

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):

DRUG RECORD - RX

ELEMENT NUMBER: ****

ELEMENT NAME: **MEDICAID ANALYTIC EXTRACT DRUG RECORD**

SAS VARIABLE: NONE

TYPE: REC LENGTH: 348 BEG: 1 END: 348

DESCRIPTION: THE MEDICAID ANALYTIC EXTRACT (MAX) DRUG RECORD PROVIDES INFORMATION ON DRUGS AND OTHER SERVICES PROVIDED BY A PHARMACY FOR EACH RECIPIENT. ALL RECORDS THAT CONTAIN NATIONAL DRUG CODES (NDCs) ARE INCLUDED IN THIS FILE. NDCs INCLUDE CODES FOR PRESCRIPTION AND OVER-THE-COUNTER DRUGS, AS WELL AS DURABLE MEDICAL EQUIPMENT (DME) AND SUPPLIES. RECORDS WITH NDCs THAT REPRESENT DRUGS ARE MAPPED INTO MAX TYPE OF SERVICE = 16 (PRESCRIBED DRUGS). USING THE HIERARCHICAL INGREDIENT CODE LIST (HICL), RECORDS WITH NDCs THAT REPRESENT DME AND SUPPLIES ARE MAPPED INTO MAX TYPE OF SERVICE = 51 (OTHER SERVICES).

MSIS RECORDS WITH TYPE OF CLAIM = 4 AND/OR THOSE WITH THE FIRST CHARACTER OF THE ELIGIBLE IDENTIFICATION NUMBER HAVING VALUE "&" - AMPERSAND (SERVICE TRACKING CLAIMS) ARE EXCLUDED FROM ALL MAX FILES.

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

USERS SHOULD NOTE THAT INJECTABLE ITEMS, WHICH PATIENTS MAY RECEIVE FROM OTHER TYPES OF PROVIDERS (E.G. PHYSICIANS AND CLINICS), ARE IDENTIFIED USING PROCEDURE (SERVICE) CODE. RECORDS FOR ANY OF THESE SERVICES THAT CONTAIN PROCEDURE (SERVICE) CODES, AND NO NDC, ARE REPORTED IN THE MAX OTHER SERVICES FILE. THEREFORE, DME AND SUPPLIES BILLED BY NON-PHARMACY PROVIDERS ARE REPORTED IN THE MAX OTHER SERVICES FILE.

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

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

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

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

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

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):

DRUG RECORD - RX

ELEMENT NUMBER: ***

ELEMENT NAME: **ELIGIBILITY GROUP**

SAS VARIABLE: NONE

TYPE: GROUP LENGTH: 78 BEG: 1 END: 78

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

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):

DRUG RECORD - RX

ELEMENT NUMBER: 2.

ELEMENT NAME: **STATE ABBREVIATION CODE**

SAS VARIABLE: STATE_CD

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

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

CODES:

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

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):

DRUG RECORD - RX

VI = VIRGIN ISLANDS
VA = VIRGINIA
WA = WASHINGTON
WV = WEST VIRGINIA
WI = WISCONSIN
WY = WYOMING

SOURCE: MSIS ELIGIBILITY FILES.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):

DRUG RECORD - RX

ELEMENT NUMBER: 7.

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

SAS VARIABLE: EL_RACE_ETHNCY_CD

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

DESCRIPTION: RACE/ETHNICITY OF THE MEDICAID ELIGIBLE.

CODES:

1 = WHITE, NOT OF HISPANIC ORIGIN (CHANGED TO "WHITE" BEGINNING 10/98)

2 = BLACK, NOT OF HISPANIC ORIGIN (CHANGED TO "BLACK OR AFRICAN AMERICAN" BEGINNING 10/98)

3 = AMERICAN INDIAN OR ALASKAN NATIVE

4 = ASIAN OR PACIFIC ISLANDER (CHANGED TO "ASIAN" BEGINNING 10/98)

5 = HISPANIC (CHANGED TO "HISPANIC OR LATINO - NO RACE INFORMATION AVAILABLE" BEGINNING 10/98)

6 = NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (NEW CODE BEGINNING 10/98)

7 = HISPANIC OR LATINO AND ONE OR MORE RACES (NEW CODE BEGINNING 10/98)

8 = MORE THAN ONE RACE (NEW CODE BEGINNING 10/98)

9 = UNKNOWN

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

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

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):

DRUG RECORD - RX

ELEMENT NUMBER: 9.

