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Update Changes

No updates for V9, V10, or V11 Update Summary Version 8

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	 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. The following cost variables were added to the pharmacy file, and are avaliable for PHD records starting in 2019: PHARM_CHARGED, PHARM_COINSURANCE, PHARM_COINSURANCE, PHARM_DEDUCTIBLE, PHARM_AMOUNT_DUE_OTHER, PHARM_ALLOWED_AMOUNT, PHARM_PAID The following two additional variables were also added: PHARM_MEDICAID, PHARM_LINKORGIDME, PHARM_SUBMISSIONYEAR 	
PHDAPCD.MEDICAL	 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. 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	 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. 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)

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	O=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	

Variable Name	Variable Description	Meta Data	Format
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.	Num
		UPDATED PLEASE NOTE: Decimals are included in this field.	
DENT_COPAY	Amount of Copay member/patient is responsible to pay	O=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	O=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

Variable Name	Variable Description	Meta Data	Format
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

Variable Name	Variable Description	Meta Data	Format
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 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 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

Variable Name	Variable Description	Meta Data	Format
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	0=No	Num
DENT_MONTH	Indicator CHIA Incurred Date (Year and Month only)	1=Yes 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	O=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	

Variable Name	Variable Description	Meta Data	Format
DENT_PRODUCT_LINKID	Linkage variable for dental claims to product (in APCD product file, PROD_PRODUCT_LI NKID)	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

Variable Name	Variable Description	Meta Data	Format
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_LIN KID	Linkage variable for dental claims to service provider (in APCD provider file, PROV_PROVIDER_LI NKID)	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	***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

Variable Name	Variable Description	Meta Data	Format
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
СС	Commonwealth Care	Commonwealth Care	Other
CE	Commonwealth Choice	Commonwealth Choice	Commercial
СН	CHAMPUS	Other	Other
CI	Commercial Insurance	Other	Commercial
DS	Disability	Other	Other
HM	Health Maintenance Organization	НМО	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

Der	Dent_site (https://www.cms.gov/Medicare/Coding/place-of-service-		
cod	es/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		

	Dent_site (https://www.cms.gov/Medicare/Coding/place-of-service-		
<u>coc</u>	<u>codes/Place of Service Code Set</u> ; updated Sept 2021)		
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

Dent_Taxonomy	Code
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

Dent_Taxonomy	Code
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

Dent_Taxonomy	Code
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

Dent_Taxonomy	Code
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

Dent_Taxonomy	Code
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

Dent_Taxonomy	Code
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
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Dent_Taxonomy	Code
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, Ingarient	163WX0002X
Obstetile, inpatient	10244400024

Dent_Taxonomy	Code
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

Dent_Taxonomy	Code
Mechanotherapist	172M00000X
Medical Genetics, Ph.D. Medical Genetics	170100000X
Midwife	176B00000X
Midwife, Lay	175M00000X
Military Health Care Provider	17100000X
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	18350000X
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 3645M0705X Neonatal 3645N0000X Neuroscience 3645N0000X Occupational Health 3645N0000X Oncology 3645X0200X Oncology, Pediatrics 3645X0200X Pediatrics 3645P0200X Perinatal 3645P1700X Perioperative 3645P2800X Psychiatric/Mental Health, Adult 3645P0809X Psychiatric/Mental Health, Child & Adolescent 3645P0809X Psychiatric/Mental Health, Child & Family 3645P0807X Psychiatric/Mental Health, Child & Family 3645P0810X Psychiatric/Mental Health, Community 3645P0812X Psychiatric/Mental Health, Community 3645P0812X Psychiatric/Mental Health, Geropsychiatric 3645R0400X School 3645S0200X Transplantation 3645T0500X Women's Health 3645T0500X Nurse Anesthetist, Certified Registered 3650000X Nurse Practitioner 363L0200X Acute Care 363L0200X Adult Health 363L0200X Gerontology 36	Dent_Taxonomy	Code
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General Practice 213EG0000X Primary Podiatric Medicine 213EP1101X		
Primary Podiatric Medicine 213EP1101X	- ·	
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	Public Medicine	213EP0504X

Dent_Taxonomy	Code
Radiology	213ER0200X
Sports Medicine	213ES0000X
Anaplastologist	229N00000X
Art Therapist	221700000X
Clinical Exercise Physiologist	224Y00000X
Dance Therapist	22560000X
Developmental Therapist	222Q0000X
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	22500000X
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	22580000X
Recreational Therapist Assistant	22600000X
Rehabilitation Counselor	225C00000X

Dent_Taxonomy	Code
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

Dent_Taxonomy	Code
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	24700000X

Dent_Taxonomy	Code
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	251300000X 251C00000X
Early Intervention Provider Agency	252Y00000X
Foster Care Agency	253J00000X
Home Health	251E00000X
Home Infusion	251F00000X
Hospice Care, Community Based	251F00000X 251G00000X
In Home Supportive Care	
Nursing Care	253Z00000X 251J00000X
Program of All-Inclusive Care for the Elderly (PACE) Provider Organization Public Health or Welfare	251T00000X 251K00000X
Supports Brokerage Voluntary or Charitable	251X00000X 251V00000X
Clinic/Center	261Q00000X
Adolescent and Children Mental Health	
	261QM0855X
Adult Day Care Adult Mental Health	261QA0600X
Ambulatory Family Planning Facility	261QM0850X
	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 Disabilities	261QD0000X
Developmental Disabilities	261QD1600X
Emergency Care	261QE0002X
Endoscopy (FSDD) T	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

Dent_Taxonomy	Code
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

Dent_Taxonomy	Code
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	320900000X
and/or Developmental Disabilities	
Psychiatric Residential Treatment Facility	323P00000X
Residential Treatment Facility, Emotionally Disturbed Children	322D00000X
Residential Treatment Facility, Mental Retardation and/or Developmental	320600000X
Disabilities	
Residential Treatment Facility, Physical Disabilities	320700000X
Substance Abuse Rehabilitation Facility	324500000X
Substance Abuse Treatment, Children	3245S0500X
Respite Care	385H00000X
Respite Care Camp	385HR2050X

Dent_Taxonomy	Code
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

<u>Dent_Taxonomy</u>	Code
Transportation Broker	347E00000X

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

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_MONT H	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

Variable Name	Variable Description	Meta Data	Format
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-NoBH 21=ACOB-NoPCCB-NoBH 22=CBHI 23=CPBH 99= (missing)	Num
MHEE_BehavHlthProvider_L INKID	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

Variable Name	Variable Description	Meta Data	Format
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_Y YYYMM	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_KaleighMulliganAidFl ag		0=No 1=Yes 9=Unknown	Num
MHEE_LongTermEligFlag		0=No 1=Yes 9=Unknown	Num

Variable Name	Variable Description	Meta Data	Format
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_ManagedCareProvid er_LINKID	Provider ID that links into CHIA's Provider file to PHD variable PROV_PROVIDER_LINKID	Links MHEE data to provider data	Char
MHEE_MedicareAdvantageF lag	MHEE_MedicarePtAFlag=1	0=No 1=Yes 9=Unknown	Num
MHEE_MedicarePtAFlag	,	0=No 1=Yes 9=Unknown	Num
MHEE_MedicarePtBFlag	When this variable =1 (OR MHEE_MedicarePtAFlag=1 OR MHEE_MedicareAdvantage Flag =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***	2= CMSP 3= Commonwealth Care	Num

APCD – MassHealth Member Eligibility Analytic Data Dictionary (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
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 Working Adult, CommonHealth Disabled Non Working Adult, SF CommonHealth Disabled Working Adult, SF

APCD – MassHealth Member Eligibility Analytic Data Dictionary (PHDAPCD.MHEE)

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 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

APCD – MassHealth Member Eligibility Analytic Data Dictionary (PHDAPCD.MHEE)

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

All Payer's Claims Data - Medical (PHDAPCD.MEDICAL)

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_MONT H	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	Char

Variable Name	Variable Description	Meta Data	Format
		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.	

Variable Name	Variable Description	Meta Data	Format
		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	
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-	Char

Variable Name	Variable Description	Meta Data	Format
		04 Data Specifications Manual released by the National Uniform Billing Committee	
MED_AGE	Member age at service	Age in years, ages greater than 89 set to 999	Num
MED_ALLOWED_AMOUN T	Allowed amount	O=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_OT HER	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_SE CONDARY	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	Num

Variable Name	Variable Description	Meta Data	Format
		UPDATED PLEASE NOTE: Decimals	
		are included in this field.	
MED_BILLINGPROVIDER_LI NKID	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.)	Char
		Links medical claims at the claims row level (blank) = data is missing	
MED_BILLINGPROVIDER_N PI	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.)	Char
MED_CAPITATED	Capitated Encounter Flag	(blank) = data is missing 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	Num

Variable Name	Variable Description	Meta Data	Format
		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.	
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_MAS SHEALTH	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	Num

Variable Name	Variable Description	Meta Data	Format
		9= HOSPITAL OUTPATIENT 10= PHARMACY 11= COMPOUND DRUG CLAIMS (blank) = missing	
MED_COINSURANCE	Coinsurance Amount	O=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	Char
MED_DEDUCTIBLE	Deductible Amount	(blank) = data is missing 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	Num

Variable Name	Variable Description	Meta Data	Format
		allowable benefit or that the carrier had made a duplicate payment.	
		(blank) = data is missing	
		UPDATED PLEASE NOTE: Decimals are included in this field.	
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	Char
MED_DISCHARGE	Discharge Status; applies to any facility not just acute care	(blank) = data is missing 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'	Char

Variable Name	Variable Description	Meta Data	Format
		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	

Variable Name	Variable Description	Meta Data	Format
		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 readmission. 90=Discharged/transferred to an 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 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.	

Verieble News	Veriable Description	Mata Data	Farmant.
Variable Name	Variable Description	Meta Data	Format
		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	
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	Char
		(blank) = data is missing	
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	Num

Variable Name	Variable Description	Meta Data	Format
		– unless approved by CHIA)	
		9= Unknown / Not Applicable	
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_MON TH	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	1= Is Highest Version Denied 0=Is Not Highest Version Denied 9=Highest Version Denied Flag Not Applied	Num

Variable Name	Variable Description	Meta Data	Format
	MED_HIGHESTVERSION_ PAID)	(blank) = data is missing	
MED_HIGHESTVERSION_ PAID	Flags if this claim is the highest version and if it was paid (must also be considered with	1= Highest Version Paid 0=Not Highest Version Paid 9=Versioning Not Applied	Num
	MED_HIGHESTVERSION_ DENIED)	(blank) = data is missing	
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	Char
MED_ICD10	Other Diagnosis - 9	(blank) = data is missing 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	Char
MED_ICD13	Other Diagnosis -12	(blank) = data is missing ICD9/ICD10 code *No decimals included (blank) = data is missing	Char

