



Merative™ MarketScan® Research Databases
2023 Multi-State Medicaid Database, v1.0

Data Dictionary

© Copyright Merative US LP. 2024

The authorized recipient of these materials shall treat the information contained therein as confidential proprietary information owned by Merative US L.P. The recipient shall not disclose or permit to be disclosed, in full or in part, to third parties any information contained therein. No part of these materials may be reproduced or transmitted in any form or by any means electronic or mechanical, including photocopy, recording, or any information storage and retrieval system, without permission in writing from Merative.

Requests for permission to make copies of any part of this report should be mailed to:

Merative
100 Phoenix Drive
Ann Arbor, Michigan 48108

The file should be cited as follows:

Merative™ MarketScan® Multi-State Medicaid Database

Format of Data Dictionary

Each standard field that may be found in MarketScan data is defined on the following pages. Seven columns of information are present for each field.

Name

The short (2 to 8 character) name of the variable.

Long Name

Long name, or label of the variable. For example, the variable containing information about the type of provider who rendered the service is labeled "Provider Type."

Description

A definition of the data in the variable.

Data Types/Formats

CHAR: Character
NUM: Integer Numeric
FLT: Decimal Numeric (CSV only)
DATE: Date (CSV only)

Valid Contents

The meaning of each valid term in the field. For example, the standard values for SEX (Gender of Patient) are 1 and 2, with 1 meaning male and 2 meaning female. Some variables have longer lists of standard values. For those, a separate attachment (which follows the alphabetical listing) has been created.

Notes

Information about the source of the data in the variable. The Note often relates to analytical uses of the data.

Tables

An abbreviation that indicates in which table the variable is found:

I: Inpatient Admissions
F: Facility Header
S: Inpatient Services
O: Outpatient Services
D: Outpatient Pharma Claims
L: Long Term Care
A: Annual Enrollment Summary
T: Enrollment Detail
RED_BOOK: RED BOOK® Supplement

Multi-State Medicaid Database Variable Summary

Name	Long Name	SAS Format	Tables
Clinical Variables			
ADMTYP	Admission Type	CHAR(1)	I, S
BILLTYP	Facility Bill Type Code	CHAR(3)	F
DRG	Diagnosis Related Group (v41.0)	NUM(3)	I, S
DSTATUS	Discharge Status	CHAR(2)	F, I, S
DX1	Diagnosis 1	CHAR(7)	F, I, L, O, S
DX10	Diagnosis 10	CHAR(7)	I
DX11	Diagnosis 11	CHAR(7)	I
DX12	Diagnosis 12	CHAR(7)	I
DX13	Diagnosis 13	CHAR(7)	I
DX14	Diagnosis 14	CHAR(7)	I
DX15	Diagnosis 15	CHAR(7)	I
DX2	Diagnosis 2	CHAR(7)	F, I, L, O, S
DX3	Diagnosis 3	CHAR(7)	F, I, L, O, S
DX4	Diagnosis 4	CHAR(7)	F, I, L, O, S
DX5	Diagnosis 5	CHAR(7)	F, I
DX6	Diagnosis 6	CHAR(7)	F, I
DX7	Diagnosis 7	CHAR(7)	F, I
DX8	Diagnosis 8	CHAR(7)	F, I
DX9	Diagnosis 9	CHAR(7)	F, I
DXVER	Diagnosis Code ICD Version Indicator	CHAR(1)	F, I, L, O, S
MDC	Major Diagnostic Category	CHAR(2)	F, I, L, O, S
PDX	Diagnosis Principal	CHAR(7)	I, S
POADX1	Present on Admission Diagnosis 1	CHAR(1)	F, I
POADX10	Present on Admission Diagnosis 10	CHAR(1)	I
POADX11	Present on Admission Diagnosis 11	CHAR(1)	I
POADX12	Present on Admission Diagnosis 12	CHAR(1)	I

Multi-State Medicaid Database Variable Summary

Name	Long Name	SAS Format	Tables
POADX13	Present on Admission Diagnosis 13	CHAR(1)	I
POADX14	Present on Admission Diagnosis 14	CHAR(1)	I
POADX15	Present on Admission Diagnosis 15	CHAR(1)	I
POADX2	Present on Admission Diagnosis 2	CHAR(1)	F, I
POADX3	Present on Admission Diagnosis 3	CHAR(1)	F, I
POADX4	Present on Admission Diagnosis 4	CHAR(1)	F, I
POADX5	Present on Admission Diagnosis 5	CHAR(1)	F, I
POADX6	Present on Admission Diagnosis 6	CHAR(1)	F, I
POADX7	Present on Admission Diagnosis 7	CHAR(1)	F, I
POADX8	Present on Admission Diagnosis 8	CHAR(1)	F, I
POADX9	Present on Admission Diagnosis 9	CHAR(1)	F, I
POAPDX	Present on Admission Principal Diagnosis	CHAR(1)	I
PPROC	Procedure Principal	CHAR(7)	I, S
PROC1	Procedure Code 1	CHAR(7)	F, I, L, O, S
PROC10	Procedure 10	CHAR(7)	I
PROC11	Procedure 11	CHAR(7)	I
PROC12	Procedure 12	CHAR(7)	I
PROC13	Procedure 13	CHAR(7)	I
PROC14	Procedure 14	CHAR(7)	I
PROC15	Procedure 15	CHAR(7)	I
PROC2	Procedure 2	CHAR(7)	F, I
PROC3	Procedure 3	CHAR(7)	F, I
PROC4	Procedure 4	CHAR(7)	F, I
PROC5	Procedure 5	CHAR(7)	F, I
PROC6	Procedure 6	CHAR(7)	F, I
PROC7	Procedure 7	CHAR(7)	I
PROC8	Procedure 8	CHAR(7)	I

Multi-State Medicaid Database Variable Summary

Name	Long Name	SAS Format	Tables
PROC9	Procedure 9	CHAR(7)	I
PROCGRP	Procedure Code Group	NUM(3)	L, O
PROCMOD	Procedure Code Modifier	CHAR(2)	L, O, S
PROCTYP	Procedure Code Type	CHAR(1)	L, O, S
REVCODE	Revenue Code	CHAR(4)	L, O, S
Demographic Variables			
BOE	Basis of eligibility code	CHAR(1)	A, D, F, I, L, O, S, T
DOBYR	Patient Birth Year	NUM(3)	A, D, F, I, L, O, S, T
MAS	Maintenance Assistance Status Code	CHAR(1)	A, D, F, I, L, O, S, T
PLANTYP	Plan Indicator	NUM(3)	D, F, I, L, O, S, T
PLNTYP1	Plan Indicator Month 1	NUM(3)	A
PLNTYP10	Plan Indicator Month 10	NUM(3)	A
PLNTYP11	Plan Indicator Month 11	NUM(3)	A
PLNTYP12	Plan Indicator Month 12	NUM(3)	A
PLNTYP2	Plan Indicator Month 2	NUM(3)	A
PLNTYP3	Plan Indicator Month 3	NUM(3)	A
PLNTYP4	Plan Indicator Month 4	NUM(3)	A
PLNTYP5	Plan Indicator Month 5	NUM(3)	A
PLNTYP6	Plan Indicator Month 6	NUM(3)	A
PLNTYP7	Plan Indicator Month 7	NUM(3)	A
PLNTYP8	Plan Indicator Month 8	NUM(3)	A
PLNTYP9	Plan Indicator Month 9	NUM(3)	A
SEX	Gender of Patient	CHAR(1)	A, D, F, I, L, O, S, T
STDRACE	Race Code	CHAR(1)	A, D, F, I, L, O, S, T
Drug Variables			
DAWIND	Dispense as Written Indicator	CHAR(2)	D
DAYSUPP	Days Supply	NUM(3)	D

Multi-State Medicaid Database Variable Summary

Name	Long Name	SAS Format	Tables
DEACLAS	DEA Classification	CHAR(1)	D, RED_BOOK
GENERID	Generic Product ID	NUM(6)	D, RED_BOOK
GENIND	Generic Indicator	CHAR(1)	D, RED_BOOK
MAINTIN	Maintenance Indicator	CHAR(1)	D, RED_BOOK
METQTY	Metric Quantity	NUM(4)	D
NDCNUM	National Drug Code	CHAR(11)	D, RED_BOOK
PHARM_ID	Pharmacy ID (Char)	CHAR(16)	D
REFILL	Refill Number	NUM(3)	D
THERCLS	Therapeutic Class	NUM(3)	D, RED_BOOK
THERGRP	Therapeutic Group	CHAR(2)	D, RED_BOOK
Financial Variables			
AWP	Average Wholesale Price	NUM(4)	D
COB	COB and Other Savings	NUM(4)	D, F, L, O, S
COINS	Coinsurance	NUM(4)	D, F, L, O, S
COPAY	Copayment	NUM(4)	D, F, L, O, S
DEDUCT	Deductible	NUM(4)	D, F, L, O, S
DISPFEE	Dispensing Fee	NUM(4)	D
HOSPNET	Net Payments: Hospital	NUM(6)	I
HOSPPAY	Payments: Hospital	NUM(6)	I
INGCOST	Ingredient Cost	NUM(4)	D
NETPAY	Payments Net	NUM(4)	D, F, L, O, S
PAY	Payment	NUM(4)	D, L, O, S
PHYSNET	Net Payments: Physician	NUM(6)	I
PHYSPAY	Payments: Physician	NUM(6)	I
TOTCOB	COB and Other Savings: Total (Case)	NUM(6)	I
TOTCOINS	Coinsurance: Total (Case)	NUM(6)	I
TOTCOPAY	Copayment: Total (Case)	NUM(6)	I

Multi-State Medicaid Database Variable Summary

Name	Long Name	SAS Format	Tables
TOTDED	Deductible: Total (Case)	NUM(6)	I
TOTNET	Payments: Net (Case)	NUM(6)	I
TOTPAY	Payments: Total (Case)	NUM(6)	I
Patient Variables			
DENTAL	Dental claim indicator	CHAR(1)	O
DRUGCOVG	Coverage indicator drug	CHAR(1)	A, D, F, I, L, O, S, T
ENROLID	Enrollee ID	NUM(6)	A, D, F, I, L, O, S, T
MCASENUM	Medicaid Case Number	CHAR(16)	A, D, F, I, L, O, S, T
MEDICARE	Medicare Eligibility Indicator	CHAR(1)	A, D, F, I, L, O, S, T
MHSACOVG	Coverage Indicator MHSA	CHAR(1)	A, D, F, I, L, O, S, T
Provider Variables			
HOSP_ID	Hospital ID (Char)	CHAR(16)	I
NPI	National Provider ID	CHAR(10)	F, L, O, S
PHYS_ID	Physician ID (Char)	CHAR(30)	I
PROV_ID	Provider ID (Char)	CHAR(16)	F, L, O, S
STDPLAC	Place of Service	NUM(3)	F, L, O, S
STDPROV	Provider Type	NUM(3)	F, L, O, S
SVCSCAT	Service Sub-Category Code	CHAR(5)	L, O, S
Time Variables			
ADMDATE	Date of Admission	NUM(4)	I, S
DAYS	Length of Stay	NUM(3)	I
DISDATE	Date of Discharge	NUM(4)	I, S
DTEND	Date Enrollment End	NUM(4)	T
DTSTART	Date Enrollment Start	NUM(4)	T
ENRIND1	Enrollment Indicator Month 1	NUM(3)	A
ENRIND10	Enrollment Indicator Month 10	NUM(3)	A
ENRIND11	Enrollment Indicator Month 11	NUM(3)	A

Multi-State Medicaid Database Variable Summary

Name	Long Name	SAS Format	Tables
ENRIND12	Enrollment Indicator Month 12	NUM(3)	A
ENRIND2	Enrollment Indicator Month 2	NUM(3)	A
ENRIND3	Enrollment Indicator Month 3	NUM(3)	A
ENRIND4	Enrollment Indicator Month 4	NUM(3)	A
ENRIND5	Enrollment Indicator Month 5	NUM(3)	A
ENRIND6	Enrollment Indicator Month 6	NUM(3)	A
ENRIND7	Enrollment Indicator Month 7	NUM(3)	A
ENRIND8	Enrollment Indicator Month 8	NUM(3)	A
ENRIND9	Enrollment Indicator Month 9	NUM(3)	A
ENRMON	Enrollment Months	NUM(3)	A
MEMDAY1	Member Days Month 1	NUM(3)	A
MEMDAY10	Member Days Month 10	NUM(3)	A
MEMDAY11	Member Days Month 11	NUM(3)	A
MEMDAY12	Member Days Month 12	NUM(3)	A
MEMDAY2	Member Days Month 2	NUM(3)	A
MEMDAY3	Member Days Month 3	NUM(3)	A
MEMDAY4	Member Days Month 4	NUM(3)	A
MEMDAY5	Member Days Month 5	NUM(3)	A
MEMDAY6	Member Days Month 6	NUM(3)	A
MEMDAY7	Member Days Month 7	NUM(3)	A
MEMDAY8	Member Days Month 8	NUM(3)	A
MEMDAY9	Member Days Month 9	NUM(3)	A
MEMDAYS	Member Days	NUM(3)	A, T
PDDATE	Date Claim Paid	NUM(4)	D, F, I, L, O, S
SVCDATE	Date Service Incurred	NUM(4)	D, F, L, O, S
TSVCDAT	Date Service Ending	NUM(4)	F, L, O, S
YEAR	Date Year Incurred	NUM(3)	A, D, F, I, L, O, S, T

Multi-State Medicaid Database Variable Summary

Name	Long Name	SAS Format	Tables
Other Variables			
CAP	Capitation Indicator	CHAR(1)	A, D, F, I, L, O, S, T
CASEID	Case and Services Link	NUM(6)	F, I, S
FACHDID	Facility Header Record ID	NUM(6)	F, L, O, S
FACPROF	Facility-Professional Claim Indicator	CHAR(1)	L, O, S
MSCLMID	MarketScan Claim ID	NUM(6)	F, L, O, S
QTY	Quantity of Services	NUM(4)	D, L, O, S
SEQNUM	Sequence Number	NUM(6)	A, D, F, I, L, O, S, T
UNITS	Units of Service Count	NUM(4)	L, O, S
VERSION	Version	CHAR(2)	A, D, F, I, L, O, S, T

**Multi-State Medicaid Database
Inpatient Admissions Table**

Name	Long Name	SAS Data Type	SAS Length
ADMDATE	Date of Admission	NUM	4
ADMTYP	Admission Type	CHAR	1
BOE	Basis of eligibility code	CHAR	1
CAP	Capitation Indicator	CHAR	1
CASEID	Case and Services Link	NUM	6
DAYS	Length of Stay	NUM	3
DISDATE	Date of Discharge	NUM	4
DOBYR	Patient Birth Year	NUM	3
DRG	Diagnosis Related Group (v41.0)	NUM	3
DRUGCOVG	Coverage indicator drug	CHAR	1
DSTATUS	Discharge Status	CHAR	2
DX1	Diagnosis 1	CHAR	7
DX10	Diagnosis 10	CHAR	7
DX11	Diagnosis 11	CHAR	7
DX12	Diagnosis 12	CHAR	7
DX13	Diagnosis 13	CHAR	7
DX14	Diagnosis 14	CHAR	7
DX15	Diagnosis 15	CHAR	7
DX2	Diagnosis 2	CHAR	7
DX3	Diagnosis 3	CHAR	7
DX4	Diagnosis 4	CHAR	7
DX5	Diagnosis 5	CHAR	7
DX6	Diagnosis 6	CHAR	7
DX7	Diagnosis 7	CHAR	7
DX8	Diagnosis 8	CHAR	7
DX9	Diagnosis 9	CHAR	7
DXVER	Diagnosis Code ICD Version Indicator	CHAR	1

Multi-State Medicaid Database

Inpatient Admissions Table

Name	Long Name	SAS Data Type	SAS Length
ENROLID	Enrollee ID	NUM	6
HOSPNET	Net Payments: Hospital	NUM	6
HOSPPAY	Payments: Hospital	NUM	6
HOSP_ID	Hospital ID (Char)	CHAR	16
MAS	Maintenance Assistance Status Code	CHAR	1
MCASENUM	Medicaid Case Number	CHAR	16
MDC	Major Diagnostic Category	CHAR	2
MEDICARE	Medicare Eligibility Indicator	CHAR	1
MHSACOVG	Coverage Indicator MHSA	CHAR	1
PDDATE	Date Claim Paid	NUM	4
PDX	Diagnosis Principal	CHAR	7
PHYSNET	Net Payments: Physician	NUM	6
PHYSPAY	Payments: Physician	NUM	6
PHYS_ID	Physician ID (Char)	CHAR	30
PLANTYP	Plan Indicator	NUM	3
POADX1	Present on Admission Diagnosis 1	CHAR	1
POADX10	Present on Admission Diagnosis 10	CHAR	1
POADX11	Present on Admission Diagnosis 11	CHAR	1
POADX12	Present on Admission Diagnosis 12	CHAR	1
POADX13	Present on Admission Diagnosis 13	CHAR	1
POADX14	Present on Admission Diagnosis 14	CHAR	1
POADX15	Present on Admission Diagnosis 15	CHAR	1
POADX2	Present on Admission Diagnosis 2	CHAR	1
POADX3	Present on Admission Diagnosis 3	CHAR	1
POADX4	Present on Admission Diagnosis 4	CHAR	1
POADX5	Present on Admission Diagnosis 5	CHAR	1
POADX6	Present on Admission Diagnosis 6	CHAR	1

**Multi-State Medicaid Database
Inpatient Admissions Table**

Name	Long Name	SAS Data Type	SAS Length
POADX7	Present on Admission Diagnosis 7	CHAR	1
POADX8	Present on Admission Diagnosis 8	CHAR	1
POADX9	Present on Admission Diagnosis 9	CHAR	1
POAPDX	Present on Admission Principal Diagnosis	CHAR	1
PPROC	Procedure Principal	CHAR	7
PROC1	Procedure Code 1	CHAR	7
PROC10	Procedure 10	CHAR	7
PROC11	Procedure 11	CHAR	7
PROC12	Procedure 12	CHAR	7
PROC13	Procedure 13	CHAR	7
PROC14	Procedure 14	CHAR	7
PROC15	Procedure 15	CHAR	7
PROC2	Procedure 2	CHAR	7
PROC3	Procedure 3	CHAR	7
PROC4	Procedure 4	CHAR	7
PROC5	Procedure 5	CHAR	7
PROC6	Procedure 6	CHAR	7
PROC7	Procedure 7	CHAR	7
PROC8	Procedure 8	CHAR	7
PROC9	Procedure 9	CHAR	7
SEQNUM	Sequence Number	NUM	6
SEX	Gender of Patient	CHAR	1
STDRACE	Race Code	CHAR	1
TOTCOB	COB and Other Savings: Total (Case)	NUM	6
TOTCOINS	Coinsurance: Total (Case)	NUM	6
TOTCOPAY	Copayment: Total (Case)	NUM	6
TOTDED	Deductible: Total (Case)	NUM	6

Multi-State Medicaid Database Inpatient Admissions Table

Name	Long Name	SAS Data Type	SAS Length
TOTNET	Payments: Net (Case)	NUM	6
TOTPAY	Payments: Total (Case)	NUM	6
VERSION	Version	CHAR	2
YEAR	Date Year Incurred	NUM	3

Multi-State Medicaid Database Facility Header Table

Name	Long Name	SAS Data Type	SAS Length
BILLTYP	Facility Bill Type Code	CHAR	3
BOE	Basis of eligibility code	CHAR	1
CAP	Capitation Indicator	CHAR	1
CASEID	Case and Services Link	NUM	6
COB	COB and Other Savings	NUM	4
COINS	Coinsurance	NUM	4
COPAY	Copayment	NUM	4
DEDUCT	Deductible	NUM	4
DOBYR	Patient Birth Year	NUM	3
DRUGCOVG	Coverage indicator drug	CHAR	1
DSTATUS	Discharge Status	CHAR	2
DX1	Diagnosis 1	CHAR	7
DX2	Diagnosis 2	CHAR	7
DX3	Diagnosis 3	CHAR	7
DX4	Diagnosis 4	CHAR	7
DX5	Diagnosis 5	CHAR	7
DX6	Diagnosis 6	CHAR	7
DX7	Diagnosis 7	CHAR	7
DX8	Diagnosis 8	CHAR	7
DX9	Diagnosis 9	CHAR	7
DXVER	Diagnosis Code ICD Version Indicator	CHAR	1
ENROLID	Enrollee ID	NUM	6
FACHDID	Facility Header Record ID	NUM	6
MAS	Maintenance Assistance Status Code	CHAR	1
MCASENUM	Medicaid Case Number	CHAR	16
MDC	Major Diagnostic Category	CHAR	2
MEDICARE	Medicare Eligibility Indicator	CHAR	1

Multi-State Medicaid Database Facility Header Table

Name	Long Name	SAS Data Type	SAS Length
MHSACOVG	Coverage Indicator MHSA	CHAR	1
MSCLMID	MarketScan Claim ID	NUM	6
NETPAY	Payments Net	NUM	4
NPI	National Provider ID	CHAR	10
PDDATE	Date Claim Paid	NUM	4
PLANTYP	Plan Indicator	NUM	3
POADX1	Present on Admission Diagnosis 1	CHAR	1
POADX2	Present on Admission Diagnosis 2	CHAR	1
POADX3	Present on Admission Diagnosis 3	CHAR	1
POADX4	Present on Admission Diagnosis 4	CHAR	1
POADX5	Present on Admission Diagnosis 5	CHAR	1
POADX6	Present on Admission Diagnosis 6	CHAR	1
POADX7	Present on Admission Diagnosis 7	CHAR	1
POADX8	Present on Admission Diagnosis 8	CHAR	1
POADX9	Present on Admission Diagnosis 9	CHAR	1
PROC1	Procedure Code 1	CHAR	7
PROC2	Procedure 2	CHAR	7
PROC3	Procedure 3	CHAR	7
PROC4	Procedure 4	CHAR	7
PROC5	Procedure 5	CHAR	7
PROC6	Procedure 6	CHAR	7
PROV_ID	Provider ID (Char)	CHAR	16
SEQNUM	Sequence Number	NUM	6
SEX	Gender of Patient	CHAR	1
STDPLAC	Place of Service	NUM	3
STDPROV	Provider Type	NUM	3
STDRACE	Race Code	CHAR	1

Multi-State Medicaid Database Facility Header Table

Name	Long Name	SAS Data Type	SAS Length
SVCDATE	Date Service Incurred	NUM	4
TSVCDAT	Date Service Ending	NUM	4
VERSION	Version	CHAR	2
YEAR	Date Year Incurred	NUM	3

**Multi-State Medicaid Database
Inpatient Services Table**

Name	Long Name	SAS Data Type	SAS Length
ADMDATE	Date of Admission	NUM	4
ADMTYP	Admission Type	CHAR	1
BOE	Basis of eligibility code	CHAR	1
CAP	Capitation Indicator	CHAR	1
CASEID	Case and Services Link	NUM	6
COB	COB and Other Savings	NUM	4
COINS	Coinsurance	NUM	4
COPAY	Copayment	NUM	4
DEDUCT	Deductible	NUM	4
DISDATE	Date of Discharge	NUM	4
DOBYR	Patient Birth Year	NUM	3
DRG	Diagnosis Related Group (v41.0)	NUM	3
DRUGCOVG	Coverage indicator drug	CHAR	1
DSTATUS	Discharge Status	CHAR	2
DX1	Diagnosis 1	CHAR	7
DX2	Diagnosis 2	CHAR	7
DX3	Diagnosis 3	CHAR	7
DX4	Diagnosis 4	CHAR	7
DXVER	Diagnosis Code ICD Version Indicator	CHAR	1
ENROLID	Enrollee ID	NUM	6
FACHDID	Facility Header Record ID	NUM	6
FACPROF	Facility-Professional Claim Indicator	CHAR	1
MAS	Maintenance Assistance Status Code	CHAR	1
MCASENUM	Medicaid Case Number	CHAR	16
MDC	Major Diagnostic Category	CHAR	2
MEDICARE	Medicare Eligibility Indicator	CHAR	1
MHSACOVG	Coverage Indicator MHSA	CHAR	1

**Multi-State Medicaid Database
Inpatient Services Table**

Name	Long Name	SAS Data Type	SAS Length
MSCLMID	MarketScan Claim ID	NUM	6
NETPAY	Payments Net	NUM	4
NPI	National Provider ID	CHAR	10
PAY	Payment	NUM	4
PDDATE	Date Claim Paid	NUM	4
PDX	Diagnosis Principal	CHAR	7
PLANTYP	Plan Indicator	NUM	3
PPROC	Procedure Principal	CHAR	7
PROC1	Procedure Code 1	CHAR	7
PROCMOD	Procedure Code Modifier	CHAR	2
PROCTYP	Procedure Code Type	CHAR	1
PROV_ID	Provider ID (Char)	CHAR	16
QTY	Quantity of Services	NUM	4
REVCODE	Revenue Code	CHAR	4
SEQNUM	Sequence Number	NUM	6
SEX	Gender of Patient	CHAR	1
STDPLAC	Place of Service	NUM	3
STDPROV	Provider Type	NUM	3
STDRACE	Race Code	CHAR	1
SVCDATE	Date Service Incurred	NUM	4
SVCSCAT	Service Sub-Category Code	CHAR	5
TSVCDAT	Date Service Ending	NUM	4
UNITS	Units of Service Count	NUM	4
VERSION	Version	CHAR	2
YEAR	Date Year Incurred	NUM	3

Multi-State Medicaid Database Outpatient Services Table

Name	Long Name	SAS Data Type	SAS Length
BOE	Basis of eligibility code	CHAR	1
CAP	Capitation Indicator	CHAR	1
COB	COB and Other Savings	NUM	4
COINS	Coinsurance	NUM	4
COPAY	Copayment	NUM	4
DEDUCT	Deductible	NUM	4
DENTAL	Dental claim indicator	CHAR	1
DOBYR	Patient Birth Year	NUM	3
DRUGCOVG	Coverage indicator drug	CHAR	1
DX1	Diagnosis 1	CHAR	7
DX2	Diagnosis 2	CHAR	7
DX3	Diagnosis 3	CHAR	7
DX4	Diagnosis 4	CHAR	7
DXVER	Diagnosis Code ICD Version Indicator	CHAR	1
ENROLID	Enrollee ID	NUM	6
FACHDID	Facility Header Record ID	NUM	6
FACPROF	Facility-Professional Claim Indicator	CHAR	1
MAS	Maintenance Assistance Status Code	CHAR	1
MCASENUM	Medicaid Case Number	CHAR	16
MDC	Major Diagnostic Category	CHAR	2
MEDICARE	Medicare Eligibility Indicator	CHAR	1
MHSACOVG	Coverage Indicator MHSA	CHAR	1
MSCLMID	MarketScan Claim ID	NUM	6
NETPAY	Payments Net	NUM	4
NPI	National Provider ID	CHAR	10
PAY	Payment	NUM	4
PDDATE	Date Claim Paid	NUM	4

