
| Rehabilitation Hospital | 283X00000X |
| Children | 283XC2000X |
| Religious Nonmedical Health Care Institution | 282J00000X |
| Special Hospital | 284300000X |
| Clinical Medical Laboratory | 291U00000X |
| Dental Laboratory | 292200000X |
| Military Clinical Medical Laboratory | 291900000X |
| Physiological Laboratory | 293D00000X |
| Exclusive Provider Organization | 302F00000X |
| Health Maintenance Organization | 302R00000X |
| Point of Service | 305S00000X |
| Preferred Provider Organization | 305R00000X |
| Alzheimer Center (Dementia Center) | 311500000X |
| Assisted Living Facility | 310400000X |
| Assisted Living, Behavioral Disturbances | 3104A0630X |
| Assisted Living, Mental Illness | 3104A0625X |
| Christian Science Facility | 317400000X |
| Custodial Care Facility | 311Z00000X |
| Adult Care Home | 311ZA0620X |
| Hospice, Inpatient | 315D00000X |
| Intermediate Care Facility, Mental Illness | 310500000X |
| Intermediate Care Facility, Mentally Retarded | 315P00000X |
| Nursing Facility/Intermediate Care Facility | 313M00000X |
| Skilled Nursing Facility | 314000000X |
| Nursing Care, Pediatric | 3140N1450X |
| Lodging | 177F00000X |
| Meals | 174200000X |
| Community Based Residential Treatment Facility, Mental Illness | 320800000X |
| Community Based Residential Treatment Facility, Mental Retardation and/or Developmental Disabilities | 320900000X |
| Psychiatric Residential Treatment Facility | 323P00000X |
| Residential Treatment Facility, Emotionally Disturbed Children | 322D00000X |
| Residential Treatment Facility, Mental Retardation and/or Developmental Disabilities | 320600000X |
| Residential Treatment Facility, Physical Disabilities | 320700000X |
| Substance Abuse Rehabilitation Facility | 324500000X |
| Substance Abuse Treatment, Children | 3245S0500X |
| Respite Care | 385H00000X |
| Respite Care Camp | 385HR2050X |
| Respite Care, Mental Illness, Child | 385HR2055X |
| Respite Care, Mental Retardation and/or Developmental Disabilities | 385HR2060X |
| Respite Care, Physical Disabilities, Child | 385HR2065X |
| Blood Bank | 331L00000X |
| Department of Veterans Affairs (VA) Pharmacy | 332100000X |
| Durable Medical Equipment & Medical Supplies | 332B00000X |
| Customized Equipment | 332BC3200X |
| Dialysis Equipment & Supplies | 332BD1200X |
| Nursing Facility Supplies | 332BN1400X |
| Oxygen Equipment & Supplies | 332BX2000X |
| Parenteral & Enteral Nutrition | 332BP3500X |
| Emergency Response System Companies | 333300000X |
| Eye Bank | 332G00000X |
| Eyewear Supplier | 332H00000X |
| Hearing Aid Equipment | 332S00000X |
| Home Delivered Meals | 332U00000X |
| Indian Health Service/Tribal/Urban Indian Health (I/T/U) Pharmacy | 332800000X |
| Medical Foods Supplier | 335G00000X |
| Military/U.S. Coast Guard Pharmacy | 332000000X |
| Non-Pharmacy Dispensing Site | 332900000X |
| Organ Procurement Organization | 335U00000X |
| Pharmacy | 333600000X |
| Clinic Pharmacy | 3336C0002X |
| Community/Retail Pharmacy | 3336C0003X |
| Compounding Pharmacy | 3336C0004X |
| Home Infusion Therapy Pharmacy | 3336H0001X |
| Institutional Pharmacy | 3336I0012X |
| Long Term Care Pharmacy | 3336L0003X |
| Mail Order Pharmacy | 3336M0002X |
| Managed Care Organization Pharmacy | 3336M0003X |
| Nuclear Pharmacy | 3336N0007X |
| Specialty Pharmacy | 3336S0011X |
| Portable X-ray and/or Other Portable Diagnostic Imaging Supplier | 335V00000X |
| Prosthetic/Orthotic Supplier | 335E00000X |
| Air Carrier | 344800000X |
| Ambulance | 341600000X |
| Air Transport | 3416A0800X |
| Land Transport | 3416L0300X |
| Water Transport | 3416S0300X |
| Bus | 347B00000X |
| Military/U.S. Coast Guard Transport | 341800000X |
| Military or U.S. Coast Guard Ambulance, Air Transport | 3418M1120X |
| Military or U.S. Coast Guard Ambulance, Ground Transport | 3418M1110X |
| Military or U.S. Coast Guard Ambulance, Water Transport | 3418M1130X |
| Non-emergency Medical Transport (VAN) | 343900000X |
| Private Vehicle | 347C00000X |
| Secured Medical Transport (VAN) | 343800000X |
| Taxi | 344600000X |
| Train | 347D00000X |
| Transportation Broker | 347E00000X |

# Casemix Emergency Department Diagnostic (PHDCM.ED\_DIAG) Result

|  |  |  |  |
| --- | --- | --- | --- |
| **Variable Name** | **Variable Description** | **Meta Data** | **Format** |
| ED\_ID | Unique key to link from Visit table. | 12 digit ID | Char |
| ED\_CONDITIONPRESENT | Indicates the onset of a diagnosis preceded or followed admission. There is a present on admission (POA) indicator for every diagnosis and E-code. | 0=Condition not present  1=Condition present  2=Clinically undetermined  8=not applicable/not used  9=Unknown | Num |
| ED\_DIAG | ICD code for each diagnosis reported by the facility. Excludes the decimal point. | Valid ICD code, no decimals | Char |
| ED\_PRINCIPLE\_DIAG | Indicates if the diagnosis code was principal or secondary. Each diagnosis record has this field. | 1=Principal  2=Not Principal | Num |
| ID | PHD ID | 9 character alphanumeric ID | Char |

# Casemix Emergency Department (PHDCM.ED) Visit

| **Variable Name** | **Variable Description** | **Meta Data** | **Format** |
| --- | --- | --- | --- |
| ID | PHD ID | 9 character alphanumeric ID | Char |
| ED\_ADMIT\_DATE | Date of admission to the ED | Date Proxy – count of days between admission date and randomly chosen date in the past  **NOTE: The larger the date proxy, the more recently the event occurred** | Num |
| ED\_ADMIT\_MONTH | Month of Admission | Months, 1-12 | Num |
| ED\_ADMIT\_YEAR | Year of Admission | Years | Num |
| ED\_AGE | Age at Admission | 0=Less than 1 (please see ED\_NEWBORNAGE) Persons over 1 year (1-89): actual age 999=Unknown/missing | Num |
| ED\_CAREGIVER | Primary caregiver responsible for the **patient’s care other than the attending physician,** operating room physician, or nurse midwife | 1= Resident 2= Intern 3= Nurse Practitioner 4= Physician Assistant  9=Missing/Unknown | Num |
| ED\_CHARGES | The grand total of charges associated with the patient’s emergency room visit. A charge of $0 is not permitted unless the patient has a special Departure Status. Reported by facility. Does not include allowed or negotiated amounts. Not the actual dollars paid to the facility for care. | The total charge amount, rounded to the nearest dollar | Num |
| ED\_CITY | Municipality in which the emergency room is located. | 1-351 for valid MA city/towns 999=Out of state or unknown | Num |
| ED\_DAYSBETWEEN | This CHIA calculated field indicates the number of days between each ED Visit for applicable patients. | Integer | Num |
| ED\_DIAG1 | The ICD diagnosis code corresponding to the condition established after study to be chiefly responsible for the admission of the patient for hospital care. Determined by the ED. | Valid ICD code, no decimals | Char |
| ED\_DISCHARGE\_DATE | Date patient left emergency department. | Date Proxy – count of days between discharge date and randomly chosen date in the past  **NOTE: The larger the date proxy, the more recently the event occurred** | Num |
| ED\_DISCHARGE\_MONTH | Discharge month | Months, 1-12 | Num |
| ED\_DISCHARGE\_YEAR | Discharge year | Years | Num |
| ED\_DISPOSITION | This field identifies the disposition and destination of the patient after discharge from the ED. | 1= Routine (i.e. to home or usual place of residence) 2 =Transferred to Other Facility 3= AMA 4= Eloped 5= Within Hospital Clinic Referral 6= Dead on Arrival (with or without resuscitative efforts in the ED) 7= Died during ED Visit 8= Patient met personal physician in the emergency department (not seen by staff) 9=Missing | Num |
| ED\_FACILITY | The Organization ID for the main facility affiliation. | See PHDCM.ED\_ORG for linking on this variable for info on the site | Num |
| ED\_HOMELESS | This flag indicates that the patient was homeless at the time of visit. | 0= Patient is not known to be homeless 1= Patient is known to be homeless  9=Unknown | Num |
| ED\_ICD\_Indicator | CMS procedure classification code. ( 0,9) indicates ICD-9 or ICD-10-PCS. Only one coding system is allowed per Patient discharge. | 9=ICD-9  0=ICD-10  Blanks=Missing/Unknowns | Num |
| ED\_ID | Unique key to link from Visit table. **NOTE:** ED\_ID is unique to a year and data set. It cannot be used to link across years or datasets. | 12 digit ID | Char |
| ED\_LOS\_HOURS | Count of hours between the admitting and discharge time for an ED visit. | Integer | Num |
| ED\_NEWBORNAGE | Age in weeks for children younger than 53 weeks of age who are admitted to the ED. | Weeks, 0-52  99=Missing/Unknown | Num |
| ED\_PAYERTYPE\_Primary | Indicates the type of organization or individual who is payer.  not collected on EDD or OOD until FY20. | 0=None (Valid only for Secondary Payer) 1=Self-Pay 2=Worker's Compensation 3=Medicare 4=Medicare Managed Care 5=Medicaid 6=Medicaid Managed Care 7=Other Government Payment 8=Blue Cross 9=Blue Cross Managed Care 10=Commercial Insurance 11=Commercial Managed Care 12=HMO 13=Free Care 14=Other Non-Managed Care Plans 15=PPO and Other Managed Care Plans Not Elsewhere Classified 16=Point-of-Service Plan 17=Exclusive Provider Organization 18=Auto Insurance 19= Commonwealth Care/ConnectorCare Plans 20= Dental Plans 21=Health Safety Net  22= Medicaid Accountable Care Organization 23=Senior Care Option/Integrated Care Organization (SCO/ICO) Blanks=not collected | Num |
| ED\_PAYERTYPE\_Secondary | Indicates the type of organization or individual who is payer.  not collected on EDD or OOD until FY20. | 0=None (Valid only for Secondary Payer) 1=Self-Pay 2=Worker's Compensation 3=Medicare 4=Medicare Managed Care 5=Medicaid 6=Medicaid Managed Care 7=Other Government Payment 8=Blue Cross 9=Blue Cross Managed Care 10=Commercial Insurance 11=Commercial Managed Care 12=HMO 13=Free Care 14=Other Non-Managed Care Plans 15=PPO and Other Managed Care Plans Not Elsewhere Classified 16=Point-of-Service Plan 17=Exclusive Provider Organization 18=Auto Insurance 19= Commonwealth Care/ConnectorCare Plans 20= Dental Plans 21=Health Safety Net  22= Medicaid Accountable Care Organization 23=Senior Care Option/Integrated Care Organization (SCO/ICO) Blanks=not collected | Num |
| ED\_PAYSOURCE1 | Primary payer for the ED Visit | [See code list](#_ED_PAYSOURCE1_1) | Num |
| ED\_PAYSOURCE2 | Secondary payer for this visit | [See code list](#_ED_PAYSOURCE2) | Num |
| ED\_PHYSICIAN\_NUMBER | Physician’s state license number (BORIM #) for the ED Physician who provided services related to this visit. Report if the physician’s involvement in the patient’s ED Visit is captured in the facility’s electronic information systems | Alphanumeric Encrypted BORIM ID | Char |
| ED\_PRIMARYCONDITION\_PRESENT | Flag indicating that principal condition was present on admission | 0=condition not present 1=condition present 3=clinically undetermined 8=not applicable 9=unknown | Num |
| ED\_PRINCIPLE\_ECODE | Describes the principal external cause of injuries, poisonings, and adverse effects using codes. ED determined. In addition to the dedicated E-Code field, facilities record additional E-Codes in the associated diagnosis fields for conditions having multiple causes. The E-Code that led to the admission to the ED. | Valid E-Code  Blanks=Missing/Unknown | Char |
| ED\_PRINCIPLE\_ECODEP | Flag indicating that principal e-code condition was present on admission. Determined by the emergency department | 0=condition not present 1=condition present 3=clinically undetermined 8=not applicable 9=unknown | Num |
| ED\_PROC\_TYPE | Indicates if the code is an ICD-10 code, Current Procedural Terminology code, or Healthcare Common Procedure Code System (HCPCS) code. | 1=ICD-10 2=Current Procedural Terminology code (CPT) or Healthcare Common Procedure Code System (HCPCS) code  3= ICD-9  Blanks=Missing/Unknown | Num |
| ED\_RACE | Combined race and Hispanic ethnicity | 1 = White Non-Hispanic 2 = Black non-Hispanic 3 = Asian/PI non-Hispanic 4 = Hispanic 5 = American Indian or Other  9 = Unknown | Num |
| ED\_SEVERITY | Patient’s score on the Emergency Severity Index, as described in “Reliability and Validity of a New Five-level Triage Instrument.” Wooers, R. et al. Academic Emergency Medicine 2000; 7:236-242. Must range from 1 to 5. Where 1 is highest severity and 5 is lowest severity. | 0=missing 1=most severe - patient requires immediate life-saving intervention 2=patient is in a high risk situation, vitals are in danger zone 3=multiple resources required to stabilize patient, but vitals not in danger zone 4=one resource needed to stabilize patient 5=least severe, patient does not require any resources to stabilize | Num |
| ED\_SEX | Sex flag as assigned by emergency department. | 1= Male 2= Female 3= Unknown | Num |
| ED\_SITE | The Organization ID for site where the patient received ED care. | See PHDCM.ED\_ORG for linking on this variable for info on the site | Num |
| ED\_TRANSFERFROM | The Organization ID for the site where the patient was transferred from. If the patient is transferred from outside of Massachusetts, then the value will be. | See PHDCM.ED\_ORG for linking on this variable for info on the site  Blanks=not transferred  9999999=Transferred from facility outside of MA | Num |
| ED\_TRANSPORT | The patient’s mode of transport to the emergency department | 1=Ambulance 2=Helicopter 3=Law Enforcement 4=Walk-in (incl. private or public transport) 5=Other 9=Unknown | Num |
| ED\_VISITSOURCE1 | How a patient reached the Observation unit. | [See code list](#_ED_VISITSOURCE1) | Num |
| ED\_VISITSOURCE2 | Secondary cause of stay | [See code list](#_ED_VISITSOURCE2) | Num |
| ED\_VISITTYPE | Type of stay | 1= Emergency 2= Urgent 3= Non-Urgent 4= Newborn 9=Unknown | Num |
| ED\_RES\_CODE | Permanent city of residence for the patient | 1-351 for valid MA city/towns 999=Out of state or unknown | Num |
| ED\_RES\_ZIP | First five digits of patient's permanent zip code. | 5 digit zip code 99999=Unknown | Char |

