

MEDS II

Data Element

Dictionary

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I. Introduction

This ***MEDS II Data Element Dictionary*** contains descriptive information for the data elements that are required for submission by health care organizations as part of the redesigned Medicaid Encounter Data System (MEDS II). This document contains requirements by MEDS Category of Service (COS), the transaction layout for data submission, descriptions of the individual data elements and an Appendices section.

An encounter is a professional face- to-face contact or transaction between an enrollee and a provider who delivers services. An encounter is comprised of the procedure(s) or service(s) rendered during the contact. An encounter may be operationalized in an information system as each unique occurrence of recipient and provider. Up to ten separate dates of service can be reported on one encounter line. Encounters for all incurred services in the plan's benefit package must be reported. Referrals to services outside of the benefit package, which are covered by another payor, should not be reported.

In general, the enrollee must be physically present for an encounter to be recorded. The exception to this criterion is laboratory services. Provider consultation with another provider about an enrollee in the absence of the enrollee or the act of referring the enrollee to another provider in the plan's network is not considered an encounter (the encounter resulting from the referral would be reported by that provider), nor is provider consultation with a third party for the purpose of developing and obtaining services for an enrollee.

There are four Encounter Types for which records are to be submitted:

1. Institutional: Encounters extracted from electronic media 837I format or UB-92 paper claims (Encounter Type = "I"). Institutional encounters are reflective of both inpatient (COS 11) and non-inpatient services.
2. Pharmacy: Encounters extracted from NCPDP format (Encounter Type = "D").
3. Dental: Encounters extracted from electronic media 837D format or ADA paper claims (Encounter Type = "T").
4. Professional: Encounters extracted from electronic media 837P format or CMS-1500 paper claims (Encounter Type = "P").

Similar to the legacy MEDS system, each encounter will consist of a common segment and a detail segment (Institutional, Pharmacy, Dental or Professional).

All managed care plan types will report encounter data, however, not all segments will apply to every plan type. All services defined in a plan's benefit package should be reported. Both paid and administratively denied services should be reported.

Each descriptive data element page in this data dictionary contains the following information:

- MEDS II Transaction Segment: The MEDS II Transaction Segment that the data element applies to: Common Detail, Institutional, Pharmacy, Dental or Professional.
- Data Element Name: The name of the MEDS II data element being described.
- Submission Status: Whether the data element is optional, situational upon other information (e.g., other payer data) or required for reporting. If required for reporting, the MEDS Categories of Service (COS) that the data element applies to are listed.
- Encounter Record Position(s): The positions on the transaction layout where the data should be reported.
- Format - Length: The format (Character, Numeric, Date) and length of the data element.
- Effective Date: This version of the data dictionary is dated 3/1/2005 forward.
- Version Number - Date: This version of the data dictionary is Version 2.1 - August 2005
- MEDS II DE#/ DW#: eMedNY Data Element Number and Data Warehouse numbers (if applicable).
- Definition: A description of the data element.
- Mapping: The form based and electronic media mapping for the data element (if applicable).
- Codes and Values: Valid codes and values for the data element.
- Edit Applications: Edits applicable to the input record.

Reporting

Under the new MEDS II reporting requirements, data submitted should be reflective of 2004 encounters that were lagged for submission and all encounters with dates of service as of January 1, 2005. Encounters submitted more than two years after the date of service will be rejected.

Encounter files must be submitted monthly and should include encounters incurred and processed by health organizations, as well as records that were previously submitted and rejected.

There are currently no size limits for production files. However, test files are limited in size to less than 25,000 encounters.

Connectivity Options

Magnetic or physical media such as tape, diskette, and cartridge are not supported in MEDS II. Electronic submissions are available through eMedNY eXchange or through file transfer protocol (FTP).

Information on MEDS II submissions should be directed to CSC Provider Relations staff at (518) 257- 4639.

In order to utilize the MEDS II testing and production environments, a health plan must have established components of the following:

- An active New York State Medicaid Provider ID (MMIS ID);
- An active Provider Transmission Supplier Number (TSN); and
- An active eMedNY eXchange or FTP account.

| Access Method | Testing | Production |
|--|---|---|
| Internet batch file submission via eMedNY eXchange | Access https://emexckout.emedny.org | Batch files may be conducted via https://emex.emedny.org/login.aspx?appName=emex |
| Dial-up batch file submission using File Transfer Protocol (FTP) over Transmission Control Protocol/Internet Protocol (TCP/IP) | Test submissions via FTP may be conducted by using 866-488-3001 and connecting to 172.27.16.30. | Dial-up batch submissions using FTP may be conducted by using 866-488-3006 and connecting to 172.27.16.79. FTP connection should be established through MS-DOS for best results. Users will have to change the setting to 'binary' by using the 'bin' command. Follow the FTP instructions to ensure that the file is named properly. See MEVS Batch Authorization Manual http://www.emedny.org/ProviderManuals/index.html |
| Direct connect real-time transaction submission using TCP/IP | No Test Option | Contact CSC Provider Relations Staff at (518) 257-4639. |

Submission

Plans are allowed to submit files on a daily basis. The table below indicates cutoff dates in order to be included in that month's data feed to NYSDOH. Anything submitted after the cutoff date will be included in the department's next month data feed. (Test data are not included in the department's data feed.)

| Monthly Cut off Date | Testing or Production | Additional Comments |
|-----------------------------|------------------------------|--|
| August 25, 2005 | Testing | First month of MEDS II operation shall be for testing only. Testing activity will be closely monitored by DOH. Plans will be notified individually for approval to submit to production. |
| September 22, 2005 | Testing & Limited | Plans should be testing encounter files on a regular basis. Selected plans will be |

| Monthly Cut off Date | Testing or Production | Additional Comments |
|-----------------------------|------------------------------|--|
| | Production | allowed to submit to production, based upon an assessment of continued success of testing and an ability to capture, store and reconcile response reports. |
| October 20, 2005 | Testing & Limited Production | All plans should be testing. Most plans should be submitting to production. |
| November 24, 2005 | Testing & Production | All plans should be testing and submitting production files. Last month before plans will be held to production standards. |
| December 22, 2005 | Testing & Production | Normal processing should be occurring. Plans will be held to compliance standards for submission of complete and accurate encounter data. |

Edits

Data elements will be edited for missing or invalid data elements, duplicate encounters and valid enrollment in MMC. A list of current encounter edit numbers, descriptions and severity is included as Appendix D.

The following describes "Tier One Edits", or fatal edits which will stop a file from being processed.

| Tier One Error | Message Returned |
|--|--|
| Record is not 1200 bytes | 'Incomplete " ", Header Record' – will give the size and record that is not 1200 bytes |
| Required records missing (H1, D1, and a T1) | Required " " record missing' – will include the record type missing |
| Required records not in sequence (H1, D1, and a T1) | 'Record " " is of unknown type or invalid sequence' – will include the record type in error |
| Test/Prod indicator is incorrect – must be PROD | 'Specified mode " " does not match' 'Test/Prod Indicator' |
| The carriage return (CR) is too short/long or misaligned | 'Misaligned ASCII " ", "CR" in record " " column " " ' 'Unexpected ASCII " ", "CR" in record " " column " " ' |
| Newline/linefeed (NL) in record | 'Unexpected ASCII " ", "NL" in record " " column " " ' |
| Non-printable characters in file | 'Non-ASCII character' |
| End of file not in the correct place | 'Premature end-of-file' |
| No records are found | 'FILE CONTAINS NO CLAIM RECORDS' |

| Tier One Error | Message Returned |
|--|--|
| H1 record is found when unexpected | 'UNEXPECTED H1 RECORD RECEIVED' 'AT RECORD #:' |
| H1 record is not found when expected (after user record) | 'EXPECTED H1 CONTROL RECORD NOT RECEIVED' 'AT RECORD #:' |
| D1 record is found, and it is expected, and the encounter type is other than I, D, T, or P | 'INVALID D1 RECORD RECEIVED' 'AT RECORD #:' |
| D1 record is found when unexpected | 'UNEXPECTED D1 RECORD RECEIVED' 'AT RECORD #:' |
| D1 record is not found when expected | 'EXPECTED D1 CONTROL RECORD NOT RECEIVED' 'AT RECORD #:' |
| T1 record is found when unexpected | 'UNEXPECTED T1 RECORD RECEIVED' 'AT RECORD #:' |
| Record is other than H1, D1, or T1 | 'RECEIVED RECORD NOT H1/D1/T1' 'AT RECORD #:' |

Response Reports

Plans will receive a transmission file for each encounter file submitted. Files will stay within the plans eMedNY Exchange or FTP mailbox for a period of ten (10) days. After that they will be archived for sixty (60) days and then deleted from the system.

The response file provides valuable feedback to the Plan on the quality of the encounter data submitted. The plan will receive information on whether the record was accepted or rejected as well as up to 24 edits.

| Data Element | Width |
|--------------------------|--------------|
| Encounter Control Number | 11 |
| Claim Line Number | 04 |
| Edit Status Code | 01 |
| Claim Edit Code | 05 |
| COS Code | 04 |
| TCN | 16 |
| Plan ID | 08 |
| TSN | 03 |
| Filler | 28 |

Encounter Control Number

Encounter Control Number is a Managed Care Organization (MCO) assigned number used to uniquely identify an encounter transaction.

Claim Line Number

Claim or Prior Authorization/Approval Line Number specifies the line number of the service.

- Line numbers 01 through 10 will be used to identify errors in the encounter record.

- A value of 00 with an Edit Status Code of P will indicate the entire record has been accepted, with no edits.
- A value of 00 and an Edit Status Code of 2 will indicate the entire record has been rejected. The error is identified through the Claim Edit Code.

Edit Status Code

Edit Status Code specifies the disposition of an edit that has been posted to a claim.

Valid codes and values include:

| <i>Edit Status Code</i> | <i>Edit Severity</i> |
|-------------------------|--------------------------------------|
| 2 | H=Hard Edit (Rejected) |
| 3 | S=Soft Edit (Accept) |
| 4 | R=Recycle |
| P | Record passed through with no edits. |

Claim Edit Code

Claim Edit Code is a unique code attached to a claim as the result of logic applied during the claim adjudication cycle. The most current list of applicable edit codes, descriptions and severity status, by Encounter Type Indicator, Claim Type and Category of Service is listed as Appendix D.

MEDS Category of Service Code

MEDS Category of Service Code categorizes provider services for the processing and reporting. The first two (2) digits will always be 'EN'. The second two-digits will be defined by the following codes and values (i.e., MEDS Category of Service Codes and Values).

| <i>Code</i> | <i>Value</i> |
|-------------|---|
| 01 | Physician Services |
| 03 | Podiatry |
| 04 | Psychology |
| 05 | Eye Care / Vision |
| 06 | Rehabilitation Therapy |
| 07 | Nursing |
| 11 | Inpatient |
| 12 | Institutional LTC |
| 13 | Dental |
| 14 | Pharmacy |
| 15 | Home Health Care/Non-Institutional Long Term Care |
| 16 | Laboratories |
| 19 | Transportation |
| 22 | DME and Hearing Aids |
| 28 | Intermediate Care Facilities |
| 41 | NPs/Midwives |
| 73 | Hospice |
| 75 | Clinical Social Worker |
| 85 | Freestanding Clinic |

| <i>Code</i> | <i>Value</i> |
|-------------|---------------------|
| 87 | Hospital OP/ER Room |

Transaction Control Number

Transaction Control Number is a unique identifier assigned to each claim or encounter transaction received. This number is essential to adjust or void records.

Reconciling the Response Report

The plan should use the response report data elements to appropriately tag the encounter status for their internal data system, and resubmit rejected or edited records as appropriate.

Plans should use the [Encounter Control Number (ECN), Line Number, Edit Status Code, Claim Edit Number, Category of Service (COS), and Transaction Control Number (TCN)] to match the status of each line of your encounter.

The table below indicates scenarios of edit status code and line number feedback, and associated required actions.

| Edit Status Code | Service Lines | Required Action |
|-------------------------|------------------------|---|
| P | 00 (Header Record) | None – record accepted with no edits |
| 2 (Hard/Rejected) | 00 (Header Record) | Entire record rejected. Correct and resubmit entire encounter as an original encounter. |
| 2 (Hard/Rejected) | Every Service Line | Correct and resubmit entire encounter as an original encounter |
| 2 (Hard/Rejected) | Selected Service Lines | Correct and submit all service lines as an adjustment to the original encounter. |
| 3 (Soft) | Selected Service Lines | Correct and submit all service lines as an adjustment to the original encounter. |
| 4 (Recycle) | 00 (Header Record) | No action – eligibility issue. |

If an encounter record passes through without any edits, the plan will receive one record line back with an edit status code of 'P'. The associated TCN and the Accepted status should be stored in the plans data system. Any changes to these records would be handled as an adjustment.

If an encounter record rejects at the header level (line = '00' and edit status code = '2') the entire encounter is rejected. When this record has been corrected it should be resubmitted as an original encounter.

If an encounter record includes both accepted and rejected service lines (line number(s) = '01' – '10' and edit status codes of '2' and '3') the encounter has been

partially accepted. The associated TCN and the accepted and rejected statuses to each service line should then be stored. All corrections to this encounter would be submitted as an adjustment to the original encounter.

Additional MEDS II Information and Reference Materials

For up to date information on MEDS II reporting requirements and associated activities, please visit the MEDS Home Page on the Health Provider Network (HPN) intranet site at the following direct link:

<https://commerce.health.state.ny.us/hpn/ctrldocs/medsrpts/webPages/medshome.html>

Additional eMedNY information may be found at: <http://www.emedny.org/>

Please contact us at:

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II. ENCOUNTER TYPE ASSIGNMENT BY CATEGORY OF SERVICE

For MEDS II submissions, the Category of Service (COS) must be applicable to the encounter type being reported. The table below indicates submission standards for encounter types by MEDS COS. (The Encounter Type Indicator is reflective of the form or electronic media in which the encounter is being submitted to the health organization.)

| <i>Category of Service</i> | | <i>Encounter Type</i> | | <i>Form Type/ EDI</i> |
|----------------------------|---|-----------------------|---------------|-----------------------|
| <i>Code</i> | <i>Value</i> | <i>Code</i> | <i>Value</i> | |
| 01 | Physician Services | P | Professional | CMS-1500 / 837P |
| 03 | Podiatry | P | Professional | CMS-1500 / 837P |
| 04 | Psychology | P | Professional | CMS-1500 / 837P |
| 05 | Eye Care / Vision* | P | Professional | CMS-1500 / 837P |
| 06 | Rehabilitation Therapy | I | Institutional | UB-92 / 837I |
| 07 | Nursing | P | Professional | CMS-1500 / 837P |
| 11 | Inpatient | I | Institutional | UB-92 / 837I |
| 12 | Institutional LTC | I | Institutional | UB-92 / 837I |
| 13 | Dental | T | Dental | ADA / 837D |
| 14 | Pharmacy | D | Pharmacy/DME | NCPDP |
| 15 | Home Health Care/Non-Institutional Long Term Care | I | Institutional | UB-92 / 837I |
| 16 | Laboratories** | P | Professional | CMS-1500 / 837P |
| 19 | Transportation | P | Professional | CMS-1500 / 837P |
| 22 | DME and Hearing Aids | P | Professional | CMS-1500 / 837P |
| 28 | Intermediate Care Facilities | I | Institutional | UB-92 / 837I |
| 41 | NPs/Midwives | P | Professional | CMS-1500 / 837P |
| 73 | Hospice | I | Institutional | UB-92 / 837I |
| 75 | Clinical Social Worker | P | Professional | CMS-1500 / 837P |
| 85 | Freestanding Clinic | I | Institutional | UB-92 / 837I |
| 87 | Hospital OP/ER Room | I | Institutional | UB-92 / 837I |

* Eye glasses should be reported using a HCPCS code and COS 05 Eye Care/Vision.

