MATHEMATICA Policy Research

REPORT

Medicaid Analytic Extract Other Services (OT) Record Layout and Description 2014

August 18, 2016

Submitted to:

Centers for Medicare & Medicaid Services
7500 Security Blvd.
Mail Stop B2-29-04
Baltimore, MD 21244-1850

Project Officer: Cara Petroski

Submitted by:

Mathematica Policy Research
1100 1st Street, NE
12th Floor
Washington, DC 20002-4221

Project Director: Susan Williams

Reference Number: 50160.210

Contract Number: HHSM-500-2014-00034I
Task Order: HHSM-500-T0007

CHANGES TO THE MAX 2014 OT FILE

No Changes

MEDICAID ANALYTIC EXTRACT (MAX)

RECORD LAYOUT FOR

OTHER SERVICES RECORD (OT)

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
OTHER SERVICES (OT) RECORD

ELEMENT NUMBER:	ELEMENT NAME:	TYPE:	LENGTH:	BEG:	END:
****	MEDICAID ANALYTIC EXTRACT OTHER SERVICES RECORD	REC	270	1	270
***	MEDICAID ELIGIBILITY REGION	REGION	79	1	79
1.	MSIS IDENTIFICATION NUMBER	CHAR	20	1	20
2.	STATE ABBREVIATION CODE	CHAR	2	21	22
3.	SOCIAL SECURITY NUMBER - FROM MSIS	CHAR	9	23	31
4.	MEDICARE HEALTH INSURANCE CLAIM (HIC) NUMBER - FROM MSIS	CHAR	12	32	43
5.	BIRTH DATE	NUM	8	44	51
6.	SEX CODE	CHAR	1	52	52
7.	RACE/ETHNICITY CODE	CHAR	1	53	53
8.	RACE - WHITE	CHAR	1	54	54
9.	RACE - BLACK/AFRICAN AMERICAN	CHAR	1	55	55
10.	RACE - AMERICAN INDIAN/ALASKAN NATIVE	CHAR	1	56	56
11.	RACE - ASIAN	CHAR	1	57	57
12.	RACE - NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER	CHAR	1	58	58
13.	ETHNICITY - HISPANIC OR LATINO	CHAR	1	59	59
14.	STATE-SPECIFIC ELIGIBILITY CODE - MOST RECENT	CHAR	6	60	65
15.	STATE-SPECIFIC ELIGIBILITY CODE - FOR MONTH OF SERVICE	CHAR	6	66	71
16.	MAX UNIFORM ELIGIBILITY CODE - MOST RECENT	CHAR	2	72	73
17.	MAX UNIFORM ELIGIBILITY CODE - FOR MONTH OF SERVICE	CHAR	2	74	75
18.	MISSING ELIGIBILITY DATA	CHAR	1	76	76
19.	MEDICARE DUAL CODE - CLAIM-BASED	NUM	1	77	77
20.	MEDICARE DUAL CODE - ANNUAL	CHAR	2	78	79
***	UTILIZATION AND PAYMENT SUMMARY REGION	REGION	191	80	270
**	SERVICE GROUP	GROUP	43	80	127
21.	MSIS TYPE OF SERVICE CODE	NUM	2	80	81
22.	MSIS TYPE OF PROGRAM CODE	NUM	1	82	82
23.	MAX TYPE OF SERVICE CODE	NUM	2	83	84
24.	COMMUNITY-BASED LONG-TERM CARE (CLTC) FLAG	CHAR	2	85	86
25.	HOME AND COMMUNITY-BASED SERVICES (HCBS) TAXONOMY CODE FOR WAIVERS	CHAR	5	87	91
26.	BILLING PROVIDER IDENTIFICATION NUMBER	CHAR	12	92	103
27.	NATIONAL PROVIDER IDENTIFIER	CHAR	12	104	115
28.	PROVIDER TAXONOMY	CHAR	12	116	127
**	CLAIMS AND PAYMENT GROUP	GROUP	72	128	199

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

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
OTHER SERVICES (OT) RECORD

ELEMENT NUMBER:	ELEMENT NAME:	TYPE:	LENGTH:	BEG:	END:
29.	TYPE OF CLAIM CODE	CHAR	1	128	128
30.	ADJUSTMENT CODE	NUM	1	129	129
31.	MANAGED CARE TYPE OF PLAN CODE	NUM	2	130	131
32.	MANAGED CARE PLAN IDENTIFICATION NUMBER	CHAR	12	132	143
33.	MEDICAID PAYMENT AMOUNT	NUM*	8	144	151
34.	THIRD PARTY PAYMENT AMOUNT	NUM*	8	152	159
35.	PAYMENT DATE	NUM	8	160	167
36.	CHARGE AMOUNT	NUM*	8	168	175
37.	PREPAID PLAN SERVICE VALUE	NUM*	8	176	183
38.	MEDICARE COINSURANCE PAYMENT AMOUNT	NUM*	8	184	191
39.	MEDICARE DEDUCTIBLE PAYMENT AMOUNT	NUM*	8	192	199
**	OTHER SERVICES GROUP	GROUP	71	200	270
40.	SERVICE BEGINNING DATE	NUM	8	200	207
41.	ENDING DATE OF SERVICE	NUM	8	208	215
42.	PROCEDURE CODING SYSTEM CODE	CHAR	2	216	217
43.	PROCEDURE (SERVICE) CODE	CHAR	8	218	225
44.	PROCEDURE (SERVICE) MODIFIER CODE	CHAR	2	226	227
45.	DIAGNOSIS CODE-1	CHAR	7	228	234
46.	DIAGNOSIS CODE FLAG-1	CHAR	1	235	235
47.	DIAGNOSIS CODE-2	CHAR	7	236	242
48.	DIAGNOSIS CODE FLAG-2	CHAR	1	243	243
49.	QUANTITY OF SERVICE	NUM	5	244	248
50.	SERVICING PROVIDER IDENTIFICATION NUMBER	CHAR	12	249	260
51.	SERVICING PROVIDER SPECIALTY CODE	CHAR	4	261	264
52.	PLACE OF SERVICE CODE	NUM	2	265	266
53.	UB-92 REVENUE CODE	NUM	4	267	270

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

MEDICAID ANALYTIC EXTRACT (MAX)

DATA ELEMENT DICTIONARY FOR

OTHER SERVICES RECORD (OT)

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: ****

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

SAS VARIABLE: NONE

TYPE: REC LENGTH: 270 BEG: 1 END: 270

DESCRIPTION:

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

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

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

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

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

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

FOR A COMPLETE LIST OF TYPES OF SERVICE THAT ARE CONTAINED IN THIS FILE, SEE 'MAX TYPE OF SERVICE CODE'.

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

BEGINNING IN MAX 2009, WHEN AVAILABLE AND MEANINGFUL, THE INTERNAL CONTROL NUMBER (ICN) WAS USED TO RECONCILE ORIGINAL AND ADJUSTMENT CLAIMS.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: ***

ELEMENT NAME: **MEDICAID ELIGIBILITY REGION**

SAS VARIABLE: NONE

TYPE: REGION LENGTH: 79 BEG: 1 END: 79

DESCRIPTION:

FIELDS CONTAINING ELIGIBILITY INFORMATION ADDED TO EACH SERVICE RECORD, FROM MSIS ELIGIBILITY FILES (USING 'MSIS-IDENTIFICATION-NUMBER').

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 1.

ELEMENT NAME: **MSIS IDENTIFICATION NUMBER**

SAS VARIABLE: MSIS_ID

TYPE: CHAR LENGTH: 20 BEG: 1 END: 20

DESCRIPTION:

UNIQUE IDENTIFICATION NUMBER USED TO IDENTIFY A MEDICAID ELIGIBLE IN THE MEDICAID STATISTICAL INFORMATION SYSTEM (MSIS).

SOURCE: MSIS ELIGIBILITY FILES: 'MSIS-IDENTIFICATION-NUMBER'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 2.

ELEMENT NAME: **STATE ABBREVIATION CODE**

SAS VARIABLE: STATE_CD

TYPE: CHAR LENGTH: 2 BEG: 21 END: 22

DESCRIPTION:

U. S. POSTAL SERVICE 2-CHARACTER ABBREVIATION FOR THE STATE MEDICAID AGENCY SUBMITTING THE DATA.

CODES:
AL = ALABAMA
AK = ALASKA
AZ = ARIZONA
AR = ARKANSAS
CA = CALIFORNIA
CO = COLORADO
CT = CONNECTICUT
DE = DELAWARE
DC = DISTRICT OF COLUMBIA
FL = FLORIDA
GA = GEORGIA
GU = GUAM/AMERICAN SAMOA
HI = HAWAII
ID = IDAHO
IL = ILLINOIS
IN = INDIANA
IA = IOWA
KS = KANSAS
KY = KENTUCKY
LA = LOUISIANA
ME = MAINE
MD = MARYLAND
MA = MASSACHUSETTS
MI = MICHIGAN
MN = MINNESOTA
MS = MISSISSIPPI
MO = MISSOURI
MT = MONTANA
NE = NEBRASKA
NV = NEVADA
NH = NEW HAMPSHIRE
NJ = NEW JERSEY
NM = NEW MEXICO
NY = NEW YORK
NC = NORTH CAROLINA
ND = NORTH DAKOTA
OH = OHIO
OK = OKLAHOMA
OR = OREGON
PA = PENNSYLVANIA
PR = PUERTO RICO
RI = RHODE ISLAND
SC = SOUTH CAROLINA
SD = SOUTH DAKOTA
TN = TENNESSEE
TX = TEXAS
UT = UTAH
VT = VERMONT
VI = VIRGIN ISLANDS
VA = VIRGINIA
WA = WASHINGTON
WV = WEST VIRGINIA
WI = WISCONSIN
WY = WYOMING

SOURCE: MSIS FILE NAME.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 3.

ELEMENT NAME: **SOCIAL SECURITY NUMBER - FROM MSIS**

SAS VARIABLE: EL_SSN

TYPE: CHAR LENGTH: 9 BEG: 23 END: 31

DESCRIPTION:

SOCIAL SECURITY NUMBER OF THE MEDICAID ELIGIBLE.

USER NOTE: NOT AVAILABLE FOR SOME NEW YORK ELIGIBLES IN 1999.

SOURCE: MSIS ELIGIBILITY FILES: 'SOCIAL-SECURITY-NUMBER'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 4.

ELEMENT NAME: **MEDICARE HEALTH INSURANCE CLAIM (HIC) NUMBER - FROM MSIS**

SAS VARIABLE: MDCD_HIC_NUM

TYPE: CHAR LENGTH: 12 BEG: 32 END: 43

DESCRIPTION:

THE ELIGIBLE'S HEALTH INSURANCE CLAIM (HIC) NUMBER. THIS NUMBER IS APPLICABLE ONLY TO MEDICAID ELIGIBLES WHO ARE ALSO ELIGIBLE FOR MEDICARE AND IS ASSIGNED TO AN ELIGIBLE BY THE MEDICARE PROGRAM.

USER NOTE: AN ELIGIBLE'S HIC NUMBER MAY CHANGE AS HIS/HER MEDICARE ELIGIBILITY STATUS CHANGES. THE ACCURACY OF REPORTING OF HIC NUMBERS IN MEDICAID ELIGIBILITY DATA IS UNKNOWN. THIS MSIS DATA ELEMENT IS AVAILABLE BEGINNING IN 10/98.

SOURCE: MSIS ELIGIBILITY FILES: 'HIC-NUMBER'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 5.

ELEMENT NAME: **BIRTH DATE**

SAS VARIABLE: EL_DOB

TYPE: NUM LENGTH: 8 BEG: 44 END: 51

DESCRIPTION:

BIRTH DATE OF THE MEDICAID ELIGIBLE.