| ED\_TRANSFERFROM | Facility |
| --- | --- |
| 9 | Berkshire Medical Center - Hillcrest Campus |
| 19 | East Boston Neighborhood Health Center |
| 52 | Nashoba Valley Medical Center |
| 70 | Merrimack Valley Hospital |
| 71 | HealthAlliance - Leominster Campus |
| 78 | Hubbard Regional Hospital |
| 107 | North Adams Regional Hospital |
| 135 | Curahealth Hospital Boston North Shore |
| 136 | Curahealth Hospital Boston |
| 143 | Cambridge Health Alliance - Somerville Hospital Outpatient |
| 144 | Boston Medical Center - Newton Pavilion Campus |
| 410 | New England Sinia Hospital, A Steward Family Hospital |
| 416 | Hebrew Rehabilitation Center |
| 443 | Bournewood Hospital |
| 445 | McLean Hospital |
| 450 | Spaulding Rehabilitation Hospital - Boston |
| 451 | Encompass Health Rehabilitation Hospital of New England |
| 452 | Encompass Health Rehabilitation Hospital of Braintree |
| 487 | D's Nursing Agency |
| 495 | Favorite Healthcare Staffing, Inc. - Boston |
| 512 | Interim HealthCare of Rockland (TNS) |
| 634 | BEAUMONT REHAB & SKD NORTHBRIDGE |
| 637 | BOSTON HOME |
| 638 | PLYMOUTH NURSING HOME |
| 639 | CATHOLIC MEMORIAL HOME |
| 642 | KATZMAN CENTER FOR THE LIVING |
| 643 | WAYLAND NURSING & REHAB CENTER |
| 652 | HERITAGE HOUSE NURSING HOME |
| 654 | HOLDEN REHAB & SKILLED NURSING CTR |
| 658 | JOHN SCOTT NURSING AND REHAB. |
| 661 | MARIAN MANOR |
| 663 | BRANDON WOODS OF DARTMOUTH |
| 665 | NORWELL KNOLL NURSING HOME |
| 666 | OUR LADY'S HAVEN |
| 673 | RIVERCREST L.T.C.F. |
| 674 | SACRED HEART NURSING HOME |
| 675 | SHERRILL HOUSE |
| 676 | ST. JOSEPH MANOR HEALTH CARE INC. |
| 678 | PENACOOK PLACE, INC. |
| 683 | DWYER HOME |
| 684 | WOBURN NURSING CENTER |
| 686 | SAVOY NURSING & REHAB CENTER |
| 689 | SHREWSBURY NURSING & REHAB.CTR INC |
| 690 | LYNN PUBLIC MEDICAL INST. |
| 692 | BRANDON WOODS OF NEW BEDFORD |
| 696 | ELLIS NURSING HOME |
| 698 | TAUNTON NURSING HOME |
| 701 | GERMAN CENTRE FOR EXT. CARE |
| 702 | ADAMS HOUSE |
| 703 | BLAIRE HOUSE LTCF WORCESTER |
| 705 | LELAND HOME |
| 707 | POND HOME |
| 710 | HANNAH B G SHAW HOME FOR AGED |
| 712 | MEDWAY COUNTRY MANOR SK NURG &REH |
| 715 | BERKELEY RETIREMENT HOME |
| 717 | COZY CORNER NURSING & REHAB CTR |
| 722 | ABERJONA NURSING CENTER, INC. |
| 725 | BLAIRE HOUSE LTCF MILFORD |
| 728 | VERNON HALL NURSING HOME |
| 729 | BLAIRE HOUSE LTCF TEWKSBURY |
| 730 | DOOLITTLE HOME, INC. |
| 731 | ISLAND TERRACE NURSING HOME |
| 737 | JEWISH HEALTHCARE CENTER |
| 740 | MARIAN MANOR OF TAUNTON |
| 742 | WINCHESTER NURSING CENTER |
| 745 | SOLDIERS' HOME |
| 747 | CARLETON-WILLARD VILLAGE |
| 751 | LOOMIS HOUSE |
| 754 | HIGHLAND MANOR NURSING HOME |
| 757 | NEVINS NURSING & REHAB. CENTER |
| 758 | PORT HEALTHCARE CENTER |
| 759 | WEST SIDE HOUSE LTCF |
| 768 | BEAR HILL NURSING CENTER |
| 775 | LAKEVIEW HOUSE SKLD NURS & RESIDENTIAL FACILITY |
| 777 | MAPLES REHABILITATION & NURSING CENTER |
| 791 | THE HERMITAGE, A BEVERLY H.C. |
| 794 | BAYPATH AT DUXBURY NSG REHAB |
| 795 | CARDIGAN NURSING & REHABILITATION CTR |
| 797 | NORTH HILL - THE S.N.F. |
| 803 | QUABBIN VALLEY HEALTHCARE |
| 804 | OAKDALE REHAB. & SKILLED NURS.CTR |
| 805 | BEDFORD VILLAGE NURSING HOME |
| 807 | BRIDGEWATER NURSING HOME |
| 810 | POPE NURSING HOME |
| 811 | VICTORIA HAVEN NURSING HOME |
| 812 | COLEMAN HOUSE |
| 820 | CAMPION HEALTH & WELLNESS, INC. |
| 823 | SOUTH COVE MANOR NURSING HOME |
| 835 | THOMAS UPHAM HOUSE |
| 836 | RIVERBEND OF SOUTH NATICK |
| 849 | MEADOW GREEN NSG AND REHAB CTR |
| 852 | QUEEN ANNE NURSING HOME |
| 865 | PRESENTATION NURSING & REHAB. CENTER |
| 874 | DIGHTON NURSING CENTER |
| 876 | BEAUMONT REHAB & SKD WESTBOROUGH |
| 885 | WATERVIEW LODGE, LLC |
| 889 | OVERLOOK MASONIC HEALTH CENTER |
| 893 | MADONNA MANOR NURSING HOME |
| 900 | BIRCH MANOR REHABILITATION & SKILLED NURSING CTR. |
| 906 | BROOKHAVEN AT LEXINGTON |
| 917 | BRAEMOOR REHABILITATION & NURSING CTR, INC. |
| 925 | CLARK HOUSE N.C @FOX HILL VILLAGE |
| 926 | LIFE CARE CENTER OF LYNN: A L.T.C.F FACILITY |
| 928 | SANCTA MARIA NURSING HOME |
| 930 | HUNT NURSING AND REHABILITATION CENTER |
| 931 | E. LONGMEADOW SKILLED NURSING CTR |
| 932 | PILGRIM REH & SKIL NURS CTR |
| 933 | WINDSOR NSG & RET. HOME |
| 935 | BETHANY HEALTH CARE CENTER |
| 938 | KNOLLWOOD NURSING CENTER |
| 942 | LIFE CARE CENTER OF WILBRAHAM, A L.T.C.F |
| 953 | JULIAN J. LEVITT FAMILY NURSING HOME |
| 955 | MARY ANN MORSE NURS. & REHAB. CTR. |
| 958 | MONT MARIE HEALTH CARE CENTER, INC. |
| 959 | EASTPOINTE NURSING CARE CENTER |
| 966 | LIFE CARE CENTER OF ATTLEBORO |
| 967 | SAMUEL MARCUS NURSING HOME |
| 971 | SEACOAST NURSING & REHABILITATION CTR. |
| 972 | WOODBRIAR OF WILMINGTON REHAB & SKILLED NURSING CENTER |
| 978 | NOTRE DAME HEALTH CARE CENTER |
| 987 | SOUTHWOOD AT NORWELL NURSING CTR |
| 989 | SOUTHPOINTE REHAB & SKILLED NURSING |
| 1004 | QUABOAG ON THE COMMON |
| 1028 | GROSVENOR PARK |
| 1032 | HOLY TRINITY EASTERN ORTHODOX NURSING AND REHAB. CENTER |
| 1035 | COMMONS RESIDENCE AT ORCHARD COVE |
| 1039 | COPLEY AT STOUGHTON NURG.CARE CTR |
| 1040 | LIFE CARE CENTER OF AUBURN |
| 1041 | LIFE CARE CENTER OF RAYNHAM |
| 1049 | LIFE CARE CENTER OF PLYMOUTH |
| 1050 | HARBOR HOUSE NURS.& REHAB.CTR. |
| 1051 | CHRISTOPHER HOUSE OF WORCESTER |
| 1057 | LIGHTHOUSE NURSING CARE CENTER |
| 1072 | CHAPIN CENTER |
| 1073 | GOVERNORS CENTER |
| 1074 | WILLIMANSETT CENTER EAST |
| 1075 | WILLIMANSETT CENTER WEST |
| 1076 | EMERSON REHAB. & TRANS. CARE UNIT |
| 1078 | STONE REHAB & SENIOR LIVING |
| 1080 | BAYPOINTE REH.& SKILLED CARE CTR |
| 1094 | LIFE CARE CENTER OF W. BRIDGEWATER |
| 1111 | LIFE CARE CENTER OF MERRIMACK VALLEY |
| 1112 | LIFE CARE CENTER OF THE SOUTH SHORE |
| 1119 | HANCOCK PARK REHAB.& NURS. CTR |
| 1121 | COYNE HEALTHCARE CENTER |
| 1124 | LIFE CARE CENTER OF NASHOBA VALLEY |
| 1131 | CHS of WALTHAM INC. dba MARISTHILL NURSING & REHAB CTR |
| 1136 | THE MEADOWS |
| 1156 | CARLYLE HOUSE |
| 1167 | LIFE CARE CENTER OF STONEHAM |
| 1174 | SISTERS OF PROVIDENCE INFIRM. |
| 1180 | FALL RIVER JEWISH HOME, INC. |
| 1182 | NEW ENGLAND PEDIATRIC CARE |
| 1185 | FARREN CARE CENTER, INC. |
| 1186 | PROVIDENCE CARE CNTR OF LENOX |
| 1187 | MOUNT SAINT VINCENT CARE CENTER |
| 1206 | CRANEVILLE PLACE AT DALTON |
| 1207 | ST. MARY HEALTH CARE |
| 1210 | WABAN HEALTH & REHAB., INC. |
| 1263 | THE GUARDIAN CENTER, INC. |
| 1270 | SUNNY ACRES NURSING HOME |
| 1272 | ST. PATRICK'S MANOR |
| 1273 | BENJAMIN HEALTHCARE CENTER |
| 1276 | ODD FELLOWS HOME OF MASS |
| 1277 | NEW BEDFORD JEWISH CONV HOME |
| 1279 | MI NURSING/RESTORATIVE CTR |
| 1280 | JEANNE JUGAN RESIDENCE |
| 1282 | GODDARD HOUSE, A SKILLED NURSING & REHAB CTR |
| 1284 | D'YOUVILLE SENIOR CARE, INC. |
| 1285 | DON ORIONE NURSING HOME |
| 1286 | COREY HILL NURSING HOME |
| 1287 | COLONIAL NSG & REHAB. CTR. |
| 1290 | CENTER FOR EXT. CARE @ AMHERST |
| 1296 | STEVENS-BENNETT HOME |
| 1302 | THE GERMAN HOME |
| 1304 | HOMESTEAD HALL |
| 1307 | MT. PLEASANT HOME |
| 1317 | HALE-BARNARD CORPORATION |
| 1319 | HOME FOR AGED WOMEN-BROOKHOUSE |
| 1338 | SOMERVILLE HOME |
| 1347 | RIVER VALLEY REST HOME |
| 1352 | WILLOWBROOK MANOR REST HOME |
| 1354 | DAGGETT-CRANDALL-NEWCOMB HOME |
| 1355 | FULLER HOUSE OF STONEHAM R.H. |
| 1361 | OLD COLONY ROAD RH, INC. |
| 1374 | FAIRMOUNT REST HOME |
| 1393 | DALTON REST HOME |
| 1395 | DARTMOUTH MANOR REST HOME |
| 1398 | BAKER MANOR REST HOME |
| 1405 | PLEASANT STREET REST HOME |
| 1422 | CUSHING MANOR COMM.SUPP.FAC.,INC. |
| 1423 | ELIZABETH CATHERINE REST HOME |
| 1425 | MAPLE HILL REST HOME |
| 1429 | BROOK HAVEN ASSISTED CARE,INC. |
| 1434 | HAMPDEN HOUSE |
| 1440 | VILLAGE REST HOME OF EASTON |
| 1443 | BEAVEN KELLY HOME |
| 1444 | ANN'S REST HOME |
| 1445 | BURGOYNE REST HOME |
| 1450 | HALCYON HOUSE |
| 1477 | TOWN & COUNTRY NURSING CENTER |
| 2187 | HILLCREST REST HOME |
| 2238 | PARK PLACE |
| 2300 | LABELLE'S REST HOME |
| 2395 | MARILLAC RESIDENCE |
| 2636 | PHILLIPS MANOR NURSING HOME |
| 2651 | PINE KNOLL NURSING CENTER |
| 2786 | ROYAL NURSING CENTER, LLC |
| 2807 | SERENITY HILL NURSING & REH. CTR |
| 2886 | LIFE CARE CENTER OF ACTON |
| 2984 | ALLIANCE HEALTH AT WEST ACRES |
| 4062 | Whittier Rehabilitation Hospital - Westborough |
| 4216 | ABBOTT HOUSE NURSING HOME |
| 4218 | BAKER KATZ SKILLED NURSING & REHABILITATION |
| 4219 | BELMONT MANOR NURSING HOME |
| 4220 | KINDRED NURSING & REH-BLUE HILLS ALZHEIMER'S |
| 4221 | KINDRED TRANS CARE & REH-BLUEBERRY HILL |
| 4225 | KINDRED NURSING & REH-BRIGHAM |
| 4228 | KINDRED NURSING & REH-WALDEN |
| 4230 | KINDRED TRANS CARE & REH-WESTBOROUGH |
| 4234 | ROYAL CAPE COD NURSING AND REHAB CTR |
| 4239 | KINDRED NURSING & REH-COLONY HOUSE |
| 4241 | KINDRED NURSING & REH-COUNTRY GARDENS |
| 4242 | KINDRED TRANS CARE & REH-NEWBURYPORT |
| 4243 | KINDRED TRANS CARE & REH-CRAWFORD |
| 4244 | KINDRED NURSING & REH-DEN-MAR |
| 4245 | DEVEREUX HOUSE SKILLED NURSING & REHAB |
| 4248 | KINDRED TRANS CARE & REH-FRANKLIN |
| 4250 | HALLMARK NURSING & REHAB. CTR |
| 4251 | KINDRED TRANS CARE & REH-HAMMERSMITH |
| 4253 | KINDRED TRANS CARE & REH-HARRINGTON |
| 4261 | KINDRED NURSING & REH-LAUREL RIDGE |
| 4262 | LEDGEWOOD REHAB & SKILLED NC |
| 4263 | ALLIANCE HEALTH AT MARINA BAY |
| 4264 | AMESBURY VILLAGE |
| 4267 | NEVILLE CTR.@ FRESH POND FOR NURSING & REHABILITATION |
| 4270 | KINDRED NURSING & REH-OAKWOOD |
| 4274 | KINDRED NURSING & REH-PRESENTATION |
| 4278 | KINDRED TRANS CARE & REH-QUINCY |
| 4281 | ROSCOMMON EXTENDED CARE CENTER |
| 4282 | ALLIANCE HEALTH AT ROSEWOOD |
| 4283 | KINDRED TRANS CARE & REH-SACHEM |
| 4284 | SEA VIEW CONV & NURSING HOME |
| 4285 | ST. CAMILLUS HEALTH CENTER |
| 4287 | SUDBURY PINES EXTENDED CARE |
| 4289 | ROYAL TABER STREET NURSING AND REHAB CTR |
| 4291 | KINDRED TRANS CARE & REH-ELIOT |
| 4292 | THE OXFORD |
| 4872 | BUCKLEY-GREENFIELD HEALTHCARE CTR |
| 4874 | HOLYOKE HEALTH CARE CTR. |
| 4875 | JOHN ADAMS HEALTHCARE CENTER |
| 4876 | KIMBALL FARMS NURSING CARE CENTER |
| 4877 | LASELL HOUSE |
| 4878 | LONGMEADOW OF TAUNTON |
| 4880 | PLEASANT BAY NURSING & REH. CTR |
| 4887 | COLONIAL HEIGHTS |
| 4888 | SPRING VALLEY CENTER |
| 4896 | HAMMOND CENTER |
| 4902 | SANDALWOOD CENTER |
| 4903 | MILFORD CENTER |
| 4906 | MEADOW VIEW CENTER |
| 4908 | ELAINE CENTER AT HADLEY |
| 4911 | WOOD MILL CENTER |
| 4982 | THE NEURO-REHAB CENTER AT MIDDLEBORO |
| 4984 | THE TERRACES ORLEANS |
| 4985 | WINGATE AT WORCESTER |
| 5050 | BEAUMONT REHAB & SKD NORTHBOROUGH |
| 5054 | RECUPERATIVE SERVICES UNIT |
| 5055 | WINGATE AT SILVER LAKE |
| 6333 | SPAULDING NSG & THERAPY CTR-WEST ROXBURY |
| 6342 | SPAULDING NSG & THERAPY CTR-NORTH END |
| 6343 | SAINT LUKE'S HOME |
| 6345 | WINGATE AT BELVIDERE |
| 6346 | WHITTAKER REST HOME |
| 6377 | THE TREMONT |
| 6526 | AUTUMN VILLAGE, LLC |
| 6527 | CARE ONE AT BROOKLINE |
| 6674 | CARE ONE AT MILLBURY |
| 6687 | CARE ONE AT NORTHAMPTON |
| 6688 | CARE ONE AT CONCORD |
| 6689 | CARE ONE AT REDSTONE |
| 6690 | CARE ONE AT HOLYOKE |
| 6691 | CARE ONE AT LEXINGTON |
| 6693 | CARE ONE AT NEW BEDFORD |
| 6694 | CARE ONE AT NEWTON |
| 6695 | CARE ONE AT PEABODY |
| 6696 | CARE ONE AT RANDOLPH |
| 6697 | CARE ONE AT WEYMOUTH |
| 6698 | CARE ONE AT WILMINGTON |
| 6751 | PALMER HEALTHCARE CENTER |
| 6753 | RENAISSANCE MANOR ON CABOT |
| 6754 | SOUTH SHORE REH.& SKILLED CARE CTR |
| 6778 | CLIFTON REHABILITATIVE NURG. CTR |
| 6785 | PENNY LANE |
| 6790 | THE OAKS |
| 6796 | SEVEN HILLS PEDIATRIC CENTER |
| 6975 | ST. JOSEPH'S ABBEY RES.CARE FAC INC. |
| 7850 | CONTINUING CARE AT BROOKSBY VILLAGE |
| 7851 | ROSCOMMON WEST ROXBURY |
| 8024 | Valley Medical Group, P.C. |
| 8032 | MARLBOROUGH HILLS HLTHCARE CTR |
| 8033 | SOPHIA SNOW HOUSE, INC. |
| 8078 | NEW ENGLAND HOMES FOR THE DEAF |
| 8124 | DMR Hogan Regional Center |
| 8210 | SERENITY HOME, INC |
| 8214 | VILLAGE R.H. 2 OF BROCKTON |
| 8444 | ALDEN COURT NURG. CARE & REH. CTR |
| 8445 | THE BOSTONIAN N.C AND REH. CTR |
| 8509 | HealthAlliance Hospital - Leominster Campus |
| 8560 | BRIARWOOD REHAB & NURSING CTR |
| 8574 | POET'S SEAT HEALTH CARE CENTER |
| 8575 | WINGATE AT SO.HADLEY |
| 8576 | ARMENIAN NURSING & REHAB. CTR. |
| 8602 | ROSCOMMON ON THE PARKWAY |
| 8606 | STONEHEDGE REHABILITATION AND SKILLED CARE CENTER |
| 8616 | HATHAWAY MANOR EXTENDED CARE |
| 8626 | CARE ONE AT ESSEX PARK |
| 8631 | LINDA MANOR EXTENDED CARE FAC |
| 8632 | CHARLENE MANOR EXT. CARE FAC. |
| 8662 | LIFE CARE CENTER OF LEOMINSTER |
| 8663 | THE HIGHLANDS |
| 8693 | PRESENTATION HEALTH CARE CTR.,INC |
| 8711 | SE MASSACHUSETTS HLT & REHAB. CENTER |
| 8712 | METHUEN HEALTH & REHAB. CTR. |
| 8782 | WINGATE AT HAMPDEN |
| 8783 | WINGATE AT SPRINGFIELD |
| 8784 | WINGATE AT EAST LONGMEADOW |
| 8785 | WINGATE AT WEST SPRINGFIELD |
| 8800 | WINGATE AT ANDOVER |
| 8801 | WINGATE AT WILBRAHAM |
| 8802 | WINGATE AT SUDBURY |
| 8803 | WINGATE AT READING |
| 8804 | WINGATE AT NEEDHAM |
| 8805 | WINGATE @ BOSTON |
| 8819 | ROSEWOOD CENTER |
| 8820 | PARK VIEW REHAB & NSG CENTER |
| 8822 | KINDRED TRANS CARE & REH-HIGHLANDER |
| 8824 | KINDRED NURSING & REH-BRAINTREE |
| 8826 | KINDRED TRANS CARE & REH-FORESTVIEW |
| 8828 | KINDRED TRANS CARE & REH-COUNTRY ESTATES |
| 8829 | KINDRED TRANS CARE & REH-HIGHGATE |
| 8830 | KINDRED TRANS CARE & REH-AVERY |
| 8831 | KINDRED NURSING & REH-TOWER HILL |
| 8832 | KINDRED NURSING & REH-GODDARD |
| 8833 | KINDRED NURSING & REH-HARBORLIGHTS |
| 8837 | GOLDEN LIVINGCENTER - FITCHBURG |
| 8838 | GOLDEN LIVINGCENTER - GARDEN PLACE |
| 8839 | GOLDEN LIVINGCENTER - DEDHAM |
| 8840 | GOLDEN LIVINGCENTER - COHASSET |
| 8841 | GOLDEN LIVINGCENTER - HEATHWOOD |
| 8842 | GOLDEN LIVINGCENTER - CHETWYNDE |
| 8843 | GOLDEN LIVINGCENTER - WEST NEWTON |
| 8844 | SOUTHEAST REHAB & SKILLED CARE CTR. |
| 8845 | GOLDEN LIVINGCENTER - PLYMOUTH |
| 8846 | GOLDEN LIVINGCENTER - ATTLEBORO |
| 8847 | GOLDEN LIVINGCENTER - WEDGEMERE |
| 8848 | GOLDEN LIVINGCENTER - OAK HILL |
| 8853 | GOLDEN LIVINGCENTER - GLOUCESTER |
| 8854 | GOLDEN LIVINGCENTER - LEXINGTON |
| 8855 | GOLDEN LIVINGCENTER - DEXTER HOUSE |
| 8856 | GOLDEN LIVINGCENTER - NORWOOD |
| 8857 | GOLDEN LIVINGCENTER - MELROSE |
| 8858 | GOLDEN LIVINGCENTER - THE ELMHURST |
| 8913 | WINGATE AT HAVERHILL |
| 8943 | BRIGHTON HOUSE REHAB.& NURSING |
| 8997 | SEASHORE POINT AND WELLNESS REHAB |
| 9501 | THE PAVILION |
| 9502 | GLEN RIDGE NURSING CARE CTR. |
| 9503 | ST. JOSEPH REHABILITATION AND NURSING CARE CENTER |
| 9504 | RENAISSANCE MANOR OF WESTFIELD |
| 9505 | BERKSHIRE REHABILITATION & SKILLED CARE CENTER |
| 9590 | WINDEMERE NURSING & REHAB CENTER ON MARTHA'S VINEYARD |
| 9625 | WESTFIELD CENTER |
| 9626 | WAKEFIELD CENTER |
| 9629 | HATHORNE HILL |
| 9630 | SAUGUS CENTER |
| 9633 | TWIN OAKS CENTER |
| 9634 | MAPLEWOOD CENTER |
| 9641 | ROYAL FAIRHAVEN NURSING AND REHAB CTR |
| 9719 | SARAH S. BRAYTON NURSING CARE CENTER |
| 9720 | COOLIDGE HOUSE |
| 9722 | WESTFORD HOUSE |
| 9724 | HERITAGE HALL SOUTH |
| 9725 | SOMERSET RIDGE |
| 9727 | ACADEMY MANOR |
| 9728 | HERITAGE HALL EAST |
| 9729 | PALM MANOR |
| 9730 | HERITAGE HALL WEST |
| 9731 | APPLE VALLEY CENTER |
| 9732 | SUTTON HILL |
| 9733 | WILLOW MANOR |
| 9734 | HERITAGE HALL NORTH |
| 9735 | PRESCOTT HOUSE |
| 9739 | HELLENIC NURSING AND REHABILITATION CENTER |
| 9795 | DODGE PARK REST HOME |
| 9805 | ALLIANCE HEALTH AT BRAINTREE |
| 9816 | KINGSTON PLACE, INC. |
| 9831 | PLEASANT ACRES REST HOME LLC |
| 9958 | EPOCH SENIOR H.C. OF WESTON |
| 9959 | EPOCH SENIOR H.C. OF SHARON |
| 9964 | EPOCH SENIOR H.C. OF CHESTNUT HILL |
| 9966 | EPOCH SENIOR H.C. OF NORTON |
| 9967 | EPOCH SENIOR H.C. OF BREWSTER |
| 9968 | THE WILLOWS AT WORCESTER |
| 9970 | WEBSTER MANOR LONG TERM CARE, INC. |
| 9982 | CHARWELL HOUSE |
| 9983 | KIMWELL |
| 9984 | MILTON HEALTH CARE |
| 9985 | PARKWELL NURSING AND REHAB CENTER |
| 9986 | KATHLEEN DANIEL H.C., A SNF |
| 9987 | EMERSON VILLAGE |
| 9988 | CHAMPION REHABILITATION AND HEALTH CTR |
| 9999 | Preferred Home Healthcare Services (CSN) |
| 10210 | BEAUMONT AT UNIVERSITY CAMPUS LLC |
| 10337 | ROYAL BRAINTREE NRSG & REHAB CENTER |
| 10388 | FAIRHAVEN HEALTHCARE CENTER |
| 10396 | ATLANTIC REST HOME |
| 10399 | ANNA MARIA REST HOME |
| 10400 | DONNA KAY REST HOME |
| 10420 | BOURNE MANOR EXT CARE FACILITY |
| 10465 | ST. FRANCIS REHAB & NURSING CENTER |
| 10531 | Goddard House in Brookline |
| 10687 | CHELSEA SKILLED NURSING AND REHAB |
| 10689 | COURTYARD NURSING CARE CENTER |
| 10695 | SIPPICAN HEALTHCARE CENTER |
| 10696 | NEMASKET HEALTHCARE CENTER |
| 10697 | MASCONOMET HEALTHCARE CENTER |
| 10699 | HANNAH DUSTON HEALTHCARE CTR. |
| 10706 | OAK KNOLL HEALTHCARE CENTER |
| 10716 | LOOMIS LAKESIDE AT REEDS LANDING |
| 10727 | PARK AVENUE NURSING & REHAB CENTER |
| 10771 | WESTVIEW REST HOME |
| 10849 | MARY'S MEADOW AT PROVIDENCE PLACE |
| 10877 | NEWBRIDGE ON THE CHARLES SKILLED NURSING FAC |
| 10885 | STERLING VILLAGE LLC |
| 11225 | CAMBRIDGE REHAB & NURSING CTR |
| 11242 | CHARLTON MANOR RH, INC. |
| 11268 | SOUTHSHORE HEALTH CARE CENTER |
| 11269 | SOUTHEAST HEALTH CARE CENTER |
| 11272 | STONEHEDGE HEALTH CARE CENTER |
| 11481 | SOMERSET RIDGE |
| 11501 | WACHUSETT MANOR |
| 11502 | ACADEMY MANOR |
| 11503 | HERITAGE MANOR |
| 11512 | SARAH S. BRAYTON NURSING CARE CENTER |
| 11515 | HERITAGE HALL SOUTH |
| 11524 | PRESCOTT HOUSE |
| 11534 | WILLOW MANOR |
| 11538 | APPLE VALLEY CENTER |
| 11542 | SUTTON HILL CENTER |
| 11627 | SAVOY NURSING & REHAB CENTER |
| 11885 | MEDFORD REHAB & NURSING CTR |
| 11903 | LUTHERAN REHAB & SKILLED CARE CTR |
| 11950 | PLYMOUTH REHAB & HLTH CARE CTR |
| 11952 | CAPE HERITAGE REHAB & HLTH CARE CTR |
| 11953 | WORCESTER REHAB & HLTH CARE CTR |
| 11954 | SOUTHBRIDGE REHAB & HLTH CARE CTR |
| 11955 | NORTHWOOD REHAB & HLTH CARE CTR |
| 11974 | WHITTIER WESTBOROUGH TRANSITIONAL CARE UNIT |
| 12012 | NEW ENGLAND HEALTH CENTER |
| 12123 | BRIARWOOD REHAB & HEALTHCARE CTR |
| 12167 | RESERVOIR CENTER FOR HEALTH & REHAB |
| 12168 | ELIOT CENTER FOR HEALTH & REHAB |
| 12169 | COUNTRY CENTER FOR HEALTH & REHAB |
| 12197 | SACHEM CENTER FOR HEALTH & REHAB |
| 12198 | COLONY CENTER HEALTH & REHAB |
| 12210 | LAUREL RIDGE REHAB & SKILLED CARE CTR |
| 12212 | PRESENTATION REHAB & SKILLED CARE CTR |
| 12251 | GARDNER REHABILITATION AND NSG CTR |
| 12273 | VIBRA NUR & REHAB CTR OF WESTERN MASS |
| 12343 | HOLYOKE HEALTHCARE CENTER |
| 12344 | JOHN ADAMS HEALTHCARE CENTER |
| 12347 | BRENTWOOD REHAB & HEALTHCARE CTR |
| 12349 | WEBSTER PARK REHAB & HEALTHCARE CTR. |
| 12356 | LONGMEADOW OF TAUNTON |
| 12372 | ROYAL NORWELL NURSING & REHAB CTR, LLC |
| 12418 | EXCEL CENTER FOR NURSING & REHAB-LEXINGTON |
| 12419 | WORCESTER HEALTH CENTER |
| 12420 | MERRIMACK VALLEY HEALTH CENTER |
| 12422 | PARK PLACE REHAB & SKILLED CARE CTR |
| 12425 | WATERTOWN HEALTH CENTER |
| 12426 | WABAN HEALTH CENTER |
| 12432 | SOUTH COVE MANOR NURSING & REHAB CTR |
| 12434 | RIVER TERRACE REHAB & HEALTHCARE CTR |
| 12435 | BROOKSIDE REHAB & HEALTHCARE CTR |
| 12499 | QUINCY HEALTH & REHAB CTR |
| 12500 | FRANKLIN HEALTH & REHAB CTR |
| 12501 | BLUE HILLS HEALTH & REHAB CTR |
| 12502 | COUNTRY GARDENS HEALTH & REHAB CTR |
| 12503 | WALDEN HEALTH & REHAB CTR |
| 12505 | CRAWFORD HEALTH & REHAB CTR |
| 12506 | BRIGHAM HEALTH & REHAB CTR |
| 12527 | WEBSTER MANOR REHAB & HEALTH CARE CTR. |
| 12528 | THE OXFORD REHAB & HEALTH CARE CENTER |
| 12529 | LANESSA EXTENDED CARE |
| 12530 | MARLBOROUGH HILLS REHAB & HEALTH CARE CTR |
| 12531 | TCU @ WEBSTER |
| 12532 | PARSONS HILL REHAB & HEALTH CARE CTR. |
| 12550 | MAPLES REHABILITATION & NURSING CENTER |
| 12585 | BROCKTON HEALTH CENTER |
| 12586 | MONT MARIE REHAB & HEALTHCARE CTR. |
| 12592 | VERO HEALTH & REHAB OF MATTAPAN |
| 12600 | VERO HEALTH & REHAB, PARKWAY |
| 12602 | VERO HEALTH & REHAB OF WEST ROXBURY |
| 12616 | LIFE CARE CENTER OF THE SOUTH SHORE |
| 12632 | QUABOAG REHABILITATION & SKILLED CARE CTR |
| 12762 | WEST REVERE HEALTH CENTER |
| 12763 | WOODBRIAR HEALTH CENTER |
| 12823 | DIGHTON CARE & REHAB CTR, LLC |
| 12824 | ROCKDALE CARE & REHABILITATION CENTER |
| 12825 | HIGHLAND MANOR CARE & REHAB CTR, LLC |
| 12826 | GLEN RIDGE NURSING CARE CENTER |
| 12828 | LIFE CARE CENTER OF MERRIMACK VALLEY |
| 12844 | BENCHMARK SR. LIVING AT THE COMMONS IN LINCOOLN |
| 12845 | WHITTIER BRADFORD TRANS. CARE UNIT |
| 12930 | WINGATE AT HARWICH |
| 12931 | WINGATE AT CHESTNUT HILL |
| 12932 | WINGATE AT SHARON |
| 12934 | WINGATE AT NORTON |
| 12936 | WINGATE AT WESTON |
| 13011 | CHARLWELL HOUSE |
| 13013 | KIMWELL NURSING & REHAB |
| 13023 | FRANKLIN HEALTH & REHAB CENTER |
| 13030 | COUNTRY GARDENS SKILLED NURSING & REHAB CTR |
| 13032 | QUINCY HEALTH & REHAB CENTER LLC |
| 13033 | CRAWFORD SKILLED NURSING & REHAB CENTER |
| 13034 | BLUE HILLS HEALTH & REHAB CENTER LLC |
| 13038 | BRUSH HILL CARE CENTER |
| 13043 | CEDAR VIEW REHAB & HEALTHCARE CTR |
| 13054 | BRIGHTON HOUSE REHAB & NURSING CTR |
| 13056 | COLONIAL REHAB & NURSING CTR |
| 13080 | LIFE CARE CENTER OF NASHOBA VALLEY |
| 13094 | ALDEN COURT NURSING CARE & REHAB CTR |
| 13124 | FITCHBURG GARDENS FOR NURSING & REHAB, LLC |
| 13128 | BAYPOINTE REHAB CENTER |
| 13129 | SOUTHPOINTE REHAB CENTER |