**If laboratory data is submitted on a UB-92 form, these services should be reported under COS 85 (Freestanding Clinic) or COS 87 (Hospital Outpatient), with an Encounter Type Indicator of "I", and a provider specialty code of "599" All Laboratories.

III. MEDS II DATA ELEMENT REPORTING

| Record Positions | Data Element-Header | Data Type | Field Length | Submission Status | Description |
|---|---|-----------|--------------|-------------------|---|
| 1-2 | Record Type | Character | 2 | Required | H1=Header |
| 3-6 | Provider Transmission Supplier Number (TSN) | Character | 4 | Required | Provider Transmission Supplier Number (TSN) is a unique number assigned to the health organization submitting encounter records. The TSN should be left-justified and space-filled. |
| 7-12 | Input Serial Number | Character | 6 | Required | |
| 13-21 | TSN Certification | Character | 9 | Required | This field should contain the word "CERTIFIED". |
| 22-26 | Vendor Software Number | Character | 5 | Optional | |
| 27-28 | Vendor Software Update Level | Character | 2 | Optional | |
| 29-32 | Prod Indicator | Character | 4 | Required | This field must contain the word "PROD". |
| 33-40 | Plan Identification Number | Character | 8 | Required | The health organization's MMIS ID number |
| 41-61 | Submitter Name | Character | 21 | Required | Submitter Name is the name of the health organization as used on official State records. |
| 62-79 | Submitter Address 1 | Character | 18 | Required | Submitter Address Line is the street address for the health organization submitting encounter data. |
| 80-97 | Submitter Address 2 | Character | 18 | Required | |
| 98-112 | Submitter Address City | Character | 15 | Required | Submitter Address City is the city in which the health organization does business or to which correspondence should be sent. |
| 113-114 | Submitter Address State | Character | 2 | Required | Submitter Address State/Province Code is the two character standard state postal code (i.e., NY) |
| 115-123 | Submitter Zip | Character | 9 | Required | This element specifies the health organizations geographic area denoted by the postal ZIP code. |
| 124-134 | Submitter Fax Number | Character | 11 | Required | Submitter Fax Number is the facsimile number for the health organization. |
| 135-145 | Submitter Phone Number | Character | 11 | Required | Phone Number is the telephone number of the health organization, including 1 and the area code and seven-digit number. |
| 146-148 | MEDS Version Number | Character | 3 | Required | Will contain "002" |
| Space Fill Record Positions 149 to 1200 | | | | | |

Common Detail Segment

| Record Positions | Data Element-Common Detail | Format | Field Length | Submission Status | Description |
|------------------|---|-----------|--------------|-------------------|--|
| 1-2 | Record Type | Character | 2 | Required | D1=Detail |
| 3 | Encounter Type Indicator (ETI) | Character | 1 | Required | The code that indicates the type of encounter being reported: I=Institutional; D=Pharmacy; T=Dental; P=Professional. |
| 4-14 | Encounter Control Number (ECN) | Character | 11 | Required | Encounter control number is a health organization assigned number used to uniquely identify an encounter transaction. |
| 15-30 | Previous Transaction Control Number (TCN) | Character | 16 | Situational | Transaction Control Number (TCN) is a unique identifier assigned by CSC to each encounter transaction received. The TCN is used for internal control purposes and by plans to adjust or void records identified as failing soft edits. |
| 31 | Transaction Status Code | Character | 1 | Required | Transaction Status Code identifies a transaction as an original encounter or a voids or adjustment to a previously submitted encounter. |
| 32-39 | Client Identification Number | Character | 8 | Required | The CIN is assigned by the state to an enrollee upon determination that an individual is eligible for Medicaid services. |
| 40-64 | Beneficiary Identification Number | Character | 25 | Optional | Beneficiary Identification Number is an identifier given to an individual by the health organization for their internal purposes. |
| 65-67 | Provider Profession Code | Character | 3 | Required | Provider Profession Code specifies the profession of a Provider on the state license file. |
| 68-75 | Provider License Number | Character | 8 | Required | Provider License Number is an identifying number issued by the state licensing board, authorizing a provider to practice within that state under the specific license type applicable to the provider. |
| 76-83 | Provider Identification Number (MMIS ID) | Character | 8 | Required | Provider Identification Number is a unique number assigned to each provider in the Medicaid program. |
| 84-85 | FILLER | Character | 2 | Required | FILLER |

| Record Positions | Data Element-Common Detail | Format | Field Length | Submission Status | Description |
|------------------|-----------------------------------|-----------|--------------|-------------------|--|
| 86-87 | Category of Service (COS) Code | Character | 2 | Required | Category of Service is a two-digit code that classifies the services in the encounter. |
| 88-98 | FILLER | Numeric | 11 | Required | FILLER |
| 99-109 | Total Paid Amount | Numeric | 11 | Required | The total amount paid for each listed service. |
| 110-144 | Other Payer Name | Character | 35 | Situational | Other Payer Name identifies the secondary payer on the encounter (if applicable). |
| 145-155 | Other Insurance Total Paid Amount | Numeric | 11 | Situational | Total amount paid by insurance other than Medicaid (if applicable). |
| 156-157 | Other Insurance Type Code | Character | 2 | Situational | A code indicating insurance payers other than Medicaid (if applicable). |

Institutional Segment

| Record Positions | Data Element-Institutional | Format | Field Length | Submission Status | Description |
|------------------|--|-----------|--------------|--|--|
| 158-160 | Provider Specialty Code | Character | 3 | Required: COS 06, 12, 15, 28, 73, 85, 87 | A code that identifies a provider's medical, dental, clinic or program type specialty. |
| 161 | Hospital Inpatient Claim/Encounter Indicator | Character | 1 | Required: COS 11 | Indicates whether the service provided was a capitated service within the health organization's contract ("E"); a within plan claim ("C") or an administratively denied service ("A"). |
| 162-165 | New York State Diagnosis Related Group Code | Character | 4 | Required: COS 11 | The NYS AP-DRG code assigned by the providing hospital to the inpatient stay for billing purposes. |
| 166-167 | Type of Bill Digits 1 & 2 Code | Character | 2 | Required: COS 06, 11, 12, 15, 28, 73, 85, 87 | The first two digits of a three-digit alphanumeric code. The first digit identifies the type of facility. The second classifies the type of care. |
| 168 | Type of Bill Digit 3 Code | Character | 1 | Required: COS 06, 11, 12, 15, 28, 73, 85, 87 | The third digit of a three digit alphanumeric code. The third digit indicates the sequence of the bill in the particular episode of care. It is referred to as the "frequency" code. |
| 169-176 | Statement Covers Period From | Date | 8 | Required: COS | The begin date of the encounter period. |

| Record Positions | Data Element-Institutional | Format | Field Length | Submission Status | Description |
|--|--|------------------|--------------|---|--|
| | | CCYYMMDD | | 06, 12, 15, 28, 73, 85, 87 | |
| 177-184 | Statement Covers Period Thru | Date CCYYMMDD | 8 | Required: COS 06, 12, 15, 28, 73, 85, 87 | The end date of the encounter period. |
| 185 | Type of Admission | Character | 1 | Required: COS 11 | One-digit alphanumeric code indicating priority of the admission. |
| 186 | Source of Admission | Character | 1 | Required: COS 11 | One digit alphanumeric code indicating the source of the admission or outpatient registration. |
| 187-188 | Patient Status or Disposition Code | Character | 2 | Required: COS 11, 12, 28, 73 | A two-digit, alphanumeric code indicating the patient's destination or status upon discharge. |
| 189-208 | Medical Record Number | Character | 20 | Required: COS 11 | The number assigned to the patient's medical/health record by the provider. |
| 209-210 218-219 | Neonate Birth Weight Value Code [up to 2] | Character | 2 | Required: COS 11 | All newborn encounters will have a birth weight code of "54". |
| 211-217 220-226 | Neonate Birth Weight in Grams (Value Code Amount) [up to 2] | Numeric | 7 | Required: COS 11 | The birth weight of the neonate in grams. |
| 227-230 272-275 317-320 362-365 407-410 452-455 497-500 542-545 587-590 632-635 | Revenue Code [up to 10] | Character | 4 | Required: COS 06, 12, 15, 28, 73, 85, 87 | The revenue code assigned for each cost center for which a separate charge is billed. |
| 231-237 276-282 321-327 366-372 411-417 | HCPCS Code [up to 10] | Character | 7 | Required: COS 06, 12, 15, 28, 73, 85, 87 | HCPCS code(s) describing non-inpatient procedure(s) performed. |

| Record Positions | Data Element-Institutional | Format | Field Length | Submission Status | Description |
|--|--|---------|--------------|--|---|
| 456-462 501-507 546-552 591-597 636-642 | | | | | |
| 238-248 283-293 328-338 373-383 418-428 463-473 508-518 553-563 598-608 643-653 | Quantity or Units Submitted [up to 10] | Numeric | 11 | Required: COS 06, 12, 15, 28, 73, 85, 87 | When revenue codes are assigned, this data element quantifies services by revenue category (e.g., number of days of a particular accommodation, pints of blood.) However, when HCPCS codes are assigned, units are equal to the number of times the procedure/service being reported was performed. |
| 249-259 294-304 339-349 384-394 429-439 474-484 519-529 564-574 609-619 654-664 | FILLER [up to 10] | Numeric | 11 | | FILLER |
| 260-270 305-315 350-360 395-405 440-450 485-495 530-540 575-585 620-630 | Paid Amount [up to 10] | Numeric | 11 | Required: COS 06, 12, 15, 28, 73, 85, 87 | The amount paid for each listed service corresponding to the procedures defined in the HCPCS data element. |

| Record Positions | Data Element-Institutional | Format | Field Length | Submission Status | Description |
|--|--|-----------|--------------|--|--|
| 665-675 | | | | | |
| 271 316 361 406 451 496 541 586 631 676 | Non-Inpatient Claim/Encounter Indicator [up to 10] | Character | 1 | Required: COS 06, 12, 15, 28, 73, 85, 87 | Indicates whether the service provided was a capitated service within the health organization's contract ("E"); a within plan claim ("C") or an administratively denied service ("A"). |
| 677-683 | Principal/Primary Diagnosis Code | Character | 7 | Required: COS 06, 11, 12, 15, 28, 73, 85, 87 | The ICD-9-CM diagnosis code that indicates the primary condition for an inpatient stay. |
| 684-690 691-697 698-704 705-711 712-718 719-725 726-732 733-739 | Other Diagnosis Codes [up to 8] | Character | 7 | Required: COS 06, 11, 12, 15, 28, 73, 85, 87 | Up to eight additional ICD-9-CM diagnosis codes, indicating additional significant condition(s) during the encounter. |
| 740-746 | Admit Diagnosis | Character | 7 | Required: COS 11 | The diagnosis that describes the patient's condition upon admission to the hospital. |
| 747-753 | External Diagnosis Code (E Code) | Character | 7 | Required: COS 11 | The ICD-9-CM code for the external cause of an injury, poisoning, or adverse effect. |
| 754-760 | Principal Procedure Code | Character | 7 | Required: COS 11 | The ICD-9-CM procedure code identifying the principal procedure performed during an inpatient stay. |
| 761-767 768-774 775-781 782-788 789-795 | Other Procedure Codes [up to 5] | Character | 7 | Required: COS 11 | ICD-9-CM Procedure Codes identifying the procedures performed during an inpatient stay |

| Record Positions | Data Element-Institutional | Format | Field Length | Submission Status | Description |
|---|------------------------------------|------------------|--------------|--|---|
| 796-798 | Attending Provider Profession Code | Character | 3 | Required: COS 06, 11, 12, 15, 28, 73, 85, 87 | The profession code issued by the state of the attending provider for inpatient encounters and the servicing provider for non-Inpatient encounters. |
| 799-806 | Attending Provider License Number | Character | 8 | Required COS 06, 11, 12, 15, 28, 73, 85, 87 | The professional license number issued by the state of the attending provider for inpatient encounters and the servicing provider for non-Inpatient encounters. |
| 807-814 | Attending Provider ID | Character | 8 | Required COS 06, 11, 12, 15, 28, 73, 85, 87 | The state MMIS of the attending provider for inpatient encounters and the servicing provider for non-Inpatient encounters. |
| 815-816 | FILLER | Character | 2 | | FILLER |
| 817-819 | Surgeon Profession Code | Character | 3 | Required: COS 11 | The profession code issued by the State Department of Education that identifies the type of license of the surgeon performing the primary procedure or the surgery. |
| 820-827 | Surgeon License Number | Character | 8 | Required: COS 11 | The professional license number, issued by the State Department of Education that identifies the surgeon. |
| 828-835 | Surgeon Provider ID | Character | 8 | Required: COS 11 | The State MMIS code of the surgeon. |
| 836-837 | FILLER | Character | 2 | | FILLER |
| 838-845 | Admission Date | Date CCYYMMDD | 8 | Required: COS 11, 12, 28 | The admit date for the institutional stay. |
| 846-853 | Discharge Date | Date CCYYMMDD | 8 | Required: COS 11 | The date of discharge from an inpatient stay at a hospital. |
| Space Fill Record Positions 854 to 1200 | | | | | |