EDIT-RULES: YYYYMMDD

SOURCE: MSIS ELIGIBILITY FILES: 'DATE-OF-BIRTH'. MSIS DATES WITH 8- OR 9-FILL VALUES ARE CHANGED TO 0-FILL (ZERO-FILL).

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 6.

ELEMENT NAME: **SEX CODE**

SAS VARIABLE: EL_SEX_CD

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

DESCRIPTION:

CODE INDICATING THE GENDER OF THE MEDICAID ELIGIBLE.

CODES:
F = FEMALE
M = MALE
U = UNKNOWN/ERROR

USER NOTE: THESE CODES ARE 1 (FEMALE), 2 (MALE) AND 9 (UNKNOWN) IN THE 1996-98 MSIS DATA.

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

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 7.

ELEMENT NAME: **RACE/ETHNICITY CODE**

SAS VARIABLE: EL_RACE_ETHNCY_CD

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

DESCRIPTION:

RACE/ETHNICITY OF THE MEDICAID ELIGIBLE.

CODES:
1 = WHITE, NOT OF HISPANIC ORIGIN (CHANGED TO "WHITE" BEGINNING 10/98)
2 = BLACK, NOT OF HISPANIC ORIGIN (CHANGED TO "BLACK OR AFRICAN AMERICAN" BEGINNING 10/98)
3 = AMERICAN INDIAN OR ALASKA NATIVE
4 = ASIAN OR PACIFIC ISLANDER (CHANGED TO "ASIAN" BEGINNING 10/98)
5 = HISPANIC (CHANGED TO "HISPANIC OR LATINO - NO RACE INFORMATION AVAILABLE" BEGINNING 10/98)
6 = NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (NEW CODE BEGINNING 10/98)
7 = HISPANIC OR LATINO AND ONE OR MORE RACES (NEW CODE BEGINNING 10/98)
8 = MORE THAN ONE RACE (HISPANIC OR LATINO NOT INDICATED) (NEW CODE BEGINNING 10/98)
9 = UNKNOWN

USER NOTE: SINCE SPECIFICATIONS FOR CODE VALUES = 7 AND 8 WERE NOT ISSUED UNTIL MAY 2000, THESE CODE VALUES MAY NOT APPEAR. THE METHODS OF COLLECTING INFORMATION ON RACE AND ETHNICITY DIFFER SUBSTANTIALLY ACROSS STATES AND TIME PERIODS.

SOURCE: MSIS ELIGIBILITY FILES: 'RACE-ETHNICITY-CODE'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 8.

ELEMENT NAME: **RACE - WHITE**

SAS VARIABLE: RACE_CODE_1

TYPE: CHAR LENGTH: 1 BEG: 54 END: 54

DESCRIPTION:

CODE INDICATING IF THE ELIGIBLE HAS INDICATED A RACE OF WHITE.

CODES:
0 = NON-WHITE OR RACE UNKNOWN
1 = WHITE

SOURCE: MSIS ELIGIBILITY FILES: 'RACE-CODE-1'.

NOTE: IN MAX 2005, THIS VARIABLE WAS ADDED TO THE FILE.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 9.

ELEMENT NAME: **RACE - BLACK/AFRICAN AMERICAN**

SAS VARIABLE: RACE_CODE_2

TYPE: CHAR LENGTH: 1 BEG: 55 END: 55

DESCRIPTION:

CODE INDICATING IF THE ELIGIBLE HAS INDICATED A RACE OF BLACK OR AFRICAN AMERICAN.

CODES:
0 = NON-BLACK/AFRICAN AMERICAN OR RACE UNKNOWN
1 = BLACK OR AFRICAN AMERICAN

SOURCE: MSIS ELIGIBILITY FILES: 'RACE-CODE-2'.

NOTE: IN MAX 2005, THIS VARIABLE WAS ADDED TO THE FILE.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 10.

ELEMENT NAME: **RACE - AMERICAN INDIAN/ALASKAN NATIVE**

SAS VARIABLE: RACE_CODE_3

TYPE: CHAR LENGTH: 1 BEG: 56 END: 56

DESCRIPTION:

CODE INDICATING IF THE ELIGIBLE HAS INDICATED A RACE OF AMERICAN INDIAN/ALASKA NATIVE.

CODES:
0 = NON-AMERICAN INDIAN/ALASKA NATIVE OR RACE UNKNOWN
1 = AMERICAN INDIAN/ALASKA NATIVE

SOURCE: MSIS ELIGIBILITY FILES: 'RACE-CODE-3'.

NOTE: IN MAX 2005, THIS VARIABLE WAS ADDED TO THE FILE.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 11.

ELEMENT NAME: **RACE - ASIAN**

SAS VARIABLE: RACE_CODE_4

TYPE: CHAR LENGTH: 1 BEG: 57 END: 57

DESCRIPTION:

CODE INDICATING IF THE ELIGIBLE HAS INDICATED A RACE OF ASIAN.

CODES:
0 = NON-ASIAN OR RACE UNKNOWN
1 = ASIAN

SOURCE: MSIS ELIGIBILITY FILES: 'RACE-CODE-4'.

NOTE: IN MAX 2005, THIS VARIABLE WAS ADDED TO THE FILE.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 12.

ELEMENT NAME: **RACE - NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER**

SAS VARIABLE: RACE_CODE_5

TYPE: CHAR LENGTH: 1 BEG: 58 END: 58

DESCRIPTION:

CODE INDICATING IF THE ELIGIBLE HAS INDICATED A RACE OF NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER.

CODES:
0 = NON-NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER OR RACE UNKNOWN
1 = NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER

SOURCE: MSIS ELIGIBILITY FILES: 'RACE-CODE-5'.

NOTE: IN MAX 2005, THIS VARIABLE WAS ADDED TO THE FILE.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 13.

ELEMENT NAME: **ETHNICITY - HISPANIC OR LATINO**

SAS VARIABLE: ETHNICITY_CODE

TYPE: CHAR LENGTH: 1 BEG: 59 END: 59

DESCRIPTION:

CODE INDICATING IF THE ELIGIBLE HAS INDICATED AN ETHNICITY OF HISPANIC OR LATINO.

CODES:
0 = NON-HISPANIC OR LATINO
1 = HISPANIC OR LATINO
9 = ETHNICITY UNKNOWN

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

NOTE: IN MAX 2005, THIS VARIABLE WAS ADDED TO THE FILE.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 14.

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

SAS VARIABLE: EL_SS_ELGBLTY_CD_LTST

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

DESCRIPTION:

STATE-SPECIFIC ELIGIBILITY CODE CLASSIFICATION UNDER WHICH THE MEDICAID ELIGIBLE IS COVERED - MOST RECENT OBSERVATION.

USER NOTES: THESE SOURCE CODES ARE GENERALLY NOT APPLICABLE FOR MOST RESEARCH ACTIVITIES. THE DATA ELEMENT CHANGES OVER TIME, VARIES ACROSS STATES IN TERMS OF THE LEVEL AND TYPE OF ELIGIBILITY DESCRIBED, REQUIRES A DETAILED KNOWLEDGE OF MEDICAID ELIGIBILITY AND REQUIRES AN UNDERSTANDING OF THE IDIOSYNCRACIES OF INDIVIDUAL STATE ELIGIBILITY SYSTEMS. THESE CODES HAVE BEEN MAPPED INTO MAX UNIFORM ELIGIBILITY CODES. THEREFORE, MOST USERS WILL WANT TO USE MAX UNIFORM ELIGIBILITY CODES. THROUGH 9/98 THIS DATA ELEMENT WAS 4 CHARACTERS IN LENGTH AND IS LEFT-JUSTIFIED AND BLANK FILLED (TWO RIGHT POSITIONS). BEGINNING IN 10/98, IT IS 6 CHARACTERS IN LENGTH. THIS CODE VALUE IS APPENDED TO EACH RECORD FOR THE ELIGIBLE PERSON, FROM THE MAX PERSON SUMMARY FILE. THEREFORE, THIS CODE MAY NOT MATCH THE ELIGIBILITY GROUP IN WHICH THE PERSON WAS ENROLLED IN THE MONTH THE SERVICE WAS DELIVERED. FOR THIS REASON, SOME USERS MAY WANT TO USE THE STATE-SPECIFIC ELIGIBILITY CODE FROM THE MAX PERSON SUMMARY FILE.

SOURCE: THIS CODE WAS DERIVED BY USING MONTHLY OBSERVATIONS OF THE 'STATE-SPECIFIC ELIGIBILITY GROUP' FROM THE MAX PERSON SUMMARY FILE AND SELECTING THE FIRST MEANINGFUL CODE (NOT 0- OR 9-FILLED) BEGINNING WITH DECEMBER AND MOVING BACKWARDS IN TIME MONTH BY MONTH. IT HAS NOT BEEN RECODED FROM THE MAX PERSON SUMMARY FILE.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 15.

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

SAS VARIABLE: EL_SS_ELGBLTY_CD_MO

TYPE: CHAR LENGTH: 6 BEG: 66 END: 71

DESCRIPTION:

STATE-SPECIFIC ELIGIBILITY CODE CLASSIFICATION UNDER WHICH THE MEDICAID ELIGIBLE IS COVERED - FOR THE MONTH OF SERVICE.

USER NOTES: THESE SOURCE CODES ARE GENERALLY NOT APPLICABLE FOR MOST RESEARCH ACTIVITIES. THE DATA ELEMENT CHANGES OVER TIME, VARIES ACROSS STATES IN TERMS OF THE LEVEL AND TYPE OF ELIGIBILITY DESCRIBED, REQUIRES A DETAILED KNOWLEDGE OF MEDICAID ELIGIBILITY AND REQUIRES AN UNDERSTANDING OF THE IDIOSYNCRACIES OF INDIVIDUAL STATE ELIGIBILITY SYSTEMS. THESE CODES HAVE BEEN MAPPED INTO MAX UNIFORM ELIGIBILITY CODES. THEREFORE, MOST USERS WILL WANT TO USE MAX UNIFORM ELIGIBILITY CODES. THROUGH 9/98, THIS DATA ELEMENT WAS 4 CHARACTERS IN LENGTH AND IS LEFT-JUSTIFIED AND BLANK FILLED (TWO RIGHT POSITIONS). BEGINNING IN 10/98, IT IS 6 CHARACTERS IN LENGTH. THIS CODE VALUE (FOR ENDING MONTH OF SERVICE) IS APPENDED TO EACH RECORD FOR THE ELIGIBLE PERSON, FROM THE MAX PERSON SUMMARY FILE.

SOURCE: THIS CODE WAS DERIVED BY USING MONTHLY OBSERVATIONS OF THE 'STATE-SPECIFIC ELIGIBILITY GROUP' FROM THE MAX PERSON SUMMARY FILE AND SELECTING THE MONTHLY VALUE WHICH CORRESPONDS TO THE ENDING MONTH FOR THIS SERVICE. IT IS BLANK FILLED IF NO ELIGIBILITY IS RECORDED FOR THAT MONTH.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 16.

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

SAS VARIABLE: EL_MAX_ELGBLTY_CD_LTST

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

DESCRIPTION:

MEDICAID ANALYTIC EXTRACT (MAX) UNIFORM ELIGIBILITY CODE FOR THE MEDICAID ELIGIBLE - MOST RECENT OBSERVATION.