| ED\_PAYSOURCE1ED\_PAYSOURCE2 | **Description** |
| --- | --- |
| 0 | Invalid |
| 1 | Harvard Community Health Plan HMO |
| 2 | Bay State - a product of HMO Blue Blue Cross Managed Care |
| 3 | Network Blue (PPO) Blue Cross Managed Care |
| 4 | Fallon Community Health Plan HMO |
| 7 | Tufts Associated Health Plan HMO |
| 8 | Pilgrim Health Care HMO |
| 9 | United Health Plan of New England (Ocean State) HMO |
| 10 | Pilgrim Advantage - PPO PPO and Other Managed Care Plans Not Elsewhere Classified |
| 11 | Blue Care Elect Blue Cross Managed Care |
| 13 | Community Health Plan Options (New York) Point-of-Service Plan |
| 14 | Health New England Advantage POS Point-of-Service Plan |
| 15 | Invalid (replaced by #158) |
| 17 | Prudential Healthcare POS Commercial Managed Care |
| 18 | Prudential Healthcare PPO Commercial Managed Care |
| 19 | Matthew Thornton HMO |
| 20 | HCHP of New England (formerly RIGHA) HMO |
| 21 | Commonwealth PPO PPO and Other Managed Care Plans Not Elsewhere Classified |
| 22 | Aetna Open Choice PPO Commercial Managed Care |
| 23 | Guardian Life Insurance Company PPO Commercial Managed Care |
| 24 | Health New England HMO |
| 25 | Pioneer Plan HMO |
| 27 | First Allmerica Financial Life Insurance PPO Commercial Managed Care |
| 28 | Great West Life PPO Commercial Managed Care |
| 30 | CIGNA (Indemnity) Commercial Insurance |
| 31 | One Health Plan HMO (Great West Life) Commercial Managed Care |
| 32 | Invalid (replaced by #157 and 158) |
| 33 | Mutual of Omaha PPO Commercial Managed Care |
| 34 | New York Life Care PPO Commercial Managed Care |
| 35 | United Healthcare Insurance Company - HMO Commercial Managed Care |
| 36 | United Healthcare Insurance Company - PPO Commercial Managed Care |
| 37 | HCHP-Pilgrim HMO (integrated product) HMO |
| 38 | Health New England Select (self-funded) HMO |
| 39 | Pilgrim Direct HMO |
| 40 | Kaiser Foundation HMO |
| 42 | ConnectiCare Of Massachusetts HMO |
| 43 | MEDTAC HMO |
| 44 | Community Health Plan HMO |
| 45 | Health Source New Hampshire HMO |
| 46 | Blue CHiP (BCBS Rhode Island) HMO |
| 47 | Neighborhood Health Plan HMO |
| 48 | US Healthcare HMO |
| 49 | Healthsource CMHC Plus PPO PPO and Other Managed Care Plans Not Elsewhere Classified |
| 50 | Blue Health Plan for Kids Blue Cross |
| 51 | Aetna Life Insurance Commercial Insurance |
| 52 | Boston Mutual Insurance Commercial Insurance |
| 54 | Continental Assurance Insurance Commercial Insurance |
| 55 | Guardian Life Insurance Commercial Insurance |
| 56 | Hartford L&A Insurance Commercial Insurance |
| 57 | John Hancock Life Insurance Commercial Insurance |
| 58 | Liberty Life Insurance Commercial Insurance |
| 59 | Lincoln National Insurance Commercial Insurance |
| 62 | Mutual of Omaha Insurance Commercial Insurance |
| 63 | New England Mutual Insurance Commercial Insurance |
| 64 | New York Life Care Indemnity Commercial Insurance |
| 65 | Paul Revere Life Insurance Commercial Insurance |
| 66 | Prudential Insurance Commercial Insurance |
| 67 | First Allmerica Financial Life Insurance Commercial Insurance |
| 69 | Corporate Health Insurance Liberty Plan Commercial Insurance |
| 70 | Union Labor Life Insurance Commercial Insurance |
| 71 | ADMAR PPO and Other Managed Care Plans Not Elsewhere Classified |
| 72 | Healthsource New Hampshire Commercial Insurance |
| 73 | United Health and Life Commercial Insurance |
| 74 | United Healthcare Insurance Company Commercial Insurance |
| 75 | Prudential Healthcare HMO Commercial Managed Care |
| 77 | Options for Healthcare PPO PPO and Other Managed Care Plans Not Elsewhere Classified |
| 78 | Phoenix Preferred PPO Commercial Managed Care |
| 79 | Pioneer Health Care PPO PPO and Other Managed Care Plans Not Elsewhere Classified |
| 80 | Tufts Total Health Plan PPO PPO and Other Managed Care Plans Not Elsewhere Classified |
| 81 | HMO Blue Blue Cross Managed Care |
| 82 | John Hancock Preferred Commercial Managed Care |
| 83 | US Healthcare Quality Network Choice- PPO PPO and Other Managed Care Plans Not Elsewhere Classified |
| 84 | Private Healthcare Systems PPO PPO and Other Managed Care Plans Not Elsewhere Classified |
| 85 | Liberty Mutual Commercial Insurance |
| 86 | United Health & Life PPO PPO and Other Managed Care Plans Not Elsewhere Classified |
| 87 | CIGNA PPO Commercial Managed Care |
| 88 | Freedom Care PPO and Other Managed Care Plans Not Elsewhere Classified |
| 89 | Great West/NE Care Commercial Insurance |
| 90 | Healthsource Preferred (self-funded) PPO and Other Managed Care Plans Not Elsewhere Classified |
| 91 | New England Benefits Commercial Insurance |
| 93 | Psychological Health Plan PPO and Other Managed Care Plans Not Elsewhere Classified |
| 94 | Time Insurance Co Commercial Insurance |
| 95 | Pilgrim Select - PPO PPO and Other Managed Care Plans Not Elsewhere Classified |
| 96 | Metrahealth (United Health Care of NE) Commercial Insurance |
| 97 | UniCare Commercial Insurance |
| 98 | Healthy Start Free Care |
| 99 | Other POS (not listed elsewhere) Point-of-Service Plan |
| 100 | Transport Life Insurance Commercial Insurance |
| 101 | Quarto Claims Commercial Insurance |
| 102 | Wausau Insurance Company Commercial Insurance |
| 103 | Medicaid (includes MassHealth) Medicaid |
| 104 | Medicaid Managed Care-Primary Care Clinician Medicaid Managed Care |
| 106 | Medicaid Managed Care-Central Mass Health Care Medicaid Managed Care |
| 107 | Medicaid Managed Care - Community Health Plan Medicaid Managed Care |
| 108 | Medicaid Managed Care - Fallon Community Health Plan Medicaid Managed Care |
| 109 | Medicaid Managed Care - Harvard Community Health Plan Medicaid Managed Care |
| 110 | Medicaid Managed Care - Health New England Medicaid Managed Care |
| 111 | Medicaid Managed Care - HMO Blue Medicaid Managed Care |
| 112 | Medicaid Managed Care - Kaiser Foundation Plan Medicaid Managed Care |
| 113 | Medicaid Managed Care - Neighborhood Health Plan Medicaid Managed Care |
| 114 | Medicaid Managed Care - United Health Plans of NE Medicaid Managed Care |
| 115 | Medicaid Managed Care - Pilgrim Health Care Medicaid Managed Care |
| 116 | Medicaid Managed Care -Tufts Associated Health Plan Medicaid Managed Care |
| 118 | Medicaid Mental Health & Substance Abuse Plan -Mass Behavioral Health Partne |
| 119 | Medicaid Managed Care Other (not listed elsewhere) Medicaid Managed Care |
| 120 | Out-of-State Medicaid Other Government Payment |
| 121 | Medicare Medicare |
| 125 | Medicare HMO - Fallon Senior Plan Medicare Managed Care |
| 127 | Medicare HMO - Health New England Medicare Wrap Medicare Managed Care |
| 127 | Medicare HMO -Health New England Medicare Wrap |
| 128 | Medicare HMO - HMO Blue for Seniors Medicare Managed Care |
| 128 | Medicare HMO -HMO Blue for Seniors |
| 129 | Medicare HMO - Kaiser Medicare Plus Plan Medicare Managed Care |
| 129 | Medicare HMO-Kaiser Medicare Plus Plan |
| 131 | Medicare HMO - Pilgrim Enhance 65 Medicare Managed Care |
| 132 | Medicare HMO - Matthew Thornton Senior Plan Medicare Managed Care |
| 133 | Medicare HMO -Tufts Medicare Supplement (TMS) Medicare Managed Care |
| 134 | Medicare HMO - Other (not listed elsewhere) Medicare Managed Care |
| 135 | Out-of-State Medicare Medicare |
| 136 | BCBS Medex Blue Cross |
| 136 | BCBS Medex |
| 137 | AARP/Medigap supplement Commercial Insurance |
| 137 | AARP/Medigap Supplement |
| 138 | Banker's Life and Casualty Insurance Commercial Insurance |
| 138 | Banker’s Life and Casualty Insurance |
| 139 | Bankers Multiple Line Commercial Insurance |
| 139 | Bankers Multiple Line |
| 140 | Combined Insurance Company of America Commercial Insurance |
| 140 | Combined Insurance Company of America |
| 141 | Other Medigap (not listed elsewhere) Commercial Insurance |
| 142 | Blue Cross Indemnity Blue Cross |
| 143 | Free Care Free Care |
| 144 | Other Government Other Government Payment |
| 145 | Self-Pay Self-Pay |
| 146 | Worker's Compensation Worker's Compensation |
| 147 | Other Commercial (not listed elsewhere) Commercial Insurance |
| 148 | Other HMO (not listed elsewhere) HMO |
| 149 | PPO and Other Managed Care PPO and Other Managed Care Plans Not Elsewhere Classified |
| 150 | Other Non-Managed Care (not listed elsewhere) Other Non-Managed Care Plans |
| 151 | CHAMPUS Other Government Payment |
| 152 | Foundation Other Non-Managed Care Plans |
| 153 | Grant Other Non-Managed Care Plans |
| 154 | BCBS Other (Not listed elsewhere) Blue Cross |
| 155 | Blue Cross Managed Care Other Blue Cross Managed Care |
| 156 | Out of state BCBS Blue Cross |
| 157 | Metrahealth - PPO (United Health Care of NE) Commercial Managed Care |
| 157 | Metrahealth - PPO  (United Health Care of NE) |
| 158 | Metrahealth - HMO (United Health Care of NE) Commercial Managed Care |
| 158 | Metrahealth - HMO  (United Health Care of NE) |
| 159 | None (Valid only for Secondary Source of Payment) |
| 160 | Blue Choice (includes Healthflex Blue) - POS Blue Cross Managed Care |
| 161 | Aetna Managed Choice POS Commercial Managed Care |
| 162 | Great West Life POS Commercial Managed Care |
| 163 | United Healthcare Insurance Company - POS Commercial Managed Care |
| 164 | Healthsource CMHC Plus POS Point-of-Service Plan |
| 165 | Healthsource New Hampshire POS (self-funded) Point-of-Service Plan |
| 166 | Private Healthcare Systems POS Point-of-Service Plan |
| 167 | Fallon POS Point-of-Service Plan |
| 169 | Kaiser Added Choice Point-of-Service Plan |
| 170 | US Healthcare Quality POS Point-of-Service Plan |
| 171 | CIGNA POS Commercial Managed Care |
| 172 | Metrahealth - POS (United Health Care of NE) Commercial Managed Care |
| 173 | Aetna Medicare Open Medicare Managed Care |
| 174 | Aetna Health Inc. - Quality POS HMO |
| 175 | Aetna Health, Inc. - HMO HMO |
| 176 | Carelink (CIGNA & Tufts) Commercial Insurance |
| 177 | Chesapeake Life Insurance Company Commercial Insurance |
| 178 | Children's Medical Security Plan (CMSP) Government |
| 179 | First Health Life and Health Insurance Company Commercial Insurance |
| 180 | Fresenius Medical Care Health Plan (Medicare Advantage Plan) Medicare Manage |
| 181 | First Allmerica Financial Life Insurance EPO Commercial Managed Care |
| 182 | UniCare Preferred Plus Managed Access EPO Commercial Managed Care |
| 183 | Pioneer Health Care EPO Exclusive Provider Organization |
| 184 | Private Healthcare Systems EPO Exclusive Provider Organization |
| 185 | Connecticut General Life - Indemnity Commercial Insurance |
| 186 | Connecticut General Life - POS POS |
| 187 | Connecticut General Life - PPO PPO |
| 188 | Fallon Flex POS POS |
| 189 | Fallon Major Medical - Indemnity Commercial Insurance |
| 190 | Fallon Preferred Care - PPO Commercial Managed Care |
| 191 | Genworth Preferred PPO Commercial Managed Care |
| 192 | Guarantee Trust Life Insurance Company - PPO Commercial Managed Care |
| 193 | Harvard Pilgrim - Indemnity Commercial Insurance |
| 194 | Harvard Pilgrim - POS HMO |
| 195 | Harvard Pilgrim - PPO HMO |
| 196 | Harvard Pilgrim Health Care, Inc. (HMO) HMO |
| 197 | Health Insurance Plan of New York (HIP) Commercial Insurance |
| 198 | John Alden Life Insurance Company Commercial Insurance |
| 199 | Other EPO (not listed elsewhere) Exclusive Provider Organization |
| 200 | Hartford Life Insurance Co Commercial Insurance |
| 200 | Hartford Life Insurance co. |
| 201 | Mutual of Omaha Commercial Insurance |
| 202 | New York Life Insurance Commercial Insurance |
| 203 | Principal Financial Group (Principal Mutual Life) Commercial Insurance |
| 204 | Christian Brothers Employee Commercial Insurance |
| 205 | Health New England Select Premier PPO PPO |
| 206 | Health New England Guaranteed Issue - Individual Plans Commercial Insurance |
| 207 | Network Health (Cambridge Health Alliance MCD Program) Medicare Managed Care |
| 208 | HealthNet (Boston Medical Center MCD Program) Medicaid Managed Care |
| 209 | Mid-West National Life Insurance Company of Tennessee Commercial Insurance |
| 210 | Medicare HMO - Pilgrim Preferred 65 Medicare Managed Care |
| 211 | Medicare HMO - Neighborhood Health Plan Senior Health Plus Medicare Managed |
| 212 | Medicare HMO - Healthsource CMHC Central Care Supplement Medicare Managed Ca |
| 212 | Medicare HMO - Healthsource CMHC Central Care Supplement |
| 213 | Medicare HMO - Medicare Complete Plans offered by SecureHorizons Medicare Ma |
| 214 | Medicare HMO - Harvard Pilgrim Health Plan - Medicare Enhance Medicare Manag |
| 215 | Tufts Medicare HMO - Medicare Preferred Medicare Managed Care |
| 216 | Medicare Special Needs Plan - Commonwealth Care Alliance Medicare Managed Ca |
| 217 | Medicare Special Needs Plan - Fallon Community Health Plan Medicare Managed |
| 218 | Medicare Special Needs Plan - Senior Whole Health Medicare Managed Care |
| 219 | Medicare Special Needs Plan - United Health Group Evercare Mass. SCO and Eve |
| 220 | Medicare HMO - Blue Care 65 Medicare Managed Care |
| 221 | Medicare HMO - Harvard Community Health Plan 65 Medicare Managed Care |
| 222 | Medicare HMO - Healthsource CMHC Medicare Managed Care |
| 223 | Medicare HMO - Harvard Pilgrim Health Care of New England Care Plus Medicare |
| 224 | Medicare HMO - Tufts Secure Horizons Medicare Managed Care |
| 225 | Medicare HMO - US Healthcare Medicare Managed Care |
| 226 | United Health Care of New England, Inc. Commercial Managed Care |
| 227 | Northeast Health Direct - PPO PPO |
| 228 | Oxford Health Plans Commercial Insurance |
| 229 | Professional Insurance Company (Indemnity) Commercial Insurance |
| 230 | Medicare HMO - HCHP First Seniority Medicare Managed Care |
| 231 | Medicare HMO - Pilgrim Prime Medicare Managed Care |
| 232 | Medicare HMO - Seniorcare Direct Medicare Managed Care |
| 233 | Medicare HMO - Seniorcare Plus Medicare Managed Care |
| 234 | Medicare HMO - Managed Blue for Seniors Medicare Managed Care |
| 235 | Trustmark Life Insurance Company Commercial Insurance |
| 236 | Tufts Health Maintenance Organization, Inc. (TAHMO) HMO |
| 237 | Tufts Insurance Company PPO PPO |
| 238 | Tufts Associated Health Maintenance Organization, Inc. PPO HMO |
| 239 | Tufts Associated Health Maintenance Organization, Inc. POS Plan HMO |
| 240 | Unicare PPO PPO |
| 241 | Union Security Insurance Company Commercial Insurance |
| 242 | Wellcare Health Plans, Inc. Commercial Insurance |
| 243 | Pioneer Health Network HMO |
| 244 | Tufts Medicare Complement (TMC) Commercial Insurance |
| 245 | Trail Blazer Health Enterprises, LLC Medicare Managed Care |
| 246 | Preferred Blue PPO Blue Cross Managed Care |
| 247 | Humana Insurance Company \*\* Commercial Insurance |
| 248 | Mail Handlers Benefit Plan Commercial Insurance |
| 249 | MEGA Life and Health Insurance Company Commercial Insurance |
| 250 | CIGNA HMO Commercial Managed Care |
| 251 | Healthsource CMHC HMO HMO |
| 252 | Health New England (HNE) Medicare Advantage Plan Medicare Managed Care |
| 253 | Blue Medicare PFFS Medicare Managed Care |
| 254 | Cigna Medicare Access Plans Medicare Managed Care |
| 255 | Health Net Pearl Medicare Managed Care |
| 256 | Humana Gold PFFS Medicare Managed Care |
| 257 | Today's Options Premier from Universal American Medicare Managed Care |
| 258 | Unicare Security Choice Medicare Managed Care |
| 259 | CeltiCare Health Plan of Massachusetts Commercial Insurance |
| 270 | UniCare Preferred Plus PPO Commercial Managed Care |
| 271 | Hillcrest HMO HMO |
| 272 | Auto Insurance Auto Insurance |
| 273 | MassHealth Senior Care Options\*\*\*\* Medicare Managed Care |
| 274 | Medicaid Managed Care - Network Health Medicaid Managed Care |
| 275 | Medicare SCO - NaviCare (HMO) Medicare Managed Care |
| 276 | Medicare SCO - Tufts Senior Care Options Medicare Managed Care |
| 277 | Medicare SCO - United Health Care Medicare Managed Care |
| 278 | Medicare SCO - Commonwealth Care Alliance Medicare Managed Care |
| 279 | Medicare One Care - Fallon Total Care Medicare Managed Care |
| 280 | Medicare One Care - Network Health Medicare Managed Care |
| 281 | Medicare One Care - Commonwealth Care Alliance Medicare Managed Care |
| 282 | BMC MassHealth CarePlus Medicaid Managed Care |
| 283 | Fallon MassHealth CarePlus Medicaid Managed Care |
| 284 | NHP MassHealth CarePlus Medicaid Managed Care |
| 285 | Network Health MassHealth CarePlus Medicaid Managed Care |
| 286 | Celticare MassHealth CarePlus Medicaid Managed Care |
| 287 | MassHealth CarePlus Medicaid Managed Care |
| 288 | Boston Medical Center HealthNet ConnectorCare Commonwealth Care Plans |
| 289 | CeltiCareConnectorCare Commonwealth Care Plans |
| 290 | Fallon ConnectorCare Commonwealth Care Plans |
| 291 | Health New England ConnectorCare Commonwealth Care Plans |
| 292 | Minuteman Health ConnectorCare Commonwealth Care Plans |
| 293 | Neighborhood Health ConnectorCare Commonwealth Care Plans |
| 294 | Network Health ConnectorCare Commonwealth Care Plans |
| 295 | Meritain HMO |
| 300 | CommCare: BMC HealthNet Plan/Commonwealth Care– General Classification Commo |
| 301 | CommCare: BMC HealthNet Plan/Commonwealth Care – Plan Type I Commonwealth Ca |
| 302 | CommCare: BMC HealthNet Plan/Commonwealth Care– Plan Type II Commonwealth Ca |
| 303 | CommCare: BMC HealthNet Plan/Commonwealth Care– Plan Type III Commonwealth C |
| 304 | CommCare: BMC HealthNet Plan/Commonwealth Care– Plan Type IV Commonwealth Ca |
| 310 | Other: Commercial ACO Plan |
| 311 | Medicaid: Other ACO |
| 312 | Medicaid: Fallon 365 Care (ACO) |
| 313 | Medicaid: Be Healthy Partnership with Health New England (ACO) |
| 314 | Medicaid: Berkshire Fallon Health Collaborative (ACO) |
| 315 | Medicaid: BMC HealthNet Plan Community Alliance (ACO) |
| 316 | Medicaid: BMC HealthNet Plan Mercy Alliance (ACO) |
| 317 | Medicaid: BMC HealthNet Plan Signature Alliance (ACO) |
| 318 | Medicaid: BMC HealthNet Plan Southcoast Alliance (ACO) |
| 320 | Medicaid: Community Care Cooperative (ACO) |
| 321 | Medicaid: My Care Family with Neighborhood Health Plan (ACO) |
| 322 | Medicaid: Partners Healthcare Choice (ACO) |
| 323 | Medicaid: Steward Health Choice (ACO) |
| 324 | Medicaid: Tufts Health Together with Atrius Health (ACO) |
| 325 | Medicaid: Tufts Health Together with BIDCO (ACO) |
| 326 | Medicaid: Tufts Health Together with Boston Children’s ACO |
| 327 | Medicaid: Tufts Health Together with CHA (ACO) |
| 328 | Medicaid: Wellforce Care Plan (ACO) |
| 400 | CommCare: Cambridge Network Health Forward –General Classification Commonwea |
| 401 | CommCare: Cambridge Network Health Forward – Plan Type I Commonwealth Care P |
| 402 | CommCare: Cambridge Network Health Forward – Plan Type II Commonwealth Care |
| 403 | CommCare: Cambridge Network Health Forward – Plan Type III Commonwealth Care General Classification Commonwealth Care Plans |
| 404 | CommCare: Cambridge Network Health Forward – Plan Type IV Commonwealth Care Plan 1 (Group No. 4445077) Commonwealth Care Plans |
| 500 | CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care –Plan 2 (Group No. 4455220) Commonwealth Care Plans |
| 501 | CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – Plan 3 (Group No. 4455221) Commonwealth Care Plans |
| 502 | CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care –Plan 4 (Group No. 4455222) Commonwealth Care Plans |
| 503 | CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care Plans |
| 504 | CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care –I (9CC1) Commonwealth Care Plans |
| 600 | CommCare: Neighborhood Health Plan– General Classification Commonwealth Care II (9CC2) Commonwealth Care Plans |
| 601 | CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type III (9CC3) Commonwealth Care Plans |
| 602 | CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type IV (9CC4) Commonwealth Care Plans |
| 603 | CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type Classification Commonwealth Care Plans |
| 604 | CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type Commonwealth Care Plans |
| 700 | CommCare: Celticare Health Plan of Massachusetts / Commonwealth Care General Commonwealth Care Plans |
| 701 | CommCare: Celticare Health Plan of Massachusetts /Commonwealth Care - Plan 1 Commonwealth Care Plans |
| 702 | CommCare: Celticare Health Plan of Massachusetts /Commonwealth Care - Plan 2 Commonwealth Care Plans |
| 703 | CommCare: Celticare Health Plan of Massachusetts /Commonwealth Care - Plan 3 |
| 704 | CommCare: Celticare Health Plan of Massachusetts /Commonwealth Care Bridge P |
| 800 | Aetna Dental Commercial Managed Care |
| 801 | Aflac Commercial Insurance |
| 802 | AllState Commercial Insurance |
| 803 | Altus Dental Commercial Managed Care |
| 804 | Ameritas Life Insurance Corp Commercial Insurance |
| 805 | Anthem Blue Cross Blue Shield Blue Cross Managed Care |
| 806 | Assurant PPO and Other Managed Care Plans Not Elsewhere Classified |
| 807 | Blue Cross Blue Shield of MA Blue Cross Managed Care |
| 808 | Blue Cross Blue Shield of RI Blue Cross Managed Care Not Elsewhere Classified |
| 809 | Children’s Medical Security Government |
| 810 | Cigna Dental PPO and Other Managed Care Plans Not Elsewhere Classified |
| 811 | Creative Plan Dental Administrators PPO and Other Managed Care Plans Not Elsewhere Classified |
| 812 | Delta Dental of MA Commercial Managed Care |
| 813 | Delta Dental - Other Commercial Managed Care |
| 814 | Delta Dental of New York Commercial Managed Care |
| 815 | DentaQuest Commonwealth Care Commonwealth Care Plans |
| 816 | DentaQuest MassHealth Medicare Managed Care |
| 817 | DentaQuest Senior Whole Health PPO and Other Managed Care Plans Not Elsewher |
| 818 | EverCare Dental PPO and Other Managed Care Plans Not Elsewhere Classified |
| 819 | Fallon Health Plan Commercial Insurance |
| 820 | Great West Dental PPO and Other Managed Care Plans Not Elsewhere Classified |
| 821 | Guardian Dental Medicaid |
| 822 | Harvard Pilgrim Health Care PPO and Other Managed Care Plans Not Elsewhere C |
| 823 | MetLife Dental PPO and Other Managed Care Plans Not Elsewhere Classified |
| 824 | Principal Plan Dental Medicare Managed Care |
| 825 | Unicare Dental PPO and Other Managed Care Plans Not Elsewhere Classified |
| 826 | United Concordia Other Government Payment |
| 827 | United HealthCare: Dental PPO and Other Managed Care Plans Not Elsewhere Cla |
| 828 | Alicare Commercial Insurance |
| 829 | Adventist Risk Management INC Commercial Insurance |
| 830 | Blue Cross Blue Shield of Texas Blue Cross Managed Care |
| 831 | Brokers National Life insurance Commercial Insurance |
| 832 | Cba Blue Dental Blue Cross Managed Care |
| 833 | Chesterfield Resources Commercial Insurance |
| 834 | Companion Life insurance Commercial Insurance |
| 835 | Dental Health Alliance Commercial Insurance |
| 836 | EBS Benefit Solutions Commercial Insurance |
| 837 | Empire Blue Cross Blue Cross Managed Care |
| 838 | Excellus Blue cross Blue Cross Managed Care |
| 839 | Fortis Commercial Insurance |
| 840 | GEHA Connection Dental Commercial Insurance |
| 841 | GHI Commercial Insurance |
| 842 | Lincoln Financial Group Commercial Insurance |
| 843 | London Health Administrators Commercial Insurance |
| 844 | Midwest Life Insurance Commercial Insurance |
| 845 | Premier Access Dental Plans Commercial Insurance |
| 846 | Sentry Life Insurance Commercial Insurance |
| 847 | Sonoco Commercial Insurance |
| 848 | Sun Life Dental Benefits Commercial Insurance |
| 849 | Symetra Life Insurance Company Commercial Insurance |
| 850 | Tricare Dental PPO and Other Managed Care Plans Not Elsewhere Classified |
| 851 | Dentemax Insurance Commercial Insurance |
| 901 | Other Commercial Managed Care (not listed elsewhere) |
| 903 | Unlisted International Source |
| 904 | Unlisted Military Source |
| 905 | Other Connector Care Plan (not listed elsewhere) |
| 930 | VA Benefits (not listed elsewhere) |
| 990 | Free Care - Co-pay, Deductible, or Co-Insurance Free Care |
| 995 | Health Safety Net Office HSNO |
| 996 | Charity Care Other Free Care (Charity Care) |

|  |  |
| --- | --- |
| ED\_VISITSOURCE1ED\_VISITSOURCE2 |  |
| 0 | Information Not Available |
| 1 | Direct Physician Referral |
| 2 | Within Hospital Clinic Referral |
| 3 | Direct Health Plan Referral/HMO Referral |
| 4 | Transfer from Acute Care Hospital |
| 5 | Transfer from a Skilled Nursing Facility (SNF) |
| 6 | Transfer from Intermediate Care Facility (ICF) |
| 7 | Outside Hospital Emergency Room Transfer |
| 8 | Court/Law Enforcement |
| 9 | Other |
| 10 | Transfer from a Hospice Facility |
| 11 | Outside Hospital Clinic Referral |
| 12 | Walk-In/Self-Referral |
| 13 | Inside Hospital ER Transfer |
| 14 | Transfer from Another Institution’s Ambulatory Surgery (SDS) |
| 15 | Within Hospital Ambulatory Surgery Transfer (SDS Transfer) |
| 16 | EMS Transport Decision |
| 17 | Information Not Available - Newborn |
| 18 | Normal Delivery |
| 19 | Premature Delivery |
| 20 | Sick Baby |
| 21 | Extramural Birth |
| 22 | Extramural Birth |

# 

# Casemix ED\_ORG (PHDCM.ED\_ORG)

|  |  |  |  |
| --- | --- | --- | --- |
| **Variable Name** | **Variable Description** | **Meta Data** | **Format** |
| ED\_SITE/ ED\_FACILITY  ED\_TRANSFERFROM | OrgID to link for hospital characteristics in other ED datasets |  | Num |
| ED\_City | Code of the municipality in which the facility is located | 1-351 for valid MA city/towns  999=Out of state or unknown | Num |
| GroupName\_ED |  | 1= Nursing Facility  2= Hospital  3= Rest Home  4= Private Nursing Facility  5= Private Rest Home  6= Community Health Center  7= DDS - Residential Services  8= Other  9= Unspecified/Unknown/Missing | Num |
| Name | Name of Facility |  | Char |
| Type\_EDFac | Type of Facility | 1=Acute Hospital  2=Alzheimer  3=Chronic Hospital  4=Freestanding CHC  5=Geriatric  6=Group Adult Foster Care  7=Head Trauma  8=HMO  9=Hospital Campus - Acute  10=Hospital Licensed Health Center  11=Hospital-Based LTC  12=ICF  13=Licensed Satellite Facility  14=Mental Health and Substance Abuse  15=Municipal Agency  16=NH/High MMQ  17=NH/MIMI  18=NH/Pediatric with Ventilation  19=None  20=Other Government Agency  21=Other LTC  22=Outpatient Care Center  23=Pediatric  24=Psychiatric  25=Psychiatric Hospital  26=Rehabilitation Hospital  27=Residential  28=Residential A  29=Satellite Clinic  30=State Agency  31=Ventilation  98= Other  99=Unknown | Num |
| ZipCode | Zip code of the municipality in which the facility is located |  | Char |

# 

# Casemix Emergency Department Procedure Table (PHDCM.ED\_PROC)

|  |  |  |  |
| --- | --- | --- | --- |
| **Variable Name** | **Variable Description** | **Meta Data** | **Format** |
| ED\_ID | Unique key to link from Visit table | 12 digit ID | Char |
| ED\_PROC | Valid ICD or CPT code |  | Char |

## 

# Casemix Inpatient Hospital Discharge Diagnosis Table (PHDCM.HD\_DIAG)

|  |  |  |  |
| --- | --- | --- | --- |
| **Variable Name** | **Variable Description** | **Meta Data** | **Format** |
| HD\_ID | Unique key to link from Visit table. | 12 digit ID | Char |
| HD\_DIAG\_IND | Indicates if the diagnosis was primary, secondary, admitting, or discharge | 1=Admitting  2=Discharge  3=Principal  4=Secondary | Num |
| HD\_CONDITIONPRESENT | Flag indicating that diagnosis was present on admission | 0=Condition not present  1=Condition present  2=Clinically undetermined  8=not applicable  9=Unknown | Num |
| HD\_DIAG | ICD Associated Diagnosis. Excludes the decimal point. May be an External Cause Code or an Associated or Supplemental External Cause Code IF the Principal External Cause Code is present. | Valid ICD-9 or ICD-10 code | Char |
| ID | PHD ID | 9 character alphanumeric ID | Char |

# Casemix Inpatient Hospital Discharge Table (PHDCM.HD)

| **Variable Name** | **Variable Description** | **Meta Data** | **Format** |
| --- | --- | --- | --- |
| ID | PHD ID | 9 character alphanumeric ID | Char |
| HD\_ADMIT\_DATE | the date the patient was admitted to the hospital as an inpatient for this episode of care | Date Proxy – count of days between admission date and randomly chosen date in the past  **NOTE: The larger the date proxy, the more recently the event occurred** | Num |
| HD\_ADMIT\_MONTH | Month of admission | Months, 1-12 | Num |
| HD\_ADMIT\_YEAR | Year of admission | Years | Num |
| HD\_ADMITDAY | Weekday that the patient was admitted to the hospital | 1=Sunday 2=Monday 3=Tuesday 4=Wednesday 5=Thursday 6=Friday 7=Saturday  Blanks=Missing/Unknown | Num |
| HD\_AGE | Age | 0=Less than 1 (please see HD\_NEWBORNAGE) Persons over 1 year (1-89): actual age 999=Unknown/missing | Num |
| HD\_CAREGIVER | This data element indicates the type of primary caregiver responsible for the patient’s care **other** than the attending physician, operating room physician, or nurse midwife  **Note: The field is rarely populated** | 1= Resident 2= Intern 3= Nurse Practitioner 4= Physician Assistant  9=Missing/Unknown | Num |
| HD\_CHARGES | The grand total of charges associated with the patient’s HD visit. A charge of $0 is not permitted unless the patient has a special Departure Status. Reported by facilitate. Does not include allowed or negotiated amounts. Not the actual dollars paid to the facility for care. | The total charge amount, rounded to the nearest dollar | Num |
| HD\_CITY | Name of the municipality in which the emergency room is located. | 1-351 for valid MA city/towns 999=Out of state or unknown | Num |
| HD\_DAYSBETWEEN | calculated field that indicates the number of days between each consecutive admission | Integer  999=Unknown | Num |
| HD\_DIAG1 | The ICD diagnosis code corresponding to the condition established after study to be chiefly responsible for the admission of the patient for hospital care. | Valid ICD code, no decimals | Char |
| HD\_DISCHARGE\_DATE | date the patient was discharged from inpatient status | Date Proxy – count of days between discharge date and randomly chosen date in the past  **NOTE: The larger the date proxy, the more recently the event occurred** | Num |
| HD\_DISCHARGE\_MONTH | Discharge month | Months, 1-12 | Num |
| HD\_DISCHARGE\_YEAR | Discharge year | Years | Num |
| HD\_DISPOSITION | A code indicating the patient's status upon discharge and/or the destination to which the patient was referred or transferred upon discharge | See [code list](#_HD_Disposition_1) | Num |
| HD\_ECODE | ICD external cause code | Valid ICD code, no decimals | Char |
| HD\_ECODEPRESENT | Flag indicating that e-code was present on admission.  Only patients with injury diagnoses would have a cause of injury code, otherwise coding this POA field would be exempt. Exempt and missing mean different things. On most of the records this field is blank because the coding is exempt for a patient with, say, a heart condition or asthma.    Hospitals tend to leave it blank for medical conditions that are exempt. | 1=present at time of admission 2=not present at time of admission 3=documentation insufficient to determine if present at time of admission 4= Unable to clinically determine if present at time of admission 5=Unreported/Not used. Exempt from POA reporting | Num |
| HD\_EDADMIT | indicates if admission began in the ED | 0=Not admitted from the ED, no ED visit reflected in this record 1=Not admitted from the ED, but ED visit(s) reflected in this record 2= Admitted from the ED  Blanks=Unknown | Num |
| HD\_FACILITY | The Organization ID for the main facility affiliation. | See [PHDCM.HD\_ORG](#_Casemix_Inpatient_Hospital_1) for linking on this variable for info on the site | Num |
| HD\_HOMELESS | This flag indicates that the patient was homeless at the time of visit. | 0= Patient is not known to be homeless 1= Patient is known to be homeless  9=Unknown | Num |
| HD\_ID | unique key to help link CHIA information across other HD tables  **Note:** HD\_ID is unique to a year and data set. It cannot be used to link across years or datasets | 12-digit ID | Char |
| HD\_LOS | Count of days between the admitting and discharge time for an HD visit. | Integer | Num |
| HD\_NEWBORNAGE | Age in weeks for children younger than 53 weeks of age who are admitted to the HD. | Weeks, 0-52 | Num |
| HD\_PAYERNAME1 | A description for use with standardized payer codes. Most MA payers are identified in advance of the payment cycle. This field captures the specific differences between those payers. | See [code list](#_HD_PAYERNAME1,__HD_PAYERNAME2) | Num |
| HD\_PAYERNAME2 | A description for use with standardized payer codes. Most MA payers are identified in advance of the payment cycle. This field captures the specific differences between those payers. | See [code list](#_HD_PAYERNAME1_1) | Num |
| HD\_PAYERTYPE1 | Indicates the type of organization or individual who is payer. | 0=None (valid only for secondary payer) 1=Self-Pay 2=Worker's Compensation 3=Medicare 4=Medicare Managed Care 5=Medicaid 6=Medicaid Managed Care 7=Other Government Payment 8=Blue Cross 9=Blue Cross Managed Care 10=Commercial Insurance 11=Commercial Managed Care 12=HMO 13=Free Care 14=Other Non-Managed Care Plans 15=PPO and Other Managed Care Plans Not Elsewhere Classified 16=Point-of-Service Plan 17=Exclusive Provider Organization 18=Auto Insurance 19= Commonwealth Care/ConnectorCare Plans 20= Dental Plans 21=Health Safety Net  22= Senior Care Options / Integrated Care Organization  23= Medicaid Accountable Care Organization  99=Unknown | Num |
| HD\_PAYERTYPE2 | Indicates the type of organization or individual who is payer. | 0=None (Valid only for Secondary Payer) 1=Self-Pay 2=Worker's Compensation 3=Medicare 4=Medicare Managed Care 5=Medicaid 6=Medicaid Managed Care 7=Other Government Payment 8=Blue Cross 9=Blue Cross Managed Care 10=Commercial Insurance 11=Commercial Managed Care 12=HMO 13=Free Care 14=Other Non-Managed Care Plans 15=PPO and Other Managed Care Plans Not Elsewhere Classified 16=Point-of-Service Plan 17=Exclusive Provider Organization 18=Auto Insurance 19= Commonwealth Care/ConnectorCare Plans 20= Dental Plans 21=Health Safety Net  22= Senior Care Options / Integrated Care Organization  23= Medicaid Accountable Care Organization  99=Unknown | Num |
| HD\_PHYSICIAN\_NUMBER | Physician’s state license number (BORIM #) for the HD Physician who provided services related to this visit. Report if the physician’s involvement in the patient’s HD Visit is captured in the facility’s electronic information systems | Alphanumeric Encrypted BORIM ID | Char |
| HD\_PRIMARYCONDITION\_PRESENT | Flag indicating that principal condition was present on admission | 0=condition not present 1=condition present 2=clinically undetermined 8=not applicable 9=unknown | Num |
| HD\_PROC1 | The chief procedure performed in the HD as determined by the hospital - ICD code. In general visits do not need to have a principal procedure. Some visits will only have secondary procedures. These codes should not be Current Procedural Terminology (CPT) Codes. | Valid ICD code, no decimals | Char |
| HD\_PROC1\_DATE | date the principal procedure was performed | Date Proxy – count of days between principal procedure date and randomly chosen date in the past  **NOTE: The larger the date proxy, the more recently the event occurred** | Num |
| HD\_PROC1\_MONTH | Principal procedure month | Months, 1-12 | Num |
| HD\_PROC1\_YEAR | Principal procedure year | Years, YYYY | Num |
| HD\_RACE | Combined race and Hispanic ethnicity | 1 = White Non-Hispanic 2 = Black non-Hispanic 3 = Asian/PI non-Hispanic 4 = Hispanic 5 = American Indian or Other  9 = Unknown | Num |
| HD\_RES\_CODE | Permanent city of residence for the patient | 1-351 for valid MA city/towns 999=Out of state or unknown | Num |
| HD\_RES\_ZIP | First five digits of patient's permanent zip code. Zip codes are not standardized, and this field is as reported from a nine-digit zip code. | 5 digit zip code 99999=Unknown | Char |
| HD\_SEX | Sex flag as assigned by HD | 1= Male 2= Female 3= Unknown | Num |
| HD\_SITE | The Organization ID for site where the patient received ED care. | See [PHDCM.HD\_ORG](#_Casemix_Inpatient_Hospital_1) for linking on this variable for info on the site | Num |
| HD\_VISITSOURCE1 | How a patient entered the hospital | See [code list](#_HD_VISITSOURCE1) | Num |
| HD\_VISITSOURCE2 | How a patient entered the hospital | See [code list](#_HD_VISITSOURCE2) | Num |
| HD\_VETERANSTATUS | indicates veteran status | 0=No (includes never in military, currently inactive duty, national guard or reservist with 6 months or less active duty) 1=Yes  8= Not applicable 9= Unknown | Num |
| HD\_ICD\_Indicator | CMS procedure classification code. [ICDIndicator] [varchar](1) ICD Indicator Values (0,9) indicates ICD-9 or ICD-10-PCS. Only one coding system is allowed per patient discharge. | 9=ICD9  0=ICD10  Blanks=Missing/Unknowns | Num |
| HD\_VISITTYPE | type of stay | 1= Emergency 2= Urgent 3= Non-Urgent 4= Newborn 5 =Information Unavailable | Num |