Pharmacy Segment

| Record Positions | Data Element-Pharmacy | Format | Field Length | Submission Status | Description |
|------------------|---------------------------------|-----------|--------------|-------------------|---|
| 158-160 | Prescribing Provider Profession | Character | 3 | Required: | The profession code issued by the State |

| Record Positions | Data Element-Pharmacy | Format | Field Length | Submission Status | Description |
|---|--|------------------|--------------|---------------------|---|
| | Code | | | COS 14 | Department of Education that identifies the type of license of the prescribing provider. |
| 161-168 | Prescribing Provider License Number | Character | 8 | Required: COS 14 | The professional license number, issued by the State Department of Education that identifies the prescribing provider. |
| 169-176 | Prescribing Provider ID | Character | 8 | Required: COS 14 | The State MMIS code of the prescribing provider. |
| 177-178 | FILLER | Character | 2 | | FILLER |
| 179-186 | Prescription Ordered Date | Date CCYYMMDD | 8 | Required: COS 14 | The date the prescription was issued by the referring provider. |
| 187-194 | Date Filled | Date CCYYMMDD | 8 | Required: COS 14 | The date the prescription was filled. |
| 195-205 | National Drug Code (NDC) or Product Code | Character | 11 | Required: COS 14 | An 11-digit national drug identification number assigned by the Federal Drug Administration (or the HCPCS code) used to identify Durable Medical Equipment, Hearing Aids, OTC medications or other pharmacy products without an NDC code. |
| 206-217 | Quantity Dispensed | Numeric | 12 | Required: COS 14 | The dispensing quantity based upon the unit of measure as defined by the National Drug Code. |
| 218-220 | Drug Days Supply Count | Numeric | 3 | Required: COS 14 | Represents the number of days supply currently dispensed with this prescription service. |
| 221 | Pharmacy Claim/Encounter Indicator | Character | 1 | Required: COS 14 | "E" = Capitated encounter; "C" = Within plan claim; "A" = Administratively denied service |
| Space Fill Record Positions 222 to 1200 | | | | | |

Dental Segment

| Record Positions | Data Element-Dental | Format | Field Length | Submission Status | Description |
|--|--|-----------|--------------|---------------------|--|
| 158-160 | Provider Specialty Code | Character | 3 | Required: COS 13 | A provider's specialty code identifies a provider's medical, dental, clinic or program type specialty. |
| 161 222 283 344 405 466 527 588 649 710 | Dental Claim/Encounter Indicator [up to 10] | Character | 1 | Required: COS 13 | Indicates whether the service provided was a capitated service within the health organization's contract ("E"); a within plan claim ("C") or an administratively denied service ("A"). |
| 162-163 223-224 284-285 345-346 406-407 467-468 528-529 589-590 650-651 711-712 | Place of Service/Place of Treatment [up to 10] | Character | 2 | Required: COS 13 | Indicates where the dental service took place. |
| 164-170 225-231 286-292 347-353 408-414 469-475 530-536 591-597 652-658 713-719 | Procedure Codes [up to 10] | Character | 7 | Required: COS 13 | Procedure Codes identifying the procedures performed during the dental visit. |

| Record Positions | Data Element-Dental | Format | Field Length | Submission Status | Description |
|--|--|-----------|--------------|---------------------|---|
| 171-181 232-242 293-303 354-364 415-425 476-486 537-547 598-608 659-669 720-730 | Dental Number of Units/Visits [up to 10] | Numeric | 11 | Required: COS 13 | The number of times a procedure or service was provided during the encounter; or the number of units, visits, or days a procedure or service was rendered during an episode of care defined by Service Start and End Dates. |
| 182-183 243-244 304-305 365-366 426-427 487-488 548-549 609-610 670-671 731-732 | Tooth Number or Letter [up to 10] | Character | 2 | Required: COS 13 | The tooth that the service was performed on. |
| 184-194 245-255 306-316 367-377 428-438 489-499 550-560 611-621 672-682 733-743 | FILLER | Numeric | 11 | | FILLER |
| 195-205 256-266 317-327 378-388 | Paid Amount [up to 10] | Numeric | 11 | Required: COS 13 | The amount paid by insurer for each listed service. |

| Record Positions | Data Element-Dental | Format | Field Length | Submission Status | Description |
|--|-------------------------------|------------------|--------------|---------------------|-----------------------------|
| 439-449 500-510 561-571 622-632 683-693 744-754 | | | | | |
| 206-213 267-274 328-335 389-396 450-457 511-518 572-579 633-640 694-701 755-762 | Service Start Date [up to 10] | Date CCYYMMDD | 8 | Required: COS 13 | The date the service began. |
| 214-221 275-282 336-343 397-404 458-465 519-526 580-587 641-648 702-709 763-770 | Service End Date [up to 10] | Date CCYYMMDD | 8 | Required: COS 13 | The date the service ended. |
| Space Fill Record Positions 771 to 1200 | | | | | |

Professional Segment

| Record Positions | Data Element-Professional | Format | Field Length | Submission Status | Description |
|------------------|---------------------------|-----------|--------------|---|--|
| 158-160 | Provider Specialty Code | Character | 3 | Required: COS 01, 03, 04, 05, 07, | The code identifying a provider's medical, dental, clinic or program type specialty. |

| Record Positions | Data Element-Professional | Format | Field Length | Submission Status | Description |
|--|---|-----------|--------------|--|---|
| | | | | 16, 19, 22, 41, 75 | |
| 161-167 168-174 175-181 182-188 | Diagnosis Codes [up to 4] | Character | 7 | Required: COS 01, 03, 04, 05, 07, 16, 19, 22, 41, 75 | Up to four diagnosis codes are to be recorded for diagnosed medical conditions for which the recipient receives services during the encounter or which may have been present at the time of the encounter and recorded by the provider. |
| 189 248 307 366 425 484 543 602 661 720 | Professional Claim/Encounter Indicator [up to 10] | Character | 1 | Required: COS 01, 03, 04, 05, 07, 16, 19, 22, 41, 75 | Indicates whether the service provided was a capitated service within the health organization's contract ("E"); a within plan claim ("C") or an administratively denied service ("A"). |
| 190-191 249-250 308-309 367-368 426-427 485-486 544-545 603-604 662-663 721-722 | Place of Service/Place of Treatment [up to 10] | Character | 2 | Required: COS 01, 03, 04, 05, 07, 16, 19, 22, 41, 75 | Indicates location where service occurred. |
| 192-198 251-257 310-316 369-375 428-434 487-493 546-552 | Procedure Codes [up to 10] | Character | 7 | Required: COS 01, 03, 04, 05, 07, 16, 19, 22, 41, 75 | The CPT4/HCPCS procedure code that describes the service(s) rendered during the professional encounter(s). |

| Record Positions | Data Element-Professional | Format | Field Length | Submission Status | Description |
|--|--|---------|--------------|--|---|
| 605-611 664-670 723-729 | | | | | |
| 199-209 258-268 317-327 376-386 435-445 494-504 553-563 612-622 671-681 730-740 | Professional Number of Units/Visits [up to 10] | Numeric | 11 | Required: COS 01, 03, 04, 05, 07, 16, 19, 22, 41, 75 | The number of times a procedure or service was provided during the encounter; or the number of units, visits, or days a procedure or service was rendered during an episode of care defined by Service Start and End Dates. |
| 210-220 269-279 328-338 387-397 446-456 505-515 564-574 623-633 682-692 741-751 | FILLER | Numeric | 11 | | FILLER |
| 221-231 280-290 339-349 398-408 457-467 516-526 575-585 634-644 693-703 752-762 | Paid Amount [up to 10] | Numeric | 11 | Required: COS 01, 03, 04, 05, 07, 16, 19, 22, 41, 75 | The amount paid by insurer for each listed service. |
| 232-239 | Service Start Date [up to 10] | Date | 8 | Required: | The date the service began. |

| Record Positions | Data Element-Professional | Format | Field Length | Submission Status | Description |
|--|------------------------------|------------------|--------------|---|-----------------------------|
| 291-298 350-357 409-416 468-475 527-534 586-593 645-652 704-711 763-770 | | CCYYMMDD | | COS 01, 03, 04, 05, 07, 16, 19, 22, 41, 75 | |
| 240-247 299-306 358-365 417-424 476-483 535-542 594-601 653-660 712-719 771-778 | Service End Date [up to 10] | Date CCYYMMDD | 8 | Required: COS 01, 03, 04, 05, 07, 16, 19, 22, 28, 41, 73, 75 | The date the service ended. |
| Space Fill Record Positions 779 to 1200 | | | | | |

Trailer Record

| Record Positions | Data Element-Trailer | Format | Field Length | Submission Status | Description |
|--|-------------------------|-----------|--------------|-------------------|---|
| 1-2 | Record Type | Character | 2 | Required | T1=Trailer |
| 3 | Submission Record Count | Numeric | 9 | Required | The total number of records in the file, including the header and trailer records. Zero fill and right justify. |
| Space Fill Record Positions 12 to 1200 | | | | | |

IV. ENCOUNTER TYPE ASSIGNMENT BY COS: REQUIREMENTS BY MEDS II DATA ELEMENT

R = Required for Reporting

| Encounter Type: | MEDS Category of Service (COS) | | | | | | | | | | | | | | | | | | | |
|--|--------------------------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| | 01 | 03 | 04 | 05 | 06 | 07 | 11 | 12 | 13 | 14 | 15 | 16 | 19 | 22 | 28 | 41 | 73 | 75 | 85 | 87 |
| | P | P | P | P | I | P | I | I | T | D | I | P | P | P | I | P | I | P | I | I |
| Institutional Transaction Segment (Encounter Type = "I") | | | | | | | | | | | | | | | | | | | | |
| Provider Specialty Code | | | | | R | | | R | | | R | | | | R | | R | | R | R |
| Hosp Inpatient Claim/Encounter Indicator | | | | | | | R | | | | | | | | | | | | | |
| NYS DRG Code | | | | | | | R | | | | | | | | | | | | | |
| Type of Bill Digits 1 & 2 Code | | | | | R | | R | R | | | R | | | | R | | R | | R | R |
| Type of Bill Digit 3 Code | | | | | R | | R | R | | | R | | | | R | | R | | R | R |
| Statement Covers Period From | | | | | R | | | R | | | R | | | | R | | R | | R | R |
| Statement Covers Period Thru | | | | | R | | | R | | | R | | | | R | | R | | R | R |
| Type of Admission | | | | | | | R | | | | | | | | | | | | | |
| Source of Admission | | | | | | | R | | | | | | | | | | | | | |
| Patient Status Code | | | | | | | R | R | | | | | | | R | | R | | | |
| Medical Record Number | | | | | | | R | | | | | | | | | | | | | |
| Neonate Birth Weight Value Code | | | | | | | R | | | | | | | | | | | | | |
| Neonate Birth Weight in Grams | | | | | | | R | | | | | | | | | | | | | |
| Revenue Code | | | | | R | | | R | | | R | | | | R | | R | | R | R |
| HCPCS Code | | | | | R | | | R | | | R | | | | R | | R | | R | R |
| Quantity or Units Submitted | | | | | R | | | R | | | R | | | | R | | R | | R | R |
| Paid Amount | | | | | R | | | R | | | R | | | | R | | R | | R | R |
| Non-Inpatient Claim/Encounter Indicator | | | | | R | | | R | | | R | | | | R | | R | | R | R |
| Principal Diagnosis | | | | | R | | R | R | | | R | | | | R | | R | | R | R |
| Other Diagnosis Codes | | | | | R | | R | R | | | R | | | | R | | R | | R | R |
| Admit Diagnosis | | | | | | | R | | | | | | | | | | | | | |
| External Diagnosis Code | | | | | | | R | | | | | | | | | | | | | |
| Principal Procedure Code | | | | | | | R | | | | | | | | | | | | | |
| Other Procedure Codes | | | | | | | R | | | | | | | | | | | | | |

| | MEDS Category of Service (COS) | | | | | | | | | | | | | | | | | | | |
|------------------------------------|--------------------------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| | 01 | 03 | 04 | 05 | 06 | 07 | 11 | 12 | 13 | 14 | 15 | 16 | 19 | 22 | 28 | 41 | 73 | 75 | 85 | 87 |
| Encounter Type: | P | P | P | P | I | P | I | I | T | D | I | P | P | P | I | P | I | P | I | I |
| Attending Provider Profession Code | | | | | R | | R | R | | | R | | | | R | | R | | R | R |
| Attending Provider License Number | | | | | R | | R | R | | | R | | | | R | | R | | R | R |
| Attending Provider ID | | | | | R | | R | R | | | R | | | | R | | R | | R | R |
| Surgeon Profession Code | | | | | | | R | | | | | | | | | | | | | |
| Surgeon License Number | | | | | | | R | | | | | | | | | | | | | |
| Surgeon Provider ID | | | | | | | R | | | | | | | | | | | | | |
| Admission Date | | | | | | | R | R | | | | | | | R | | | | | |
| Discharge Date | | | | | | | R | | | | | | | | | | | | | |

Pharmacy Transaction Segment (Encounter Type = "D")

| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|
| Prescribing Provider Profession Code | | | | | | | | | | R | | | | | | | | | | |
| Prescribing Provider License Number | | | | | | | | | | R | | | | | | | | | | |
| Prescribing Provider ID | | | | | | | | | | R | | | | | | | | | | |
| Prescription Ordered Date | | | | | | | | | | R | | | | | | | | | | |
| Date Filled | | | | | | | | | | R | | | | | | | | | | |
| National Drug Code (NDC) or Product Code | | | | | | | | | | R | | | | | | | | | | |
| Quantity Dispensed | | | | | | | | | | R | | | | | | | | | | |
| Drug Days Supply Count | | | | | | | | | | R | | | | | | | | | | |
| Pharmacy Claim/Encounter Indicator | | | | | | | | | | R | | | | | | | | | | |

Dental Transaction Segment (Encounter Type = "T")

| | | | | | | | | | | | | | | | | | | | | |
|-------------------------------------|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|
| Provider Specialty Code | | | | | | | | | R | | | | | | | | | | | |
| Dental Claim/Encounter Indicator | | | | | | | | | R | | | | | | | | | | | |
| Place of Service/Place of Treatment | | | | | | | | | R | | | | | | | | | | | |
| Procedure Codes | | | | | | | | | R | | | | | | | | | | | |
| Dental Number of Units/Visits | | | | | | | | | R | | | | | | | | | | | |
| Tooth Number or Letter | | | | | | | | | R | | | | | | | | | | | |
| Paid Amount | | | | | | | | | R | | | | | | | | | | | |
| Service Start | | | | | | | | | R | | | | | | | | | | | |

| | MEDS Category of Service (COS) | | | | | | | | | | | | | | | | | | | |
|---|--------------------------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| | 01 | 03 | 04 | 05 | 06 | 07 | 11 | 12 | 13 | 14 | 15 | 16 | 19 | 22 | 28 | 41 | 73 | 75 | 85 | 87 |
| Encounter Type: | P | P | P | P | I | P | I | I | T | D | I | P | P | P | I | P | I | P | I | I |
| Date | | | | | | | | | | | | | | | | | | | | |
| Service End Date | | | | | | | | R | | | | | | | | | | | | |
| Professional Transaction Segment (Encounter Type = "P") | | | | | | | | | | | | | | | | | | | | |
| Provider Specialty Code | R | R | R | R | | R | | | | | | R | R | R | | R | | R | | |
| Diagnosis Codes | R | R | R | R | | R | | | | | | R | R | R | | R | | R | | |
| Professional Claim/Encounter Indicator | R | R | R | R | | R | | | | | | R | R | R | | R | | R | | |
| Place of Service/Place of Treatment | R | R | R | R | | R | | | | | | R | R | R | | R | | R | | |
| Procedure Codes | R | R | R | R | | R | | | | | | R | R | R | | R | | R | | |
| Professional Number of Units/Visits | R | R | R | R | | R | | | | | | R | R | R | | R | | R | | |
| Paid Amount | R | R | R | R | | R | | | | | | R | R | R | | R | | R | | |
| Service Start Date | R | R | R | R | | R | | | | | | R | R | R | | R | | R | | |
| Service End Date | R | R | R | R | | R | | | | | | R | R | R | | R | | R | | |

V. HEADER RECORD

| | |
|-------------------------------------|----------------------------|
| MEDS II Transaction Segment: | Header |
| Data Element Name: | RECORD TYPE |
| Submission Status: | Required for Header Record |
| Encounter Record Position(s): | 1-2 |
| Format - Length: | Character - 2 |
| Effective Date: | 3/1/2005 |
| Version Number - Date: | 2.1 - August 2005 |
| MEDS II DE# / DW#: | NA |

Definition: The Record Type identifies the data being submitted as either the header record, the detail section, or the trailer record.