CODES:
00 = NOT ELIGIBLE
11 = AGED, CASH
12 = BLIND/DISABLED, CASH
14 = CHILD (NOT CHILD OF UNEMPLOYED ADULT, NOT FOSTER CARE CHILD), ELIGIBLE UNDER SECTION 1931 OF THE ACT
15 = ADULT (NOT BASED ON UNEMPLOYMENT STATUS), ELIGIBLE UNDER SECTION 1931 OF THE ACT
16 = CHILD OF UNEMPLOYED ADULT, ELIGIBLE UNDER SECTION 1931 OF THE ACT
17 = UNEMPLOYED ADULT, ELIGIBLE UNDER SECTION 1931 OF THE ACT
21 = AGED, MEDICALLY NEEDY
22 = BLIND/DISABLED, MEDICALLY NEEDY
24 = CHILD, MEDICALLY NEEDY (FORMERLY AFDC CHILD, MEDICALLY NEEDY)
25 = ADULT, MEDICALLY NEEDY (FORMERLY AFDC ADULT, MEDICALLY NEEDY)
31 = AGED, POVERTY
32 = BLIND/DISABLED, POVERTY
34 = CHILD, POVERTY (INCLUDES MEDICAID EXPANSION CHIP CHILDREN)
35 = ADULT, POVERTY
3A = INDIVIDUAL COVERED UNDER THE BREAST AND CERVICAL CANCER PREVENTION ACT OF 2000, POVERTY
41 = OTHER AGED
42 = OTHER BLIND/DISABLED
44 = OTHER CHILD
45 = OTHER ADULT
48 = FOSTER CARE CHILD
51 = AGED, SECTION 1115 DEMONSTRATION EXPANSION
52 = BLIND/DISABLED, SECTION 1115 DEMONSTRATION EXPANSION
54 = CHILD, SECTION 1115 DEMONSTRATION EXPANSION
55 = ADULT, SECTION 1115 DEMONSTRATION EXPANSION
99 = UNKNOWN ELIGIBILITY

USER NOTE: MSIS 'MAINTENANCE-ASSISTANCE-STATUS' (MAS) IS IN POSITION #1 AND 'BASIS-OF-ELIGIBILITY' (BOE) IS IN POSITION #2. CODING IS THE SAME AS IN 1996-98 MAX FILES, EXCEPT THAT VALUES 51-55 ARE ADDED FOR 1999 AND VALUE 3A IS ADDED FOR 2000. THERE MAY BE SMALL NUMBERS OF RECORDS WITH INCONSISTENT VALUES BECAUSE MSIS HAS NO MAS/BOE CONSISTENCY CHECKS. PRIOR TO THE END OF THE AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC) PROGRAM, GROUPS 14-17 WERE AFDC CASH RECIPIENTS.

SOURCE: THIS CODE IS EXTRACTED FROM 'MAX UNIFORM ELIGIBILITY CODE - MOST RECENT' IN THE MAX PERSON SUMMARY FILE.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 17.

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

SAS VARIABLE: EL_MAX_ELGBLTY_CD_MO

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

DESCRIPTION:

MEDICAID ANALYTIC EXTRACT (MAX) UNIFORM ELIGIBILITY CODE FOR THE MEDICAID ELIGIBLE - FOR THE MONTH OF SERVICE.

CODES:
00 = NOT ELIGIBLE
11 = AGED, CASH
12 = BLIND/DISABLED, CASH
14 = CHILD (NOT CHILD OF UNEMPLOYED ADULT, NOT FOSTER CARE CHILD), ELIGIBLE UNDER SECTION 1931 OF THE ACT
15 = ADULT (NOT BASED ON UNEMPLOYMENT STATUS), ELIGIBLE UNDER SECTION 1931 OF THE ACT
16 = CHILD OF UNEMPLOYED ADULT, ELIGIBLE UNDER SECTION 1931 OF THE ACT
17 = UNEMPLOYED ADULT, ELIGIBLE UNDER SECTION 1931 OF THE ACT
21 = AGED, MEDICALLY NEEDY
22 = BLIND/DISABLED, MEDICALLY NEEDY
24 = CHILD, MEDICALLY NEEDY (FORMERLY AFDC CHILD, MEDICALLY NEEDY)
25 = ADULT, MEDICALLY NEEDY (FORMERLY AFDC ADULT, MEDICALLY NEEDY)
31 = AGED, POVERTY
32 = BLIND/DISABLED, POVERTY
34 = CHILD, POVERTY (INCLUDES MEDICAID EXPANSION CHIP CHILDREN)
35 = ADULT, POVERTY
3A = INDIVIDUAL COVERED UNDER THE BREAST AND CERVICAL CANCER PREVENTION ACT OF 2000, POVERTY
41 = OTHER AGED
42 = OTHER BLIND/DISABLED
44 = OTHER CHILD
45 = OTHER ADULT
48 = FOSTER CARE CHILD
51 = AGED, SECTION 1115 DEMONSTRATION EXPANSION
52 = BLIND/DISABLED, SECTION 1115 DEMONSTRATION EXPANSION
54 = CHILD, SECTION 1115 DEMONSTRATION EXPANSION
55 = ADULT, SECTION 1115 DEMONSTRATION EXPANSION
99 = UNKNOWN ELIGIBILITY

USER NOTE: MSIS 'MAINTENANCE-ASSISTANCE-STATUS' (MAS) IS POSITION #1 AND 'BASIS-OF-ELIGIBILITY' (BOE) IS IN POSITION #2. CODING IS THE SAME AS IN 1996-98 MAX FILES, EXCEPT THAT VALUES 51-55 ARE ADDED FOR 1999 AND VALUE 3A IS ADDED FOR 2000. THERE MAY BE SMALL NUMBERS OF RECORDS WITH INCONSISTENT VALUES BECAUSE MSIS HAS NO MAS/BOE CONSISTENCY CHECKS. PRIOR TO THE END OF THE AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC) PROGRAM, GROUPS 14-17 WERE AFDC CASH RECIPIENTS.

SOURCE: THIS CODE WAS DERIVED BY USING MONTHLY OBSERVATIONS OF 'MONTHLY MAX UNIFORM ELIGIBILITY GROUP' IN THE MAX PERSON SUMMARY FILE AND SELECTING THE MONTHLY VALUE WHICH CORRESPONDS TO THE ENDING MONTH FOR THIS SERVICE. IT IS BLANK FILLED IF NO ELIGIBILITY IS RECORDED FOR THAT MONTH.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 18.

ELEMENT NAME: **MISSING ELIGIBILITY DATA**

SAS VARIABLE: MSNG_ELG_DATA

TYPE: CHAR LENGTH: 1 BEG: 76 END: 76

DESCRIPTION:

CODE INDICATING PERSON FOR WHOM NO MONTHS OF ENROLLMENT IN MEDICAID WERE FOUND.

CODES:
BLANK = MEDICAID ENROLLMENT MONTHS WERE FOUND.
1 = NEITHER MEDICAID ENROLLMENT MONTHS NOR S-CHIP (CHIP CODE = 3) ENROLLMENT MONTHS WERE FOUND.
2 = S-CHIP ENROLLMENT MONTHS (CHIP CODE = 3) WERE FOUND, BUT NO MEDICAID ENROLLMENT MONTHS WERE FOUND.

USER NOTES: MONTHS OF MEDICAID ENROLLMENT ARE DEFINED AS MONTHS WITH MSIS MASBOE VALUES 11-17, 21-25, 31-35, 3A, 41-45, 48 OR 51-55. CHILDREN WITH S-CHIP ONLY ENROLLMENT (CHIP CODE = 3) ARE INCLUDED BECAUSE THEY DO NOT HAVE ANY MONTHS OF MEDICAID ENROLLMENT.

SOURCE: RECODED USING MSIS ELIGIBILITY AND CLAIMS FILES.

NOTE: IN MAX 2005, THIS VARIABLE WAS ADDED TO THE FILE.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 19.

ELEMENT NAME: **MEDICARE DUAL CODE - CLAIM-BASED**

SAS VARIABLE: EL_MDCR_XOVR_CLM_BSD_CD

TYPE: NUM LENGTH: 1 BEG: 77 END: 77

DESCRIPTION:

CODE INDICATING THAT THE ELIGIBLE WAS COVERED BY MEDICARE WHEN THIS SERVICE WAS RENDERED.

CODES:
0 = NO MEDICARE DEDUCTIBLE OR COINSURANCE PAID BY MEDICAID ON THIS SERVICE
1 = MEDICARE DEDUCTIBLE OR COINSURANCE PAID BY MEDICAID ON THIS SERVICE

SOURCE: MSIS DATA ELEMENTS: 'MEDICARE-DEDUCTIBLE-PAYMENT' AND 'MEDICARE-COINSURANCE-PAYMENT'. IF EITHER THE MEDICARE DEDUCTIBLE OR THE MEDICARE COINSURANCE AMOUNT IS > $0, THE CODE = 1, OTHERWISE THE CODE = 0.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 20.

ELEMENT NAME: **MEDICARE DUAL CODE - ANNUAL**

SAS VARIABLE: EL_MDCR_DUAL_ANN

TYPE: CHAR LENGTH: 2 BEG: 78 END: 79

DESCRIPTION:

CODE INDICATING THAT THE ELIGIBLE IS COVERED BY MEDICARE (KNOWN AS DUAL OR MEDICARE ELIGIBILITY), ACCORDING TO MEDICAID (MSIS), MEDICARE (EDB) OR BOTH IN THE CALENDAR YEAR.

CODES:
00 = IN MSIS, ELIGIBLE IS NOT A MEDICARE BENEFICIARY
01 = IN MSIS, ELIGIBLE IS ENTITLED TO MEDICARE-QMB ONLY
02 = IN MSIS, ELIGIBLE IS ENTITLED TO MEDICARE-QMB AND FULL MEDICAID COVERAGE
03 = IN MSIS, ELIGIBLE IS ENTITLED TO MEDICARE-SLMB ONLY
04 = IN MSIS, ELIGIBLE IS ENTITLED TO MEDICARE-SLMB AND FULL MEDICAID COVERAGE
05 = IN MSIS, ELIGIBLE IS ENTITLED TO MEDICARE-QDWI
06 = IN MSIS, ELIGIBLE IS ENTITLED TO MEDICARE-QUALIFYING INDIVIDUALS (1)
07 = IN MSIS, ELIGIBLE IS ENTITLED TO MEDICARE-QUALIFYING INDIVIDUALS (2)
08 = IN MSIS, ELIGIBLE IS ENTITLED TO MEDICARE-OTHER DUAL ELIGIBLES
09 = IN MSIS, ELIGIBLE IS ENTITLED TO MEDICARE-DUAL ELIGIBILITY CATEGORY UNKNOWN
10 = IN MSIS, S-CHIP ELIGIBLE IS ENTITLED TO MEDICARE
50 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODES 01-09 DO NOT APPLY
51 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODE 01 APPLIES
52 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODE 02 APPLIES
53 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODE 03 APPLIES
54 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODE 04 APPLIES
55 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODE 05 APPLIES
56 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODE 06 APPLIES
57 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODE 07 APPLIES
58 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODE 08 APPLIES
59 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODE 09 APPLIES
60 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE S-CHIP ELIGIBLE AND CODE 10 APPLIES
99 = IN MSIS, ELIGIBLE'S MEDICARE STATUS IS UNKNOWN

USER NOTE: THE ANNUAL DUAL CODE IS EQUAL TO THE LATEST (MOST RECENT) QUARTERLY DUAL CODE > '00' (BEGINNING WITH THE LAST QUARTER AND MOVING BACKWARDS IN TIME QUARTER BY QUARTER). IF NONE OF THE QUARTERS HAVE DUAL CODE > '00', THE ANNUAL DUAL CODE IS SET TO '00'. IF THE PERSON IS ELIGIBLE FOR MEDICAID AND ENROLLED IN THE MEDICARE EDB IN AT LEAST ONE MONTH OF THE YEAR, A '5' IS MOVED TO THE FIRST POSITION (I.E. VALUES 50-59). IF THE PERSON HAS CLAIMS BUT NO ELIGIBILITY RECORD, THE ANNUAL DUAL CODE IS SET TO '99'.