| HD\_Disposition | **Description** |
| --- | --- |
| 1 | Discharged/transferred to home or self-care (routine discharge) |
| 2 | Discharged/transferred to another short-term general hospital for inpatient care |
| 3 | Discharged, transferred to Skilled Nursing Facility (SNF) |
| 4 | Discharged/transferred to an Intermediate Care Facility (ICF) |
| 5 | Discharged/transferred to a Designated cancer Center or Children’s Hospital. |
| 6 | Discharged/transferred to home under care of organized home health service organization |
| 7 | Left against medical advice (AMA) |
| 8 | Discharged/transferred to home under care of a Home IV Drug Therapy Provider |
| 9 | Not allowed in the MA Hospital Inpatient Discharge Data |
| 10 | Discharge Other |
| 11 | Discharge/transfer to rehab hospital |
| 12 | Discharge/transfer to rest home |
| 13 | Discharge to Shelter |
| 14 | 20 Expired (or did not recover - Christian Science Patient) |
| 15 | Discharged/transferred to federal healthcare facility |
| 16 | Discharged to Hospice - Home |
| 17 | Discharged to Hospice Medical Facility |
| 18 | Discharged/transferred within this institution to a hospital-based Medicare-approved swing bed |
| 19 | Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital. |
| 20 | Discharge/transfer to a Medicare certified long term care hospital. |
| 21 | Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare |
| 22 | Discharged/transferred to psychiatric hospital or psychiatric distinct part unit of a hospital. |
| 23 | Discharged/transferred to a Critical Access Hospital (CAH). |
| 24 | Discharged/transferred to another Type of Health Care Institution not defined elsewhere |
| 25 | Discharged to home or self-care with a planned acute care hospital inpatient readmission |
| 26 | Discharged/transferred to a short term general hospital for inpatient care with a planned acute care hospital inpatient readmission |
| 27 | Discharged/transferred to a skilled nursing facility (SNF) with Medicare certification with a planned acute care hospital inpatient readmission |
| 28 | Discharged/transferred to a facility that provides custodial or supportive care with a planned acute care hospital inpatient readmission |
| 29 | Discharged/transferred to a designated cancer center or children’s hospital with a planned acute care hospital inpatient readmission |
| 30 | Discharged/transferred to home under care of organized home health service organization with a planned acute care hospital inpatient readmission |
| 31 | Discharged/transferred to court/law enforcement with a planned acute care hospital inpatient readmission |
| 32 | Discharged/transferred to a federal health care facility with a planned acute care hospital inpatient readmission |
| 33 | Discharged/transferred to a hospital-based Medicare approved swing bed with a planned acute care hospital inpatient readmission |
| 34 | Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital with a planned acute care hospital inpatient readmission |
| 35 | Discharged/transferred to a Medicare certified long term care hospital (LTCH) with a planned acute care hospital inpatient readmission |
| 36 | Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare with a planned acute care hospital inpatient readmission |
| 37 | Discharged/transferred to a psychiatric distinct part unit of a hospital with a planned acute care hospital inpatient readmission |
| 38 | Discharged/transferred to a critical access hospital (CAH) with a planned acute care hospital inpatient readmission |
| 39 | Discharged/transferred to another type of health care institution not defined elsewhere in this code list with a planned acute care hospital inpatient readmission |
| 99 | Unknown |

| HD\_VISITSOURCE1HD\_VISITSOURCE2 |  |
| --- | --- |
| 0 | Information Not Available |
| 1 | Direct Physician Referral |
| 2 | Within Hospital Clinic Referral |
| 3 | Direct Health Plan Referral/HMO Referral |
| 4 | Transfer from Acute Care Hospital |
| 5 | Transfer from a Skilled Nursing Facility (SNF) |
| 6 | Transfer from Intermediate Care Facility (ICF) |
| 7 | Outside Hospital Emergency Room Transfer |
| 8 | Court/Law Enforcement |
| 9 | Other |
| 10 | Transfer from a Hospice Facility |
| 11 | Outside Hospital Clinic Referral |
| 12 | Walk-In/Self-Referral |
| 13 | Inside Hospital ER Transfer |
| 14 | Transfer from Another Institution’s Ambulatory Surgery (SDS) |
| 15 | Extramural Birth |
| 16 | Observation |
| 17 | Within Hospital Ambulatory Surgery Transfer (SDS Transfer) |
| 18 | Normal Delivery, Newborn |
| 19 | Premature Delivery, Newborn |
| 20 | Sick Baby, Newborn |
| 21 | Extramural Birth, Newborn |
| 22 | Transfer from another unit within same hospital |
| 23 | Transfer from a Designated Disaster Alternative Care Site |
| 24 | Transfer to Swing bed in same facility |
| 25 | Transfer from another facility to Swing bed |

| HD\_PAYERNAME1,  HD\_PAYERNAME2 | **Description** |
| --- | --- |
| 0 | Invalid |
| 1 | Harvard Community Health Plan HMO |
| 2 | Bay State - a product of HMO Blue Blue Cross Managed Care |
| 3 | Network Blue (PPO) Blue Cross Managed Care |
| 4 | Fallon Community Health Plan HMO |
| 7 | Tufts Associated Health Plan HMO |
| 8 | Pilgrim Health Care HMO |
| 9 | United Health Plan of New England (Ocean State) HMO |
| 10 | Pilgrim Advantage - PPO PPO and Other Managed Care Plans Not Elsewhere Classified |
| 11 | Blue Care Elect Blue Cross Managed Care |
| 13 | Community Health Plan Options (New York) Point-of-Service Plan |
| 14 | Health New England Advantage POS Point-of-Service Plan |
| 15 | Invalid (replaced by #158) |
| 17 | Prudential Healthcare POS Commercial Managed Care |
| 18 | Prudential Healthcare PPO Commercial Managed Care |
| 19 | Matthew Thornton HMO |
| 20 | HCHP of New England (formerly RIGHA) HMO |
| 21 | Commonwealth PPO PPO and Other Managed Care Plans Not Elsewhere Classified |
| 22 | Aetna Open Choice PPO Commercial Managed Care |
| 23 | Guardian Life Insurance Company PPO Commercial Managed Care |
| 24 | Health New England HMO |
| 25 | Pioneer Plan HMO |
| 26 | CHAMPUS/TriCare |
| 27 | First Allmerica Financial Life Insurance PPO Commercial Managed Care |
| 28 | Great West Life PPO Commercial Managed Care |
| 30 | CIGNA (Indemnity) Commercial Insurance |
| 31 | One Health Plan HMO (Great West Life) Commercial Managed Care |
| 32 | Invalid (replaced by #157 and 158) |
| 33 | Mutual of Omaha PPO Commercial Managed Care |
| 34 | New York Life Care PPO Commercial Managed Care |
| 35 | United Healthcare Insurance Company - HMO Commercial Managed Care |
| 36 | United Healthcare Insurance Company - PPO Commercial Managed Care |
| 37 | HCHP-Pilgrim HMO (integrated product) HMO |
| 38 | Health New England Select (self-funded) HMO |
| 39 | Pilgrim Direct HMO |
| 40 | Kaiser Foundation HMO |
| 42 | ConnectiCare Of Massachusetts HMO |
| 43 | MEDTAC HMO |
| 44 | Community Health Plan HMO |
| 45 | Health Source New Hampshire HMO |
| 46 | Blue CHiP (BCBS Rhode Island) HMO |
| 47 | Neighborhood Health Plan HMO |
| 48 | US Healthcare HMO |
| 49 | Healthsource CMHC Plus PPO PPO and Other Managed Care Plans Not Elsewhere Classified |
| 50 | Blue Health Plan for Kids Blue Cross |
| 51 | Aetna Life Insurance Commercial Insurance |
| 52 | Boston Mutual Insurance Commercial Insurance |
| 54 | Continental Assurance Insurance Commercial Insurance |
| 55 | Guardian Life Insurance Commercial Insurance |
| 56 | Hartford L&A Insurance Commercial Insurance |
| 57 | John Hancock Life Insurance Commercial Insurance |
| 58 | Liberty Life Insurance Commercial Insurance |
| 59 | Lincoln National Insurance Commercial Insurance |
| 62 | Mutual of Omaha Insurance Commercial Insurance |
| 63 | New England Mutual Insurance Commercial Insurance |
| 64 | New York Life Care Indemnity Commercial Insurance |
| 65 | Paul Revere Life Insurance Commercial Insurance |
| 66 | Prudential Insurance Commercial Insurance |
| 67 | First Allmerica Financial Life Insurance Commercial Insurance |
| 69 | Corporate Health Insurance Liberty Plan Commercial Insurance |
| 70 | Union Labor Life Insurance Commercial Insurance |
| 71 | ADMAR PPO and Other Managed Care Plans Not Elsewhere Classified |
| 72 | Healthsource New Hampshire Commercial Insurance |
| 73 | United Health and Life Commercial Insurance |
| 74 | United Healthcare Insurance Company Commercial Insurance |
| 75 | Prudential Healthcare HMO Commercial Managed Care |
| 77 | Options for Healthcare PPO PPO and Other Managed Care Plans Not Elsewhere Classified |
| 78 | Phoenix Preferred PPO Commercial Managed Care |
| 79 | Pioneer Health Care PPO PPO and Other Managed Care Plans Not Elsewhere Classified |
| 80 | Tufts Total Health Plan PPO PPO and Other Managed Care Plans Not Elsewhere Classified |
| 81 | HMO Blue Blue Cross Managed Care |
| 82 | John Hancock Preferred Commercial Managed Care |
| 83 | US Healthcare Quality Network Choice- PPO PPO and Other Managed Care Plans Not Elsewhere Classified |
| 84 | Private Healthcare Systems PPO PPO and Other Managed Care Plans Not Elsewhere Classified |
| 85 | Liberty Mutual Commercial Insurance |
| 86 | United Health & Life PPO PPO and Other Managed Care Plans Not Elsewhere Classified |
| 87 | CIGNA PPO Commercial Managed Care |
| 88 | Freedom Care PPO and Other Managed Care Plans Not Elsewhere Classified |
| 89 | Great West/NE Care Commercial Insurance |
| 90 | Healthsource Preferred (self-funded) PPO and Other Managed Care Plans Not Elsewhere Classified |
| 91 | New England Benefits Commercial Insurance |
| 93 | Psychological Health Plan PPO and Other Managed Care Plans Not Elsewhere Classified |
| 94 | Time Insurance Co Commercial Insurance |
| 95 | Pilgrim Select - PPO PPO and Other Managed Care Plans Not Elsewhere Classified |
| 96 | Metrahealth (United Health Care of NE) Commercial Insurance |
| 97 | UniCare Commercial Insurance |
| 98 | Healthy Start Free Care |
| 99 | Other POS (not listed elsewhere) Point-of-Service Plan |
| 100 | Transport Life Insurance Commercial Insurance |
| 101 | Quarto Claims Commercial Insurance |
| 102 | Wausau Insurance Company Commercial Insurance |
| 103 | Medicaid (includes MassHealth) Medicaid |
| 104 | Medicaid Managed Care-Primary Care Clinician Medicaid Managed Care |
| 106 | Medicaid Managed Care-Central Mass Health Care Medicaid Managed Care |
| 107 | Medicaid Managed Care - Community Health Plan Medicaid Managed Care |
| 108 | Medicaid Managed Care - Fallon Community Health Plan Medicaid Managed Care |
| 109 | Medicaid Managed Care - Harvard Community Health Plan Medicaid Managed Care |
| 110 | Medicaid Managed Care - Health New England Medicaid Managed Care |
| 111 | Medicaid Managed Care - HMO Blue Medicaid Managed Care |
| 112 | Medicaid Managed Care - Kaiser Foundation Plan Medicaid Managed Care |
| 113 | Medicaid Managed Care - Neighborhood Health Plan Medicaid Managed Care |
| 114 | Medicaid Managed Care - United Health Plans of NE Medicaid Managed Care |
| 115 | Medicaid Managed Care - Pilgrim Health Care Medicaid Managed Care |
| 116 | Medicaid Managed Care -Tufts Associated Health Plan Medicaid Managed Care |
| 118 | Medicaid Mental Health & Substance Abuse Plan -Mass Behavioral Health Partne |
| 119 | Medicaid Managed Care Other (not listed elsewhere) Medicaid Managed Care |
| 120 | Out-of-State Medicaid Other Government Payment |
| 121 | Medicare Medicare |
| 125 | Medicare HMO - Fallon Senior Plan Medicare Managed Care |
| 127 | Medicare HMO - Health New England Medicare Wrap Medicare Managed Care |
| 127 | Medicare HMO -Health New England Medicare Wrap |
| 128 | Medicare HMO - HMO Blue for Seniors Medicare Managed Care |
| 128 | Medicare HMO -HMO Blue for Seniors |
| 129 | Medicare HMO - Kaiser Medicare Plus Plan Medicare Managed Care |
| 129 | Medicare HMO-Kaiser Medicare Plus Plan |
| 131 | Medicare HMO - Pilgrim Enhance 65 Medicare Managed Care |
| 132 | Medicare HMO - Matthew Thornton Senior Plan Medicare Managed Care |
| 133 | Medicare HMO -Tufts Medicare Supplement (TMS) Medicare Managed Care |
| 134 | Medicare HMO - Other (not listed elsewhere) Medicare Managed Care |
| 135 | Out-of-State Medicare Medicare |
| 136 | BCBS Medex Blue Cross |
| 136 | BCBS Medex |
| 137 | AARP/Medigap supplement Commercial Insurance |
| 137 | AARP/Medigap Supplement |
| 138 | Banker's Life and Casualty Insurance Commercial Insurance |
| 138 | Banker’s Life and Casualty Insurance |
| 139 | Bankers Multiple Line Commercial Insurance |
| 139 | Bankers Multiple Line |
| 140 | Combined Insurance Company of America Commercial Insurance |
| 140 | Combined Insurance Company of America |
| 141 | Other Medigap (not listed elsewhere) Commercial Insurance |
| 142 | Blue Cross Indemnity Blue Cross |
| 143 | Free Care Free Care |
| 144 | Other Government Other Government Payment |
| 145 | Self-Pay Self-Pay |
| 146 | Worker's Compensation Worker's Compensation |
| 147 | Other Commercial (not listed elsewhere) Commercial Insurance |
| 148 | Other HMO (not listed elsewhere) HMO |
| 149 | PPO and Other Managed Care PPO and Other Managed Care Plans Not Elsewhere Classified |
| 150 | Other Non-Managed Care (not listed elsewhere) Other Non-Managed Care Plans |
| 151 | CHAMPUS Other Government Payment |
| 152 | Foundation Other Non-Managed Care Plans |
| 153 | Grant Other Non-Managed Care Plans |
| 154 | BCBS Other (Not listed elsewhere) Blue Cross |
| 155 | Blue Cross Managed Care Other Blue Cross Managed Care |
| 156 | Out of state BCBS Blue Cross |
| 157 | Metrahealth - PPO (United Health Care of NE) Commercial Managed Care |
| 157 | Metrahealth - PPO (United Health Care of NE) |
| 158 | Metrahealth - HMO (United Health Care of NE) Commercial Managed Care |
| 158 | Metrahealth - HMO (United Health Care of NE) |
| 159 | None (Valid only for Secondary Source of Payment) |
| 160 | Blue Choice (includes Healthflex Blue) - POS Blue Cross Managed Care |
| 161 | Aetna Managed Choice POS Commercial Managed Care |
| 162 | Great West Life POS Commercial Managed Care |
| 163 | United Healthcare Insurance Company - POS Commercial Managed Care |
| 164 | Healthsource CMHC Plus POS Point-of-Service Plan |
| 165 | Healthsource New Hampshire POS (self-funded) Point-of-Service Plan |
| 166 | Private Healthcare Systems POS Point-of-Service Plan |
| 167 | Fallon POS Point-of-Service Plan |
| 169 | Kaiser Added Choice Point-of-Service Plan |
| 170 | US Healthcare Quality POS Point-of-Service Plan |
| 171 | CIGNA POS Commercial Managed Care |
| 172 | Metrahealth - POS (United Health Care of NE) Commercial Managed Care |
| 173 | Aetna Medicare Open Medicare Managed Care |
| 174 | Aetna Health Inc. - Quality POS HMO |
| 175 | Aetna Health, Inc. - HMO HMO |
| 176 | Carelink (CIGNA & Tufts) Commercial Insurance |
| 177 | Chesapeake Life Insurance Company Commercial Insurance |
| 178 | Children's Medical Security Plan (CMSP) Government |
| 179 | First Health Life and Health Insurance Company Commercial Insurance |
| 180 | Fresenius Medical Care Health Plan (Medicare Advantage Plan) Medicare Manage |
| 181 | First Allmerica Financial Life Insurance EPO Commercial Managed Care |
| 182 | UniCare Preferred Plus Managed Access EPO Commercial Managed Care |
| 183 | Pioneer Health Care EPO Exclusive Provider Organization |
| 184 | Private Healthcare Systems EPO Exclusive Provider Organization |
| 185 | Connecticut General Life - Indemnity Commercial Insurance |
| 186 | Connecticut General Life - POS POS |
| 187 | Connecticut General Life - PPO PPO |
| 188 | Fallon Flex POS POS |
| 189 | Fallon Major Medical - Indemnity Commercial Insurance |
| 190 | Fallon Preferred Care - PPO Commercial Managed Care |
| 191 | Genworth Preferred PPO Commercial Managed Care |
| 192 | Guarantee Trust Life Insurance Company - PPO Commercial Managed Care |
| 193 | Harvard Pilgrim - Indemnity Commercial Insurance |
| 194 | Harvard Pilgrim - POS HMO |
| 195 | Harvard Pilgrim - PPO HMO |
| 196 | Harvard Pilgrim Health Care, Inc. (HMO) HMO |
| 197 | Health Insurance Plan of New York (HIP) Commercial Insurance |
| 198 | John Alden Life Insurance Company Commercial Insurance |
| 199 | Other EPO (not listed elsewhere) Exclusive Provider Organization |
| 200 | Hartford Life Insurance Co Commercial Insurance |
| 200 | Hartford Life Insurance co. |
| 201 | Mutual of Omaha Commercial Insurance |
| 202 | New York Life Insurance Commercial Insurance |
| 203 | Principal Financial Group (Principal Mutual Life) Commercial Insurance |
| 204 | Christian Brothers Employee Commercial Insurance |
| 205 | Health New England Select Premier PPO PPO |
| 206 | Health New England Guaranteed Issue - Individual Plans Commercial Insurance |
| 207 | Network Health (Cambridge Health Alliance MCD Program) Medicare Managed Care |
| 208 | HealthNet (Boston Medical Center MCD Program) Medicaid Managed Care |
| 209 | Mid-West National Life Insurance Company of Tennessee Commercial Insurance |
| 210 | Medicare HMO - Pilgrim Preferred 65 Medicare Managed Care |
| 211 | Medicare HMO - Neighborhood Health Plan Senior Health Plus Medicare Managed |
| 212 | Medicare HMO - Healthsource CMHC Central Care Supplement Medicare Managed Ca |
| 212 | Medicare HMO - Healthsource CMHC Central Care Supplement |
| 213 | Medicare HMO - Medicare Complete Plans offered by SecureHorizons Medicare Ma |
| 214 | Medicare HMO - Harvard Pilgrim Health Plan - Medicare Enhance Medicare Manag |
| 215 | Tufts Medicare HMO - Medicare Preferred Medicare Managed Care |
| 216 | Medicare Special Needs Plan - Commonwealth Care Alliance Medicare Managed Ca |
| 217 | Medicare Special Needs Plan - Fallon Community Health Plan Medicare Managed |
| 218 | Medicare Special Needs Plan - Senior Whole Health Medicare Managed Care |
| 219 | Medicare Special Needs Plan - United Health Group Evercare Mass. SCO and Eve |
| 220 | Medicare HMO - Blue Care 65 Medicare Managed Care |
| 221 | Medicare HMO - Harvard Community Health Plan 65 Medicare Managed Care |
| 222 | Medicare HMO - Healthsource CMHC Medicare Managed Care |
| 223 | Medicare HMO - Harvard Pilgrim Health Care of New England Care Plus Medicare |
| 224 | Medicare HMO - Tufts Secure Horizons Medicare Managed Care |
| 225 | Medicare HMO - US Healthcare Medicare Managed Care |
| 226 | United Health Care of New England, Inc. Commercial Managed Care |
| 227 | Northeast Health Direct - PPO PPO |
| 228 | Oxford Health Plans Commercial Insurance |
| 229 | Professional Insurance Company (Indemnity) Commercial Insurance |
| 230 | Medicare HMO - HCHP First Seniority Medicare Managed Care |
| 231 | Medicare HMO - Pilgrim Prime Medicare Managed Care |
| 232 | Medicare HMO - Seniorcare Direct Medicare Managed Care |
| 233 | Medicare HMO - Seniorcare Plus Medicare Managed Care |
| 234 | Medicare HMO - Managed Blue for Seniors Medicare Managed Care |
| 235 | Trustmark Life Insurance Company Commercial Insurance |
| 236 | Tufts Health Maintenance Organization, Inc. (TAHMO) HMO |
| 237 | Tufts Insurance Company PPO PPO |
| 238 | Tufts Associated Health Maintenance Organization, Inc. PPO HMO |
| 239 | Tufts Associated Health Maintenance Organization, Inc. POS Plan HMO |
| 240 | Unicare PPO PPO |
| 241 | Union Security Insurance Company Commercial Insurance |
| 242 | Wellcare Health Plans, Inc. Commercial Insurance |
| 243 | Pioneer Health Network HMO |
| 244 | Tufts Medicare Complement (TMC) Commercial Insurance |
| 245 | Trail Blazer Health Enterprises, LLC Medicare Managed Care |
| 246 | Preferred Blue PPO Blue Cross Managed Care |
| 247 | Humana Insurance Company \*\* Commercial Insurance |
| 248 | Mail Handlers Benefit Plan Commercial Insurance |
| 249 | MEGA Life and Health Insurance Company Commercial Insurance |
| 250 | CIGNA HMO Commercial Managed Care |
| 251 | Healthsource CMHC HMO HMO |
| 252 | Health New England (HNE) Medicare Advantage Plan Medicare Managed Care |
| 253 | Blue Medicare PFFS Medicare Managed Care |
| 254 | Cigna Medicare Access Plans Medicare Managed Care |
| 255 | Health Net Pearl Medicare Managed Care |
| 256 | Humana Gold PFFS Medicare Managed Care |
| 257 | Today's Options Premier from Universal American Medicare Managed Care |
| 258 | Unicare Security Choice Medicare Managed Care |
| 259 | CeltiCare Health Plan of Massachusetts Commercial Insurance |
| 270 | UniCare Preferred Plus PPO Commercial Managed Care |
| 271 | Hillcrest HMO HMO |
| 272 | Auto Insurance Auto Insurance |
| 273 | MassHealth Senior Care Options\*\*\*\* Medicare Managed Care |
| 274 | Medicaid Managed Care - Network Health Medicaid Managed Care |
| 275 | Medicare SCO - NaviCare (HMO) Medicare Managed Care |
| 276 | Medicare SCO - Tufts Senior Care Options Medicare Managed Care |
| 277 | Medicare SCO - United Health Care Medicare Managed Care |
| 278 | Medicare SCO - Commonwealth Care Alliance Medicare Managed Care |
| 279 | Medicare One Care - Fallon Total Care Medicare Managed Care |
| 280 | Medicare One Care - Network Health Medicare Managed Care |
| 281 | Medicare One Care - Commonwealth Care Alliance Medicare Managed Care |
| 282 | BMC MassHealth CarePlus Medicaid Managed Care |
| 283 | Fallon MassHealth CarePlus Medicaid Managed Care |
| 284 | NHP MassHealth CarePlus Medicaid Managed Care |
| 285 | Network Health MassHealth CarePlus Medicaid Managed Care |
| 286 | Celticare MassHealth CarePlus Medicaid Managed Care |
| 287 | MassHealth CarePlus Medicaid Managed Care |
| 288 | Boston Medical Center HealthNet ConnectorCare Commonwealth Care Plans |
| 289 | CeltiCareConnectorCare Commonwealth Care Plans |
| 290 | Fallon ConnectorCare Commonwealth Care Plans |
| 291 | Health New England ConnectorCare Commonwealth Care Plans |
| 292 | Minuteman Health ConnectorCare Commonwealth Care Plans |
| 293 | Neighborhood Health ConnectorCare Commonwealth Care Plans |
| 294 | Network Health ConnectorCare Commonwealth Care Plans |
| 295 | Meritain HMO |
| 296 | Commonwealth Care Alliance |
| 300 | CommCare: BMC HealthNet Plan/Commonwealth Care– General Classification Commo |
| 301 | CommCare: BMC HealthNet Plan/Commonwealth Care – Plan Type I Commonwealth Ca |
| 302 | CommCare: BMC HealthNet Plan/Commonwealth Care– Plan Type II Commonwealth Ca |
| 303 | CommCare: BMC HealthNet Plan/Commonwealth Care– Plan Type III Commonwealth C |
| 304 | CommCare: BMC HealthNet Plan/Commonwealth Care– Plan Type IV Commonwealth Ca |
| 310 | Other: Commercial ACO Plan |
| 311 | Medicaid: Other ACO |
| 312 | Medicaid: Fallon 365 Care (ACO) |
| 313 | Medicaid: Be Healthy Partnership with Health New England (ACO) |
| 314 | Medicaid: Berkshire Fallon Health Collaborative (ACO) |
| 315 | Medicaid: BMC HealthNet Plan Community Alliance (ACO) |
| 316 | Medicaid: BMC HealthNet Plan Mercy Alliance (ACO) |
| 317 | Medicaid: BMC HealthNet Plan Signature Alliance (ACO) |
| 318 | Medicaid: BMC HealthNet Plan Southcoast Alliance (ACO) |
| 320 | Medicaid: Community Care Cooperative (ACO) |
| 321 | Medicaid: My Care Family with Neighborhood Health Plan (ACO) |
| 322 | Medicaid: Partners Healthcare Choice (ACO) |
| 323 | Medicaid: Steward Health Choice (ACO) |
| 324 | Medicaid: Tufts Health Together with Atrius Health (ACO) |
| 325 | Medicaid: Tufts Health Together with BIDCO (ACO) |
| 326 | Medicaid: Tufts Health Together with Boston Children’s ACO |
| 327 | Medicaid: Tufts Health Together with CHA (ACO) |
| 328 | Medicaid: Wellforce Care Plan (ACO) |
| 400 | CommCare: Cambridge Network Health Forward –General Classification Commonwea |
| 401 | CommCare: Cambridge Network Health Forward – Plan Type I Commonwealth Care P |
| 402 | CommCare: Cambridge Network Health Forward – Plan Type II Commonwealth Care |
| 403 | CommCare: Cambridge Network Health Forward – Plan Type III Commonwealth Care General Classification Commonwealth Care Plans |
| 404 | CommCare: Cambridge Network Health Forward – Plan Type IV Commonwealth Care Plan 1 (Group No. 4445077) Commonwealth Care Plans |
| 500 | CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care –Plan 2 (Group No. 4455220) Commonwealth Care Plans |
| 501 | CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – Plan 3 (Group No. 4455221) Commonwealth Care Plans |
| 502 | CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care –Plan 4 (Group No. 4455222) Commonwealth Care Plans |
| 503 | CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care Plans |
| 504 | CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care –I (9CC1) Commonwealth Care Plans |
| 600 | CommCare: Neighborhood Health Plan– General Classification Commonwealth Care II (9CC2) Commonwealth Care Plans |
| 601 | CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type III (9CC3) Commonwealth Care Plans |
| 602 | CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type IV (9CC4) Commonwealth Care Plans |
| 603 | CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type Classification Commonwealth Care Plans |
| 604 | CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type Commonwealth Care Plans |
| 700 | CommCare: Celticare Health Plan of Massachusetts / Commonwealth Care General Commonwealth Care Plans |
| 701 | CommCare: Celticare Health Plan of Massachusetts /Commonwealth Care - Plan 1 Commonwealth Care Plans |
| 702 | CommCare: Celticare Health Plan of Massachusetts /Commonwealth Care - Plan 2 Commonwealth Care Plans |
| 703 | CommCare: Celticare Health Plan of Massachusetts /Commonwealth Care - Plan 3 |
| 704 | CommCare: Celticare Health Plan of Massachusetts /Commonwealth Care Bridge P |
| 800 | Aetna Dental Commercial Managed Care |
| 801 | Aflac Commercial Insurance |
| 802 | AllState Commercial Insurance |
| 803 | Altus Dental Commercial Managed Care |
| 804 | Ameritas Life Insurance Corp Commercial Insurance |
| 805 | Anthem Blue Cross Blue Shield Blue Cross Managed Care |
| 806 | Assurant PPO and Other Managed Care Plans Not Elsewhere Classified |
| 807 | Blue Cross Blue Shield of MA Blue Cross Managed Care |
| 808 | Blue Cross Blue Shield of RI Blue Cross Managed Care Not Elsewhere Classified |
| 809 | Children’s Medical Security Government |
| 810 | Cigna Dental PPO and Other Managed Care Plans Not Elsewhere Classified |
| 811 | Creative Plan Dental Administrators PPO and Other Managed Care Plans Not Elsewhere Classified |
| 812 | Delta Dental of MA Commercial Managed Care |
| 813 | Delta Dental - Other Commercial Managed Care |
| 814 | Delta Dental of New York Commercial Managed Care |
| 815 | DentaQuest Commonwealth Care Commonwealth Care Plans |
| 816 | DentaQuest MassHealth Medicare Managed Care |
| 817 | DentaQuest Senior Whole Health PPO and Other Managed Care Plans Not Elsewher |
| 818 | EverCare Dental PPO and Other Managed Care Plans Not Elsewhere Classified |
| 819 | Fallon Health Plan Commercial Insurance |
| 820 | Great West Dental PPO and Other Managed Care Plans Not Elsewhere Classified |
| 821 | Guardian Dental Medicaid |
| 822 | Harvard Pilgrim Health Care PPO and Other Managed Care Plans Not Elsewhere C |
| 823 | MetLife Dental PPO and Other Managed Care Plans Not Elsewhere Classified |
| 824 | Principal Plan Dental Medicare Managed Care |
| 825 | Unicare Dental PPO and Other Managed Care Plans Not Elsewhere Classified |
| 826 | United Concordia Other Government Payment |
| 827 | United HealthCare: Dental PPO and Other Managed Care Plans Not Elsewhere Cla |
| 828 | Alicare Commercial Insurance |
| 829 | Adventist Risk Management INC Commercial Insurance |
| 830 | Blue Cross Blue Shield of Texas Blue Cross Managed Care |
| 831 | Brokers National Life insurance Commercial Insurance |
| 832 | Cba Blue Dental Blue Cross Managed Care |
| 833 | Chesterfield Resources Commercial Insurance |
| 834 | Companion Life insurance Commercial Insurance |
| 835 | Dental Health Alliance Commercial Insurance |
| 836 | EBS Benefit Solutions Commercial Insurance |
| 837 | Empire Blue Cross Blue Cross Managed Care |
| 838 | Excellus Blue cross Blue Cross Managed Care |
| 839 | Fortis Commercial Insurance |
| 840 | GEHA Connection Dental Commercial Insurance |
| 841 | GHI Commercial Insurance |
| 842 | Lincoln Financial Group Commercial Insurance |
| 843 | London Health Administrators Commercial Insurance |
| 844 | Midwest Life Insurance Commercial Insurance |
| 845 | Premier Access Dental Plans Commercial Insurance |
| 846 | Sentry Life Insurance Commercial Insurance |
| 847 | Sonoco Commercial Insurance |
| 848 | Sun Life Dental Benefits Commercial Insurance |
| 849 | Symetra Life Insurance Company Commercial Insurance |
| 850 | Tricare Dental PPO and Other Managed Care Plans Not Elsewhere Classified |
| 851 | Dentemax Insurance Commercial Insurance |
| 901 | Other Commercial Managed Care (not listed elsewhere) |
| 903 | Unlisted International Source |
| 904 | Unlisted Military Source |
| 905 | Other Connector Care Plan (not listed elsewhere) |
| 910 | Allways Health Partners |
| 911 | Anthem |
| 912 | Beacon Health Partners |
| 913 | Health Plans Inc. |
| 920 | UMR Inc. |
| 921 | Zenith |
| 922 | Senior Whole Health |
| 930 | VA Benefits (not listed elsewhere) |
| 931 | Other Government Program (not listed elsewhere) |
| 932 | Other Third Party Programs (not listed elsewhere) (ex. Vision TPA, Hospice, Transplant programs) |
| 990 | Free Care - Co-pay, Deductible, or Co-Insurance Free Care |
| 995 | Health Safety Net Office HSNO |
| 996 | Charity Care Other Free Care (Charity Care) |