Variable Name	Variable Description	Meta Data	Format
		ICD9/ICD10 code	
MED_ICD14	Other Diagnosis-13	*No decimals included	Char
_		(blank) = data is missing	
		ICD9/ICD10 code	
MED_ICD15	Other Diagnosis-14	*No decimals included	Char
WED_10D10	Other Diagnosis-14		Onai
		(blank) = data is missing ICD9/ICD10 code	
		*No decimals included	
MED_ICD16	Other Diagnosis-15	The decimale included	Char
		(blank) = data is missing	
		ICD9/ICD10 code	
MED_ICD17	Other Diagnosis-16	*No decimals included	Char
_		(blank) = data is missing	
		ICD9/ICD10 code	
MED IOD40	Other Diegonesis 47	*No decimals included	Ob an
MED_ICD18	Other Diagnosis-17		Char
		(blank) = data is missing	
		ICD9/ICD10 code	
MED_ICD19	Other Diagnosis-18	*No decimals included	Char
		(blank) = data is missing	
		ICD9/ICD10 code	
MED_ICD2	Other Diagnosis - 1	*No decimals included	Char
WLD_IOD2	Other Diagnosis - 1		Onai
		(blank) = data is missing ICD9/ICD10 code	
		*No decimals included	
MED_ICD20	Other Diagnosis-19	146 decimals moladed	Char
		(blank) = data is missing	
		ICD9/ICD10 code	
MED_ICD21	Other Diagnosis-20	*No decimals included	Char
_		(blank) = data is missing	
		ICD9/ICD10 code	
MED JODGO	011 Diamentic 04	*No decimals included	Ol.
MED_ICD22	Other Diagnosis-21		Char
		(blank) = data is missing	
		ICD9/ICD10 code	
MED_ICD23	Other Diagnosis-22	*No decimals included	Char
		(blank) = data is missing	
		ICD9/ICD10 code	
MED_ICD24	Other Diagnosis-23	*No decimals included	Char
MLD_IOD24	Otilei Diagilosis-23		Ollai
		(blank) = data is missing	
MED_ICD25	Other Diagnosis-24	ICD9/ICD10 code	char

Variable Name	Variable Description	Meta Data	Format
		*No decimals included	
		(blank) = data is missing	
		ICD9/ICD10 code	
MED_ICD3	Other Diagnosis - 2	*No decimals included	Char
		(blank) = data is missing	
		ICD9/ICD10 code	
MED_ICD4	Other Diagnosis - 3	*No decimals included	Char
		(blank) = data is missing	
		ICD9/ICD10 code	
MED_ICD5	Other Diagnosis - 4	*No decimals included	Char
		(blank) = data is missing	
		ICD9/ICD10 code	
MED ICD6	Other Diagnosis - 5	*No decimals included	Char
	January 2 Lagricus 3	(I I and I) I have be not as to m	
		(blank) = data is missing ICD9/ICD10 code	
		*No decimals included	
MED_ICD7	Other Diagnosis - 6	No decimais included	Char
		(blank) = data is missing	
		ICD9/ICD10 code	
MED_ICD8	Other Diagnosis - 7	*No decimals included	Char
WED_ICD6	Other Diagnosis - I		Cital
		(blank) = data is missing	
		ICD9/ICD10 code	
MED_ICD9	Other Diagnosis - 8	*No decimals included	Char
		(blank) = data is missing	
		09=Self pay	
		10=Central certification	
		11=Other non-federal programs	
		12=PPO	
	Income as Torres	13=POS	
	Insurance Type Code/Product	14=EPO	
	Code/Product	15=Indemnity insurance 16=HMO Medicare advantage	
	*For a table on how CHIA	17=DMO Dental Maintenance	
MED_INSURANCE_TYPE	groups these insurance	Organization	Char
	types (i.e. public, private,	20=Medicare Advantage PPO	
	etc.) please see the	21=Medicare Advantage Private Fee for	
	appendix below	Service	
		30=Accountable Care Organization	
		(ACO) - MassHealth	
		AM=Automobile medical BL=Blue cross / Blue shield	
		CC=Commonwealth Care	

Variable Name	Variable Description	Meta Data	Format
		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=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)****	
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_RateCod e	MassHealth Rate Code	1= CHRONIC HOSPITAL PER DIEM	Num

Variable Name	Variable Description	Meta Data	Format
		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	

Variable Name	Variable Description	Meta Data	Format
		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)	
	Mariliani I/I IONI II II	(blank) = data is missing	
MED_MEDICAID	Medicaid/HSN Indicator This indicates that a claim was covered by Medicaid or HSN, and is the best	0=No 1=Yes (blank) = data is missing	Num
	indicator to use.	Blank = Medicare did not pay towards	
MED_MEDICARE_AMOUN T	Amount Medicare paid on claim	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	Char

Variable Name	Variable Description	Meta Data	Format
		(blank) = data is missing	
		0= all charges are covered or fall into other categories.	
MED_NOT_COVERED_A MOUNT	Amount of claim line charge not covered	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.	Num
		(blank) = data is missing	
		UPDATED PLEASE NOTE: Decimals are included in this field.	
MED_ORGID	CHIA defined and maintained	3-5 digit Numeric	Char
	unique carrier identifier	(blank) = data is missing 0=services rendered in	
MED_PAID	Paid Amount	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)	Num

Variable Name	Variable Description	Mota Data	Format
variable Name	Variable Description	Meta Data	Format
		10=Enhanced Ambulatory Patient Grouping (EAPG, MassHealth)	
		(blank) = missing	
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	Char
		For any other value not contained in the list above – those values are as is submitted by the insurance carrier (with unknown translation)	
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	Char

Variable Name	Variable Description	Meta Data	Format
		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)***	
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	Char

Variable Name	Variable Description	Meta Data	Format
		For any other value not contained in the list above – those values are as is submitted by the insurance carrier (with unknown translation)	
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	Char
		For any other value not contained in the list above – those values are as is submitted by the insurance carrier (with unknown translation)	
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	Char
		For any other value not contained in the list above – those values are as is submitted by the insurance carrier (with unknown translation)	
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	Char
MED_POA19	Present on Admission code (POA) -19	unknown translation)*** Y = present at time of admission N = not present at time of admission	Char

Variable Name	Variable Description	Meta Data	Format
		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	
MED_POA2	Present on Admission code (POA) -2	unknown translation)*** 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	Char

Variable Name	Variable Description	Meta Data	Format
		For any other value not contained in the list above – those values are as is submitted by the insurance carrier (with unknown translation)	
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	Char
		For any other value not contained in the list above – those values are as is submitted by the insurance carrier (with unknown translation)	
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	Char
		For any other value not contained in the list above – those values are as is submitted by the insurance carrier (with unknown translation)	
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	Char
MED_POA25	Present on Admission code (POA) -25	submitted by the insurance carrier (with unknown translation)*** Y = present at time of admission N = not present at time of admission	Char

Variable Name	Variable Description	Meta Data	Format
		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)	
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	Char
		the list above – those values are as is submitted by the insurance carrier (with unknown translation)***	
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	Char
		For any other value not contained in the list above – those values are as is submitted by the insurance carrier (with unknown translation)	
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	Char

Verieble News	Veriable Description	Mote Data	Former
Variable Name	Variable Description	Meta Data	Format
		For any other value not contained in the list above – those values are as is submitted by the insurance carrier (with unknown translation)	
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	Char
		submitted by the insurance carrier (with unknown translation)***	
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	Char
		For any other value not contained in the list above – those values are as is submitted by the insurance carrier (with unknown translation)	
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	Char
MED_POA9	Present on Admission code (POA) -9	unknown translation)*** Y = present at time of admission N = not present at time of admission	Char

Variable Name	Variable Description	Meta Data	Format
		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)***	
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	Char
MED_PROC_MOD4	Procedure Modifier - 4	(blank) = data is missing HCPCS / CPT Code Modifier (blank) = data is missing	Char

Variable Name	Variable Description	Meta Data	Format
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_RENDERINGPROVI DER_LINKID	Linkage variable for medical claims to rendering provider (in APCD provider	Rendering Provider Details: performs service for the patient, and often times	Char

Variable Name	Variable Description	Meta Data	Format
	file,	the Rendering Provider is the same as	
	PROV_PROVIDER_LINKID)	the Servicing Provider	
		Links medical claims at the claims row level	
		(blank) = data is missing	
MED_RENDERINGPROVI DER_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	Char
		(blank) = data is missing	
MED_REVENUE_CODE	Revenue code	Code using leading zeroes, left-justified, and four digits.	Char
		(blank) = data is missing	
MED_SERVICEPROVIDE R_LINKID	Linkage variable for medical claims to service provider (in APCD provider	Service Provider Details: individual, institution, agency that provides health services to health care consumers	Char
	file, PROV_PROVIDER_LINKI D)	Links medical claims at the claims row level	
		(blank) = data is missing	
MED_SERVICEPROVIDE R_NPI	National Service Provider ID	Service Provider Details: individual, institution, agency that provides health services to health care consumers	Char
		(blank) = data is missing	
MED_SEX	Member Sex	1=Male 2=Female 9=Unknown	Num
		See "MED_SITE" below	
MED_SITE	Site of Service - on MSF/CMS 1500 claims	***For any other value not contained in the list below– those values are as is submitted by the insurance carrier (with unknown translation)***	Char
	Applies CMS' Substance	0=No	
MED_SUBUSECMS	**Codes related to employer drug testing and tobacco are not included	1=Yes **Data begins with the 2016 claims and is not available before then (values will be blank)***	Num
	Unique sequential	CHIA-derived variable	Char
MED_SUBCONTROLID	number assigned to any new file type submitted to	(blank) = data is missing	

Variable Name	Variable Description	Meta Data	Format
	CHIA across all carriers		
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/provide r-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	Num

Variable Name	Variable Description	Meta Data	Format
		UPDATED PLEASE NOTE: Decimals are included in this field.	
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	Medicare
	Medicare Advantage	Advantage	
17	Dental Maintenance Organization (DMO)	Other	Other
20	Medicare Advantage PPO	Medicare	Medicare
		Advantage	
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
СС	Commonwealth Care	Commonwealth Care	Other

CE	Commonwealth Choice	Commonwealth	Commercial
		Choice	
СН	CHAMPUS	Other	Other
CI	Commercial Insurance	Other	Commercial
DS	Disability	Other	Other
HM	Health Maintenance Organization	НМО	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
МВ	Medicare Part B	Other	Medicare
MC	Medicaid	Medicaid	Medicaid
MD	Medicare Part D	Other	Medicare
МО	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

Me	Med site (https://www.cms.gov/Medicare/Coding/place-of-service-		
cod	<pre>codes/Place_of_Service_Code_Set; updated Sept 2021)</pre>		
01	Pharmacy		
02	Telehealth		
03	School		
04	Homeless Shelter		
05	Indian Health Service (Free-standing)		

Med	d site (https://www.cms.gov/Medicare/Coding/place-of-service-
	es/Place_of_Service_Code_Set; updated Sept 2021)
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

Me	Med site (https://www.cms.gov/Medicare/Coding/place-of-service-		
<pre>codes/Place_of_Service_Code_Set; updated Sept 2021)</pre>			
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

MED_TAXONOMY	Code
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

MED_TAXONOMY	Code
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

MED_TAXONOMY	Code
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

MED_TAXONOMY	Code
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

MED_TAXONOMY	Code
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

MED_TAXONOMY	Code
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

MED_TAXONOMY	Code
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

MED_TAXONOMY	Code
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	174N0000X
Legal Medicine	17300000X
Mechanotherapist	172M00000X
Medical Genetics, Ph.D. Medical Genetics	170100000X
Midwife	176B00000X
Midwife, Lay	175M00000X
Military Health Care Provider	17100000X
Independent Duty Corpsman	1710I1002X
Independent Duty Medical Technicians	1710I1003X
Naprapath	172P00000X
Naturopath	175F00000X

MED_TAXONOMY	Code
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

MED_TAXONOMY	Code
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 III	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

MED_TAXONOMY	Code
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	22600000X
Rehabilitation Counselor	225C00000X
Assistive Technology Practitioner	225CA2400X
Assistive Technology Supplier	225CA2500X
Orientation and Mobility Training Provider	225CX0006X
Rehabilitation Practitioner	225400000X
Respiratory Therapist, Certified	22780000X
Critical Care	2278C0205X
Educational	2278E1000X
Emergency Care	2278E0002X
General Care	2278G1100X

MED_TAXONOMY	Code
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	2471C1100X
Computed Tomography	2471C1101X 2471C3401X
Magnetic Resonance Imaging	2471C3401X 2471M1202X
Mammography	2471W1202X 2471M2300X
Nuclear Medicine Technology	2471N0900X
Quality Management	2471N0900X 2471Q0001X
Radiation Therapy	2471Q0001X 2471R0002X
Radiography	2471K0002X 2471C3402X
Sonography	2471S1302X