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

SAS VARIABLE: RACE_CODE_2

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

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

CODES:

0 = NON-BLACK/AFRICAN-AMERICAN OR RACE UNKNOWN

1 = BLACK OR AFRICAN/AMERICAN

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

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):

DRUG RECORD - RX

ELEMENT NUMBER: 10.

ELEMENT NAME: **ELIGIBLE RACE - AMERICAN INDIAN/ALASKA NATIVE**

SAS VARIABLE: RACE_CODE_3

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

DESCRIPTION: CODE INDICATING IF THE ELIGIBLE HAS INDICATED A RACE OF AMERICAN INDIAN/ALASKAN NATIVE.

CODES:

0 = NON-AMERICAN INDIAN/ALASKAN NATIVE OR RACE UNKNOWN

1 = AMERICAN INDIAN/ALASKAN NATIVE

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

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):

DRUG RECORD - RX

ELEMENT NUMBER: 13.

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

SAS VARIABLE: ETHNICITY_CODE

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

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

CODES:

0 = NON-HISPANIC OR LATINO

1 = HISPANIC OR LATINO

9 = ETHNICITY UNKOWN

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

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):

DRUG RECORD - RX

ELEMENT NUMBER: 14.

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

SAS VARIABLE: EL_SS_ELGBLTY_CD_LTST

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

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

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

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

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):

DRUG RECORD - RX

ELEMENT NUMBER: 16.

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

SAS VARIABLE: EL_MAX_ELGBLTY_CD_LTST

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

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

CODES:

00 = NOT ELIGIBLE

11 = AGED, CASH

12 = BLIND/DISABLED, CASH

14 = CHILD (NOT CHILD OF UNEmployed ADULT, NOT FOSTER CARE CHILD), ELIGIBLE UNDER SECTION 1931 OF THE ACT

15 = ADULT (NOT BASED ON UNEMPLOYMENT STATUS), ELIGIBLE UNDER SECTION 1931 OF THE ACT

16 = CHILD OF UNEmployed ADULT, ELIGIBLE UNDER SECTION 1931 OF THE ACT

17 = UNEmployed ADULT, ELIGIBLE UNDER SECTION 1931 OF THE ACT

21 = AGED, MN

22 = BLIND/DISABLED, MN

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

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

31 = AGED, POVERTY

32 = BLIND/DISABLED, POVERTY

34 = CHILD, POVERTY (INCLUDES MEDICAID EXPANSION SCHIP CHILDREN)

35 = ADULT, POVERTY

3A = INDIVIDUAL COVERED UNDER THE BREAST AND CERVICAL CANCER PREVENTION ACT OF 2000, POVERTY

41 = OTHER AGED

42 = OTHER BLIND/DISABLED

44 = OTHER CHILD

45 = OTHER ADULT

48 = FOSTER CARE CHILD

51 = AGED, SECTION 1115 DEMONSTRATION EXPANSION

52 = DISABLED, SECTION 1115 DEMONSTRATION EXPANSION

54 = CHILD, SECTION 1115 DEMONSTRATION EXPANSION

55 = ADULT, SECTION 1115 DEMONSTRATION EXPANSION

99 = UNKNOWN ELIGIBILITY

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

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

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):

DRUG RECORD - RX

ELEMENT NUMBER: 17.

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

SAS VARIABLE: EL_MAX_ELGBLTY_CD_MO

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

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

CODES:

00 = NOT ELIGIBLE

11 = AGED, CASH

12 = BLIND/DISABLED, CASH

14 = CHILD (NOT CHILD OF UNEmployed ADULT, NOT FOSTER CARE CHILD), ELIGIBLE UNDER SECTION 1931 OF THE ACT

15 = ADULT (NOT BASED ON UNEMPLOYMENT STATUS), ELIGIBLE UNDER SECTION 1931 OF THE ACT

16 = CHILD OF UNEmployed ADULT, ELIGIBLE UNDER SECTION 1931 OF THE ACT

17 = UNEmployed ADULT, ELIGIBLE UNDER SECTION 1931 OF THE ACT

21 = AGED, MN

22 = BLIND/DISABLED, MN

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

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

31 = AGED, POVERTY

32 = BLIND/DISABLED, POVERTY

34 = CHILD, POVERTY (INCLUDES MEDICAID EXPANSION SCHIP CHILDREN)

35 = ADULT, POVERTY

3A = INDIVIDUAL COVERED UNDER THE BREAST AND CERVICAL CANCER PREVENTION ACT OF 2000, POVERTY

41 = OTHER AGED

42 = OTHER BLIND/DISABLED

44 = OTHER CHILD

45 = OTHER ADULT

48 = FOSTER CARE CHILD

51 = AGED, SECTION 1115 DEMONSTRATION EXPANSION

52 = DISABLED, SECTION 1115 DEMONSTRATION EXPANSION

54 = CHILD, SECTION 1115 DEMONSTRATION EXPANSION

55 = ADULT, SECTION 1115 DEMONSTRATION EXPANSION

99 = UNKNOWN ELIGIBILITY

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

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

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):

DRUG RECORD - RX

ELEMENT NUMBER: 18.