# Casemix Inpatient Hospital Organization Table (PHDCM.HD\_ORG)

|  |  |  |  |
| --- | --- | --- | --- |
| **Variable Name** | **Variable Description** | **Meta Data** | **Format** |
| HD\_SITE /  HD\_FACILITY | OrgID to link for hospital characteristics in other HD datasets |  | Num |
| HD\_City | Code of the municipality in which the facility is located | 1-351 for valid MA city/towns   999=Out of state or unknown | Num |
| GroupName\_HD |  | 1= Nursing Facility  2= Hospital  3= Rest Home  4= Private Nursing Facility  5= Private Rest Home  6= Community Health Center  7= DDS - Residential Services  8= Other  9= Unspecified/Unknown/Missing | Num |
| OrganizationName | Name of Facility |  | Char |
| Type\_HDFac | Type of Facility | 1=Acute Hospital  2=Alzheimer  3=Chronic Hospital  4=Freestanding CHC  5=Geriatric  6=Group Adult Foster Care  7=Head Trauma  8=HMO  9=Hospital Campus - Acute  10=Hospital Licensed Health Center  11=Hospital-Based LTC  12=ICF  13=Licensed Satellite Facility  14=Mental Health and Substance Abuse  15=Municipal Agency  16=NH/High MMQ  17=NH/MIMI  18=NH/Pediatric with Ventilation  19=None  20=Other Government Agency  21=Other LTC  22=Outpatient Care Center  23=Pediatric  24=Psychiatric  25=Psychiatric Hospital  26=Rehabilitation Hospital  27=Residential  28=Residential A  29=Satellite Clinic  30=State Agency  31=Ventilation  32= DPH Hospital  33= LTC  34= Municipal Service  99=Unknown | Num |

# Casemix - Inpatient Hospital Discharge Procedure (PHDCM.HD\_PROC)

|  |  |  |  |
| --- | --- | --- | --- |
| **Variable Name** | **Variable Description** | **Meta Data** | **Format** |
| HD\_PROC\_IND | Indicates if the procedure was primary, secondary, admitting, or discharge. | 1=Admitting  2=Discharge  3=Principal  4=Secondary | Num |
| HD\_PROC | The ICD-10 or Current Procedural Terminology (CPT) code corresponding to procedures which carry an operative or anesthetic risk or require highly trained personnel, special equipment or facilities. | Valid ICD or CPT code | Char |
| HD\_PROC\_DATE | Date the procedure was performed | Date Proxy – count of days between procedure date and randomly chosen date in the past   **NOTE: The larger the date proxy, the more recently the event occurred** | Num |
| HD\_PROC\_MONTH | Procedure month | Months, 1-12 | Num |
| HD\_PROC\_YEAR | Procedure year | Years | Num |
| HD\_ID | Unique key to link from Visit table.  **Note:** HD\_ID is unique to a year and data set.  It cannot be used to link across years or datasets. | 12 digit ID | Char |
| ID | PHD ID | 9 character alphanumeric ID | Char |

# Casemix - Hospital Discharge Service Codes Table (PHDCM.HD\_SERV)

|  |  |  |  |
| --- | --- | --- | --- |
| **Variable Name** | **Variable Description** | **Meta Data** | **Format** |
| HD\_SERVICE\_TYPE |  | 1= Accommodations 2= Ancillary Services | Num |
| HD\_SERVICE\_REVENUECODE | A numeric code which identifies a particular routine or special care accommodation. The revenue codes are taken from the Uniform Billing (UB) revenue codes and correspond to specific cost centers in the CHIA-403 cost report | See [table](#_HD_SERVICE_REVENUECODE) | Char |
| HD\_SERVICE\_UNITSOFSERVICE | Number of days with an Accommodation charge |  | Num |
| HD\_SERVICE\_CHARGES | The full, undiscounted charges summarized by specific accommodation revenue code(s) |  | Num |
| HD\_ID | Unique key to link from Visit table.  **Note:** HD\_ID is unique to a year and data set. It cannot be used to link across years or datasets. | 12 digit ID | Char |
| ID | PHD ID | 9 character alphanumeric ID | Char |