MED_TAXONOMY	Code
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	24700000X
Assistant Record Technician	2470A2800X
Technician, Other	247200000X
Biomedical Engineering	2472B0301X
Darkroom	2472D0500X
EEG	2472E0500X
Renal Dialysis	2472R0900X
Veterinary	2472V0600X
Technician, Pathology	246R00000X
Histology	246RH0600X

MED_TAXONOMY	Code
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

MED_TAXONOMY	Code
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

MED_TAXONOMY	Code
Psychiatric Hospital	283Q00000X
Rehabilitation Hospital	283X00000X
Children	283XC2000X
Religious Nonmedical Health Care Institution	282J00000X
Special Hospital	284300000X
Clinical Medical Laboratory	291U00000X
	292200000X
Dental Laboratory 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	320900000X
and/or Developmental Disabilities	
Psychiatric Residential Treatment Facility	323P00000X
Residential Treatment Facility, Emotionally Disturbed Children	322D00000X
Residential Treatment Facility, Mental Retardation and/or Developmental	320600000X
Disabilities	
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 Ovuren Equipment & Supplies	332BN1400X
Oxygen Equipment & Supplies	332BX2000X

MED_TAXONOMY	Code
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)

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

Variable Name	Variable Description	Meta Data	Format
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

		00-Calf nav	
		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.	
	Insurance type code	DS=Disability	
		HM=HMO	
		HN=HMO Medicare Risk/Medicare Part	
	*F 4 - b l b Ol II A	C	
ME_INSURANCE_TYPE	*For a table on how CHIA	IC=Integrated Care Organization	Char
	groups these insurance	LI=Liability	
	types (i.e. public, private,	LM=Liability Medical	
	etc.) please see the	MA=Medicare part A	
	appendix below	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)***	
ME_LASTACTIVITYDATE	Date of last activity / change	Date Proxy – count of days between	
	on member enrollment file	admission date and randomly chosen date	Num
		in the past	1 141111
	for this line of eligibility	NOTE: The larger the date proxy, the	
1		more recently the event occurred	

Variable Name	Variable Description	Meta Data	Format
		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.	
ME_LASTACTIVITYDATE_ MONTH	Date of last activity / change on member enrollment file for this line of eligibility – month	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_Y EAR	Date of last activity / change on member enrollment file for this line of eligibility – year	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_MO NTH	Product enrollment end date – Month	MM	Num

Variable Name	Variable Description	Meta Data	Format
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_M ONTH	Product enrollment start date - Month	ММ	Num
ME_PROD_STARTDATE_Y EAR	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	CHIA-derived variable	Char
	PHDAPCD.ME_MTH data dictionary		
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 INSURAN CE_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
СН	CHAMPUS	Other	Other
CI	Commercial Insurance	Other	Commercial
DS	Disability	Other	Other
НМ	Health Maintenance Organization	НМО	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
МО	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

ME_INSURAN CE_TYPE	Description	Plan Type	Product Market
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)

Variable Name	Variable Description	Meta Data	Format
ID	N/A	9-character alphanumeric ID	Char
ME_INSURANCE_PRODUC T	This is how CHIA groups the insurance types into product types (see appendix 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 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	*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	Char

Variable Name	Variable Description	Meta Data	Format
		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=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)***	
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	CHIA-derived variable	Char

Variable Name	Variable Description	Meta Data	Format
	*For details on how to link the PHDAPCD.ME, please see the appendix below		
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

ME_INSURANCE_TYPE	Description	ME_INSURANCE_PLAN	ME_INSURANCE_PRODUCT
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
СН	CHAMPUS	Other	Other
CI	Commercial Insurance	Other	Commercial
DS	Disability	Other	Other
НМ	Health Maintenance Organization	НМО	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
МО	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)

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_AMOU NT	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_O THER	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

Variable Name	Variable Description	Meta Data	Format
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	Num

Variable Name	Variable Description	Meta Data	Format
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* O=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.	
PHARM_COMPOUND	Compound Drug Indicator	1 =Yes 2 =No 3 =Unknown 4 =Other 5 =Not Applicable	Num

Variable Name	Variable Description	Meta Data	Format
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	Num
DUADM CLAIMID	I Inimus researd ID non	included in this field.	Char
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

Variable Name	Variable Description	Meta Data	Format
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_MONT H	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_HIGHESTVERSIO N_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_LINE Line Counter Integer Integer	E	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 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 Primary MS 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) ****Integer	Char
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Variable Name	Variable Description	Meta Data	Format
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

Variable Name	Variable Description	Meta Data	Format
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_CIT Y	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_LIN KID	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

Variable Name	Variable Description	Meta Data	Format
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_LI NKID	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

Variable Name	Variable Description	Meta Data	Format
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

Variable Name	Variable Description	Meta Data	Format
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_SUBMISSIONYEA R	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

Variable Name	Variable Description	Meta Data	Format
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	Medicare	Medicare
	Service	Advantage	
30	Accountable Care Organization (ACO) - MassHealth	Medicaid ACO	Medicaid
AM	Automobile Medical	Other	Other
BL	Blue Cross / Blue Shield	Other	Other
СС	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	НМО	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)

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

Variable Name	Variable Description	Meta Data	Format
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-Senior Care Option 11= Group-Union 12= Health Exchange 13= Individual - Commonwealth Care 14= 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

Variable Name	Variable Description	Meta Data	Format
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

Variable Name	Variable Description	Meta Data	Format
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)

Variable Name	Variable Name Variable Description Meta Data		Format
Variable Hallie	Variable Description	ivieta Data	Tormat
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 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) 70 =Clinician (PV034 = 1) 90 =Pharmacy / Site or Mail Order (PV034 = 4 or 5) 99 =Other Individual or Group (PV034 = 1) or 3)	Char

		For any other value not contained in the list above – those values are as is submitted by the insurance carrier (with unknown translation)	
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_RENDERINGPROVID ER_LINKID), dental (DENT_SERVICEPROVIDE R_LINKID), pharmacy (PHARM_PRESCRIBER_LINKID, PHARM_RECIPIENTPCP_LINKID), and MassHealth's (MHEE_ManagedCareProvider_LINKID, MHEE_PrimaryCareProvider_LINKID, MHEE_BehavHlthProvider_LINKID, MHEE_LTCProvider_LINKID, MHEE_LTCProvider_LINKID, MHEE_LTCProvider_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

	Provider	See code list 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	
PROV SPECIALTY		submitted by the insurance carrier	Char
FROV_SFECIALIT	Unique sequential	(with unknown translation)*** CHIA-derived variable	Char
	number assigned to any		0.1.0.1
	new file type submitted to		
PROV_SUBCONTROLID	CHIA across all carriers	*I lood to undete the ADCD files with the	Num
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	INUIII
PROV_TAXONOMY	Taxonomy	See code list below	Char
		Taxonomy values are from the National	
		Uniform Claim Committee's taxonomy	
		code values; please see	
		https://www.cms.gov/Medicare/provider	
		<u>-enrollment-and-</u>	
		<u>certification/medicareprovidersupenroll/</u>	
		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)***	

PRO	PROV_Specialty		
01	General Practice		
02	General Surgery		
03	Allergy/Immunology		
04	Otolaryngology		
05	Anesthesiology		
06	Cardiology		

PROV_Specialty			
07			
08	Family Practice		
09	Interventional Pain Management		
10	Gastroenterology		
11	Internal Medicine		
12	Osteopathic Manipulative Medicine		
13	Neurology		
14			
15	Neurosurgery 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)		

PROV Specialty			
48			
49	Ambulatory Surgical Center		
50	Nurse Practitioner		
	Medical supply company with orthotic personnel certified by an		
51	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)		

PROV_Specialty			
82			
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 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		
В2	Pedorthic Personnel		
В3	Medical Supply Company with Pedorthic Personnel		
В4	Rehabilitation Agency		
В5	Ocularist		
CO	Sleep Medicine		
C1	Centralized Flu		
C2	Indirect Payment Procedure		
СЗ	Interventional Cardiology		
C5	Dentist		
C6	Hospitalist		
С7	Advanced Heart Failure and Transplant Cardiology		
C8	Medical Toxicology		
С9	Hematopoietic Cell Transplantation and Cellular Therapy		

PROV_Specialty		
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	Code
MED_TAXONOMY	
<u>DENTAL_TAXONOMY</u>	
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

PROV_TAXONOMY	Code
MED_TAXONOMY	
DENTAL_TAXONOMY	
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

PROV_TAXONOMY	Code
MED_TAXONOMY	
DENTAL_TAXONOMY	
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

PROV_TAXONOMY	Code
MED_TAXONOMY	
DENTAL_TAXONOMY	
Hematology	207ZH0000X
Immunopathology	207ZI0100X
Medical Microbiology	207ZM0300X
Molecular Genetic Pathology	207ZP0007X
Neuropathology	207ZN0500X
Pediatric Pathology	207ZP0213X
Pediatrics	20800000X
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

PROV_TAXONOMY	Code
MED_TAXONOMY	
DENTAL_TAXONOMY	
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

PROV_TAXONOMY	Code
MED_TAXONOMY	
DENTAL_TAXONOMY	
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

PROV_TAXONOMY	Code
MED_TAXONOMY	
DENTAL_TAXONOMY	
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

PROV_TAXONOMY	Code
MED_TAXONOMY	
DENTAL_TAXONOMY	
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

PROV_TAXONOMY	Code
MED_TAXONOMY	
DENTAL_TAXONOMY	
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	37470000X
Attendant Care Provider	3747A0650X
Personal Care Attendant	3747P1801X
Acupuncturist	171100000X
Case Manager/Care Coordinator	171M00000X
Clinical Ethicist	174V00000X
Community Health Worker	172V00000X
Contractor	171W00000X

PROV_TAXONOMY	Code
MED_TAXONOMY	
DENTAL_TAXONOMY	
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	17100000X
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

PROV_TAXONOMY	Code
MED_TAXONOMY	
DENTAL_TAXONOMY	
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 III	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

PROV_TAXONOMY	Code
MED_TAXONOMY	
DENTAL_TAXONOMY	
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

PROV_TAXONOMY	Code
MED_TAXONOMY	
DENTAL_TAXONOMY	
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	22600000X
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

PROV_TAXONOMY	Code
MED_TAXONOMY	
DENTAL_TAXONOMY	
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

PROV_TAXONOMY	Code
MED_TAXONOMY	
DENTAL_TAXONOMY	
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

PROV_TAXONOMY	Code
MED_TAXONOMY	
DENTAL_TAXONOMY	
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

PROV_TAXONOMY	Code
MED_TAXONOMY	
DENTAL_TAXONOMY	
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

PROV_TAXONOMY	Code
MED_TAXONOMY	
DENTAL_TAXONOMY	
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	320900000X
and/or Developmental Disabilities	
Psychiatric Residential Treatment Facility	323P00000X
Residential Treatment Facility, Emotionally Disturbed Children	322D00000X
Residential Treatment Facility, Mental Retardation and/or Developmental	320600000X
Disabilities	
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

APCD Provider Analytic File Data Dictionary (PHDAPCD.PROVIDER)

PROV_TAXONOMY	Code
MED_TAXONOMY	
DENTAL_TAXONOMY	
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 (ED_DIAG) Analytic Data Dictionary (PHDCM.ED_DIAG)

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	Valid ICD code, no decimals	Char

Variable Name	Variable Description	Meta Data	Format
	admission of the patient for hospital care. Determined by the ED.		
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	Integer	Num

Variable Name	Variable Description	Meta Data	Format
	and discharge time for an ED visit.		
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	Num

Variable Name	Variable Description	Meta Data	Format
		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	
ED_PAYSOURCE1	Primary payer for the ED Visit	See code list	Num
ED_PAYSOURCE2	Secondary payer for this visit	See code list	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_P RESENT	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	Valid E-Code Blanks=Missing/Unknown	Char

Variable Name	Variable Description	Meta Data	Format
	E-Code that led to the admission to the ED.		
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

Variable Name	Variable Description	Meta Data	Format
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	Num
ED_VISITSOURCE2	Secondary cause of stay	See code list	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	<u>Facility</u>
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

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ED_TRANSFERFROM	<u>Facility</u>
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
	LOOMIS HOUSE
751	
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

	,
ED_TRANSFERFROM	<u>Facility</u>
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

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ED_TRANSFERFROM	<u>Facility</u>
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 W. BRIDGEWATER 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

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ED_TRANSFERFROM	<u>Facility</u>
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
	TOWN & COUNTRY NURSING CENTER
1477	HILLCREST REST HOME
2187	
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

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ED_TRANSFERFROM	<u>Facility</u>
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
4291	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 MICEBORY CARE ONE AT NORTHAMPTON
6688	CARE ONE AT CONCORD
6689	CARE ONE AT CONCORD CARE ONE AT REDSTONE
6690	CARE ONE AT LEVINGTON
6691	CARE ONE AT LEXINGTON
6693	CARE ONE AT NEW BEDFORD
6694	CARE ONE AT NEWTON

ED_TRANSFERFROM	<u>Facility</u>
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
	SOPHIA SNOW HOUSE, INC.
8033 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

ED_TRANSFERFROM	<u>Facility</u>
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
	HERITAGE HALL EAST
9728	
9729	PALM MANOR
9730	HERITAGE HALL WEST
9731	APPLE VALLEY CENTER

ED_TRANSFERFROM	<u>Facility</u>
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

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ED_TRANSFERFROM	<u>Facility</u>
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
	ELIOT CENTER FOR HEALTH & REHAB
12168	
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.