ELEMENT NAME: **MISSING ELIGIBILITY DATA**

SAS VARIABLE: MSNG_ELG_DATA

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

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

CODES:

BLANK = MEDICAID ENROLLMENT MONTHS WERE FOUND

1 = NEITHER MEDICAID ENROLLMENT MONTHS NOR S-SCHIP (SCHIP CODE = 3) ENROLLMENT MONTHS WERE FOUND

2 = S-SCHIP ENROLLMENT MONTHS (SCHIP CODE = 3) WERE FOUND, BUT NO MEDICAID ENROLLMENT MONTHS WERE FOUND

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

SOURCE: RECODED USING MSIS ELIGIBILITY AND CLAIMS FILES.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):

DRUG RECORD - RX

ELEMENT NUMBER: **

ELEMENT NAME: **CROSSOVER GROUP**

SAS VARIABLE: NONE

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

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

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):

DRUG RECORD - RX

ELEMENT NUMBER: 19.

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

SAS VARIABLE: MSNG_ELG_DATA

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

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

CODES:

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

USER NOTE: USERS SHOULD NOTE THAT THIS IS AN ANNUAL OBSERVATION OF MEDICARE CROSSOVER STATUS WHICH MAY OR MAY NOT CORRESPOND TO ACTUAL CROSSOVER STATUS FOR THE DATE(S) OF SERVICE IN THIS RECORD. PRIOR TO IN 10/98, MSIS DID NOT CAPTURE AS MUCH DETAIL ON DUAL ELIGIBILITY.

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

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):

DRUG RECORD - RX

ELEMENT NUMBER: ***

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

SAS VARIABLE: NONE

TYPE: REGION LENGTH: 270 BEG: 79 END: 348

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

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):

DRUG RECORD - RX

ELEMENT NUMBER: **

ELEMENT NAME: **SERVICE GROUP**

SAS VARIABLE: NONE

TYPE: GROUP LENGTH: 41 BEG: 79 END: 119

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

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):

DRUG RECORD - RX

ELEMENT NUMBER: 20.

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

SAS VARIABLE: MSIS_TOS

TYPE: NUM LENGTH: 2 BEG: 79 END: 80

DESCRIPTION: CODE INDICATING THE MEDICAID STATISTICAL INFORMATION SYSTEM (MSIS) TYPE OF SERVICE. EXPECTED MSIS TYPES OF SERVICE FOR THIS FILE ARE:

16 PRESCRIBED DRUGS
19 OTHER SERVICES

COMPLETE MSIS TYPE OF SERVICE CODES LIST:

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

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

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

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):

DRUG RECORD - RX

ELEMENT NUMBER: 21.

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

SAS VARIABLE: MSIS_TOP

TYPE: NUM LENGTH: 1 BEG: 81 END: 81

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

CODES:

0 = NO SPECIAL PROGRAM

1 = EARLY PERIODIC SCREENING DIAGNOSIS AND TREATMENT (EPSDT)

2 = FAMILY PLANNING

3 = RURAL HEALTH CLINIC

4 = FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs)

5 = INDIAN HEALTH SERVICES

6 = HOME AND COMMUNITY BASED CARE FOR DISABLED ELDERLY AND INDIVIDUALS AGE 65 AND OLDER

7 = HOME AND COMMUNITY BASED CARE WAIVER SERVICES

9 = UNKNOWN

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

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

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):

DRUG RECORD - RX

ELEMENT NUMBER: 22.