Mapping:

- New York State Specific Data Element

Codes and Values:

| <i>Code</i> | <i>Value</i> |
|-------------|--------------|
| H1 | Header |

Edit Applications:

- Must be a valid code of H1 for Header Record

| | |
|-------------------------------------|--|
| MEDS II Transaction Segment: | Header |
| Data Element Name: | PROVIDER TRANSMISSION SUPPLIER NUMBER (TSN) |
| Submission Status: | Required for Header Record |
| Encounter Record Position(s): | 3-6 |
| Format - Length: | Character - 4 |
| Effective Date: | 3/1/2005 |
| Version Number - Date: | 2.1 - August 2005 |
| MEDS II DE# / DW#: | 4312/E4312 |

Definition: Provider Transmission Supplier Number (TSN) is a unique number assigned to the health organization submitting encounter records. The TSN should be left-justified and space-filled.

Mapping:

- New York State Specific Data Element

Codes and Values:

- Left-justified and space-filled.
- Unique to health plan reporting

Edit Applications:

- None

| | |
|-------------------------------------|----------------------------|
| MEDS II Transaction Segment: | Header |
| Data Element Name: | INPUT SERIAL NUMBER |
| Submission Status: | Required for Header Record |
| Encounter Record Position(s): | 7-12 |
| Format - Length: | Character - 6 |
| Effective Date: | 3/1/2005 |
| Version Number - Date: | 2.1 - August 2005 |
| MEDS II DE# / DW#: | NA/E6203 |

Definition: This is a number assigned by the submitter for electronic submissions.

Mapping:

- New York State Specific Data Element

Codes and Values:

Left-justified and space-filled.
Unique to health plan reporting

Edit Applications:

- None

| | |
|-------------------------------------|----------------------------|
| MEDS II Transaction Segment: | Header |
| Data Element Name: | TSN CERTIFICATION |
| Submission Status: | Required for Header Record |
| Encounter Record Position(s): | 13-21 |
| Format - Length: | Character - 9 |
| Effective Date: | 3/1/2005 |
| Version Number - Date: | 2.1 - August 2005 |
| MEDS II DE# / DW#: | NA/C110 |

Definition: This field must contain the word "CERTIFIED" (in UPPERCASE letters) to indicate the submitter is certified to submit electronically.

Mapping:

- New York State Specific Data Element

Codes and Values:

- Left-justified
- "CERTIFIED" in UPPERCASE letters.

Edit Applications:

- None

MEDS II Transaction Segment: Header
Data Element Name: **VENDOR SOFTWARE NUMBER**
Submission Status: Optional
Encounter Record Position(s): 22-26
Format - Length: Character - 5
Effective Date: 3/1/2005
Version Number - Date: 2.1 - August 2005
MEDS II DE# / DW#: NA/E2843

Definition: Vendor Software Number
Mapping: New York State Specific Data Element
Codes and Values: Optional Plan Reported Data Element
Edit Applications: None

MEDS II Transaction Segment: Header
Data Element Name: **VENDOR SOFTWARE UPDATE LEVEL**
Submission Status: Optional
Encounter Record Position(s): 27-28
Format - Length: Character - 2
Effective Date: 3/1/2005
Version Number - Date: 2.1 - August 2005
MEDS II DE# / DW#: NA/E2825

Definition: Vendor Software Update Level
Mapping: New York State Specific Data Element
Codes and Values: Optional Plan Reported Data Element
Edit Applications: None

| | |
|-------------------------------------|----------------------------|
| MEDS II Transaction Segment: | Header |
| Data Element Name: | PROD INDICATOR |
| Submission Status: | Required for Header Record |
| Encounter Record Position(s): | 29-32 |
| Format - Length: | Character - 4 |
| Effective Date: | 3/1/2005 |
| Version Number - Date: | 2.1 - August 2005 |
| MEDS II DE# / DW#: | NA/NA |

Definition: This field must contain the word "PROD" for either testing in the Integrated Test Facility (ITF) or for submitting files to production. If this field is left blank, the submission will not pass through our "Tier 1" editing process and the entire file will reject.

Mapping:

- New York State Specific Data Element

Codes and Values:

- Left-justified
- Must contain the word "PROD".

Edit Applications:

- None

| | |
|-------------------------------------|-----------------------------------|
| MEDS II Transaction Segment: | Header |
| Data Element Name: | PLAN IDENTIFICATION NUMBER |
| Submission Status: | Required for Header Record |
| Encounter Record Position(s): | 33-40 |
| Format - Length: | Character - 8 |
| Effective Date: | 3/1/2005 |
| Version Number - Date: | 2.1 - August 2005 |
| MEDS II DE# / DW#: | 4397/H056 |

Definition: The health organization's MMIS Identification Number.

Mapping:

- New York State Specific Data Element

Codes and Values:

- Left-justified with no embedded blanks and space filled.
- Must be a valid MMIS Plan Identification Number

Edit Applications:

- 00423 MMIS Plan ID Missing
- 00424 MMIS Plan ID Not On File
- 00425 MMIS Plan ID Not MC Capitation Provider
- 00725 Hist Record Not Found Adjus/Void

MEDS II Transaction Segment: Header
Data Element Name: SUBMITTER NAME
Submission Status: Required for Header Record
Encounter Record Position(s): 41-61
Format - Length: Character - 21
Effective Date: 3/1/2005
Version Number - Date: 2.1 - August 2005
MEDS II DE# / DW#: NA/NA

Definition: Name of submitting health organization

Mapping: New York State Specific Data Element

Codes and Values: Name Used on Official State Records

Edit Applications: None

MEDS II Transaction Segment: Header
Data Element Name: SUBMITTER ADDRESS1
Submission Status: Required for Header Record
Encounter Record Position(s): 62-79
Format - Length: Character - 18
Effective Date: 3/1/2005
Version Number - Date: 2.1 - August 2005
MEDS II DE# / DW#: NA/NA

Definition: Street address for submitting health organization

Mapping: New York State Specific Data Element

Codes and Values: Valid Street Address

Edit Applications: None

| | |
|-------------------------------------|----------------------------|
| MEDS II Transaction Segment: | Header |
| Data Element Name: | SUBMITTER ADDRESS2 |
| Submission Status: | Required for Header Record |
| Encounter Record Position(s): | 80-97 |
| Format - Length: | Character - 18 |
| Effective Date: | 3/1/2005 |
| Version Number - Date: | 2.1 - August 2005 |
| MEDS II DE# / DW#: | NA/NA |

Definition: Street address for submitting health organization

Mapping: New York State Specific Data Element

Codes and Values:

- Left-justified
- Valid Street Address

Edit Applications:

- None

| | |
|-------------------------------------|----------------------------|
| MEDS II Transaction Segment: | Header |
| Data Element Name: | SUBMITTER CITY |
| Submission Status: | Required for Header Record |
| Encounter Record Position(s): | 98-112 |
| Format - Length: | Character - 15 |
| Effective Date: | 3/1/2005 |
| Version Number - Date: | 2.1 - August 2005 |
| MEDS II DE# / DW#: | NA/NA |

Definition: City in which the submitting health organization correspondence should be sent.

Mapping: New York State Specific Data Element

Codes and Values:

- Left-justified
- Valid City Name

Edit Applications:

- None

MEDS II Transaction Segment: Header
Data Element Name: SUBMITTER STATE
Submission Status: Required for Header Record
Encounter Record Position(s): 113-114
Format - Length: Character - 2
Effective Date: 3/1/2005
Version Number - Date: 2.1 - August 2005
MEDS II DE# / DW#: NA/NA

Definition: Two-character standard state postal code in which the health organization does business.

Mapping: New York State Specific Data Element

Codes and Values: Valid two character state abbreviation (e.g., "NY")

Edit Applications: None

MEDS II Transaction Segment: Header
Data Element Name: SUBMITTER ZIP
Submission Status: Required for Header Record
Encounter Record Position(s): 115-123
Format - Length: Character - 9
Effective Date: 3/1/2005
Version Number - Date: 2.1 - August 2005
MEDS II DE# / DW#: NA/NA

Definition: The health organizations geographic area denoted by the postal zip code.

Mapping: New York State Specific Data Element

Codes and Values: Left-justified

Edit Applications: None

MEDS II Transaction Segment: Header
Data Element Name: SUBMITTER FAX NUMBER
Submission Status: Required for Header Record
Encounter Record Position(s): 124-134
Format - Length: Character - 11
Effective Date: 3/1/2005
Version Number - Date: 2.1 - August 2005
MEDS II DE# / DW#: NA/NA

Definition: Facsimile number for the health organization.

Mapping: New York State Specific Data Element

Codes and Values: Left-justified

Edit Applications: None

MEDS II Transaction Segment: Header
Data Element Name: SUBMITTER PHONE NUMBER
Submission Status: Required for Header Record
Encounter Record Position(s): 135-145
Format - Length: Character - 11
Effective Date: 3/1/2005
Version Number - Date: 2.1 - August 2005
MEDS II DE# / DW#: NA/NA

Definition: Phone number for the health organization, including 1 and the area code and seven digit number.

Mapping: New York State Specific Data Element

Codes and Values: Left-justified

Edit Applications: None

| | |
|-------------------------------------|----------------------------|
| MEDS II Transaction Segment: | Header |
| Data Element Name: | MEDS VERSION NUMBER |
| Submission Status: | Required for Header Record |
| Encounter Record Position(s): | 146-148 |
| Format - Length: | Character - 3 |
| Effective Date: | 3/1/2005 |
| Version Number - Date: | 2.1 - August 2005 |
| MEDS II DE# / DW#: | NA/NA |

Definition: Version Number is "002"

Mapping: New York State Specific Data Element

Codes and Values: 002

Edit Applications: None

VI. COMMON DETAIL

| | |
|-------------------------------------|----------------------|
| MEDS II Transaction Segment: | Common Detail |
| Data Element Name: | RECORD TYPE |
| Submission Status: | Required: All COS |
| Encounter Record Position(s): | 1-2 |
| Format - Length: | Character - 2 |
| Effective Date: | 3/1/2005 |
| Version Number - Date: | 2.1 - August 2005 |
| MEDS II DE# / DW#: | NA |

Definition: The Record Type identifies the data being submitted as either the header record, the detail section, or the trailer record.

Mapping:

- New York State Specific Data Element

Codes and Values:

| <i>Code</i> | <i>Value</i> |
|-------------|--------------|
| H1 | Header |
| D1 | Detail |
| T1 | Trailer |

Edit Applications:

- Must be a valid code of D1 for Common Detail Segment

| | |
|-------------------------------------|---------------------------------------|
| MEDS II Transaction Segment: | Common Detail |
| Data Element Name: | ENCOUNTER TYPE INDICATOR (ETI) |
| Submission Status: | Required: All COS |
| Encounter Record Position(s): | 3 |
| Format - Length: | Character - 1 |
| Effective Date: | 3/1/2005 |
| Version Number - Date: | 2.1 - August 2005 |
| MEDS II DE# / DW#: | 2764/H054 |

Definition: The Encounter Type Indicator (ETI) is a one-digit code indicating the type of encounter being reported. The ETI follows the four paper and electronic forms for institutional, pharmacy, dental and professional transactions.

Each of the four encounter types to be reported has different required data element sets and formats.

Mapping:

- New York State Specific Data Element

Codes and Values:

- Code must be valid or the encounter file will reject and no further editing will occur.

| <i>Code</i> | <i>Value</i> |
|-------------|---------------|
| I | Institutional |
| D | Pharmacy |
| T | Dental |
| P | Professional |

Note: Institutional includes inpatient (COS 11) and other Categories of Service. Refer to Section II, Encounter Type Assignment by Category of Service, for more information on proper assignment.

Edit Applications:

- Must be a valid code.
- The combination of Encounter Type and Category of Service must be valid.
- 00901 Claim Type Unknown

| | |
|-------------------------------------|---------------------------------------|
| MEDS II Transaction Segment: | Common Detail |
| Data Element Name: | ENCOUNTER CONTROL NUMBER (ECN) |
| Submission Status: | Required: All COS |
| Encounter Record Position(s): | 4-14 |
| Format - Length: | Character - 11 |
| Effective Date: | 3/1/2005 |
| Version Number - Date: | 2.1 - August 2005 |
| MEDS II DE# / DW#: | 1121/H073 |

Definition: Encounter Control Number (ECN) is the health organization assigned number used to uniquely identify an encounter transaction. CSC will include the ECN on edit feedback reports to health organizations. Other than editing the ECN for its presence on the encounter record and special characters, the assignment, composition, and validity of the ECN is the responsibility of the health organization.

The ECN is returned to the plan on the response report file so the plan is able to reconcile the status of the encounter with the original file submitted.

Mapping:

- New York State Specific Data Element

Codes and Values:

- Must be left-justified with no embedded blanks and space-filled
- Can not equal zero or blanks
- Must be numeric (0-9) and/or alphabetic (A-Z). Special Characters are invalid entries.

Edit Applications:

- 00400 Encounter Control Number Missing

| | |
|-------------------------------------|--|
| MEDS II Transaction Segment: | Common Detail |
| Data Element Name: | PREVIOUS TRANSACTION CONTROL NUMBER (TCN) |
| Submission Status: | Situational |
| Encounter Record Position(s): | 15-30 |
| Format - Length: | Character – 16 |
| Effective Date: | 3/1/2005 |
| Version Number - Date: | 2.1 - August 2005 |
| MEDS II DE# / DW#: | 0537/H055 |

Definition: This data element was formerly called the Previous Encounter Reference Number (ERN).

Transaction Control Number (TCN) is a unique identifier assigned by Computer Sciences Corporation (CSC) to each encounter transaction received. The TCN is used for internal control purposes and by plans to adjust or void records identified as failing edits. Records failing soft edits will be identified to the plans by the assigned TCN and unique, plan-assigned Encounter Control Number (ECN). The previous TCN and appropriate Transaction Status Code are used only to properly adjust or void a previously submitted record. When submitting a second adjustment of a record, use the TCN assigned to the adjustment record (i.e. not the original record).