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

NOTE: IN MAX 2005, THIS VARIABLE WAS MODIFIED FROM TYPE NUMERIC TO CHARACTER.

NOTE: IN MAX 2009, VALUES '10' AND '60' WERE ADDED TO THE FILE.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: ***

ELEMENT NAME: **UTILIZATION AND PAYMENT SUMMARY REGION**

SAS VARIABLE: NONE

TYPE: REGION LENGTH: 191 BEG: 80 END: 270

DESCRIPTION:

DETAILED INFORMATION FROM MSIS CLAIMS ON THE SERVICE PROVIDED.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: **

ELEMENT NAME: **SERVICE GROUP**

SAS VARIABLE: NONE

TYPE: GROUP LENGTH: 43 BEG: 80 END: 127

DESCRIPTION:

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

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 21.

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

SAS VARIABLE: MSIS_TOS

TYPE: NUM LENGTH: 2 BEG: 80 END: 81

DESCRIPTION:

CODE INDICATING THE MEDICAID STATISTICAL INFORMATION SYSTEM (MSIS) TYPE OF SERVICE. EXPECTED MSIS TYPES OF SERVICE FOR THIS FILE ARE:TOS = 08-13, 15, 19-23, 24-26, 30, 31, 33-39, 99.

COMPLETE MSIS TYPE OF SERVICE CODES LIST:
01 = INPATIENT HOSPITAL
02 = MENTAL HOSPITAL SERVICES FOR THE AGED
04 = INPATIENT PSYCHIATRIC FACILITY FOR INDIVIDUALS UNDER THE AGE OF 21
05 = INTERMEDIATE CARE FACILITY (ICF) FOR INDIVIDUALS WITH INTELLECTUAL DISABLITIES
07 = NURSING FACILITY SERVICES (NFS) - ALL OTHER
08 = PHYSICIANS
09 = DENTAL
10 = OTHER PRACTITIONERS
11 = OUTPATIENT HOSPITAL
12 = CLINIC
13 = HOME HEALTH
15 = LAB AND X-RAY
16 = PRESCRIBED DRUGS
19 = OTHER SERVICES
20 = CAPITATED PAYMENTS TO HMO, HIO, OR PACE PLANS
21 = CAPITATED PAYMENTS TO PREPAID HEALTH PLANS - PHPs
22 = CAPITATED PAYMENTS FOR PRIMARY CARE CASE MANAGEMENT - PCCM
23 = CAPITATED PAYMENTS TO PRIVATE HEALTH INSURANCE - PHI
24 = STERILIZATIONS
25 = ABORTIONS
26 = TRANSPORTATION SERVICES
30 = PERSONAL CARE SERVICES
31 = TARGETED CASE MANAGEMENT
33 = REHABILITATION SERVICES
34 = PT, OT, SPEECH, HEARING SERVICES
35 = HOSPICE BENEFITS
36 = NURSE MIDWIFE SERVICES
37 = NURSE PRACTITIONER SERVICES
38 = PRIVATE DUTY NURSING
39 = RELIGIOUS NON-MEDICAL HEALTH CARE INSTITUTIONS
99 = UNKNOWN

USER NOTE: THE FOLLOWING CODES ARE INVALID: 03, 06, 14, 17, 18, 23, 27, 28, 29, 32 AND 40. BEGINNING IN 10/98, MSIS IDENTIFIED EARLY PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT (EPSDT); FAMILY PLANNING; RURAL HEALTH CLINIC; FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs); INDIAN HEALTH; HOME AND COMMUNITY-BASED CARE FOR DISABLED, ELDERLY AND INDIVIDUALS AGE 65 AND OLDER; AND HOME AND COMMUNITY-BASED CARE WAIVER SERVICES USING A NEW DATA ELEMENT, 'PROGRAM-TYPE'. A SUBSTANTIAL NUMBER OF NEW MSIS TYPE OF SERVICE CODES WERE ADDED IN FISCAL YEAR 1998.

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

NOTE: IN MAX 2008, A TYPOGRAPHICAL ERROR WAS CORRECTED -- VALUE 20 NOW INCLUDES PACE.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 22.

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

SAS VARIABLE: MSIS_TOP

TYPE: NUM LENGTH: 1 BEG: 82 END: 82

DESCRIPTION:

CODE INDICATING THE SPECIAL MEDICAID PROGRAM UNDER WHICH THE SERVICE WAS PROVIDED.

CODES:
0 = NO SPECIAL PROGRAM
1 = EARLY PERIODIC SCREENING DIAGNOSIS AND TREATMENT (EPSDT)
2 = FAMILY PLANNING
3 = RURAL HEALTH CLINIC
4 = FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs)
5 = INDIAN HEALTH SERVICES
6 = HOME AND COMMUNIT-BASED CARE FOR DISABLED ELDERLY AND INDIVIDUALS AGE 65 AND OLDER
7 = HOME AND COMMUNITY-BASED CARE WAIVER SERVICES
9 = UNKNOWN

USER NOTE: UNDER EPSDT REQUIREMENTS, STATES MUST PROVIDE HEALTH SCREENING, VISION, HEARING AND DENTAL SERVICES TO CHILDREN UNDER THE AGE OF 21. THESE SERVICES MUST BE PROVIDED AT INTERVALS TO MEET RECOGNIZED STANDARDS OF MEDICAL AND DENTAL PRACTICE AND OTHER INTERVALS TO DETERMINE IF PHYSICAL OR MENTAL ILLNESSES OR CONDITIONS EXIST. STATES MUST ALSO PROVIDE ANY SERVICE NEEDED TO TREAT AN ILLNESS OR CONDITION IDENTIFIED BY A SCREEN (TO THE EXTENT THAT A SERVICE IS PERMITTED UNDER MEDICAID LAW), REGARDLESS OF WHETHER THE SERVICE IS OTHERWISE INCLUDED UNDER THE STATE MEDICAID PLAN. ALTHOUGH EPSDT MAY BE VIEWED AS A PROGRAM BY SOME, IT CAN BE MORE ACCURATELY DESCRIBED AS A GROUP OF SERVICES, WITH A STRONG EMPHASIS ON PREVENTIVE CARE. HOWEVER, THERE IS NO STANDARD DEFINITION OF EPSDT SERVICES AND THERE ARE NO STANDARD REPORTING REQUIREMENTS FOR EPSDT SERVICES IN MEDICAID DATA SYSTEMS. THEREFORE, THERE IS SUBSTANTIAL VARIATION IN REPORTING FOR EPSDT ACROSS STATES. FOR THESE REASONS, USE OF 'TYPE OF PROGRAM CODE' = 1 (EPSDT) IS UNRELIABLE FOR CROSS-STATE COMPARISONS OR DEVELOPMENT OF NATIONAL STATISTICS. EXTREME CAUTION SHOULD BE EXERCISED IN ATTRIBUTING MEANING TO THIS CODE VALUE.

SOURCE: MSIS CLAIMS FILE: 'PROGRAM-TYPE'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 23.

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

SAS VARIABLE: MAX_TOS

TYPE: NUM LENGTH: 2 BEG: 83 END: 84

DESCRIPTION:

CODE INDICATING THE MEDICAID ANALYTIC EXTRACT (MAX) TYPE OF SERVICE FOR THIS RECORD. EXPECTED MAX TYPES OF SERVICE FOR THIS FILE ARE:TOS = 08-13, 15, 16, 19-23, 24-26, 30, 31, 33-39, 51-54, 99.

COMPLETE MAX TYPE OF SERVICE CODES LIST:
01 = INPATIENT HOSPITAL
02 = MENTAL HOSPITAL SERVICES FOR THE AGED
04 = INPATIENT PSYCHIATRIC FACILITY FOR INDIVIDUALS UNDER THE AGE OF 21
05 = INTERMEDIATE CARE FACILITY (ICF) FOR INDIVIDUALS WITH INTELLECTUAL DISABLITIES
07 = NURSING FACILITY SERVICES (NFS) - ALL OTHER
08 = PHYSICIANS
09 = DENTAL
10 = OTHER PRACTITIONERS
11 = OUTPATIENT HOSPITAL
12 = CLINIC
13 = HOME HEALTH
15 = LAB AND X-RAY
16 = DRUGS
19 = OTHER SERVICES
20 = CAPITATED PAYMENTS TO HMO, HIO, OR PACE PLANS
21 = CAPITATED PAYMENTS TO PREPAID HEALTH PLANS - PHPs
22 = CAPITATED PAYMENTS FOR PRIMARY CARE CASE MANAGEMENT - PCCM
23 = CAPITATED PAYMENTS TO PRIVATE HEALTH INSURANCE - PHI
24 = STERILIZATIONS
25 = ABORTIONS
26 = TRANSPORTATION SERVICES
30 = PERSONAL CARE SERVICES
31 = TARGETED CASE MANAGEMENT
33 = REHABILITATION SERVICES
34 = PT, OT, SPEECH, HEARING SERVICES
35 = HOSPICE BENEFITS
36 = NURSE MIDWIFE SERVICES
37 = NURSE PRACTITIONER SERVICES
38 = PRIVATE DUTY NURSING
39 = RELIGIOUS NON-MEDICAL HEALTH CARE INSTITUTIONS
51 = DURABLE MEDICAL EQUIPMENT AND SUPPLIES (INCLUDING EMERGENCY RESPONSE SYSTEMS AND HOME MODIFICATIONS)
52 = RESIDENTIAL CARE (DEFINITION CHANGED FOR 2003 AND LATER YEARS - ADDITIONAL INFORMATION IS AVAILABLE ON REQUEST)
53 = PSYCHIATRIC SERVICES (EXCLUDING ADULT DAY CARE)
54 = ADULT DAY CARE
99 = UNKNOWN

USER NOTE: THE FOLLOWING CODES ARE INVALID: 03, 06, 14, 17, 18, 23, 27, 28, 29, 32 AND 40.

BEGINNING IN 10/98, MSIS IDENTIFIED EARLY PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT (EPSDT); FAMILY PLANNING; RURAL HEALTH CLINIC; FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs); INDIAN HEALTH; HOME AND COMMUNITY-BASED CARE FOR DISABLED, ELDERLY AND INDIVIDUALS AGE 65 AND OLDER; AND HOME AND COMMUNITY-BASED CARE WAIVER SERVICES USING A NEW DATA ELEMENT, 'PROGRAM-TYPE'.

A SUBSTANTIAL NUMBER OF NEW MSIS TYPE OF SERVICE CODES WERE ADDED IN FISCAL YEAR 1998.

THE FOLLOWING TYPES OF SERVICE ARE DEFINED IN THE MAX PROCESS:51= DURABLE MEDICAL EQUIPMENT AND SUPPLIES (INCLUDING EMERGENCY RESPONSE SYSTEMS AND HOME MODIFICATIONS)
52 = RESIDENTIAL CARE (DEFINITION CHANGED FOR 2003 AND LATER YEARS - ADDITIONAL INFORMATION IS AVAILABLE ON REQUEST)
53 = PSYCHIATRIC SERVICES (EXCLUDING ADULT DAY CARE)
54 = ADULT DAY CARE

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
OTHER SERVICES (OT) RECORD

THE ASSIGNMENT OF THE NEW MAX TOS IS DETERMINED BY A NATIONAL CROSSWALK AND A STATE-SPECIFIC CROSSWALK.