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

SAS VARIABLE: MAX_TOS

TYPE: NUM LENGTH: 2 BEG: 82 END: 83

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

16 DRUGS

51 DURABLE MEDICAL EQUIPMENT AND SUPPLIES (INCLUDING EMERGENCY RESPONSE SYSTEMS AND HOME MODIFICATIONS)

COMPLETE MAX TYPE OF SERVICE CODES LIST:

01 INPATIENT HOSPITAL

02 MENTAL HOSPITAL SERVICES FOR THE AGED

04 INPATIENT PSYCHIATRIC FACILITY FOR INDIVIDUALS UNDER THE AGE OF 21

05 INTERMEDIATE CARE FACILITY (ICF) FOR THE MENTALLY RETARDED

07 NURSING FACILITY SERVICES (NFS) - ALL OTHER

08 PHYSICIANS

09 DENTAL

10 OTHER PRACTITIONERS

11 OUTPATIENT HOSPITAL

12 CLINIC

13 HOME HEALTH

15 LAB AND X-RAY

16 DRUGS

19 OTHER SERVICES

20 CAPITATED PAYMENTS TO HMO OR HIO PLAN

21 CAPITATED PAYMENTS TO PREPAID HEALTH PLANS - PHPs

22 CAPITATED PAYMENTS FOR PRIMARY CARE CASE MANAGEMENT - PCCM

24 STERILIZATIONS

25 ABORTIONS

26 TRANSPORTATION SERVICES

30 PERSONAL CARE SERVICES

31 TARGETED CASE MANAGEMENT

33 REHABILITATION SERVICES

34 PT, OT, SPEECH, HEARING SERVICES

35 HOSPICE BENEFITS

36 NURSE MIDWIFE SERVICES

37 NURSE PRACTITIONER SERVICES

38 PRIVATE DUTY NURSING

39 RELIGIOUS NON-MEDICAL HEALTH CARE INSTITUTIONS

51 DURABLE MEDICAL EQUIPMENT AND SUPPLIES (INCLUDING EMERGENCY RESPONSE SYSTEMS AND HOME MODIFICATIONS)

52 RESIDENTIAL CARE (DEFINITION CHANGED FOR 2003 AND LATER YEARS - ADDITIONAL INFORMATION IS AVAILABLE ON REQUEST)

53 PSYCHIATRIC SERVICES (EXCLUDING ADULT DAY CARE)

54 ADULT DAY CARE

99 UNKNOWN

USER NOTE: THE FOLLOWING CODES ARE INVALID:

03, 06, 14, 17, 18, 23, 27, 28, 29, 32 AND 40.

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

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

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):

DRUG RECORD - RX

THE FOLLOWING TYPES OF SERVICE ARE DEFINED IN THE MAX PROCESS USING STATE PROCEDURE (SERVICE) CODES:

51 DURABLE MEDICAL EQUIPMENT AND SUPPLIES (INCLUDING EMERGENCY RESPONSE SYSTEMS AND HOME MODIFICATIONS)

52 RESIDENTIAL CARE (DEFINITION CHANGED FOR 2003 AND LATER YEARS - ADDITIONAL INFORMATION IS AVAILABLE ON REQUEST)

53 PSYCHIATRIC SERVICES (EXCLUDING ADULT DAY CARE)

54 ADULT DAY CARE

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

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):

DRUG RECORD - RX

ELEMENT NUMBER: **

ELEMENT NAME: **CLAIMS AND PAYMENT GROUP**

SAS VARIABLE: NONE

TYPE: GROUP LENGTH: 72 BEG: 120 END: 191

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

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):

DRUG RECORD - RX

ELEMENT NUMBER: 26.

ELEMENT NAME: **TYPE OF CLAIM CODE**

SAS VARIABLE: TYPE_CLM_CD

TYPE: NUM LENGTH: 1 BEG: 120 END: 120

DESCRIPTION: CODE INDICATING THE TYPE OF CLAIM.

CODES:

1 = A CURRENT FEE-FOR-SERVICE CLAIM FOR MEDICAL SERVICES.

2 = CAPITATED PAYMENT.

3 = ENCOUNTER (A.K.A. "DUMMY") RECORD THAT SIMULATES A BILL FOR A SERVICE RENDERED TO A PATIENT COVERED UNDER SOME FORM OF CAPITATION PLAN.

4 = A 'SERVICE TRACKING CLAIM' THAT DOCUMENTS SERVICES RECEIVED BY AN INDIVIDUAL PATIENT, WHEN THE STATE ACCEPTS A LUMP SUM BILL FROM A PROVIDER THAT COVERED SIMILAR SERVICES DELIVERED TO MORE THAN ONE PATIENT, SUCH AS GROUP SCREENING FOR EPSDT.

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

9 = UNKNOWN

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

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

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):

DRUG RECORD - RX

ELEMENT NUMBER: 27.

ELEMENT NAME: **ADJUSTMENT CODE**

SAS VARIABLE: ADJUST_CD

TYPE: NUM LENGTH: 1 BEG: 121 END: 121

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

CODES:

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

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

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):

DRUG RECORD - RX

ELEMENT NUMBER: 28.