ED_TRANSFERFROM	<u>Facility</u>
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_PAYSOURCE1 ED_PAYSOURCE2	Description
0	Invalid
1	Harvard Community Health Plan HMO
2	Bay State - a product of HMO Blue Blue Cross Managed Care

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 PO 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 4 Health New England HMO 25 Pioneer Plan HMO 27 First Allmerica Financial Life Insurance PPO Commercial Managed Care 30 GCIGNA (Indemnity) Commercial Insurance 31 One Health Plan HMO (Great West Life) Commercial Managed Care 32 Guardian Life Insurance Company PPO Commercial Managed Care 33 (CIGNA (Indemnity) Commercial Insurance 34 New York Life PPO Commercial Managed Care 35 United Healthcare Insurance Company - HMO Commercial Managed Care 36 United Healthcare Insurance Company - HMO Commercial Managed Care 37 HCHP-Pilgrim HMO (Great West Life) Commercial Managed Care 38 United Healthcare Insurance Company - HMO Commercial Managed Care 39 United Healthcare Insurance Company - HMO Commercial Managed Care 40 HCHP-Pilgrim HMO (Integrated product) HMO 41 Community Health Plan 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 Healthcare HMO 48 US Healthcare HMO	ED_PAYSOURCE1	Description
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 POS 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 Actna Open Choice PPO Commercial Managed Care 23 Guardian Life Insurance Company PPO Commercial Managed Care 24 Health New England HMO 25 Pioneer Plan HMO 25 Pioneer Plan HMO 27 First Allmerica Financial Life Insurance PPO Commercial Managed Care 30 CIGNA (Indemnity) Commercial Managed Care 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 Health Plan HMO (Great West Life) Commercial Managed Care 36 United Health Rein HMO (Great West Life) Commercial Managed Care 37 HCHP-Pilgrim HMO (Integrated product) HMO 38 Health New England Select (self-funded) HMO 39 Pilgrim Direct HMO 40 Käiser Foundation HMO 41 Community Health Plan HMO 44 Community Health Plan HMO 45 Health Source New Hampshire HMO 46 Blue CHilf (BCBS Rhode Island) HMO 47 Neighborhood Health Plan HMO	ED_PAYSOURCE2	
Tufts Associated Health Plan HMO Pilgrim Health Care HMO United Health Plan of New England (Ocean State) HMO Pilgrim Advantage - PPO PPO and Other Managed Care Plans Not Elsewhere Classified I10 Pilgrim Advantage - PPO PPO and Other Managed Care Plans Not Elsewhere Classified I11 Blue Care Elect Blue Cross Managed Care Community Health Plan Options (New York) Point-of-Service Plan I4 Health New England Advantage POS Point-of-Service Plan I5 Invalid (replaced by #15.8) Prudential Healthcare POS Commercial Managed Care Prudential Healthcare PPO Commercial Managed Care Matthew Thornton HMO CO HCHP of New England (formerly RICHA) HMO C1 Commonwealth PPO PPO and Other Managed Care Plans Not Elsewhere Classified Actna Open Choice PPO Commercial Managed Care Plans Not Elsewhere Classified Actna Open Choice PPO Commercial Managed Care Health New England HMO So Pioneer Plan HMO First Allmerica Financial Life Insurance PPO Commercial Managed Care Great West Life PPO Commercial Managed Care CIGNA (Indemnity) Commercial Insurance One Health Plan HMO (Great West Life) Commercial Managed Care Invalid (replaced by #15.7 and 15.8) Mutual of Omaha PPO Commercial Managed Care United Healthcare Insurance Company - HMO Commercial Managed Care United Healthcare Insurance Company - PPO Commercial Managed Care United Healthcare Insurance Company - PPO Commercial Managed Care MCHP-Pilgrim HMO (integrated product) HMO Health New England Select (self-funded) HMO A Kaiser Foundation HMO Kaiser Foundation HMO Kaiser Foundation HMO Community Health Plan HMO Health Source New Hampshire HMO Neighborhood Health Plan HMO	3	Network Blue (PPO) Blue Cross Managed Care
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 41 Community Health Plan 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	4	Fallon Community Health Plan HMO
9 United Health Plan of New England (Ocean State) HMO 10 Pigrim 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 PPO 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 29 Great West Life PPO Commercial Insurance 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 - PPO 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 40 Kaiser Foundation HMO 41 Community Health Plan 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	7	Tufts Associated Health Plan 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 Insurance 29 Great West Life PPO Commercial Insurance 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 - HNO 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 40 Kaiser Foundation HMO 41 ConnectiCare Of Massachusetts 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	8	Pilgrim Health Care HMO
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 #155) 17 Prudential Healthcare POS Commercial Managed Care 18 Prudential Healthcare POS 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 Insurance 29 Great West Life PPO Commercial Insurance 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 - PHO 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 40 Kaiser Foundation HMO 41 Commercial 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	9	United Health Plan of New England (Ocean State) HMO
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 POS 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 40 Kaiser Foundation HMO 41 MEDTAC HMO 42 ConneutiCare 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	10	Pilgrim Advantage - PPO PPO and Other Managed Care Plans Not Elsewhere Classified
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 POC 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 40 Kaiser Foundation HMO 41 MEDTAC 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	11	Blue Care Elect Blue Cross Managed Care
15 Invalid (replaced by #158) 17 Prudential Healthcare POS Commercial Managed Care 18 Prudential Healthcare POC 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 40 Kaiser Foundation HMO 41 ConnectiCare Of Massachusetts HMO 42 ConnectiCare Of Massachusetts HMO 43 MEDTAC HMO 44 Community Health Plan HMO 46 Blue CHIP (BCBS Rhode Island) HMO Neighborhood Health Plan HMO Neighborhood Health Plan HMO	13	Community Health Plan Options (New York) Point-of-Service Plan
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 40 Kaiser Foundation HMO 41 Conmercitiare Of Massachusetts 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	14	Health New England Advantage POS Point-of-Service Plan
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 40 Kaiser Foundation HMO 41 ConnectiCare Of Massachusetts 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 Neighborhood Health Plan HMO Neighborhood Health Plan HMO	15	Invalid (replaced by #158)
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 40 Kaiser Foundation HMO 41 ConnectiCare Of Massachusetts 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	17	Prudential Healthcare POS Commercial Managed Care
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 40 Kaiser Foundation HMO 41 Commential Managed Care 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	18	Prudential Healthcare PPO Commercial Managed Care
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 40 Kaiser Foundation HMO 41 ConnectiCare Of Massachusetts 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	19	Matthew Thornton HMO
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 40 Kaiser Foundation HMO 41 Community Health Plan 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	20	HCHP of New England (formerly RIGHA) HMO
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 40 Kaiser Foundation HMO 41 ConnectiCare Of Massachusetts 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	21	Commonwealth PPO PPO and Other Managed Care Plans Not Elsewhere Classified
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 41 ConnectiCare Of Massachusetts 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	22	Aetna Open Choice PPO Commercial Managed Care
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 40 Kaiser Foundation HMO 41 ConnectiCare Of Massachusetts 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	23	Guardian Life Insurance Company PPO Commercial Managed Care
First Allmerica Financial Life Insurance PPO Commercial Managed Care 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 40 Kaiser Foundation HMO 40 Kaiser Foundation HMO 41 ConnectiCare Of Massachusetts 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 Neighborhood Health Plan HMO	24	Health New England HMO
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 41 ConnectiCare Of Massachusetts 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	25	Pioneer Plan HMO
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 41 ConnectiCare Of Massachusetts 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	27	First Allmerica Financial Life Insurance PPO Commercial Managed Care
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 41 ConnectiCare Of Massachusetts 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	28	Great West Life PPO 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 41 ConnectiCare Of Massachusetts 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	30	CIGNA (Indemnity) Commercial Insurance
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 41 ConnectiCare Of Massachusetts 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	31	One Health Plan HMO (Great West Life) 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 41 ConnectiCare Of Massachusetts 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	32	Invalid (replaced by #157 and 158)
United Healthcare Insurance Company - HMO Commercial Managed Care United Healthcare Insurance Company - PPO Commercial Managed Care HCHP-Pilgrim HMO (integrated product) HMO Health New England Select (self-funded) HMO Pilgrim Direct HMO Kaiser Foundation HMO ConnectiCare Of Massachusetts HMO MEDTAC HMO Health Source New Hampshire HMO Blue CHiP (BCBS Rhode Island) HMO Neighborhood Health Plan HMO	33	Mutual of Omaha PPO 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	34	New York Life Care 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	35	United Healthcare Insurance Company - HMO Commercial Managed Care
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	36	United Healthcare Insurance Company - PPO Commercial Managed Care
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	37	HCHP-Pilgrim HMO (integrated product) 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	38	Health New England Select (self-funded) 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	39	Pilgrim Direct 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	40	Kaiser Foundation HMO
44 Community Health Plan HMO 45 Health Source New Hampshire HMO 46 Blue CHiP (BCBS Rhode Island) HMO 47 Neighborhood Health Plan HMO	42	ConnectiCare Of Massachusetts HMO
45 Health Source New Hampshire HMO 46 Blue CHiP (BCBS Rhode Island) HMO 47 Neighborhood Health Plan HMO	43	MEDTAC HMO
46 Blue CHiP (BCBS Rhode Island) HMO 47 Neighborhood Health Plan HMO	44	Community Health Plan HMO
47 Neighborhood Health Plan HMO	45	Health Source New Hampshire HMO
	46	Blue CHiP (BCBS Rhode Island) HMO
48 US Healthcare HMO	47	Neighborhood Health Plan HMO
	48	US Healthcare HMO

ED_PAYSOURCE1	Description
ED_PAYSOURCE2 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

ED_PAYSOURCE1	Description
ED_PAYSOURCE2	
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
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ED_PAYSOURCE1	Description
ED_PAYSOURCE2	
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
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ED_PAYSOURCE1	Description
ED_PAYSOURCE2 170	US Healthcare Quality POS Point-of-Service Plan
170	CIGNA POS Commercial Managed Care
171	
	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
	, , , , , , , , , , , , , , , , , , , ,