CLAIMS REJECTED FROM THE RX CLAIM FILE DUE TO AN IMPROPER NDC FORMAT ARE INCLUDED IN THE OT CLAIM FILE. IN MAX 1999-2005, IF THESE CLAIMS HAD MSIS TOS = 19, THEIR MAX TOS WAS INITIALLY SET TO 19, WHEREAS BEGINNING IN MAX 2006 THEIR MAX TOS WAS INITIALLY SET TO 51 (DURABLE MEDICAL EQUIPMENT (DME)). REGARDLESS OF THE INITIAL MAX TOS VALUE, THE MAX TOS MAY BE RECODED TO A DIFFERENT MAX TOS VALUE VIA THE NATIONAL AND STATE-SPECIFIC TOS CROSSWALKS.

SOURCE: MSIS CLAIMS FILE: 'TYPE-OF-SERVICE' EXCEPT FOR CODE VALUES 51-54 AS NOTED ABOVE.

NOTE: IN MAX 2006, THIS SPECIFICATION WAS UPDATED.

NOTE: IN MAX 2008, A TYPOGRAPHICAL ERROR WAS CORRECTED -- VALUE 20 NOW INCLUDES PACE.

NOTE: IN MAX 2011, ADDED TOS VALUE = 23.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 24.

ELEMENT NAME: **COMMUNITY-BASED LONG-TERM CARE (CLTC) FLAG**

SAS VARIABLE: CLTC_FLAG

TYPE: CHAR LENGTH: 2 BEG: 85 END: 86

DESCRIPTION:

CODE INDICATING THE MAX TYPE OF SERVICE AND/OR PROGRAM TYPE THAT CAN QUALIFY THE FEE-FOR-SERVICE CLAIM AS A POTENTIAL COMMUNITY-BASED LONG-TERM CARE SERVICE CLAIM. WAIVER SERVICES INCLUDE SERVICES COVERED UNDER 1915(C) WAIVERS THAT ARE IDENTIFIED IN 'MSIS TYPE OF PROGRAM CODE' = 6 OR 7.
00 = NOT A CLTC CLAIM
11 = NON-WAIVER PERSONAL CARE PROGRAM TYPE NE (6 OR 7) AND MAX TOS = 30
12 = NON-WAIVER PRIVATE DUTY NURSING PROGRAM TYPE NE (6 OR 7) AND MAX TOS = 38
13 = NON-WAIVER ADULT DAY PROGRAM TYPE NE (6 OR 7) AND MAX TOS = 54
14 = NON-WAIVER HOME HEALTH PROGRAM TYPE NE (6 OR 7) AND MAX TOS = 13
15 = NON-WAIVER RESIDENTIAL CARE PROGRAM TYPE NE (6 OR 7) AND MAX TOS = 52
16 = NON-WAIVER REHABILITATION FOR AGED OR DISABLED ENROLLEE PROGRAM TYPE NE (6 OR 7) AND MAX TOS = 33 AND BOE EQ (1 OR 2)
17 = NON-WAIVER TARGETED CASE MANAGEMENT FOR AGED OR DISABLED ENROLLEE PROGRAM TYPE NE (6 OR 7) AND MAX TOS = 31 AND BOE EQ (1 OR 2)
18 = NON-WAIVER TRANSPORTATION FOR AGED OR DISABLED ENROLLEE PROGRAM TYPE NE (6 OR 7) AND MAX TOS = 26 AND BOE EQ (1 OR 2)
19 = NON-WAIVER HOSPICE CARE FOR AGED OR DISABLED ENROLLEE PROGRAM TYPE NE (6 OR 7) AND MAX TOS = 35 AND BOE EQ (1 OR 2)
20 = NON-WAIVER DURABLE MEDICAL EQUIPMENT FOR AGED OR DISABLED ENROLLEE PROGRAM TYPE NE (6 OR 7) AND MAX TOS = 51 AND BOE EQ (1 OR 2)
30 = WAIVER SERVICE IN ANY OTHER TYPE OF SERVICE NOT LISTED BELOW PROGRAM TYPE EQ (6 OR 7) AND MAX TOS NE (30, 38, 54, 13, 52, 33, 31, 26, 35, 51)
31 = WAIVER PERSONAL CARE PROGRAM TYPE EQ (6 OR 7) AND MAX TOS = 30
32 = WAIVER PRIVATE DUTY NURSING PROGRAM TYPE EQ (6 OR 7) AND MAX TOS = 38
33 = WAIVER ADULT DAY PROGRAM TYPE EQ (6 OR 7) AND MAX TOS = 54
34 = WAIVER HOME HEALTH PROGRAM TYPE EQ (6 OR 7) AND MAX TOS = 13
35 = WAIVER RESIDENTIAL CARE PROGRAM TYPE EQ (6 OR 7) AND MAX TOS = 52
36 = WAIVER REHABILITATION PROGRAM TYPE EQ (6 OR 7) AND MAX TOS = 33
37 = WAIVER TARGETED CASE MANAGEMENT PROGRAM TYPE EQ (6 OR 7) AND MAX TOS = 31
38 = WAIVER TRANSPORTATION PROGRAM TYPE EQ (6 OR 7) AND MAX TOS = 26
39 = WAIVER HOSPICE CARE PROGRAM TYPE EQ (6 OR 7) AND MAX TOS = 35
40 = WAIVER DURABLE MEDICAL EQUIPMENT PROGRAM TYPE EQ (6 OR 7) AND MAX TOS = 51

USER NOTE: BECAUSE THERE IS AMBIGUITY REGARDING WHAT SERVICES ARE FOR COMMUNITY-BASED LONG-TERM CARE (CLTC), A BROAD SET OF CLAIMS IS IDENTIFIED IN THE CLTC INDICATOR. RESEARCHERS SHOULD USE CAUTION WHEN DETERMINING WHICH CODES TO UTILIZE IN CLTC ANALYSES.

SOURCE: CODED IN THE MAX DEVELOPMENT PROCESS.

NOTE: IN MAX 2005, THIS VARIABLE WAS ADDED TO THE FILE.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 25.

ELEMENT NAME: **HOME AND COMMUNITY-BASED SERVICES (HCBS) TAXONOMY CODE FOR WAIVERS**

SAS VARIABLE: HCBS_TAXONOMY_WAIVERS

TYPE: CHAR LENGTH: 5 BEG: 87 END: 91

DESCRIPTION:

CODE INDICATING THE TAXONOMY CODE FOR HOME AND COMMUNITY-BASED SERVICES. TAXONOMY CODE IS ONLY ADDED FOR WAIVER SERVICES IDENTIFIED IN 'MSIS TYPE OF PROGRAM CODE' = 6 OR 7.

THE FIRST TWO DIGITS OF THE HCBS TAXONOMY CODE DEFINE 18 BROAD CATEGORIES AS DEFINED BELOW:
00 = NOT A HOME AND COMMUNITY-BASED SERVICE
01 = CASE MANAGEMENT
02 = ROUND-THE-CLOCK SERVICES
03 = SUPPORTED EMPLOYMENT
04 = DAY SERVICES
05 = NURSING SERVICES
06 = HOME DELIVERED MEALS
07 = RENT AND FOOD EXPENSES FOR LIVE-IN CAREGIVER
08 = HOME-BASED SERVICES
09 = CAREGIVER SUPPORT
10 = OTHER MENTAL HEALTH AND BEHAVIORAL SERVICES
11 = OTHER HEALTH AND THERAPEUTIC SERVICES
12 = SERVICES SUPPORTING PARTICIPANT DIRECTION
13 = PARTICIPANT TRAINING
14 = EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
15 = NON-MEDICAL TRANSPORTATION
16 = COMMUNITY TRANSITION SERVICES
17 = OTHER SERVICES
99 = UNKNOWN

NOTE: EACH FIVE DIGIT HCBS TAXONOMY VALUE IS MADE OF THREE COMPONENTS: A TWO DIGIT CATEGORY CODE, TWO DIGIT SUBCATEGORY CODE, AND A ONE DIGIT SERVICE DETAIL CODE. FOR SERVICES THAT CLEARLY FALL WITHIN A HCBS TAXONOMY CATEGORY OR SUBCATEGORY BUT CANNOT BE DEFINED IN ANY MORE DETAIL, THE HCBS TAXONOMY CODE IS PARTIALLY 9-FILLED. FOR EXAMPLE, IF A SERVICE COULD BE CLASSIFIED WITHIN A DISTINCT HCBS TAXONOMY CATEGORY BUT DOES NOT FIT DISTINCTLY INTO THE DEFINITION OF ANY ONE SUBCATEGORY THEN THE HCBS TAXONOMY CATEGORY IS SELECTED IN THE FIRST TWO DIGITS WHILE THE SUBCATEGORY AND SERVICE DETAIL COMPONENTS OF THE HCBS TAXONOMY ARE 9-FILLED.

SOURCE: MEDICAID HOME AND COMMUNITY-BASED SERVICES TAXONOMY, VERSION 2, DEVELOPED BY THOMSON-REUTERS AND MATHEMATICA POLICY RESEARCH.

NOTE: FOR DETAILED INFORMATION ON THE TAXONOMY CATEGORY DEFINITION PLEASE REFER TO:[https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MedicaidDataSourcesGenInfo/MAXGeneralInformation.html]. Accessed September 30, 2012.

NOTE: IN MAX 2010, THIS VARIABLE WAS ADDED TO THE FILE.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 26.

ELEMENT NAME: **BILLING PROVIDER IDENTIFICATION NUMBER**

SAS VARIABLE: PRVDR_ID_NMBR

TYPE: CHAR LENGTH: 12 BEG: 92 END: 103

DESCRIPTION:

STATE ASSIGNED UNIQUE IDENTIFICATION NUMBER FOR THE BILLING PROVIDER.

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

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 27.

ELEMENT NAME: **NATIONAL PROVIDER IDENTIFIER**

SAS VARIABLE: NPI

TYPE: CHAR LENGTH: 12 BEG: 104 END: 115

DESCRIPTION:

NATIONAL PROVIDER IDENTIFIER OF THE PROVIDER WHO TREATED THE RECIPIENT (AS OPPOSED TO THE PROVIDER BILLING FOR THE SERVICE).

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

SOURCE: MSIS CLAIMS FILE: 'NATIONAL-PROVIDER-ID'.

NOTE: IN MAX 2005, THIS VARIABLE WAS ADDED TO THE FILE.

NOTE: IN MAX 2005-2008, THIS VARIABLE WAS 9-FILLED.

NOTE: IN MAX 2009, THIS VARIABLE WAS NO LONGER 9-FILLED.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 28.

ELEMENT NAME: **PROVIDER TAXONOMY**

SAS VARIABLE: TAXONOMY

TYPE: CHAR LENGTH: 12 BEG: 116 END: 127

DESCRIPTION:

A NATIONAL HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)-COMPLIANT CODE THAT DESCRIBES THE SPECIALTY OF THE PROVIDER WHO TREATED THE RECIPIENT (AS OPPOSED TO THE PROVIDER BILLING FOR THE SERVICE).

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

SOURCE: MSIS CLAIMS FILE: 'PROVIDER-TAXONOMY'.

NOTE: IN MAX 2005, THIS VARIABLE WAS ADDED TO THE FILE.

NOTE: IN MAX 2005-2008, THIS VARIABLE WAS 9-FILLED.

NOTE: IN MAX 2009, THIS VARIABLE WAS NO LONGER 9-FILLED.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: **

ELEMENT NAME: **CLAIMS AND PAYMENT GROUP**

SAS VARIABLE: NONE

TYPE: GROUP LENGTH: 72 BEG: 128 END: 199

DESCRIPTION:

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

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 29.

ELEMENT NAME: **TYPE OF CLAIM CODE**

SAS VARIABLE: TYPE_CLM_CD

TYPE: CHAR LENGTH: 1 BEG: 128 END: 128

DESCRIPTION:

CODE INDICATING THE TYPE OF CLAIM.