**Multi-State Medicaid Database
Outpatient Services Table**

Name	Long Name	SAS Data Type	SAS Length
PLANTYP	Plan Indicator	NUM	3
PROC1	Procedure Code 1	CHAR	7
PROCGRP	Procedure Code Group	NUM	3
PROCMOD	Procedure Code Modifier	CHAR	2
PROCTYP	Procedure Code Type	CHAR	1
PROV_ID	Provider ID (Char)	CHAR	16
QTY	Quantity of Services	NUM	4
REVCODE	Revenue Code	CHAR	4
SEQNUM	Sequence Number	NUM	6
SEX	Gender of Patient	CHAR	1
STDPLAC	Place of Service	NUM	3
STDPROV	Provider Type	NUM	3
STDRACE	Race Code	CHAR	1
SVCDATE	Date Service Incurred	NUM	4
SVCSCAT	Service Sub-Category Code	CHAR	5
TSVCDAT	Date Service Ending	NUM	4
UNITS	Units of Service Count	NUM	4
VERSION	Version	CHAR	2
YEAR	Date Year Incurred	NUM	3

Multi-State Medicaid Database Outpatient Pharmaceutical Claims Table

Name	Long Name	SAS Data Type	SAS Length
AWP	Average Wholesale Price	NUM	4
BOE	Basis of eligibility code	CHAR	1
CAP	Capitation Indicator	CHAR	1
COB	COB and Other Savings	NUM	4
COINS	Coinsurance	NUM	4
COPAY	Copayment	NUM	4
DAWIND	Dispense as Written Indicator	CHAR	2
DAYSUPP	Days Supply	NUM	3
DEACLAS	DEA Classification	CHAR	1
DEDUCT	Deductible	NUM	4
DISPFEE	Dispensing Fee	NUM	4
DOBYR	Patient Birth Year	NUM	3
DRUGCOVG	Coverage indicator drug	CHAR	1
ENROLID	Enrollee ID	NUM	6
GENERID	Generic Product ID	NUM	6
GENIND	Generic Indicator	CHAR	1
INGCOST	Ingredient Cost	NUM	4
MAINTIN	Maintenance Indicator	CHAR	1
MAS	Maintenance Assistance Status Code	CHAR	1
MCASENUM	Medicaid Case Number	CHAR	16
MEDICARE	Medicare Eligibility Indicator	CHAR	1
METQTY	Metric Quantity	NUM	4
MHSACOVG	Coverage Indicator MHSA	CHAR	1
NDCNUM	National Drug Code	CHAR	11
NETPAY	Payments Net	NUM	4
PAY	Payment	NUM	4
PDDATE	Date Claim Paid	NUM	4

**Multi-State Medicaid Database
Outpatient Pharmaceutical Claims Table**

Name	Long Name	SAS Data Type	SAS Length
PHARM_ID	Pharmacy ID (Char)	CHAR	16
PLANTYP	Plan Indicator	NUM	3
QTY	Quantity of Services	NUM	4
REFILL	Refill Number	NUM	3
SEQNUM	Sequence Number	NUM	6
SEX	Gender of Patient	CHAR	1
STDRACE	Race Code	CHAR	1
SVCDATE	Date Service Incurred	NUM	4
THERCLS	Therapeutic Class	NUM	3
THERGRP	Therapeutic Group	CHAR	2
VERSION	Version	CHAR	2
YEAR	Date Year Incurred	NUM	3

**Multi-State Medicaid Database
Long Term Care Table**

Name	Long Name	SAS Data Type	SAS Length
BOE	Basis of eligibility code	CHAR	1
CAP	Capitation Indicator	CHAR	1
COB	COB and Other Savings	NUM	4
COINS	Coinsurance	NUM	4
COPAY	Copayment	NUM	4
DEDUCT	Deductible	NUM	4
DOBYR	Patient Birth Year	NUM	3
DRUGCOVG	Coverage indicator drug	CHAR	1
DX1	Diagnosis 1	CHAR	7
DX2	Diagnosis 2	CHAR	7
DX3	Diagnosis 3	CHAR	7
DX4	Diagnosis 4	CHAR	7
DXVER	Diagnosis Code ICD Version Indicator	CHAR	1
ENROLID	Enrollee ID	NUM	6
FACHDID	Facility Header Record ID	NUM	6
FACPROF	Facility-Professional Claim Indicator	CHAR	1
MAS	Maintenance Assistance Status Code	CHAR	1
MCASENUM	Medicaid Case Number	CHAR	16
MDC	Major Diagnostic Category	CHAR	2
MEDICARE	Medicare Eligibility Indicator	CHAR	1
MHSACOVG	Coverage Indicator MHSA	CHAR	1
MSCLMID	MarketScan Claim ID	NUM	6
NETPAY	Payments Net	NUM	4
NPI	National Provider ID	CHAR	10
PAY	Payment	NUM	4
PDDATE	Date Claim Paid	NUM	4
PLANTYP	Plan Indicator	NUM	3

**Multi-State Medicaid Database
Long Term Care Table**

Name	Long Name	SAS Data Type	SAS Length
PROC1	Procedure Code 1	CHAR	7
PROCGRP	Procedure Code Group	NUM	3
PROCMOD	Procedure Code Modifier	CHAR	2
PROCTYP	Procedure Code Type	CHAR	1
PROV_ID	Provider ID (Char)	CHAR	16
QTY	Quantity of Services	NUM	4
REVCODE	Revenue Code	CHAR	4
SEQNUM	Sequence Number	NUM	6
SEX	Gender of Patient	CHAR	1
STDPLAC	Place of Service	NUM	3
STDPROV	Provider Type	NUM	3
STRACE	Race Code	CHAR	1
SVCDATE	Date Service Incurred	NUM	4
SVCSCAT	Service Sub-Category Code	CHAR	5
TSVCDAT	Date Service Ending	NUM	4
UNITS	Units of Service Count	NUM	4
VERSION	Version	CHAR	2
YEAR	Date Year Incurred	NUM	3

Multi-State Medicaid Database Annual Enrollment Summary Table

Name	Long Name	SAS Data Type	SAS Length
BOE	Basis of eligibility code	CHAR	1
CAP	Capitation Indicator	CHAR	1
DOBYR	Patient Birth Year	NUM	3
DRUGCOVG	Coverage indicator drug	CHAR	1
ENRIND1	Enrollment Indicator Month 1	NUM	3
ENRIND10	Enrollment Indicator Month 10	NUM	3
ENRIND11	Enrollment Indicator Month 11	NUM	3
ENRIND12	Enrollment Indicator Month 12	NUM	3
ENRIND2	Enrollment Indicator Month 2	NUM	3
ENRIND3	Enrollment Indicator Month 3	NUM	3
ENRIND4	Enrollment Indicator Month 4	NUM	3
ENRIND5	Enrollment Indicator Month 5	NUM	3
ENRIND6	Enrollment Indicator Month 6	NUM	3
ENRIND7	Enrollment Indicator Month 7	NUM	3
ENRIND8	Enrollment Indicator Month 8	NUM	3
ENRIND9	Enrollment Indicator Month 9	NUM	3
ENRMON	Enrollment Months	NUM	3
ENROLID	Enrollee ID	NUM	6
MAS	Maintenance Assistance Status Code	CHAR	1
MCASENUM	Medicaid Case Number	CHAR	16
MEDICARE	Medicare Eligibility Indicator	CHAR	1
MEMDAY1	Member Days Month 1	NUM	3
MEMDAY10	Member Days Month 10	NUM	3
MEMDAY11	Member Days Month 11	NUM	3
MEMDAY12	Member Days Month 12	NUM	3
MEMDAY2	Member Days Month 2	NUM	3
MEMDAY3	Member Days Month 3	NUM	3

Multi-State Medicaid Database Annual Enrollment Summary Table

Name	Long Name	SAS Data Type	SAS Length
MEMDAY4	Member Days Month 4	NUM	3
MEMDAY5	Member Days Month 5	NUM	3
MEMDAY6	Member Days Month 6	NUM	3
MEMDAY7	Member Days Month 7	NUM	3
MEMDAY8	Member Days Month 8	NUM	3
MEMDAY9	Member Days Month 9	NUM	3
MEMDAYS	Member Days	NUM	3
MHSACOVG	Coverage Indicator MHSA	CHAR	1
PLNTYP1	Plan Indicator Month 1	NUM	3
PLNTYP10	Plan Indicator Month 10	NUM	3
PLNTYP11	Plan Indicator Month 11	NUM	3
PLNTYP12	Plan Indicator Month 12	NUM	3
PLNTYP2	Plan Indicator Month 2	NUM	3
PLNTYP3	Plan Indicator Month 3	NUM	3
PLNTYP4	Plan Indicator Month 4	NUM	3
PLNTYP5	Plan Indicator Month 5	NUM	3
PLNTYP6	Plan Indicator Month 6	NUM	3
PLNTYP7	Plan Indicator Month 7	NUM	3
PLNTYP8	Plan Indicator Month 8	NUM	3
PLNTYP9	Plan Indicator Month 9	NUM	3
SEQNUM	Sequence Number	NUM	6
SEX	Gender of Patient	CHAR	1
STDRACE	Race Code	CHAR	1
VERSION	Version	CHAR	2
YEAR	Date Year Incurred	NUM	3

Multi-State Medicaid Database Enrollment Detail Table

Name	Long Name	SAS Data Type	SAS Length
BOE	Basis of eligibility code	CHAR	1
CAP	Capitation Indicator	CHAR	1
DOBYR	Patient Birth Year	NUM	3
DRUGCOVG	Coverage indicator drug	CHAR	1
DTEND	Date Enrollment End	NUM	4
DTSTART	Date Enrollment Start	NUM	4
ENROLID	Enrollee ID	NUM	6
MAS	Maintenance Assistance Status Code	CHAR	1
MCASENUM	Medicaid Case Number	CHAR	16
MEDICARE	Medicare Eligibility Indicator	CHAR	1
MEMDAYS	Member Days	NUM	3
MHSACOVG	Coverage Indicator MHSA	CHAR	1
PLANTYP	Plan Indicator	NUM	3
SEQNUM	Sequence Number	NUM	6
SEX	Gender of Patient	CHAR	1
STRACE	Race Code	CHAR	1
VERSION	Version	CHAR	2
YEAR	Date Year Incurred	NUM	3

Multi-State Medicaid Database
RED BOOK® Supplemental Table

Name	Long Name	SAS Data Type	SAS Length
ACTIND	NDC Active Indicator	CHAR	1
DEACLAS	DEA Classification	CHAR	1
DEACLDS	DEA Class Description	CHAR	50
DEACTDT	Date Deactivated	NUM	4
DESIDRG	DESI Drug Indicator	CHAR	1
EXCDGDS	Exceptional Drug Description	CHAR	30
EXCLDRG	Exceptional Drug Indicator	CHAR	2
GENERID	Generic Product ID	NUM	6
GENIND	Generic Indicator	CHAR	1
GENNME	Generic Drug Name	CHAR	50
GNINDDS	Generic Indicator Description	CHAR	30
MAINTDS	Maintenance Indicator Description	CHAR	30
MAINTIN	Maintenance Indicator	CHAR	1
MANFNME	Manufacturer Name	CHAR	50
MASTFRM	Master Form Code	CHAR	3
METSIZE	Metric Size	CHAR	30
MSTFMDS	Master Form Description	CHAR	30
NDCNUM	National Drug Code	CHAR	11
ORGBKCD	Orange Book Code	CHAR	3
ORGBKDS	Orange Book Code Description	CHAR	30
ORGBKFG	Orange Book Standard Flag	CHAR	1
PKQTYCD	Package Quantity Code	CHAR	3
PKSIZE	Package Size	NUM	4
PRDCTDS	Product Category Description	CHAR	30
PRODCAT	Product Category Code	CHAR	2
PRODNME	Product Name	CHAR	50
REACTDT	Date Reactivated	NUM	4

Multi-State Medicaid Database
RED BOOK® Supplemental Table

Name	Long Name	SAS Data Type	SAS Length
ROACD	Route of Administration Code	CHAR	2
ROADS	Route of Administration Description	CHAR	30
SIGLSRC	Single Source Indicator	CHAR	1
STRNGTH	Strength	CHAR	30
THERCLS	Therapeutic Class	NUM	3
THERDTL	Therapeutic Detail Code	NUM	6
THERGRP	Therapeutic Group	CHAR	2
THRCLDS	Therapeutic Class Description	CHAR	30
THRDTDS	Therapeutic Detail Code Description	CHAR	30
THRGRDS	Therapeutic Group Description	CHAR	30

Multi-State Medicaid Database Data Dictionary

Name	Long Name	Description	SAS Format	Valid Contents	Tables
ADMDATE	Date of Admission	Date of the hospital admission	NUM(4)	mmddyy10.	I, S
ADMTYP	Admission Type	Type of hospital admission	CHAR(1)	1: Surgical 2: Medical 3: Maternity & Newborn 4: Psych & Substance Abuse 5: Unknown	I, S
AWP	Average Wholesale Price	The average wholesale price charged by wholesalers for the specific drug	NUM(4)	Each character = 0-9; includes dollars and cents with explicit decimal	D
BILLTYP	Facility Bill Type Code	The Bill Type code appearing on the header of the facility claim	CHAR(3)	-	F

Multi-State Medicaid Database Data Dictionary

Name	Long Name	Description	SAS Format	Valid Contents	Tables
BOE	Basis of eligibility code	Basis of Eligibility Category	CHAR(1)	1: Aged Individual 2: Blind/Disabled Individual 4: Child (not Child of Unemployed Adult, not Foster Care Child) 5: Adult (not based on unemployed status) 6: Child of Unemployed Adult (optional) 7: Unemployed Adult (optional) 8: Foster Care Child 9: Eligibility status Unknown (counts against error tolerance) A: Individual covered under the Breast and Cervical Cancer Prevention and Treatment Act of 2000	A, D, F, I, L, O, S, T
CAP	Capitation Indicator	A flag indicating whether patient is under capitated payment health coverage, ie Medicaid Managed Care	CHAR(1)	0: Fee-for-service 1: Capitated	A, D, F, I, L, O, S, T
CASEID	Case and Services Link	A unique number identifying a case and its related services	NUM(6)	Each character = 0-9 Unique within a database and year	F, I, S

Multi-State Medicaid Database Data Dictionary

Name	Long Name	Description	SAS Format	Valid Contents	Tables
COB	COB and Other Savings	All dollars not paid by the carrier, except deductible and copayment amounts. Includes COB, Medicare, third party payer and penalties. Total payments for the service minus Deductible, Copayment, Coinsurance, and COB/Savings equals employer net payments.	NUM(4)	Each character = 0-9; dollars and cents with explicit decimal	D, F, L, O, S
COINS	Coinsurance	Payments made by the beneficiary to satisfy coinsurance plan provisions and/or apply to the stop-loss cap. Total payments for the service minus Deductible, Copayment, Coinsurance, and COB/Savings equals employer net payments.	NUM(4)	Each character = 0-9; dollars and cents with explicit decimal	D, F, L, O, S
COPAY	Copayment	Payments made by the beneficiary to satisfy copayment or coinsurance plan provisions and/or apply to the stop-loss cap. Total payments for the service minus Deductible, Copayment, Coinsurance, and COB/Savings equals employer net payments.	NUM(4)	Each character = 0-9; dollars and cents with explicit decimal	D, F, L, O, S
DAWIND	Dispense as Written Indicator	For brand drugs dispensed, indicates whether "DAW" (dispense as written) was specified, and by whom	CHAR(2)	01: No DAW 02: Physician DAW 03: Patient DAW 04: Pharmacist DAW 05: Generic Not in Stock 06: Brand Dispensed as Generic 07: Override 08: Brand Mandated by Law 09: No Generic Available 10: Other	D

Multi-State Medicaid Database Data Dictionary

Name	Long Name	Description	SAS Format	Valid Contents	Tables
DAYS	Length of Stay	Number of overnight stays for a hospital admission	NUM(3)	Each character = 0-9	I
DAYSUPP	Days Supply	The number of days of drug therapy covered by this prescription	NUM(3)	Each character = 0-9	D
DEACLAS	DEA Classification	Drug classification identifying controlled substances, as classified by the DEA (Drug Enforcement Administration) For 1997 data, moving forward	CHAR(1)	1: Class I (not submitted in Red Book) 2: Class II (high abuse potential, severe dependence liability) 3: Class III (less abuse potential, moderate dependence liability) 4: Class IV (less abuse potential, limited dependence liability) 5: Class V (low abuse potential, RX or OTC) 6: RX (not classified under the Controlled Substances Act) 7: OTC Product (nonprescription; all other over the counter products) 8: Other/unavailable Missing: Did not tag	D, RED_BOOK
DEDUCT	Deductible	Payments made by the beneficiary to satisfy the plan's deductible provisions. Total payments for the service minus Deductible, Copayment, Coinsurance, and COB/Savings equals employer net payments.	NUM(4)	Each character = 0-9; dollars and cents with explicit decimal	D, F, L, O, S

Multi-State Medicaid Database Data Dictionary

Name	Long Name	Description	SAS Format	Valid Contents	Tables
DENTAL	Dental claim indicator	Dental Claim Indicator	CHAR(1)	0: Not a dental claim 1: Dental claim	O
DISDATE	Date of Discharge	Date of hospital discharge	NUM(4)	mmddyy10.	I, S
DISPFEE	Dispensing Fee	Administration fee charged by the pharmacy for dispensing the prescription	NUM(4)	Each character = 0-9; dollars and cents with explicit decimal	D
DOBYR	Patient Birth Year	Year of patient birth. Patients age > 89 have DOBYR = YEAR - 90.	NUM(3)	CCYY	A, D, F, I, L, O, S, T
DRG	Diagnosis Related Group (v41.0)	Clinically and statistically distinct categories for inpatient care; developed for CMS as a proxy for resources to treat a patient.	NUM(3)	See Attachment A - DRG	I, S
DRUGCOVG	Coverage indicator drug	Flag if patient has prescription drugs covered by Medicaid and the data are captured in this database.	CHAR(1)	0: Not covered/claims not present 1: Covered/Possible claims Note: Missing values may exist in data 2005 and prior. Missing values do not mean that drug benefits are not available, merely that the variable was not created for those members.	A, D, F, I, L, O, S, T
DSTATUS	Discharge Status	Status of patient upon discharge from the hospital.	CHAR(2)	See Attachment B - DSTATUS	F, I, S
DTEND	Date Enrollment End	End date of continuous enrollment period	NUM(4)	mmddyy10.	T

Multi-State Medicaid Database Data Dictionary

Name	Long Name	Description	SAS Format	Valid Contents	Tables
DTSTART	Date Enrollment Start	Start date of continuous enrollment period	NUM(4)	mmddyy10.	T
DX1 through DX15	Diagnosis 1 through 15	On the admission table, the principal diagnosis and up to fourteen secondary diagnosis codes as recorded on the service records. On the facility header table, up to nine diagnosis codes. On the inpatient service, outpatient claims and long-term care tables, the principal diagnosis and up to four additional diagnoses.	CHAR(7)	See "Clinical Fields" in the MarketScan Database User's Guide.	F, I, L, O, S
DXVER	Diagnosis Code ICD Version Indicator	A code denoting which coding system is relevant to the value found in the DX1 field on the record	CHAR(1)	0: ICD-10-CM 9: ICD-9-CM	F, I, L, O, S
ENRIND1 through ENRIND12	Enrollment Indicator Months 1 through 12	A flag that indicates that an individual was enrolled in the specified month	NUM(3)	0: Individual was not enrolled during the specified month. 1: Individual was enrolled during the specified month.	A
ENRMON	Enrollment Months	Total number of months during the year in which an individual was enrolled	NUM(3)	1 to 12	A
ENROLID	Enrollee ID	A unique three to eleven digit number identifying each enrollee in the data file.	NUM(6)	Each character = 0-9	A, D, F, I, L, O, S, T
FACHDID	Facility Header Record ID	A unique sequential number identifying a facility header record and its related services.	NUM(6)	Each character = 0-9. Unique within a database and year.	F, L, O, S
FACPROF	Facility-Professional Claim Indicator	An indication of whether the claim is from a facility or professional claim	CHAR(1)	F=Facility Claim P=Professional Claim	L, O, S

Multi-State Medicaid Database Data Dictionary

Name	Long Name	Description	SAS Format	Valid Contents	Tables
GENERID	Generic Product ID	A code identifying pharmaceutically equivalent products with the same dispensing form and strength, derived from the entire Generic Formulation Code (6 digits) of Red Book. For 1997 moving forward.	NUM(6)	Each character = 0-9	D, RED_BOOK
GENIND	Generic Indicator	A code identifying products as either original standard product or a generic copy of the standard product. For 1997 data, moving forward.	CHAR(1)	1: Single source brand 2: Multi-source brand, no generic 3: Multi-source brand, generic available 4: Multi source generic 5: Single source generic 6: Over the counter 7: Other/unavailable Missing: not tagged	D, RED_BOOK
HOSPNET	Net Payments: Hospital	Net payments to a hospital for covered services provided during an admission. Hospital payments are included in the Total Payments for the case.	NUM(6)	Each character = 0-9; dollars and cents with explicit decimal	I
HOSPPAY	Payments: Hospital	Total gross payments to a hospital for covered services provided during an admission. Hospital payments are included in the Total Payments for the case.	NUM(6)	Each character = 0-9; dollars and cents with explicit decimal	I
HOSP_ID	Hospital ID (Char)	Encrypted hospital identifier	CHAR(16)	-	I

Multi-State Medicaid Database Data Dictionary

Name	Long Name	Description	SAS Format	Valid Contents	Tables
INGCOST	Ingredient Cost	The cost or charge associated with the pharmaceutical product. The ingredient cost plus the dispensing fee and sales tax, if applicable, usually represents the entire cost of a prescription. For most plans, the ingredient cost should represent the discount from AWP.	NUM(4)	Each character = 0-9; dollars and cents with explicit decimal	D
MAINTIN	Maintenance Indicator	Long-term maintenance drugs meet the following criteria: (a) low probability for dosage or therapy changes; (b) commonly used to treat chronic disease states; and (c) usually administered continuously rather than intermittently. For 1997 data, moving forward.	CHAR(1)	1: Used primarily for long-term treatment of chronic conditions 2: Used for both chronic and acute conditions 3: Used primarily for short-term treatment of acute conditions 4: Other/unavailable	D, RED_BOOK
MAS	Maintenance Assistance Status Code	Federal Maintenance Assistance Status Category.	CHAR(1)	1: Receiving Cash or Eligible under section 1931 of the Act 2: Medically Needy 3: Poverty Related 4: Other 5: 1115 - Demonstration expansion eligibles 9: Status is unknown	A, D, F, I, L, O, S, T
MCASENUM	Medicaid Case Number	A synthetic Medicaid case identifier.	CHAR(16)	-	A, D, F, I, L, O, S, T
MDC	Major Diagnostic Category	Body-system or disease related groupings of clinical conditions, based on diagnosis codes	CHAR(2)	See Attachment C - MDC	F, I, L, O, S

Multi-State Medicaid Database Data Dictionary

Name	Long Name	Description	SAS Format	Valid Contents	Tables
MEDICARE	Medicare Eligibility Indicator	Flag if patient is dually eligible for Medicare benefits.	CHAR(1)	0: Not dual eligible for Medicare 1: Dual eligible for Medicare	A, D, F, I, L, O, S, T
MEMDAY1 through MEMDAY12	Member Days Months 1 through 12	The number of days an individual was enrolled during the specified month	NUM(3)	Each character = 0-9	A
MEMDAYS	Member Days	The number of member days an enrollee was enrolled	NUM(3)	Each character = 0-9	A, T
METQTY	Metric Quantity	The number of units dispensed without regard to packaging format. The first nine digits of the NDC number describe how the drug is packaged.	NUM(4)	Each character = 0-9. Three decimal places of precision.	D
MHSACOVG	Coverage Indicator MHSA	Flag if patient has mental health/substance abuse covered by Medicaid and the data are captured in this database.	CHAR(1)	0: No MH/SA coverage 1: MH/SA coverage	A, D, F, I, L, O, S, T
MSCLMID	MarketScan Claim ID	An identifier which, when used in conjunction with ENROLID and FACPROF (O and S tables), can enable the user to reconstruct which services were submitted as part of the same claim from a claims administration standpoint.	NUM(6)	Each character = 0-9	F, L, O, S
NDCNUM	National Drug Code	The full 11 digits of the Food and Drug Administration registered number. The first nine digits identify the manufacturer and product name. The last two digits identify the package size.	CHAR(11)	Each character = 0-9	D, RED_BOOK
NETPAY	Payments Net	Net payments as reported by the carrier.	NUM(4)	Each character = 0-9; dollars and cents with explicit decimal	D, F, L, O, S
NPI	National Provider ID	An encrypted National Provider Identifier number	CHAR(10)	-	F, L, O, S

Multi-State Medicaid Database Data Dictionary

Name	Long Name	Description	SAS Format	Valid Contents	Tables
PAY	Payment	Gross payments to a provider for a service. Payment equals the amount eligible for payment under the medical plan terms after applying rules such as discounts, but before applying COB, Copayments, and Deductibles.	NUM(4)	Each character = 0-9; dollars and cents with explicit decimal	D, L, O, S
PDDATE	Date Claim Paid	The year, month, and day on which the claim was paid by the carrier/administrator	NUM(4)	mmddyy10.	D, F, I, L, O, S
PDX	Diagnosis Principal	Principal diagnosis explains the main reason for an admission; usually the discharge diagnosis	CHAR(7)	See "Clinical Fields" in the MarketScan Database User's Guide.	I, S
PHARM_ID	Pharmacy ID (Char)	The identification number of the pharmacy dispensing the prescription. The ID number is assigned by the carrier/administrator. Encrypted.	CHAR(16)	-	D
PHYSNET	Net Payments: Physician	Net payment for services rendered by the principal physician. The professional who charges the most during the admission is designated as the principal physician and is identified in the Physician ID field. Typically, anesthesiologists, pathologists and radiologists are excluded from consideration as principal physician. Physician Payments are included in the Total Payments for the admission.	NUM(6)	Each character = 0-9; dollars and cents with explicit decimal	I

Multi-State Medicaid Database Data Dictionary

Name	Long Name	Description	SAS Format	Valid Contents	Tables
PHYSPAY	Payments: Physician	Total covered payment for services rendered by the principal physician. The professional who charges the most during the admission is designated as the principal physician and is identified in the Physician ID field. Typically, anesthesiologists, pathologists and radiologists are excluded from consideration as principal physician. Physician Payments are included in the Total Payments for the admission.	NUM(6)	Each character = 0-9; dollars and cents with explicit decimal	I
PHYS_ID	Physician ID (Char)	Encrypted physician identifier.	CHAR(30)	-	I
PLANTYP	Plan Indicator	Type of benefit plan	NUM(3)	1: Basic/major medical 2: Comprehensive 3: EPO 4: HMO 5: POS 6: PPO 7: PCCM 8: CDHP 9: HDHP	D, F, I, L, O, S, T