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

SAS VARIABLE: PHP_TYPE

TYPE: NUM LENGTH: 2 BEG: 122 END: 123

DESCRIPTION: CODE INDICATING THE TYPE OF MANAGED CARE PLAN, IF ANY, UNDER WHICH THE NON-FEE-FOR-SERVICE ENCOUNTER WAS PROVIDED.

CODES:

00 = INDIVIDUAL WAS NOT ELIGIBLE FOR MEDICAID THIS MONTH.

01 = ELIGIBLE IS ENROLLED IN A MEDICAL OR COMPREHENSIVE MANAGED CARE PLAN THIS MONTH (E.G. HMO).

02 = ELIGIBLE IS ENROLLED IN A DENTAL MANAGED CARE PLAN THIS MONTH.

03 = ELIGIBLE IS ENROLLED IN A BEHAVIORAL MANAGED CARE PLAN THIS MONTH.

04 = ELIGIBLE IS ENROLLED IN A PRENATAL/DELIVERY MANAGED CARE PLAN THIS MONTH.

05 = ELIGIBLE IS ENROLLED IN A LONG-TERM CARE MANAGED CARE PLAN THIS MONTH.

06 = ELIGIBLE IS ENROLLED IN A PROGRAM FOR ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE) THIS MONTH.

07 = ELIGIBLE IS ENROLLED IN A PRIMARY CARE CASE MANAGEMENT MANAGED CARE PLAN THIS MONTH.

08 = ELIGIBLE IS ENROLLED IN AN OTHER MANAGED CARE PLAN THIS MONTH.

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

77 = THIS RECORD IS AN ENCOUNTER RECORD, BUT THERE WAS NO MATCH BETWEEN THE 'MANAGED CARE PLAN IDENTIFICATION NUMBER' AND THE PLAN IDENTIFIERS IN THE ELIGIBILITY RECORD FOR THIS PERSON IN THIS MONTH.

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

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

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

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

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):

DRUG RECORD - RX

ELEMENT NUMBER: 32.

ELEMENT NAME: **PAYMENT DATE**

SAS VARIABLE: PYMT_DT

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

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

EDIT-RULES: YYYYMMDD

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

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

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):

DRUG RECORD - RX

ELEMENT NUMBER: 38.

ELEMENT NAME: **PRESCRIBED DATE**

SAS VARIABLE: PRSC_WRTE_DT

TYPE: NUM LENGTH: 8 BEG: 204 END: 211

DESCRIPTION: DATE THE DRUG, DEVICE OR SUPPLY WAS PRESCRIBED BY THE PHSYCIAN OR OTHER PRACTITIONER.

EDIT RULES: YYYYMMDD

USER NOTE: THIS DATA ELEMENT SHOULD NOT BE CONFUSED WITH THE PRESCRIPTION FILLED DATE. THIS DATA ELEMENT IS NOT INCLUDED ON STANDARD CLAIMS FORMS. THEREFORE, IT MAY BE MISSING FOR MANY RECORDS. USERS SHOULD EXAMINE FREQUENCY DATA TO DETERMINE THE EXTENT OF NON-REPORTING.

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

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):

DRUG RECORD - RX

ELEMENT NUMBER: 39.

ELEMENT NAME: **PRESCRIPTION FILLED DATE**

SAS VARIABLE: PRSCRPTN_FILL_DT

TYPE: NUM LENGTH: 8 BEG: 212 END: 219

DESCRIPTION: DATE THE PRESCRIPTION WAS FILLED BY THE PHARMACY OR OTHER PROVIDER.

EDIT-RULES: YYYYMMDD

USER NOTES: THIS DATA ELEMENT SHOULD NOT BE CONFUSED WITH THE PRESCRIBED DATE.

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

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):

DRUG RECORD - RX

ELEMENT NUMBER: 40.

ELEMENT NAME: **NEW OR REFILL INDICATOR**

SAS VARIABLE: NEW_REFILL_IND

TYPE: NUM LENGTH: 2 BEG: 220 END: 221

DESCRIPTION: INDICATOR SHOWING WHETHER THE PRESCRIPTION BEING FILLED WAS A NEW PRESCRIPTION OR A REFILL. IF IT WAS A REFILL, THE INDICATOR WILL IDENTIFY HOW MANY TIMES IT WAS REFILLED.