CODES:
1 = A CURRENT FEE-FOR-SERVICE CLAIM FOR MEDICAL SERVICES.
2 = CAPITATED PAYMENT.
3 = ENCOUNTER (A.K.A. "DUMMY") RECORD THAT SIMULATES A BILL FOR A SERVICE RENDERED TO A PATIENT COVERED UNDER SOME FORM OF CAPITATION PLAN.
4 = A 'SERVICE TRACKING CLAIM' THAT DOCUMENTS SERVICES RECEIVED BY AN INDIVIDUAL PATIENT, WHEN THE STATE ACCEPTS A LUMP SUM BILL FROM A PROVIDER THAT COVERED SIMILAR SERVICES DELIVERED TO MORE THAN ONE PATIENT, SUCH AS GROUP SCREENING FOR EARLY PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT (EPSDT).
5 = SUPPLEMENTAL PAYMENT (ABOVE CAPITATION FEE OR ABOVE NEGOTIATED RATE) (E.G. FEDERALLY QUALIFIED HEALTH CENTER (FQHC) ADDITIONAL REIMBURSEMENT).
9 = UNKNOWN.
A = S-CHIP CLAIM: A CURRENT FEE-FOR-SERVICE CLAIM FOR MEDICAL SERVICES.
B = S-CHIP CLAIM: CAPITATED PAYMENT.
C = S-CHIP CLAIM: ENCOUNTER (A.K.A. "DUMMY") RECORD THAT SIMULATES A BILL FOR A SERVICE RENDERED TO A PATIENT COVERED UNDER SOME FORM OF CAPITATION PLAN.
D = S-CHIP CLAIM: A 'SERVICE TRACKING CLAIM' THAT DOCUMENTS SERVICES RECEIVED BY AN INDIVIDUAL PATIENT, WHEN THE STATE ACCEPTS A LUMP SUM BILL FROM A PROVIDER THAT COVERED SIMILAR SERVICES DELIVERED TO MORE THAN ONE PATIENT, SUCH AS GROUP SCREENING FOR EPSDT.
E = S-CHIP CLAIM: SUPPLEMENTAL PAYMENT (ABOVE CAPITATION FEE OR ABOVE NEGOTIATED RATE) (E.G. FQHC ADDITIONAL REIMBURSEMENT).

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

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

NOTE: BEGINNING IN MAX 2009, THIS VARIABLE WAS CHANGED TO CHARACTER.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 30.

ELEMENT NAME: **ADJUSTMENT CODE**

SAS VARIABLE: ADJUST_CD

TYPE: NUM LENGTH: 1 BEG: 129 END: 129

DESCRIPTION:

CODE INDICATING IF THE CLAIMS FOR THIS SERVICE WERE ONLY ORIGINAL SUBMISSIONS, INCLUDED ADJUSTMENTS OF ANY TYPE OR IF ONE OR MORE ORIGINAL SUBMISSIONS WAS MISSING.

CODES:
0 = NO ADJUSTMENT OF CLAIMS WAS REQUIRED, SINCE ALL CLAIMS FOR THIS RECORD WERE ORIGINAL CLAIMS (ALL CLAIMS FOR THIS RECORD HAD VALUE = 0 IN THE MSIS DATA ELEMENT 'ADJUSTMENT- INDICATOR'). IN THIS CASE, ORIGINAL CLAIMS WERE COMBINED FOR THIS RECORD.
1 = THIS RECORD REPRESENTS A CLAIMS SET WHERE IT WAS POSSIBLE TO CORRECTLY COMPLETE THE ADJUSTMENT PROCESS, BY COMBINING ORIGINAL AND ADJUSTMENT CLAIMS FOR THIS RECORD. THIS MEANS THAT THERE WAS AT LEAST ONE ORIGINAL CLAIM AND AT LEAST ONE ADJUSTMENT CLAIM IN THE SET OF CLAIMS FOR THIS RECORD (AT LEAST ONE CLAIM FOR THIS RECORD HAD VALUE = 0 IN THE MSIS DATA ELEMENT 'ADJUSTMENT-INDICATOR' AND AT LEAST ONE CLAIM FOR THIS RECORD HAD A VALUE OTHER THAN 0 IN THE MSIS DATA ELEMENT 'ADJUSTMENT-INDICATOR').
2 = THIS RECORD REPRESENTS A CLAIMS SET WHERE IT WAS NOT POSSIBLE TO CORRECTLY COMPLETE THE ADJUSTMENT PROCESS (NONE OF THE CLAIMS FOR THIS RECORD HAD A VALUE = 0 IN THE MSIS DATA ELEMENT 'ADJUSTMENT-INDICATOR').

SOURCE: RECODED USING THE MSIS CLAIMS FILES DATA ELEMENT: 'ADJUSTMENT-INDICATOR'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 31.

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

SAS VARIABLE: PHP_TYPE

TYPE: NUM LENGTH: 2 BEG: 130 END: 131

DESCRIPTION:

CODE INDICATING THE TYPE OF MANAGED CARE PLAN, IF ANY, UNDER WHICH THE CAPITATION OR ENCOUNTER WAS PROVIDED.

CODES:
00 = INDIVIDUAL WAS NOT ELIGIBLE FOR MEDICAID THIS MONTH.
01 = ELIGIBLE IS ENROLLED IN A MEDICAL OR COMPREHENSIVE MANAGED CARE PLAN THIS MONTH (E.G. HMO).
02 = ELIGIBLE IS ENROLLED IN A DENTAL MANAGED CARE PLAN THIS MONTH.
03 = ELIGIBLE IS ENROLLED IN A BEHAVIORAL MANAGED CARE PLAN THIS MONTH.
04 = ELIGIBLE IS ENROLLED IN A PRENATAL/DELIVERY MANAGED CARE PLAN THIS MONTH.
05 = ELIGIBLE IS ENROLLED IN A LONG-TERM CARE MANAGED CARE PLAN THIS MONTH.
06 = ELIGIBLE IS ENROLLED IN A PROGRAM FOR ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE) THIS MONTH.
07 = ELIGIBLE IS ENROLLED IN A PRIMARY CARE CASE MANAGEMENT MANAGED CARE PLAN THIS MONTH.
08 = ELIGIBLE IS ENROLLED IN AN OTHER MANAGED CARE PLAN THIS MONTH.
77 = THIS RECORD IS AN ENCOUNTER/CAPITATION RECORD, BUT THERE WAS NO MATCH BETWEEN THE 'MANAGED CARE PLAN IDENTIFICATION NUMBER' AND THE PLAN IDENTIFIERS IN THE ELIGIBILITY RECORD FOR THIS PERSON.

88 = NOT APPLICABLE, THIS RECORD IS NOT AN ENCOUNTER/CAPITATION RECORD OR THIS RECORD'S PLAN ID IS 8-FILLED.
99 = ELIGIBLE'S MANAGED CARE PLAN STATUS IS UNKNOWN.

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

IN MAX 2008, THIS VARIABLE WAS MODIFIED TO INCLUDE CAPITATION CLAIMS.IN MAX 2008, VALUE 66 WAS DELETED.

IN MAX 2010, WE REVISED THE ALGORITHM TO LOOK FOR THE CLAIM'S PLAN ID IN ALL FOUR PLANS IN ALL 12 MONTHS OF ELIGIBILITY RATHER THAN LOOK ONLY IN THE SERVICE END MONTH.

SOURCE: MSIS ELIGIBILITY FILE, BY MATCHING THE ELIGIBLE'S MSIS 'PLAN-ID-NUMBER' FROM THE CLAIM(S) TO THE ELIGIBLE'S ELIGIBILITY RECORD FOR THE MONTH OF THE CAPITATION/ENCOUNTER RECORD. SEE 'MANAGED CARE PLAN IDENTIFICATION NUMBER'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 32.

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

SAS VARIABLE: PHP_ID

TYPE: CHAR LENGTH: 12 BEG: 132 END: 143

DESCRIPTION:

A UNIQUE IDENTIFIER WHICH REPRESENTS THE HEALTH PLAN UNDER WHICH THE CAPITATION OR ENCOUNTER WAS PROVIDED.

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

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

NOTE: IN MAX 2008, THIS VARIABLE WAS MODIFIED TO INCLUDE CAPITATION CLAIMS.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 33.

ELEMENT NAME: **MEDICAID PAYMENT AMOUNT**

SAS VARIABLE: MDCD_PYMT_AMT

TYPE: NUM* LENGTH: 8 BEG: 144 END: 151

DESCRIPTION:

TOTAL AMOUNT OF MONEY PAID BY MEDICAID FOR THIS SERVICE.

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

USER NOTES: THIS PAYMENT AMOUNT IS = $0 FOR ENCOUNTER RECORDS. IN MSIS, STATES ARE INSTRUCTED TO SET MEDICAID PAYMENT AMOUNT = $0 FOR RECORDS WITH TYPE OF CLAIM = 3 (ENCOUNTERS). IN MAX, WE AGAIN SET MEDICAID PAYMENT AMOUNT = $0 FOR ENCOUNTERS, TO ELIMINATE THE POSSIBILITY OF AMOUNTS > $0 APPEARING, IN ERROR. MEDICAID AMOUNT PAID IS SET VALUE = $0 BECAUSE MEDICAID PAYMENT FOR THESE ENCOUNTER RECORDS IS ALREADY CAPTURED IN PREMIUM PAYMENT RECORDS (WITH AMOUNTS > $0). THE PREMIUM PAYMENT RECORDS CONTAIN EITHER MSIS TYPE OF SERVICE = 20 (CAPITATED PAYMENTS TO HMO, HIO, OR PACE PLANS), TOS = 21 (CAPITATED PAYMENTS TO PREPAID HEALTH PLANS - PHPs), TOS = 22 (CAPITATED PAYMENT FOR PRIMARY CARE CASE MANAGEMENT - PCCMs), OR TOS = 23 (CAPITATED PAYMENTS TO PRIVATE HEALTH INSURANCE - PHI).

THERE ARE INSTANCES WHERE THIS PAYMENT AMOUNT MAY BE SET VALUE < $0 FOR FEE-FOR-SERVICE RECORDS. THIS SHOULD OCCUR ONLY ON CLINIC, PHYSICIAN OR OUTPATIENT DEPARTMENT BILLS FOR SELECTED STATES. THIS SITUATION HAS OCCURRED IN SEVERAL STATES, BUT HAS NOT BEEN A SIGNIFICANT ISSUE.

WHERE THE MEDICAID PAYMENT AMOUNT IS SET < $0 IN A MAX RECORD, THE PROVIDER BILLS USUALLY CONSIST OF A SUMMARY AND ONE OR MORE LINE ITEMS. THE SUMMARY CONTAINS INFORMATION ABOUT MEDICAID PAYMENT AMOUNT AND OTHER PAYMENTS, E.G. PAYMENTS BY OTHER INSURERS, KNOWN AS THIRD PARTY LIABILITY (TPL). THE SUMMARY DOES NOT INCLUDE DETAIL ON THE ACTUAL SERVICES PROVIDED. THAT DETAIL IS FOUND IN THE LINE ITEMS, BUT THE LINE ITEMS DO NOT INCLUDE THE ACTUAL MEDICAID PAYMENT AMOUNT. FOR THESE REASONS, STATES ARE INSTRUCTED TO SUBMIT BOTH THE SUMMARY AND THE LINE ITEMS IN MSIS SO THAT WE WILL HAVE THE MOST COMPLETE RECORD POSSIBLE OF SERVICES AND PAYMENTS. FOR THE SAME REASON, BOTH TYPES OF RECORDS ARE ALSO CAPTURED IN MAX.