209 Mid-V 210 Media 211 Media	hNet (Boston Medical Center MCD Program) Medicaid Managed Care West National Life Insurance Company of Tennessee Commercial Insurance care HMO - Pilgrim Preferred 65 Medicare Managed Care
209 Mid-V 210 Media 211 Media	West National Life Insurance Company of Tennessee Commercial Insurance care HMO - Pilgrim Preferred 65 Medicare Managed Care
210 Medie 211 Medie	care HMO - Pilgrim Preferred 65 Medicare Managed Care
211 Medic	
212 Medi	care HMO - Neighborhood Health Plan Senior Health Plus Medicare Managed
ZIZ	care HMO - Healthsource CMHC Central Care Supplement Medicare Managed Ca
212 Medie	care HMO - Healthsource CMHC Central Care Supplement
213 Medie	care HMO - Medicare Complete Plans offered by SecureHorizons Medicare Ma
214 Medie	care HMO - Harvard Pilgrim Health Plan - Medicare Enhance Medicare Manag
215 Tufts	Medicare HMO - Medicare Preferred Medicare Managed Care
216 Media	care Special Needs Plan - Commonwealth Care Alliance Medicare Managed Ca
217 Media	care Special Needs Plan - Fallon Community Health Plan Medicare Managed
218 Media	care Special Needs Plan - Senior Whole Health Medicare Managed Care
219 Medie	care Special Needs Plan - United Health Group Evercare Mass. SCO and Eve
220 Medie	care HMO - Blue Care 65 Medicare Managed Care
221 Medie	care HMO - Harvard Community Health Plan 65 Medicare Managed Care
222 Medie	care HMO - Healthsource CMHC Medicare Managed Care
223 Medie	care HMO - Harvard Pilgrim Health Care of New England Care Plus Medicare
224 Medie	care HMO - Tufts Secure Horizons Medicare Managed Care
225 Medie	care HMO - US Healthcare Medicare Managed Care
226 Unite	d Health Care of New England, Inc. Commercial Managed Care
227 North	neast Health Direct - PPO PPO
228 Oxfor	d Health Plans Commercial Insurance
229 Profe	ssional Insurance Company (Indemnity) Commercial Insurance
230 Medic	care HMO - HCHP First Seniority Medicare Managed Care
231 Medic	care HMO - Pilgrim Prime Medicare Managed Care
232 Medic	care HMO - Seniorcare Direct Medicare Managed Care
233 Medic	care HMO - Seniorcare Plus Medicare Managed Care
234 Medie	care HMO - Managed Blue for Seniors Medicare Managed Care
235 Trusti	mark 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 Unica	re PPO PPO
241 Unior	Security Insurance Company Commercial Insurance
242 Wellc	are Health Plans, Inc. Commercial Insurance
243 Pione	er Health Network HMO
244 Tufts	Medicare Complement (TMC) Commercial Insurance
245 Trail E	Blazer Health Enterprises, LLC Medicare Managed Care

ED_PAYSOURCE1	Description
ED_PAYSOURCE2 246	Preferred Blue PPO Blue Cross Managed Care
247	Humana Insurance Company ** Commercial Insurance
	Mail Handlers Benefit Plan Commercial Insurance
248	
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
1	

ED_PAYSOURCE1	Description
ED_PAYSOURCE2	
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

ED_PAYSOURCE1	Description
ED_PAYSOURCE2	
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

ED_PAYSOURCE1	Description
ED_PAYSOURCE2	
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_VISITSOURCE1 ED_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

ED Organizational Table Analytic Data Dictionary (PHDCM.ED_ORG)

Casemix ED_ORG (PHDCM.ED_ORG)

Casellin Eb_one (i libelin			
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

ED Organizational Table Analytic Data Dictionary (PHDCM.ED_ORG)

ZipCode	Zip code of the municipality in	Char
	which the facility is located	

ED Organizational Table Analytic Data Dictionary (PHDCM.ED_PROC)

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

ED Organizational Table Analytic Data Dictionary (PHDCM.HD_DIAG)

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 Procedure Table Analytic Data Dictionary (PHDCM.HD)

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 <u>other</u> 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

Casemix Inpatient Hospital Discharge Procedure Table Analytic Data Dictionary (PHDCM.HD)

Variable Name	Variable Description	Meta Data	Format
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	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

Casemix Inpatient Hospital Discharge Procedure Table Analytic Data Dictionary (PHDCM.HD)

Variable Name	Variable Description	Meta Data	Format
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 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	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 <u>code list</u>	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	Num

Variable Name	Variable Description	Meta Data	Format
		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	
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	Num

Variable Name	Variable Description	Meta Data	Format
		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	
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	Num

Variable Name	Variable Description	Meta Data	Format
		5 = American Indian or Other 9 = Unknown	
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 ninedigit 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 for linking on this variable for info on the site	Num
HD_VISITSOURCE1	How a patient entered the hospital	See code list	Num
HD_VISITSOURCE2	How a patient entered the hospital	See code list	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

HD_Disposition	Description
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

HD_Disposition	Description
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 VISITSOURCE1	
HD 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

HD_PAYERNAME1, HD_PAYERNAME2	Description
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
	Lincoln National Insurance Commercial Insurance
59	
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
30	ricultity start rice care

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HD_PAYERNAME1, HD_PAYERNAME2	Description
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

Description		
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 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 158 Metrahealth - PPO (United Health Care of NE) Commercial Managed Care 159 None (Valid only for Secondary Source of Payment) 160 Blue Choice (includes Healthfiex 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 168 Kaiser Added Choice Point-of-Service Plan 169 Kaiser Added Choice Point-of-Service Plan 160 Light Post Commercial Managed Care 171 Metrahealth - POS (United Health Care of NE) 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 Point- 175 Aetna Health, Inc Quality POS Point- 176 Carelink (CIGNA & Tufts) Commercial Insurance 177 Chesapeake Life Insurance Company Commercial Insurance 178 Children's Medical Security Plan (Medicare Advantage Plan) Medicare Manage 180 Fresenius Medical Security Plan (Medicare Company Commercial Insurance 177 First Allmerica Financial Life Insurance POC Commercial Managed Care		Description
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 149 Classified 150 Other Mon-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 Plans 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) Commercial Managed Care 158 Metrahealth - HMO (United Health Care of NE) 158 Metrahealth - HMO (United Health Care of NE) 159 None (Valid only for Secondary Source of Payment) 160 Blue Choice (includes Healthfiex 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 MMc 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 168 Kaiser Added Choice Point-of-Service Plan 169 Kaiser Added Choice Point-of-Service Plan 170 US Healthcare Quality POS Point-of-Service Plan 171 CIGAN 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 PMO 175 Aetna Health, Inc Quality POS PMO 176 Carelink (CIGAN & Turts) Commercial Insurance 177 Chesapeake Life Insurance Company Commercial Insurance 178 Children's Medical Security Plan (CMSP) Government 179 First Health Life and Health Insurance EOO Commercial Managed Care	144	Other Government Other Government Payment
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 149 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) Commercial Managed Care 158 Metrahealth - HMO (United Health Care of NE) 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 168 Kaiser Added Choice Point-of-Service Plan 169 Kaiser Added Choice Point-of-Service Plan 160 Leatha Managed Care 171 CIGNA POS Commercial Managed Care 172 Metrahealth - POS (United Health Care of NE) Commercial Managed Care 173 Aetna Medicare Quality POS Point-of-Service Plan 175 Aetna Health Inc Quality POS Point-Of-Service Plan 176 Carelink (CIGNA & Tufts) Commercial Insurance 177 Chesapeake Life Insurance Company Commercial Insurance 178 Children's Medical Care Health Insurance Company Commercial Insurance 179 First Health Life and Health Insurance Company Commercial Insurance 179 First Health Life and Health Insurance POC Commercial Managed Care	145	Self-Pay Self-Pay
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 158 Metrahealth - PPO (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 Healthfeas 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 168 Kaiser Added Choice PoS Commercial Managed Care 170 US Healthcare Open Medicare Managed Care 171 CIGNA POS Commercial Managed Care 172 Metrahealth - POS (United Health Care of NE) Commercial Managed Care 173 Aetna Health, Inc Quality POS HMO 175 Aetna Health, Inc Quality POS 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 178 Children's Medical Security Plan (CMSP) Government 179 First Health Life and Health Insurance Company Commercial Insurance 178 First Allmerica Financial Life Insurance EPO Commercial Managed Care	146	Worker's Compensation Worker's Compensation
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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 158 Metrahealth - PPO (United Health Care of NE) Commercial Managed Care 159 Metrahealth - HMO (United Health Care of NE) Commercial Managed Care 159 More (Valid only for Secondary Source of Payment) 150 Blue Choice (includes Health Care of NE) 151 Aetna Managed Choice POS Commercial Managed Care 152 Great West Life POS Commercial Managed Care 153 United Healthcare Insurance Company - POS Commercial Managed Care 154 Great West Life POS Commercial Managed Care 155 Healthsource CMHC Plus POS Point-of-Service Plan 166 Private Healthcare Systems POS Point-of-Service Plan 167 Fallon POS Point-of-Service Plan 168 Kaiser Added Choice 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 & Tuffs) 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 179 First Health Life and Health Insurance Company Commercial Insurance 180 Fresenius Medical Care Health Plan (Medicare Advantage Plan) Medicare Manage	149	
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 158 Metrahealth - PPO (United Health Care of NE) 158 Metrahealth - HMO (United Health Care of NE) 159 None (Valid only for Secondary Source of Payment) 160 Blue Choice (includes Healthfear 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 168 Kaiser Added Choice 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 Health Inc Quality POS Point-of-Service Plan 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 179 First Health Life and Health Insurance Company Commercial Insurance 179 First Health Life and Health Insurance Company Commercial Insurance	150	Other Non-Managed Care (not listed elsewhere) 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 158 Metrahealth - PPO (United Health Care of NE) Commercial Managed Care 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 Healthfiex 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 168 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 179 First Health Life and Health Insurance Company Commercial Insurance 180 Fresenius Medical Care Health Plan (Medicare Advantage Plan) Medicare Manage	151	CHAMPUS Other Government Payment
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) Commercial Managed Care 158 Metrahealth - HMO (United Health Care of NE) 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 168 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 179 First Health Life and Health Insurance Company Commercial Insurance 179 First Health Life and Health Insurance Company Commercial Insurance	152	Foundation Other Non-Managed Care Plans
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 158 Metrahealth - PPO (United Health Care of NE) 158 Metrahealth - HMO (United Health Care of NE) 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 168 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 179 First Health Life and Health Insurance Company Commercial Insurance	153	Grant Other Non-Managed Care Plans
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) 158 Metrahealth - HMO (United Health Care of NE) 159 None (Valid only for Secondary Source of Payment) 150 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 168 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 179 First Health Life and Health Insurance EPO Commercial Managed Care	154	BCBS Other (Not listed elsewhere) 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) 159 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 EPO Commercial Insurance Fresenius Medical Care Health Plan (Medicare Advantage Plan) Medicare Manage	155	Blue Cross Managed Care Other Blue Cross 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 168 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 179 First Health Life and Health Insurance Company Commercial Insurance 179 First Allmerica Financial Life Insurance EPO Commercial Managed Care	156	Out of state BCBS Blue Cross
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 168 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 179 First Health Life and Health Insurance Company Commercial Insurance 179 First Health Life and Health Insurance EPO Commercial Managed Care	157	Metrahealth - PPO (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 168 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 179 First Health Life and Health Insurance Company Commercial Insurance 180 Fresenius Medical Care Health Plan (Medicare Advantage Plan) Medicare Manage	157	Metrahealth - PPO (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 168 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 Managed 181 First Allmerica Financial Life Insurance EPO Commercial Managed Care	158	Metrahealth - HMO (United Health Care of NE) Commercial Managed Care
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 168 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 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	158	Metrahealth - HMO (United Health Care of NE)
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 168 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	159	None (Valid only for Secondary Source of Payment)
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 168 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 Managed 181 First Allmerica Financial Life Insurance EPO Commercial Managed Care	160	Blue Choice (includes Healthflex Blue) - POS Blue Cross 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	161	Aetna Managed Choice 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 168 Kaiser Added Choice 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	162	Great West Life POS Commercial Managed Care
Healthsource New Hampshire POS (self-funded) Point-of-Service Plan Private Healthcare Systems POS Point-of-Service Plan Fallon POS Point-of-Service Plan Kaiser Added Choice Point-of-Service Plan US Healthcare Quality POS Point-of-Service Plan CIGNA POS Commercial Managed Care Metrahealth - POS (United Health Care of NE) Commercial Managed Care Aetna Medicare Open Medicare Managed Care Aetna Health Inc Quality POS HMO Aetna Health, Inc HMO HMO Carelink (CIGNA & Tufts) Commercial Insurance Chesapeake Life Insurance Company Commercial Insurance Children's Medical Security Plan (CMSP) Government First Health Life and Health Insurance Company Commercial Insurance Fresenius Medical Care Health Plan (Medicare Advantage Plan) Medicare Manage First Allmerica Financial Life Insurance EPO Commercial Managed Care	163	United Healthcare Insurance Company - POS Commercial Managed Care
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	164	Healthsource CMHC Plus POS Point-of-Service Plan
Fallon POS Point-of-Service Plan Kaiser Added Choice Point-of-Service Plan US Healthcare Quality POS Point-of-Service Plan CIGNA POS Commercial Managed Care Metrahealth - POS (United Health Care of NE) Commercial Managed Care Aetna Medicare Open Medicare Managed Care Aetna Health Inc Quality POS HMO Aetna Health, Inc HMO HMO Carelink (CIGNA & Tufts) Commercial Insurance Chesapeake Life Insurance Company Commercial Insurance Children's Medical Security Plan (CMSP) Government First Health Life and Health Insurance Company Commercial Insurance Fresenius Medical Care Health Plan (Medicare Advantage Plan) Medicare Manage First Allmerica Financial Life Insurance EPO Commercial Managed Care	165	Healthsource New Hampshire POS (self-funded) 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	166	Private Healthcare Systems POS 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	167	Fallon 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	169	Kaiser Added Choice Point-of-Service Plan
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	170	US Healthcare Quality POS Point-of-Service Plan
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	171	CIGNA POS Commercial 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	172	Metrahealth - POS (United Health Care of NE) Commercial Managed Care
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	173	Aetna Medicare Open Medicare Managed Care
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	174	Aetna Health Inc Quality POS HMO
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	175	Aetna Health, Inc HMO HMO
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	176	Carelink (CIGNA & Tufts) Commercial Insurance
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	177	Chesapeake Life 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	178	Children's Medical Security Plan (CMSP) Government
181 First Allmerica Financial Life Insurance EPO Commercial Managed Care	179	First Health Life and Health Insurance Company Commercial Insurance
	180	Fresenius Medical Care Health Plan (Medicare Advantage Plan) Medicare Manage
182 UniCare Preferred Plus Managed Access EPO Commercial Managed Care	181	
	182	UniCare Preferred Plus Managed Access EPO Commercial Managed Care
Pioneer Health Care EPO Exclusive Provider Organization	183	Pioneer Health Care EPO Exclusive Provider Organization
Private Healthcare Systems EPO Exclusive Provider Organization	184	Private Healthcare Systems EPO Exclusive Provider Organization
185 Connecticut General Life - Indemnity Commercial Insurance	185	Connecticut General Life - Indemnity Commercial Insurance
186 Connecticut General Life - POS POS	186	
187 Connecticut General Life - PPO PPO	187	Connecticut General Life - PPO PPO