CODES:

00 = NEW PRESCRIPTION

01-98 = NUMBER OF THE REFILL

99 = UNKNOWN

USER NOTE: SINCE THIS DATA ELEMENT MAY BE MISSING FOR SOME RECORDS, USERS EXAMINE FREQUENCY DATA TO DETERMINE THE EXTENT OF NON-REPORTING. IN ADDITION, THERE MAY BE INFORMATION TO IDENTIFY THIS PRESCRIPTION AS A REFILL, BUT THE NUMBER OF THE REFILL MAY NOT BE KNOWN. IN THESE INSTANCES VALUE = 01 MAY BE A DEFAULT WHEN THE NUMBER OF THE REFILL IS UNKNOWN. FREQUENCY DATA WILL SHOW WHETHER CODE VALUES > 1 ARE BEING USED FOR DATA FROM A GIVEN STATE.

SOURCE: MSIS CLAIMS FILE: 'NEW-REFILL-INDICATOR'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):

DRUG RECORD - RX

ELEMENT NUMBER: 42.

ELEMENT NAME: **QUANTITY OF SERVICE**

SAS VARIABLE: QTY_SRVC_UNITS

TYPE: NUM LENGTH: 5 BEG: 234 END: 238

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

USER NOTES: FOR 1/96 THROUGH 9/98, THIS DATA ELEMENT IS 4 CHARACTERS IN LENGTH AND IS RIGHT JUSTIFIED. FOR 10/98 THROUGH 12/98 IT IS 5 CHARACTERS IN LENGTH. PRIOR TO 10/97, MSIS INSTRUCTIONS WERE TO CODE THIS DATA ELEMENT WITH VALUE = 1 FOR PRESCRIPTION DRUG CLAIMS. BEGINNING IN 10/97, MSIS INSTRUCTIONS WERE TO CODE THIS DATA ELEMENT WITH THE NUMBER OF UNITS OF A PRESCRIPTION/REFILL THAT WERE FILLED. THE INSTRUCTIONS ALSO STATE, "...USE THE MEDICAID DRUG REBATE DEFINITION OF A UNIT, WHICH IS THE SMALLEST UNIT BY WHICH THE DRUG IS NORMALLY MEASURED; E.G. TABLET, CAPSULE, MILLILITER, ETC. FOR DRUGS NOT IDENTIFIABLE OR DISPENSED BY A NORMAL UNIT, E.G. POWDER-FILED VIALS, USE 1 AS THE NUMBER OF UNITS." UNDER THE NEW DEFINITION (BEGINNING 10/98), ONE PRESCRIPTION FOR 100 250-MILLIGRAM TABLETS RESULTS IN QUANTITY = 100. NOTE THAT PRIOR TO 10/98, ONE PRESCRIPTION FOR 100 TABLETS RESULTED IN QUANTITY = 1. THIS DATA ELEMENT IS NOT APPLICABLE FOR CLAIMS WITH MAX TYPE OF SERVICE = 51 WHICH INCLUDES DME AND SUPPLIES.

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

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):

DRUG RECORD - RX

ELEMENT NUMBER: 43.

ELEMENT NAME: **DAYS SUPPLY**

SAS VARIABLE: DAYS_SUPPLY

TYPE: NUM LENGTH: 3 BEG: 239 END: 241

DESCRIPTION: THE NUMBER OF DAYS SUPPLY DISPENSED.

SOURCE: MSIS CLAIMS FILE: 'DAYS-SUPPLY'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):

DRUG RECORD - RX

ELEMENT NUMBER: *

ELEMENT NAME: **FIRST DATA BANK/MEDISPAN GROUP (PROPRIETARY - ACCESS LIMITED TO LICENSE HOLDERS)**

SAS VARIABLE: NONE

TYPE: GROUP LENGTH: 107 BEG: 242 END: 348

DESCRIPTION: PROPRIETARY - ACCESS LIMITED TO LICENSE HOLDERS.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):

DRUG RECORD - RX

ELEMENT NUMBER: 44.

ELEMENT NAME: **NATIONAL DRUG CODE FORMAT INDICATOR**

SAS VARIABLE: NDC_FMTM_IND

TYPE: CHAR LENGTH: 1 BEG: 242 END: 242

DESCRIPTION: THIS DATA ELEMENT IS USED TO IDENTIFY THE ORIGINAL 10- OR 11- CHARACTER FORMAT OF THE NATIONAL DRUG CODE (NDC) AND THE TYPE OF CODE, SUCH AS NDC, UNIVERSAL PRODUCT CODE - (UPC) OR HEALTH RELATED ITEM (HRI). NDCs AND HRIs ARE 10- OR 11-DIGIT CODES USED TO IDENTIFY DRUG PRODUCTS. NON-PRESCRIPTION DRUG PRODUCTS MAY ALSO HAVE SEPARATE UPCs. IN GENERAL, THE 11-DIGIT NDC IS STRUCTURED AS FOLLOWS:

- LABELER CODE - 5 NUMERIC CHARACTERS
- PRODUCT CODE - 4 CHARACTERS (CAN BE ALPHANUMERIC)
- PACKAGE CODE - 2 CHARACTERS (CAN BE ALPHANUMERIC)

THE FIRST 4 OR 5 DIGITS (LABELER CODE) OF THE NDC OR HRI (DEPENDING ON FORMAT) ARE ASSIGNED BY THE FOOD AND DRUG ADMINISTRATION TO IDENTIFY THE MANUFACTURER. THE LAST 5 OR 6 CHARACTERS ARE ASSIGNED BY THE MANUFACTURERS TO IDENTIFY THEIR PRODUCT AND PACKAGING DESIGNATIONS. IF A COMPANY IS ASSIGNED A 4-DIGIT LABELER CODE, THEY USE A 4-4-2 FORMAT FOR THEIR DRUG PRODUCTS. THOSE ASSIGNED A 5-DIGIT LABELER CODE USE EITHER A 5-3-2, 5-4-1 OR 5-4-2 FORMAT.

CODE:

PRESCRIPTION DRUGS:

0 = FORMAT 5-4-2 (99999-9999-99) CONVERTS TO 99999-9999-99 NDC
1 = FORMAT 4-4-2 (9999-9999-99) CONVERTS TO 09999-9999-99 NDC
2 = FORMAT 5-3-2 (99999-999-99) CONVERTS TO 99999-0999-99 NDC
3 = FORMAT 5-4-1 (99999-9999-9) CONVERTS TO 99999-9999-09 NDC

PRODUCTS:

4 = FORMAT 5-5 (99999-99999) CONVERTS TO 99999-0999-99 UPC
5 = FORMAT 5-5 (99999-99999) CONVERTS TO 99999-9999-09 UPC
6 = FORMAT 5-5 (99999-99999) CONVERTS TO 99999-9999-90 UPC

HEALTH RELATED ITEMS:

7 = FORMAT 4-4-2 (9999-9999-99) CONVERTS TO 09999-999999 HRI

USER NOTE: THIS IS FIRST DATA BANK, NATIONAL DRUG DATA FILE (NDDF) DATA ELEMENT "NDCFI".

SOURCE: PROPRIETARY DATA FROM FIRST DATA BANK CORPORATION, FOR USE BY CMS STAFF AND CONTRACTORS. SO, THIS DATA ELEMENT SHOULD BE BLANK FOR COPIES OF THIS FILE USED BY OTHER PARTIES.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):

DRUG RECORD - RX

ELEMENT NUMBER: 45.

ELEMENT NAME: **DRUG CLASS**

SAS VARIABLE: DRUG_CLASS_CD

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

DESCRIPTION: CLASSIFIES THE DRUG ACCORDING TO AVAILABILITY TO THE PATIENT.

CODES:

O = OVER THE COUNTER (THIS VALUE IS AN ALPHA LETTER 'O')

F = PRESCRIPTION REQUIRED (THIS VALUE IS AN ALPHA LETTER 'F')

BLANK = UNSPECIFIED

USER NOTE: THIS IS FIRST DATA BANK DATA NATIONAL DRUG DATA FILE (NDDF) ELEMENT "CL".

SOURCE: PROPRIETARY DATA FROM FIRST DATA BANK CORPORATION, FOR USE BY CMS STAFF AND CONTRACTORS. SO, THIS DATA ELEMENT SHOULD BE BLANK FOR COPIES OF THIS FILE USED BY OTHER PARTIES.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):

DRUG RECORD - RX

ELEMENT NUMBER: 47.

ELEMENT NAME: **HIERARCHICAL INGREDIENT CODE LIST (HICL)**

SAS VARIABLE: HICL_THRTPC_CTGRY

TYPE: CHAR LENGTH: 54 BEG: 245 END: 298

DESCRIPTION: THE HIERARCHICAL INGREDIENT CODE LIST (HICL), WHICH CONTAINS A MAXIMUM OF NINE SEQUENCED INGREDIENT CODES, HIERARCHICAL INGREDIENT CODES (HICs), EACH 6-CHARACTER HIC IDENTIFIES A SPECIFIC INGREDIENT, THERAPEUTIC CLASS, PHARMACOLOGICAL CLASS AND ORGAN SYSTEM TO WHICH THE DRUG IS TARGETED.