THE INDIVIDUAL LINE ITEMS CONTAIN AN "ALLOWED PAYMENT AMOUNT", AN AMOUNT THAT HAS NOT BEEN REDUCED BY PAYMENTS FROM OTHER INSURERS (TPL) OR OUT-OF-POCKET PAYMENTS BY THE ELIGIBLE (PATIENT SHARE AMOUNTS). IF BOTH ALLOWED AND ACTUAL PAYMENTS ARE RETAINED, SUMS OF PAYMENT AMOUNTS ACROSS THE SUMMARY AND LINE ITEMS WILL OVERSTATE ACTUAL MEDICAID PAYMENTS. FURTHERMORE, THERE IS NO WAY TO APPORTION OR DISTRIBUTE THE ACTUAL MEDICAID PAYMENT AMOUNT FROM THE SUMMARY TO THE INDIVIDUAL LINE ITEMS. THEREFORE, THE DECISION WAS MADE TO RETAIN THE ALLOWED PAYMENT AMOUNTS IN THE LINE ITEMS, RETAIN THE TPL AMOUNT IN THE SUMMARY AND ADJUST MEDICAID PAYMENT (IN THE SUMMARY) SO THAT THE SUM ACROSS ALL RECORDS (SUMMARY AND LINE ITEMS) IS EQUAL TO THE ACTUAL MEDICAID PAYMENT AMOUNT. BECAUSE OF THIS, MEDICAID PAYMENT AMOUNT MAY BE ADJUSTED TO AN AMOUNT < $0 SO THAT THE SUM OF ALL PAYMENT AMOUNTS LESS TPL IS EQUAL TO THE ACTUAL MEDICAID PAYMENT AMOUNT.

SOURCE: RECODED AS NOTED ABOVE USING MSIS CLAIMS FILE: 'MEDICAID-AMOUNT-PAID'.

NOTE: IN MAX 2008, A TYPOGRAPHICAL ERROR WAS CORRECTED -- TYPE OF SERVICE = 20 NOW INCLUDES PACE.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 34.

ELEMENT NAME: **THIRD PARTY PAYMENT AMOUNT**

SAS VARIABLE: TP_PYMT_AMT

TYPE: NUM* LENGTH: 8 BEG: 152 END: 159

DESCRIPTION:

TOTAL AMOUNT OF MONEY PAID BY A THIRD PARTY (I.E. ALL SOURCES OTHER THAN MEDICAID, MEDICARE AND THE ELIGIBLE'S PERSONAL FUNDS) FOR THIS SERVICE.

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

USER NOTE: THERE MAY BE SUBSTANTIAL VARIATION IN THE REPORTING OF THIRD PARTY LIABILITY (TPL) AMOUNTS ACROSS STATES. THIS IS BECAUSE STATES USE DIFFERENT METHODS OF COLLECTING TPL PAYMENTS. SOME STATES MAY REQUIRE PROVIDERS TO THOROUGHLY PURSUE COLLECTION OF TPL PAYMENTS BEFORE CLAIMS ARE ADJUDICATED FOR MEDICAID PAYMENT. OTHER STATES MAY DESIRE TO PAY PROVIDERS PROMPTLY AND THEN RECOVER TPL PAYMENTS FROM OTHER PAYERS. FOR THESE REASONS, THE EXTENT TO WHICH TPL COLLECTIONS ARE ACCURATELY REPORTED IN MSIS IS UNKNOWN.

SOURCE: MSIS CLAIMS FILE: 'OTHER-THIRD-PARTY-PAYMENT'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 35.

ELEMENT NAME: **PAYMENT DATE**

SAS VARIABLE: PYMT_DT

TYPE: NUM LENGTH: 8 BEG: 160 END: 167

DESCRIPTION:

DATE ON WHICH THE CLAIM OR ENCOUNTER RECORD WAS ADJUDICATED BY THE STATE.

EDIT-RULES: YYYYMMDD

USER NOTE: FOR FEE-FOR-SERVICE CLAIMS THIS IS THE DATE THE CLAIM WAS ADJUDICATED FOR PAYMENT.

SOURCE: MSIS CLAIMS FILE: 'DATE-OF-PAYMENT-ADJUDICATION'. MSIS DATES WITH 8- OR 9-FILL VALUES ARE CHANGED TO 0-FILL (ZERO-FILL).

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 36.

ELEMENT NAME: **CHARGE AMOUNT**

SAS VARIABLE: CHRG_AMT

TYPE: NUM* LENGTH: 8 BEG: 168 END: 175

DESCRIPTION:

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

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

USER NOTE: THIS PAYMENT AMOUNT IS = $0 FOR ENCOUNTER RECORDS. IN MSIS, FOR TYPE OF CLAIM = 3 (ENCOUNTERS), STATES ARE INSTRUCTED TO REPORT PAYMENT AMOUNTS BY A PLAN TO A PROVIDER IN THE 'AMOUNT-CHARGED' DATA ELEMENT. HOWEVER, SUCH PAYMENTS ARE NOT ACTUAL PROVIDER CHARGES. THEREFORE, IN MAX FOR TYPE OF CLAIM = 3 (ENCOUNTERS), THE MSIS VALUE OF 'AMOUNT-CHARGED' HAS BEEN MOVED TO 'PREPAID PLAN SERVICE VALUE' AND MAX CHARGE AMOUNT HAS BEEN RESET TO VALUE = $0. AS A RESULT, MAX CHARGE AMOUNT WILL HAVE VALUE = $0 FOR ALL RECORDS WITH TYPE OF CLAIM = 3 (ENCOUNTER) AND VALUE >= $0 FOR OTHER TYPE OF CLAIM VALUES, INCLUDING VALUE = 1 (FEE-FOR-SERVICE).

NOTE: DURING MAX 1999-2011, WHEN THE CHARGE AMOUNT WAS MOVED TO THE PREPAID SERVICE VALUE, THE CHARGE AMOUNT WAS NOT RECODED TO ZERO.

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

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 37.

ELEMENT NAME: **PREPAID PLAN SERVICE VALUE**

SAS VARIABLE: PHP_VAL

TYPE: NUM* LENGTH: 8 BEG: 176 END: 183

DESCRIPTION:

DOLLAR VALUE PLACED ON THE SERVICE BY THE PROVIDER.

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

USER NOTES: THIS PAYMENT AMOUNT IS > $0 ONLY FOR ENCOUNTER RECORDS. WHILE THIS PAYMENT AMOUNT COULD HAVE VALUE = $0 FOR SOME ENCOUNTER RECORDS, IT WILL ALWAYS HAVE VALUE = $0 FOR OTHER TYPES OF RECORDS. FOR RECORDS IN WHICH TYPE OF CLAIM = 3 (ENCOUNTER), THE MSIS VALUE OF 'AMOUNT-CHARGED' HAS BEEN MOVED TO 'PREPAID PLAN SERVICE VALUE' AND MAX CHARGE AMOUNT HAS BEEN RESET TO VALUE = $0. SEE 'MEDICAID PAYMENT AMOUNT' AND 'CHARGE AMOUNT' FOR ADDITIONAL INFORMATION. AS A RESULT, MAX PREPAID PLAN SERVICE VALUE WILL HAVE VALUE >= $0 FOR ALL RECORDS WITH TYPE OF CLAIM = 3 (ENCOUNTER) AND VALUE = $0 FOR OTHER TYPE OF CLAIM VALUES, INCLUDING VALUE = 1 (FEE-FOR-SERVICE). DEPENDING ON THE PROVIDER AND TYPE OF PREPAID PLAN, THE DOLLAR AMOUNTS IN THIS DATA ELEMENT MAY HAVE DIFFERENT MEANINGS. FOR EXAMPLE, IN AN INDEPENDENT PRACTICE PLAN THE AMOUNT MAY BE A PROVIDER'S CHARGE TO THE PLAN. IN A STAFF MODEL PLAN, THE AMOUNT MAY BE A MEASURE OF RESOURCES USED. FOR THIS REASON, EXTREME CAUTION SHOULD BE EXERCISED WHEN USING THIS DATA ELEMENT.

NOTE: DURING MAX 1999-2011, WHEN THE CHARGE AMOUNT WAS MOVED TO THE PREPAID SERVICE VALUE, THE CHARGE AMOUNT WAS NOT RECODED TO ZERO.

SOURCE: RECODED AS NOTED ABOVE USING MSIS CLAIMS FILE.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 38.

ELEMENT NAME: **MEDICARE COINSURANCE PAYMENT AMOUNT**

SAS VARIABLE: MDCR_COINSUR_PYMT_AMT

TYPE: NUM* LENGTH: 8 BEG: 184 END: 191

DESCRIPTION:

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

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

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

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 39.

ELEMENT NAME: **MEDICARE DEDUCTIBLE PAYMENT AMOUNT**

SAS VARIABLE: MDCR_DED_PYMT_AMT

TYPE: NUM* LENGTH: 8 BEG: 192 END: 199

DESCRIPTION:

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

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

USER NOTE: THIS DATA ELEMENT IS NOT APPLICABLE FOR THE FOLLOWING MAX TYPES OF SERVICE: TOS = 5 (INTERMEDIATE CARE FACILITY - ICF - FOR INDIVIDUALS WITH INTELLECTUAL DISABLITIES) OR TOS = 7 (NURSING FACILITY SERVICES - NFS - ALL OTHER). THEREFORE, THIS DATA ELEMENT WILL BE 0-FILLED FOR THESE TYPES OF SERVICE.

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

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: **

ELEMENT NAME: **OTHER SERVICES GROUP**

SAS VARIABLE: NONE

TYPE: GROUP LENGTH: 71 BEG: 200 END: 270

DESCRIPTION:

DETAILED DATA FROM MSIS CLAIMS ABOUT THE SPECIFIC SERVICE, INCLUDING THE SERVICE BEGIN AND END DATE, PROCEDURE (SERVICE) CODE, DIAGNOSIS CODES, QUANTITY OF SERVICE, STATE-SPECIFIC SERVICING PROVIDER IDENTIFICATION NUMBER, PROVIDER SPECIALTY CODE, PLACE OF SERVICE AND UNIFORM BILLING (UB) REVENUE CODE.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 40.

ELEMENT NAME: **SERVICE BEGINNING DATE**

SAS VARIABLE: SRVC_BGN_DT

TYPE: NUM LENGTH: 8 BEG: 200 END: 207

DESCRIPTION:

THE BEGINNING DATE OF SERVICE FOR THIS CLAIM.

EDIT-RULES: YYYYMMDD

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

SOURCE: MSIS CLAIMS FILE 'BEGINNING-DATE-OF-SERVICE'. MSIS DATES WITH 8- OR 9-FILL VALUES ARE CHANGED TO 0-FILL (ZERO-FILL).

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 41.

ELEMENT NAME: **ENDING DATE OF SERVICE**

SAS VARIABLE: SRVC_END_DT

TYPE: NUM LENGTH: 8 BEG: 208 END: 215

DESCRIPTION:

THE LAST DATE OF SERVICE COVERED BY THIS CLAIM.

EDIT-RULES: YYYYMMDD

SOURCE: MSIS CLAIMS FILE: 'ENDING-DATE-OF-SERVICE'. MSIS DATES WITH 8- OR 9-FILL VALUES ARE CHANGED TO 0-FILL (ZERO-FILL).

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 42.

ELEMENT NAME: **PROCEDURE CODING SYSTEM CODE**

SAS VARIABLE: PRCDR_CD_SYS

TYPE: CHAR LENGTH: 2 BEG: 216 END: 217

DESCRIPTION:

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

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

USER NOTES: THIS DATA ELEMENT SHOULD BE USED WITH 'PROCEDURE (SERVICE) CODE' AND 'PROCEDURE (SERVICE) MODIFIER CODE'. USERS SHOULD MAKE SURE THE CODE VALUE IN THIS DATA ELEMENT ACCURATELY REFLECTS THE CODING SCHEME IN USE.