Mapping:

- New York State Specific Data Element

Codes and Values:

- Space filled if the previous ERN is not recorded (i.e. the record is not being adjusted or voided).

Edit Applications:

- 00103 Adj / Void Fields Incomplete
- 00725 Hist Record Not Found Adjus/Void

| | |
|-------------------------------------|--------------------------------|
| MEDS II Transaction Segment: | Common Detail |
| Data Element Name: | TRANSACTION STATUS CODE |
| Submission Status: | Required: All COS |
| Encounter Record Position(s): | 31 |
| Format - Length: | Character – 1 |
| Effective Date: | 3/1/2005 |
| Version Number - Date: | 2.1 - August 2005 |
| MEDS II DE# / DW#: | 0705/H066 |

Definition: The Transaction Status Code identifies an encounter transaction as an original encounter, a void or a replacement to a previously accepted encounter. (This data element was formerly called the Adjustment/Void Code.)

Health organizations may use the adjustment/void process to update previously submitted information, to correct data elements that had previously failed soft edits or to delete records that should not have been submitted.

Mapping:

- New York State Specific Data Element

Codes and Values:

| <i>Code</i> | <i>Value</i> |
|-------------|--|
| 0 | ORIGINAL ENCOUNTER |
| 7 | ADJUSTMENT ENCOUNTER - REPLACEMENT RECORD |
| 8 | VOID ENCOUNTER - DELETION RECORD |

- All new encounters will be submitted with a value of "0".
- For adjustments, resubmit entire record, with the "7" code and previous Transaction Control Number
- For Voids, resubmit entire record with an "8" code and previous TCN
- To resubmit rejected records, resubmit the entire record with a value of "0", with the same Encounter Control Number, but without the TCN.

Edit Applications:

- 00103 Adj / Void fields incomplete

MEDS II Transaction Segment: Common Detail
Data Element Name: CLIENT IDENTIFICATION NUMBER (CIN)
 Submission Status: Required: All COS
 Encounter Record Position(s): 32-39
 Format - Length: Character - 8
 Effective Date: 3/1/2005
 Version Number - Date: 2.1 - August 2005
 MEDS II DE# / DW#: 0535/1010

Definition: The CIN is assigned to an enrollee upon determination that an individual is eligible for Medicaid services. All encounter records must contain a valid CIN. Newborns should not be reported under the maternal CIN.

Mapping:

- **Paper Form:**

| Encounter Type | Form | Element |
|----------------|----------|---------|
| Institutional | UB-92 | #60 |
| Pharmacy | UCF | ID |
| Dental | ADA | #15 |
| Professional | CMS-1500 | #1A |

- **Electronic:**

| Encounter Type | EDI Format | X12 Mapping Loop | X12 Mapping Segment | Seg. Ele. (Ref) | Element ID | Code | Page No. |
|----------------|------------|------------------|---------------------|-----------------|------------|------|----------|
| Institutional | 837I | 2010BA | NM1 | 08 | 66 | MI | 110 |
| | | | NM1 | 09 | 67 | | |
| Dental | 837D | 2010CA | NM1 | 08 | 66 | MI | 137-138 |
| | | | | 09 | 67 | | |
| Professional | 837P | 2010CA | NM1 | 08 | 66 | MI | 159 |
| | | | | 09 | 67 | | |

| Encounter Type | NCPDP Format |
|----------------|--------------|
| Pharmacy/DME | 302-C2 |

Codes and Values:

- The CIN format consists of 2 letters, followed by 5 numbers, and ending with 1 letter (e.g. XY12345Z)

Edit Applications:

- 00074 Recipient ID Number Invalid
- 00140 Recipient ID Not On File
- 00162 Recipient Ineligible On Service Date
- 00693 Recip Not On PCP File
- 00694 Dt Of Svc Prior To PCP Begin Date
- 00696 Prov On Claim Not Recip PCP Prov
- 00725 Hist Record Not Found Adjus/Void

MEDS II Transaction Segment: **Common Detail**
Data Element Name: **BENEFICIARY IDENTIFICATION NUMBER**
Submission Status: Optional
Encounter Record Position(s): 40-64
Format - Length: Character - 25
Effective Date: 3/1/2005
Version Number - Date: 2.1 - August 2005
MEDS II DE# / DW#: 2767/H072

Definition: The Beneficiary Identification Number is a unique identification number assigned by the health organization to the member. The Beneficiary Identification Number may also be known as the subscriber identification number or a health insurance card identification number. The Beneficiary Identification Number should be identical to the Policy Number used for hospital claims and the Insured's Identification Number used in Professional service claims.

Mapping:

- **Paper Form:**

| Encounter Type | Form | Element |
|----------------|----------|---------|
| Institutional | UB-92 | #60 |
| Pharmacy | UCF | ID |
| Dental | ADA | #15 |
| Professional | CMS-1500 | #1A |

- **Electronic:**

| Encounter Type | EDI Format | X12 Mapping Loop | X12 Mapping Segment | Seg. Ele. (Ref) | Element ID | Page No. |
|----------------|------------|------------------|---------------------|-----------------|------------|----------|
| Institutional | 837I | 2300 | CLM | 01 | 1028 | 158 |
| Dental | 837D | 2300 | CLM | 01 | 1028 | 150 |
| Professional | 837P | 2300 | CLM | 01 | 1028 | 171 |

| Encounter Type | NCPDP Format |
|----------------|--------------|
| Pharmacy/DME | ID |

Codes and Values:

- Left-justified and space filled.

Edit Applications:

- None

| | |
|-------------------------------------|--|
| MEDS II Transaction Segment: | Common Detail |
| Data Element Name: | PROVIDER PROFESSION CODE |
| Submission Status: | Required: 01, 03, 04, 05, 06, 07, 13, 41, 75 |
| Encounter Record Position(s): | 65-67 |
| Format - Length: | Character - 3 |
| Effective Date: | 3/1/2005 |
| Version Number - Date: | 2.1 - August 2005 |
| MEDS II DE# / DW#: | 2165/E2165 |

Definition: Provider Profession Code specifies the three-digit profession of a provider on the State Education Department (SED) license file. The Profession Code is used in conjunction with the provider license number to identify providers licensed by SED.

Mapping:

- New York State Specific Data Element

Codes and Values:

- Provider Profession Codes and Values are contained within Appendix A. These codes are also available for download on the MEDS Home Page on the HPN.

Edit Applications:

- Must be a valid code.

Important Note:

Plans are now receiving the profession code for every provider on their Provider Network Submission. Please contact the department's Provider Network Unit at (518)486-9012 if you have any questions or need more information.

For up to date information on provider profession codes, plans can also visit the State Education Department website at <http://www.nysed.gov/>

MEDS II Transaction Segment: **Common Detail**
Data Element Name: **PROVIDER LICENSE NUMBER**
Submission Status: Required: 01, 03, 04, 05, 06, 07, 13, 41, 75
Encounter Record Position(s): 68-75
Format - Length: Character - 8
Effective Date: 3/1/2005
Version Number - Date: 2.1 - August 2005
MEDS II DE# / DW#: 1570/2002

Definition: The Provider License Number, issued by the New York State Department of Education, is used to identify the health care provider rendering services or primarily responsible for the care provided during the encounter.

Mapping:

- **Electronic:**

| Encounter Type | EDI Format | X12 Mapping Loop | X12 Mapping Segment | Seg. Ele. (Ref) | Element ID | Code | Page No. |
|----------------|------------|------------------|---------------------|-----------------|------------|------|-----------|
| Institutional | 837I | 2010AA | REF | 01 02 | 128 127 | 0B | 83- 84 |
| Dental | 837D | 2010AA | REF | 01 02 | 128 127 | 0B | 84 |
| Professional | 837P | 2010AA | REF | 01 02 | 128 127 | 0B | 92 |

Codes and Values:

- Right-justified and zero filled.
- Must be a valid professional license number issued by the New York State Department of Education.

Edit Applications:

- Must be a valid entry.
- Soft edit failures will be recorded if license number is not provided.
- 00416 License Number Is Missing

Important Note:

There is a lookup tool for SED License status on the Health Provider Network Homepage on the HPN. This application supplements the SED license site lookup but gives plans more features and search flexibility. This lookup also returns SED profession code for those needing this information for MEDS submission purposes.
The direct link for this lookup tool is: https://commerce.health.state.ny.us/hpn/cgi-bin/applinks/omcdata/lic_lookup.cgi

| | |
|-------------------------------------|---------------------------------------|
| MEDS II Transaction Segment: | Common Detail |
| Data Element Name: | PROVIDER IDENTIFICATION NUMBER |
| Submission Status: | Required: All COS |
| Encounter Record Position(s): | 76-83 |
| Format - Length: | Character - 8 |
| Effective Date: | 3/1/2005 |
| Version Number - Date: | 2.1 - August 2005 |
| MEDS II DE# / DW#: | 1563/2001, C198, 3004 |

Definition: Provider Identification Number is a unique MMIS provider ID assigned to each provider that sees Medicaid recipients. This number is the primary way of identifying a provider.

Mapping:

- **Paper Form:**

| Encounter Type | Form | Element |
|----------------|----------|---------------------|
| Institutional | UB-92 | #51 |
| Pharmacy | UCF | Service Provider ID |
| Dental | ADA | #54 |
| Professional | CMS-1500 | #33 |

- **Electronic:**

| Encounter Type | EDI Format | X12 Mapping Loop | X12 Mapping Segment | Seg. Ele. (Ref) | Element ID | Code | Page No. |
|----------------|------------|------------------|---------------------|-----------------|------------|------|----------|
| Institutional | 837I | 2010AA | NM1 | 08 09 | 66 67 | XX | 77 |
| Dental | 837D | 2010AA | NM1 | 08 09 | 66 67 | XX | 78 |
| Professional | 837P | 2010AA | NM1 | 08 09 | 66 67 | XX | 86 |

| Encounter Type | NCPDP Format |
|----------------|------------------|
| Pharmacy/DME | 202-B2 201-B1 |

Codes and Values:

- Left-justified with no embedded blanks and space filled.
- The following Generic Provider IDs should be used to report encounters involving out-of-network providers (in state or out-of-state) when Provider IDs are unknown.

| <i>COS</i> | <i>COS Description</i> | <i>Generic Provider ID</i> |
|------------|---|----------------------------|
| 01 | Provider Services | 01666119 |
| 03 | Podiatry | 01666119 |
| 04 | Psychology | 01666119 |
| 05 | Eye Care/Vision | 01666119 |
| 06 | Rehabilitation Therapy | 01666119 |
| 07 | Nursing | 01666119 |
| 11 | Inpatient | 01666086 |
| 12 | Institutional Long Term Care | 01666119 |
| 13 | Dental | 01666119 |
| 14 | Pharmacy | 01666137 |
| 15 | Home Health Care / Non-Institutional Long Term Care | 01666119 |
| 16 | Laboratories | 01666100 |
| 19 | Transportation | 01666077 |
| 22 | DME and Hearing Aids | 01666137 |
| 28 | Intermediate Care Facilities | 01666119 |
| 41 | Nurse Providers/Midwives | 01666119 |
| 73 | Hospice | 01666119 |
| 75 | Clinical Social Worker | 01666119 |
| 85 | Freestanding Clinic | 01666095 |
| 87 | Non-Inpatient/Emergency Room | 01666128 |

Edit Applications:

- Must be a valid entry
- 00409 Inpatient MMIS Provider ID Is Not A Hospital (COS 11 Only)
- 00175 Servicing Provider Id Not on File
- 00897 Prescriber Id Not on File
- 00078 Referring Provider Identification Number Invalid

MEDS II Transaction Segment: **Common Detail**
Data Element Name: **CATEGORY OF SERVICE**
Submission Status: Required
Encounter Record Position(s): 86-87
Format - Length: Character - 2
Effective Date: 3/1/2005
Version Number - Date: 2.1 - August 2005
MEDS II DE# / DW#: 2694/H001

Definition: Category of Service is a two-digit alpha-numeric code which indicates the type of service being provided and/or the provider rendering the service.

Mapping:

- New York State Specific Data Element

Codes and Values: Category of Service must be applicable to the encounter type being reported.

| <i>Category of Service</i> | | <i>Encounter Type</i> | |
|----------------------------|--|-----------------------|---------------|
| <i>Code</i> | <i>Value</i> | <i>Code</i> | <i>Value</i> |
| 01 | Physician Services | P | Professional |
| 03 | Podiatry | P | Professional |
| 04 | Psychology | P | Professional |
| 05 | Eye Care / Vision | P | Professional |
| 06 | Rehabilitation Therapy | I | Institutional |
| 07 | Nursing | P | Professional |
| 11 | Inpatient | I | Institutional |
| 12 | Institutional LTC | I | Institutional |
| 13 | Dental | T | Dental |
| 14 | Pharmacy | D | Pharmacy/DME |
| 15 | Home Health Care/Non-Institutional LTC | I | Institutional |
| 16 | Laboratories | P | Professional |
| 19 | Transportation | P | Professional |
| 22 | DME and Hearing Aids | P | Professional |
| 28 | Intermediate Care Facilities | I | Institutional |
| 41 | NPs/Midwives | P | Professional |
| 73 | Hospice | I | Institutional |
| 75 | Clinical Social Worker | P | Professional |
| 85 | Freestanding Clinic | I | Institutional |
| 87 | Hospital OP/ER Room | I | Institutional |

Edit Applications:

- Must be a valid code.
- 00408 Category Of Service Missing
- 00901 Claim Type Unknown

| | |
|-------------------------------------|--------------------------|
| MEDS II Transaction Segment: | Common Detail |
| Data Element Name: | TOTAL PAID AMOUNT |
| Submission Status: | Required: All COS |
| Encounter Record Position(s): | 99-109 |
| Format - Length: | Numeric - 11 |
| Effective Date: | 3/1/2005 |
| Version Number - Date: | 2.1 - August 2005 |
| MEDS II DE# / DW#: | 1028/E1085 |

Definition: The total amount paid for all listed services. The Total Amount Paid includes the sum of all plan claims (Claim/Encounter Indicator="C") and proxy encounters (Claim/Encounter Indicator="E").

Total Amount Paid should be calculated from the service lines reported. If the record submitted in a continuation encounter, the Total Paid Amount on the first encounter record would be for service lines 1 through 10 and the Total Paid Amount on the second encounter record would be for service lines 11 – 20, etc.

Mapping:

- New York State Specific Data Element

Codes and Values:

- Right-justified and zero filled.
- This amount is defined with two implied decimal places (e.g., \$1,000.00 is reported as 100000)

Edit Applications:

- Must be a valid format.
- Must be entered as a positive number.