| HD\_SERVICE\_REVENUECODE | Description |
| --- | --- |
| 1 | TOTAL CHARGE |
| 20 | Health Insurance - PPS |
| 22 | HEALTH INSURANCE - PROSPECTIVE PAYMENT SYSTEM (HIPPS) - SKILLED NURSING FACILITY PPS |
| 23 | HEALTH INSURANCE - PROSPECTIVE PAYMENT SYSTEM (HIPPS) - HOME HEALTH PPS |
| 24 | HEALTH INSURANCE - PROSPECTIVE PAYMENT SYSTEM (HIPPS)/INPATIENT REHAB FACILITY PPS |
| 100 | ALL INCLUSIVE RATE - ALL-INCLUSIVE ROOM AND BOARD PLUS ANCILLARY |
| 101 | ALL INCLUSIVE RATE - ALL-INCLUSIVE ROOM AND BOARD |
| 110 | ROOM & BOARD - PRIVATE (ONE BED) - GENERAL CLASSIFICATION |
| 111 | ROOM & BOARD - PRIVATE (ONE BED) - MEDICAL/SURGICAL/GYN |
| 112 | ROOM & BOARD - PRIVATE (ONE BED) - OBSTETRICS (OB) |
| 113 | ROOM & BOARD - PRIVATE (ONE BED) - PEDIATRIC |
| 114 | ROOM & BOARD - PRIVATE (ONE BED) - PSYCHIATRIC |
| 115 | ROOM & BOARD - PRIVATE (ONE BED) - HOSPICE |
| 116 | ROOM & BOARD - PRIVATE (ONE BED) - DETOXIFICATION |
| 117 | ROOM & BOARD - PRIVATE (ONE BED) - ONCOLOGY |
| 118 | ROOM & BOARD - PRIVATE (ONE BED) - REHABILITATION |
| 119 | ROOM & BOARD - PRIVATE (ONE BED) - OTHER |
| 120 | ROOM & BOARD - SEMI-PRIVATE TWO BEDS - GENERAL CLASSIFICATION |
| 121 | ROOM & BOARD - SEMI-PRIVATE TWO BEDS - MEDICAL/SURGICAL/GYN |
| 122 | ROOM & BOARD - SEMI-PRIVATE TWO BEDS - OBSTETRICS (OB) |
| 123 | ROOM & BOARD - SEMI-PRIVATE TWO BEDS - PEDIATRIC |
| 124 | ROOM & BOARD - SEMI-PRIVATE TWO BEDS - PSYCHIATRIC |
| 125 | ROOM & BOARD - SEMI-PRIVATE TWO BEDS - HOSPICE |
| 126 | ROOM & BOARD - SEMI-PRIVATE TWO BEDS - DETOXIFICATION |
| 127 | ROOM & BOARD - SEMI-PRIVATE TWO BEDS - ONCOLOGY |
| 128 | ROOM & BOARD - SEMI-PRIVATE TWO BEDS - REHABILITATION |
| 129 | ROOM & BOARD - SEMI-PRIVATE TWO BEDS - OTHER |
| 130 | ROOM & BOARD - SEMI-PRIVATE - THREE AND FOUR BEDS - GENERAL CLASSIFICATION |
| 131 | ROOM & BOARD - SEMI-PRIVATE - THREE AND FOUR BEDS - MEDICAL/SURGICAL/GYN |
| 132 | ROOM & BOARD - SEMI-PRIVATE - THREE AND FOUR BEDS - OBSTETRICS (OB) |
| 133 | ROOM & BOARD - SEMI-PRIVATE - THREE AND FOUR BEDS - PEDIATRIC |
| 134 | ROOM & BOARD - SEMI-PRIVATE - THREE AND FOUR BEDS - PSYCHIATRIC |
| 135 | ROOM & BOARD - SEMI-PRIVATE - THREE AND FOUR BEDS - HOSPICE |
| 136 | ROOM & BOARD - SEMI-PRIVATE - THREE AND FOUR BEDS - DETOXIFICATION |
| 137 | ROOM & BOARD - SEMI-PRIVATE - THREE AND FOUR BEDS - ONCOLOGY |
| 138 | ROOM & BOARD - SEMI-PRIVATE - THREE AND FOUR BEDS - REHABILITATION |
| 139 | ROOM & BOARD - SEMI-PRIVATE - THREE AND FOUR BEDS - OTHER |
| 140 | ROOM & BOARD - DELUXE PRIVATE - GENERAL CLASSIFICATION |
| 141 | ROOM & BOARD - DELUXE PRIVATE - MEDICAL/SURGICAL/GYN |
| 142 | ROOM & BOARD - DELUXE PRIVATE - OBSTETRICS (OB) |
| 143 | ROOM & BOARD - DELUXE PRIVATE - PEDIATRIC |
| 144 | ROOM & BOARD - DELUXE PRIVATE - PSYCHIATRIC |
| 145 | ROOM & BOARD - DELUXE PRIVATE - HOSPICE |
| 146 | ROOM & BOARD - DELUXE PRIVATE - DETOXIFICATION |
| 147 | ROOM & BOARD - DELUXE PRIVATE - ONCOLOGY |
| 148 | ROOM & BOARD - DELUXE PRIVATE - REHABILITATION |
| 149 | ROOM & BOARD - DELUXE PRIVATE - OTHER |
| 150 | ROOM & BOARD - WARD - GENERAL CLASSIFICATION |
| 151 | ROOM & BOARD - WARD - MEDICAL/SURGICAL/GYN |
| 152 | ROOM & BOARD - WARD - OBSTETRICS (OB) |
| 153 | ROOM & BOARD - WARD - PEDIATRIC |
| 154 | ROOM & BOARD - WARD - PSYCHIATRIC |
| 155 | ROOM & BOARD - WARD - HOSPICE |
| 156 | ROOM & BOARD - WARD - DETOXIFICATION |
| 157 | ROOM & BOARD - WARD - ONCOLOGY |
| 158 | ROOM & BOARD - WARD - REHABILITATION |
| 159 | ROOM & BOARD - WARD - OTHER |
| 160 | ROOM & BOARD - OTHER - GENERAL CLASSIFICATION |
| 161 | HOSPITAL AT HOME, R&B/HOSPITAL AT HOME |
| 164 | ROOM & BOARD - OTHER - STERILE ENVIRONMENT |
| 167 | ROOM & BOARD - OTHER - SELF CARE |
| 169 | ROOM & BOARD - OTHER - OTHER |
| 170 | NURSERY - GENERAL CLASSIFICATION |
| 171 | NURSERY - NEWBORN - LEVEL I |
| 172 | NURSERY - NEWBORN - LEVEL II |
| 173 | NURSERY - NEWBORN - LEVEL III |
| 174 | NURSERY - NEWBORN - LEVEL IV |
| 175 | Neo-natal ICU |
| 179 | NURSERY - OTHER NURSERY |
| 180 | LEAVE OF ABSENCE - GENERAL CLASSIFICATION |
| 182 | LEAVE OF ABSENCE - PATIENT CONVENIENCE |
| 183 | LEAVE OF ABSENCE - THERAPEUTIC LEAVE |
| 184 | Leave of Absence - ICF/MR - any reason |
| 185 | LEAVE OF ABSENCE - NURSING HOME (FOR HOSPITALIZATION) |
| 189 | LEAVE OF ABSENCE - OTHER LOA |
| 190 | SUBACUTE CARE - GENERAL CLASSIFICATION |
| 191 | SUBACUTE CARE - SUBACUTE CARE - LEVEL I |
| 192 | SUBACUTE CARE - SUBACUTE CARE - LEVEL II |
| 193 | SUBACUTE CARE - SUBACUTE CARE - LEVEL III |
| 194 | SUBACUTE CARE - SUBACUTE CARE - LEVEL IV |
| 197 | TCU |
| 198 | SNF |
| 199 | SUBACUTE CARE - OTHER SUBACUTE CARE |
| 200 | INTENSIVE CARE UNIT - GENERAL CLASSIFICATION |
| 201 | INTENSIVE CARE UNIT - SURGICAL |
| 202 | INTENSIVE CARE UNIT - MEDICAL |
| 203 | INTENSIVE CARE UNIT - PEDIATRIC |
| 204 | INTENSIVE CARE UNIT - PSYCHIATRIC |
| 206 | INTENSIVE CARE UNIT - INTERMEDIATE ICU |
| 207 | INTENSIVE CARE UNIT - BURN CARE |
| 208 | INTENSIVE CARE UNIT - TRAUMA |
| 209 | INTENSIVE CARE UNIT - OTHER INTENSIVE CARE |
| 210 | CORONARY CARE UNIT - GENERAL CLASSIFICATION |
| 211 | CORONARY CARE UNIT - MYOCARDIAL INFARCTION |
| 212 | CORONARY CARE UNIT - PULMONARY CARE |
| 213 | CORONARY CARE UNIT - HEART TRANSPLANT |
| 214 | CORONARY CARE UNIT - INTERMEDIATE CCU |
| 219 | CORONARY CARE UNIT - OTHER CORONARY CCU |
| 220 | SPECIAL CHARGES - GENERAL CLASSIFICATION |
| 221 | SPECIAL CHARGES - ADMISSION CHARGES |
| 222 | SPECIAL CHARGES - TECHNICAL SUPPORT CHARGE |
| 223 | SPECIAL CHARGES - U.R. SERVICE CHARGE |
| 224 | SPECIAL CHARGES - LATE DISCHARGE, MEDICALLY NECESSARY |
| 229 | SPECIAL CHARGES - OTHER SPECIAL CHARGES |
| 230 | INCREMENTAL NURSING CHARGE - GENERAL CLASSIFICATION |
| 231 | INCREMENTAL NURSING CHARGE - NURSERY |
| 232 | INCREMENTAL NURSING CHARGE - OB |
| 233 | INCREMENTAL NURSING CHARGE - ICU |
| 234 | INCREMENTAL NURSING CHARGE - CCU |
| 235 | INCREMENTAL NURSING CHARGE - HOSPICE |
| 239 | INCREMENTAL NURSING CHARGE - OTHER |
| 240 | ALL INCLUSIVE ANCILLARY - GENERAL CLASSIFICATION |
| 241 | ALL INCLUSIVE ANCILLARY - BASIC |
| 242 | ALL INCLUSIVE ANCILLARY - COMPREHENSIVE |
| 243 | ALL INCLUSIVE ANCILLARY - SPECIALTY |
| 249 | ALL INCLUSIVE ANCILLARY - OTHER ALL INCLUSIVE ANCILLARY |
| 250 | PHARMACY (ALSO SEE 063X, AN EXTENSION OF 025X) - GENERAL CLASSIFICATION |
| 251 | PHARMACY (ALSO SEE 063X, AN EXTENSION OF 025X) - GENERIC DRUGS |
| 252 | PHARMACY (ALSO SEE 063X, AN EXTENSION OF 025X) - NON-GENERIC DRUGS |
| 253 | PHARMACY (ALSO SEE 063X, AN EXTENSION OF 025X) - TAKE HOME DRUGS |
| 254 | PHARMACY (ALSO SEE 063X, AN EXTENSION OF 025X) - DRUGS INCIDENT TO OTHER DIAGNOSTIC SERVICES |
| 255 | PHARMACY (ALSO SEE 063X, AN EXTENSION OF 025X) - DRUGS INCIDENT TO RADIOLOGY |
| 256 | PHARMACY (ALSO SEE 063X, AN EXTENSION OF 025X) - EXPERIMENTAL DRUGS |
| 257 | PHARMACY (ALSO SEE 063X, AN EXTENSION OF 025X) - NON-PRESCRIPTION |
| 258 | PHARMACY (ALSO SEE 063X, AN EXTENSION OF 025X) - IV SOLUTIONS |
| 259 | PHARMACY (ALSO SEE 063X, AN EXTENSION OF 025X) - OTHER PHARMACY |
| 260 | IV THERAPY - GENERAL CLASSIFICATION |
| 261 | IV THERAPY - INFUSION PUMP |
| 262 | IV THERAPY - IV THERAPY/PHARMACY SVCS |
| 263 | IV THERAPY - IV THERAPY/DRUG/SUPPLY/ DELIVERY |
| 264 | IV THERAPY - IV THERAPY/SUPPLIES |
| 269 | IV THERAPY - OTHER IV THERAPY |
| 270 | MEDICAL/SURGICAL SUPPLIES AND DEVICES (ALSO SEE 062X, AN EXTENSION OF 027) - GENERAL CLASSIFICATION |
| 271 | MEDICAL/SURGICAL SUPPLIES AND DEVICES (ALSO SEE 062X, AN EXTENSION OF 027X) - NON STERILE SUPPLY |
| 272 | MEDICAL/SURGICAL SUPPLIES AND DEVICES (ALSO SEE 062X, AN EXTENSION OF 027X) - STERILE SUPPLY |
| 273 | MEDICAL/SURGICAL SUPPLIES AND DEVICES (ALSO SEE 062X, AN EXTENSION OF 027X) - TAKE HOME SUPPLIES |
| 274 | MEDICAL/SURGICAL SUPPLIES AND DEVICES (ALSO SEE 062X, AN EXTENSION OF 027X) - PROSTHETIC/ORTHOTIC DEVICES |
| 275 | MEDICAL/SURGICAL SUPPLIES AND DEVICES (ALSO SEE 062 X, AN EXTENSION OF 027X) - PACEMAKER |
| 276 | MEDICAL/SURGICAL SUPPLIES AND DEVICES (ALSO SEE 062X, AN EXTENSION OF 027X) - INTRAOCULAR LENS |
| 277 | MEDICAL/SURGICAL SUPPLIES AND DEVICES (ALSO SEE 062X, AN EXTENSION OF 027X) - OXYGEN-TAKE HOME |
| 278 | MEDICAL/SURGICAL SUPPLIES AND DEVICES (ALSO SEE 062X, AN EXTENSION OF 027X) - OTHER IMPLANT |
| 279 | MEDICAL/SURGICAL SUPPLIES AND DEVICES (ALSO SEE 062X, AN EXTENSION OF 027X) - OTHER SUPPLIES/DEVICES |
| 280 | ONCOLOGY - GENERAL CLASSIFICATION |
| 289 | ONCOLOGY - OTHER ONCOLOGY |
| 290 | DURABLE MEDICAL EQUIPMENT (OTHER THAN RENAL) - GENERAL CLASSIFICATION |
| 291 | DURABLE MEDICAL EQUIPMENT (OTHER THAN RENAL) - RENTAL |
| 292 | DURABLE MEDICAL EQUIPMENT (OTHER THAN RENAL) - PURCHASE OF NEW DME |
| 293 | DURABLE MEDICAL EQUIPMENT (OTHER THAN RENAL) - PURCHASE OF USED DME |
| 294 | DURABLE MEDICAL EQUIPMENT (OTHER THAN RENAL) - SUPPLIES/DRUGS FOR DME |
| 299 | DURABLE MEDICAL EQUIPMENT (OTHER THAN RENAL) - OTHER EQUIPMENT |
| 300 | LABORATORY - GENERAL CLASSIFICATION |
| 301 | LABORATORY - CHEMISTRY |
| 302 | LABORATORY - IMMUNOLOGY |
| 303 | LABORATORY - RENAL PATIENT (HOME) |
| 304 | LABORATORY - NON-ROUTINE DIALYSIS |
| 305 | LABORATORY - HEMATOLOGY |
| 306 | LABORATORY - BACTERIOLOGY & MICROBIOLOGY |
| 307 | LABORATORY - UROLOGY |
| 309 | LABORATORY - OTHER LABORATORY |
| 310 | LABORATORY PATHOLOGY - GENERAL CLASSIFICATION |
| 311 | LABORATORY PATHOLOGY - CYTOLOGY |
| 312 | LABORATORY PATHOLOGY - HISTOLOGY |
| 314 | LABORATORY PATHOLOGY - BIOPSY |
| 319 | LABORATORY PATHOLOGY - OTHER LABORATORY PATHOLOGY |
| 320 | RADIOLOGY - DIAGNOSTIC - GENERAL CLASSIFICATION |
| 321 | RADIOLOGY - DIAGNOSTIC - ANGIOCARDIOGRAPHY |
| 322 | RADIOLOGY - DIAGNOSTIC - ARTHROGRAPHY |
| 323 | RADIOLOGY - DIAGNOSTIC - ARTERIOGRAPHY |
| 324 | RADIOLOGY - DIAGNOSTIC - CHEST X-RAY |
| 329 | RADIOLOGY - DIAGNOSTIC - OTHER RADIOLOGY - DIAGNOSTIC |
| 330 | RADIOLOGY - THERAPEUTIC AND/OR CHEMOTHERAPY ADMINISTRATION - GENERAL CLASSIFICATION |
| 331 | RADIOLOGY - THERAPEUTIC AND/OR CHEMOTHERAPY ADMINISTRATION - CHEMOTHERAPY ADMIN - INJECTED |
| 332 | RADIOLOGY - THERAPEUTIC AND/OR CHEMOTHERAPY ADMINISTRATION - CHEMOTHERAPY ADMINISTRATION - ORAL |
| 333 | RADIOLOGY - THERAPEUTIC AND/OR CHEMOTHERAPY ADMINISTRATION - RADIATION THERAPY |
| 335 | RADIOLOGY - THERAPEUTIC AND/OR CHEMOTHERAPY ADMINISTRATION - CHEMOTHERAPY ADMIN - IV |
| 339 | RADIOLOGY - THERAPEUTIC AND/OR CHEMOTHERAPY ADMINISTRATION - OTHER RADIOLOGY - THERAPEUTIC |
| 340 | NUCLEAR MEDICINE - GENERAL CLASSIFICATION |
| 341 | NUCLEAR MEDICINE - DIAGNOSTIC |
| 342 | NUCLEAR MEDICINE - THERAPEUTIC |
| 343 | NUCLEAR MEDICINE - DIAGNOSTIC RADIOPHARMACEUTICALS |
| 344 | NUCLEAR MEDICINE - THERAPEUTIC RADIOPHARMACEUTICALS |
| 349 | NUCLEAR MEDICINE - OTHER NUCLEAR MEDICINE |
| 350 | CT SCAN - GENERAL CLASSIFICATION |
| 351 | CT SCAN - HEAD SCAN |
| 352 | CT SCAN - BODY SCAN |
| 359 | CT SCAN - CT - OTHER |
| 360 | OPERATING ROOM SERVICES - GENERAL CLASSIFICATION |
| 361 | OPERATING ROOM SERVICES - MINOR SURGERY |
| 362 | OPERATING ROOM SERVICES - ORGAN TRANSPLANT-OTHER THAN KIDNEY |
| 367 | OPERATING ROOM SERVICES - KIDNEY TRANSPLANT |
| 369 | OPERATING ROOM SERVICES - OTHER OR SERVICES |
| 370 | ANESTHESIA - GENERAL CLASSIFICATION |
| 371 | ANESTHESIA - ANESTHESIA INCIDENT TO RADIOLOGY |
| 372 | ANESTHESIA - ANESTHESIA INCIDENT TO OTHER DX SERVICES |
| 374 | ANESTHESIA - ACUPUNCTURE |
| 379 | ANESTHESIA - OTHER ANESTHESIA |
| 380 | BLOOD AND BLOOD COMPONENTS - GENERAL CLASSIFICATION |
| 381 | BLOOD AND BLOOD COMPONENTS - PACKED RED CELLS |
| 382 | BLOOD AND BLOOD COMPONENTS - WHOLE BLOOD |
| 383 | BLOOD AND BLOOD COMPONENTS- PLASMA |
| 384 | BLOOD AND BLOOD COMPONENTS - PLATELETS |
| 385 | BLOOD AND BLOOD COMPONENTS - LEUCOCYTES |
| 386 | BLOOD AND BLOOD COMPONENTS - OTHER BLOOD COMPONENTS |
| 387 | BLOOD AND BLOOD COMPONENTS - OTHER DERIVATIVES (CRYOPRECIPITATE) |
| 389 | BLOOD AND BLOOD COMPONENTS - OTHER BLOOD AND BLOOD COMPONENTS |
| 390 | ADMINISTRATION, PROCESSING, AND STORAGE FOR BLOOD AND BLOOD COMPONENTS - GENERAL CLASSIFICATION |
| 391 | ADMINISTRATION, PROCESSING, AND STORAGE FOR BLOOD AND BLOOD COMPONENTS - ADMINISTRATION (E.G. TRANSFUSIONS) |
| 392 | ADMINISTRATION, PROCESSING, AND STORAGE FOR BLOOD AND BLOOD COMPONENTS - PROCESSING AND STORAGE |
| 399 | ADMINISTRATION, PROCESSING, AND STORAGE FOR BLOOD AND BLOOD COMPONENTS - OTHER BLOOD HANDLING |
| 400 | OTHER IMAGING SERVICES - GENERAL CLASSIFICATION |
| 401 | OTHER IMAGING SERVICES - DIAGNOSTIC MAMMOGRAPHY |
| 402 | OTHER IMAGING SERVICES - ULTRASOUND |
| 403 | OTHER IMAGING SERVICES - SCREENING MAMMOGRAPHY |
| 404 | OTHER IMAGING SERVICES - POSITRON EMISSION TOMOGRAPHY |
| 409 | OTHER IMAGING SERVICES - OTHER IMAGING SERVICES |
| 410 | RESPIRATORY SERVICES - GENERAL CLASSIFICATION |
| 412 | RESPIRATORY SERVICES - INHALATION SERVICES |
| 413 | RESPIRATORY SERVICES - HYPERBARIC OXYGEN THERAPY |
| 419 | RESPIRATORY SERVICES - OTHER RESPIRATORY SERVICES |
| 420 | PHYSICAL THERAPY - GENERAL CLASSIFICATION |
| 421 | PHYSICAL THERAPY - VISIT |
| 422 | PHYSICAL THERAPY - HOURLY |
| 423 | PHYSICAL THERAPY - GROUP |
| 424 | PHYSICAL THERAPY - EVALUATION OR RE-EVALUATION |
| 429 | PHYSICAL THERAPY - OTHER PHYSICAL THERAPY |
| 430 | OCCUPATIONAL THERAPY - GENERAL CLASSIFICATION |
| 431 | OCCUPATIONAL THERAPY - VISIT |
| 432 | OCCUPATIONAL THERAPY - HOURLY |
| 433 | OCCUPATIONAL THERAPY - GROUP |
| 434 | OCCUPATIONAL THERAPY - EVALUATION OR REEVALUATION |
| 439 | OCCUPATIONAL THERAPY - OTHER OCCUPATIONAL THERAPY |
| 440 | SPEECH-LANGUAGE PATHOLOGY - GENERAL CLASSIFICATION |
| 441 | SPEECH-LANGUAGE PATHOLOGY - VISIT |
| 442 | SPEECH-LANGUAGE PATHOLOGY - HOURLY |
| 443 | SPEECH-LANGUAGE PATHOLOGY - GROUP |
| 444 | SPEECH-LANGUAGE PATHOLOGY - EVALUATION OR REEVALUATION |
| 449 | SPEECH-LANGUAGE PATHOLOGY - OTHER SPEECH THERAPY |
| 450 | EMERGENCY ROOM - GENERAL CLASSIFICATION |
| 451 | EMERGENCY ROOM - EMTALA EMERGENCY MEDICAL SCREENING SERVICES |
| 452 | EMERGENCY ROOM - ER BEYOND EMTALA SCREENING |
| 456 | EMERGENCY ROOM - URGENT CARE |
| 459 | EMERGENCY ROOM - OTHER EMERGENCY ROOM |
| 460 | PULMONARY FUNCTION - GENERAL CLASSIFICATION |
| 469 | PULMONARY FUNCTION - OTHER PULMONARY FUNCTION |
| 470 | AUDIOLOGY - GENERAL CLASSIFICATION |
| 471 | AUDIOLOGY - DIAGNOSTIC |
| 472 | AUDIOLOGY - TREATMENT |
| 479 | AUDIOLOGY - OTHER AUDIOLOGY |
| 480 | CARDIOLOGY - GENERAL CLASSIFICATION |
| 481 | CARDIOLOGY - CARDIAC CATH LAB |
| 482 | CARDIOLOGY - STRESS TEST |
| 483 | CARDIOLOGY - ECHOCARDIOLOGY |
| 489 | CARDIOLOGY - OTHER CARDIOLOGY |
| 490 | AMBULATORY SURGICAL CARE - GENERAL CLASSIFICATION |
| 499 | AMBULATORY SURGICAL CARE - OTHER AMBULATORY SURGICAL CARE |
| 500 | OUTPATIENT SERVICES - GENERAL CLASSIFICATION |
| 509 | OUTPATIENT SERVICES - OTHER OUTPATIENT SERVICE |
| 510 | CLINIC - GENERAL CLASSIFICATION |
| 511 | CLINIC - CHRONIC PAIN CENTER |
| 512 | CLINIC - DENTAL CLINIC |
| 513 | CLINIC - PSYCHIATRIC CLINIC |
| 514 | CLINIC - OB-GYN CLINIC |
| 515 | CLINIC - PEDIATRIC CLINIC |
| 516 | CLINIC - URGENT CARE CLINIC |
| 517 | CLINIC - FAMILY PRACTICE CLINIC |
| 519 | CLINIC - OTHER CLINIC |
| 520 | FREESTANDING CLINIC - GENERAL CLASSIFICATION |
| 521 | FREESTANDING CLINIC - CLINIC VISIT BY MEMBER TO RHC/FQHC |
| 522 | FREESTANDING CLINIC - HOME VISIT BY RHC/FQHC PRACTITIONER |
| 523 | FREESTANDING CLINIC - FAMILY PRACTICE CLINIC |
| 524 | FREESTANDING CLINIC - VISIT BY RHC/FQHC PRACTITIONER TO A MEMBER IN A SNF OR SKILLED SWING BED IN A COVERED PART A STAY |
| 525 | FREESTANDING CLINIC - VISIT BY RHC/FQHC PRACTITIONER TO A MEMBER IN A SNF (NOT IN A COVERED PART A STAY) OR NF OR ICF MR OR OTHER RESIDENTIAL FACILITY |
| 526 | FREESTANDING CLINIC - URGENT CARE CLINIC |
| 527 | FREESTANDING CLINIC - VISITING NURSE SERVICE(S) TO A MEMBER'S HOME WHEN IN A HOME HEALTH SHORTAGE AREA |
| 528 | FREESTANDING CLINIC - VISIT BY RHC/FQHC PRACTITIONER TO OTHER NON-RHC/FQHC SITE (E.G. SCENE OF ACCIDENT) |
| 529 | FREESTANDING CLINIC - OTHER FREESTANDING CLINIC |
| 530 | OSTEOPATHIC SERVICES - GENERAL CLASSIFICATION |
| 531 | OSTEOPATHIC SERVICES - OSTEOPATHIC THERAPY |
| 539 | OSTEOPATHIC SERVICES - OTHER OSTEOPATHIC SERVICES |
| 540 | AMBULANCE - GENERAL CLASSIFICATION |
| 541 | AMBULANCE - SUPPLIES |
| 542 | AMBULANCE - MEDICAL TRANSPORT |
| 543 | AMBULANCE - HEART MOBILE |
| 544 | AMBULANCE - OXYGEN |
| 545 | AMBULANCE - AIR AMBULANCE |
| 546 | AMBULANCE - NEONATAL AMBULANCE SERVICES |
| 547 | AMBULANCE - PHARMACY |
| 548 | AMBULANCE - EKG TRANSMISSION |
| 549 | AMBULANCE - OTHER AMBULANCE |
| 550 | SKILLED NURSING - GENERAL CLASSIFICATION |
| 551 | SKILLED NURSING - VISIT CHARGE |
| 552 | SKILLED NURSING - HOURLY CHARGE |
| 559 | SKILLED NURSING - OTHER SKILLED NURSING |
| 560 | HOME HEALTH (HH) MEDICAL SOCIAL SERVICES - GENERAL CLASSIFICATION |
| 561 | HOME HEALTH (HH) MEDICAL SOCIAL SERVICES - VISIT CHARGE |
| 562 | HOME HEALTH (HH) MEDICAL SOCIAL SERVICES - HOURLY CHARGE |
| 569 | HOME HEALTH (HH) MEDICAL SOCIAL SERVICES - OTHER MED. SOCIAL SERVICE |
| 570 | HOME HEALTH (HH) AIDE - GENERAL CLASSIFICATION |
| 571 | HOME HEALTH (HH) AIDE - VISIT CHARGE |
| 572 | HOME HEALTH (HH) AIDE - HOURLY CHARGE |
| 579 | HOME HEALTH (HH) - OTHER HH AIDE |
| 580 | HOME HEALTH (HH) - OTHER VISITS - GENERAL CLASSIFICATION |
| 581 | HOME HEALTH (HH) - OTHER VISITS - VISIT CHARGE |
| 582 | HOME HEALTH (HH) - OTHER VISITS - HOURLY CHARGE |
| 583 | HOME HEALTH (HH) - OTHER VISITS - ASSESSMENT |
| 589 | HOME HEALTH (HH) - OTHER VISITS - OTHER HOME HEALTH VISIT |
| 590 | HOME HEALTH (HH) - UNITS OF SERVICE - GENERAL CLASSIFICATION |
| 599 | Units of Service (Home Health)-Other |
| 600 | HOME HEALTH (HH) - OXYGEN - GENERAL CLASSIFICATION |
| 601 | HOME HEALTH (HH) - OXYGEN - OXYGEN - STAT EQUIP/SUPPLY/CONTENT |
| 602 | HOME HEALTH (HH) - OXYGEN - OXYGEN - STAT EQUIP/SUPPLY < 1 LPM |
| 603 | HOME HEALTH (HH) - OXYGEN - OXYGEN - STAT EQUIP/SUPPLY > 4 LPM |
| 604 | HOME HEALTH (HH) - OXYGEN - OXYGEN - PORT ADD-ON |
| 609 | HOME HEALTH (HH) - OXYGEN - OXYGEN - OTHER |
| 610 | MAGNETIC RESONANCE TECHNOLOGY (MRT) - GENERAL CLASSIFICATION |
| 611 | MAGNETIC RESONANCE TECHNOLOGY (MRT) - MRI - BRAIN/BRAINSTEM |
| 612 | MAGNETIC RESONANCE TECHNOLOGY (MRT) - MRI - SPINAL CORD/SPINE |
| 614 | MAGNETIC RESONANCE TECHNOLOGY (MRT) - MRI - OTHER |
| 615 | MAGNETIC RESONANCE TECHNOLOGY (MRT) - MRA - HEAD AND NECK |
| 616 | MAGNETIC RESONANCE TECHNOLOGY (MRT) - MRA - LOWER EXTREMITIES |
| 618 | MAGNETIC RESONANCE TECHNOLOGY (MRT) - MRA - OTHER |
| 619 | MAGNETIC RESONANCE TECHNOLOGY (MRT) - OTHER MRT |
| 620 | Medical/Surgical Supplies - Extension of 270 |
| 621 | MEDICAL/SURGICAL SUPPLIES AND DEVICES - EXTENSION OF 027X - SUPPLIES INCIDENT TO RADIOLOGY |
| 622 | MEDICAL/SURGICAL SUPPLIES AND DEVICES - EXTENSION OF 027X - SUPPLIES INCIDENT TO OTHER DX SERVICES |
| 623 | MEDICAL/SURGICAL SUPPLIES AND DEVICES - EXTENSION OF 027X - SURGICAL DRESSINGS |
| 624 | MEDICAL/SURGICAL SUPPLIES AND DEVICES - EXTENSION OF 027X - FDA INVESTIGATIONAL DEVICES |
| 626 | RESERVED |
| 630 | Pharmacy - Extension of 0250 |
| 631 | PHARMACY - EXTENSION OF 025X - SINGLE SOURCE DRUG |
| 632 | PHARMACY - EXTENSION OF 025X - MULTIPLE SOURCE DRUG |
| 633 | PHARMACY - EXTENSION OF 025X - RESTRICTIVE PRESCRIPTION |
| 634 | PHARMACY - EXTENSION OF 025X - ERYTHROPOIETIN (EPO) <10,000 UNITS |
| 635 | PHARMACY - EXTENSION OF 025X - ERYTHROPOIETIN (EPO) >=10,000 UNITS |
| 636 | PHARMACY - EXTENSION OF 025X - DRUGS REQUIRING DETAILED CODING |
| 637 | PHARMACY - EXTENSION OF 025X - SELF-ADMINISTRABLE DRUGS |
| 640 | HOME IV THERAPY SERVICES - GENERAL CLASSIFICATION |
| 641 | HOME IV THERAPY SERVICES - NON-ROUTINE NURSING, CENTRAL LINE |
| 642 | HOME IV THERAPY SERVICES - IV SITE CARE, CENTRAL LINE |
| 643 | HOME IV THERAPY SERVICES - IV START/CHANGE, PERIPHERAL LINE |
| 644 | HOME IV THERAPY SERVICES - NON-ROUTINE NURSING, PERIPHERAL LINE |
| 645 | HOME IV THERAPY SERVICES - TRAINING PATIENT/CAREGIVER, CENTRAL LINE |
| 646 | HOME IV THERAPY SERVICES - TRAINING DISABLED PATIENT, CENTRAL LINE |
| 647 | HOME IV THERAPY SERVICES - TRAINING PATIENT/ CAREGIVER, PERIPHERAL LINE |
| 648 | HOME IV THERAPY SERVICES - TRAINING DISABLED PATIENT, PERIPHERAL LINE |
| 649 | HOME IV THERAPY SERVICES - OTHER IV THERAPY SERVICES |
| 650 | HOSPICE SERVICE - GENERAL CLASSIFICATION |
| 651 | HOSPICE SERVICE - ROUTINE HOME CARE |
| 652 | HOSPICE SERVICE - CONTINUOUS HOME CARE |
| 655 | HOSPICE SERVICE - INPATIENT RESPITE CARE |
| 656 | HOSPICE SERVICE - GENERAL INPATIENT CARE NON-RESPITE |
| 657 | HOSPICE SERVICE - PHYSICIAN SERVICES |
| 658 | HOSPICE SERVICE - HOSPICE ROOM & BOARD - NURSING FACILITY |
| 659 | HOSPICE SERVICE - OTHER HOSPICE SERVICE |
| 660 | RESPITE CARE - GENERAL CLASSIFICATION |
| 661 | RESPITE CARE - HOURLY CHARGE - NURSING |
| 662 | RESPITE CARE - HOURLY CHARGE - AIDE/HOMEMAKER/COMPANION |
| 663 | RESPITE CARE - DAILY RESPITE CHARGE |
| 669 | RESPITE CARE - OTHER RESPITE CARE |
| 670 | OUTPATIENT SPECIAL RESIDENCE CHARGES - GENERAL CLASSIFICATION |
| 671 | OUTPATIENT SPECIAL RESIDENCE CHARGES - HOSPITAL OWNED |
| 672 | OUTPATIENT SPECIAL RESIDENCE CHARGES - CONTRACTED |
| 679 | OUTPATIENT SPECIAL RESIDENCE CHARGES - OTHER SPECIAL RESIDENCE CHARGE |
| 680 | TRAUMA RESPONSE - NOT USED |
| 681 | TRAUMA RESPONSE - LEVEL I TRAUMA |
| 682 | TRAUMA RESPONSE - LEVEL II TRAUMA |
| 683 | TRAUMA RESPONSE - LEVEL III TRAUMA |
| 684 | TRAUMA RESPONSE - LEVEL IV TRAUMA |
| 689 | TRAUMA RESPONSE - OTHER TRAUMA RESPONSE |
| 690 | PRE-HOSPICE/PALLIATIVE CARE SERVICES - GENERAL CLASSIFICATION (EFFECTIVE 1/1/14) |
| 691 | PRE-HOSPICE/PALLIATIVE CARE SERVICES - VISIT CHARGE (EFFECTIVE 1/1/14) |
| 692 | PRE-HOSPICE/PALLIATIVE CARE SERVICES - HOURLY CHARGE (EFFECTIVE 1/1/14) |
| 693 | PRE-HOSPICE/PALLIATIVE CARE SERVICES - EVALUATION (EFFECTIVE 1/1/14) |
| 694 | PRE-HOSPICE/PALLIATIVE CARE SERVICES - CONSULTATION AND EDUCATION (EFFECTIVE 1/1/14) |
| 695 | PRE-HOSPICE/PALLIATIVE CARE SERVICES - INPATIENT CARE (EFFECTIVE 1/1/14) |
| 696 | PRE-HOSPICE/PALLIATIVE CARE SERVICES - PHYSICIAN SERVICES (EFFECTIVE 1/1/14) |
| 699 | PRE-HOSPICE/PALLIATIVE CARE SERVICES - OTHER PRE-HOSPICE/PALLIATIVE CARE SERVICES (EFFECTIVE 1/1/14) |
| 700 | CAST ROOM - GENERAL CLASSIFICATION |
| 709 | Cast Room- Other |
| 710 | RECOVERY ROOM - GENERAL CLASSIFICATION |
| 719 | Recovery Room-Other |
| 720 | LABOR ROOM/DELIVERY - GENERAL CLASSIFICATION |
| 721 | LABOR ROOM/DELIVERY - LABOR |
| 722 | LABOR ROOM/DELIVERY - DELIVERY ROOM |
| 723 | LABOR ROOM/DELIVERY - CIRCUMCISION |
| 724 | LABOR ROOM/DELIVERY - BIRTHING CENTER |
| 729 | LABOR ROOM/DELIVERY - OTHER LABOR ROOM/DELIVERY |
| 730 | EKG/ECG (ELECTROCARDIOGRAM) - GENERAL CLASSIFICATION |
| 731 | EKG/ECG (ELECTROCARDIOGRAM) - HOLTER MONITOR |
| 732 | EKG/ECG (ELECTROCARDIOGRAM) - TELEMETRY |
| 739 | EKG/ECG (ELECTROCARDIOGRAM) - OTHER EKG/ECG |
| 740 | EEG (ELECTROENCEPHALOGRAM) - GENERAL CLASSIFICATION |
| 749 | EEG -Other |
| 750 | GASTRO - INTESTINAL (GI) SERVICES - GENERAL CLASSIFICATION |
| 759 | Gastro-Intestinal Services-Other |
| 760 | SPECIALTY SERVICES - GENERAL CLASSIFICATION |
| 761 | SPECIALTY SERVICES - TREATMENT ROOM |
| 762 | SPECIALTY SERVICES - OBSERVATION HOURS |
| 769 | SPECIALTY SERVICES - OTHER SPECIALTY SERVICES |
| 770 | PREVENTIVE CARE SERVICES - GENERAL CLASSIFICATION |
| 771 | PREVENTIVE CARE SERVICES - VACCINE ADMINISTRATION |
| 779 | Preventative Care Services- Other |
| 780 | TELEMEDICINE - GENERAL CLASSIFICATION |
| 789 | Telemedicine-Other |
| 790 | EXTRA-CORPOREAL SHOCK WAVE THERAPY (FORMERLY LITHOTRIPSY) - GENERAL CLASSIFICATION |
| 799 | Lithotripsy-Other |
| 800 | INPATIENT RENAL DIALYSIS - GENERAL CLASSIFICATION |
| 801 | INPATIENT RENAL DIALYSIS - INPATIENT HEMODIALYSIS |
| 802 | INPATIENT RENAL DIALYSIS - INPATIENT PERITONEAL (NON-CAPD) |
| 803 | INPATIENT RENAL DIALYSIS - INPATIENT CONTINUOUS AMBULATORY PERITONEAL DIALYSIS (CAPD) |
| 804 | INPATIENT RENAL DIALYSIS - INPATIENT CONTINUOUS CYCLING PERITONEAL DIALYSIS (CCPD) |
| 809 | INPATIENT RENAL DIALYSIS - OTHER INPATIENT DIALYSIS |
| 810 | ACQUISITION OF BODY COMPONENTS - GENERAL CLASSIFICATION |
| 811 | ACQUISITION OF BODY COMPONENTS - LIVING DONOR |
| 812 | ACQUISITION OF BODY COMPONENTS - CADAVER DONOR |
| 813 | ACQUISITION OF BODY COMPONENTS - UNKNOWN DONOR |
| 814 | ACQUISITION OF BODY COMPONENTS - UNSUCCESSFUL ORGAN SEARCH - DONOR BANK CHARGES |
| 815 | ACQUISITION OF BODY COMPONENTS - STEM CELLS - ALLOGENEIC (EFFECTIVE 1/1/17) |
| 819 | ACQUISITION OF BODY COMPONENTS - OTHER DONOR |
| 820 | HEMODIALYSIS - OUTPATIENT OR HOME - GENERAL CLASSIFICATION |
| 821 | HEMODIALYSIS - OUTPATIENT OR HOME - HEMODIALYSIS COMPOSITE OR OTHER RATE |
| 822 | HEMODIALYSIS - OUTPATIENT OR HOME - HOME SUPPLIES |
| 823 | HEMODIALYSIS - OUTPATIENT OR HOME - HOME EQUIPMENT |
| 824 | HEMODIALYSIS - OUTPATIENT OR HOME - MAINTENANCE - 100% |
| 825 | HEMODIALYSIS - OUTPATIENT OR HOME - SUPPORT SERVICES |
| 826 | HEMODIALYSIS - OUTPATIENT OR HOME - SHORTER DURATION (EFFECTIVE DATE TBD) |
| 829 | HEMODIALYSIS - OUTPATIENT OR HOME - OTHER OP HEMODIALYSIS |
| 830 | PERITONEAL DIALYSIS - OUTPATIENT OR HOME - GENERAL CLASSIFICATION |
| 831 | PERITONEAL DIALYSIS - OUTPATIENT OR HOME - PERITONEAL/COMPOSITE OR OTHER RATE |
| 832 | PERITONEAL DIALYSIS - OUTPATIENT OR HOME - HOME SUPPLIES |
| 833 | PERITONEAL DIALYSIS - OUTPATIENT OR HOME - HOME EQUIPMENT |
| 834 | PERITONEAL DIALYSIS - OUTPATIENT OR HOME - MAINTENANCE - 100% |
| 835 | PERITONEAL DIALYSIS - OUTPATIENT OR HOME - SUPPORT SERVICES |
| 839 | PERITONEAL DIALYSIS - OUTPATIENT OR HOME - OTHER OUTPATIENT PERITONEAL DIALYSIS |
| 840 | CONTINUOUS AMBULATORY PERITONEAL DIALYSIS (CAPD) - OUTPATIENT OR HOME - GENERAL CLASSIFICATION |
| 841 | CONTINUOUS AMBULATORY PERITONEAL DIALYSIS (CAPD) - OUTPATIENT OR HOME - CAPD/COMPOSITE OR OTHER RATE |
| 842 | CONTINUOUS AMBULATORY PERITONEAL DIALYSIS (CAPD) - OUTPATIENT OR HOME - HOME SUPPLIES |
| 843 | CONTINUOUS AMBULATORY PERITONEAL DIALYSIS (CAPD) - OUTPATIENT OR HOME - HOME EQUIPMENT |
| 844 | CONTINUOUS AMBULATORY PERITONEAL DIALYSIS (CAPD) - OUTPATIENT OR HOME - MAINTENANCE - 100% |
| 845 | CONTINUOUS AMBULATORY PERITONEAL DIALYSIS (CAPD) - OUTPATIENT OR HOME - SUPPORT SERVICES |
| 849 | CONTINUOUS AMBULATORY PERITONEAL DIALYSIS (CAPD) - OUTPATIENT OR HOME - OTHER OUTPATIENT CAPD |
| 850 | CONTINUOUS CYCLING PERITONEAL DIALYSIS (CCPD) - OUTPATIENT OR HOME - GENERAL CLASSIFICATION |
| 851 | CONTINUOUS CYCLING PERITONEAL DIALYSIS (CCPD) - OUTPATIENT OR HOME - CCPD/COMPOSITE OR OTHER RATE |
| 852 | CONTINUOUS CYCLING PERITONEAL DIALYSIS (CCPD) - OUTPATIENT OR HOME - HOME SUPPLIES |
| 853 | CONTINUOUS CYCLING PERITONEAL DIALYSIS (CCPD) - OUTPATIENT OR HOME - HOME EQUIPMENT |
| 854 | CONTINUOUS CYCLING PERITONEAL DIALYSIS (CCPD) - OUTPATIENT OR HOME - MAINTENANCE - 100% |
| 855 | CONTINUOUS CYCLING PERITONEAL DIALYSIS (CCPD) - OUTPATIENT OR HOME - SUPPORT SERVICES |
| 859 | CONTINUOUS CYCLING PERITONEAL DIALYSIS (CCPD) - OUTPATIENT OR HOME - OTHER OUTPATIENT CCPD |
| 860 | MAGNETOENCEPHALOGRAPHY (MEG) - GENERAL CLASSIFICATION |
| 861 | MAGNETOENCEPHALOGRAPHY (MEG) - MEG |
| 870 | CELL/GENE THERAPY - GENERAL CLASSIFICATION |
| 871 | CELL/GENE THERAPY - CELL COLLECTION (EFFECTIVE 4/1/19) |
| 872 | CELL/GENE THERAPY - SPECIALIZED BIOLOGIC PROCESSING AND STORAGE - PRIOR TO TRANSPORT (EFFECTIVE 4/1/19) |
| 873 | CELL/GENE THERAPY - STORAGE AND PROCESSING AFTER RECEIPT OF CELLS FROM MANUFACTURER (EFFECTIVE 4/1/19) |
| 874 | CELL/GENE THERAPY - INFUSION OF MODIFIED CELLS (EFFECTIVE 4/1/19) |
| 875 | CELL/GENE THERAPY - INJECTION OF MODIFIED CELLS (EFFECTIVE 4/1/19) |
| 880 | MISCELLANEOUS DIALYSIS - GENERAL CLASSIFICATION |
| 881 | MISCELLANEOUS DIALYSIS - ULTRAFILTRATION |
| 882 | MISCELLANEOUS DIALYSIS - HOME DIALYSIS AID VISIT |
| 889 | MISCELLANEOUS DIALYSIS - OTHER MISCELLANEOUS DIALYSIS |
| 890 | PHARMACY - EXTENSION OF 025X AND 063X - RESERVED (USE 0250 FOR GENERAL CLASSIFICATION) (EFFECTIVE 4/1/19) |
| 891 | PHARMACY - EXTENSION OF 025X AND 063X - SPECIAL PROCESSED DRUGS - FDA APPROVED CELL THERAPY (EFFECTIVE 4/1/19) |
| 892 | PHARMACY - EXTENSION OF 025X AND 063X - SPECIAL PROCESSED DRUGS - FDA APPROVED GENE THERAPY(EFFECTIVE 4/1/20) |
| 893 | Other Donor Bank-Skin |
| 899 | Other Donor Bank-Other |
| 900 | BEHAVIORAL HEALTH TREATMENT/SERVICES (ALSO SEE 091X, AN EXTENSION OF 090X) - GENERAL CLASSIFICATION |
| 901 | BEHAVIORAL HEALTH TREATMENT/SERVICES (ALSO SEE 091X, AN EXTENSION OF 090X) - ELECTROSHOCK TREATMENT |
| 902 | BEHAVIORAL HEALTH TREATMENT/SERVICES (ALSO SEE 091X, AN EXTENSION OF 090X) - MILIEU THERAPY |
| 903 | BEHAVIORAL HEALTH TREATMENT/SERVICES (ALSO SEE 091X, AN EXTENSION OF 090X) - PLAY THERAPY |
| 904 | BEHAVIORAL HEALTH TREATMENT/SERVICES (ALSO SEE 091X, AN EXTENSION OF 090X) - ACTIVITY THERAPY |
| 905 | BEHAVIORAL HEALTH TREATMENT/SERVICES (ALSO SEE 091X, AN EXTENSION OF 090X) - INTENSIVE OUTPATIENT SERVICES - PSYCHIATRIC |
| 906 | BEHAVIORAL HEALTH TREATMENT/SERVICES (ALSO SEE 091X, AN EXTENSION OF 090X) - INTENSIVE OUTPATIENT SERVICES - CHEMICAL DEPENDENCY |
| 907 | BEHAVIORAL HEALTH TREATMENT/SERVICES (ALSO SEE 091X, AN EXTENSION OF 090X) - COMMUNITY BEHAVIORAL HEALTH PROGRAM (DAY TREATMENT) |
| 909 | Psychiatric/Psychological Treatments-Other |
| 910 | Psychiatric/Psychological Services |
| 911 | BEHAVIORAL HEALTH TREATMENT/SERVICES - EXTENSION OF 090X - REHABILITATION |
| 912 | BEHAVIORAL HEALTH TREATMENT/SERVICES - EXTENSION OF 090X - PARTIAL HOSPITALIZATION - LESS INTENSIVE |
| 913 | BEHAVIORAL HEALTH TREATMENT/SERVICES - EXTENSION OF 090X - PARTIAL HOSPITALIZATION - INTENSIVE |
| 914 | BEHAVIORAL HEALTH TREATMENT/SERVICES - EXTENSION OF 090X - INDIVIDUAL THERAPY |
| 915 | BEHAVIORAL HEALTH TREATMENT/SERVICES - EXTENSION OF 090X - GROUP THERAPY |
| 916 | BEHAVIORAL HEALTH TREATMENT/SERVICES - EXTENSION OF 090X - FAMILY THERAPY |
| 917 | BEHAVIORAL HEALTH TREATMENT/SERVICES - EXTENSION OF 090X - BIO FEEDBACK |
| 918 | BEHAVIORAL HEALTH TREATMENT/SERVICES - EXTENSION OF 090X - TESTING |
| 919 | BEHAVIORAL HEALTH TREATMENT/SERVICES - EXTENSION OF 090X - OTHER BEHAVIORAL HEALTH TREATMENTS |
| 920 | OTHER DIAGNOSTIC SERVICES - GENERAL CLASSIFICATION |
| 921 | OTHER DIAGNOSTIC SERVICES - PERIPHERAL VASCULAR LAB |
| 922 | OTHER DIAGNOSTIC SERVICES - ELECTROMYOGRAM |
| 923 | OTHER DIAGNOSTIC SERVICES - PAP SMEAR |
| 924 | OTHER DIAGNOSTIC SERVICES - ALLERGY TEST |
| 925 | OTHER DIAGNOSTIC SERVICES - PREGNANCY TEST |
| 929 | OTHER DIAGNOSTIC SERVICES - OTHER DIAGNOSTIC SERVICE |
| 930 | Medical Rehabilitation Day Program |
| 931 | MEDICAL REHABILITATION DAY PROGRAM - HALF DAY |
| 932 | MEDICAL REHABILITATION DAY PROGRAM - FULL DAY |
| 940 | OTHER THERAPEUTIC SERVICES (ALSO SEE 095X, AN EXTENSION OF 094X) - GENERAL CLASSIFICATION |
| 941 | OTHER THERAPEUTIC SERVICES (ALSO SEE 095X, AN EXTENSION OF 094X) - RECREATIONAL THERAPY |
| 942 | OTHER THERAPEUTIC SERVICES (ALSO SEE 095X, AN EXTENSION OF 094X) - EDUCATION/TRAINING |
| 943 | OTHER THERAPEUTIC SERVICES (ALSO SEE 095X, AN EXTENSION OF 094X) - CARDIAC REHABILITATION |
| 944 | OTHER THERAPEUTIC SERVICES (ALSO SEE 095X, AN EXTENSION OF 094X) - DRUG REHABILITATION |
| 945 | OTHER THERAPEUTIC SERVICES (ALSO SEE 095X, AN EXTENSION OF 094X) - ALCOHOL REHABILITATION |
| 946 | OTHER THERAPEUTIC SERVICES (ALSO SEE 095X, AN EXTENSION OF 094X) - COMPLEX MEDICAL EQUIPMENT - ROUTINE |
| 947 | OTHER THERAPEUTIC SERVICES (ALSO SEE 095X, AN EXTENSION OF 094X) - COMPLEX MEDICAL EQUIPMENT - ANCILLARY |
| 948 | OTHER THERAPEUTIC SERVICES (ALSO SEE 095X, AN EXTENSION OF 094X) - PULMONARY REHABILITATION |
| 949 | OTHER THERAPEUTIC SERVICES (ALSO SEE 095X, AN EXTENSION OF 094X) - OTHER THERAPEUTIC SERVICE |
| 950 | Other Therapeutic Services - Extension of 0940 |
| 951 | OTHER THERAPEUTIC SERVICES (EXTENSION OF 094X) - ATHLETIC TRAINING |
| 952 | OTHER THERAPEUTIC SERVICES (EXTENSION OF 094X) - KINESIOTHERAPY |
| 953 | OTHER THERAPEUTIC SERVICES (EXTENSION OF 094X) - CHEMICAL DEPENDENCY (DRUG AND ALCOHOL) |
| 960 | PROFESSIONAL FEES (ALSO SEE 097X AND 098X) - GENERAL CLASSIFICATION |
| 961 | PROFESSIONAL FEES (ALSO SEE 097X AND 098X) - PSYCHIATRIC |
| 962 | PROFESSIONAL FEES (ALSO SEE 097X AND 098X) - OPHTHALMOLOGY |
| 963 | PROFESSIONAL FEES (ALSO SEE 097X AND 098X) - ANESTHESIOLOGIST (MD) |
| 964 | PROFESSIONAL FEES (ALSO SEE 097X AND 098X) - ANESTHETIST (CRNA) |
| 969 | PROFESSIONAL FEES (ALSO SEE 097X AND 098X) - OTHER PROFESSIONAL FEE |
| 970 | Professional Fees |
| 971 | PROFESSIONAL FEES (EXTENSION OF 096X) - LABORATORY |
| 972 | PROFESSIONAL FEES (EXTENSION OF 096X) - RADIOLOGY - DIAGNOSTIC |
| 973 | PROFESSIONAL FEES (EXTENSION OF 096X) - RADIOLOGY - THERAPEUTIC |
| 974 | PROFESSIONAL FEES (EXTENSION OF 096X) - RADIOLOGY - NUCLEAR |
| 975 | PROFESSIONAL FEES (EXTENSION OF 096X) - OPERATING ROOM |
| 976 | PROFESSIONAL FEES (EXTENSION OF 096X) - RESPIRATORY THERAPY |
| 977 | PROFESSIONAL FEES (EXTENSION OF 096X) - PHYSICAL THERAPY |
| 978 | PROFESSIONAL FEES (EXTENSION OF 096X) - OCCUPATIONAL THERAPY |
| 979 | PROFESSIONAL FEES (EXTENSION OF 096X) - SPEECH PATHOLOGY |
| 980 | Professional Fees |
| 981 | PROFESSIONAL FEES (EXTENSION OF 096X AND 097X) - EMERGENCY ROOM SERVICES |
| 982 | PROFESSIONAL FEES (EXTENSION OF 096X AND 097X) - OUTPATIENT SERVICES |
| 983 | PROFESSIONAL FEES (EXTENSION OF 096X AND 097X) - CLINIC |
| 984 | PROFESSIONAL FEES (EXTENSION OF 096X AND 097X) - MEDICAL SOCIAL SERVICES |
| 985 | PROFESSIONAL FEES (EXTENSION OF 096X AND 097X) - EKG |
| 986 | PROFESSIONAL FEES (EXTENSION OF 096X AND 097X) - EEG |
| 987 | PROFESSIONAL FEES (EXTENSION OF 096X AND 097X) - HOSPITAL VISIT |
| 988 | PROFESSIONAL FEES (EXTENSION OF 096X AND 097X) - CONSULTATION |
| 989 | PROFESSIONAL FEES (EXTENSION OF 096X AND 097X) - PRIVATE DUTY NURSE |
| 990 | PATIENT CONVENIENCE ITEMS - GENERAL CLASSIFICATION |
| 991 | PATIENT CONVENIENCE ITEMS - CAFETERIA/GUEST TRAY |
| 992 | PATIENT CONVENIENCE ITEMS - PRIVATE LINEN SERVICE |
| 993 | PATIENT CONVENIENCE ITEMS - TELEPHONE/TELECOM |
| 994 | PATIENT CONVENIENCE ITEMS - TV/RADIO |
| 995 | PATIENT CONVENIENCE ITEMS - NON-PATIENT ROOM RENTALS |
| 996 | PATIENT CONVENIENCE ITEMS - LATE DISCHARGE |
| 997 | PATIENT CONVENIENCE ITEMS - ADMISSION KITS |
| 998 | PATIENT CONVENIENCE ITEMS - BEAUTY SHOP/BARBER |
| 999 | PATIENT CONVENIENCE ITEMS - OTHER CONVENIENCE ITEMS |
| 1000 | BEHAVIORAL HEALTH ACCOMMODATIONS - GENERAL CLASSIFICATION |
| 1001 | BEHAVIORAL HEALTH ACCOMMODATIONS - RESIDENTIAL - PSYCHIATRIC (TITLE EFFECTIVE 10/1/13) |
| 1002 | BEHAVIORAL HEALTH ACCOMMODATIONS - RESIDENTIAL - CHEMICAL DEPENDENCY (TITLE EFFECTIVE 10/1/13) |
| 1003 | BEHAVIORAL HEALTH ACCOMMODATIONS - SUPERVISED LIVING |
| 1004 | BEHAVIORAL HEALTH ACCOMMODATIONS - HALFWAY HOUSE |
| 1005 | BEHAVIORAL HEALTH ACCOMMODATIONS - GROUP HOME |
| 1006 | BEHAVIORAL HEALTH ACCOMMODATIONS - OUTDOOR/WILDERNESS BEHAVIORAL HEALTH (EFFECTIVE 7/1/17) |
| 2100 | ALTERNATIVE THERAPY SERVICES - GENERAL CLASSIFICATION |
| 2101 | ALTERNATIVE THERAPY SERVICES - ACUPUNCTURE |
| 2102 | ALTERNATIVE THERAPY SERVICES - ACUPRESSURE |
| 2103 | ALTERNATIVE THERAPY SERVICES - MASSAGE |
| 2104 | ALTERNATIVE THERAPY SERVICES - REFLEXOLOGY |
| 2105 | ALTERNATIVE THERAPY SERVICES - BIOFEEDBACK |
| 2106 | ALTERNATIVE THERAPY SERVICES - HYPNOSIS |
| 2109 | ALTERNATIVE THERAPY SERVICES - OTHER ALTERNATIVE THERAPY SERVICES |
| 3100 | Adult Care |
| 3101 | ADULT CARE - ADULT DAY CARE, MEDICAL AND SOCIAL - HOURLY |
| 3102 | ADULT CARE - ADULT DAY CARE, SOCIAL - HOURLY |
| 3103 | ADULT CARE - ADULT DAY CARE, MEDICAL AND SOCIAL - DAILY |
| 3104 | ADULT CARE - ADULT DAY CARE, SOCIAL - DAILY |
| 3105 | ADULT CARE - ADULT FOSTER CARE - DAILY |
| 3109 | ADULT CARE - OTHER ADULT CARE |