USER NOTE: THIS IS FIRST DATA BANK NATIONAL DRUG DATA FILE (NDDF) DATA ELEMENT "HICL".

SOURCE: PROPRIETARY DATA FROM FIRST DATA BANK CORPORATION, FOR USE BY CMS STAFF AND CONTRACTORS. SO, THIS DATA ELEMENT SHOULD BE BLANK FOR COPIES OF THIS FILE USED BY OTHER PARTIES.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):

DRUG RECORD - RX

ELEMENT NUMBER: 48.

ELEMENT NAME: **THERAPEUTIC CLASS CODE, SPECIFIC**

SAS VARIABLE: THRTPC_CLASS_CD_SPCFC

TYPE: CHAR LENGTH: 3 BEG: 299 END: 301

DESCRIPTION: SPECIFIC THERAPEUTIC CLASS CODE

USER NOTE: THIS IS FIRST DATA BANK NATIONAL DRUG DATA FILE (NDDF) DATA ELEMENT "GC3".

SOURCE: PROPRIETARY DATA FROM FIRST DATA BANK CORPORATION, FOR USE BY CMS STAFF AND CONTRACTORS. SO, THIS DATA ELEMENT SHOULD BE BLANK FOR COPIES OF THIS FILE USED BY OTHER PARTIES.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):

DRUG RECORD - RX

ELEMENT NUMBER: 49.

ELEMENT NAME: **THERAPEUTIC CLASS CODE, GENERIC**

SAS VARIABLE: THRTPC_CLASS_CD_GENERIC

TYPE: CHAR LENGTH: 2 BEG: 302 END: 303

DESCRIPTION: GENERIC THERAPEUTIC CLASS CODE

USER NOTE: THIS IS FIRST DATA BANK NATIONAL DRUG DATA FILE (NDDF) DATA ELEMENT "GTC".

SOURCE: PROPRIETARY DATA FROM FIRST DATA BANK CORPORATION, FOR USE BY CMS STAFF AND CONTRACTORS. SO, THIS DATA ELEMENT SHOULD BE BLANK FOR COPIES OF THIS FILE USED BY OTHER PARTIES.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):

DRUG RECORD - RX

ELEMENT NUMBER: 50.

ELEMENT NAME: **AMERICAN HOSPITAL FORMULARY SYSTEM CLASS CODE**

SAS VARIABLE: AMER_HSPTL_FRMLRY_SYS_CD

TYPE: CHAR LENGTH: 6 BEG: 304 END: 309

DESCRIPTION: AMERICAN HOSPITAL FORMULARY SYSTEM CLASS CODE

USER NOTE: THIS IS FIRST DATA BANK NATIONAL DRUG DATA FILE (NDDF) DATA ELEMENT "AHFS".

SOURCE: PROPRIETARY DATA FROM FIRST DATA BANK CORPORATION, FOR USE BY CMS STAFF AND CONTRACTORS. SO, THIS DATA ELEMENT SHOULD BE BLANK FOR COPIES OF THIS FILE USED BY OTHER PARTIES.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):

DRUG RECORD - RX

ELEMENT NUMBER: 53.

ELEMENT NAME: **OVER-THE-COUNTER INDICATOR CODE**

SAS VARIABLE: OVER_COUNTER_IND

TYPE: CHAR LENGTH: 1 BEG: 348 END: 348

DESCRIPTION: INDICATES WHETHER THE DRUG IS AN OVER-THE-COUNTER OR A PRESCRIBED DRUG.

CODES:

O = OVER-THE-COUNTER (SINGLE SOURCE)
P = OVER-THE-COUNTER (MULTIPLE SOURCE)
R = PRESCRIPTION DRUG (SINGLE SOURCE)
S = PRESCRIPTION DRUG (MULTIPLE SOURCE)

USER NOTE: THIS IS MEDI-SPAN DRUG DATA BASE (MDDB) DATA ELEMENT "RX-OTC INDICATOR CODE" FROM POSITION 67 IN THE Key Identifier (A1) RECORD, PREVIOUSLY REFERRED TO AS THE "A061" RECORD. THE MDDB PRODUCT VERSION8, APRIL 2003 WAS USED.

SOURCE: PROPRIETARY DATA OF WOLTERS KLUWER HEALTH, FOR USE BY CMS STAFF AND CONTRACTORS. SO, THIS DATA ELEMENT SHOULD BE BLANK FOR COPIES OF THIS FILE USED BY OTHER PARTIES.