Multi-State Medicaid Database Data Dictionary

Name	Long Name	Description	SAS Format	Valid Contents	Tables
PLNTYP1 through PLNTYP12	Plan Indicator Months 1 through 12	Type of benefit plan effective during a particular month of enrollment	NUM(3)	1: Basic/major medical 2: Comprehensive 3: EPO 4: HMO 5: POS 6: PPO 7: PCCM 8: CDHP 9: HDHP	A
POADX1 through 15	Present on Admission Diagnoses 1 through 15	An indication of whether the value in the Diagnosis 1 field was present upon the patient's admission to the hospital	CHAR(1)	Blank: Missing/Unknown 1: Unreported/Not Used N: No, not present at admission U: Unknown W: Clinically Undetermined Y: Yes, present at admission	F, I
POAPDX	Present on Admission Principal Diagnosis	An indication of whether the value in the Diagnosis Principal field was present upon the patient's admission to the hospital	CHAR(1)	Blank: Missing/Unknown 1: Unreported/Not Used N: No, not present at admission U: Unknown W: Clinically Undetermined Y: Yes, present at admission	I
PPROC	Procedure Principal	Procedure principal is the procedure performed during an admission that had the greatest influence on which DRG was assigned to the admission	CHAR(7)	See "Clinical Fields" in the MarketScan Database User's Guide.	I, S

Multi-State Medicaid Database Data Dictionary

Name	Long Name	Description	SAS Format	Valid Contents	Tables
PROC1 through PROC15	Procedure 1 through 15	On the Inpatient Admissions (I) table, the principal procedure (PROC1) and up to 14 other procedures as recorded chronologically on the service record. On the Facility Header (F) table, up to six procedures are listed. On the Inpatient Service (S), Outpatient Claims (O), and Long-Term Care (L) tables, the first procedure listed.	CHAR(7)	See "Clinical Fields" in the MarketScan Database User's Guide.	F, I, L, O, S
PROCGRP	Procedure Code Group	Groups of related outpatient procedures, based on CPT4, ICD-10-CM, or HCPCS procedure codes	NUM(3)	See Attachment D - PROCGRP	L, O
PROCMOD	Procedure Code Modifier	The 2-character code of the first procedure code modifier on the claim	CHAR(2)	Procedure modifiers only apply to CPT codes.	L, O, S
PROCTYP	Procedure Code Type	The type of procedure coding used by the carrier/administrator in the PROC1 (Procedure1) field.	CHAR(1)	*: ICD-9-CM 0: ICD-10-CM 1: CPT 3: UB92 Revenue Code 6: NABSP 7: HCPC 8: CDT (ADA)	L, O, S
PROV_ID	Provider ID (Char)	Encrypted identifier for provider of service.	CHAR(16)	-	F, L, O, S
QTY	Quantity of Services	Number of services performed for an inpatient service or outpatient claim and number of prescriptions filled for prescription drug claims	NUM(4)	Each character = 0-9	D, L, O, S
REFILL	Refill Number	A number indicating whether this is the original prescription (0), or the refill number (eg, 1, 2, etc)	NUM(3)	Each character = 0-9	D
REVCODE	Revenue Code	The CMS standard revenue code from the facility claim	CHAR(4)	-	L, O, S

Multi-State Medicaid Database

Data Dictionary

Name	Long Name	Description	SAS Format	Valid Contents	Tables
SEQNUM	Sequence Number	A code indicating a unique identifier for every record on a table	NUM(6)	Each character = 0-9	A, D, F, I, L, O, S, T
SEX	Gender of Patient	Gender of the patient on admissions, services, outpatient claims and prescription drug claims; of covered life on populations	CHAR(1)	1: Male 2: Female	A, D, F, I, L, O, S, T
STDPLAC	Place of Service	Setting where service occurred	NUM(3)	See Attachment E - STDPLAC	F, L, O, S
STDPROV	Provider Type	001-099 Facility 100-799 Physician 100-199 Non-admitting Physicians 200-499 Admitting Physicians 500-599 Surgeons 800-899 Professionals (Non-Physician) 900-999 Agencies	NUM(3)	See Attachment F - STDPROV	F, L, O, S
STDRACE	Race Code	Race of the recipient.	CHAR(1)	1: White 2: Black 4: Hispanic 9: Other	A, D, F, I, L, O, S, T
SVCDATE	Date Service Incurred	Date of inpatient or outpatient service or date prescription was filled	NUM(4)	mmddy10.	D, F, L, O, S
SVCSCAT	Service Sub-Category Code	A code indicating a detailed category of service	CHAR(5)	See Attachment G - SVCSCAT	L, O, S
THERCLS	Therapeutic Class	A 3-digit code that indicates the therapeutic/ pharmacologic category of the drug product. Based on an aggregation of THERDTL values (see below), though not related directly by numeric value (i.e. THERCLS=124 will not correspond to 10-digit THERDTL values beginning with 124).	NUM(3)	See Attachment H - THERCLS	D, RED_BOOK

Multi-State Medicaid Database Data Dictionary

Name	Long Name	Description	SAS Format	Valid Contents	Tables
THERGRP	Therapeutic Group	Therapeutic Group is a further aggregation of THERCLS (Therapeutic Class) values. See THERCLS and THERDTL.	CHAR(2)	See Attachment I - THERGRP	D, RED_BOOK
TOTCOB	COB and Other Savings: Total (Case)	Total COB and other savings for the admission. This is the sum of service-level COB and other savings.	NUM(6)	Each character = 0-9; dollars and cents with explicit decimal	I
TOTCOINS	Coinsurance: Total (Case)	Total coinsurance for the admission. This is the sum of service-level coinsurance.	NUM(6)	Each character = 0-9; dollars and cents with explicit decimal	I
TOTCOPAY	Copayment: Total (Case)	Total copayments for the admission. This is the sum of service-level copayments.	NUM(6)	Each character = 0-9; dollars and cents with explicit decimal	I
TOTDED	Deductible: Total (Case)	Total deductible for the admission. This is the sum of service-level deductible.	NUM(6)	Each character = 0-9; dollars and cents with explicit decimal	I
TOTNET	Payments: Net (Case)	Total net payments by the plan to all providers who submitted claims for covered services rendered during an admission.	NUM(6)	Each character = 0-9; dollars and cents with explicit decimal	I
TOTPAY	Payments: Total (Case)	Total gross payments to all providers who submitted claims for covered services rendered during an admission	NUM(6)	Each character = 0-9; dollars and cents with explicit decimal	I
TSVCDAT	Date Service Ending	Last service date. For long-term care room and board claims, TSVCDATE is the last date of the billing cycle.	NUM(4)	mmddyy10.	F, L, O, S
UNITS	Units of Service Count	A numeric count of units or services rendered	NUM(4)	Each character = 0-9	L, O, S
VERSION	Version	A Merative internal database version number	CHAR(2)	Each character = 0-9	A, D, F, I, L, O, S, T

Multi-State Medicaid Database

Data Dictionary

Name	Long Name	Description	SAS Format	Valid Contents	Tables
YEAR	Date Year Incurred	The calendar year during which the service was rendered, the admission began or the population was eligible	NUM(3)	CCYY	A, D, F, I, L, O, S, T

Multi-State Medicaid Database RED BOOK® Dictionary

Name	Long Name	Description	SAS Format	Valid Contents	Notes	Tables
ACTIND	NDC Active Indicator	An indication of whether the NDC code is still active	CHAR(1)	Y: NDC record is currently active N: NDC record is not currently active U: Unknown	New in 2017. A value of U/Unknown suggests that the drug pre-dates Red book and/or information for that NDC is no longer actively being received.	RED_BOOK
DEACLAS	DEA Classification	Drug classification identifying controlled substances, as classified by the DEA (Drug Enforcement Administration) For 1997 data, moving forward	CHAR(1)	1: Class I (not submitted in Red Book) 2: Class II (high abuse potential, severe dependence liability) 3: Class III (less abuse potential, moderate dependence liability) 4: Class IV (less abuse potential, limited dependence liability) 5: Class V (low abuse potential, RX or OTC) 6: RX (not classified under the Controlled Substances Act) 7: OTC Product (nonprescription; all other over the counter products) 8: Other/unavailable Missing: Did not tag	Prior to 1997 values were: 1: Class I High abuse potential, no accepted medical use 2: Class II High abuse potential, severe dependence liability 3: Class III Less abuse potential, moderate dependence liability 4: Class IV Less abuse potential, limited dependence liability 5: Class V Limited abuse potential Missing: Not a controlled substance.	D, RED_BOOK
DEACLDS	DEA Class Description	Text lookup value for DEACLAS (DEA_Classification)	CHAR(50)	-	-	RED_BOOK
DEACTDT	Date Deactivated	The date on which the NDC code was deactivated	NUM(4)	mmddy10.	New in 2017.	RED_BOOK
DESIDRG	DESI Drug Indicator	Indicates that the product "lacks substantial evidence of effectiveness," as determined by the FDA's Drug Efficacy Study Implementation (DESI) review	CHAR(1)	Y: Drug considered less than effective by the FDA N: Drug is not considered less than effective by the FDA	-	RED_BOOK

Multi-State Medicaid Database
RED BOOK® Dictionary

Name	Long Name	Description	SAS Format	Valid Contents	Notes	Tables
EXCDGDS	Exceptional Drug Description	Text lookup value for EXCLDRG (Exceptional_Drug_Indicator)	CHAR(30)	-	-	RED_BOOK
EXCLDRG	Exceptional Drug Indicator	Identifies products that may be excluded from coverage by certain third-party programs. Codes employed in this field denote the excluded category into which the product falls.	CHAR(2)	-	-	RED_BOOK
GENERID	Generic Product ID	A code identifying pharmaceutically equivalent products with the same dispensing form and strength, derived from the entire Generic Formulation Code (6 digits) of Red Book. For 1997 moving forward.	NUM(6)	Each character = 0-9	If it is not available in the tagging file, GENERID is set to 0.	D, RED_BOOK
GENIND	Generic Indicator	A code identifying products as either original standard product or a generic copy of the standard product. For 1997 data, moving forward.	CHAR(1)	1: Single source brand 2: Multi-source brand, no generic 3: Multi-source brand, generic available 4: Multi source generic 5: Single source generic 6: Over the counter 7: Other/unavailable Missing: not tagged	Prior to 1997 values were: 1: Brand - Single Source 2: Brand - Multi Source 3: Original Product - Generic Available 4: Generic Product	D, RED_BOOK
GENNME	Generic Drug Name	The 2008 RED BOOK description corresponding to GENERID (Generic_Product_ID)	CHAR(50)	Character 50 variable, left justified	See GENERID (Generic_Product_ID)	RED_BOOK
GNINDDS	Generic Indicator Description	Text lookup value for GENIND (Generic_Indicator)	CHAR(30)	-	-	RED_BOOK
MAINTDS	Maintenance Indicator Description	Text lookup value for MAINTIN (Maintenance_Indicator)	CHAR(30)	-	-	RED_BOOK

Multi-State Medicaid Database
RED BOOK® Dictionary

Name	Long Name	Description	SAS Format	Valid Contents	Notes	Tables
MAINTIN	Maintenance Indicator	Long-term maintenance drugs meet the following criteria: (a) low probability for dosage or therapy changes; (b) commonly used to treat chronic disease states; and (c) usually administered continuously rather than intermittently. For 1997 data, moving forward.	CHAR(1)	1: Used primarily for long-term treatment of chronic conditions 2: Used for both chronic and acute conditions 3: Used primarily for short-term treatment of acute conditions 4: Other/unavailable	Prior to 1997 values were: 1: Maintenance drug	D, RED_BOOK
MANFNME	Manufacturer Name	Identifies the name of the company that markets the product. The name appearing in this field corresponds to the FDA-registered labeler name identified by the five-digit labeler code on the NDC number. Therefore, names appearing in this field will include distributors and repackagers in addition to original manufacturers.	CHAR(50)	Character 50 variable, left justified	-	RED_BOOK
MASTFRM	Master Form Code	Groups similar dosage forms under a single, broader category. For instance, all metered-dose inhaler products with the following form codes are grouped under a master form code "MDI"	CHAR(3)	-	-	RED_BOOK
METSIZE	Metric Size	The 2008 RED BOOK quantity of product in the package in metric units or number of items. This represents the size of the package bought by the pharmacy and does not induce how the drug was dispensed. The last two digits of the NDC code indicate the package size.	CHAR(30)	-	-	RED_BOOK
MSTFMDS	Master Form Description	Text lookup value for MASTFRM (Master Form Code)	CHAR(30)	Character 30 variable, left justified	-	RED_BOOK
NDCNUM	National Drug Code	The full 11 digits of the Food and Drug Administration registered number. The first nine digits identify the manufacturer and product name. The last two digits identify the package size.	CHAR(11)	Each character = 0-9	As coded on claim. Zero-filled to 11 characters. "00000000000" (eleven zeroes) is the missing/unknown value for NDCNUM.	D, RED_BOOK

Multi-State Medicaid Database

RED BOOK® Dictionary

Name	Long Name	Description	SAS Format	Valid Contents	Notes	Tables
ORGBKCD	Orange Book Code	Supplies FDA's therapeutic equivalence code for multi-source drug products, if applicable. Codes beginning with "A" signify that the product is deemed therapeutically equivalent to other products containing the same active ingredient in an identical amount and dosage form. Codes beginning with "B" indicate that bioequivalence has not been confirmed.	CHAR(3)	-	-	RED_BOOK
ORGBKDS	Orange Book Code Description	Text lookup value for ORGBKCD (Orange Book Code)	CHAR(30)	Character 30 variable, left justified	-	RED_BOOK
ORGBKFG	Orange Book Standard Flag	Marks the product as an "Orange Book Standard" drug, the benchmark to which equivalent generic products are compared during the approval process. Also known as Reference Listed Drugs, Orange Book Standard drugs set the bioequivalence criteria for their generic counterparts.	CHAR(1)	-	-	RED_BOOK
PKQTYCD	Package Quantity Code	Indicates the number of packages to which the prices in the record apply	CHAR(3)	-	-	RED_BOOK
PKSIZE	Package Size	Specifies the number of items, such as tablets, capsules, ampules, or packets, contained in this package to which the record pertains	NUM(4)	-	-	RED_BOOK
PRDCTDS	Product Category Description	Text lookup value for PRODCAT (Product Category Code)	CHAR(30)	Character 30 variable, left justified	-	RED_BOOK
PRODCAT	Product Category Code	Products in the database are coded with their prescription and trade-name status. This permits extraction of all records in a particular category, such as prescription generics, or branded OTCs. Products of repackagers are coded separately to accommodate specialized processing.	CHAR(2)	-	-	RED_BOOK

Multi-State Medicaid Database RED BOOK® Dictionary

Name	Long Name	Description	SAS Format	Valid Contents	Notes	Tables
PRODNME	Product Name	Supplies the name given to the product by the manufacturer. Since each package size of each strength is maintained in the database as a separate drug record, this name may appear in several other records.	CHAR(50)	Character 50 variable, left justified	-	RED_BOOK
REACTDT	Date Reactivated	The date on which the NDC code was reactivated	NUM(4)	mmddyy10.	New in 2017.	RED_BOOK
ROACD	Route of Administration Code	Identifies the route of administration of the drug.	CHAR(2)	-	New in 2015	RED_BOOK
ROADS	Route of Administration Description	Text description of the Route of Administration Code (ROACD)	CHAR(30)	-	New in 2015	RED_BOOK
SIGLSRC	Single Source Indicator	Identifies the product as trademarked, patent-protected drug generally available from only one source. A "1" in this field indicates that the product is a single-source drug. A blank in this field indicates that the product is available from more than one source. In those occasional instances when branded products are cross-licensed (e.g., Prinivil and Zestril), each carries the single-source indicator.	CHAR(1)	-	-	RED_BOOK
STRNGTH	Strength	Supplies the strength of the product. Consistent with FDA nomenclature, the order in which strengths are listed corresponds to the alphabetical order of the active ingredients. Please note that for products containing more than three active ingredients, this field is left blank. For combination products, a hyphen separates the individual strengths of the active ingredients. For example, the strength of acetaminophen with codeine is expressed as 325 mg-30 mg.	CHAR(30)	-	-	RED_BOOK

Multi-State Medicaid Database RED BOOK® Dictionary

Name	Long Name	Description	SAS Format	Valid Contents	Notes	Tables
THERCLS	Therapeutic Class	A 3-digit code that indicates the therapeutic/ pharmacologic category of the drug product. Based on an aggregation of THERDTL values (see below), though not related directly by numeric value (i.e. THERCLS=124 will not correspond to 10-digit THERDTL values beginning with 124).	NUM(3)	See Attachment H - THERCLS	The description is in two parts, with the second part being either the subcategory, or "Not Elsewhere Classified" (NEC). For 1997 data, moving forward. Mapped from ranges of RED BOOK codes.	D, RED_BOOK
THERDTL	Therapeutic Detail Code	A 10-digit hierarchical 2008 RED BOOK® code that categorizes drugs down to the generic ingredient level. This code is based on the American Hospital Formulary Service Classification Compilation (AHFSCC) Therapeutic Class.	NUM(6)	Each character = 0-9	-	RED_BOOK
THERGRP	Therapeutic Group	Therapeutic Group is a further aggregation of THERCLS (Therapeutic Class) values. See THERCLS and THERDTL.	CHAR(2)	See Attachment I - THERGRP	Mapped from ranges of RED BOOK Therapeutic Class Codes	D, RED_BOOK
THRCLDS	Therapeutic Class Description	Text lookup value for THERCLS (Therapeutic Class)	CHAR(30)	Character 30 variable, left justified	-	RED_BOOK
THRDTDS	Therapeutic Detail Code Description	Text lookup value for THERDTL	CHAR(30)	Character 30 variable, left justified	-	RED_BOOK
THRGRDS	Therapeutic Group Description	Text lookup value for THERGRP	CHAR(30)	Character 30 variable, left justified	-	RED_BOOK

Attachment A - DRG (Version 41.0)

Value	Label
001	Heart transplant or implant of heart assist system w MCC
002	Heart transplant or implant of heart assist system w/o MCC
003	ECMO or trach w MV >96 hrs or PDX exc face, mouth & neck w maj O.R.
004	Trach w MV >96 hrs or PDX exc face, mouth & neck w/o maj O.R.
005	Liver transplant w MCC or intestinal transplant
006	Liver transplant w/o MCC
007	Lung transplant
008	Simultaneous pancreas/kidney transplant
010	Pancreas transplant
011	Tracheostomy for face, mouth & neck diagnoses or laryngectomy w MCC
012	Tracheostomy for face, mouth & neck diagnoses or laryngectomy w CC
013	Tracheostomy for face, mouth & neck dx or laryngectomy w/o CC/MCC
014	Allogeneic bone marrow transplant
016	Autologous bone marrow transplant w CC/MCC
017	Autologous bone marrow transplant w/o CC/MCC
018	Chimeric antigen receptor (CAR) T-cell and other immunotherapies
019	Simultaneous pancreas & kidney transplant w hemodialysis
020	Intracranial vascular procedures w PDX hemorrhage w MCC
021	Intracranial vascular procedures w PDX hemorrhage w CC
022	Intracranial vascular procedures w PDX hemorrhage w/o CC/MCC
023	Cranio w major dev impl/acute CNS PDX w MCC/chemo impl/epilep w stim
024	Cranio w major dev impl/acute complex CNS PDX w/o MCC
025	Craniotomy & endovascular intracranial procedures w MCC
026	Craniotomy & endovascular intracranial procedures w CC
027	Craniotomy & endovascular intracranial procedures w/o CC/MCC
028	Spinal procedures w MCC
029	Spinal procedures w CC or spinal neurostimulators
030	Spinal procedures w/o CC/MCC
031	Ventricular shunt procedures w MCC
032	Ventricular shunt procedures w CC

Attachment A - DRG (Version 41.0)

Value	Label
033	Ventricular shunt procedures w/o CC/MCC
034	Carotid artery stent procedure w MCC
035	Carotid artery stent procedure w CC
036	Carotid artery stent procedure w/o CC/MCC
037	Extracranial procedures w MCC
038	Extracranial procedures w CC
039	Extracranial procedures w/o CC/MCC
040	Periph/cranial nerve & other nerv syst proc w MCC
041	Periph/cranial nerve & other nerv syst proc w CC or periph neurostim
042	Periph/cranial nerve & other nerv syst proc w/o CC/MCC
052	Spinal disorders & injuries w CC/MCC
053	Spinal disorders & injuries w/o CC/MCC
054	Nervous system neoplasms w MCC
055	Nervous system neoplasms w/o MCC
056	Degenerative nervous system disorders w MCC
057	Degenerative nervous system disorders w/o MCC
058	Multiple sclerosis & cerebellar ataxia w MCC
059	Multiple sclerosis & cerebellar ataxia w CC
060	Multiple sclerosis & cerebellar ataxia w/o CC/MCC
061	Ischemic stroke/precereb occl/trans isch w thrombolytic agent w MCC
062	Ischemic stroke/precereb occl/trans isch w thrombolytic agent w CC
063	Ischemic stroke/precereb occl/trans isch w thrombolytic w/o CC/MCC
064	Intracranial hemorrhage or cerebral infarction w MCC
065	Intracranial hemorrhage or cerebral infarction w CC or tPA in 24 hrs
066	Intracranial hemorrhage or cerebral infarction w/o CC/MCC
067	Nonspecific cva & precerebral occlusion w/o infarct w MCC
068	Nonspecific cva & precerebral occlusion w/o infarct w/o MCC
069	Transient ischemia w/o thrombolytic
070	Nonspecific cerebrovascular disorders w MCC
071	Nonspecific cerebrovascular disorders w CC

Attachment A - DRG (Version 41.0)

Value	Label
072	Nonspecific cerebrovascular disorders w/o CC/MCC
073	Cranial & peripheral nerve disorders w MCC
074	Cranial & peripheral nerve disorders w/o MCC
075	Viral meningitis w CC/MCC
076	Viral meningitis w/o CC/MCC
077	Hypertensive encephalopathy w MCC
078	Hypertensive encephalopathy w CC
079	Hypertensive encephalopathy w/o CC/MCC
080	Nontraumatic stupor & coma w MCC
081	Nontraumatic stupor & coma w/o MCC
082	Traumatic stupor & coma, coma >1 hr w MCC
083	Traumatic stupor & coma, coma >1 hr w CC
084	Traumatic stupor & coma, coma >1 hr w/o CC/MCC
085	Traumatic stupor & coma, coma <1 hr w MCC
086	Traumatic stupor & coma, coma <1 hr w CC
087	Traumatic stupor & coma, coma <1 hr w/o CC/MCC
088	Concussion w MCC
089	Concussion w CC
090	Concussion w/o CC/MCC
091	Other disorders of nervous system w MCC
092	Other disorders of nervous system w CC
093	Other disorders of nervous system w/o CC/MCC
094	Bacterial & tuberculous infections of nervous system w MCC
095	Bacterial & tuberculous infections of nervous system w CC
096	Bacterial & tuberculous infections of nervous system w/o CC/MCC
097	Non-bacterial infect of nervous sys exc viral meningitis w MCC
098	Non-bacterial infect of nervous sys exc viral meningitis w CC
099	Non-bacterial infect of nervous sys exc viral meningitis w/o CC/MCC
100	Seizures w MCC
101	Seizures w/o MCC

Attachment A - DRG (Version 41.0)

Value	Label
102	Headaches w MCC
103	Headaches w/o MCC
113	Orbital procedures w CC/MCC
114	Orbital procedures w/o CC/MCC
115	Extraocular procedures except orbit
116	Intraocular procedures w CC/MCC
117	Intraocular procedures w/o CC/MCC
121	Acute major eye infections w CC/MCC
122	Acute major eye infections w/o CC/MCC
123	Neurological eye disorders
124	Other disorders of the eye w MCC or thrombolytic agent
125	Other disorders of the eye w/o MCC
135	Sinus & mastoid procedures w CC/MCC
136	Sinus & mastoid procedures w/o CC/MCC
137	Mouth procedures w CC/MCC
138	Mouth procedures w/o CC/MCC
139	Salivary gland procedures
140	Major head & neck procedures w MCC
141	Major head & neck procedures w CC
142	Major head & neck procedures w/o CC/MCC
143	Other ear, nose, mouth & throat O.R. procedures w MCC
144	Other ear, nose, mouth & throat O.R. procedures w CC
145	Other ear, nose, mouth & throat O.R. procedures w/o CC/MCC
146	Ear, nose, mouth & throat malignancy w MCC
147	Ear, nose, mouth & throat malignancy w CC
148	Ear, nose, mouth & throat malignancy w/o CC/MCC
149	Dysequilibrium
150	Epistaxis w MCC
151	Epistaxis w/o MCC
152	Otitis media & URI w MCC

Attachment A - DRG (Version 41.0)

Value	Label
153	Otitis media & URI w/o MCC
154	Other ear, nose, mouth & throat diagnoses w MCC
155	Other ear, nose, mouth & throat diagnoses w CC
156	Other ear, nose, mouth & throat diagnoses w/o CC/MCC
157	Dental & Oral Diseases w MCC
158	Dental & Oral Diseases w CC
159	Dental & Oral Diseases w/o CC/MCC
163	Major chest procedures w MCC
164	Major chest procedures w CC
165	Major chest procedures w/o CC/MCC
166	Other resp system O.R. procedures w MCC
167	Other resp system O.R. procedures w CC
168	Other resp system O.R. procedures w/o CC/MCC
173	Ultrasound accelerated & oth thrombolysis w PDX pulmonary embolism
175	Pulmonary embolism w MCC or acute cor pulmonale
176	Pulmonary embolism w/o MCC
177	Respiratory infections & inflammations w MCC
178	Respiratory infections & inflammations w CC
179	Respiratory infections & inflammations w/o CC/MCC
180	Respiratory neoplasms w MCC
181	Respiratory neoplasms w CC
182	Respiratory neoplasms w/o CC/MCC
183	Major chest trauma w MCC
184	Major chest trauma w CC
185	Major chest trauma w/o CC/MCC
186	Pleural effusion w MCC
187	Pleural effusion w CC
188	Pleural effusion w/o CC/MCC
189	Pulmonary edema & respiratory failure
190	Chronic obstructive pulmonary disease w MCC

Attachment A - DRG (Version 41.0)