# Casemix - Hospital Outpatient Observation (PHDCM.OO) Visit

| **Variable Name** | **Variable Description** | **Meta Data** | **Format** |
| --- | --- | --- | --- |
| ID | PHD ID | 9 character alphanumeric ID | Char |
| OO\_ADMIT\_DATE | Date of admission to the Observation unit | Date Proxy – count of days between admission date and randomly chosen date in the past  **NOTE: The larger the date proxy, the more recently the event occurred** | Num |
| OO\_ADMIT\_MONTH | Admission month | Months, 1-12 | Num |
| OO\_ADMIT\_YEAR | Admission year | Years | Num |
| OO\_AGE | Age | 0=Less than 1 (please see OO\_NEWBORNAGEWEEK) Persons over 1 year (1-89): actual age 999=Unknown/missing | Num |
| OO\_CAREGIVER | This data element indicates the type of primary caregiver responsible for the patient’s care **other** than the attending physician, operating room physician, or nurse midwife  The field is rarely populated. | 1= Resident 2= Intern 3= Nurse Practitioner 4= Physician Assistant  9=Missing/Unknown | Num |
| OO\_CHARGES | The grand total of charges associated with the patient’s OD visit. A charge of $0 is not permitted unless the patient has a special Departure Status. Reported by facilitate. Does not include allowed or negotiated amounts. Not the actual dollars paid to the facility for care. | The total charge amount, rounded to the nearest dollar | Num |
| OO\_CONDITIONPRESENT1 | Flags whether the diagnosis was present on admission to Observation unit. | 0=Condition not present 1=Condition present 2=Clinically undetermined 8=not applicable 9=Unknown | Num |
| OO\_CONDITIONPRESENT2 | Flags whether the diagnosis was present on admission to Observation unit. | 0=Condition not present 1=Condition present 2=Clinically undetermined 8=not applicable 9=Unknown | Num |
| OO\_CONDITIONPRESENT3 | Flags whether the diagnosis was present on admission to Observation unit. | 0=Condition not present 1=Condition present 2=Clinically undetermined 8=not applicable 9=Unknown | Num |
| OO\_CONDITIONPRESENT4 | Flags whether the diagnosis was present on admission to Observation unit. | 0=Condition not present 1=Condition present 2=Clinically undetermined 8=not applicable 9=Unknown | Num |
| OO\_CONDITIONPRESENT5 | Flags whether the diagnosis was present on admission to Observation unit. | 0=Condition not present 1=Condition present 2=Clinically undetermined 8=not applicable 9=Unknown | Num |
| OO\_CONDITIONPRESENT6 | Flags whether the diagnosis was present on admission to Observation unit.  Not available prior FY2017 | 0=Condition not present 1=Condition present 2=Clinically undetermined 8=not applicable 9=Unknown  Blanks =Not available prior FY2017 | Num |
| OO\_CONDITIONPRESENT7 | Flags whether the diagnosis was present on admission to Observation unit.  Not available prior FY2017 | 0=Condition not present 1=Condition present 2=Clinically undetermined 8=not applicable 9=Unknown  Blanks =Not available prior FY2017 | Num |
| OO\_CONDITIONPRESENT8 | Flags whether the diagnosis was present on admission to Observation unit.  Not available prior FY2017 | 0=Condition not present 1=Condition present 2=Clinically undetermined 8=not applicable 9=Unknown  Blanks =Not available prior FY2017 | Num |
| OO\_CONDITIONPRESENT9 | Flags whether the diagnosis was present on admission to Observation unit.  Not available prior FY2017 | 0=Condition not present 1=Condition present 2=Clinically undetermined 8=not applicable 9=Unknown  Blanks =Not available prior FY2017 | Num |
| OO\_CONDITIONPRESENT10 | Flags whether the diagnosis was present on admission to Observation unit.  Not available prior FY2017 | 0=Condition not present 1=Condition present 2=Clinically undetermined 8=not applicable 9=Unknown  Blanks =Not available prior FY2017 | Num |
| OO\_CPT1 | CPT code for each significant procedure reported by the facility. | HCPCS or CPT codes | Char |
| OO\_CPT2 | CPT code for each significant procedure reported by the facility. | HCPCS or CPT codes | Char |
| OO\_CPT3 | CPT code for each significant procedure reported by the facility. | HCPCS or CPT codes | Char |
| OO\_CPT4 | CPT code for each significant procedure reported by the facility. | HCPCS or CPT codes | Char |
| OO\_CPT5 | CPT code for each significant procedure reported by the facility. | HCPCS or CPT codes | Char |
| OO\_CPT6 | CPT code for each significant procedure reported by the facility. New for FY2020 | HCPCS or CPT codes | Char |
| OO\_CPT7 | CPT code for each significant procedure reported by the facility. New for FY2020 | HCPCS or CPT codes | Char |
| OO\_CPT8 | CPT code for each significant procedure reported by the facility. New for FY2020 | HCPCS or CPT codes | Char |
| OO\_CPT9 | CPT code for each significant procedure reported by the facility. New for FY2020 | HCPCS or CPT codes | Char |
| OO\_CPT10 | CPT code for each significant procedure reported by the facility. New for FY2020 | HCPCS or CPT codes | Char |
| OO\_DAYSBETWEEN | Calculated field that indicates the number of days between each consecutive Observation stay | Integer | Num |
| OO\_DIAG1 | The ICD diagnosis code corresponding to the condition established after study to be chiefly responsible for the admission of the patient for hospital care. Determined by the ED. | Valid ICD code, no decimals | Char |
| OO\_DIAG2 | ICD Associated Diagnosis. | Valid ICD code. Excludes the decimal point. | Char |
| OO\_DIAG3 | ICD Associated Diagnosis. | Valid ICD code. Excludes the decimal point. | Char |
| OO\_DIAG4 | ICD Associated Diagnosis. | Valid ICD code. Excludes the decimal point. | Char |
| OO\_DIAG5 | ICD Associated Diagnosis. | Valid ICD code. Excludes the decimal point. | Char |
| OO\_DIAG6 | ICD Associated Diagnosis. | Valid ICD code. Excludes the decimal point. | Char |
| OO\_DIAG7 | ICD Associated Diagnosis. Available only since FY2017 | Valid ICD code. Excludes the decimal point. | Char |
| OO\_DIAG8 | ICD Associated Diagnosis. Available only since FY2017 | Valid ICD code. Excludes the decimal point. | Char |
| OO\_DIAG9 | ICD Associated Diagnosis. Available only since FY2017 | Valid ICD code. Excludes the decimal point. | Char |
| OO\_DIAG10 | ICD Associated Diagnosis. Available only since FY2017 | Valid ICD code. Excludes the decimal point. | Char |
| OO\_DIAG11 | ICD Associated Diagnosis. Available only since FY2017 | Valid ICD code. Excludes the decimal point. | Char |
| OO\_DIAG12 | ICD Associated Diagnosis. Available only since  FY 2020 | Valid ICD code. Excludes the decimal point. | Char |
| OO\_DIAG13 | ICD Associated Diagnosis. Available only since  FY2020 | Valid ICD code. Excludes the decimal point. | Char |
| OO\_DIAG14 | ICD Associated Diagnosis. Available only since FY2020 | Valid ICD code. Excludes the decimal point. | Char |
| OO\_DIAG15 | ICD Associated Diagnosis. Available only since FY2020 | Valid ICD code. Excludes the decimal point. | Char |
| OO\_DIAG16 | ICD Associated Diagnosis. Available only since FY2020 | Valid ICD code. Excludes the decimal point. | Char |
| OO\_DISCHARGE\_DATE | Date of discharge from Observation | Date Proxy – count of days between discharge date and randomly chosen date in the past **NOTE: The larger the date proxy, the more recently the event occurred** | Num |
| OO\_DISCHARGE\_MONTH | Discharge month | Months, 1-12 | Num |
| OO\_DISCHARGE\_YEAR | Discharge year | Years | Num |
| OO\_DISCHARGESTATUS | This field identifies the disposition and destination of the patient after discharge from the Observation. | 1=Routine 2=Admission to Hospital 3=Transferred 4=Against medical advice (AMA) 5=Expired  9=Missing | Num |
| OO\_EDADMIT | indicates whether an Observation stay began in the ED | 0=Not admitted from the ED, no ED visit reflected in this record 1=Not admitted from the ED, but ED visit(s) reflected in this record 2= Admitted from the ED  9=Unknown | Num |
| OO\_FACILITY | The Organization ID for the main facility affiliation. | See PHDCM.OO\_ORG for linking on this variable for info on the site | Num |
| OO\_HOMELESS | This flag indicates that the patient was homeless at the time of visit. | 0= Patient is not known to be homeless 1= Patient is known to be homeless  9=Unknown | Num |
| OO\_ICD\_Indicator | CMS classification code indicator: ICD Indicator Values (0,9) indicates ICD-9 or ICD-10-CM. Only one coding system is allowed per visit. | 9=ICD9  0=ICD10  Blanks=Unknown | Num |
| OO\_LOS\_HOURS | Count of hours between the admitting and discharge time for an Observation visit. | 999.99 = Unknown | Num |
| OO\_NEWBORNAGEWEEK | Age in weeks for children younger than 53 weeks of age who are admitted to the ED. Weeks are calculated from the Admitting Date - the DOB, and then rounded to the nearest week. Only values between 0 and 52 are valid. All other values are invalid. | Weeks, 0-52  99=Unknown | Num |
| OO\_PAYSOURCE1 | Primary payer for the OD Visit. Please note that the values are in “text” format, therefore, there may have duplicate numbers because of spaces in the field | [See code list](#_OO_PAYSOURCE1_1) | Num |
| OO\_PAYSOURCE2 | Secondary payer for this visit. Please note that the values are in text format and may have duplicates due to spaces and capitalization. | [See code list](#_OO_PAYSOURCE2) | Num |
| OO\_PAYERTYPE\_Primary | Indicates the type of organization or individual who is payer.  Not collected until FY2020 | 0=None (Valid only for Secondary Payer)  1=Self-Pay  2=Worker's Compensation  3=Medicare  4=Medicare Managed Care  5=Medicaid  6=Medicaid Managed Care  7=Other Government Payment  8=Blue Cross  9=Blue Cross Managed Care  10=Commercial Insurance  11=Commercial Managed Care  12=HMO  13=Free Care  14=Other Non-Managed Care Plans  15=PPO and Other Managed Care Plans Not Elsewhere Classified  16=Point-of-Service Plan  17=Exclusive Provider Organization  18=Auto Insurance  19= Commonwealth Care/ConnectorCare Plans  20= Dental Plans  21=Health Safety Net  Blanks=not collected | Num |
| OO\_PAYERTYPE\_Secondary | Indicates the type of organization or individual who is payer.  Not collected until FY2020 | 0=None (Valid only for Secondary Payer)  1=Self-Pay  2=Worker's Compensation  3=Medicare  4=Medicare Managed Care  5=Medicaid  6=Medicaid Managed Care  7=Other Government Payment  8=Blue Cross  9=Blue Cross Managed Care  10=Commercial Insurance  11=Commercial Managed Care  12=HMO  13=Free Care  14=Other Non-Managed Care Plans  15=PPO and Other Managed Care Plans Not Elsewhere Classified  16=Point-of-Service Plan  17=Exclusive Provider Organization  18=Auto Insurance  19= Commonwealth Care/ConnectorCare Plans  20= Dental Plans  21=Health Safety Net  Blanks=not collected | Num |
| OO\_PHYSICIAN\_NUMBER | Physician’s state license number (BORIM #) for the OD Physician who provided services related to this visit. Report if the physician’s involvement in the patient’s OD Visit is captured in the facility’s electronic information systems |  | Char |
| OO\_PrincipalExternal\_CauseCode | Principal External Cause Code - New starting FY2017 | Principal External Cause Code must be a valid ICD-10-CM external cause code (V00-Y89) or supplemental (Y90-Y99) ICD external cause codes. | Char |
| OO\_PRIMARYCONDITIONPRESENT | Flag indicating that principal condition was present on admission | 0=condition not present 1=condition present 3=clinically undetermined 8=not applicable 9=unknown | Num |
| OO\_PROC1 | ICD code for the most important procedure in the Observation unit stay | Valid ICD code, no decimals | Char |
| OO\_PROC1\_DATE | date of the principal procedure | Date Proxy – count of days between procedure date and randomly chosen date in the past  **NOTE: The larger the date proxy, the more recently the event occurred** | Num |
| OO\_PROC1\_MONTH | Procedure month | Months, 1-12 | Num |
| OO\_PROC1\_YEAR | Procedure year | Years | Num |
| OO\_PROC2 | Patient’s significant procedure | Valid ICD or CPT code. Excludes the decimal point. | Char |
| OO\_PROC2\_DATE | Date on which this procedure was performed | Date Proxy – count of days between procedure date and randomly chosen date in the past  **NOTE: The larger the date proxy, the more recently the event occurred** | Num |
| OO\_PROC2\_MONTH | Procedure month | Months, 1-12 | Num |
| OO\_PROC2\_YEAR | Procedure year | Years | Num |
| OO\_PROC3 | Patient’s significant procedure | Valid ICD or CPT code. Excludes the decimal point. | Char |
| OO\_PROC3\_DATE | date on which this procedure was performed | Date Proxy – count of days between procedure date and randomly chosen date in the past  **NOTE: The larger the date proxy, the more recently the event occurred** | Num |
| OO\_PROC3\_MONTH | Procedure month | Months, 1-12 | Num |
| OO\_PROC3\_YEAR | Procedure year | Years | Num |
| OO\_PROC4 | Patient’s significant procedure | Valid ICD or CPT code. Excludes the decimal point. | Char |
| OO\_PROC4\_DATE | date on which this procedure was performed | Date Proxy – count of days between procedure date and randomly chosen date in the past  **NOTE: The larger the date proxy, the more recently the event occurred** | Num |
| OO\_PROC4\_MONTH | Procedure month | Months, 1-12 | Num |
| OO\_PROC4\_YEAR | Procedure year | Years, | Num |
| OO\_RACE | Combined race and Hispanic ethnicity | 1 = White Non-Hispanic 2 = Black non-Hispanic 3 = Asian/PI non-Hispanic 4 = Hispanic 5 = American Indian or Other  9 = Unknown | Num |
| OO\_RES\_CODE | Permanent city of residence for the patient | 1-351 for valid MA city/towns 999=Out of state or unknown | Num |
| OO\_RES\_ZIP | First five digits of patient's permanent zip code. Zip codes are not standardized, and this field is as reported from a nine-digit zip code. | 5 digit zip code 99999=Unknown | Char |
| OO\_SEX | Sex flag as assigned by Observation unit | 1= Male 2= Female 3= Unknown | Num |
| OO\_SITE | The Organization ID for site where the patient received care. | See PHDCM.OO\_ORG for linking on this variable for info on the site | Num |
| OO\_SURGEONPROC1 | Code for each significant procedure reported by the facility | These are the surgeons that performed the procedures so should be a Board of Registration in Medicine (BORIM) license number or one of our allowable other codes. These include: “DENSG”, “PODTR”, “OTHER”, “NURSEP”, “PHYAST” or “MIDWIF” as BORIM does not license these medical professionals. | Char |
| OO\_SURGEONPROC2 | Code for each significant procedure reported by the facility | These are the surgeons that performed the procedures so should be a Board of Registration in Medicine (BORIM) license number or one of our allowable other codes. These include: “DENSG”, “PODTR”, “OTHER”, “NURSEP”, “PHYAST” or “MIDWIF” as BORIM does not license these medical professionals. | Char |
| OO\_SURGEONPROC3 | Code for each significant procedure reported by the facility | These are the surgeons that performed the procedures so should be a Board of Registration in Medicine (BORIM) license number or one of our allowable other codes. These include: “DENSG”, “PODTR”, “OTHER”, “NURSEP”, “PHYAST” or “MIDWIF” as BORIM does not license these medical professionals. | Char |
| OO\_TRANSFERFROM | The Organization ID for the site where the patient was transferred from. | See PHDCM.OO\_ORG for linking on this variable for info on the site  9999999=Transferred from facility outside of MA | Num |
| OO\_VISITSOURCE1 | The first source of visit code indicating the source of originating, referring, or transferring the patient to the Observation. Please note that the terms “visit” and “stay” are used interchangeably for Observation services. | [See code list](#_OO_VISITSOURCE1_OO_VISITSOURCE2) | Num |
| OO\_VISITSOURCE2 | The second source of visit code indicating the source of originating, referring, or transferring the patient to the Observation. Please note that the terms “visit” and “stay” are used interchangeably for Observation services. | [See code list](#_OO_VISITSOURCE1_OO_VISITSOURCE2) | Num |
| OO\_VISITTYPE | type of stay | 1= Emergency 2= Urgent 3= Non-Urgent 4= Newborn 9 = Unknown | Num |