MEDS II Transaction Segment: Common Detail
Data Element Name: OTHER PAYER NAME
Submission Status: Situational
Encounter Record Position(s): 110-144
Format - Length: Character - 35
Effective Date: 3/1/2005
Version Number - Date: 2.1 - August 2005
MEDS II DE# / DW#: 1589/1589

Definition: Other Payer Name identifies the secondary payer on the encounter.

Mapping:

- **Paper Form:**

| Encounter Type | Form | Element |
|----------------|----------|---------|
| Institutional | UB-92 | #50B |
| Pharmacy | UCF | |
| Dental | ADA | #11 |
| Professional | CMS-1500 | |

- **Electronic:**

| Encounter Type | EDI Format | X12 Mapping Loop | X12 Mapping Segment | Seg. Ele. (Ref) | Element ID | Page No. |
|----------------|------------|------------------|---------------------|-----------------|------------|----------|
| Institutional | 837I | 2010BC | NM1 | 03 | 1035 | 127 |
| Dental | 837D | 2010BB | NM1 | 03 | 1035 | 118 |
| Professional | 837P | 2010BB | NM1 | 03 | 1035 | 131 |

Codes and Values:

- Free-form description of secondary payer.

Edit Applications:

- None.

| | |
|-------------------------------------|--|
| MEDS II Transaction Segment: | Common Detail |
| Data Element Name: | OTHER INSURANCE TOTAL PAID AMOUNT |
| Submission Status: | Situational |
| Encounter Record Position(s): | 145-155 |
| Format - Length: | Numeric - 11 |
| Effective Date: | 3/1/2005 |
| Version Number – Date: | 2.1 - August 2005 |
| MEDS II DE# / DW#: | 1085/3031 |

Definition: The total amount paid by insurance other than Medicaid.

Mapping:

- New York State Specific Data Element

Codes and Values:

- Right-justified and zero filled.
- This amount is defined with two implied decimal places.

Edit Applications:

- Must be a valid format.
- Must be entered as a positive number.

MEDS II Transaction Segment: Common Detail
Data Element Name: OTHER INSURANCE TYPE CODE
Submission Status: Situational
Encounter Record Position(s): 156-157
Format - Length: Character - 2
Effective Date: 3/1/2005
Version Number - Date: 2.1 - August 2005
MEDS II DE# / DW#: 1455/E1455

Definition: The Other Insurance Type Code indicates payers other than Medicaid.

Mapping:

- **Electronic:**

| Encounter Type | EDI Format | X12 Mapping Loop | X12 Mapping Segment | Seg. Ele. (Ref) | Element ID | Page No. |
|----------------|------------|------------------|---------------------|-----------------|------------|----------|
| Institutional | 837I | 2000B | SBR | 09 | 1032 | 104 |
| Dental | 837D | 2000B | SBR | 09 | 1032 | 101 |
| Professional | 837P | 2000B | SBR | 09 | 1032 | 112 |

Codes and Values:

| Code | Value |
|------|--|
| 09 | Self Pay |
| 10 | Central Certification |
| 11 | Other Non-Federal Programs |
| 12 | Preferred Provider Organizations (PPO) |
| 13 | Point of Service (POS) |
| 14 | Exclusive Provider Organization (EPO) |
| 15 | Indemnity Insurance |
| 16 | HMO Medicare Risk |
| AM | Automobile Medical |
| BL | Blue Cross/Blue Shield |
| CA | Capitated |
| CH | Champus |
| CI | Commercial Insurance Company |
| DS | Disability |
| HM | Health Maintenance Organization |
| LI | Liability |
| LM | Liability Medical |
| MA | Medicare; Part A |
| MB | Medicare; Part B |

| <i>Code</i> | <i>Value</i> |
|-------------|----------------------------------|
| MC | Medicaid |
| OF | Other Federal Program |
| OI | Other Insurance |
| SC | Sub-Capitated |
| TV | Title V |
| VA | Veteran's Administration Plan |
| WC | Workers Compensation Health Plan |
| ZZ | Mutually Defined |

Edit Applications:

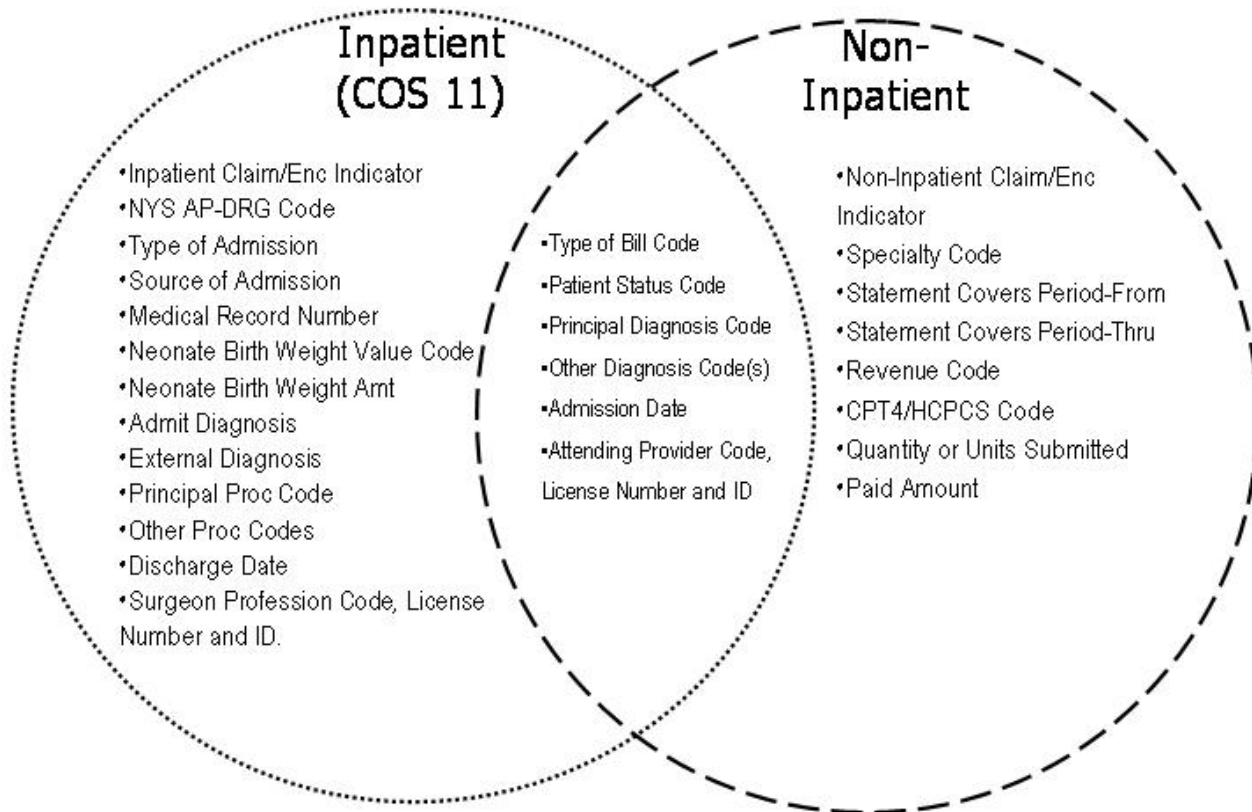
- Must be a valid code

Important Note:

This data element, along with Other Insurance Total Paid Amount and Other Insurance Type Code, will be used in MEDS II to identify the first 20 days of a nursing home stay in which Medicare pays 100% of the cost. If the enrollee is not discharged within the first 20 days, then the remainder of the month would be reported as a separate encounter.

VII. INSTITUTIONAL

Inpatient and Non-Inpatient Reporting Requirements by Data Element



There are two components to the Institutional segment of MEDS II reporting requirements: inpatient and non-inpatient. As the diagram above indicates, many of the Institutional data elements are required for inpatient COS 11 only. The intersection of the diagram above indicates the data elements that are required for both inpatient and non-inpatient reporting.

| | |
|-------------------------------------|---|
| MEDS II Transaction Segment: | Institutional |
| Data Element Name: | PROVIDER SPECIALTY CODE |
| Submission Status: | Required for COS 06, 12, 15, 28, 73, 85, 87 |
| Encounter Record Position(s): | 158-160 |
| Format - Length: | Character - 3 |
| Effective Date: | 3/1/2005 |
| Version Number - Date: | 2.1 - August 2005 |
| MEDS II DE# / DW#: | 1499/2048 |

Definition: The provider's Specialty Code identifies a provider's medical, dental, clinic or program type specialty.

Mapping:

- New York State Specific Data Element

Codes and Values:

- Refer to Appendix B for valid codes and values. These codes and values are available for download on the MEDS Home Page on the HPN.
- Where applicable, specialty codes must be a valid three-digit MMIS specialty code.

Edit Applications:

- Must be a valid code.
- 00404 Provider Specialty Missing
- 00413 Provider Specialty Not On File

| | |
|-------------------------------------|---|
| MEDS II Transaction Segment: | Institutional |
| Data Element Name: | HOSPITAL INPATIENT CLAIM/ENCOUNTER INDICATOR |
| Submission Status: | Required for COS 11 |
| Encounter Record Position(s): | 161 |
| Format - Length: | Character - 1 |
| Effective Date: | 3/1/2005 |
| Version Number - Date: | 2.1 - August 2005 |
| MEDS II DE# / DW#: | 1983/1983 |

Definition: Indicates whether the service provided was a capitated service within the health organization's contract ("E"); a within plan claim ("C") or an administratively denied service ("A").

Administratively denied encounters are those encounters, which reflect services normally paid for, but were denied due to failure of at least one requirement of the agreement between provider and plan. An example could be that encounters must be submitted within 60 days of service date. A well-child encounter submitted 63 days after date of service would be administrative denied. (Claim received too late).

Mapping:

- New York State Specific Data Element

Codes and Values:

| Code | Value |
|------|---|
| E | Capitated Encounter or service not paid directly by the health organization |
| C | Within Plan Claim |
| A | Administrative Denial |

Edit Applications:

- Must be a valid code.

Please Note:

Sub-capitation vendor relationships should be reported as encounters.

MEDS II Transaction Segment: Institutional
Data Element Name: NYS DIAGNOSIS RELATED GROUP CODE
 Submission Status: Required for COS 11
 Encounter Record Position(s): 162-165
 Format - Length: Character – 4
 Effective Date: 3/1/2005
 Version Number - Date: 2.1 - August 2005
 MEDS II DE# / DW#: 2053/3336

Definition: The NYS Diagnosis Related Group (AP-DRG) Code specifies the group of services received by a recipient during an inpatient stay.

This code is generated by the NYS AP-DRG grouper module during claims processing and is derived using recipient information, diagnosis codes, procedure codes.

In instances where a plan-derived DRG differs from the provider submitted DRG, submit the plan-derived DRG.

Mapping:

- **Paper Form:**

| Encounter Type | Form | Element |
|----------------|-------|-----------------------|
| Institutional | UB-92 | #11, #39-41, #78, #84 |

- **Electronic:**

| Encounter Type | EDI Format | X12 Mapping Loop | X12 Mapping Segment | Seg. Ele. (Ref) | Element ID | Code | Page No. |
|----------------|------------|------------------|---------------------|-----------------|------------|------|----------|
| Institutional | 837I | 2300 | HI | 01 | 1 | | 230 |
| | | | HI | 01 | 2 | | |

Codes and Values:

- Right-justified and zero filled
- If there is no DRG to report, a plan must report "0000" for the DRG.

Edit Applications:

- Must be a valid code.
- 00410 DRG Code Missing

MEDS II Transaction Segment: Institutional
Data Element Name: TYPE OF BILL DIGITS 1 & 2 CODE
 Submission Status: Required for COS 06, 11, 12, 15, 28, 73, 85, 87
 Encounter Record Position(s): 166-167
 Format - Length: Character - 2
 Effective Date: 3/1/2005
 Version Number - Date: 2.1 - August 2005
 MEDS II DE# / DW#: 0394 / 0394

Definition: Type of Bill Digits 1 & 2 Code is the first two digits of a three digit numeric code which identifies the specific type of bill (inpatient, outpatient, adjustments, voids, etc.). The first digit represents the Type of Facility, the second digit is the Bill Classification.

Mapping:

- **Paper Form:**

| Encounter Type | Form | Element |
|----------------|-------|---------|
| Institutional | UB-92 | #4 |

- **Electronic:**

| Encounter Type | EDI Format | X12 Mapping Loop | X12 Mapping Segment | Seg. Ele. (Ref) | Composite | Element ID | Page No. |
|----------------|------------|------------------|---------------------|-----------------|------------------|--------------|----------|
| Institutional | 8371 | 2300 | CLM | 05 | C023-1 C023-2 | 1331 1332 | 159 |

Codes and Values:

| Code | Value |
|------|--------------------------|
| 11 | HOSP-INP INCL MED PART A |
| 12 | HOSP-INP MED PART B ONLY |
| 13 | HOSP-OUT |
| 14 | HOSP-OTHER |
| 15 | HOSP-INTER CARE LEVEL I |
| 16 | HOSP-INTER CARE LEVEL II |
| 17 | HOSP-SUBACUTE INP |
| 18 | HOSP-SWING BEDS |
| 21 | SNF-INP INCL MED PART A |
| 22 | SNF-INP MED PART B ONLY |
| 23 | SNF-OUT |
| 24 | SNF-OTHER |
| 25 | SNF-INTER CARE LEVEL I |
| 26 | SNF-INTER CARE LEVEL II |
| 27 | SNF-SUBACUTE INP |
| 28 | SNF-SWING BEDS |

| <i>Code</i> | <i>Value</i> |
|-------------|--|
| 32 | HOME HLTH-INP MED PART B ONLY |
| 33 | HOME HLTH-OUTPATIENT |
| 34 | HOME HLTH-OTHER |
| 41 | NON-MED HCI-HOSP INP-INP INCL MED PART A |
| 42 | NON-MED HCI-HOSP INP-INP MED PART B ONLY |
| 43 | NON-MED HCI-HOSP INP-OUT |
| 44 | NON-MED HCI-HOSP INP-OTHER |
| 45 | NON-MED HCI-HOSP INP-INTER CARE LEVEL I |
| 46 | NON-MED HCI-HOSP INP-INTER CARE LEVEL II |
| 47 | NON-MED HCI-HOSP INP-SUBACUTE INP |
| 48 | NON-MED HCI-HOSP INP-SWING BEDS |
| 51 | NON-MED HCI-POST-HOSP EXT CS-INP INCL MED PART A |
| 52 | NON-MED HCI-POST-HOSP EXT CS-INP MED PART B ONLY |
| 53 | NON-MED HCI-POST-HOSP EXT CS-OUT |
| 54 | NON-MED HCI-POST-HOSP EXT CS-OTHER |
| 55 | NON-MED HCI-POST-HOSP EXT CS-INTER CARE LEVEL I |
| 56 | NON-MED HCI-POST-HOSP EXT CS-INTER CARE LEVEL II |
| 57 | NON-MED HCI-POST-HOSP EXT CS-SUBACUTE INP |
| 58 | NON-MED HCI-POST-HOSP EXT CS-SWING BEDS |
| 61 | INTER CARE-INP INCL MED PART A |
| 62 | INTER CARE-INP MED PART B ONLY |
| 63 | INTER CARE-OUT |
| 64 | INTER CARE-OTHER |
| 65 | INTER CARE-INTER CARE LEVEL I |
| 66 | INTER CARE-INTER CARE LEVEL II |
| 67 | INTER CARE-SUBACUTE INP |
| 68 | INTER CARE-SWING BEDS |
| 71 | CLINIC-RURAL HLTH |
| 72 | CLINIC-HOSP/INDEP DIALYSIS CNTR |
| 73 | CLINIC-FREE STANDING |
| 74 | CLINIC-ORF |
| 75 | CLINIC-CORF |
| 76 | CLINIC-COMMUNITY MENTAL HLTH CENTER |
| 79 | CLINIC-OTHER |
| 81 | SPEC FACI-HOSPICE (NON-HOSP BASED) |
| 82 | SPEC FACI-HOSPICE (HOSP BASED) |
| 83 | SPEC FACI-AMB SURG CNTR |
| 84 | SPEC FACI-FREE STANDING BIRTHING CENTER |
| 85 | SPEC FACI-CRITICAL ACCESS HOSP |
| 86 | SPEC FACI-RESIDENTIAL FACILITY |
| 89 | SPEC FACI-OTHER |

For more information refer to the Code Structure described on the UB-92 for Element #4 or in the 837I on pg. 159.