Value	Label
191	Chronic obstructive pulmonary disease w CC
192	Chronic obstructive pulmonary disease w/o CC/MCC
193	Simple pneumonia & pleurisy w MCC
194	Simple pneumonia & pleurisy w CC
195	Simple pneumonia & pleurisy w/o CC/MCC
196	Interstitial lung disease w MCC
197	Interstitial lung disease w CC
198	Interstitial lung disease w/o CC/MCC
199	Pneumothorax w MCC
200	Pneumothorax w CC
201	Pneumothorax w/o CC/MCC
202	Bronchitis & asthma w CC/MCC
203	Bronchitis & asthma w/o CC/MCC
204	Respiratory signs & symptoms
205	Other respiratory system diagnoses w MCC
206	Other respiratory system diagnoses w/o MCC
207	Respiratory system diagnosis w ventilator support >96 hours
208	Respiratory system diagnosis w ventilator support <=96 hours
212	Concomitant aortic & mitral valve procedures
215	Other heart assist system implant
216	Cardiac valve & oth maj cardiothoracic proc w card cath w MCC
217	Cardiac valve & oth maj cardiothoracic proc w card cath w CC
218	Cardiac valve & oth maj cardiothoracic proc w card cath w/o CC/MCC
219	Cardiac valve & oth maj cardiothoracic proc w/o card cath w MCC
220	Cardiac valve & oth maj cardiothoracic proc w/o card cath w CC
221	Cardiac valve & oth maj cardiothoracic proc w/o card cath w/o CC/MCC
228	Other cardiothoracic procedures w MCC
229	Other cardiothoracic procedures w/o MCC
231	Coronary bypass w PTCA w MCC
232	Coronary bypass w PTCA w/o MCC

Attachment A - DRG (Version 41.0)

Value	Label
233	Coronary bypass w cardiac cath or open ablation w MCC
234	Coronary bypass w cardiac cath or open ablation w/o MCC
235	Coronary bypass w/o cardiac cath w MCC
236	Coronary bypass w/o cardiac cath w/o MCC
239	Amputation for circ sys disorders exc upper limb & toe w MCC
240	Amputation for circ sys disorders exc upper limb & toe w CC
241	Amputation for circ sys disorders exc upper limb & toe w/o CC/MCC
242	Permanent cardiac pacemaker implant w MCC
243	Permanent cardiac pacemaker implant w CC
244	Permanent cardiac pacemaker implant w/o CC/MCC
245	AICD generator procedures
250	Percutaneous cardiovascular procedure w/o intraluminal device w MCC
251	Percutaneous cardiovasc procedure w/o intraluminal device w/o MCC
252	Other vascular procedures w MCC
253	Other vascular procedures w CC
254	Other vascular procedures w/o CC/MCC
255	Upper limb & toe amputation for circ system disorders w MCC
256	Upper limb & toe amputation for circ system disorders w CC
257	Upper limb & toe amputation for circ system disorders w/o CC/MCC
258	Cardiac pacemaker device replacement w MCC
259	Cardiac pacemaker device replacement w/o MCC
260	Cardiac pacemaker revision except device replacement w MCC
261	Cardiac pacemaker revision except device replacement w CC
262	Cardiac pacemaker revision except device replacement w/o CC/MCC
263	Vein ligation & stripping
264	Other circulatory system O.R. procedures
265	AICD lead procedures
266	Endovascular cardiac valve replacement & supplement procedures w MCC
267	Endovascular cardiac valve replacement & supplement procedures s MCC
268	Aortic and heart assist procedures except pulsation balloon w MCC

Attachment A - DRG (Version 41.0)

Value	Label
269	Aortic and heart assist procedures except pulsation balloon w/o MCC
270	Other major cardiovascular procedures w MCC
271	Other major cardiovascular procedures w CC
272	Other major cardiovascular procedures w/o CC/MCC
273	Percutaneous and other intracardiac procedures w MCC
274	Percutaneous and other intracardiac procedures w/o MCC
275	Cardiac defibrillator implant w cardiac catheterization & MCC
276	Cardiac defibrillator implant w MCC
277	Cardiac defibrillator implant w/o MCC
278	Ultrasound accelerated & oth thrombolysis of periph vascular w MCC
279	Ultrasound accelerated & oth thrombolysis of periph vascular w/o MCC
280	Acute myocardial infarction, discharged alive w MCC
281	Acute myocardial infarction, discharged alive w CC
282	Acute myocardial infarction, discharged alive w/o CC/MCC
283	Acute myocardial infarction, expired w MCC
284	Acute myocardial infarction, expired w CC
285	Acute myocardial infarction, expired w/o CC/MCC
286	Circulatory disorders except AMI, w card cath w MCC
287	Circulatory disorders except AMI, w card cath w/o MCC
288	Acute & subacute endocarditis w MCC
289	Acute & subacute endocarditis w CC
290	Acute & subacute endocarditis w/o CC/MCC
291	Heart failure & shock w MCC
292	Heart failure & shock w CC
293	Heart failure & shock w/o CC/MCC
294	Deep vein thrombophlebitis w CC/MCC
295	Deep vein thrombophlebitis w/o CC/MCC
296	Cardiac arrest, unexplained w MCC
297	Cardiac arrest, unexplained w CC
298	Cardiac arrest, unexplained w/o CC/MCC

Attachment A - DRG (Version 41.0)

Value	Label
299	Peripheral vascular disorders w MCC
300	Peripheral vascular disorders w CC
301	Peripheral vascular disorders w/o CC/MCC
302	Atherosclerosis w MCC
303	Atherosclerosis w/o MCC
304	Hypertension w MCC
305	Hypertension w/o MCC
306	Cardiac congenital & valvular disorders w MCC
307	Cardiac congenital & valvular disorders w/o MCC
308	Cardiac arrhythmia & conduction disorders w MCC
309	Cardiac arrhythmia & conduction disorders w CC
310	Cardiac arrhythmia & conduction disorders w/o CC/MCC
311	Angina pectoris
312	Syncope & collapse
313	Chest pain
314	Other circulatory system diagnoses w MCC
315	Other circulatory system diagnoses w CC
316	Other circulatory system diagnoses w/o CC/MCC
319	Other endovascular cardiac valve procedures w MCC
320	Other endovascular cardiac valve procedures w/o MCC
321	Percutaneous cardiovascular procedures w intraluminal device w MCC
322	Percutaneous cardiovascular procedures w intraluminal device w/o MCC
323	Coronary intravascular lithotripsy w intraluminal device w MCC
324	Coronary intravascular lithotripsy w intraluminal device w/o MCC
325	Coronary intravascular lithotripsy w/o intraluminal device
326	Stomach, esophageal & duodenal proc w MCC
327	Stomach, esophageal & duodenal proc w CC
328	Stomach, esophageal & duodenal proc w/o CC/MCC
329	Major small & large bowel procedures w MCC
330	Major small & large bowel procedures w CC

Attachment A - DRG (Version 41.0)

Value	Label
331	Major small & large bowel procedures w/o CC/MCC
332	Rectal resection w MCC
333	Rectal resection w CC
334	Rectal resection w/o CC/MCC
335	Peritoneal adhesiolysis w MCC
336	Peritoneal adhesiolysis w CC
337	Peritoneal adhesiolysis w/o CC/MCC
344	Minor small & large bowel procedures w MCC
345	Minor small & large bowel procedures w CC
346	Minor small & large bowel procedures w/o CC/MCC
347	Anal & stomal procedures w MCC
348	Anal & stomal procedures w CC
349	Anal & stomal procedures w/o CC/MCC
350	Inguinal & femoral hernia procedures w MCC
351	Inguinal & femoral hernia procedures w CC
352	Inguinal & femoral hernia procedures w/o CC/MCC
353	Hernia procedures except inguinal & femoral w MCC
354	Hernia procedures except inguinal & femoral w CC
355	Hernia procedures except inguinal & femoral w/o CC/MCC
356	Other digestive system O.R. procedures w MCC
357	Other digestive system O.R. procedures w CC
358	Other digestive system O.R. procedures w/o CC/MCC
368	Major esophageal disorders w MCC
369	Major esophageal disorders w CC
370	Major esophageal disorders w/o CC/MCC
371	Major gastrointestinal disorders & peritoneal infections w MCC
372	Major gastrointestinal disorders & peritoneal infections w CC
373	Major gastrointestinal disorders & peritoneal infections w/o CC/MCC
374	Digestive malignancy w MCC
375	Digestive malignancy w CC

Attachment A - DRG (Version 41.0)

Value	Label
376	Digestive malignancy w/o CC/MCC
377	G.I. hemorrhage w MCC
378	G.I. hemorrhage w CC
379	G.I. hemorrhage w/o CC/MCC
380	Complicated peptic ulcer w MCC
381	Complicated peptic ulcer w CC
382	Complicated peptic ulcer w/o CC/MCC
383	Uncomplicated peptic ulcer w MCC
384	Uncomplicated peptic ulcer w/o MCC
385	Inflammatory bowel disease w MCC
386	Inflammatory bowel disease w CC
387	Inflammatory bowel disease w/o CC/MCC
388	G.I. obstruction w MCC
389	G.I. obstruction w CC
390	G.I. obstruction w/o CC/MCC
391	Esophagitis, gastroent & misc digest disorders w MCC
392	Esophagitis, gastroent & misc digest disorders w/o MCC
393	Other digestive system diagnoses w MCC
394	Other digestive system diagnoses w CC
395	Other digestive system diagnoses w/o CC/MCC
397	Appendix procedures w MCC
398	Appendix procedures w CC
399	Appendix procedures w/o CC/MCC
405	Pancreas, liver & shunt procedures w MCC
406	Pancreas, liver & shunt procedures w CC
407	Pancreas, liver & shunt procedures w/o CC/MCC
408	Biliary tract proc except only cholecyst w or w/o c.d.e. w MCC
409	Biliary tract proc except only cholecyst w or w/o c.d.e. w CC
410	Biliary tract proc except only cholecyst w or w/o c.d.e. w/o CC/MCC
411	Cholecystectomy w c.d.e. w MCC

Attachment A - DRG (Version 41.0)

Value	Label
412	Cholecystectomy w c.d.e. w CC
413	Cholecystectomy w c.d.e. w/o CC/MCC
414	Cholecystectomy except by laparoscope w/o c.d.e. w MCC
415	Cholecystectomy except by laparoscope w/o c.d.e. w CC
416	Cholecystectomy except by laparoscope w/o c.d.e. w/o CC/MCC
417	Laparoscopic cholecystectomy w/o c.d.e. w MCC
418	Laparoscopic cholecystectomy w/o c.d.e. w CC
419	Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC
420	Hepatobiliary diagnostic procedures w MCC
421	Hepatobiliary diagnostic procedures w CC
422	Hepatobiliary diagnostic procedures w/o CC/MCC
423	Other hepatobiliary or pancreas O.R. procedures w MCC
424	Other hepatobiliary or pancreas O.R. procedures w CC
425	Other hepatobiliary or pancreas O.R. procedures w/o CC/MCC
432	Cirrhosis & alcoholic hepatitis w MCC
433	Cirrhosis & alcoholic hepatitis w CC
434	Cirrhosis & alcoholic hepatitis w/o CC/MCC
435	Malignancy of hepatobiliary system or pancreas w MCC
436	Malignancy of hepatobiliary system or pancreas w CC
437	Malignancy of hepatobiliary system or pancreas w/o CC/MCC
438	Disorders of pancreas except malignancy w MCC
439	Disorders of pancreas except malignancy w CC
440	Disorders of pancreas except malignancy w/o CC/MCC
441	Disorders of liver except malig, cirr, alc hepa w MCC
442	Disorders of liver except malig, cirr, alc hepa w CC
443	Disorders of liver except malig, cirr, alc hepa w/o CC/MCC
444	Disorders of the biliary tract w MCC
445	Disorders of the biliary tract w CC
446	Disorders of the biliary tract w/o CC/MCC
453	Combined anterior/posterior spinal fusion w MCC

Attachment A - DRG (Version 41.0)

Value	Label
454	Combined anterior/posterior spinal fusion w CC
455	Combined anterior/posterior spinal fusion w/o CC/MCC
456	Spinal fus exc cerv w spinal curv/malig/infec or ext fus w MCC
457	Spinal fus exc cerv w spinal curv/malig/infec or ext fus w CC
458	Spinal fus exc cerv w spinal curv/malig/infec or ext fus w/o CC/MCC
459	Spinal fusion except cervical w MCC
460	Spinal fusion except cervical w/o MCC
461	Bilateral or multiple major joint procs of lower extremity w MCC
462	Bilateral or multiple major joint procs of lower extremity w/o MCC
463	Wnd debrid & skn grft exc hand, for musculo-conn tiss dis w MCC
464	Wnd debrid & skn grft exc hand, for musculo-conn tiss dis w CC
465	Wnd debrid & skn grft exc hand, for musculo-conn tiss dis w/o CC/MCC
466	Revision of hip or knee replacement w MCC
467	Revision of hip or knee replacement w CC
468	Revision of hip or knee replacement w/o CC/MCC
469	Major hip & knee repl or reattach lower extremity w MCC or TAR
470	Major hip & knee replacement or reattach lower extremity w/o MCC
471	Cervical spinal fusion w MCC
472	Cervical spinal fusion w CC
473	Cervical spinal fusion w/o CC/MCC
474	Amputation for musculoskeletal sys & conn tissue dis w MCC
475	Amputation for musculoskeletal sys & conn tissue dis w CC
476	Amputation for musculoskeletal sys & conn tissue dis w/o CC/MCC
477	Biopsies of musculoskeletal system & connective tissue w MCC
478	Biopsies of musculoskeletal system & connective tissue w CC
479	Biopsies of musculoskeletal system & connective tissue w/o CC/MCC
480	Hip & femur procedures except major joint w MCC
481	Hip & femur procedures except major joint w CC
482	Hip & femur procedures except major joint w/o CC/MCC
483	Major joint/limb reattachment procedure of upper extremities

Attachment A - DRG (Version 41.0)

Value	Label
485	Knee procedures w pdx of infection w MCC
486	Knee procedures w pdx of infection w CC
487	Knee procedures w pdx of infection w/o CC/MCC
488	Knee procedures w/o pdx of infection w CC/MCC
489	Knee procedures w/o pdx of infection w/o CC/MCC
492	Lower extrem & humer proc except hip, foot, femur w MCC
493	Lower extrem & humer proc except hip, foot, femur w CC
494	Lower extrem & humer proc except hip, foot, femur w/o CC/MCC
495	Local excision & removal int fix devices exc hip & femur w MCC
496	Local excision & removal int fix devices exc hip & femur w CC
497	Local excision & removal int fix devices exc hip & femur w/o CC/MCC
498	Local excision & removal int fix devices of hip & femur w CC/MCC
499	Local excision & removal int fix devices of hip & femur w/o CC/MCC
500	Soft tissue procedures w MCC
501	Soft tissue procedures w CC
502	Soft tissue procedures w/o CC/MCC
503	Foot procedures w MCC
504	Foot procedures w CC
505	Foot procedures w/o CC/MCC
506	Major thumb or joint procedures
507	Major shoulder or elbow joint procedures w CC/MCC
508	Major shoulder or elbow joint procedures w/o CC/MCC
509	Arthroscopy
510	Shoulder, elbow or forearm proc, exc major joint proc w MCC
511	Shoulder, elbow or forearm proc, exc major joint proc w CC
512	Shoulder, elbow or forearm proc, exc major joint proc w/o CC/MCC
513	Hand or wrist proc, except major thumb or joint proc w CC/MCC
514	Hand or wrist proc, except major thumb or joint proc w/o CC/MCC
515	Other musculoskelet sys & conn tiss O.R. proc w MCC
516	Other musculoskelet sys & conn tiss O.R. proc w CC

Attachment A - DRG (Version 41.0)

Value	Label
517	Other musculoskelet sys & conn tiss O.R. proc w/o CC/MCC
518	Back & neck proc exc spinal fusion w MCC or disc device/neurostim
519	Back & neck proc exc spinal fusion w CC
520	Back & neck proc exc spinal fusion w/o CC/MCC
521	Hip replacement w principal diagnosis of hip fracture w MCC
522	Hip replacement w principal diagnosis of hip fracture w/o MCC
533	Fractures of femur w MCC
534	Fractures of femur w/o MCC
535	Fractures of hip & pelvis w MCC
536	Fractures of hip & pelvis w/o MCC
537	Sprains, strains, & dislocations of hip, pelvis & thigh w CC/MCC
538	Sprains, strains, & dislocations of hip, pelvis & thigh w/o CC/MCC
539	Osteomyelitis w MCC
540	Osteomyelitis w CC
541	Osteomyelitis w/o CC/MCC
542	Pathological fractures & musculoskelet & conn tiss malig w MCC
543	Pathological fractures & musculoskelet & conn tiss malig w CC
544	Pathological fractures & musculoskelet & conn tiss malig w/o CC/MCC
545	Connective tissue disorders w MCC
546	Connective tissue disorders w CC
547	Connective tissue disorders w/o CC/MCC
548	Septic arthritis w MCC
549	Septic arthritis w CC
550	Septic arthritis w/o CC/MCC
551	Medical back problems w MCC
552	Medical back problems w/o MCC
553	Bone diseases & arthropathies w MCC
554	Bone diseases & arthropathies w/o MCC
555	Signs & symptoms of musculoskeletal system & conn tissue w MCC
556	Signs & symptoms of musculoskeletal system & conn tissue w/o MCC

Attachment A - DRG (Version 41.0)

Value	Label
557	Tendonitis, myositis & bursitis w MCC
558	Tendonitis, myositis & bursitis w/o MCC
559	Aftercare, musculoskeletal system & connective tissue w MCC
560	Aftercare, musculoskeletal system & connective tissue w CC
561	Aftercare, musculoskeletal system & connective tissue w/o CC/MCC
562	Fx, sprn, strn & disl except femur, hip, pelvis & thigh w MCC
563	Fx, sprn, strn & disl except femur, hip, pelvis & thigh w/o MCC
564	Other musculoskeletal sys & connective tissue diagnoses w MCC
565	Other musculoskeletal sys & connective tissue diagnoses w CC
566	Other musculoskeletal sys & connective tissue diagnoses w/o CC/MCC
570	Skin debridement w MCC
571	Skin debridement w CC
572	Skin debridement w/o CC/MCC
573	Skin graft for skin ulcer or cellulitis w MCC
574	Skin graft for skin ulcer or cellulitis w CC
575	Skin graft for skin ulcer or cellulitis w/o CC/MCC
576	Skin graft exc for skin ulcer or cellulitis w MCC
577	Skin graft exc for skin ulcer or cellulitis w CC
578	Skin graft exc for skin ulcer or cellulitis w/o CC/MCC
579	Other skin, subcut tiss & breast proc w MCC
580	Other skin, subcut tiss & breast proc w CC
581	Other skin, subcut tiss & breast proc w/o CC/MCC
582	Mastectomy for malignancy w CC/MCC
583	Mastectomy for malignancy w/o CC/MCC
584	Breast biopsy, local excision & other breast procedures w CC/MCC
585	Breast biopsy, local excision & other breast procedures w/o CC/MCC
592	Skin ulcers w MCC
593	Skin ulcers w CC
594	Skin ulcers w/o CC/MCC
595	Major skin disorders w MCC

Attachment A - DRG (Version 41.0)

Value	Label
596	Major skin disorders w/o MCC
597	Malignant breast disorders w MCC
598	Malignant breast disorders w CC
599	Malignant breast disorders w/o CC/MCC
600	Non-malignant breast disorders w CC/MCC
601	Non-malignant breast disorders w/o CC/MCC
602	Cellulitis w MCC
603	Cellulitis w/o MCC
604	Trauma to the skin, subcut tiss & breast w MCC
605	Trauma to the skin, subcut tiss & breast w/o MCC
606	Minor skin disorders w MCC
607	Minor skin disorders w/o MCC
614	Adrenal & pituitary procedures w CC/MCC
615	Adrenal & pituitary procedures w/o CC/MCC
616	Amputat of lower limb for endocrine, nutrit, & metabol dis w MCC
617	Amputat of lower limb for endocrine, nutrit, & metabol dis w CC
618	Amputat of lower limb for endocrine, nutrit & metabol dis w/o CC/MCC
619	O.R. procedures for obesity w MCC
620	O.R. procedures for obesity w CC
621	O.R. procedures for obesity w/o CC/MCC
622	Skin grafts & wound debrid for endoc, nutrit & metab dis w MCC
623	Skin grafts & wound debrid for endoc, nutrit & metab dis w CC
624	Skin grafts & wound debrid for endoc, nutrit & metab dis w/o CC/MCC
625	Thyroid, parathyroid & thyroglossal procedures w MCC
626	Thyroid, parathyroid & thyroglossal procedures w CC
627	Thyroid, parathyroid & thyroglossal procedures w/o CC/MCC
628	Other endocrine, nutrit & metab O.R. proc w MCC
629	Other endocrine, nutrit & metab O.R. proc w CC
630	Other endocrine, nutrit & metab O.R. proc w/o CC/MCC
637	Diabetes w MCC

Attachment A - DRG (Version 41.0)

Value	Label
638	Diabetes w CC
639	Diabetes w/o CC/MCC
640	Misc disorders of nutrition, metabolism, fluids/electrolytes w MCC
641	Misc disorders of nutrition, metabolism, fluids/electrolytes w/o MCC
642	Inborn and other disorders of metabolism
643	Endocrine disorders w MCC
644	Endocrine disorders w CC
645	Endocrine disorders w/o CC/MCC
650	Kidney transplant w hemodialysis w MCC
651	Kidney transplant w hemodialysis w/o MCC
652	Kidney transplant
653	Major bladder procedures w MCC
654	Major bladder procedures w CC
655	Major bladder procedures w/o CC/MCC
656	Kidney & ureter procedures for neoplasm w MCC
657	Kidney & ureter procedures for neoplasm w CC
658	Kidney & ureter procedures for neoplasm w/o CC/MCC
659	Kidney & ureter procedures for non-neoplasm w MCC
660	Kidney & ureter procedures for non-neoplasm w CC
661	Kidney & ureter procedures for non-neoplasm w/o CC/MCC
662	Minor bladder procedures w MCC
663	Minor bladder procedures w CC
664	Minor bladder procedures w/o CC/MCC
665	Prostatectomy w MCC
666	Prostatectomy w CC
667	Prostatectomy w/o CC/MCC
668	Transurethral procedures w MCC
669	Transurethral procedures w CC
670	Transurethral procedures w/o CC/MCC
671	Urethral procedures w CC/MCC

Attachment A - DRG (Version 41.0)

Value	Label
672	Urethral procedures w/o CC/MCC
673	Other kidney & urinary tract procedures w MCC
674	Other kidney & urinary tract procedures w CC
675	Other kidney & urinary tract procedures w/o CC/MCC
682	Renal failure w MCC
683	Renal failure w CC
684	Renal failure w/o CC/MCC
686	Kidney & urinary tract neoplasms w MCC
687	Kidney & urinary tract neoplasms w CC
688	Kidney & urinary tract neoplasms w/o CC/MCC
689	Kidney & urinary tract infections w MCC
690	Kidney & urinary tract infections w/o MCC
693	Urinary stones w MCC
694	Urinary stones w/o MCC
695	Kidney & urinary tract signs & symptoms w MCC
696	Kidney & urinary tract signs & symptoms w/o MCC
697	Urethral stricture
698	Other kidney & urinary tract diagnoses w MCC
699	Other kidney & urinary tract diagnoses w CC
700	Other kidney & urinary tract diagnoses w/o CC/MCC
707	Major male pelvic procedures w CC/MCC
708	Major male pelvic procedures w/o CC/MCC
709	Penis procedures w CC/MCC
710	Penis procedures w/o CC/MCC
711	Testes procedures w CC/MCC
712	Testes procedures w/o CC/MCC
713	Transurethral prostatectomy w CC/MCC
714	Transurethral prostatectomy w/o CC/MCC
715	Other male reproductive system O.R. proc for malignancy w CC/MCC
716	Other male reproductive system O.R. proc for malignancy w/o CC/MCC

Attachment A - DRG (Version 41.0)

Value	Label
717	Other male reproductive system O.R. proc exc malignancy w CC/MCC
718	Other male reproductive system O.R. proc exc malignancy w/o CC/MCC
722	Malignancy, male reproductive system w MCC
723	Malignancy, male reproductive system w CC
724	Malignancy, male reproductive system w/o CC/MCC
725	Benign prostatic hypertrophy w MCC
726	Benign prostatic hypertrophy w/o MCC
727	Inflammation of the male reproductive system w MCC
728	Inflammation of the male reproductive system w/o MCC
729	Other male reproductive system diagnoses w CC/MCC
730	Other male reproductive system diagnoses w/o CC/MCC
734	Pelvic evisceration, rad hysterectomy & rad vulvectomy w CC/MCC
735	Pelvic evisceration, rad hysterectomy & rad vulvectomy w/o CC/MCC
736	Uterine & adnexa proc for ovarian or adnexal malignancy w MCC
737	Uterine & adnexa proc for ovarian or adnexal malignancy w CC
738	Uterine & adnexa proc for ovarian or adnexal malignancy w/o CC/MCC
739	Uterine, adnexa proc for non-ovarian/adnexal malig w MCC
740	Uterine, adnexa proc for non-ovarian/adnexal malig w CC
741	Uterine, adnexa proc for non-ovarian/adnexal malig w/o CC/MCC
742	Uterine & adnexa proc for non-malignancy w CC/MCC
743	Uterine & adnexa proc for non-malignancy w/o CC/MCC
744	D&C, conization, laparoscopy & tubal interruption w CC/MCC
745	D&C, conization, laparoscopy & tubal interruption w/o CC/MCC
746	Vagina, cervix & vulva procedures w CC/MCC
747	Vagina, cervix & vulva procedures w/o CC/MCC
748	Female reproductive system reconstructive procedures
749	Other female reproductive system O.R. procedures w CC/MCC
750	Other female reproductive system O.R. procedures w/o CC/MCC
754	Malignancy, female reproductive system w MCC
755	Malignancy, female reproductive system w CC

Attachment A - DRG (Version 41.0)

Value	Label
756	Malignancy, female reproductive system w/o CC/MCC
757	Infections, female reproductive system w MCC
758	Infections, female reproductive system w CC
759	Infections, female reproductive system w/o CC/MCC
760	Menstrual & other female reproductive system disorders w CC/MCC
761	Menstrual & other female reproductive system disorders w/o CC/MCC
768	Vaginal delivery w O.R. proc except steril &/or D&C
769	Postpartum & post abortion diagnoses w O.R. procedure
770	Abortion w D&C, aspiration curettage or hysterotomy
776	Postpartum & post abortion diagnoses w/o O.R. procedure
779	Abortion w/o D&C
783	Cesarean section w sterilization w MCC
784	Cesarean section w sterilization w CC
785	Cesarean section w sterilization w/o CC/MCC
786	Cesarean section w/o sterilization w MCC
787	Cesarean section w/o sterilization w CC
788	Cesarean section w/o sterilization w/o CC/MCC
789	Neonates, died or transferred to another acute care facility
790	Extreme immaturity or respiratory distress syndrome, neonate
791	Prematurity w major problems
792	Prematurity w/o major problems
793	Full term neonate w major problems
794	Neonate w other significant problems
795	Normal newborn
796	Vaginal delivery w sterilization/D&C w MCC
797	Vaginal delivery w sterilization/D&C w CC
798	Vaginal delivery w sterilization/D&C w/o CC/MCC
799	Splenic procedures w MCC
800	Splenic procedures w CC
801	Splenic procedures w/o CC/MCC