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HD_PAYERNAME1, HD_PAYERNAME2	Description
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
	1 2 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2

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HD_PAYERNAME1, HD_PAYERNAME2	Description
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

HD_PAYERNAME1, HD_PAYERNAME2	Description
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

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HD_PAYERNAME1, HD_PAYERNAME2	Description
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
700	Commonwealth Care Plans 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
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HD_PAYERNAME1, HD_PAYERNAME2	Description
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 24=Psychiatric Hospital 26=Rehabilitation Hospital 27=Residential 28=Residential A 29=Satellite Clinic 30=State Agency 31=Ventilation 32= DPH Hospital	Num

33= LTC 34= Municipal Service	
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99=Unknown	

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_REVENUE CODE	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 <u>table</u>	Char
HD_SERVICE_UNITSOFS ERVICE	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

HD SERVICE REVENUECODE	Description
	ROOM & BOARD - PRIVATE (ONE BED) - REHABILITATION
119	ROOM & BOARD - PRIVATE (ONE BED) - OTHER
120	ROOM & BOARD - SEMI-PRIVATE TWO BEDS - GENERAL CLASSIFICATION
	ROOM & BOARD - SEMI-PRIVATE TWO BEDS - MEDICAL/SURGICAL/GYN
	ROOM & BOARD - SEMI-PRIVATE TWO BEDS - OBSTETRICS (OB)
	ROOM & BOARD - SEMI-PRIVATE TWO BEDS - PEDIATRIC
	ROOM & BOARD - SEMI-PRIVATE TWO BEDS - PSYCHIATRIC
	ROOM & BOARD - SEMI-PRIVATE TWO BEDS - PSTCHIATRIC
	ROOM & BOARD - SEMI-PRIVATE TWO BEDS - HOSPICE
	ROOM & BOARD - SEMI-PRIVATE TWO BEDS - ONCOLOGY
	ROOM & BOARD - SEMI-PRIVATE TWO BEDS - CINCOLOGY ROOM & BOARD - SEMI-PRIVATE TWO BEDS - REHABILITATION
	ROOM & BOARD - SEMI-PRIVATE TWO BEDS - OTHER ROOM & BOARD - SEMI-PRIVATE - THREE AND FOUR BEDS - GENERAL CLASSIFICATION
	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
	ROOM & BOARD - SEMI-PRIVATE - THREE AND FOUR BEDS - PSYCHIATRIC
	ROOM & BOARD - SEMI-PRIVATE - THREE AND FOUR BEDS - HOSPICE ROOM & BOARD - SEMI-PRIVATE - THREE AND FOUR BEDS - DETOXIFICATION
	ROOM & BOARD - SEMI-PRIVATE - THREE AND FOUR BEDS - ONCOLOGY
	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)
	ROOM & BOARD - WARD - PEDIATRIC
	ROOM & BOARD - WARD - PSYCHIATRIC
	ROOM & BOARD - WARD - HOSPICE
	ROOM & BOARD - WARD - DETOXIFICATION
	ROOM & BOARD - WARD - ONCOLOGY
	ROOM & BOARD - WARD - REHABILITATION
	ROOM & BOARD - WARD - NETIABLETATION ROOM & BOARD - WARD - OTHER
159	MOOIN & BOARD - WARD - OTHER

HD_SERVICE_REVENUECODE	Description
	ROOM & BOARD - OTHER - GENERAL CLASSIFICATION
	HOSPITAL AT HOME, R&B/HOSPITAL AT HOME
	ROOM & BOARD - OTHER - STERILE ENVIRONMENT
	ROOM & BOARD - OTHER - SELF CARE
	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	тси
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
	CORONARY CARE UNIT - GENERAL CLASSIFICATION
211	CORONARY CARE UNIT - MYOCARDIAL INFARCTION
212	CORONARY CARE UNIT - PULMONARY CARE
	CORONARY CARE UNIT - HEART TRANSPLANT
	CORONARY CARE UNIT - INTERMEDIATE CCU
219	CORONARY CARE UNIT - OTHER CORONARY CCU

Description 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 225 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	
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	
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	
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	
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	
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	
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	
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	
231 INCREMENTAL NURSING CHARGE - NURSERY 232 INCREMENTAL NURSING CHARGE - OB 233 INCREMENTAL NURSING CHARGE - ICU 234 INCREMENTAL NURSING CHARGE - CCU	
232 INCREMENTAL NURSING CHARGE - OB 233 INCREMENTAL NURSING CHARGE - ICU 234 INCREMENTAL NURSING CHARGE - CCU	
232 INCREMENTAL NURSING CHARGE - OB 233 INCREMENTAL NURSING CHARGE - ICU 234 INCREMENTAL NURSING CHARGE - CCU	
233 INCREMENTAL NURSING CHARGE - ICU 234 INCREMENTAL NURSING CHARGE - CCU	
234 INCREMENTAL NURSING CHARGE - CCU	
225 INCDEMENTAL NUIDCING CHARGE HOCDICE	
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	
PHARMACY (ALSO SEE 063X, AN EXTENSION OF 025X) - DRUGS INCIDENT TO OTHER	
254 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	
MEDICAL/SURGICAL SUPPLIES AND DEVICES (ALSO SEE 062X, AN EXTENSION OF 027) - G	ENERAL
270 CLASSIFICATION	
MEDICAL/SURGICAL SUPPLIES AND DEVICES (ALSO SEE 062X, AN EXTENSION OF 027X) - 1	10N
271 STERILE SUPPLY MEDICAL/SURGICAL SUPPLIES AND DEVICES (ALSO SEE 062X, AN EXTENSION OF 027X) - S	TERNE
272 SUPPLY	,, LNILE
MEDICAL/SURGICAL SUPPLIES AND DEVICES (ALSO SEE 062X, AN EXTENSION OF 027X) -	AKE
273 HOME SUPPLIES	
MEDICAL/SURGICAL SUPPLIES AND DEVICES (ALSO SEE 062X, AN EXTENSION OF 027X) -	
274 PROSTHETIC/ORTHOTIC DEVICES	

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275	MEDICAL/SURGICAL SUPPLIES AND DEVICES (ALSO SEE 062 X, AN EXTENSION OF 027X) - PACEMAKER		
1	MEDICAL/SURGICAL SUPPLIES AND DEVICES (ALSO SEE 062X, AN EXTENSION OF 027X) -		
	INTRAOCULAR LENS		
	MEDICAL/SURGICAL SUPPLIES AND DEVICES (ALSO SEE 062X, AN EXTENSION OF 027X) - OXYGEN-TAKE HOME		
	MEDICAL/SURGICAL SUPPLIES AND DEVICES (ALSO SEE 062X, AN EXTENSION OF 027X) - OTHER		
	IMPLANT		
	MEDICAL/SURGICAL SUPPLIES AND DEVICES (ALSO SEE 062X, AN EXTENSION OF 027X) - OTHER		
	SUPPLIES/DEVICES ONCOLOGY - GENERAL CLASSIFICATION		
	ONCOLOGY - OTHER ONCOLOGY		
	DURABLE MEDICAL EQUIPMENT (OTHER THAN RENAL) - GENERAL CLASSIFICATION		
	DURABLE MEDICAL EQUIPMENT (OTHER THAN RENAL) - RENTAL		
	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		
	RADIOLOGY - THERAPEUTIC AND/OR CHEMOTHERAPY ADMINISTRATION - GENERAL		
330	CLASSIFICATION		
331	RADIOLOGY - THERAPEUTIC AND/OR CHEMOTHERAPY ADMINISTRATION - CHEMOTHERAPY ADMIN - INJECTED		
331	RADIOLOGY - THERAPEUTIC AND/OR CHEMOTHERAPY ADMINISTRATION - CHEMOTHERAPY		
332	ADMINISTRATION - ORAL		
	RADIOLOGY - THERAPEUTIC AND/OR CHEMOTHERAPY ADMINISTRATION - RADIATION THERAPY		
	RADIOLOGY - THERAPEUTIC AND/OR CHEMOTHERAPY ADMINISTRATION - CHEMOTHERAPY ADMIN - IV		