Edit Applications:

- Must be a valid code.
- 01718 Type of Bill is Invalid

MEDS II Transaction Segment: Institutional
Data Element Name: TYPE OF BILL CODE DIGIT 3 CODE
 Submission Status: Required for COS 06, 11, 12, 15, 28, 73, 85, 87
 Encounter Record Position(s): 168
 Format - Length: Character – 1
 Effective Date: 3/1/2005
 Version Number - Date: 2.1 - August 2005
 MEDS II DE# / DW#: 0395/ 0395

Definition: Type of Bill Digit 3 Code is the last digit of the three Character Type of Bill code. It represents the frequency of the bill.

Mapping:

- **Paper Form:**

| Encounter Type | Form | Element |
|----------------|-------|---------|
| Institutional | UB-92 | #4 |

- **Electronic:**

| Encounter Type | EDI Format | X12 Mapping Loop | X12 Mapping Segment | Seg. Ele. (Ref) | Composite | Element ID | Page No. |
|----------------|------------|------------------|---------------------|-----------------|-----------|------------|----------|
| Institutional | 837I | 2300 | CLM | 05 | C023-3 | 1325 | 159 |

Codes and Values:

| Code | Value |
|------|---|
| 0 | NON-PAYMENT/ZERO CLAIM |
| 1 | ADMIT THRU DISCHARGE CLAIM |
| 2 | INTERIM - FIRST CLAIM |
| 3 | INTERIM - CONTINUING CLAIM |
| 4 | INTERIM - LAST CLAIM |
| 5 | LATE CHARGE(S) ONLY CLAIM |
| 6 | RESERVED |
| 7 | REPLACEMENT OF PRIOR CLAIM |
| 8 | VOID/CANCEL OF PRIOR CLAIM |
| 9 | FINAL CLAIM FOR A HOME HEALTH PPS EPISODE |
| A | ADMISSION/ELECTION NOTICE (A) |

Edit Applications:

- Must be a valid code.

MEDS II Transaction Segment: Institutional
Data Element Name: STATEMENT COVERS PERIOD FROM
 Submission Status: Required for COS 06, 12, 15, 28, 73, 85, 87
 Encounter Record Position(s): 169-176
 Format - Length: Date – CCYYMMDD
 Effective Date: 3/1/2005
 Version Number - Date: 2.1 - August 2005
 MEDS II DE# / DW#: 1022/3013

Definition: Statement Covers Period From date is the first date that a service on an encounter was rendered.

Mapping:

• **Paper Form:**

| Encounter Type | Form | Element |
|----------------|-------|---------|
| Institutional | UB-92 | #6 |

• **Electronic:**

| Encounter Type | EDI Format | X12 Mapping Loop | X12 Mapping Segment | Seg. Ele. (Ref) | Element ID | Code | Pg No |
|----------------|------------|------------------|---------------------|-----------------|------------|--------|-------|
| Institutional | 837I | 2300 | DTP | 01 | 374 | 434 | 167 |
| | | | | 02 | 1250 | D8&RD8 | |
| | | | | 03 | 1251 | | |

Codes and Values:

- Must be a valid date format CCYYMMDD

| Valid Century (CC) | Valid Year (YY) |
|--------------------|-----------------|
| 20 | >=03 |

| Valid Month Code (MM) | Valid Day Code (DD) |
|----------------------------|---|
| 01, 03, 05, 07, 08, 10, 12 | Greater than 00 and less than 32 |
| 04, 06, 09, 11 | Greater than 00 and less than 31 |
| 02 | Greater than 00 and less than 29 (less than 30 on a leap year) |

Edit Applications:

- Must be on or before the Statement Covers Period – Thru Date
- 00018 Date Of Service/Fill Date Invalid
- 001292 Date of Service Two Years Prior to Date Received

MEDS II Transaction Segment: Institutional
Data Element Name: STATEMENT COVERS PERIOD THRU
 Submission Status: Required for COS 06, 12, 15, 28, 73, 85, 87
 Encounter Record Position(s): 177-184
 Format - Length: Date - CCYYMMDD
 Effective Date: 3/1/2005
 Version Number - Date: 2.1 - August 2005
 MEDS II DE# / DW#: 1023/3015

Definition: Statement Covers Period Thru date is the last date that a service on an encounter was rendered.

Mapping:

• **Paper Form:**

| Encounter Type | Form | Element |
|----------------|-------|---------|
| Institutional | UB-92 | #6 |

• **Electronic:**

| Encounter Type | EDI Format | X12 Mapping Loop | X12 Mapping Segment | Seg. Ele. (Ref) | Element ID | Code | Pg No |
|----------------|------------|------------------|---------------------|-----------------|------------|--------|-------|
| Institutional | 837I | 2300 | DTP | 01 | 374 | 434 | 167 |
| | | | | 02 | 1250 | D8&RD8 | |
| | | | | 03 | 1251 | | |

Codes and Values:

- Must be a valid date format CCYYMMDD

| Valid Century (CC) | Valid Year (YY) |
|--------------------|-----------------|
| 20 | >=03 |

| Valid Month Code (MM) | Valid Day Code (DD) |
|----------------------------|---|
| 01, 03, 05, 07, 08, 10, 12 | Greater than 00 and less than 32 |
| 04, 06, 09, 11 | Greater than 00 and less than 31 |
| 02 | Greater than 00 and less than 29 (less than 30 on a leap year) |

Edit Applications:

- Must be on or after the Statement Covers Period – From Date
- Must be on or after the Admission Date
- 01004 Thru Service Date Invalid
- 01006 Thru Service Prior to From Service Date

MEDS II Transaction Segment: Institutional
Data Element Name: TYPE OF ADMISSION
 Submission Status: Required for COS 11
 Encounter Record Position(s): 185
 Format - Length: Character - 1
 Effective Date: 3/1/2005
 Version Number - Date: 2.1 - August 2005
 MEDS II DE# / DW#: 4151/3101

Definition: One-digit alpha-numeric code indicating priority of the admission to a hospital.

Mapping:

• **Paper Form:**

| Encounter Type | Form | Element |
|----------------|-------|---------|
| Institutional | UB-92 | #19 |

• **Electronic:**

| Encounter Type | EDI Format | X12 Mapping Loop | X12 Mapping Segment | Seg. Ele. (Ref) | Composite | Element ID | Page No. |
|----------------|------------|------------------|---------------------|-----------------|-----------|------------|----------|
| Institutional | 8371 | 2300 | CL1 | 01 | n/a | 1315 | 171 |

Codes and Values:

| Code | Value |
|------|--|
| 1 | Emergency: The patient requires immediate medical intervention as a result of severe, life threatening, or potentially disabling conditions. |
| 2 | Urgent: The patient requires immediate attention for the care and treatment of a physical or mental disorder. Generally the patient is admitted to the first available and suitable accommodation. |
| 3 | Elective: The patient's condition permits adequate time to schedule the admission based on the availability of a suitable accommodation. |
| 4 | Newborn: Use of this code necessitates the use of special codes in the Source of Admission |
| 5 | Trauma Center |
| 9 | Information Not Available |

Edit Applications:

- Must be a valid entry.
- 00603 Admission Type Code Invalid

MEDS II Transaction Segment: Institutional
Data Element Name: SOURCE OF ADMISSION
 Submission Status: Required for COS 11
 Encounter Record Position(s): 186
 Format - Length: Character - 1
 Effective Date: 3/1/2005
 Version Number - Date: 2.1 - August 2005
 MEDS II DE# / DW#: 0138/0138

Definition: Source of Admission specifies the source of an admission into a hospital.

Mapping:

• **Paper Form:**

| Encounter Type | Form | Element |
|----------------|-------|---------|
| Institutional | UB-92 | #20 |

• **Electronic:**

| Encounter Type | EDI Format | X12 Mapping Loop | X12 Mapping Segment | Seg. Ele. (Ref) | Composite | Element ID | Page No. |
|----------------|------------|------------------|---------------------|-----------------|-----------|------------|----------|
| Institutional | 8371 | 2300 | CL1 | 02 | n/a | 1314 | 172 |

Codes and Values:

| Code | Value |
|------|--|
| 1 | Provider Referral |
| 2 | Clinic Referral |
| 3 | HMO Referral |
| 4 | Transfer from a Hospital |
| 5 | Transfer from a Skilled Nursing Facility |
| 6 | Transfer from Another Health Care Facility |
| 7 | Emergency Room |
| 8 | Court/Law Enforcement |
| 9 | Information Not Available |
| A | Transfer from a Critical Access Hospital |
| B | Transfer from Another Home Health Agency |
| C | Readmission to Same Home Health Agency |

If the Type of Admission is a Newborn, "4", the following coding scheme must be used for Source of Admission.

| <i>Code</i> | <i>Value</i> |
|-------------|---|
| 1 | Normal Delivery A baby delivered without complications. |
| 2 | Premature Delivery A baby delivered with time and/or weight factors qualifying it for premature status. |
| 3 | Sick Baby A baby delivered with medical complications, other than those relating to premature status. |
| 4 | Extra Mural Birth A newborn born in a non-sterile environment. |
| 9 | Information Not Available |

Edit Applications:

- Must be a valid entry.

MEDS II Transaction Segment: Institutional
Data Element Name: PATIENT STATUS OR DISPOSITION CODE
 Submission Status: Required for COS 11, 12, 28, 73
 Encounter Record Position(s): 187-188
 Format - Length: Character - 2
 Effective Date: 3/1/2005
 Version Number - Date: 2.1 - August 2005
 MEDS II DE# / DW#: 0168/3291

Definition: Patient Status Code describes a specific condition or status of an enrollee as of the last date of service on the encounter.

Mapping:

- **Paper Form:**

| Encounter Type | Form | Element |
|----------------|-------|---------|
| Institutional | UB-92 | #22 |

- **Electronic:**

| Encounter Type | EDI Format | X12 Mapping Loop | X12 Mapping Segment | Seg. Ele. (Ref) | Composite | Element ID | Page No. |
|----------------|------------|------------------|---------------------|-----------------|-----------|------------|----------|
| Institutional | 837I | 2300 | CL1 | 03 | n/a | 1352 | 172 |

Codes and Values:

- Right-justified and zero filled.
- Must be a valid code in accordance with Patient Status or Disposition Codes

| Code | Value |
|------|--|
| 01 | DISCHARGE / TRANSFER TO HOME/SELF CARE |
| 02 | TRANSFER TO A DRG HOSPITAL |
| 03 | DISCHARGE / TRANSFER TO SKILLED NURSING FACILITY |
| 04 | DISCHARGE/TRANSFER TO INTER CARE FACILITY/HRF |
| 05 | TRANSFERRED TO A NON-DRG HOSPITAL |
| 06 | DISCHARGE TO HOME UNDER CARE OF HOME HEALTH ORG. |
| 07 | LEFT AGAINST MEDICAL ADVICE |
| 08 | DISCHARGED TO HOME IV THERAPY |
| 09 | ADMITTED TO INPATIENT HOSPITAL |
| 20 | EXPIRED |
| 30 | STILL A PATIENT/RESIDENT |
| 40 | EXPIRED AT HOME |
| 41 | EXPIRED AT MEDICAL FACILITY |
| 42 | EXPIRED - PLACE UNKNOWN |

| <i>Code</i> | <i>Value</i> |
|-------------|---|
| 43 | DISCHARGED TO FEDERAL HOSPITAL |
| 50 | HOSPICE – HOME |
| 51 | HOSPICE - MEDICAL FACILITY |
| 61 | DISCHARGE/TRANSFER TO ALC |
| 62 | DISCHARGE/TRANSFER TO INPATIENT REHAB FACILITY |
| 63 | DISCHARGE/TRANSFER TO MCARE LTC HOSPITAL |
| 64 | DISCHARGE/TRANSFER TO SNF CERTIFIED UNDER MCAID |
| 65 | DISCHARGE /TRANSFER TO PSYCHIATRIC HOSPITAL |

Edit Applications:

- Must be a valid entry.
- 00627 Discharge Status Invalid

MEDS II Transaction Segment: Institutional
Data Element Name: MEDICAL RECORD NUMBER
 Submission Status: Required for COS 11
 Encounter Record Position(s): 189-208
 Format - Length: Character – 20
 Effective Date: 3/1/2005
 Version Number - Date: 2.1 - August 2005
 MEDS II DE# / DW#: 1016/3023,3254

Definition: Patient Medical Record Number is an identifier assigned by a provider to a client for the purposes of tracking, accounting or reference. The number used by the Medical Records Department to identify the patient's permanent medical/health record file.

Mapping:

- **Paper Form:**

| Encounter Type | Form | Element |
|----------------|-------|---------|
| Institutional | UB-92 | #23 |

- **Electronic:**

| Encounter Type | EDI Format | X12 Mapping Loop | X12 Mapping Segment | Seg. Ele. (Ref) | Composite | Element ID | Page No. |
|----------------|------------|------------------|---------------------|-----------------|-----------|------------|----------|
| Institutional | 8371 | 2300 | REF | 01 02 | n/a | 128 127 | 200-201 |

Codes and Values:

- Left-justified with no embedded blanks and space filled.
- Must not equal zero or blanks.
- Must be numeric (0-9) and/or alphabetic (A-Z). Special characters are invalid

Edit Applications:

- Must be a valid entry.