Attachment A - DRG (Version 41.0)

Value	Label
802	Other O.R. proc of the blood & blood forming organs w MCC
803	Other O.R. proc of the blood & blood forming organs w CC
804	Other O.R. proc of the blood & blood forming organs w/o CC/MCC
805	Vaginal delivery w/o sterilization/D&C w MCC
806	Vaginal delivery w/o sterilization/D&C w CC
807	Vaginal delivery w/o sterilization/D&C w/o CC/MCC
808	Major hematol/immun diag exc sickle cell crisis & coagul w MCC
809	Major hematol/immun diag exc sickle cell crisis & coagul w CC
810	Major hematol/immun diag exc sickle cell crisis & coagul w/o CC/MCC
811	Red blood cell disorders w MCC
812	Red blood cell disorders w/o MCC
813	Coagulation disorders
814	Reticuloendothelial & immunity disorders w MCC
815	Reticuloendothelial & immunity disorders w CC
816	Reticuloendothelial & immunity disorders w/o CC/MCC
817	Other antepartum diagnoses w O.R. procedure w MCC
818	Other antepartum diagnoses w O.R. procedure w CC
819	Other antepartum diagnoses w O.R. procedure w/o CC/MCC
820	Lymphoma & leukemia w major O.R. procedure w MCC
821	Lymphoma & leukemia w major O.R. procedure w CC
822	Lymphoma & leukemia w major O.R. procedure w/o CC/MCC
823	Lymphoma & non-acute leukemia w other proc w MCC
824	Lymphoma & non-acute leukemia w other proc w CC
825	Lymphoma & non-acute leukemia w other proc w/o CC/MCC
826	Myeloprolif disord or poorly diff neopl w maj O.R. proc w MCC
827	Myeloprolif disord or poorly diff neopl w maj O.R. proc w CC
828	Myeloprolif disord or poorly diff neopl w maj O.R. proc w/o CC/MCC
829	Myeloprolif disord or poorly diff neopl w other procedure w CC/MCC
830	Myeloprolif disord or poorly diff neopl w other procedure w/o CC/MCC
831	Other antepartum diagnoses w/o O.R. procedure w MCC

Attachment A - DRG (Version 41.0)

Value	Label
832	Other antepartum diagnoses w/o O.R. procedure w CC
833	Other antepartum diagnoses w/o O.R. procedure w/o CC/MCC
834	Acute leukemia w/o major O.R. procedure w MCC
835	Acute leukemia w/o major O.R. procedure w CC
836	Acute leukemia w/o major O.R. procedure w/o CC/MCC
837	Chemo w acute leukemia as sdx or w high dose chemo agent w MCC
838	Chemo w acute leukemia as sdx w CC or high dose chemo agent
839	Chemo w acute leukemia as sdx w/o CC/MCC
840	Lymphoma & non-acute leukemia w MCC
841	Lymphoma & non-acute leukemia w CC
842	Lymphoma & non-acute leukemia w/o CC/MCC
843	Other myeloprolif dis or poorly diff neopl diag w MCC
844	Other myeloprolif dis or poorly diff neopl diag w CC
845	Other myeloprolif dis or poorly diff neopl diag w/o CC/MCC
846	Chemotherapy w/o acute leukemia as secondary diagnosis w MCC
847	Chemotherapy w/o acute leukemia as secondary diagnosis w CC
848	Chemotherapy w/o acute leukemia as secondary diagnosis w/o CC/MCC
849	Radiotherapy
853	Infectious & parasitic diseases w O.R. procedure w MCC
854	Infectious & parasitic diseases w O.R. procedure w CC
855	Infectious & parasitic diseases w O.R. procedure w/o CC/MCC
856	Postoperative or post-traumatic infections w O.R. proc w MCC
857	Postoperative or post-traumatic infections w O.R. proc w CC
858	Postoperative or post-traumatic infections w O.R. proc w/o CC/MCC
862	Postoperative & post-traumatic infections w MCC
863	Postoperative & post-traumatic infections w/o MCC
864	Fever and inflammatory conditions
865	Viral illness w MCC
866	Viral illness w/o MCC
867	Other infectious & parasitic diseases diagnoses w MCC

Attachment A - DRG (Version 41.0)

Value	Label
868	Other infectious & parasitic diseases diagnoses w CC
869	Other infectious & parasitic diseases diagnoses w/o CC/MCC
870	Septicemia or severe sepsis w MV >96 hours
871	Septicemia or severe sepsis w/o MV >96 hours w MCC
872	Septicemia or severe sepsis w/o MV >96 hours w/o MCC
876	O.R. procedure w principal diagnoses of mental illness
880	Acute adjustment reaction & psychosocial dysfunction
881	Depressive neuroses
882	Neuroses except depressive
883	Disorders of personality & impulse control
884	Organic disturbances & intellectual disability
885	Psychoses
886	Behavioral & developmental disorders
887	Other mental disorder diagnoses
894	Alcohol/drug abuse or dependence, left ama
895	Alcohol/drug abuse or dependence w rehabilitation therapy
896	Alcohol/drug abuse or dependence w/o rehabilitation therapy w MCC
897	Alcohol/drug abuse or dependence w/o rehabilitation therapy w/o MCC
901	Wound debridements for injuries w MCC
902	Wound debridements for injuries w CC
903	Wound debridements for injuries w/o CC/MCC
904	Skin grafts for injuries w CC/MCC
905	Skin grafts for injuries w/o CC/MCC
906	Hand procedures for injuries
907	Other O.R. procedures for injuries w MCC
908	Other O.R. procedures for injuries w CC
909	Other O.R. procedures for injuries w/o CC/MCC
913	Traumatic injury w MCC
914	Traumatic injury w/o MCC
915	Allergic reactions w MCC

Attachment A - DRG (Version 41.0)

Value	Label
916	Allergic reactions w/o MCC
917	Poisoning & toxic effects of drugs w MCC
918	Poisoning & toxic effects of drugs w/o MCC
919	Complications of treatment w MCC
920	Complications of treatment w CC
921	Complications of treatment w/o CC/MCC
922	Other injury, poisoning & toxic effect diag w MCC
923	Other injury, poisoning & toxic effect diag w/o MCC
927	Extensive burns or full thickness burns w MV >96 hrs w skin graft
928	Full thickness burn w skin graft or inhal inj w CC/MCC
929	Full thickness burn w skin graft or inhal inj w/o CC/MCC
933	Extensive burns or full thickness burns w MV >96 hrs w/o skin graft
934	Full thickness burn w/o skin graft or inhal inj
935	Non-extensive burns
939	O.R. proc w diagnoses of other contact w health services w MCC
940	O.R. proc w diagnoses of other contact w health services w CC
941	O.R. proc w diagnoses of other contact w health services w/o CC/MCC
945	Rehabilitation w CC/MCC
946	Rehabilitation w/o CC/MCC
947	Signs & symptoms w MCC
948	Signs & symptoms w/o MCC
949	Aftercare w CC/MCC
950	Aftercare w/o CC/MCC
951	Other factors influencing health status
955	Craniotomy for multiple significant trauma
956	Limb reattachment, hip & femur proc for multiple significant trauma
957	Other O.R. procedures for multiple significant trauma w MCC
958	Other O.R. procedures for multiple significant trauma w CC
959	Other O.R. procedures for multiple significant trauma w/o CC/MCC
963	Other multiple significant trauma w MCC

Attachment A - DRG (Version 41.0)

Value	Label
964	Other multiple significant trauma w CC
965	Other multiple significant trauma w/o CC/MCC
969	HIV w extensive O.R. procedure w MCC
970	HIV w extensive O.R. procedure w/o MCC
974	HIV w major related condition w MCC
975	HIV w major related condition w CC
976	HIV w major related condition w/o CC/MCC
977	HIV w or w/o other related condition
981	Extensive O.R. procedure unrelated to principal diagnosis w MCC
982	Extensive O.R. procedure unrelated to principal diagnosis w CC
983	Extensive O.R. procedure unrelated to principal diagnosis w/o CC/MCC
987	Non-extensive O.R. proc unrelated to principal diagnosis w MCC
988	Non-extensive O.R. proc unrelated to principal diagnosis w CC
989	Non-extensive O.R. proc unrelated to principal diagnosis w/o CC/MCC
998	Principal diagnosis invalid as discharge diagnosis
999	Ungroupable

Attachment B - DSTATUS

Value	Label
1	Discharged to home or self-care -routine discharge
2	Discharged/transferred to short-term general hosp
3	Discharged/transferred to SNF (skilled nursing)
4	Discharged/transferred to ICF (intermediate care)
5	Discharged/transferred to another facility
6	Discharged/transferred to home health service
7	Left against medical advice or discontinued care
8	Discharged/transferred to home IV drug therapy
9	Admitted as an inpatient to this hospital
10	Other alive status
11	Other alive status
12	Other alive status
13	Other alive status
14	Other alive status
15	Other alive status
16	Other alive status
17	Other alive status
18	Other alive status
19	Other alive status
20	Expired(Commercial/Medicare: Coded as missing starting in 2016 data and forward)
21	Discharged/transferred to court/law enforcement (Commercial/Medicare: Coded as missing starting in 2016 data)
30	Still patient
31	Still patient
32	Still patient
33	Still patient
34	Still patient
35	Still patient
36	Still patient
37	Still patient
38	Still patient

Attachment B - DSTATUS

Value	Label
39	Still patient
40	Expired at home (hospice claims only) (Commercial/Medicare: Coded as missing starting in 2016 data and forward)
41	Expired in medical facility (hospice claims only) (Commercial/Medicare: Coded as missing starting in 2016 data and forward)
42	Expired - place unknown (hospice claims only) (Commercial/Medicare: Coded as missing starting in 2016 data and forward)
43	Discharged/transferred to federal hospital
50	Hospice - home
51	Hospice - medical facility
61	Transfer to Medicare approved swing-bed
62	Transferred to inpatient rehab facility (IRF)
63	Transferred to long term care hospital (LTCH)
64	Transferred to nursing facility Medicaid-certified
65	Transferred to psychiatric hospital or unit
66	Transferred to critical access hospital (CAH)
69	Transfer to disaster alternative care site
70	Transfer to another facility NEC
71	Transfer/referred to other facility for outpt svcs
72	Transfer/referred to this facility for outpt svcs
81	Discharge to home/self care w planned IP readm
82	Transfer to short-term general hosp w IP readm
83	Transfer to SNF w planned IP readmission
84	Transfer to custodial/supportive care w IP readm
85	Transfer to cancer center/child hosp w IP readm
86	Transfer to home health service w IP readm
87	Transfer to court/law enforce w IP readm (Commercial/Medicare: Coded as missing starting in 2016 data and forward)
88	Transfer to federal facility HCF w IP readm
89	Transfer to Medicare swing bed w IP readm
90	Transfer to IRF w planned IP readmission
91	Transfer to LTCH w planned IP readmission
92	Transfer to Medicaid nursing facility w IP readm
93	Transfer to psych unit/hospital w IP readm

Attachment B - DSTATUS

Value	Label
94	Transfer to CAH w/ plan IP readmit
95	Transfer to other facility NEC w IP readm
99	Transfer (Hospital ID MDST change)
-	Missing/Unknown

Attachment C - MDC

Value	Label
00	Missing/Invalid Diagnosis
01	Nervous
02	Eye
03	Ear, Nose, Mouth & Throat
04	Respiratory
05	Circulatory
06	Digestive
07	Liver, Pancreas
08	Musculoskeletal
09	Skin, Breast
10	Metabolic
11	Kidney
12	Male Reproductive
13	Female Reproductive
14	Pregnancy, Childbirth
15	Newborns
16	Blood
17	Myeloproliferative Diseases
18	Infections
19	Mental
20	Alcohol/Drug Use
21	Injuries, Poisonings
22	Burns
23	Health Status
24	Multiple Trauma
25	HIV Infections

Attachment D - PROCGRP

Value	Label
0	Missing/Unknown
1	Incision & drainage of cyst
2	Acne surgery
3	Nail debridement/avulsion
4	Skin lesion injection
5	Destruction, facial lesion
6	Destruction, non-facial lesion
7	Destruction of warts
8	Excision of breast tissue
9	Other minor skin & breast surgery
10	Arthrocentesis, sm/med joint
11	Arthrocentesis, large joint
12	Other major skin surgery
13	Other major breast surgery
14	Other major musculoskeletal surgery
15	Other minor musculoskeletal surgery
16	Bronchoscopy
17	Laryngoscopy
19	Other minor respiratory procedures
20	Other major respiratory procedures
31	Venipuncture (draw blood)
38	Other minor cardiovascular procedures
39	Other major cardiovascular procedures
44	Minor hemic & lymphatic procedures
45	Major hemic & lymphatic procedures
46	Upper GI endoscopy
47	Repair of inguinal hernia
48	Colonoscopy
49	Other major digestive procedures
50	Other minor digestive procedures

Attachment D - PROCGRP

Value	Label
51	Cystourethroscopy
52	Transurethral surgery
54	Other minor urinary procedures
55	Other major urinary procedures
58	Minor male genital procedures
59	Major male genital procedures
61	Colposcopy
62	Dilation & curettage
63	Laparoscopy, hysteroscopy
64	Minor female genital procedures
65	Major female genital procedures
66	Decompression, carpal tunnel
68	Minor endocrine system procedures
69	Major endocrine system procedures
74	Minor nervous system procedures
75	Major nervous system procedures
76	Cataract removal
84	Other minor eye/ocular procedures
85	Other major eye/ocular procedures
94	Other minor ear/auditory procedures
95	Other major ear/auditory procedures
98	Other minor surgery procedures
99	Other major surgery procedures
101	Office visits, new patient
104	Office visits, established patient
109	Office visits, other
110	Office visits, emergency
111	Emergency department visits
113	Telemedicine Visits
114	Telemedicine patient consultation

Attachment D - PROCGRP

Value	Label
115	Preventive care visits
116	Facility visits
120	Outpatient consults
121	Inpatient consults
122	Other consults, location unspecified
123	Telemedicine Inter-Professional consult
124	Psychiatric diagnostic services
127	Specialty drugs other than chemotherapy
128	Telemedicine Other fees
129	Other medical services
130	Injections: immunizations
131	Injections: therapeutic/IV
132	Other injections/noninjectables
133	Other preventive medical services
135	Psychotherapy, individual
136	Psychotherapy, family
137	Psychotherapy, group
138	Psych advice, non-patient
139	Therapeutic psychiatric services
140	Dialysis
143	Gastroenterology services (non-surgical)
144	General eye exams
145	General ophthalmology services
147	Ophthalmic diagnostic services
148	ENT diagnostic services
149	Speech/hearing therapy
150	Other ENT services (non-surgical)
155	EKG
156	EKG stress test
157	EKG monitoring

Attachment D - PROCGRP

Value	Label
158	PTCA- percutaneous angioplasty
160	Echocardiogram
161	Cardiac catheterization
162	Dx radiology, other vascular
163	Other cardiovascular procedures
165	Non-invasive peripheral vascular studies
166	Spirometry
167	Bronchospasm evaluation
168	Pulmonary function tests
169	Other non-surgical pulmonary services
170	Respiratory Therapy
171	Allergy testing
172	Allergy therapy
175	Nerve conduction tests/EMG
176	Unlisted neurol Dx procedures
177	Other neurology dx services
180	Chemotherapy
181	Physical medicine: hot/cold packs
182	Physical medicine: elec stimulation
183	Physical medicine: other modes
184	Physical medicine: ultrasound
185	Physical medicine: manipulation
186	Physical medicine: other procedures
187	Physical medicine: testing
189	Physical medicine: unlisted/other
190	Case management services
191	Spinal manipulation, chiro
195	Chiropractic services
197	Specimen handling
198	Medical supplies and devices

Attachment D - PROCGRP

Value	Label
199	Other medicine procedures
200	Durable Medical Equipment
201	X-ray, head & neck
202	X-ray, chest
204	X-ray, spine/pelvis
205	X-ray, GI tract
206	X-ray, abdomen
207	X-ray, OB/Gyn
208	X-ray, extremities
210	CT scan, head & neck
211	CT scan, chest
212	CT scan, spine
213	CT scan, abdomen/pelvis
214	CT scan, extremities
215	PET scan
216	Magnetic resonance (NMR/MRI)
220	Myelograms/discograms
221	Cholecystograms/cholangiograms
222	Cholecysto/cholangiogram, inv
223	Mammograms
225	Aortograms
226	Angiograms
227	Lymphangiograms
228	Venograms
229	Dx radiology, misc/other
241	Dx ultrasound, abdominal
242	Dx ultrasound, pregnancy
243	Echocardiogram
249	Dx ultrasound, other
269	Therapeutic radiology

Attachment D - PROCGRP

Value	Label
279	Nuclear medicine, diagnostic
289	Nuclear medicine, therapeutic
299	Other radiology procedure
301	Blood chemistry tests, automated
302	Blood chemistry, Rx monitor
303	Lab tests, organ/disease panel
304	Clinical path, consultation
306	Routine urinalysis
307	Other urinalysis
311	Thyroid function tests (RIA)
312	Thyroid function tests (non-RIA)
313	Other radioimmunoassays (RIA)
319	Other chemistry tests
320	Other toxicology tests
331	Blood count, automated
332	Blood count, manual
334	Blood test: sedimentation rate
335	Blood count: platelet
336	Blood test: Hgb/Hct
338	Blood test: prothrombin time
339	Other hematology tests
349	Immunology tests
361	Definitive bacterial culture
362	Antibiotic sensitivity studies
363	Bacterial culture, urine
364	Bacterial culture, screening
369	Other microbiology tests
371	Pap smear
372	Surgical pathology
378	Molecular pathology

Attachment D - PROCGRP

Value	Label
379	Other anatomic pathology services
389	Miscellaneous pathology tests
399	Other lab & path procedures
440	Cesarean section deliveries
445	Vaginal deliveries
449	Major maternity procs & related care
450	Other maternity procs & related care
470	Anesthesia services
478	Home health PT/OT/ST
480	Other home health services
485	Transportation services
490	Dental: diagnostic & preventive
491	Dental: basic restorative
492	Dental: major restorative
493	Dental: orthodontics
494	Dental: other
498	Performance tracking codes
499	Unmapped codes

Attachment E - STDPLAC

Value	Label
1	Pharmacy
2	Telehealth
3	School
4	Homeless Shelter
5	Indian Hlth Svc Free-stand Fac
6	Indian Hlth Svc Prov-based Fac
7	Tribal 638 Free-standing Fac
8	Tribal 638 Provider-based Fac
9	Prison-Correctional Facility
10	Telehealth Provided in Pat Hm
11	Office
12	Patient 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	Outpatient Hospital-Off Campus
20	Urgent Care Facility
21	Inpatient Hospital
22	Outpatient Hospital-On Campus
23	Emergency Room - Hospital
24	Ambulatory Surgical Center
25	Birthing Center
26	Military Treatment Facility
27	Outreach Site/Street (Effective October 1, 2023); Inpatient Long-Term Care (NEC) (Claims incurred 2008 and prior)
28	Other Inpatient Care (NEC)
31	Skilled Nursing Facility
32	Nursing Facility

Attachment E - STDPLAC

Value	Label
33	Custodial Care Facility
34	Hospice
35	Adult Living Care Facility
41	Ambulance (land)
42	Ambulance (air or water)
49	Independent Clinic
50	Federally Qualified Health Ctr
51	Inpatient Psychiatric Facility
52	Psych Facility Partial Hosp
53	Community Mental Health Center
54	Intermed Care/Intellect Disab
55	Residential Subst Abuse Facil
56	Psych Residential Treatmnt Ctr
57	Non-resident Subst Abuse Facil
60	Mass Immunization Center
61	Comprehensive Inpt Rehab Fac
62	Comprehensive Outpt Rehab Fac
65	End-Stage Renal Disease Facil
71	State/Local Public Health Clin
72	Rural Health Clinic
81	Independent Laboratory
95	Outpatient (NEC)
98	Pharmacy
99	Other/Unknown

Attachment F - STDPROV

Value	Label
1	Acute Care Hospital
5	Ambulatory Surgery Centers
6	Urgent Care Facility
10	Birthing Center
15	Treatment Center
20	Mental Health/Chemical Dep NEC
21	Mental Health Facilities
22	Chemical Depend Treatment Ctr
23	Mental Hlth/Chem Dep Day Care
25	Rehabilitation Facilities
30	Longterm Care (NEC)
31	Extended Care Facility
32	Geriatric Hospital
33	Convalescent Care Facility
34	Intermediate Care Facility
35	Residential Treatment Center
36	Continuing Care Retirement Com
37	Day/Night Care Center
38	Hospice Facility
40	Other Facility (NEC)
41	Infirmary
42	Special Care Facility (NEC)
100	Dentist - MD & DDS (NEC)
105	Dental Specialist
120	Chiropractor/DCM
130	Podiatry
140	Pain Mgmt/Pain Medicine
145	Pediatric Anesthesiology
150	Anesthesiology
160	Nuclear Medicine

Attachment F - STDPROV

Value	Label
170	Pathology
175	Pediatric Pathology
180	Radiology
185	Pediatric Radiology
200	Medical Doctor - MD (NEC)
202	Osteopathic Medicine
204	Internal Medicine (NEC)
206	MultiSpecialty Physician Group
208	Proctology
210	Urology
215	Dermatology
220	Emergency Medicine
225	Hospitalist
227	Palliative Medicine
230	Allergy & Immunology
240	Family Practice
245	Geriatric Medicine
250	Cardiovascular Dis/Cardiology
260	Neurology
265	Critical Care Medicine
270	Endocrinology & Metabolism
275	Gastroenterology
280	Hematology
285	Infectious Disease
290	Nephrology
295	Pulmonary Disease
300	Rheumatology
320	Obstetrics & Gynecology
325	Genetics
330	Ophthalmology

Attachment F - STDPROV

Value	Label
340	Otolaryngology
350	Physical Medicine & Rehab
355	Plastic/Maxillofacial Surgery
360	Preventative Medicine
365	Psychiatry
380	Oncology
400	Pediatrician (NEC)
410	Pediatric Specialist (NEC)
413	Pediatric Nephrology
415	Pediatric Ophthalmology
418	Pediatric Orthopaedics
420	Pediatric Otolaryngology
423	Pediatric Critical Care Med
425	Pediatric Pulmonology
428	Pediatric Emergency Medicine
430	Pediatric Allergy & Immunology
433	Pediatric Endocrinology
435	Neonatal-Perinatal Medicine
438	Pediatric Gastroenterology
440	Pediatric Cardiology
443	Pediatric Hematology-Oncology
448	Pediatric Infectious Diseases
450	Pediatric Rheumatology
453	Sports Medicine (Pediatrics)
455	Pediatric Urology
458	Child Psychiatry
460	Pediatric Medical Toxicology
500	Surgeon (NEC)
505	Surgical Specialist (NEC)
510	Colon & Rectal Surgery

Attachment F - STDPROV

Value	Label
520	Neurological Surgery
530	Orthopaedic Surgery
535	Abdominal Surgery
540	Cardiovascular Surgery
545	Dermatologic Surgery
550	General Vascular Surgery
555	Head and Neck Surgery
560	Pediatric Surgery
565	Surgical Critical Care
570	Transplant Surgery
575	Traumatic Surgery
580	Cardiothoracic Surgery
585	Thoracic Surgery
805	Dental Technician
810	Dietitian
815	Medical Technician
820	Midwife
822	Nursing Services
824	Psychiatric Nurse
825	Nurse Practitioner
827	Nurse Anesthetist
830	Optometrist
835	Optician
840	Pharmacist
845	Physician Assistant
850	Therapy (Physical)
853	Therapists (Supportive)
855	Therapists (Alternative)
857	Renal Dialysis Therapy
860	Psychologist

Attachment F - STDPROV

Value	Label
865	Acupuncturist
870	Spiritual Healers
900	Health Educator/Agency
905	Transportation
910	Health Resort
915	Hearing Labs
920	Home Health Organiz/Agency
925	Imaging Center
930	Laboratory
935	Pharmacy
940	Supply Center
945	Vision Center
950	Public Health Agency
955	Unknown Clinic
960	Case Manager

Attachment G - SVCSCAT

Value	Label
10110	Facility IP Non Acute Room and Board
10115	Facility IP Non Acute Procedures
10120	Facility IP Non Acute ER
10130	Facility IP Non Acute Diagnostic Services
10131	Facility IP Non Acute Dialysis
10132	Facility IP Non Acute DME
10134	Facility IP Non Acute Pharmacy
10135	Facility IP Non Acute PT, OT, Speech Therapy
10136	Facility IP Non Acute Specialty Drugs
10137	Facility IP Non Acute Supplies and Devices
10141	Facility IP Non Acute Respiratory Therapy
10142	Facility IP Non Acute Hospice Care
10151	Facility IP Non Acute Chemistry Tests
10152	Facility IP Non Acute Hematology
10153	Facility IP Non Acute Immunology
10154	Facility IP Non Acute Microbiology
10155	Facility IP Non Acute Pathology
10156	Facility IP Non Acute Urinalysis Tests
10159	Facility IP Non Acute Laboratory Other
10161	Facility IP Non Acute CT Scans
10162	Facility IP Non Acute Mammograms
10163	Facility IP Non Acute MRIs
10164	Facility IP Non Acute Nuclear Medicine
10165	Facility IP Non Acute PET Scans
10166	Facility IP Non Acute Therapeutic Radiology
10167	Facility IP Non Acute Ultrasounds
10168	Facility IP Non Acute X-Rays
10169	Facility IP Non Acute Radiology Other
10199	Facility IP Non Acute Other
10210	Facility IP LTC Room and Board