| OO\_PAYSOURCE1OO\_PAYSOURCE2 | **Description** |
| --- | --- |
| 0 | Invalid |
| 1 | Harvard Community Health Plan HMO |
| 2 | Bay State - a product of HMO Blue Blue Cross Managed Care |
| 3 | Network Blue (PPO) Blue Cross Managed Care |
| 4 | Fallon Community Health Plan HMO |
| 7 | Tufts Associated Health Plan HMO |
| 8 | Pilgrim Health Care HMO |
| 9 | United Health Plan of New England (Ocean State) HMO |
| 10 | Pilgrim Advantage - PPO PPO and Other Managed Care Plans Not Elsewhere Classified |
| 11 | Blue Care Elect Blue Cross Managed Care |
| 13 | Community Health Plan Options (New York) Point-of-Service Plan |
| 14 | Health New England Advantage POS Point-of-Service Plan |
| 15 | Invalid (replaced by #158) |
| 17 | Prudential Healthcare POS Commercial Managed Care |
| 18 | Prudential Healthcare PPO Commercial Managed Care |
| 19 | Matthew Thornton HMO |
| 20 | HCHP of New England (formerly RIGHA) HMO |
| 21 | Commonwealth PPO PPO and Other Managed Care Plans Not Elsewhere Classified |
| 22 | Aetna Open Choice PPO Commercial Managed Care |
| 23 | Guardian Life Insurance Company PPO Commercial Managed Care |
| 24 | Health New England HMO |
| 25 | Pioneer Plan HMO |
| 27 | First Allmerica Financial Life Insurance PPO Commercial Managed Care |
| 28 | Great West Life PPO Commercial Managed Care |
| 30 | CIGNA (Indemnity) Commercial Insurance |
| 31 | One Health Plan HMO (Great West Life) Commercial Managed Care |
| 32 | Invalid (replaced by #157 and 158) |
| 33 | Mutual of Omaha PPO Commercial Managed Care |
| 34 | New York Life Care PPO Commercial Managed Care |
| 35 | United Healthcare Insurance Company - HMO Commercial Managed Care |
| 36 | United Healthcare Insurance Company - PPO Commercial Managed Care |
| 37 | HCHP-Pilgrim HMO (integrated product) HMO |
| 38 | Health New England Select (self-funded) HMO |
| 39 | Pilgrim Direct HMO |
| 40 | Kaiser Foundation HMO |
| 42 | ConnectiCare Of Massachusetts HMO |
| 43 | MEDTAC HMO |
| 44 | Community Health Plan HMO |
| 45 | Health Source New Hampshire HMO |
| 46 | Blue CHiP (BCBS Rhode Island) HMO |
| 47 | Neighborhood Health Plan HMO |
| 48 | US Healthcare HMO |
| 49 | Healthsource CMHC Plus PPO PPO and Other Managed Care Plans Not Elsewhere Classified |
| 50 | Blue Health Plan for Kids Blue Cross |
| 51 | Aetna Life Insurance Commercial Insurance |
| 52 | Boston Mutual Insurance Commercial Insurance |
| 54 | Continental Assurance Insurance Commercial Insurance |
| 55 | Guardian Life Insurance Commercial Insurance |
| 56 | Hartford L&A Insurance Commercial Insurance |
| 57 | John Hancock Life Insurance Commercial Insurance |
| 58 | Liberty Life Insurance Commercial Insurance |
| 59 | Lincoln National Insurance Commercial Insurance |
| 62 | Mutual of Omaha Insurance Commercial Insurance |
| 63 | New England Mutual Insurance Commercial Insurance |
| 64 | New York Life Care Indemnity Commercial Insurance |
| 65 | Paul Revere Life Insurance Commercial Insurance |
| 66 | Prudential Insurance Commercial Insurance |
| 67 | First Allmerica Financial Life Insurance Commercial Insurance |
| 69 | Corporate Health Insurance Liberty Plan Commercial Insurance |
| 70 | Union Labor Life Insurance Commercial Insurance |
| 71 | ADMAR PPO and Other Managed Care Plans Not Elsewhere Classified |
| 72 | Healthsource New Hampshire Commercial Insurance |
| 73 | United Health and Life Commercial Insurance |
| 74 | United Healthcare Insurance Company Commercial Insurance |
| 75 | Prudential Healthcare HMO Commercial Managed Care |
| 77 | Options for Healthcare PPO PPO and Other Managed Care Plans Not Elsewhere Classified |
| 78 | Phoenix Preferred PPO Commercial Managed Care |
| 79 | Pioneer Health Care PPO PPO and Other Managed Care Plans Not Elsewhere Classified |
| 80 | Tufts Total Health Plan PPO PPO and Other Managed Care Plans Not Elsewhere Classified |
| 81 | HMO Blue Blue Cross Managed Care |
| 82 | John Hancock Preferred Commercial Managed Care |
| 83 | US Healthcare Quality Network Choice- PPO PPO and Other Managed Care Plans Not Elsewhere Classified |
| 84 | Private Healthcare Systems PPO PPO and Other Managed Care Plans Not Elsewhere Classified |
| 85 | Liberty Mutual Commercial Insurance |
| 86 | United Health & Life PPO PPO and Other Managed Care Plans Not Elsewhere Classified |
| 87 | CIGNA PPO Commercial Managed Care |
| 88 | Freedom Care PPO and Other Managed Care Plans Not Elsewhere Classified |
| 89 | Great West/NE Care Commercial Insurance |
| 90 | Healthsource Preferred (self-funded) PPO and Other Managed Care Plans Not Elsewhere Classified |
| 91 | New England Benefits Commercial Insurance |
| 93 | Psychological Health Plan PPO and Other Managed Care Plans Not Elsewhere Classified |
| 94 | Time Insurance Co Commercial Insurance |
| 95 | Pilgrim Select - PPO PPO and Other Managed Care Plans Not Elsewhere Classified |
| 96 | Metrahealth (United Health Care of NE) Commercial Insurance |
| 97 | UniCare Commercial Insurance |
| 98 | Healthy Start Free Care |
| 99 | Other POS (not listed elsewhere) Point-of-Service Plan |
| 100 | Transport Life Insurance Commercial Insurance |
| 101 | Quarto Claims Commercial Insurance |
| 102 | Wausau Insurance Company Commercial Insurance |
| 103 | Medicaid (includes MassHealth) Medicaid |
| 104 | Medicaid Managed Care-Primary Care Clinician Medicaid Managed Care |
| 106 | Medicaid Managed Care-Central Mass Health Care Medicaid Managed Care |
| 107 | Medicaid Managed Care - Community Health Plan Medicaid Managed Care |
| 108 | Medicaid Managed Care - Fallon Community Health Plan Medicaid Managed Care |
| 109 | Medicaid Managed Care - Harvard Community Health Plan Medicaid Managed Care |
| 110 | Medicaid Managed Care - Health New England Medicaid Managed Care |
| 111 | Medicaid Managed Care - HMO Blue Medicaid Managed Care |
| 112 | Medicaid Managed Care - Kaiser Foundation Plan Medicaid Managed Care |
| 113 | Medicaid Managed Care - Neighborhood Health Plan Medicaid Managed Care |
| 114 | Medicaid Managed Care - United Health Plans of NE Medicaid Managed Care |
| 115 | Medicaid Managed Care - Pilgrim Health Care Medicaid Managed Care |
| 116 | Medicaid Managed Care -Tufts Associated Health Plan Medicaid Managed Care |
| 118 | Medicaid Mental Health & Substance Abuse Plan -Mass Behavioral Health Partne |
| 119 | Medicaid Managed Care Other (not listed elsewhere) Medicaid Managed Care |
| 120 | Out-of-State Medicaid Other Government Payment |
| 121 | Medicare Medicare |
| 125 | Medicare HMO - Fallon Senior Plan Medicare Managed Care |
| 127 | Medicare HMO - Health New England Medicare Wrap Medicare Managed Care |
| 127 | Medicare HMO -Health New England Medicare Wrap |
| 128 | Medicare HMO - HMO Blue for Seniors Medicare Managed Care |
| 128 | Medicare HMO -HMO Blue for Seniors |
| 129 | Medicare HMO - Kaiser Medicare Plus Plan Medicare Managed Care |
| 129 | Medicare HMO-Kaiser Medicare Plus Plan |
| 131 | Medicare HMO - Pilgrim Enhance 65 Medicare Managed Care |
| 132 | Medicare HMO - Matthew Thornton Senior Plan Medicare Managed Care |
| 133 | Medicare HMO -Tufts Medicare Supplement (TMS) Medicare Managed Care |
| 134 | Medicare HMO - Other (not listed elsewhere) Medicare Managed Care |
| 135 | Out-of-State Medicare Medicare |
| 136 | BCBS Medex Blue Cross |
| 136 | BCBS Medex |
| 137 | AARP/Medigap supplement Commercial Insurance |
| 137 | AARP/Medigap Supplement |
| 138 | Banker's Life and Casualty Insurance Commercial Insurance |
| 138 | Banker’s Life and Casualty Insurance |
| 139 | Bankers Multiple Line Commercial Insurance |
| 139 | Bankers Multiple Line |
| 140 | Combined Insurance Company of America Commercial Insurance |
| 140 | Combined Insurance Company of America |
| 141 | Other Medigap (not listed elsewhere) Commercial Insurance |
| 142 | Blue Cross Indemnity Blue Cross |
| 143 | Free Care Free Care |
| 144 | Other Government Other Government Payment |
| 145 | Self-Pay Self-Pay |
| 146 | Worker's Compensation Worker's Compensation |
| 147 | Other Commercial (not listed elsewhere) Commercial Insurance |
| 148 | Other HMO (not listed elsewhere) HMO |
| 149 | PPO and Other Managed Care PPO and Other Managed Care Plans Not Elsewhere Classified |
| 150 | Other Non-Managed Care (not listed elsewhere) Other Non-Managed Care Plans |
| 151 | CHAMPUS Other Government Payment |
| 152 | Foundation Other Non-Managed Care Plans |
| 153 | Grant Other Non-Managed Care Plans |
| 154 | BCBS Other (Not listed elsewhere) Blue Cross |
| 155 | Blue Cross Managed Care Other Blue Cross Managed Care |
| 156 | Out of state BCBS Blue Cross |
| 157 | Metrahealth - PPO (United Health Care of NE) Commercial Managed Care |
| 157 | Metrahealth - PPO (United Health Care of NE) |
| 158 | Metrahealth - HMO (United Health Care of NE) Commercial Managed Care |
| 158 | Metrahealth - HMO (United Health Care of NE) |
| 159 | None (Valid only for Secondary Source of Payment) |
| 160 | Blue Choice (includes Healthflex Blue) - POS Blue Cross Managed Care |
| 161 | Aetna Managed Choice POS Commercial Managed Care |
| 162 | Great West Life POS Commercial Managed Care |
| 163 | United Healthcare Insurance Company - POS Commercial Managed Care |
| 164 | Healthsource CMHC Plus POS Point-of-Service Plan |
| 165 | Healthsource New Hampshire POS (self-funded) Point-of-Service Plan |
| 166 | Private Healthcare Systems POS Point-of-Service Plan |
| 167 | Fallon POS Point-of-Service Plan |
| 169 | Kaiser Added Choice Point-of-Service Plan |
| 170 | US Healthcare Quality POS Point-of-Service Plan |
| 171 | CIGNA POS Commercial Managed Care |
| 172 | Metrahealth - POS (United Health Care of NE) Commercial Managed Care |
| 173 | Aetna Medicare Open Medicare Managed Care |
| 174 | Aetna Health Inc. - Quality POS HMO |
| 175 | Aetna Health, Inc. - HMO HMO |
| 176 | Carelink (CIGNA & Tufts) Commercial Insurance |
| 177 | Chesapeake Life Insurance Company Commercial Insurance |
| 178 | Children's Medical Security Plan (CMSP) Government |
| 179 | First Health Life and Health Insurance Company Commercial Insurance |
| 180 | Fresenius Medical Care Health Plan (Medicare Advantage Plan) Medicare Manage |
| 181 | First Allmerica Financial Life Insurance EPO Commercial Managed Care |
| 182 | UniCare Preferred Plus Managed Access EPO Commercial Managed Care |
| 183 | Pioneer Health Care EPO Exclusive Provider Organization |
| 184 | Private Healthcare Systems EPO Exclusive Provider Organization |
| 185 | Connecticut General Life - Indemnity Commercial Insurance |
| 186 | Connecticut General Life - POS POS |
| 187 | Connecticut General Life - PPO PPO |
| 188 | Fallon Flex POS POS |
| 189 | Fallon Major Medical - Indemnity Commercial Insurance |
| 190 | Fallon Preferred Care - PPO Commercial Managed Care |
| 191 | Genworth Preferred PPO Commercial Managed Care |
| 192 | Guarantee Trust Life Insurance Company - PPO Commercial Managed Care |
| 193 | Harvard Pilgrim - Indemnity Commercial Insurance |
| 194 | Harvard Pilgrim - POS HMO |
| 195 | Harvard Pilgrim - PPO HMO |
| 196 | Harvard Pilgrim Health Care, Inc. (HMO) HMO |
| 197 | Health Insurance Plan of New York (HIP) Commercial Insurance |
| 198 | John Alden Life Insurance Company Commercial Insurance |
| 199 | Other EPO (not listed elsewhere) Exclusive Provider Organization |
| 200 | Hartford Life Insurance Co Commercial Insurance |
| 200 | Hartford Life Insurance co. |
| 201 | Mutual of Omaha Commercial Insurance |
| 202 | New York Life Insurance Commercial Insurance |
| 203 | Principal Financial Group (Principal Mutual Life) Commercial Insurance |
| 204 | Christian Brothers Employee Commercial Insurance |
| 205 | Health New England Select Premier PPO PPO |
| 206 | Health New England Guaranteed Issue - Individual Plans Commercial Insurance |
| 207 | Network Health (Cambridge Health Alliance MCD Program) Medicare Managed Care |
| 208 | HealthNet (Boston Medical Center MCD Program) Medicaid Managed Care |
| 209 | Mid-West National Life Insurance Company of Tennessee Commercial Insurance |
| 210 | Medicare HMO - Pilgrim Preferred 65 Medicare Managed Care |
| 211 | Medicare HMO - Neighborhood Health Plan Senior Health Plus Medicare Managed |
| 212 | Medicare HMO - Healthsource CMHC Central Care Supplement Medicare Managed Ca |
| 212 | Medicare HMO - Healthsource CMHC Central Care Supplement |
| 213 | Medicare HMO - Medicare Complete Plans offered by SecureHorizons Medicare Ma |
| 214 | Medicare HMO - Harvard Pilgrim Health Plan - Medicare Enhance Medicare Manag |
| 215 | Tufts Medicare HMO - Medicare Preferred Medicare Managed Care |
| 216 | Medicare Special Needs Plan - Commonwealth Care Alliance Medicare Managed Ca |
| 217 | Medicare Special Needs Plan - Fallon Community Health Plan Medicare Managed |
| 218 | Medicare Special Needs Plan - Senior Whole Health Medicare Managed Care |
| 219 | Medicare Special Needs Plan - United Health Group Evercare Mass. SCO and Eve |
| 220 | Medicare HMO - Blue Care 65 Medicare Managed Care |
| 221 | Medicare HMO - Harvard Community Health Plan 65 Medicare Managed Care |
| 222 | Medicare HMO - Healthsource CMHC Medicare Managed Care |
| 223 | Medicare HMO - Harvard Pilgrim Health Care of New England Care Plus Medicare |
| 224 | Medicare HMO - Tufts Secure Horizons Medicare Managed Care |
| 225 | Medicare HMO - US Healthcare Medicare Managed Care |
| 226 | United Health Care of New England, Inc. Commercial Managed Care |
| 227 | Northeast Health Direct - PPO PPO |
| 228 | Oxford Health Plans Commercial Insurance |
| 229 | Professional Insurance Company (Indemnity) Commercial Insurance |
| 230 | Medicare HMO - HCHP First Seniority Medicare Managed Care |
| 231 | Medicare HMO - Pilgrim Prime Medicare Managed Care |
| 232 | Medicare HMO - Seniorcare Direct Medicare Managed Care |
| 233 | Medicare HMO - Seniorcare Plus Medicare Managed Care |
| 234 | Medicare HMO - Managed Blue for Seniors Medicare Managed Care |
| 235 | Trustmark Life Insurance Company Commercial Insurance |
| 236 | Tufts Health Maintenance Organization, Inc. (TAHMO) HMO |
| 237 | Tufts Insurance Company PPO PPO |
| 238 | Tufts Associated Health Maintenance Organization, Inc. PPO HMO |
| 239 | Tufts Associated Health Maintenance Organization, Inc. POS Plan HMO |
| 240 | Unicare PPO PPO |
| 241 | Union Security Insurance Company Commercial Insurance |
| 242 | Wellcare Health Plans, Inc. Commercial Insurance |
| 243 | Pioneer Health Network HMO |
| 244 | Tufts Medicare Complement (TMC) Commercial Insurance |
| 245 | Trail Blazer Health Enterprises, LLC Medicare Managed Care |
| 246 | Preferred Blue PPO Blue Cross Managed Care |
| 247 | Humana Insurance Company \*\* Commercial Insurance |
| 248 | Mail Handlers Benefit Plan Commercial Insurance |
| 249 | MEGA Life and Health Insurance Company Commercial Insurance |
| 250 | CIGNA HMO Commercial Managed Care |
| 251 | Healthsource CMHC HMO HMO |
| 252 | Health New England (HNE) Medicare Advantage Plan Medicare Managed Care |
| 253 | Blue Medicare PFFS Medicare Managed Care |
| 254 | Cigna Medicare Access Plans Medicare Managed Care |
| 255 | Health Net Pearl Medicare Managed Care |
| 256 | Humana Gold PFFS Medicare Managed Care |
| 257 | Today's Options Premier from Universal American Medicare Managed Care |
| 258 | Unicare Security Choice Medicare Managed Care |
| 259 | CeltiCare Health Plan of Massachusetts Commercial Insurance |
| 270 | UniCare Preferred Plus PPO Commercial Managed Care |
| 271 | Hillcrest HMO HMO |
| 272 | Auto Insurance Auto Insurance |
| 273 | MassHealth Senior Care Options\*\*\*\* Medicare Managed Care |
| 274 | Medicaid Managed Care - Network Health Medicaid Managed Care |
| 275 | Medicare SCO - NaviCare (HMO) Medicare Managed Care |
| 276 | Medicare SCO - Tufts Senior Care Options Medicare Managed Care |
| 277 | Medicare SCO - United Health Care Medicare Managed Care |
| 278 | Medicare SCO - Commonwealth Care Alliance Medicare Managed Care |
| 279 | Medicare One Care - Fallon Total Care Medicare Managed Care |
| 280 | Medicare One Care - Network Health Medicare Managed Care |
| 281 | Medicare One Care - Commonwealth Care Alliance Medicare Managed Care |
| 282 | BMC MassHealth CarePlus Medicaid Managed Care |
| 283 | Fallon MassHealth CarePlus Medicaid Managed Care |
| 284 | NHP MassHealth CarePlus Medicaid Managed Care |
| 285 | Network Health MassHealth CarePlus Medicaid Managed Care |
| 286 | Celticare MassHealth CarePlus Medicaid Managed Care |
| 287 | MassHealth CarePlus Medicaid Managed Care |
| 288 | Boston Medical Center HealthNet ConnectorCare Commonwealth Care Plans |
| 289 | CeltiCareConnectorCare Commonwealth Care Plans |
| 290 | Fallon ConnectorCare Commonwealth Care Plans |
| 291 | Health New England ConnectorCare Commonwealth Care Plans |
| 292 | Minuteman Health ConnectorCare Commonwealth Care Plans |
| 293 | Neighborhood Health ConnectorCare Commonwealth Care Plans |
| 294 | Network Health ConnectorCare Commonwealth Care Plans |
| 295 | Meritain HMO |
| 300 | CommCare: BMC HealthNet Plan/Commonwealth Care– General Classification Commo |
| 301 | CommCare: BMC HealthNet Plan/Commonwealth Care – Plan Type I Commonwealth Ca |
| 302 | CommCare: BMC HealthNet Plan/Commonwealth Care– Plan Type II Commonwealth Ca |
| 303 | CommCare: BMC HealthNet Plan/Commonwealth Care– Plan Type III Commonwealth C |
| 304 | CommCare: BMC HealthNet Plan/Commonwealth Care– Plan Type IV Commonwealth Ca |
| 310 | Other: Commercial ACO Plan |
| 311 | Medicaid: Other ACO |
| 312 | Medicaid: Fallon 365 Care (ACO) |
| 313 | Medicaid: Be Healthy Partnership with Health New England (ACO) |
| 314 | Medicaid: Berkshire Fallon Health Collaborative (ACO) |
| 315 | Medicaid: BMC HealthNet Plan Community Alliance (ACO) |
| 316 | Medicaid: BMC HealthNet Plan Mercy Alliance (ACO) |
| 317 | Medicaid: BMC HealthNet Plan Signature Alliance (ACO) |
| 318 | Medicaid: BMC HealthNet Plan Southcoast Alliance (ACO) |
| 320 | Medicaid: Community Care Cooperative (ACO) |
| 321 | Medicaid: My Care Family with Neighborhood Health Plan (ACO) |
| 322 | Medicaid: Partners Healthcare Choice (ACO) |
| 323 | Medicaid: Steward Health Choice (ACO) |
| 324 | Medicaid: Tufts Health Together with Atrius Health (ACO) |
| 325 | Medicaid: Tufts Health Together with BIDCO (ACO) |
| 326 | Medicaid: Tufts Health Together with Boston Children’s ACO |
| 327 | Medicaid: Tufts Health Together with CHA (ACO) |
| 328 | Medicaid: Wellforce Care Plan (ACO) |
| 400 | CommCare: Cambridge Network Health Forward –General Classification Commonwea |
| 401 | CommCare: Cambridge Network Health Forward – Plan Type I Commonwealth Care P |
| 402 | CommCare: Cambridge Network Health Forward – Plan Type II Commonwealth Care |
| 403 | CommCare: Cambridge Network Health Forward – Plan Type III Commonwealth Care General Classification Commonwealth Care Plans |
| 404 | CommCare: Cambridge Network Health Forward – Plan Type IV Commonwealth Care Plan 1 (Group No. 4445077) Commonwealth Care Plans |
| 500 | CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care –Plan 2 (Group No. 4455220) Commonwealth Care Plans |
| 501 | CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – Plan 3 (Group No. 4455221) Commonwealth Care Plans |
| 502 | CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care –Plan 4 (Group No. 4455222) Commonwealth Care Plans |
| 503 | CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care Plans |
| 504 | CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care –I (9CC1) Commonwealth Care Plans |
| 600 | CommCare: Neighborhood Health Plan– General Classification Commonwealth Care II (9CC2) Commonwealth Care Plans |
| 601 | CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type III (9CC3) Commonwealth Care Plans |
| 602 | CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type IV (9CC4) Commonwealth Care Plans |
| 603 | CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type Classification Commonwealth Care Plans |
| 604 | CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type Commonwealth Care Plans |
| 700 | CommCare: Celticare Health Plan of Massachusetts / Commonwealth Care General Commonwealth Care Plans |
| 701 | CommCare: Celticare Health Plan of Massachusetts /Commonwealth Care - Plan 1 Commonwealth Care Plans |
| 702 | CommCare: Celticare Health Plan of Massachusetts /Commonwealth Care - Plan 2 Commonwealth Care Plans |
| 703 | CommCare: Celticare Health Plan of Massachusetts /Commonwealth Care - Plan 3 |
| 704 | CommCare: Celticare Health Plan of Massachusetts /Commonwealth Care Bridge P |
| 800 | Aetna Dental Commercial Managed Care |
| 801 | Aflac Commercial Insurance |
| 802 | AllState Commercial Insurance |
| 803 | Altus Dental Commercial Managed Care |
| 804 | Ameritas Life Insurance Corp Commercial Insurance |
| 805 | Anthem Blue Cross Blue Shield Blue Cross Managed Care |
| 806 | Assurant PPO and Other Managed Care Plans Not Elsewhere Classified |
| 807 | Blue Cross Blue Shield of MA Blue Cross Managed Care |
| 808 | Blue Cross Blue Shield of RI Blue Cross Managed Care Not Elsewhere Classified |
| 809 | Children’s Medical Security Government |
| 810 | Cigna Dental PPO and Other Managed Care Plans Not Elsewhere Classified |
| 811 | Creative Plan Dental Administrators PPO and Other Managed Care Plans Not Elsewhere Classified |
| 812 | Delta Dental of MA Commercial Managed Care |
| 813 | Delta Dental - Other Commercial Managed Care |
| 814 | Delta Dental of New York Commercial Managed Care |
| 815 | DentaQuest Commonwealth Care Commonwealth Care Plans |
| 816 | DentaQuest MassHealth Medicare Managed Care |
| 817 | DentaQuest Senior Whole Health PPO and Other Managed Care Plans Not Elsewher |
| 818 | EverCare Dental PPO and Other Managed Care Plans Not Elsewhere Classified |
| 819 | Fallon Health Plan Commercial Insurance |
| 820 | Great West Dental PPO and Other Managed Care Plans Not Elsewhere Classified |
| 821 | Guardian Dental Medicaid |
| 822 | Harvard Pilgrim Health Care PPO and Other Managed Care Plans Not Elsewhere C |
| 823 | MetLife Dental PPO and Other Managed Care Plans Not Elsewhere Classified |
| 824 | Principal Plan Dental Medicare Managed Care |
| 825 | Unicare Dental PPO and Other Managed Care Plans Not Elsewhere Classified |
| 826 | United Concordia Other Government Payment |
| 827 | United HealthCare: Dental PPO and Other Managed Care Plans Not Elsewhere Cla |
| 828 | Alicare Commercial Insurance |
| 829 | Adventist Risk Management INC Commercial Insurance |
| 830 | Blue Cross Blue Shield of Texas Blue Cross Managed Care |
| 831 | Brokers National Life insurance Commercial Insurance |
| 832 | Cba Blue Dental Blue Cross Managed Care |
| 833 | Chesterfield Resources Commercial Insurance |
| 834 | Companion Life insurance Commercial Insurance |
| 835 | Dental Health Alliance Commercial Insurance |
| 836 | EBS Benefit Solutions Commercial Insurance |
| 837 | Empire Blue Cross Blue Cross Managed Care |
| 838 | Excellus Blue cross Blue Cross Managed Care |
| 839 | Fortis Commercial Insurance |
| 840 | GEHA Connection Dental Commercial Insurance |
| 841 | GHI Commercial Insurance |
| 842 | Lincoln Financial Group Commercial Insurance |
| 843 | London Health Administrators Commercial Insurance |
| 844 | Midwest Life Insurance Commercial Insurance |
| 845 | Premier Access Dental Plans Commercial Insurance |
| 846 | Sentry Life Insurance Commercial Insurance |
| 847 | Sonoco Commercial Insurance |
| 848 | Sun Life Dental Benefits Commercial Insurance |
| 849 | Symetra Life Insurance Company Commercial Insurance |
| 850 | Tricare Dental PPO and Other Managed Care Plans Not Elsewhere Classified |
| 851 | Dentemax Insurance Commercial Insurance |
| 901 | Other Commercial Managed Care (not listed elsewhere) |
| 903 | Unlisted International Source |
| 904 | Unlisted Military Source |
| 905 | Other Connector Care Plan (not listed elsewhere) |
| 910 | Allways Health Partners |
| 913 | Health Plans Inc. |
| 930 | VA Benefits (not listed elsewhere) |
| 931 | Other Government Program (not listed elsewhere) |
| 990 | Free Care - Co-pay, Deductible, or Co-Insurance Free Care |
| 995 | Health Safety Net Office HSNO |
| 996 | Charity Care Other Free Care (Charity Care) |

| **OO\_VISITSOURCE1** **OO\_VISITSOURCE2** |  |
| --- | --- |
| 0 | Information Not Available |
| 1 | Direct Physician Referral |
| 2 | Within Hospital Clinic Referral |
| 3 | Direct Health Plan Referral/HMO Referral |
| 4 | Transfer from Acute Care Hospital |
| 5 | Transfer from a Skilled Nursing Facility (SNF) |
| 6 | Transfer from Intermediate Care Facility (ICF) |
| 7 | Outside Hospital Emergency Room Transfer |
| 8 | Court/Law Enforcement |
| 9 | Other |
| 10 | Transfer from a Hospice Facility |
| 11 | Outside Hospital Clinic Referral |
| 12 | Walk-In/Self-Referral |
| 13 | Inside Hospital ER Transfer |
| 14 | Transfer from Another Institution’s Ambulatory Surgery (SDS) |
| 15 | Within Hospital Ambulatory Surgery Transfer (SDS Transfer) |
| 16 | EMS Transport Decision |
| 17 | Information Not Available - Newborn |
| 18 | Normal Delivery |
| 19 | Premature Delivery |
| 20 | Sick Baby |
| 21 | Extramural Birth |
| 22 | Extramural Birth |

# **Casemix Outpatient Observation Organization Table (PHDCM.OO\_ORG)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Variable Name** | **Variable Description** | **Meta Data** | **Format** |
| OO\_SITE / OO\_FACILITY/  OO\_TRANSFERFROM | OrgID to link for hospital characteristics in full OO dataset |  | Num |
| OO\_City | Code of the municipality in which the facility is located | 1-351 for valid MA city/towns   999=Out of state or unknown | Num |
| GroupName\_OO |  | 1= Nursing Facility  2= Hospital  3= Rest Home  4= Private Nursing Facility  5= Private Rest Home  6= Community Health Center  7= DDS - Residential Services  8= Other  9= Unspecified/Unknown/Missing | Num |
| OrganizationName | Name of Facility |  | Char |
| Type\_OOFac | Type of Facility | 1=Acute Hospital  2=Alzheimer  3=Chronic Hospital  4=Freestanding CHC  5=Geriatric  6=Group Adult Foster Care  7=Head Trauma  8=HMO  9=Hospital Campus - Acute  10=Hospital Licensed Health Center  11=Hospital-Based LTC  12=ICF  13=Licensed Satellite Facility  14=Mental Health and Substance Abuse  15=Municipal Agency  16=NH/High MMQ  17=NH/MIMI  18=NH/Pediatric with Ventilation  19=None  20=Other Government Agency  21=Other LTC  22=Outpatient Care Center  23=Pediatric  24=Psychiatric  25=Psychiatric Hospital  26=Rehabilitation Hospital  27=Residential  28=Residential A  29=Satellite Clinic  30=State Agency  31=Ventilation  99=Unknown | Num |