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HD_SERVICE_REVENUECODE	·			
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			
	CT SCAN - BODY SCAN			
	CT SCAN - CT - OTHER			
	OPERATING ROOM SERVICES - GENERAL CLASSIFICATION			
301	OPERATING ROOM SERVICES - MINOR SURGERY			
202	ODEDATING DOOM SERVICES ODGAN TRANSDIANT OTHER THAN KIRNEY			
	OPERATING ROOM SERVICES - ORGAN TRANSPLANT-OTHER THAN KIDNEY			
	OPERATING ROOM SERVICES - KIDNEY TRANSPLANT			
	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			
	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			
	ADMINISTRATION, PROCESSING, AND STORAGE FOR BLOOD AND BLOOD COMPONENTS -			
390	GENERAL CLASSIFICATION			
201	ADMINISTRATION, PROCESSING, AND STORAGE FOR BLOOD AND BLOOD COMPONENTS - ADMINISTRATION (E.G. TRANSFUSIONS)			
331	ADMINISTRATION (E.G. TRANSPOSIONS) ADMINISTRATION, PROCESSING, AND STORAGE FOR BLOOD AND BLOOD COMPONENTS -			
392	PROCESSING AND STORAGE			
	ADMINISTRATION, PROCESSING, AND STORAGE FOR BLOOD AND BLOOD COMPONENTS -			
	OTHER BLOOD HANDLING OTHER IMAGING SERVICES - GENERAL CLASSIFICATION			
	OTHER IMAGING SERVICES - GENERAL CLASSIFICATION OTHER IMAGING SERVICES - DIAGNOSTIC MAMMOGRAPHY			
	OTHER IMAGING SERVICES - ULTRASOUND			
403	OTHER IMAGING SERVICES - SCREENING MAMMOGRAPHY			

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	OTHER IMAGING SERVICES - POSITRON EMISSION TOMOGRAPHY			
	THER IMAGING SERVICES - OTHER IMAGING SERVICES ESDIPATORY SERVICES - GENERAL CLASSIFICATION			
	ESPIRATORY SERVICES - GENERAL CLASSIFICATION			
	RESPIRATORY SERVICES - INHALATION SERVICES			
	ESPIRATORY 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			

HD_SERVICE_REVENUECODE	Description			
	AMBULATORY SURGICAL CARE - OTHER AMBULATORY SURGICAL CARE			
	OUTPATIENT SERVICES - GENERAL CLASSIFICATION			
	OUTPATIENT SERVICES - OTHER OUTPATIENT SERVICE			
	CLINIC - GENERAL CLASSIFICATION			
	CLINIC - CHRONIC PAIN CENTER			
-	CLINIC - DENTAL CLINIC			
	CLINIC - PSYCHIATRIC CLINIC			
514	CLINIC - OB-GYN CLINIC			
	CLINIC - PEDIATRIC CLINIC			
	CLINIC - URGENT CARE CLINIC			
	CLINIC - FAMILY PRACTICE CLINIC			
	CLINIC - OTHER CLINIC			
	FREESTANDING CLINIC - GENERAL CLASSIFICATION			
	FREESTANDING CLINIC - CLINIC VISIT BY MEMBER TO RHC/FQHC			
522	FREESTANDING CLINIC - HOME VISIT BY RHC/FQHC PRACTITIONER			
523	FREESTANDING CLINIC - FAMILY PRACTICE CLINIC			
	FREESTANDING CLINIC - VISIT BY RHC/FQHC PRACTITIONER TO A MEMBER IN A SNF OR SKILLED			
524	SWING BED IN A COVERED PART A STAY FREESTANDING CLINIC - VISIT BY RHC/FQHC PRACTITIONER TO A MEMBER IN A SNF (NOT IN A			
525	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)			
	FREESTANDING CLINIC - OTHER FREESTANDING CLINIC			
	OSTEOPATHIC SERVICES - GENERAL CLASSIFICATION			
531	OSTEOPATHIC SERVICES - OSTEOPATHIC THERAPY			
539	OSTEOPATHIC SERVICES - OTHER OSTEOPATHIC SERVICES			
540	AMBULANCE - GENERAL CLASSIFICATION			
	AMBULANCE - SUPPLIES			
542	AMBULANCE - MEDICAL TRANSPORT			
	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			

HD_SERVICE_REVENUECODE	Description		
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	OME 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		
	MEDICAL/SURGICAL SUPPLIES AND DEVICES - EXTENSION OF 027X - SUPPLIES INCIDENT TO		
621	RADIOLOGY		
	MEDICAL/SURGICAL SUPPLIES AND DEVICES - EXTENSION OF 027X - SUPPLIES INCIDENT TO		
622	OTHER DX SERVICES		
623	MEDICAL/SURGICAL SUPPLIES AND DEVICES - EXTENSION OF 027X - SURGICAL DRESSINGS		
	MEDICAL/SURGICAL SUPPLIES AND DEVICES - EXTENSION OF 027X - FDA INVESTIGATIONAL		
624	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		
	HOME IV THERAPY SERVICES - IV SITE CARE, CENTRAL LINE		
	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		

HD_SERVICE_REVENUECODE	Description			
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)			
	PRE-HOSPICE/PALLIATIVE CARE SERVICES - CONSULTATION AND EDUCATION (EFFECTIVE			
694	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)			
	PRE-HOSPICE/PALLIATIVE CARE SERVICES - OTHER PRE-HOSPICE/PALLIATIVE CARE SERVICES			
	(EFFECTIVE 1/1/14)			
700	CAST ROOM - GENERAL CLASSIFICATION			
	Cast Room- Other			
	RECOVERY ROOM - GENERAL CLASSIFICATION			
	Recovery Room-Other			
	LABOR ROOM/DELIVERY - GENERAL CLASSIFICATION			
	LABOR ROOM/DELIVERY - LABOR			
	LABOR ROOM/DELIVERY - DELIVERY ROOM			
	LABOR ROOM/DELIVERY - CIRCUMCISION			
	LABOR ROOM/DELIVERY - BIRTHING CENTER			
	LABOR ROOM/DELIVERY - OTHER LABOR ROOM/DELIVERY			
	EKG/ECG (ELECTROCARDIOGRAM) - GENERAL CLASSIFICATION			
731	EKG/ECG (ELECTROCARDIOGRAM) - HOLTER MONITOR			
	EKG/ECG (ELECTROCARDIOGRAM) - TELEMETRY			
	EKG/ECG (ELECTROCARDIOGRAM) - OTHER EKG/ECG			
	EEG (ELECTROENCEPHALOGRAM) - GENERAL CLASSIFICATION			
	EEG -Other			
750	GASTRO - INTESTINAL (GI) SERVICES - GENERAL CLASSIFICATION			

HD_SERVICE_REVENUECODE	Description		
	Gastro-Intestinal Services-Other		
	SPECIALTY SERVICES - GENERAL CLASSIFICATION		
	SPECIALTY SERVICES - TREATMENT ROOM		
	SPECIALTY SERVICES - OBSERVATION HOURS		
	SPECIALTY SERVICES - OTHER SPECIALTY SERVICES		
	PREVENTIVE CARE SERVICES - GENERAL CLASSIFICATION		
	PREVENTIVE CARE SERVICES - VACCINE ADMINISTRATION		
	Preventative Care Services- Other		
	TELEMEDICINE - GENERAL CLASSIFICATION		
	Telemedicine-Other		
. 00	EXTRA-CORPOREAL SHOCK WAVE THERAPY (FORMERLY LITHOTRIPSY) - GENERAL		
790	CLASSIFICATION		
	Lithotripsy-Other		
	INPATIENT RENAL DIALYSIS - GENERAL CLASSIFICATION		
	INPATIENT RENAL DIALYSIS - INPATIENT HEMODIALYSIS		
	INPATIENT RENAL DIALYSIS - INPATIENT PERITONEAL (NON-CAPD)		
002	INPATIENT RENAL DIALYSIS - INPATIENT CONTINUOUS AMBULATORY PERITONEAL DIALYSIS		
803	(CAPD)		
	INPATIENT RENAL DIALYSIS - INPATIENT CONTINUOUS CYCLING PERITONEAL DIALYSIS (CCPD)		
	INPATIENT RENAL DIALYSIS - OTHER INPATIENT DIALYSIS		
	ACQUISITION OF BODY COMPONENTS - GENERAL CLASSIFICATION		
	ACQUISITION OF BODY COMPONENTS - LIVING DONOR		
	ACQUISITION OF BODY COMPONENTS - CADAVER DONOR		
	ACQUISITION OF BODY COMPONENTS - UNKNOWN DONOR		
013	ACQUISITION OF BODY COMPONENTS - UNSUCCESSFUL ORGAN SEARCH - DONOR BANK		
814	CHARGES		
	ACQUISITION OF BODY COMPONENTS - STEM CELLS - ALLOGENEIC (EFFECTIVE 1/1/17)		
	ACQUISITION OF BODY COMPONENTS - OTHER DONOR		
	HEMODIALYSIS - OUTPATIENT OR HOME - GENERAL CLASSIFICATION		
	HEMODIALYSIS - OUTPATIENT OR HOME - HEMODIALYSIS COMPOSITE OR OTHER RATE		
	HEMODIALYSIS - OUTPATIENT OR HOME - HOME SUPPLIES		
	HEMODIALYSIS - OUTPATIENT OR HOME - HOME EQUIPMENT		
	HEMODIALYSIS - OUTPATIENT OR HOME - MAINTENANCE - 100%		
	HEMODIALYSIS - OUTPATIENT OR HOME - SUPPORT SERVICES		
	HEMODIALYSIS - OUTPATIENT OR HOME - SHORTER DURATION (EFFECTIVE DATE TBD)		
	HEMODIALYSIS - OUTPATIENT OR HOME - OTHER OP HEMODIALYSIS		
	PERITONEAL DIALYSIS - OUTPATIENT OR HOME - GENERAL CLASSIFICATION		
	PERITONEAL DIALYSIS - OUTPATIENT OR HOME - PERITONEAL/COMPOSITE OR OTHER RATE		
	PERITONEAL DIALYSIS - OUTPATIENT OR HOME - HOME SUPPLIES		
	PERITONEAL DIALYSIS - OUTPATIENT OR HOME - HOME EQUIPMENT		
	PERITONEAL DIALYSIS - OUTPATIENT OR HOME - MAINTENANCE - 100%		
	PERITONEAL DIALYSIS - OUTPATIENT OR HOME - SUPPORT SERVICES		
	PERITONEAL DIALYSIS - OUTPATIENT OR HOME - OTHER OUTPATIENT PERITONEAL DIALYSIS		
633	CONTINUOUS AMBULATORY PERITONEAL DIALYSIS (CAPD) - OUTPATIENT OR HOME - GENERAL		
840	CLASSIFICATION		
040	CONTINUOUS AMBULATORY PERITONEAL DIALYSIS (CAPD) - OUTPATIENT OR HOME -		
Ω/11	CAPD/COMPOSITE OR OTHER RATE		
041	CONTINUOUS AMBULATORY PERITONEAL DIALYSIS (CAPD) - OUTPATIENT OR HOME - HOME		
8/12	SUPPLIES		
042	CONTINUOUS AMBULATORY PERITONEAL DIALYSIS (CAPD) - OUTPATIENT OR HOME - HOME		
8/13	EQUIPMENT		
0+3	CONTINUOUS AMBULATORY PERITONEAL DIALYSIS (CAPD) - OUTPATIENT OR HOME -		
844	MAINTENANCE - 100%		
044	1		