Attachment G - SVCSCAT

Value	Label
10215	Facility IP LTC Procedures
10220	Facility IP LTC ER
10230	Facility IP LTC Diagnostic Services
10231	Facility IP LTC Dialysis
10232	Facility IP LTC DME
10234	Facility IP LTC Pharmacy
10235	Facility IP LTC PT, OT, Speech Therapy
10236	Facility IP LTC Specialty Drugs
10237	Facility IP LTC Supplies and Devices
10241	Facility IP LTC Respiratory Therapy
10242	Facility IP LTC Hospice Care
10251	Facility IP LTC Chemistry Tests
10252	Facility IP LTC Hematology
10253	Facility IP LTC Immunology
10254	Facility IP LTC Microbiology
10255	Facility IP LTC Pathology
10256	Facility IP LTC Urinalysis Tests
10259	Facility IP LTC Laboratory Other
10261	Facility IP LTC CT Scans
10262	Facility IP LTC Mammograms
10263	Facility IP LTC MRIs
10264	Facility IP LTC Nuclear Medicine
10265	Facility IP LTC PET Scans
10266	Facility IP LTC Therapeutic Radiology
10267	Facility IP LTC Ultrasounds
10268	Facility IP LTC X-Rays
10269	Facility IP LTC Radiology Other
10299	Facility IP LTC Other
10310	Facility IP Maternity Room and Board
10315	Facility IP Maternity Procedures

Attachment G - SVCSCAT

Value	Label
10320	Facility IP Maternity ER
10330	Facility IP Maternity Diagnostic Services
10331	Facility IP Maternity Dialysis
10332	Facility IP Maternity DME
10334	Facility IP Maternity Pharmacy
10335	Facility IP Maternity PT, OT, Speech Therapy
10336	Facility IP Maternity Specialty Drugs
10337	Facility IP Maternity Supplies and Devices
10341	Facility IP Maternity Respiratory Therapy
10342	Facility IP Maternity Hospice Care
10351	Facility IP Maternity Chemistry Tests
10352	Facility IP Maternity Hematology
10353	Facility IP Maternity Immunology
10354	Facility IP Maternity Microbiology
10355	Facility IP Maternity Pathology
10356	Facility IP Maternity Urinalysis Tests
10359	Facility IP Maternity Laboratory Other
10361	Facility IP Maternity CT Scans
10362	Facility IP Maternity Mammograms
10363	Facility IP Maternity MRIs
10364	Facility IP Maternity Nuclear Medicine
10365	Facility IP Maternity PET Scans
10366	Facility IP Maternity Therapeutic Radiology
10367	Facility IP Maternity Ultrasounds
10368	Facility IP Maternity X-Rays
10369	Facility IP Maternity Radiology Other
10399	Facility IP Maternity Other
10410	Facility IP Surgical Room and Board
10415	Facility IP Surgical Procedures
10420	Facility IP Surgical ER

Attachment G - SVCSCAT

Value	Label
10430	Facility IP Surgical Diagnostic Services
10431	Facility IP Surgical Dialysis
10432	Facility IP Surgical DME
10434	Facility IP Surgical Pharmacy
10435	Facility IP Surgical PT, OT, Speech Therapy
10436	Facility IP Surgical Specialty Drugs
10437	Facility IP Surgical Supplies and Devices
10441	Facility IP Surgical Respiratory Therapy
10442	Facility IP Surgical Hospice Care
10451	Facility IP Surgical Chemistry Tests
10452	Facility IP Surgical Hematology
10453	Facility IP Surgical Immunology
10454	Facility IP Surgical Microbiology
10455	Facility IP Surgical Pathology
10456	Facility IP Surgical Urinalysis Tests
10459	Facility IP Surgical Laboratory Other
10461	Facility IP Surgical CT Scans
10462	Facility IP Surgical Mammograms
10463	Facility IP Surgical MRIs
10464	Facility IP Surgical Nuclear Medicine
10465	Facility IP Surgical PET Scans
10466	Facility IP Surgical Therapeutic Radiology
10467	Facility IP Surgical Ultrasounds
10468	Facility IP Surgical X-Rays
10469	Facility IP Surgical Radiology Other
10499	Facility IP Surgical Other
10510	Facility IP Medical Room and Board
10515	Facility IP Medical Procedures
10520	Facility IP Medical ER
10530	Facility IP Medical Diagnostic Services

Attachment G - SVCSCAT

Value	Label
10531	Facility IP Medical Dialysis
10532	Facility IP Medical DME
10534	Facility IP Medical Pharmacy
10535	Facility IP Medical PT, OT, Speech Therapy
10536	Facility IP Medical Specialty Drugs
10537	Facility IP Medical Supplies and Devices
10541	Facility IP Medical Respiratory Therapy
10542	Facility IP Medical Hospice Care
10551	Facility IP Medical Chemistry Tests
10552	Facility IP Medical Hematology
10553	Facility IP Medical Immunology
10554	Facility IP Medical Microbiology
10555	Facility IP Medical Pathology
10556	Facility IP Medical Urinalysis Tests
10559	Facility IP Medical Laboratory Other
10561	Facility IP Medical CT Scans
10562	Facility IP Medical Mammograms
10563	Facility IP Medical MRIs
10564	Facility IP Medical Nuclear Medicine
10565	Facility IP Medical PET Scans
10566	Facility IP Medical Therapeutic Radiology
10567	Facility IP Medical Ultrasounds
10568	Facility IP Medical X-Rays
10569	Facility IP Medical Radiology Other
10588	Facility IP Non-Claim Payments
10599	Facility IP Medical Other
12210	Facility OP Room and Board
12215	Facility OP Procedures
12220	Facility OP ER
12245	Facility OP Telemed

Attachment G - SVCSCAT

Value	Label
12328	Facility OP Clinic Services
12330	Facility OP Diagnostic Services
12331	Facility OP Dialysis
12332	Facility OP DME
12333	Facility OP Home Health
12334	Facility OP Pharmacy
12335	Facility OP PT, OT, Speech Therapy
12336	Facility OP Specialty Drugs
12337	Facility OP Supplies and Devices
12338	Facility OP Transportation
12341	Facility OP Respiratory Therapy
12342	Facility OP Hospice Care
12388	Facility OP Non-Claim Payments
12399	Facility OP Other
20115	Physician Specialty IP Procedures
20120	Physician Specialty IP ER
20126	Physician Specialty IP Facility Visits
20151	Physician Specialty IP Chemistry Tests
20152	Physician Specialty IP Hematology
20153	Physician Specialty IP Immunology
20154	Physician Specialty IP Microbiology
20155	Physician Specialty IP Pathology
20156	Physician Specialty IP Urinalysis Tests
20159	Physician Specialty IP Laboratory Other
20161	Physician Specialty IP CT Scans
20162	Physician Specialty IP Mammograms
20163	Physician Specialty IP MRIs
20164	Physician Specialty IP Nuclear Medicine
20165	Physician Specialty IP PET Scans
20166	Physician Specialty IP Therapeutic Radiology

Attachment G - SVCSCAT

Value	Label
20167	Physician Specialty IP Ultrasounds
20168	Physician Specialty IP X-Rays
20169	Physician Specialty IP Radiology Other
20188	Physician Specialty IP Non-Claim Payments
20199	Physician Specialty IP Other
20215	Physician Non-Specialty IP Procedures
20220	Physician Non-Specialty IP ER
20226	Physician Non-Specialty IP Facility Visits
20251	Physician Non-Specialty IP Chemistry Tests
20252	Physician Non-Specialty IP Hematology
20253	Physician Non-Specialty IP Immunology
20254	Physician Non-Specialty IP Microbiology
20255	Physician Non-Specialty IP Pathology
20256	Physician Non-Specialty IP Urinalysis Tests
20259	Physician Non-Specialty IP Laboratory Other
20261	Physician Non-Specialty IP CT Scans
20262	Physician Non-Specialty IP Mammograms
20263	Physician Non-Specialty IP MRIs
20264	Physician Non-Specialty IP Nuclear Medicine
20265	Physician Non-Specialty IP PET Scans
20266	Physician Non-Specialty IP Therapeutic Radiology
20267	Physician Non-Specialty IP Ultrasounds
20268	Physician Non-Specialty IP X-Rays
20269	Physician Non-Specialty IP Radiology Other
20288	Physician Non-Specialty IP Non-Claim Payments
20299	Physician Non-Specialty IP Other
21115	Physician Specialty OP Procedures
21120	Physician Specialty OP ER
21122	Physician Specialty OP Telemed Preventive Visits
21124	Physician Specialty OP Preventive Visits

Attachment G - SVCSCAT

Value	Label
21125	Physician Specialty OP Office Visits
21126	Physician Specialty OP Facility Visits
21145	Physician Specialty OP Telemed
21188	Physician Specialty OP Non-Claim Payments
21199	Physician Specialty OP Other
21215	Physician Non-Specialty OP Procedures
21220	Physician Non-Specialty OP ER
21222	Physician Non-Specialty OP Telemed Preventive Visits
21224	Physician Non-Specialty OP Preventive Visits
21225	Physician Non-Specialty OP Office Visits
21226	Physician Non-Specialty OP Facility Visits
21245	Physician Non-Specialty OP Telemed
21288	Physician Non-Specialty OP Non-Claim Payments
21299	Physician Non-Specialty OP Other
22115	Professional IP Procedures
22120	Professional IP ER
22126	Professional IP Facility Visits
22130	Professional IP Diagnostic Services
22131	Professional IP Dialysis
22132	Professional IP DME
22135	Professional IP PT, OT, Speech Therapy
22136	Professional IP Specialty Drugs
22137	Professional IP Supplies and Devices
22140	Professional IP Injections
22141	Professional IP Respiratory Therapy
22151	Professional IP Chemistry Tests
22152	Professional IP Hematology
22153	Professional IP Immunology
22154	Professional IP Microbiology
22155	Professional IP Pathology

Attachment G - SVCSCAT

Value	Label
22156	Professional IP Urinalysis Tests
22159	Professional IP Laboratory Other
22161	Professional IP CT Scans
22162	Professional IP Mammograms
22163	Professional IP MRIs
22164	Professional IP Nuclear Medicine
22165	Professional IP PET Scans
22166	Professional IP Therapeutic Radiology
22167	Professional IP Ultrasounds
22168	Professional IP X-Rays
22169	Professional IP Radiology Other
22199	Professional IP Other
22315	Professional OP Procedures
22320	Professional OP ER
22322	Professional OP Telemed Preventive Visits
22324	Professional OP Preventive Visits
22325	Professional OP Office Visits
22326	Professional OP Facility Visits
22327	Professional OP Chiropractic Services
22330	Professional OP Diagnostic Services
22331	Professional OP Dialysis
22332	Professional OP DME
22333	Professional OP Home Health
22335	Professional OP PT, OT, Speech Therapy
22336	Professional OP Specialty Drugs
22337	Professional OP Supplies and Devices
22338	Professional OP Transportation
22340	Professional OP Injections
22341	Professional OP Respiratory Therapy
22345	Professional OP Telemed

Attachment G - SVCSCAT

Value	Label
22399	Professional OP Other
22588	Professional Non-Claim Payments
30110	Mental Health Facility IP Room and Board
30115	Mental Health Facility IP Procedures
30118	Mental Health Facility IP Behavioral Health Therapy
30120	Mental Health Facility IP ER
30130	Mental Health Facility IP Diagnostic Services
30131	Mental Health Facility IP Dialysis
30132	Mental Health Facility IP DME
30134	Mental Health Facility IP Pharmacy
30135	Mental Health Facility IP PT, OT, Speech Therapy
30136	Mental Health Facility IP Specialty Drugs
30137	Mental Health Facility IP Supplies and Devices
30141	Mental Health Facility IP Respiratory Therapy
30142	Mental Health Facility IP Hospice Care
30151	Mental Health Facility IP Chemistry Tests
30152	Mental Health Facility IP Hematology
30153	Mental Health Facility IP Immunology
30154	Mental Health Facility IP Microbiology
30155	Mental Health Facility IP Pathology
30156	Mental Health Facility IP Urinalysis Tests
30159	Mental Health Facility IP Laboratory Other
30161	Mental Health Facility IP CT Scans
30162	Mental Health Facility IP Mammograms
30163	Mental Health Facility IP MRIs
30164	Mental Health Facility IP Nuclear Medicine
30165	Mental Health Facility IP PET Scans
30166	Mental Health Facility IP Therapeutic Radiology
30167	Mental Health Facility IP Ultrasounds
30168	Mental Health Facility IP X-Rays

Attachment G - SVCSCAT

Value	Label
30169	Mental Health Facility IP Radiology Other
30199	Mental Health Facility IP Other
30215	Mental Health Physician IP Procedures
30218	Mental Health Physician IP Behavioral Health Therapy
30220	Mental Health Physician IP ER
30226	Mental Health Physician IP Facility Visits
30251	Mental Health Physician IP Chemistry Tests
30252	Mental Health Physician IP Hematology
30253	Mental Health Physician IP Immunology
30254	Mental Health Physician IP Microbiology
30255	Mental Health Physician IP Pathology
30256	Mental Health Physician IP Urinalysis Tests
30259	Mental Health Physician IP Laboratory Other
30261	Mental Health Physician IP CT Scans
30262	Mental Health Physician IP Mammograms
30263	Mental Health Physician IP MRIs
30264	Mental Health Physician IP Nuclear Medicine
30265	Mental Health Physician IP PET Scans
30266	Mental Health Physician IP Therapeutic Radiology
30267	Mental Health Physician IP Ultrasounds
30268	Mental Health Physician IP X-Rays
30269	Mental Health Physician IP Radiology Other
30299	Mental Health Physician IP Other
30315	Mental Health Professional IP Procedures
30318	Mental Health Professional IP Behavioral Health Therapy
30320	Mental Health Professional IP ER
30326	Mental Health Professional IP Facility Visits
30330	Mental Health Professional IP Diagnostic Services
30331	Mental Health Professional IP Dialysis
30332	Mental Health Professional IP DME

Attachment G - SVCSCAT

Value	Label
30335	Mental Health Professional IP PT, OT, Speech Therapy
30336	Mental Health Professional IP Specialty Drugs
30337	Mental Health Professional IP Supplies and Devices
30340	Mental Health Professional IP Injections
30341	Mental Health Professional IP Respiratory Therapy
30351	Mental Health Professional IP Chemistry Tests
30352	Mental Health Professional IP Hematology
30353	Mental Health Professional IP Immunology
30354	Mental Health Professional IP Microbiology
30355	Mental Health Professional IP Pathology
30356	Mental Health Professional IP Urinalysis Tests
30359	Mental Health Professional IP Laboratory Other
30361	Mental Health Professional IP CT Scans
30362	Mental Health Professional IP Mammograms
30363	Mental Health Professional IP MRIs
30364	Mental Health Professional IP Nuclear Medicine
30365	Mental Health Professional IP PET Scans
30366	Mental Health Professional IP Therapeutic Radiology
30367	Mental Health Professional IP Ultrasounds
30368	Mental Health Professional IP X-Rays
30369	Mental Health Professional IP Radiology Other
30399	Mental Health Professional IP Other
30410	Mental Health Facility OP Room and Board
30415	Mental Health Facility OP Procedures
30416	Mental Health Facility OP Telemed Behavioral Health
30418	Mental Health Facility OP Behavioral Health Therapy
30420	Mental Health Facility OP ER
30428	Mental Health Facility OP Clinic Services
30430	Mental Health Facility OP Diagnostic Services
30431	Mental Health Facility OP Dialysis

Attachment G - SVCSCAT

Value	Label
30432	Mental Health Facility OP DME
30433	Mental Health Facility OP Home Health
30434	Mental Health Facility OP Pharmacy
30435	Mental Health Facility OP PT, OT, Speech Therapy
30436	Mental Health Facility OP Specialty Drugs
30437	Mental Health Facility OP Supplies and Devices
30438	Mental Health Facility OP Transportation
30441	Mental Health Facility OP Respiratory Therapy
30442	Mental Health Facility OP Hospice Care
30445	Mental Health Facility OP Telemed
30449	Mental Health Facility OP Other
30515	Mental Health Physician OP Procedures
30516	Mental Health Physician OP Telemed Behavioral Health
30518	Mental Health Physician OP Behavioral Health Therapy
30520	Mental Health Physician OP ER
30522	Mental Health Physician OP Telemed Preventive Visits
30524	Mental Health Physician OP Preventive Visits
30525	Mental Health Physician OP Office Visits
30526	Mental Health Physician OP Facility Visits
30545	Mental Health Physician OP Telemed
30549	Mental Health Physician OP Other
30615	Mental Health Professional OP Procedures
30616	Mental Health Professional OP Telemed Behavioral Health
30618	Mental Health Professional OP Behavioral Health Therapy
30620	Mental Health Professional OP ER
30622	Mental Health Professional OP Telemed Preventive Visits
30624	Mental Health Professional OP Preventive Visits
30625	Mental Health Professional OP Office Visits
30626	Mental Health Professional OP Facility Visits
30630	Mental Health Professional OP Diagnostic Services

Attachment G - SVCSCAT

Value	Label
30631	Mental Health Professional OP Dialysis
30632	Mental Health Professional OP DME
30633	Mental Health Professional OP Home Health
30635	Mental Health Professional OP PT, OT, Speech Therapy
30636	Mental Health Professional OP Specialty Drugs
30637	Mental Health Professional OP Supplies and Devices
30638	Mental Health Professional OP Transportation
30640	Mental Health Professional OP Injections
30641	Mental Health Professional OP Respiratory Therapy
30645	Mental Health Professional OP Telemed
30649	Mental Health Professional OP Other
30751	Mental Health OP Chemistry Tests
30752	Mental Health OP Hematology
30753	Mental Health OP Immunology
30754	Mental Health OP Microbiology
30755	Mental Health OP Pathology
30756	Mental Health OP Urinalysis Tests
30759	Mental Health OP Laboratory Other
30761	Mental Health OP CT Scans
30762	Mental Health OP Mammograms
30763	Mental Health OP MRIs
30764	Mental Health OP Nuclear Medicine
30765	Mental Health OP PET Scans
30766	Mental Health OP Therapeutic Radiology
30767	Mental Health OP Ultrasounds
30768	Mental Health OP X-Rays
30769	Mental Health OP Radiology Other
30888	MHSA Non-Claim Payments
31110	Substance Abuse Facility IP Room and Board
31115	Substance Abuse Facility IP Procedures

Attachment G - SVCSCAT

Value	Label
31118	Substance Abuse Facility IP Behavioral Health Therapy
31120	Substance Abuse Facility IP ER
31130	Substance Abuse Facility IP Diagnostic Services
31131	Substance Abuse Facility IP Dialysis
31132	Substance Abuse Facility IP DME
31134	Substance Abuse Facility IP Pharmacy
31135	Substance Abuse Facility IP PT, OT, Speech Therapy
31136	Substance Abuse Facility IP Specialty Drugs
31137	Substance Abuse Facility IP Supplies and Devices
31141	Substance Abuse Facility IP Respiratory Therapy
31142	Substance Abuse Facility IP Hospice Care
31151	Substance Abuse Facility IP Chemistry Tests
31152	Substance Abuse Facility IP Hematology
31153	Substance Abuse Facility IP Immunology
31154	Substance Abuse Facility IP Microbiology
31155	Substance Abuse Facility IP Pathology
31156	Substance Abuse Facility IP Urinalysis Tests
31159	Substance Abuse Facility IP Laboratory Other
31161	Substance Abuse Facility IP CT Scans
31162	Substance Abuse Facility IP Mammograms
31163	Substance Abuse Facility IP MRIs
31164	Substance Abuse Facility IP Nuclear Medicine
31165	Substance Abuse Facility IP PET Scans
31166	Substance Abuse Facility IP Therapeutic Radiology
31167	Substance Abuse Facility IP Ultrasounds
31168	Substance Abuse Facility IP X-Rays
31169	Substance Abuse Facility IP Radiology Other
31199	Substance Abuse Facility IP Other
31215	Substance Abuse Physician IP Procedures
31218	Substance Abuse Physician IP Behavioral Health Therapy

Attachment G - SVCSCAT

Value	Label
31220	Substance Abuse Physician IP ER
31226	Substance Abuse Physician IP Facility Visits
31251	Substance Abuse Physician IP Chemistry Tests
31252	Substance Abuse Physician IP Hematology
31253	Substance Abuse Physician IP Immunology
31254	Substance Abuse Physician IP Microbiology
31255	Substance Abuse Physician IP Pathology
31256	Substance Abuse Physician IP Urinalysis Tests
31259	Substance Abuse Physician IP Laboratory Other
31261	Substance Abuse Physician IP CT Scans
31262	Substance Abuse Physician IP Mammograms
31263	Substance Abuse Physician IP MRIs
31264	Substance Abuse Physician IP Nuclear Medicine
31265	Substance Abuse Physician IP PET Scans
31266	Substance Abuse Physician IP Therapeutic Radiology
31267	Substance Abuse Physician IP Ultrasounds
31268	Substance Abuse Physician IP X-Rays
31269	Substance Abuse Physician IP Radiology Other
31299	Substance Abuse Physician IP Other
31315	Substance Abuse Professional IP Procedures
31318	Substance Abuse Professional IP Behavioral Health Therapy
31320	Substance Abuse Professional IP ER
31326	Substance Abuse Professional IP Facility Visits
31330	Substance Abuse Professional IP Diagnostic Services
31331	Substance Abuse Professional IP Dialysis
31332	Substance Abuse Professional IP DME
31335	Substance Abuse Professional IP PT, OT, Speech Therapy
31336	Substance Abuse Professional IP Specialty Drugs
31337	Substance Abuse Professional IP Supplies and Devices
31340	Substance Abuse Professional IP Injections

Attachment G - SVCSCAT

Value	Label
31341	Substance Abuse Professional IP Respiratory Therapy
31351	Substance Abuse Professional IP Chemistry Tests
31352	Substance Abuse Professional IP Hematology
31353	Substance Abuse Professional IP Immunology
31354	Substance Abuse Professional IP Microbiology
31355	Substance Abuse Professional IP Pathology
31356	Substance Abuse Professional IP Urinalysis Tests
31359	Substance Abuse Professional IP Laboratory Other
31361	Substance Abuse Professional IP CT Scans
31362	Substance Abuse Professional IP Mammograms
31363	Substance Abuse Professional IP MRIs
31364	Substance Abuse Professional IP Nuclear Medicine
31365	Substance Abuse Professional IP PET Scans
31366	Substance Abuse Professional IP Therapeutic Radiology
31367	Substance Abuse Professional IP Ultrasounds
31368	Substance Abuse Professional IP X-Rays
31369	Substance Abuse Professional IP Radiology Other
31399	Substance Abuse Professional IP Other
31410	Substance Abuse Facility OP Room and Board
31415	Substance Abuse Facility OP Procedures
31416	Substance Abuse Facility OP Telemed Behavioral Health
31418	Substance Abuse Facility OP Behavioral Health Therapy
31420	Substance Abuse Facility OP ER
31428	Substance Abuse Facility OP Clinic Services
31430	Substance Abuse Facility OP Diagnostic Services
31431	Substance Abuse Facility OP Dialysis
31432	Substance Abuse Facility OP DME
31433	Substance Abuse Facility OP Home Health
31434	Substance Abuse Facility OP Pharmacy
31435	Substance Abuse Facility OP PT, OT, Speech Therapy

Attachment G - SVCSCAT

Value	Label
31436	Substance Abuse Facility OP Specialty Drugs
31437	Substance Abuse Facility OP Supplies and Devices
31438	Substance Abuse Facility OP Transportation
31441	Substance Abuse Facility OP Respiratory Therapy
31442	Substance Abuse Facility OP Hospice Care
31445	Substance Abuse Facility OP Telemed
31449	Substance Abuse Facility OP Other
31515	Substance Abuse Physician OP Procedures
31516	Substance Abuse Physician OP Telemed Behavioral Health
31518	Substance Abuse Physician OP Behavioral Health Therapy
31520	Substance Abuse Physician OP ER
31522	Substance Abuse Physician OP Telemed Preventive Visits
31524	Substance Abuse Physician OP Preventive Visits
31525	Substance Abuse Physician OP Office Visits
31526	Substance Abuse Physician OP Facility Visits
31545	Substance Abuse Physician OP Telemed
31549	Substance Abuse Physician OP Other
31615	Substance Abuse Professional OP Procedures
31616	Substance Abuse Professional OP Telemed Behavioral Health
31618	Substance Abuse Professional OP Behavioral Health Therapy
31620	Substance Abuse Professional OP ER
31622	Substance Abuse Professional OP Telemed Preventive Visits
31624	Substance Abuse Professional OP Preventive Visits
31625	Substance Abuse Professional OP Office Visits
31626	Substance Abuse Professional OP Facility Visits
31630	Substance Abuse Professional OP Diagnostic Services
31631	Substance Abuse Professional OP Dialysis
31632	Substance Abuse Professional OP DME
31633	Substance Abuse Professional OP Home Health
31635	Substance Abuse Professional OP PT, OT, Speech Therapy

Attachment G - SVCSCAT

Value	Label
31636	Substance Abuse Professional OP Specialty Drugs
31637	Substance Abuse Professional OP Supplies and Devices
31638	Substance Abuse Professional OP Transportation
31640	Substance Abuse Professional OP Injections
31641	Substance Abuse Professional OP Respiratory Therapy
31645	Substance Abuse Professional OP Telemed
31649	Substance Abuse Professional OP Other
31751	Substance Abuse OP Chemistry Tests
31752	Substance Abuse OP Hematology
31753	Substance Abuse OP Immunology
31754	Substance Abuse OP Microbiology
31755	Substance Abuse OP Pathology
31756	Substance Abuse OP Urinalysis Tests
31759	Substance Abuse OP Laboratory Other
31761	Substance Abuse OP CT Scans
31762	Substance Abuse OP Mammograms
31763	Substance Abuse OP MRIs
31764	Substance Abuse OP Nuclear Medicine
31765	Substance Abuse OP PET Scans
31766	Substance Abuse OP Therapeutic Radiology
31767	Substance Abuse OP Ultrasounds
31768	Substance Abuse OP X-Rays
31769	Substance Abuse OP Radiology Other
40151	Laboratory OP Chemistry Tests
40152	Laboratory OP Hematology
40153	Laboratory OP Immunology
40154	Laboratory OP Microbiology
40155	Laboratory OP Pathology
40156	Laboratory OP Urinalysis Tests
40159	Laboratory OP Other

Attachment G - SVCSCAT

Value	Label
40188	Laboratory OP Non-Claim Payments
45161	Radiology OP CT Scans
45162	Radiology OP Mammograms
45163	Radiology OP MRIs
45164	Radiology OP Nuclear Medicine
45165	Radiology OP PET Scans
45166	Radiology OP Therapeutic Radiology
45167	Radiology OP Ultrasounds
45168	Radiology OP X-Rays
45169	Radiology OP Other
45188	Radiology OP Non-Claim Payments
50170	Specialty Drugs Mail Order
50171	Specialty Drugs Retail
50172	Non-Specialty Drugs Mail Order
50175	Non-Specialty Drugs Retail
50188	Prescription Drugs Non-Claim Payments
70180	Administrative Fees
70181	Capitation Payments
70182	Premium Payments
70183	Employee Premium Contributions
70187	Bulk Adjustments
70199	Non-Claim Payments Other
80190	Dental Diagnostic and Preventive
80191	Dental Basic Restorative
80192	Dental Major Restorative
80193	Dental Orthodontics
80194	Dental Other
80196	Vision
80198	Hearing and Other Benefits