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

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 43.

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

SAS VARIABLE: PRCDR_CD

TYPE: CHAR LENGTH: 8 BEG: 218 END: 225

DESCRIPTION:

PROCEDURE (SERVICE) PROVIDED. SEE 'PROCEDURE CODING SYSTEM CODE'.

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

NOTE: IN MAX 2005, THE LENGTH OF THIS VARIABLE WAS CHANGED FROM 7 TO 8.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 44.

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

SAS VARIABLE: PRCDR_SRVC_MDFR_CD

TYPE: CHAR LENGTH: 2 BEG: 226 END: 227

DESCRIPTION:

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

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

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 45.

ELEMENT NAME: **DIAGNOSIS CODE-1**

SAS VARIABLE: DIAG_CD_1

TYPE: CHAR LENGTH: 7 BEG: 228 END: 234

DESCRIPTION:

THE FIRST DIAGNOSIS CODE FOR THIS RECORD.

EDIT-RULES: LEFT JUSTIFIED, NO DECIMAL POINT.

USER NOTE: USERS SHOULD EXERCISE CAUTION SINCE THIS DATA ELEMENT IS AS IT WAS REPORTED BY EACH STATE. IT MAY CONTAIN EITHER BLANK-PADDING OR ZERO-PADDING TO THE RIGHT FOR 3- OR 4-CHARACTER ICD-9-CM CODES.

SOURCE: MSIS CLAIMS FILE: 'DIAGNOSIS-CODE-1'.

NOTE: IN MAX 2005, THE LENGTH OF THIS VARIABLE WAS CHANGED FROM 6 TO 8.

NOTE: IN MAX 2012, THE LENGTH OF THIS DATA ELEMENT CHANGED FROM 8 TO 7.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 46.

ELEMENT NAME: **DIAGNOSIS CODE FLAG-1**

SAS VARIABLE: DIAG_CD_FLG_1

TYPE: CHAR LENGTH: 1 BEG: 235 END: 235

DESCRIPTION:

FIRST DIAGNOSIS CODE FLAG FOR THIS RECORD.

CODES:
0 = ICD-10
9 = ICD-9
BLANK = MISSING

SOURCE: MSIS CLAIMS FILE: 'DIAGNOSIS-CODE-FLAG-1'.

NOTE: SOME STATES BEGAN REPORTING THIS DATA ELEMENT IN 2013. BY OCTOBER 2014, ALL STATES ARE SUPPOSED TO REPORT IT.

NOTE: IN MAX 2012, THIS DATA ELEMENT WAS ADDED.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 47.

ELEMENT NAME: **DIAGNOSIS CODE-2**

SAS VARIABLE: DIAG_CD_2

TYPE: CHAR LENGTH: 7 BEG: 236 END: 242

DESCRIPTION:

THE SECOND DIAGNOSIS CODE FOR THIS RECORD.

EDIT-RULES: LEFT JUSTIFIED, NO DECIMAL POINT.

USER NOTE: USERS SHOULD EXERCISE CAUTION SINCE THIS DATA ELEMENT IS AS IT WAS REPORTED BY EACH STATE. IT MAY CONTAIN EITHER BLANK-PADDING OR ZERO-PADDING TO THE RIGHT FOR 3- OR 4-CHARACTER ICD-9-CM CODES.

SOURCE: MSIS CLAIMS FILE: 'DIAGNOSIS-CODE-2'.

NOTE: IN MAX 2005, THE LENGTH OF THIS VARIABLE WAS CHANGED FROM 6 TO 8.

NOTE: IN MAX 2012, THE LENGTH OF THIS DATA ELEMENT CHANGED FROM 8 TO 7.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 48.

ELEMENT NAME: **DIAGNOSIS CODE FLAG-2**

SAS VARIABLE: DIAG_CD_FLG_2

TYPE: CHAR LENGTH: 1 BEG: 243 END: 243

DESCRIPTION:

SECOND DIAGNOSIS CODE FLAG FOR THIS RECORD.

CODES:
0 = ICD-10
9 = ICD-9
BLANK = MISSING

SOURCE: MSIS CLAIMS FILE: 'DIAGNOSIS-CODE-FLAG-2'.

NOTE: SOME STATES BEGAN REPORTING THIS DATA ELEMENT IN 2013. BY OCTOBER 2014, ALL STATES ARE SUPPOSED TO REPORT IT.

NOTE: IN MAX 2012, THIS DATA ELEMENT WAS ADDED.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 49.

ELEMENT NAME: **QUANTITY OF SERVICE**

SAS VARIABLE: QTY_SRVC_UNITS

TYPE: NUM LENGTH: 5 BEG: 244 END: 248

DESCRIPTION:

THE NUMBER OF UNITS OF SERVICE RECEIVED BY THE ELIGIBLE.

FOR MAX 1999 AND BEYOND, THIS FIELD IS ONLY APPLICABLE WHEN THE SERVICE BEING BILLED CAN BE QUANTIFIED IN DISCRETE UNITS, E.G., A NUMBER OF VISITS OR THE NUMBER OF UNITS OF A PRESCRIPTION/REFILL THAT WERE FILLED. FOR PRESCRIPTIONS/REFILLS, USE THE MEDICAID DRUG REBATE DEFINITION OF A UNIT, WHICH IS THE SMALLEST UNIT BY WHICH THE DRUG IS NORMALLY MEASURED; E.G. TABLET, CAPSULE, MILLILITER, ETC. FOR DRUGS NOT IDENTIFIABLE OR DISPENSED BY A NORMAL UNIT, E.G. POWDER-FILLED VIALS, USE 1 AS THE NUMBER OF UNITS.

THIS FIELD IS NOT APPLICABLE FOR INSTITUTIONAL SERVICES, DENTAL SERVICES, LABORATORY AND X-RAY SERVICES, PREMIUM PAYMENTS, OR MISCELLANEOUS SERVICES (INCLUDES CLAIMS WITH TOS = 09, 15, 17, 19, 20, 21, 22). USE 8-FILL FOR THESE SERVICES.

NOTE: ONE PRESCRIPTION FOR 100 250-MILLIGRAM TABLETS RESULTS IN 'QUANTITY OF SERVICE' = 100. PRIOR TO 1998, ONE PRESCRIPTION FOR 100 TABLETS RESULTED IN 'QUANTITY OF SERVICE' = 1.

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

NOTE: IN MAX 2008, THIS DESCRIPTION WAS COMPLETELY REWRITTEN.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 50.

ELEMENT NAME: **SERVICING PROVIDER IDENTIFICATION NUMBER**

SAS VARIABLE: SRVC_PRVDR_ID_NMBR

TYPE: CHAR LENGTH: 12 BEG: 249 END: 260

DESCRIPTION:

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

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

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

NOTE: IN MAX 2008, A TYPOGRAPHICAL ERROR WAS CORRECTED -- TYPE OF SERVICE = 20 NOW INCLUDES PACE.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 51.

ELEMENT NAME: **SERVICING PROVIDER SPECIALTY CODE**

SAS VARIABLE: SRVC_PRVDR_SPEC_CD

TYPE: CHAR LENGTH: 4 BEG: 261 END: 264

DESCRIPTION:

CODE INDICATING THE AREA OF SPECIALTY FOR THE SERVICING PROVIDER. THIS CODE APPLIES ONLY TO PHYSICIANS, OSTEOPATHS, DENTISTS AND OTHER LICENSED PRACTITIONERS.

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

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

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 52.

ELEMENT NAME: **PLACE OF SERVICE CODE**

SAS VARIABLE: PLC_OF_SRVC_CD

TYPE: NUM LENGTH: 2 BEG: 265 END: 266

DESCRIPTION:

CODE INDICATING THE PLACE WHERE THE SERVICE WAS PERFORMED.

CODES:
01 = PHARMACY
02 = UNASSIGNED
03 = SCHOOL (*)
04 = HOMELESS SHELTER (*)
05 = INDIAN HEALTH SERVICE FREE-STANDING FACILITY (*)
06 = INDIAN HEALTH SERVICE PROVIDER-BASED FACILITY (*)
07 = TRIBAL 638 FREE-STANDING FACILITY (*)
08 = TRIBAL 638 PROVIDER-BASED FACILITY (*)
09 = PRISON/CORRECTIONAL FACILITY
10 = UNASSIGNED
11 = OFFICE
12 = PATIENT'S HOME
13 = ASSISTED LIVING FACILITY
14 = GROUP HOME
15 = MOBILE UNIT (*)
16 = TEMPORARY LODGING
17 = WALK-IN RETAIL HEALTH CLINIC18-19 = UNASSIGNED
20 = URGENT CARE FACILITY (*)
21 = INPATIENT HOSPITAL
22 = OUTPATIENT HOSPITAL
23 = EMERGENCY ROOM - HOSPITAL
24 = AMBULATORY SURGERY CENTER
25 = BIRTHING CENTER
26 = MILITARY TREATMENT FACILITY27-30 = UNASSIGNED
31 = SKILLED NURSING FACILITY
32 = NURSING FACILITY
33 = CUSTODIAL CARE FACILITY
34 = HOSPICE35-40 = UNASSIGNED
41 = AMBULANCE - LAND
42 = AMBULANCE - AIR OR WATER43-48 = UNASSIGNED
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 FOR INDIVIDUALS WITH INTELLECTUAL DISABLITIES
55 = RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY
56 = PSYCHIATRIC RESIDENTIAL TREATMENT CENTER
57 = NON-RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY58-59 = UNASSIGNED
60 = MASS IMMUNIZATION CENTER (*)
61 = COMPREHENSIVE INPATIENT REHABILITATION FACILITY
62 = COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY63-64 = UNASSIGNED
65 = END STAGE RENAL DISEASE TREATMENT FACILITY66-70 = UNASSIGNED
71 = STATE OR LOCAL PUBLIC HEALTH CLINIC
72 = RURAL HEALTH CLINIC73-80 = UNASSIGNED
81 = INDEPENDENT LABORATORY82-87 = UNASSIGNED
88 = NOT APPLICABLE (USED WITH TYPE OF SERVICE 20, 21, 22 OR 23)89-98 = UNASSIGNED
99 = OTHER (NOT LISTED ABOVE) OR UNKNOWN

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
OTHER SERVICES (OT) RECORD

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

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

NOTE: IN MAX 2008, A TYPOGRAPHICAL ERROR FOR MOBILE UNIT WAS CORRECTED. THE DATA VALUE IS 15.

NOTE: IN MAX 2009, THE DATA VALUES 13, 14, 31, 49 AND 57 WERE ADDED.

NOTE: IN MAX 2010, THE DATA VALUES 01, 09, 16 AND 17 WERE ADDED.

NOTE: IN MAX 2010, THE DATA VALUES FOR "UNASSIGNED" CATEGORY - 02, 10, 18, 19, 27-30, 35-40, 43-48, 58-59, 63-64, 66-70, 73-80, 82-87 and 89-98 WERE ADDED.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
OTHER SERVICES (OT) RECORD

ELEMENT NUMBER: 53.

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

SAS VARIABLE: UB_92_REV_CD

TYPE: NUM LENGTH: 4 BEG: 267 END: 270

DESCRIPTION:

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

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

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

www.mathematica-mpr.com

Improving public well-being by conducting high quality, objective research and surveys

PRINCETON, NJ ■ ANN ARBOR, MI ■ CAMBRIDGE, MA ■ CHICAGO, IL ■ OAKLAND, CA ■ WASHINGTON, DC

MATHEMATICA
Policy Research