HD_SERVICE_REVENUECODE	
	CONTINUOUS AMBULATORY PERITONEAL DIALYSIS (CAPD) - OUTPATIENT OR HOME - SUPPORT
845	SERVICES
	CONTINUOUS AMBULATORY PERITONEAL DIALYSIS (CAPD) - OUTPATIENT OR HOME - OTHER
849	OUTPATIENT CAPD
	CONTINUOUS CYCLING PERITONEAL DIALYSIS (CCPD) - OUTPATIENT OR HOME - GENERAL
850	CLASSIFICATION
	CONTINUOUS CYCLING PERITONEAL DIALYSIS (CCPD) - OUTPATIENT OR HOME -
851	CCPD/COMPOSITE OR OTHER RATE
	CONTINUOUS CYCLING PERITONEAL DIALYSIS (CCPD) - OUTPATIENT OR HOME - HOME
852	SUPPLIES
	CONTINUOUS CYCLING PERITONEAL DIALYSIS (CCPD) - OUTPATIENT OR HOME - HOME
853	EQUIPMENT
	CONTINUOUS CYCLING PERITONEAL DIALYSIS (CCPD) - OUTPATIENT OR HOME - MAINTENANCE
854	- 100%
	CONTINUOUS CYCLING PERITONEAL DIALYSIS (CCPD) - OUTPATIENT OR HOME - SUPPORT
855	SERVICES
	CONTINUOUS CYCLING PERITONEAL DIALYSIS (CCPD) - OUTPATIENT OR HOME - OTHER
859	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)
	CELL/GENE THERAPY - SPECIALIZED BIOLOGIC PROCESSING AND STORAGE - PRIOR TO
872	TRANSPORT (EFFECTIVE 4/1/19)
	CELL/GENE THERAPY - STORAGE AND PROCESSING AFTER RECEIPT OF CELLS FROM
873	MANUFACTURER (EFFECTIVE 4/1/19)
	CELL/GENE THERAPY - INFUSION OF MODIFIED CELLS (EFFECTIVE 4/1/19)
	CELL/GENE THERAPY - INJECTION OF MODIFIED CELLS (EFFECTIVE 4/1/19)
	MISCELLANEOUS DIALYSIS - GENERAL CLASSIFICATION
	MISCELLANEOUS DIALYSIS - ULTRAFILTRATION
	MISCELLANEOUS DIALYSIS - HOME DIALYSIS AID VISIT
	MISCELLANEOUS DIALYSIS - OTHER MISCELLANEOUS DIALYSIS
869	PHARMACY - EXTENSION OF 025X AND 063X - RESERVED (USE 0250 FOR GENERAL
900	CLASSIFICATION) (EFFECTIVE 4/1/19)
830	PHARMACY - EXTENSION OF 025X AND 063X - SPECIAL PROCESSED DRUGS - FDA APPROVED
901	CELL THERAPY (EFFECTIVE 4/1/19)
	PHARMACY - EXTENSION OF 025X AND 063X - SPECIAL PROCESSED DRUGS - FDA APPROVED
	GENE THERAPY(EFFECTIVE 4/1/20)
	Other Donor Bank-Skin
899	Other Donor Bank-Other
000	BEHAVIORAL HEALTH TREATMENT/SERVICES (ALSO SEE 091X, AN EXTENSION OF 090X) -
900	GENERAL CLASSIFICATION DELIAN/JORAL HEALTH TREATMENT/SERVICES (ALSO SEE 001V, AN EXTENSION OF 000V)
001	BEHAVIORAL HEALTH TREATMENT/SERVICES (ALSO SEE 091X, AN EXTENSION OF 090X) -
901	ELECTROSHOCK TREATMENT
202	BEHAVIORAL HEALTH TREATMENT/SERVICES (ALSO SEE 091X, AN EXTENSION OF 090X) - MILIEU
902	THERAPY
202	BEHAVIORAL HEALTH TREATMENT/SERVICES (ALSO SEE 091X, AN EXTENSION OF 090X) - PLAY
903	THERAPY
	BEHAVIORAL HEALTH TREATMENT/SERVICES (ALSO SEE 091X, AN EXTENSION OF 090X) -
904	ACTIVITY THERAPY
22-	BEHAVIORAL HEALTH TREATMENT/SERVICES (ALSO SEE 091X, AN EXTENSION OF 090X) -
905	INTENSIVE OUTPATIENT SERVICES - PSYCHIATRIC
	BEHAVIORAL HEALTH TREATMENT/SERVICES (ALSO SEE 091X, AN EXTENSION OF 090X) -
906	INTENSIVE OUTPATIENT SERVICES - CHEMICAL DEPENDENCY

HD_SERVICE_REVENUECODE	Description			
	BEHAVIORAL HEALTH TREATMENT/SERVICES (ALSO SEE 091X, AN EXTENSION OF 090X) -			
	COMMUNITY BEHAVIORAL HEALTH PROGRAM (DAY TREATMENT)			
	Psychiatric/Psychological Treatments-Other			
	Psychiatric/Psychological Services			
911	BEHAVIORAL HEALTH TREATMENT/SERVICES - EXTENSION OF 090X - REHABILITATION			
012	BEHAVIORAL HEALTH TREATMENT/SERVICES - EXTENSION OF 090X - PARTIAL HOSPITALIZAT - LESS INTENSIVE			
312	BEHAVIORAL HEALTH TREATMENT/SERVICES - EXTENSION OF 090X - PARTIAL HOSPITALIZATION			
913	- 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			
	BEHAVIORAL HEALTH TREATMENT/SERVICES - EXTENSION OF 090X - BIO FEEDBACK			
918	BEHAVIORAL HEALTH TREATMENT/SERVICES - EXTENSION OF 090X - TESTING			
	BEHAVIORAL HEALTH TREATMENT/SERVICES - EXTENSION OF 090X - OTHER BEHAVIORAL			
919	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			
	MEDICAL REHABILITATION DAY PROGRAM - HALF DAY			
932	932 MEDICAL REHABILITATION DAY PROGRAM - FULL DAY			
332	OTHER THERAPEUTIC SERVICES (ALSO SEE 095X, AN EXTENSION OF 094X) - GENERAL			
940	CLASSIFICATION			
	OTHER THERAPEUTIC SERVICES (ALSO SEE 095X, AN EXTENSION OF 094X) - RECREATIONAL			
941	THERAPY			
942	OTHER THERAPEUTIC SERVICES (ALSO SEE 095X, AN EXTENSION OF 094X) - EDUCATION/TRAINING			
342	OTHER THERAPEUTIC SERVICES (ALSO SEE 095X, AN EXTENSION OF 094X) - CARDIAC			
943	REHABILITATION			
	OTHER THERAPEUTIC SERVICES (ALSO SEE 095X, AN EXTENSION OF 094X) - DRUG			
944	REHABILITATION			
	OTHER THERAPEUTIC SERVICES (ALSO SEE 095X, AN EXTENSION OF 094X) - ALCOHOL			
945	REHABILITATION			
046	OTHER THERAPEUTIC SERVICES (ALSO SEE 095X, AN EXTENSION OF 094X) - COMPLEX MEDICAL			
946	EQUIPMENT - ROUTINE OTHER THERADELITIC SERVICES (ALSO SEE OREY, AN EXTENSION OF DOAY). COMBLEY MEDICAL			
0.47	OTHER THERAPEUTIC SERVICES (ALSO SEE 095X, AN EXTENSION OF 094X) - COMPLEX MEDICAL EQUIPMENT - ANCILLARY			
347	OTHER THERAPEUTIC SERVICES (ALSO SEE 095X, AN EXTENSION OF 094X) - PULMONARY			
948	REHABILITATION			
	OTHER THERAPEUTIC SERVICES (ALSO SEE 095X, AN EXTENSION OF 094X) - OTHER			
949	THERAPEUTIC SERVICE			
950	Other Therapeutic Services - Extension of 0940			
	OTHER THERAPEUTIC SERVICES (EXTENSION OF 094X) - ATHLETIC TRAINING			
952	OTHER THERAPEUTIC SERVICES (EXTENSION OF 094X) - KINESIOTHERAPY			

HD_SERVICE_REVENUECODE	Description			
	OTHER THERAPEUTIC SERVICES (EXTENSION OF 094X) - CHEMICAL DEPENDENCY (DRUG AND ALCOHOL)			
	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)			

HD_SERVICE_REVENUECODE	Description
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1002	BEHAVIORAL HEALTH ACCOMMODATIONS - RESIDENTIAL - CHEMICAL DEPENDENCY (TITLE EFFECTIVE 10/1/13)
	BEHAVIORAL HEALTH ACCOMMODATIONS - SUPERVISED LIVING
	BEHAVIORAL HEALTH ACCOMMODATIONS - HALFWAY HOUSE
	BEHAVIORAL HEALTH ACCOMMODATIONS - GROUP HOME
1006	BEHAVIORAL HEALTH ACCOMMODATIONS - OUTDOOR/WILDERNESS BEHAVIORAL HEALTH (EFFECTIVE 7/1/17)
	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	1= Resident 2= Intern 3= Nurse Practitioner 4= Physician Assistant 9=Missing/Unknown	Num
OO_CHARGES	populated. 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_CONDITIONPRE SENT1	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_CONDITIONPRE SENT2	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_CONDITIONPRE SENT3	Flags whether the diagnosis was present on	0=Condition not present 1=Condition present	Num

Variable Name	Variable Description	Meta Data	Format
	admission to Observation unit.	2=Clinically undetermined 8=not applicable 9=Unknown	
OO_CONDITIONPRE SENT4	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_CONDITIONPRE SENT5	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_CONDITIONPRE SENT6	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_CONDITIONPRE SENT7	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_CONDITIONPRE SENT8	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_CONDITIONPRE SENT9	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_CONDITIONPRE SENT10	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

Variable Name	Variable Description	Meta Data	Format
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

Variable Name	Variable Description	Meta Data	Format
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_D ATE	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_M ONTH	Discharge month	Months, 1-12	Num
OO_DISCHARGE_Y EAR	Discharge year	Years	Num

Variable Name	Variable Description	Meta Data	Format
OO_DISCHARGEST ATUS	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_NEWBORNAGE WEEK	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	Num
OO_PAYSOURCE2	Secondary payer for this visit. Please note that the values are in text format and may have duplicates	See code list	Num

due to spaces and capitalization. 0=None (Valid only for Secondary Payer) 1=Self-Pay	Variable Name	Variable Description	Meta Data	Format
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		Indicates the type of organization or individual who is payer.	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	Num

Variable Name	Variable Description	Meta Data	Format
OO_PAYERTYPE_S econdary	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_NU MBER	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_PRIMARYCOND ITIONPRESENT	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

Variable Name	Variable Description	Meta Data	Format
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

Variable Name	Variable Description	Meta Data	Format
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 ninedigit 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_SURGEONPRO C1	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_SURGEONPRO C2	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_SURGEONPRO C3	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_TRANSFERFRO M	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

Variable Name	Variable Description	Meta Data	Format
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	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	Num
OO_VISITTYPE	type of stay	1= Emergency 2= Urgent 3= Non-Urgent 4= Newborn 9 = Unknown	Num

OO_PAYSOURCE1 OO_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

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OO_PAYSOURCE1 OO_PAYSOURCE2	Description
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

OO_PAYSOURCE1 OO_PAYSOURCE2	Description
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

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OO PAYSOURCE1	Description	
OO_PAYSOURCE2	·	
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	

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OO_PAYSOURCE1	Description
OO_PAYSOURCE2	·
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
	Combined Insurance Company of America Commercial
140	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 Metrahealth - PPO (United Health Care of NE) Commercial
157	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
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OO PAYSOURCE1	Description
OO_PAYSOURCE2	·
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

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OO_PAYSOURCE1 OO_PAYSOURCE2	Description			
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			

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OO PAYSOURCE1	Description			
OO_PAYSOURCE2	Professional Insurance Company (Indemnity) Commercial			
229	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. PPC 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			
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OO_PAYSOURCE1 OO_PAYSOURCE2	Description		
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)		

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OO_PAYSOURCE1	Description			
OO_PAYSOURCE2	·			
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			

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OO_PAYSOURCE1	Description	
OO_PAYSOURCE2		
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	
	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	

OO PAYSOURCE1 OO PAYSOURCE2	Description		
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)

	Servation organization rabi		
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