Attachment H - THERCLS

Value	Label
1	Antihistamines & Comb, NEC
2	Amebicides, NEC
3	Anthelmintic, NEC
4	Antibiot, Aminoglycosides
5	Antibiot, Antifungal
6	Antibiot, Cephalosporin and Rel.
7	Antibiot, B-lactam Antibiotics
8	Antibiot, Chloramphenicol & Comb
9	Antibiot, Erythromycin & Macrolide
10	Antibiot, Penicillins
11	Antibiot, Tetracyclines
12	Antibiotics, Misc
13	Antituberculosis Agents, NEC
14	Antivirals, NEC
15	Antimalarial Agents, NEC
16	Quinolones, NEC
17	Sulfonamides & Comb, NEC
18	Sulfones, NEC
19	Urinary Anti-infectives, NEC
20	Anti-infectives, Misc
21	Antineoplastic Agents, NEC
22	Interferons, NEC
23	Parasympathomimetic, NEC
24	Anticholinergic, NEC
25	Antichol/Antiparkinsonian Agents
26	Antichol/Antimuscarinic/Antispas
27	Sympathomimetic Agents, NEC
28	Sympatholytic Agents NEC
29	Muscle Relax, Skeletal Central
30	Muscle Relax, Skeletal, Misc

Attachment H - THERCLS

Value	Label
31	Muscle Relax, Neuromusc Block
32	Vascular 5HT1 Agonist, NEC
33	Autonomic, Nicotine Preparations
34	Blood Derivatives, NEC
35	Blood Forming/Coag Agents
36	Antianemic, Iron Preparations
37	Antianemia, Liver/Stomach
38	Antianemia Prep & Comb, NEC
39	Coag/Anticoag, Anticoagulants
40	Coag/Anticoag, Antiheparin Agents
41	Coag, Anticoag, Hemostatics
42	Hematopoietic Agents, NEC
43	Hemorrhologic Agents, NEC
44	Thrombolytic Agents, NEC
45	Antiplatelet Agents, NEC
46	Cardiac Drugs, NEC
47	Cardiac, ACE Inhibitors
48	Cardiac, Cardiac Glycosides
49	Cardiac, Antiarrhythmic Agents
50	Cardiac, Alpha-Beta Blockers
51	Cardiac, Beta Blockers
52	Cardiac, Calcium Channel
53	Antihyperlipidemic Drugs, NEC
54	Hypotensive Agents, NEC
55	Vasodilating Agents, NEC
56	Sclerosing Agents, NEC
57	General Anesthetics, NEC
58	Analg/Antipyr, Salicylates
59	Analg/Antipyr, Nonsteroid/Antiinflam
60	Anal/Antipyr, Opiate Agonists

Attachment H - THERCLS

Value	Label
61	Anal/Antipyr, Opiate Part Agonist
62	Analgesics/Antipyretics, NEC
63	Opiate Antagonists, NEC
64	Anticonvulsants, Benzodiazepines
65	Anticonv, Hydantoin Derivatives
66	Anticonv, Oxazolinediones
67	Anticonv, Succinimides
68	Anticonvulsants, Misc
69	Psychother, Antidepressants
70	Psychother, Tranq/Antipsychotics
71	Stimulant, Amphetamine Type
72	Stimulant, Non-Amphetamine
73	ASH, Barbiturates
74	ASH, Benzodiazepines
75	Anxiolytic/Sedative/Hypnotic NEC
76	Antimanic Agents, NEC
77	CNS Agents, Misc.
78	Contraceptive Cream/Foam/Devices
79	Dental Agents. NEC
80	Antiplaque Rinses/Agents, NEC
81	Fluoride Preparations, NEC
82	Toothpastes & Floss, NEC
83	Mouth & Gum Products, NEC
84	Cardiac Function, NEC
85	Diabetes Mell/Diab Supply, NEC
86	Gastric Function, NEC
87	HIV Tests
88	Kidney Function, NEC
89	Liver Function, NEC
90	Mumps, NEC

Attachment H - THERCLS

Value	Label
91	Pancreatic Function, NEC
92	Pregnancy Tests, NEC
93	Thyroid Function, NEC
94	Pituitary Function, NEC
95	Tuberculosis, NEC
96	Feces Contents, NEC
97	Roentgenography, NEC
98	Diagnostic Agents, Misc, NEC
99	Disinfectants, NEC
100	Electrolytic/Caloric/Water, NEC
101	Acidifying Agents, NEC
102	Alkalinizing Agents, NEC
103	Ammonia Detoxicants, NEC
104	Repl Preps, Calcium Supp
105	Repl Preps, Magn Preps and Comb
106	Repl Preps, Phosphorus Preps
107	Repl Preps, Potassium Supp
108	Repl Preps, Zinc Preps & Comb
109	Repl Preps, Multi-mineral Preps
110	Repl Preps, Sodium Chlor Preps
111	Replacement Preparations, Misc
112	Calcium Removing Resins, NEC
113	Potassium Removing Resins, NEC
114	Caloric Agents, Amino Acid Preps
115	Caloric Agents, Lipids
116	Caloric Agents, Dextrose & Rel
117	Caloric Agents, Nutrition Preps
118	Caloric/Nutrition/Dietary Misc
119	Salt & Sugar Substitutes, NEC
120	Diuretics, Loop Diuretics

Attachment H - THERCLS

Value	Label
121	Diuretics, Misc.
122	Diuretics, Osmotic
123	Diuretics, Potassium-Sparing
124	Diuretics, Thiazides & related
125	Diuretics, Carb Anhydrase Inhib
126	Irrigating Solutions, NEC
127	Enzymes, NEC
128	Antitussives/Cold Comb, NEC
129	Expectorants/Cold Comb, NEC
130	Mucolytics, Cold Comb, NEC
131	Cough/Cough/Cold Comb, NEC
132	Eye/Ear/Nose/Throat Prep, NEC
133	Antiinfect, Antibiotics, EENT
134	Antiinfect, Antivirals, EENT
135	Antiinfect, Sulfonamides EENT
136	Antiinfectives, Misc EENT
137	Antiinfect, Antiinflam EENT
138	Antiinflam Agents EENT, NEC
139	Contact Lens Sol & Prep, NEC
140	Eyewash/Eyestrm/Lubr/Tear, NEC
141	Anesthetics, Local EENT, NEC
142	Miotics, EENT, NEC
143	Mydriatics, EENT, NEC
144	Mouthwashes/Gargles, Misc NEC
145	Vasoconstrictors EENT, NEC
146	Eye/Ear/Nose/Throat Misc, NEC
147	Antacids/Adsorbents & Comb, NEC
148	Antidiarrhea Agents, NEC
149	Antiflatulents, NEC
150	Cathartics & Laxatives, NEC

Attachment H - THERCLS

Value	Label
151	Cath & Lax, Bulk Form
152	Cath & Lax, Laxatives, Emollient
153	Cath & Lax, Laxatives, Enemas
154	Cath & Lax, Laxatives, Saline
155	Cath & Lax, Laxatives, Stimulant
156	Cath & Lax, Laxatives, Stool Softeners
157	Cholelitholytic Agents, NEC
158	Digestants & Comb, NEC
159	Emetics, NEC
160	Antiemetics, NEC
161	Histamine (H2) Antagonists, NEC
162	Gastrointestinal Drugs Misc, NEC
163	Gold Compounds, NEC
164	Heavy Metal Antagonists, NEC
165	Hormones & Synthetics Subst, NEC
166	Adrenals & Comb, NEC
167	Androgens & Comb, NEC
168	Contraceptive, Oral Comb, NEC
169	Ovulation Stimulants, NEC
170	Estrogens & Comb, NEC
171	Gonadotropins, NEC
172	Antidiabetic Agents, Insulin
173	Antidiabetic Ag, Sulfonylureas
174	Antidiabetic Agents, Misc
175	Parathyroid Hormones, NEC
176	Pituitary Hormones, NEC
177	Progestins, NEC
178	Thy/Antithy, Thyroid Hormones
179	Thy/Antithy, Antithyroid Agents
180	Gonadotropin Rel Horm Agnst, NEC

Attachment H - THERCLS

Value	Label
181	Immunosuppressants, NEC
182	Anesthetics, Local
183	Oxytocics, NEC
184	Radioactive Agents, NEC
185	Serums/Toxoids/Vaccines, NEC
186	Serums, NEC
187	Toxins, NEC
188	Toxoids, NEC
189	Vaccines, NEC
190	Antiinf S/MM, Antibiotics & Comb
191	Antiinf S/MM, Antivirals & Comb
192	Antiinf S/MM, Antifungals & Comb
193	Antiinf S/MM, Scabic/Pediculic
194	Antiinf S/MM, Antiinf Local Misc
195	Antiinflam S/MM Agnts & Comb, Misc
196	Antiprut/Local Anest S/MM, NEC
197	Cell Stim/Proliferant S/MM, NEC
198	Detergent S/MM, NEC
199	Emoll/Moist/Demul/Protect S/MM
200	Keratolytic Agents S/MM, NEC
201	Keratoplastic Agents S/MM, NEC
202	S/MM Miscellaneous, NEC
203	S/MM Misc, Analgesics
204	S/MM Misc, Astringents
205	S/MM Misc, Cosmetics
206	S/MM Misc, Powders
207	S/MM, Soaps/Cleansers/Antiseptics
208	S/MM Misc, Vaginal Lubricants
209	S/MM, Skin and Wound Dress/Soaks
210	Depig/Pig/S/MM Depigment Agents

Attachment H - THERCLS

Value	Label
211	Depig/Pig/S/MM Pigmenting Agents
212	Sunscreen Agents S/MM, NEC
213	Enzyme Preps, Topical S/MM, NEC
214	Smooth Muscle Relaxants, NEC
215	Muscle Rel, Smooth-Genitour NEC
216	Muscle Rel, Smooth-Respiratr NEC
217	Bioflavanoids & Comb, NEC
218	Vitamin A & Derivatives
219	Vitamin Bs & B Complex, NEC
220	Vitamin Bs w/Iron/Other Min NEC
221	Vitamin Bs w/Vitamin C, NEC
222	Folic Acid & Derivatives, NEC
223	Vitamin C & Bioflavanoids, NEC
224	Vitamin D, NEC
225	Vitamin E & Comb, NEC
226	Vitamin K Derivatives, NEC
227	Multivit Prep, NEC
228	Multivit Prep, Multivit Plain
229	Multivit Prep, Multivit Iron
230	Multivit Prep, Multivit Minerals
231	Multivit Prep, Multivit Fluoride
232	Multivit Prep, Multivit Prenatal
233	Vitamins & Comb Misc, NEC
234	Unclassified Agents, NEC
235	Antigout Agents, NEC
236	Mast Cell Stabilizers, NEC
237	Devices and Non-Drug Items, NEC
238	Pharmaceutical Aids/Adjuv, NEC
239	Scintigraphy
240	Antiallergic Agents

Attachment H - THERCLS

Value	Label
241	Phosphorus Removing Agents, NEC
242	Antineoplastics S/MM, NEC
243	Cholesterol Test
244	Hepatitis Tests
245	Natriuretic Peptides
246	Gonadotrop Rel Horm Antagonist
247	Bacterial Test
248	Leukotriene Modifiers
249	Uricosuric Agents
250	Phosphodiesterase Inhibitors
251	Biological Response Modifiers
252	Somatomedins
253	Growth Hormone Rel Horm Analog
254	Enzyme Inhibitors
255	Pulmonary Surfactants
256	Leptin Analog
257	Bone Resorption Inhibitors
258	Antineoplastic Adjunct Agents
259	Blood Form/Coagul Agents, Misc
260	Interferons, Antineoplastic
261	Chemotherapy
262	Hormone-Modifying Therapy
263	Molecular Targeted Therapy
264	Radiopharmaceu/Antineoplastic
265	Antineoplastic Agent, Misc.
266	Antidiabetic Ag, Meglitinides
267	Antidiabetic Ag, SGLT Inhibitr
268	Antidiabetic Ag, TZD
270	Genitourinary Agent
271	Kallikrein Inhibitor

Attachment H - THERCLS

Value	Label
272	COMT Inhibitors
273	Per-Act Mu Op Rcp Ant (PAMORA)
290	Antifungal, EENT
292	Phosphorus Regulating Agents
299	Other/unavailable
999	Other/unavailable

Attachment I - THERGRP

Value	Label
01	Antihistamines & Comb. (Class 1)
02	Anti-infective Agents (Classes 2-20)
03	Antineoplastic Agents (Classes 21-22, 260-265)
04	Autonomic Drugs (Classes 23-33)
05	Blood Derivatives (Class 34)
06	Blood Form/Coagul Agents (Classes 35-45, 259)
07	Cardiovascular Agents (Classes 46-56, 245, 250, 271)
08	Central Nervous System (Classes 57-77, 272)
09	Contraceptive Cream/Foam/Devices (Classes 78)
10	Dental Agents (Classes 79-83)
11	Diagnostic Agents (Classes 84-98, 239, 243-244, 247)
12	Disinfectants (Class 99)
13	Electrolytic, Caloric, Water (Classes 100-126, 241, 292)
14	Enzymes (Class 127)
15	Antituss/Expector/Mucolytic (Classes 128-131, 248, 255)
16	Eye, Ear, Nose Throat (Classes 132-146, 240, 290)
17	Gastrointestinal Drugs (Classes 147-162, 273)
18	Gold Compounds (Class 163)
19	Heavy Metal Antagonists (Class 164)
20	Hormones & Synthetic Substitutes (Classes 165-180 246 252-253 256 266-268)
21	Immunosuppressants (Class 181)
22	Anesthetics, Local (Class 122)
23	Oxytoxics (Class 183)
24	Radioactive Agents (Class 184)
25	Serums, Toxoids, Vaccines (Classes 185-189)
26	Skin & Mucous Membrane (Classes 190-213, 242)
27	Smooth Muscles Relaxants (Classes 214-216)
28	Vitamins & Comb (Classes 217-233)
29	Unclassified Agents (Classes 234-236, 251, 254, 257-258, 270)
30	Devices and Non-drug Items (Class 237)

Attachment I - THERGRP

Value	Label
31	Pharmaceutical Aids/Adjuvants (Class 238)
99	Other/unavailable

Appendix - CSV Schema

Table	Column Number	Name	Long Name	CSV Data Type	Example Values
A	1	SEQNUM	Sequence Number	NUM(11)	Each character = 0-9
A	2	ENROLID	Enrollee ID	NUM(11)	Each character = 0-9
A	3	MCASENUM	Medicaid Case Number	CHAR(16)	16-byte alphanumeric
A	4	DOBYR	Patient Birth Year	NUM(4)	1965, 1984, 2005
A	5	VERSION	Version	CHAR(2)	Each character = 0-9
A	6	YEAR	Date Year Incurred	NUM(4)	1999, 2015, 2021
A	7	MEMDAYS	Member Days	NUM(3)	Each character = 0-9
A	8	STDRACE	Race Code	CHAR(1)	1, 2, 4, 9
A	9	SEX	Gender of Patient	CHAR(1)	1, 2
A	10	ENRMON	Enrollment Months	NUM(2)	1, 6, 12
A	11	ENRIND1	Enrollment Indicator Month 1	NUM(1)	0, 1
A	12	ENRIND2	Enrollment Indicator Month 2	NUM(1)	0, 1
A	13	ENRIND3	Enrollment Indicator Month 3	NUM(1)	0, 1
A	14	ENRIND4	Enrollment Indicator Month 4	NUM(1)	0, 1
A	15	ENRIND5	Enrollment Indicator Month 5	NUM(1)	0, 1
A	16	ENRIND6	Enrollment Indicator Month 6	NUM(1)	0, 1
A	17	ENRIND7	Enrollment Indicator Month 7	NUM(1)	0, 1
A	18	ENRIND8	Enrollment Indicator Month 8	NUM(1)	0, 1
A	19	ENRIND9	Enrollment Indicator Month 9	NUM(1)	0, 1
A	20	ENRIND10	Enrollment Indicator Month 10	NUM(1)	0, 1
A	21	ENRIND11	Enrollment Indicator Month 11	NUM(1)	0, 1
A	22	ENRIND12	Enrollment Indicator Month 12	NUM(1)	0, 1
A	23	MEMDAY1	Member Days Month 1	NUM(2)	Each character = 0-9
A	24	MEMDAY2	Member Days Month 2	NUM(2)	Each character = 0-9
A	25	MEMDAY3	Member Days Month 3	NUM(2)	Each character = 0-9
A	26	MEMDAY4	Member Days Month 4	NUM(2)	Each character = 0-9
A	27	MEMDAY5	Member Days Month 5	NUM(2)	Each character = 0-9
A	28	MEMDAY6	Member Days Month 6	NUM(2)	Each character = 0-9
A	29	MEMDAY7	Member Days Month 7	NUM(2)	Each character = 0-9
A	30	MEMDAY8	Member Days Month 8	NUM(2)	Each character = 0-9

Appendix - CSV Schema

Table	Column Number	Name	Long Name	CSV Data Type	Example Values
A	31	MEMDAY9	Member Days Month 9	NUM(2)	Each character = 0-9
A	32	MEMDAY10	Member Days Month 10	NUM(2)	Each character = 0-9
A	33	MEMDAY11	Member Days Month 11	NUM(2)	Each character = 0-9
A	34	MEMDAY12	Member Days Month 12	NUM(2)	Each character = 0-9
A	35	PLNTYP1	Plan Indicator Month 1	NUM(1)	1, 5, 9
A	36	PLNTYP2	Plan Indicator Month 2	NUM(1)	1, 5, 9
A	37	PLNTYP3	Plan Indicator Month 3	NUM(1)	1, 5, 9
A	38	PLNTYP4	Plan Indicator Month 4	NUM(1)	1, 5, 9
A	39	PLNTYP5	Plan Indicator Month 5	NUM(1)	1, 5, 9
A	40	PLNTYP6	Plan Indicator Month 6	NUM(1)	1, 5, 9
A	41	PLNTYP7	Plan Indicator Month 7	NUM(1)	1, 5, 9
A	42	PLNTYP8	Plan Indicator Month 8	NUM(1)	1, 5, 9
A	43	PLNTYP9	Plan Indicator Month 9	NUM(1)	1, 5, 9
A	44	PLNTYP10	Plan Indicator Month 10	NUM(1)	1, 5, 9
A	45	PLNTYP11	Plan Indicator Month 11	NUM(1)	1, 5, 9
A	46	PLNTYP12	Plan Indicator Month 12	NUM(1)	1, 5, 9
A	47	BOE	Basis of eligibility code	CHAR(1)	1, 2, A
A	48	CAP	Capitation Indicator	CHAR(1)	N, Y
A	49	DRUGCOVG	Coverage indicator drug	CHAR(1)	0, 1
A	50	MAS	Maintenance Assistance Status Code	CHAR(1)	1, 2, 9
A	51	MEDICARE	Medicare Eligibility Indicator	CHAR(1)	0, 1
A	52	MHSACOVG	Coverage Indicator MHSA	CHAR(1)	0, 1
D	1	SEQNUM	Sequence Number	NUM(11)	Each character = 0-9
D	2	ENROLID	Enrollee ID	NUM(11)	Each character = 0-9
D	3	MCASENUM	Medicaid Case Number	CHAR(16)	16-byte alphanumeric
D	4	DOBYR	Patient Birth Year	NUM(4)	1965, 1984, 2005
D	5	DRUGCOVG	Coverage indicator drug	CHAR(1)	0, 1
D	6	MHSACOVG	Coverage Indicator MHSA	CHAR(1)	0, 1
D	7	PLANTYP	Plan Indicator	NUM(1)	1, 2, 3, 4, 5, 6, 7, 8, 9
D	8	BOE	Basis of eligibility code	CHAR(1)	1, 2, A

Appendix - CSV Schema

Table	Column Number	Name	Long Name	CSV Data Type	Example Values
D	9	CAP	Capitation Indicator	CHAR(1)	N, Y
D	10	MAS	Maintenance Assistance Status Code	CHAR(1)	1, 2, 9
D	11	MEDICARE	Medicare Eligibility Indicator	CHAR(1)	0, 1
D	12	VERSION	Version	CHAR(2)	Each character = 0-9
D	13	YEAR	Date Year Incurred	NUM(4)	1999, 2015, 2021
D	14	AWP	Average Wholesale Price	FLT(12.2)	188.88, 442.54, 46.70
D	15	COB	COB and Other Savings	FLT(12.2)	0.00, 70.87, 195.10
D	16	COINS	Coinsurance	FLT(12.2)	0.00, 6.24, 204.86
D	17	COPAY	Copayment	FLT(12.2)	0.00, 0.43, 100.00
D	18	DEDUCT	Deductible	FLT(12.2)	0.00, 14.77, 300.00
D	19	DAWIND	Dispense as Written Indicator	CHAR(2)	01, 07, 10
D	20	DISPFEE	Dispensing Fee	FLT(12.2)	0.00, 0.50, 0.75
D	21	INGCOST	Ingredient Cost	FLT(12.2)	1.54, 7.25, 32.00
D	22	QTY	Quantity of Services	NUM(5)	1, 10, 100
D	23	REFILL	Refill Number	NUM(5)	0, 1, 2
D	24	SVCDATE	Date Service Incurred	DATE(10)	04/04/1999, 11/3/2020, 07/11/2021
D	25	DAYSUPP	Days Supply	NUM(5)	1, 30, 90
D	26	GENERID	Generic Product ID	NUM(6)	0, 124693, 114182, 999999
D	27	METQTY	Metric Quantity	FLT(12.3)	0.500, 30.000, 90.000
D	28	NDCNUM	National Drug Code	CHAR(11)	51991070501, 00121075908, 31722093612
D	29	NETPAY	Payments Net	FLT(12.2)	0.00, 154.98, 2409.72
D	30	PAY	Payment	FLT(12.2)	0.00, 15.07, 234.19
D	31	PDDATE	Date Claim Paid	DATE(10)	01/06/1999, 05/04/2018, 10/12/2020
D	32	THERCLS	Therapeutic Class	NUM(3)	1, 60, 235, 999
D	33	STDRACE	Race Code	CHAR(1)	1, 2, 4, 9
D	34	DEACLAS	DEA Classification	CHAR(1)	1, 2, 3, 8
D	35	MAINTIN	Maintenance Indicator	CHAR(1)	1, 2, 3, 4
D	36	SEX	Gender of Patient	CHAR(1)	1, 2
D	37	THERGRP	Therapeutic Group	CHAR(2)	01, 16, 30, 99
D	38	GENIND	Generic Indicator	CHAR(1)	1, 2, 5, 7

Appendix - CSV Schema

Table	Column Number	Name	Long Name	CSV Data Type	Example Values
D	39	PHARM_ID	Pharmacy ID (Char)	CHAR(16)	16-byte alphanumeric
F	1	SEQNUM	Sequence Number	NUM(11)	Each character = 0-9
F	2	FACHDID	Facility Header Record ID	NUM(11)	Each character = 0-9
F	3	ENROLID	Enrollee ID	NUM(11)	Each character = 0-9
F	4	MCASENUM	Medicaid Case Number	CHAR(16)	16-byte alphanumeric
F	5	DOBYR	Patient Birth Year	NUM(4)	1965, 1984, 2005
F	6	DRUGCOVG	Coverage indicator drug	CHAR(1)	0, 1
F	7	MHSACOVG	Coverage Indicator MHSA	CHAR(1)	0, 1
F	8	PLANTYP	Plan Indicator	NUM(1)	1, 2, 3, 4, 5, 6, 7, 8, 9
F	9	BOE	Basis of eligibility code	CHAR(1)	1, 2, A
F	10	CAP	Capitation Indicator	CHAR(1)	N, Y
F	11	MAS	Maintenance Assistance Status Code	CHAR(1)	1, 2, 9
F	12	MEDICARE	Medicare Eligibility Indicator	CHAR(1)	0, 1
F	13	VERSION	Version	CHAR(2)	Each character = 0-9
F	14	YEAR	Date Year Incurred	NUM(4)	1999, 2015, 2021
F	15	COB	COB and Other Savings	FLT(12.2)	0.00, 70.87, 195.10
F	16	COINS	Coinsurance	FLT(12.2)	0.00, 6.24, 204.86
F	17	COPAY	Copayment	FLT(12.2)	0.00, 0.43, 100.00
F	18	DEDUCT	Deductible	FLT(12.2)	0.00, 14.77, 300.00
F	19	NETPAY	Payments Net	FLT(12.2)	0.00, 154.98, 2409.72
F	20	DX1	Diagnosis 1	CHAR(7)	E119, Z01419, M069
F	21	DX2	Diagnosis 2	CHAR(7)	E119, Z01419, M069
F	22	DXVER	Diagnosis Code ICD Version Indicator	CHAR(1)	0, 9
F	23	PROC1	Procedure Code 1	CHAR(7)	80061, 81000, 85014
F	24	SEX	Gender of Patient	CHAR(1)	1, 2
F	25	CASEID	Case and Services Link	NUM(9)	Each character = 0-9
F	26	BILLTYP	Facility Bill Type Code	CHAR(3)	111, 131, 141
F	27	DX3	Diagnosis 3	CHAR(7)	E119, Z01419, M069
F	28	DX4	Diagnosis 4	CHAR(7)	E119, Z01419, M069
F	29	DX5	Diagnosis 5	CHAR(7)	E119, Z01419, M069

Appendix - CSV Schema

Table	Column Number	Name	Long Name	CSV Data Type	Example Values
F	30	DX6	Diagnosis 6	CHAR(7)	E119, Z01419, M069
F	31	DX7	Diagnosis 7	CHAR(7)	E119, Z01419, M069
F	32	DX8	Diagnosis 8	CHAR(7)	E119, Z01419, M069
F	33	DX9	Diagnosis 9	CHAR(7)	E119, Z01419, M069
F	34	PDDATE	Date Claim Paid	DATE(10)	01/06/1999, 05/04/2018, 10/12/2020
F	35	PROC2	Procedure 2	CHAR(7)	80061, 81000, 85014
F	36	PROC3	Procedure 3	CHAR(7)	80061, 81000, 85014
F	37	PROC4	Procedure 4	CHAR(7)	80061, 81000, 85014
F	38	PROC5	Procedure 5	CHAR(7)	80061, 81000, 85014
F	39	PROC6	Procedure 6	CHAR(7)	80061, 81000, 85014
F	40	SVCDATE	Date Service Incurred	DATE(10)	04/04/1999, 11/3/2020, 07/11/2021
F	41	TSVCDAT	Date Service Ending	DATE(10)	10/01/1998, 04/15/2009, 08/03/2019
F	42	STDRACE	Race Code	CHAR(1)	1, 2, 4, 9
F	43	MDC	Major Diagnostic Category	CHAR(2)	02, 11, 23
F	44	DSTATUS	Discharge Status	CHAR(2)	1, 50, 71
F	45	STDPLAC	Place of Service	NUM(2)	1, 11, 81, 99
F	46	STDPROV	Provider Type	NUM(3)	1, 204, 930
F	47	PROV_ID	Provider ID (Char)	CHAR(16)	16-byte alphanumeric
F	48	MSCLMID	MarketScan Claim ID	NUM(10)	Each character = 0-9
F	49	NPI	National Provider ID	CHAR(10)	10-byte alphanumeric
F	50	POADX1	Present on Admission Diagnosis 1	CHAR(1)	1, N, U, W, Y
F	51	POADX2	Present on Admission Diagnosis 2	CHAR(1)	1, N, U, W, Y
F	52	POADX3	Present on Admission Diagnosis 3	CHAR(1)	1, N, U, W, Y
F	53	POADX4	Present on Admission Diagnosis 4	CHAR(1)	1, N, U, W, Y
F	54	POADX5	Present on Admission Diagnosis 5	CHAR(1)	1, N, U, W, Y
F	55	POADX6	Present on Admission Diagnosis 6	CHAR(1)	1, N, U, W, Y
F	56	POADX7	Present on Admission Diagnosis 7	CHAR(1)	1, N, U, W, Y
F	57	POADX8	Present on Admission Diagnosis 8	CHAR(1)	1, N, U, W, Y
F	58	POADX9	Present on Admission Diagnosis 9	CHAR(1)	1, N, U, W, Y
I	1	SEQNUM	Sequence Number	NUM(11)	Each character = 0-9

Appendix - CSV Schema

Table	Column Number	Name	Long Name	CSV Data Type	Example Values
	2	ENROLID	Enrollee ID	NUM(11)	Each character = 0-9
	3	MCASENUM	Medicaid Case Number	CHAR(16)	16-byte alphanumeric
	4	DOBYR	Patient Birth Year	NUM(4)	1965, 1984, 2005
	5	DRUGCOVG	Coverage indicator drug	CHAR(1)	0, 1
	6	MHSACOVG	Coverage Indicator MHSA	CHAR(1)	0, 1
	7	PLANTYP	Plan Indicator	NUM(1)	1, 2, 3, 4, 5, 6, 7, 8, 9
	8	BOE	Basis of eligibility code	CHAR(1)	1, 2, A
	9	CAP	Capitation Indicator	CHAR(1)	N, Y
	10	MAS	Maintenance Assistance Status Code	CHAR(1)	1, 2, 9
	11	MEDICARE	Medicare Eligibility Indicator	CHAR(1)	0, 1
	12	VERSION	Version	CHAR(2)	Each character = 0-9
	13	YEAR	Date Year Incurred	NUM(4)	1999, 2015, 2021
	14	DISDATE	Date of Discharge	DATE(10)	01/15/1997, 04/23/2004, 12/30/2017
	15	TOTCOB	COB and Other Savings: Total (Case)	FLT(12.2)	0.00, 7664.30, 8501.63
	16	TOTCOINS	Coinsurance: Total (Case)	FLT(12.2)	0.00, 183.33, 3996.70
	17	TOTCOPAY	Copayment: Total (Case)	FLT(12.2)	0.00, 250.00, 400.00
	18	TOTDED	Deductible: Total (Case)	FLT(12.2)	0.00, 186.00, 362.70
	19	ADMDATE	Date of Admission	DATE(10)	05/14/1999, 07/22/2008, 12/10/2020
	20	CASEID	Case and Services Link	NUM(9)	Each character = 0-9
	21	DAYS	Length of Stay	NUM(4)	1, 5, 10
	22	DRG	Diagnosis Related Group (v40.0)	NUM(3)	1, 59, 226, 472, 999
	23	HOSPNET	Net Payments: Hospital	FLT(12.2)	1642.72, 7775.10, 11772.09
	24	HOSPPAY	Payments: Hospital	FLT(12.2)	2485.28, 6630.42, 11839.23
	25	PDDATE	Date Claim Paid	DATE(10)	01/06/1999, 05/04/2018, 10/12/2020
	26	DXVER	Diagnosis Code ICD Version Indicator	CHAR(1)	0, 9
	27	PDX	Diagnosis Principal	CHAR(7)	E119, Z01419, M069
	28	PHYSNET	Net Payments: Physician	FLT(12.2)	0.00, 174.82, 585.00
	29	PHYSPAY	Payments: Physician	FLT(12.2)	0.00, 462.36, 1686.52
	30	PPROC	Procedure Principal	CHAR(7)	80061, 81000, 85014
	31	TOTNET	Payments: Net (Case)	FLT(12.2)	0.00, 1623.10, 4685.09

Appendix - CSV Schema

Table	Column Number	Name	Long Name	CSV Data Type	Example Values
	32	TOTPAY	Payments: Total (Case)	FLT(12.2)	186.00, 1527.87, 60894.21
	33	STDRACE	Race Code	CHAR(1)	1, 2, 4, 9
	34	ADMTYP	Admission Type	CHAR(1)	1, 2, 3, 4, 5
	35	MDC	Major Diagnostic Category	CHAR(2)	02, 11, 23
	36	SEX	Gender of Patient	CHAR(1)	1, 2
	37	DSTATUS	Discharge Status	CHAR(2)	1, 50, 71
	38	DX1	Diagnosis 1	CHAR(7)	E119, Z01419, M069
	39	DX2	Diagnosis 2	CHAR(7)	E119, Z01419, M069
	40	DX3	Diagnosis 3	CHAR(7)	E119, Z01419, M069
	41	DX4	Diagnosis 4	CHAR(7)	E119, Z01419, M069
	42	DX5	Diagnosis 5	CHAR(7)	E119, Z01419, M069
	43	DX6	Diagnosis 6	CHAR(7)	E119, Z01419, M069
	44	DX7	Diagnosis 7	CHAR(7)	E119, Z01419, M069
	45	DX8	Diagnosis 8	CHAR(7)	E119, Z01419, M069
	46	DX9	Diagnosis 9	CHAR(7)	E119, Z01419, M069
	47	DX10	Diagnosis 10	CHAR(7)	E119, Z01419, M069
	48	DX11	Diagnosis 11	CHAR(7)	E119, Z01419, M069
	49	DX12	Diagnosis 12	CHAR(7)	E119, Z01419, M069
	50	DX13	Diagnosis 13	CHAR(7)	E119, Z01419, M069
	51	DX14	Diagnosis 14	CHAR(7)	E119, Z01419, M069
	52	DX15	Diagnosis 15	CHAR(7)	E119, Z01419, M069
	53	PROC1	Procedure Code 1	CHAR(7)	80061, 81000, 85014
	54	PROC2	Procedure 2	CHAR(7)	80061, 81000, 85014
	55	PROC3	Procedure 3	CHAR(7)	80061, 81000, 85014
	56	PROC4	Procedure 4	CHAR(7)	80061, 81000, 85014
	57	PROC5	Procedure 5	CHAR(7)	80061, 81000, 85014
	58	PROC6	Procedure 6	CHAR(7)	80061, 81000, 85014
	59	PROC7	Procedure 7	CHAR(7)	80061, 81000, 85014
	60	PROC8	Procedure 8	CHAR(7)	80061, 81000, 85014
	61	PROC9	Procedure 9	CHAR(7)	80061, 81000, 85014

Appendix - CSV Schema

Table	Column Number	Name	Long Name	CSV Data Type	Example Values
I	62	PROC10	Procedure 10	CHAR(7)	80061, 81000, 85014
I	63	PROC11	Procedure 11	CHAR(7)	80061, 81000, 85014
I	64	PROC12	Procedure 12	CHAR(7)	80061, 81000, 85014
I	65	PROC13	Procedure 13	CHAR(7)	80061, 81000, 85014
I	66	PROC14	Procedure 14	CHAR(7)	80061, 81000, 85014
I	67	PROC15	Procedure 15	CHAR(7)	80061, 81000, 85014
I	68	HOSP_ID	Hospital ID (Char)	CHAR(16)	16-byte alphanumeric
I	69	PHYS_ID	Physician ID (Char)	CHAR(16)	16-byte alphanumeric
I	70	POAPDX	Present on Admission Principal Diagnosis	CHAR(1)	1, N, U, W, Y
I	71	POADX1	Present on Admission Diagnosis 1	CHAR(1)	1, N, U, W, Y
I	72	POADX2	Present on Admission Diagnosis 2	CHAR(1)	1, N, U, W, Y
I	73	POADX3	Present on Admission Diagnosis 3	CHAR(1)	1, N, U, W, Y
I	74	POADX4	Present on Admission Diagnosis 4	CHAR(1)	1, N, U, W, Y
I	75	POADX5	Present on Admission Diagnosis 5	CHAR(1)	1, N, U, W, Y
I	76	POADX6	Present on Admission Diagnosis 6	CHAR(1)	1, N, U, W, Y
I	77	POADX7	Present on Admission Diagnosis 7	CHAR(1)	1, N, U, W, Y
I	78	POADX8	Present on Admission Diagnosis 8	CHAR(1)	1, N, U, W, Y
I	79	POADX9	Present on Admission Diagnosis 9	CHAR(1)	1, N, U, W, Y
I	80	POADX10	Present on Admission Diagnosis 10	CHAR(1)	1, N, U, W, Y
I	81	POADX11	Present on Admission Diagnosis 11	CHAR(1)	1, N, U, W, Y
I	82	POADX12	Present on Admission Diagnosis 12	CHAR(1)	1, N, U, W, Y
I	83	POADX13	Present on Admission Diagnosis 13	CHAR(1)	1, N, U, W, Y
I	84	POADX14	Present on Admission Diagnosis 14	CHAR(1)	1, N, U, W, Y
I	85	POADX15	Present on Admission Diagnosis 15	CHAR(1)	1, N, U, W, Y
L	1	SEQNUM	Sequence Number	NUM(11)	Each character = 0-9
L	2	ENROLID	Enrollee ID	NUM(11)	Each character = 0-9
L	3	MCASENUM	Medicaid Case Number	CHAR(16)	16-byte alphanumeric
L	4	DOBYR	Patient Birth Year	NUM(4)	1965, 1984, 2005
L	5	DRUGCOVG	Coverage indicator drug	CHAR(1)	0, 1
L	6	MHSACOVG	Coverage Indicator MHS	CHAR(1)	0, 1

Appendix - CSV Schema

Table	Column Number	Name	Long Name	CSV Data Type	Example Values
L	7	PLANTYP	Plan Indicator	NUM(1)	1, 2, 3, 4, 5, 6, 7, 8, 9
L	8	BOE	Basis of eligibility code	CHAR(1)	1, 2, A
L	9	CAP	Capitation Indicator	CHAR(1)	N, Y
L	10	MAS	Maintenance Assistance Status Code	CHAR(1)	1, 2, 9
L	11	MEDICARE	Medicare Eligibility Indicator	CHAR(1)	0, 1
L	12	VERSION	Version	CHAR(2)	Each character = 0-9
L	13	YEAR	Date Year Incurred	NUM(4)	1999, 2015, 2021
L	14	COB	COB and Other Savings	FLT(12.2)	0.00, 70.87, 195.10
L	15	COINS	Coinsurance	FLT(12.2)	0.00, 6.24, 204.86
L	16	COPAY	Copayment	FLT(12.2)	0.00, 0.43, 100.00
L	17	DEDUCT	Deductible	FLT(12.2)	0.00, 14.77, 300.00
L	18	NETPAY	Payments Net	FLT(12.2)	0.00, 154.98, 2409.72
L	19	PAY	Payment	FLT(12.2)	0.00, 15.07, 234.19
L	20	FACHDID	Facility Header Record ID	NUM(11)	Each character = 0-9
L	21	FACPROF	Facility-Professional Claim Indicator	CHAR(1)	F, P
L	22	REVCODE	Revenue Code	CHAR(4)	0250, 0258, 0360
L	23	DX1	Diagnosis 1	CHAR(7)	E119, Z01419, M069
L	24	DX2	Diagnosis 2	CHAR(7)	E119, Z01419, M069
L	25	DXVER	Diagnosis Code ICD Version Indicator	CHAR(1)	0, 9
L	26	PROC1	Procedure Code 1	CHAR(7)	80061, 81000, 85014
L	27	PROCTYP	Procedure Code Type	CHAR(1)	*, 0, 1, 3, 6, 7, 8
L	28	SEX	Gender of Patient	CHAR(1)	1, 2
L	29	SVCDATE	Date Service Incurred	DATE(10)	04/04/1999, 11/3/2020, 07/11/2021
L	30	DX3	Diagnosis 3	CHAR(7)	E119, Z01419, M069
L	31	DX4	Diagnosis 4	CHAR(7)	E119, Z01419, M069
L	32	PDDATE	Date Claim Paid	DATE(10)	01/06/1999, 05/04/2018, 10/12/2020
L	33	PROCGRP	Procedure Code Group	NUM(3)	0, 1, 114, 369, 499
L	34	QTY	Quantity of Services	NUM(5)	1, 10, 100
L	35	SVSCAT	Service Sub-Category Code	CHAR(5)	10110, 12336, 31218
L	36	TSVCDAT	Date Service Ending	DATE(10)	10/01/1998, 04/15/2009, 08/03/2019

Appendix - CSV Schema

Table	Column Number	Name	Long Name	CSV Data Type	Example Values
L	37	STDRACE	Race Code	CHAR(1)	1, 2, 4, 9
L	38	MDC	Major Diagnostic Category	CHAR(2)	02, 11, 23
L	39	STDPLAC	Place of Service	NUM(2)	1, 11, 81, 99
L	40	STDPROV	Provider Type	NUM(3)	1, 204, 930
L	41	PROV_ID	Provider ID (Char)	CHAR(16)	16-byte alphanumeric
L	42	MSCLMID	MarketScan Claim ID	NUM(10)	Each character = 0-9
L	43	NPI	National Provider ID	CHAR(10)	10-byte alphanumeric
L	44	UNITS	Units of Service Count	FLT(12.2)	1.00, 10.00, 100.00
L	45	PROCMOD	Procedure Code Modifier	CHAR(2)	26, TC, RR
O	1	SEQNUM	Sequence Number	NUM(11)	Each character = 0-9
O	2	ENROLID	Enrollee ID	NUM(11)	Each character = 0-9
O	3	MCASENUM	Medicaid Case Number	CHAR(16)	16-byte alphanumeric
O	4	DOBYR	Patient Birth Year	NUM(4)	1965, 1984, 2005
O	5	DRUGCOVG	Coverage indicator drug	CHAR(1)	0, 1
O	6	MHSACOVG	Coverage Indicator MHSA	CHAR(1)	0, 1
O	7	PLANTYP	Plan Indicator	NUM(1)	1, 2, 3, 4, 5, 6, 7, 8, 9
O	8	BOE	Basis of eligibility code	CHAR(1)	1, 2, A
O	9	CAP	Capitation Indicator	CHAR(1)	N, Y
O	10	MAS	Maintenance Assistance Status Code	CHAR(1)	1, 2, 9
O	11	MEDICARE	Medicare Eligibility Indicator	CHAR(1)	0, 1
O	12	VERSION	Version	CHAR(2)	Each character = 0-9
O	13	YEAR	Date Year Incurred	NUM(4)	1999, 2015, 2021
O	14	COB	COB and Other Savings	FLT(12.2)	0.00, 70.87, 195.10
O	15	COINS	Coinsurance	FLT(12.2)	0.00, 6.24, 204.86
O	16	COPAY	Copayment	FLT(12.2)	0.00, 0.43, 100.00
O	17	DEDUCT	Deductible	FLT(12.2)	0.00, 14.77, 300.00
O	18	NETPAY	Payments Net	FLT(12.2)	0.00, 154.98, 2409.72
O	19	PAY	Payment	FLT(12.2)	0.00, 15.07, 234.19
O	20	FACHDID	Facility Header Record ID	NUM(11)	Each character = 0-9
O	21	FACPROF	Facility-Professional Claim Indicator	CHAR(1)	F, P

Appendix - CSV Schema

Table	Column Number	Name	Long Name	CSV Data Type	Example Values
O	22	REVCODE	Revenue Code	CHAR(4)	0250, 0258, 0360
O	23	DX1	Diagnosis 1	CHAR(7)	E119, Z01419, M069
O	24	DX2	Diagnosis 2	CHAR(7)	E119, Z01419, M069
O	25	DXVER	Diagnosis Code ICD Version Indicator	CHAR(1)	0, 9
O	26	PROC1	Procedure Code 1	CHAR(7)	80061, 81000, 85014
O	27	PROCTYP	Procedure Code Type	CHAR(1)	*, 0, 1, 3, 6, 7, 8
O	28	SEX	Gender of Patient	CHAR(1)	1, 2
O	29	SVCDATE	Date Service Incurred	DATE(10)	04/04/1999, 11/3/2020, 07/11/2021
O	30	DX3	Diagnosis 3	CHAR(7)	E119, Z01419, M069
O	31	DX4	Diagnosis 4	CHAR(7)	E119, Z01419, M069
O	32	PDDATE	Date Claim Paid	DATE(10)	01/06/1999, 05/04/2018, 10/12/2020
O	33	PROCGRP	Procedure Code Group	NUM(3)	0, 1, 114, 369, 499
O	34	QTY	Quantity of Services	NUM(5)	1, 10, 100
O	35	SVCSCAT	Service Sub-Category Code	CHAR(5)	10110, 12336, 31218
O	36	TSVCDAT	Date Service Ending	DATE(10)	10/01/1998, 04/15/2009, 08/03/2019
O	37	STDRACE	Race Code	CHAR(1)	1, 2, 4, 9
O	38	MDC	Major Diagnostic Category	CHAR(2)	02, 11, 23
O	39	STDPLAC	Place of Service	NUM(2)	1, 11, 81, 99
O	40	STDPROV	Provider Type	NUM(3)	1, 204, 930
O	41	DENTAL	Dental claim indicator	CHAR(1)	0, 1
O	42	PROV_ID	Provider ID (Char)	CHAR(16)	16-byte alphanumeric
O	43	MSCLMID	MarketScan Claim ID	NUM(10)	Each character = 0-9
O	44	NPI	National Provider ID	CHAR(10)	10-byte alphanumeric
O	45	UNITS	Units of Service Count	FLT(12.2)	1.00, 10.00, 100.00
O	46	PROCMOD	Procedure Code Modifier	CHAR(2)	26, TC, RR
S	1	SEQNUM	Sequence Number	NUM(11)	Each character = 0-9
S	2	DISDATE	Date of Discharge	DATE(10)	01/15/1997, 04/23/2004, 12/30/2017
S	3	CASEID	Case and Services Link	NUM(9)	Each character = 0-9
S	4	DRG	Diagnosis Related Group (v40.0)	NUM(3)	1, 59, 226, 472, 999
S	5	PDX	Diagnosis Principal	CHAR(7)	E119, Z01419, M069

Appendix - CSV Schema

Table	Column Number	Name	Long Name	CSV Data Type	Example Values
S	6	PPROC	Procedure Principal	CHAR(7)	80061, 81000, 85014
S	7	ADMTYP	Admission Type	CHAR(1)	1, 2, 3, 4, 5
S	8	MDC	Major Diagnostic Category	CHAR(2)	02, 11, 23
S	9	ENROLID	Enrollee ID	NUM(11)	Each character = 0-9
S	10	MCASENUM	Medicaid Case Number	CHAR(16)	16-byte alphanumeric
S	11	DOBYR	Patient Birth Year	NUM(4)	1965, 1984, 2005
S	12	DRUGCOVG	Coverage indicator drug	CHAR(1)	0, 1
S	13	MHSACOVG	Coverage Indicator MHSA	CHAR(1)	0, 1
S	14	PLANTYP	Plan Indicator	NUM(1)	1, 2, 3, 4, 5, 6, 7, 8, 9
S	15	BOE	Basis of eligibility code	CHAR(1)	1, 2, A
S	16	CAP	Capitation Indicator	CHAR(1)	N, Y
S	17	MAS	Maintenance Assistance Status Code	CHAR(1)	1, 2, 9
S	18	MEDICARE	Medicare Eligibility Indicator	CHAR(1)	0, 1
S	19	VERSION	Version	CHAR(2)	Each character = 0-9
S	20	YEAR	Date Year Incurred	NUM(4)	1999, 2015, 2021
S	21	COB	COB and Other Savings	FLT(12.2)	0.00, 70.87, 195.10
S	22	COINS	Coinsurance	FLT(12.2)	0.00, 6.24, 204.86
S	23	COPAY	Copayment	FLT(12.2)	0.00, 0.43, 100.00
S	24	DEDUCT	Deductible	FLT(12.2)	0.00, 14.77, 300.00
S	25	NETPAY	Payments Net	FLT(12.2)	0.00, 154.98, 2409.72
S	26	PAY	Payment	FLT(12.2)	0.00, 15.07, 234.19
S	27	FACHDID	Facility Header Record ID	NUM(11)	Each character = 0-9
S	28	FACPROF	Facility-Professional Claim Indicator	CHAR(1)	F, P
S	29	REVCODE	Revenue Code	CHAR(4)	0250, 0258, 0360
S	30	DX1	Diagnosis 1	CHAR(7)	E119, Z01419, M069
S	31	DX2	Diagnosis 2	CHAR(7)	E119, Z01419, M069
S	32	DXVER	Diagnosis Code ICD Version Indicator	CHAR(1)	0, 9
S	33	PROC1	Procedure Code 1	CHAR(7)	80061, 81000, 85014
S	34	PROCTYP	Procedure Code Type	CHAR(1)	*, 0, 1, 3, 6, 7, 8
S	35	SEX	Gender of Patient	CHAR(1)	1, 2

Appendix - CSV Schema

Table	Column Number	Name	Long Name	CSV Data Type	Example Values
S	36	DX3	Diagnosis 3	CHAR(7)	E119, Z01419, M069
S	37	DX4	Diagnosis 4	CHAR(7)	E119, Z01419, M069
S	38	PDDATE	Date Claim Paid	DATE(10)	01/06/1999, 05/04/2018, 10/12/2020
S	39	QTY	Quantity of Services	NUM(5)	1, 10, 100
S	40	SVCSCAT	Service Sub-Category Code	CHAR(5)	10110, 12336, 31218
S	41	SVCDATE	Date Service Incurred	DATE(10)	04/04/1999, 11/3/2020, 07/11/2021
S	42	TSVCDAT	Date Service Ending	DATE(10)	10/01/1998, 04/15/2009, 08/03/2019
S	43	STDRACE	Race Code	CHAR(1)	1, 2, 4, 9
S	44	ADMDATE	Date of Admission	DATE(10)	05/14/1999, 07/22/2008, 12/10/2020
S	45	DSTATUS	Discharge Status	CHAR(2)	1, 50, 71
S	46	STDPLAC	Place of Service	NUM(2)	1, 11, 81, 99
S	47	STDPROV	Provider Type	NUM(3)	1, 204, 930
S	48	PROV_ID	Provider ID (Char)	CHAR(16)	16-byte alphanumeric
S	49	MSCLMID	MarketScan Claim ID	NUM(10)	Each character = 0-9
S	50	NPI	National Provider ID	CHAR(10)	10-byte alphanumeric
S	51	UNITS	Units of Service Count	FLT(12.2)	1.00, 10.00, 100.00
S	52	PROCMOD	Procedure Code Modifier	CHAR(2)	26, TC, RR
T	1	SEQNUM	Sequence Number	NUM(11)	Each character = 0-9
T	2	ENROLID	Enrollee ID	NUM(11)	Each character = 0-9
T	3	MCASENUM	Medicaid Case Number	CHAR(16)	16-byte alphanumeric
T	4	DOBYR	Patient Birth Year	NUM(4)	1965, 1984, 2005
T	5	DRUGCOVG	Coverage indicator drug	CHAR(1)	0, 1
T	6	MHSACOVG	Coverage Indicator MHSA	CHAR(1)	0, 1
T	7	PLANTYP	Plan Indicator	NUM(1)	1, 2, 3, 4, 5, 6, 7, 8, 9
T	8	BOE	Basis of eligibility code	CHAR(1)	1, 2, A
T	9	CAP	Capitation Indicator	CHAR(1)	N, Y
T	10	MAS	Maintenance Assistance Status Code	CHAR(1)	1, 2, 9
T	11	MEDICARE	Medicare Eligibility Indicator	CHAR(1)	0, 1
T	12	VERSION	Version	CHAR(2)	Each character = 0-9
T	13	YEAR	Date Year Incurred	NUM(4)	1999, 2015, 2021

Appendix - CSV Schema

Table	Column Number	Name	Long Name	CSV Data Type	Example Values
T	14	MEMDAYS	Member Days	NUM(3)	Each character = 0-9
T	15	DTEND	Date Enrollment End	DATE(10)	01/31/1998, 06/30/2005, 10/31/2016
T	16	DTSTART	Date Enrollment Start	DATE(10)	02/01/1999, 04/01/2001, 11/01/2019
T	17	STRACE	Race Code	CHAR(1)	1, 2, 4, 9
T	18	SEX	Gender of Patient	CHAR(1)	1, 2



© Copyright Merative US L.P. 2024

Merative

100 Phoenix Drive

Ann Arbor, Michigan 48108

Produced in the United States of America

November 2024

Merative, the Merative logo and MarketScan are trademarks of Merative in the United States, other countries or both. All other company or product names are registered trademarks or trademarks of their respective companies.

This document is current as of the initial date of publication and may be changed by Merative at any time. Not all offerings are available in every country in which Merative operates.

The information in this document is provided "as is" without any warranty, express or implied, including without any warranties of merchantability, fitness for a particular purpose and any warranty or condition of non-infringement. Merative products are warranted according to the terms and conditions of the agreements under which they are provided.

The client is responsible for ensuring compliance with all applicable laws and regulations applicable to it. Merative does not provide legal advice or represent or warrant that its services or products will ensure that the client is in compliance with any law or regulation. The performance data and client examples cited are presented for illustrative purposes only. Actual performance results may vary depending on the specific configurations and operating conditions. It is the user's responsibility to evaluate and verify the operation of any other products or programs with Merative product and programs.

Statement of Good Security Practices: IT system security involves protecting systems and information through prevention, detection and response to improper access from within and outside your enterprise. Improper access can result in information being altered, destroyed, misappropriated or misused or can result in damage to or misuse of your systems, including for use in attacks on others. No IT system or product should be considered completely secure and no single product, service or security measure can be completely effective in preventing improper use or access. Merative systems, products and services are designed to be part of a lawful, comprehensive security approach, which will necessarily involve additional operational procedures, and may require other systems, products or services to be most effective. Merative does not warrant that any systems, product or services are immune from, or will make your enterprise immune from, the malicious or illegal conduct of any party.