MEDS II Transaction Segment: Institutional
Data Element Name: NEONATE BIRTH WEIGHT CODE [up to 2]
 Submission Status: Required for COS 11
 Encounter Record Position(s): 209-210; 218-219
 Format - Length: Character – 2
 Effective Date: 3/1/2005
 Version Number - Date: 2.1 - August 2005
 MEDS II DE# / DW#: 1093/3321

Definition: The MEDS II layout allows for up to two Value Codes and up to two Value Code Amounts. At this time, only neonatal birthweight will be using the value codes. All newborn encounters must have a value code of 54.

Mapping:

- **Paper Form:**

| Encounter Type | Form | Element |
|----------------|-------|---------|
| Institutional | UB-92 | #39-41 |

- **Electronic:**

| Encounter Type | EDI Format | X12 Mapping Loop | X12 Mapping Segment | Seg. Ele. (Ref) | Composite | Element ID | Page No. |
|----------------|------------|------------------|---------------------|-----------------|-----------|------------|----------|
| Institutional | 8371 | 2300 | HI | 01 | C022 - 2 | 1271 | 281 |

Codes and Values:

| Code | Value |
|------|-------------------------------|
| 54 | Newborn Birth Weight In Grams |

Edit Applications:

- If applicable, must be a valid code.
- If not applicable, space fill.
- 01737 Value Amount Invalid For Submitted Value Code

MEDS II Transaction Segment: Institutional
Data Element Name: NEONATE BIRTH WEIGHT IN GRAMS [up to 2]
 Submission Status: Required for COS 11
 Encounter Record Position(s): 211-217; 220-226
 Format - Length: Numeric – 7
 Effective Date: 3/1/2005
 Version Number - Date: 2.1 - August 2005
 MEDS II DE# / DW#: 1094/3367

Definition: The birth weight of the neonate in grams.

Mapping:

- **Paper Form:**

| Encounter Type | Form | Element |
|----------------|-------|---------|
| Institutional | UB-92 | #39-41 |

- **Electronic:**

| Encounter Type | EDI Format | X12 Mapping Loop | X12 Mapping Segment | Seg. Ele. (Ref) | Composite | Element ID | Page No. |
|----------------|------------|------------------|---------------------|-----------------|-----------|------------|----------|
| Institutional | 8371 | 2300 | HI | 01 | C022-5 | 782 | 280 |

Codes and Values:

- Right-justified and zero filled.
- Must be a valid number greater than "0099" and less than "8000".
- Birth Weights of "0099" grams or less should be reported as "0100" grams.
- If this field is not applicable it must contain zeroes.

Edit Applications:

- Must be a valid entry.
- 01737 Value Amount Invalid For Submitted Value Code

MEDS II Transaction Segment: Institutional
Data Element Name: REVENUE CODE [UP TO 10]
 Submission Status: Required for COS 06, 12, 15, 28, 73, 85, 87
 Encounter Record Position(s): 227-230; 272-275; 317-320; 362-365;
 407-410; 452-455; 497-500; 542-545;
 587-590; 632-635
 Format - Length: Character - 4
 Effective Date: 3/1/2005
 Version Number - Date: 2.1 - August 2005
 MEDS II DE# / DW#: 0442/0442

Definition: Revenue Codes uniquely identify a provider's cost center.

Mapping:

- **Paper Form:**

| Encounter Type | Form | Element |
|----------------|-------|---------|
| Institutional | UB-92 | #42 |

- **Electronic:**

| Encounter Type | EDI Format | X12 Mapping Loop | X12 Mapping Segment | Seg. Ele. (Ref) | Composite | Element ID | Page No. |
|----------------|------------|------------------|---------------------|-----------------|-----------|------------|----------|
| Institutional | 8371 | 2400 | SV2 | 01 | n/a | 234 | 446 |

Codes and Values:

- Right-justified and zero filled.
- Valid values are assigned by the National Uniform Billing Committee (NUBC).
- If this field is not applicable it must contain zeroes.

Edit Applications:

- Must be a valid code.
- 01705 Revenue Code Not On File

MEDS II Transaction Segment: Institutional
Data Element Name: HCPCS CODE [UP TO 10]
 Submission Status: Required for COS 06, 12, 15, 28, 73, 85, 87
 Encounter Record Position(s): 231-237; 276-282; 321-327; 366-372;
 411-417; 456-462; 501-507; 546-552;
 591-597; 636-642
 Format - Length: Character - 7
 Effective Date: 3/1/2005
 Version Number - Date: 2.1 - August 2005
 MEDS II DE# / DW#: 2042/5055

Definition: The American Medical Association's Current Procedural Terminology 4th Edition (CPT-4) Code or the Healthcare Common Procedure Coding System (HCPCS) code and modifiers, which applies to the non-inpatient procedure performed and associated with each line of service.

Procedure Codes uniquely describe the service(s) rendered by a provider during an encounter. Fields for reporting up to ten procedures or services are available. If more than ten procedures were performed during the encounter, submit a second encounter record with the additional procedures listed and using the same Encounter Control Number and identical information on all other elements that were included in the first record.

Injections and immunizations administered or DME provided during the encounter should be recorded using the appropriate procedure codes. Diagnostic tests performed during the encounter should be reported. Diagnostic testing performed on subsequent days should be reported as separate encounters.

Mapping:

- **Paper Form:**

| Encounter Type | Form | Element |
|----------------|-------|---------|
| Institutional | UB-92 | #44 |

- **Electronic:**

| Encounter Type | EDI Format | X12 Mapping Loop | X12 Mapping Segment | Seg. Ele. (Ref) | Composite | Element ID | Page No. |
|----------------|------------|------------------|---------------------|-----------------|-----------|------------|----------|
| Institutional | 837I | 2400 | SV2 | 02 | C0003-1 | 235 | 446 |
| | | | | | C0003-2 | 234 | |

Codes and Values:

- Space fill if not applicable.
- Entered exactly as shown in the American Medical Association's Current Procedural Terminology - 4th Edition (CPT-4) or the Centers for Medicare and Medicaid Services HCPCS code for ambulatory surgery and emergency department procedures performed.
- Not applicable for inpatient encounters.

Edit Applications:

- Must be a valid code.
- 00070 Procedure Code Invalid
- 00170 Procedure Code Not On File

MEDS II Transaction Segment: Institutional

Data Element Name: QUANTITY OR UNITS SUBMITTED [UP TO 10]

Submission Status: Required for COS 06, 12, 15, 28, 73, 85, 87,
 Encounter Record Position(s): 238-248; 283-293; 328-338; 373-383; 418-428;
 463-473; 508-518; 553-563; 598-608; 643-653

Format - Length: Numeric – 11

Effective Date: 3/1/2005

Version Number - Date: 2.1 - August 2005

MEDS II DE# / DW#: 1092/3029

Definition: Quantity or Units Submitted is the total number of units or quantity submitted by a provider for the service rendered. This element may contain days, metric units, visits, miles, injections, etc. Format and size may vary based on encounter type and nature of the quantity specified.

Mapping:

- **Paper Form:**

| Encounter Type | Form | Element |
|----------------|-------|---------|
| Institutional | UB-92 | #46 |

- **Electronic:**

| Encounter Type | EDI Format | X12 Mapping Loop | X12 Mapping Segment | Seg. Ele. (Ref) | Composite | Element ID | Page No. |
|----------------|------------|------------------|---------------------|-----------------|-----------|------------|----------|
| Institutional | 8371 | 2400 | SV2 | 04 | | 355 | 448 |
| | | | | 05 | | 380 | |

Codes and Values:

| Code | Value |
|------|---------|
| Zero | Default |

Edit Applications:

- 00094 Number Of Units Not Greater Than Zero

MEDS II Transaction Segment: Institutional
Data Element Name: PAID AMOUNT
 Submission Status: Required for COS 06, 12, 15, 28, 73, 85, 87
 Encounter Record Position(s): 260-270; 305-315; 350-360; 395-405;
 440-450; 485-495; 530-540; 575-585;
 620-630; 665-675
 Format - Length: Numeric - 11
 Effective Date: 3/1/2005
 Version Number - Date: 2.1 - August 2005
 MEDS II DE# / DW#: 1028/3157

Definition: The amount paid for each listed service, corresponding to the procedures defined in the data element HCPCS Code.

Mapping:

- New York State Specific Data Element

Codes and Values:

- Right-justified and zero filled.
- The amount is defined with two implied decimal places
- Must be entered as a positive number.
- On the service line level the paid amount by Claim/Encounter Indicator should be as follows:

| Claim/Encounter Indicator | Total Paid Amount |
|----------------------------------|--------------------------|
| "E" – Encounter | Proxy Cost Amount |
| "C" – Within Plan Claim | Actual Cost Amount |
| "A" – Administrative Denial | Zero Dollars |

Edit Applications:

- Must be a valid entry.

Important Note:

Plans should use internal proxy fee schedules when determining the proxy cost amount.

MEDS II Transaction Segment: Institutional
Data Element Name: NON-INPATIENT CLAIM/ENCOUNTER INDICATOR

Submission Status: Required for COS 06, 12, 15, 28, 73, 85, 87
 Encounter Record Position(s): 271; 316; 361; 406; 451; 496; 541; 586; 631; 676
 Format - Length: Character - 1
 Effective Date: 3/1/2005
 Version Number - Date: 2.1 - August 2005
 MEDS II DE# / DW#: 1983/1983

Definition: Indicates whether the service provided was a capitated service within the health organization's contract ("E"); a within plan claim ("C") or an administratively denied service ("A").

Administratively denied encounters are those encounters which reflect services performed normally paid for, but were denied due to failure of at least one requirement of the agreement between provider and plan. An example could be where a contract requires that encounters must be submitted within 60 days of service date. A well-child encounter submitted 63 days after date of service would be administrative denied. (Claim received too late).

Mapping:

- New York State Specific Data Element

Codes and Values:

| <i>Code</i> | <i>Value</i> |
|-------------|---|
| E | Capitated Encounter, or service not paid directly by health organization. |
| C | Within Plan Claim |
| A | Administrative Denial |

Edit Applications:

- Must be a valid code.

MEDS II Transaction Segment: Institutional
Data Element Name: PRINCIPAL/PRIMARY DIAGNOSIS CODE
 Submission Status: Required for COS 06, 11, 12, 15, 28, 73, 85, 87
 Encounter Record Position(s): 677-683
 Format - Length: Character - 7
 Effective Date: 3/1/2005
 Version Number - Date: 2.1 - August 2005
 MEDS II DE# / DW#: 4183/3006

Definition: The ICD-9-CM Principal Diagnosis Code uniquely specifies the condition established after study to be chiefly responsible for admission to an institution.

Mapping:

- **Paper Form:**

| Encounter Type | Form | Element |
|----------------|-------|---------|
| Institutional | UB-92 | #67 |

- **Electronic:**

| Encounter Type | EDI Format | X12 Mapping Loop | X12 Mapping Segment | Seg. Ele. (Ref) | Composite | Element ID | Code | Page No. |
|----------------|------------|------------------|---------------------|-----------------|------------------|--------------|------|----------|
| Institutional | 837I | 2300 | HI | 01 | C022-1 C022-2 | 1270 1271 | BK | 228 |

NOTE: The Principal/Primary Diagnosis Code is coded in the first occurrence of C022 Composite for the Principal/Primary Diagnosis Information HI segment.

Codes and Values:

- Must be Left-justified and entered exactly as shown in the ICD-9-CM coding reference, excluding the decimal point, and space filled. The decimal point is implied because each ICD-9-CM code is unique.
- Record the appropriate ICD-9-CM code exactly as it appears in the manual. The diagnosis code must be the most specific/precise 3 digit, 4 digit or 5 digit code allowed for in the ICD-9-CM coding format.
- Leading and trailing zeros in a diagnostic code must be recorded (i.e. do not use blanks in place of zeros for any reason). In addition, zeros should not be added to a diagnostic code to fill in blank spaces.
- External diagnosis codes (E Codes) are not valid as Principal Diagnosis Codes.

Edit Applications:

- Must be a valid code.
- 00039 Primary Diagnosis Code Blank
- 00146 Primary Diagnosis not on File
- 00737 ICD-9-CM Diagnosis Code On Physician Claim Not On File

MEDS II Transaction Segment: Institutional
Data Element Name: OTHER DIAGNOSIS CODES [UP TO 8]
Submission Status: Required for COS 06, 11, 12, 15, 28, 73, 85, 87
Encounter Record Position(s): 684-690; 691-697; 698-704; 705-711; 712-718; 719-725; 726-732; 733-739
Format - Length: Character - 7
Effective Date: 3/1/2005
Version Number - Date: 2.1 - August 2005
MEDS II DE# / DW#: 4157/3191

Definition: Other Diagnosis Codes indicate additional significant condition(s) during an encounter.

Mapping:

- **Paper Form:**

| Encounter Type | Form | Element |
|----------------|-------|---------|
| Institutional | UB-92 | #68-75 |

- **Electronic:**

| Encounter Type | EDI Format | X12 Mapping Loop | X12 Mapping Segment | Seg. Ele. (Ref) | Composite | Element ID | Code | Page No. |
|----------------|------------|------------------|---------------------|-----------------|-----------|------------|------|----------|
| Institutional | 837I | 2300 | HI | 01 | C022-1 | 1270 | BF | 232 |
| | | | | | C022-2 | 1271 | | |

NOTE: The Other Diagnosis codes are coded in two iterations of C022 Composite for the Other Diagnosis Information HI segment.

Codes and Values:

- Left-justified and entered exactly as shown in the ICD-9-CM coding reference, excluding the decimal point, and space filled. The decimal point is implied because each ICD-9-CM code is unique.
- Record the appropriate ICD-9-CM code exactly as it appears in the manual. The diagnosis code must be the most specific/precise 3 digit, 4 digit or 5 digit code allowed for in the ICD-9-CM coding format.
- Leading and trailing zeros in a diagnostic code must be recorded (i.e. do not use blanks in place of zeros for any reason). In addition, zeros should not be added to a diagnostic code to fill in blank spaces.

Edit Applications:

- Must be a valid code.
- If this field is not coded it must contain blanks.
- 00412 Diagnosis Code Not On File
- 00737 ICD-9-CM Diagnosis Code On Physician Claim Not On File

MEDS II Transaction Segment: Institutional
Data Element Name: ADMIT DIAGNOSIS
 Submission Status: Required for COS 11
 Encounter Record Position(s): 740-746
 Format - Length: Character - 7
 Effective Date: 3/1/2005
 Version Number - Date: 2.1 - August 2005
 MEDS II DE# / DW#: 0411/3187

Definition: The diagnosis made by the Provider at the time of admission that describes the patient's condition upon admission to an institution. Since the Admitting Diagnosis is formulated before all tests and examinations are complete, it may have been stated in the form of a problem or symptom and it may differ from any of the final diagnoses recorded in the medical record.

Mapping:

- **Paper Form:**

| Encounter Type | Form | Element |
|----------------|-------|---------|
| Institutional | UB-92 | #76 |

- **Electronic:**

| Encounter Type | EDI Format | X12 Mapping Loop | X12 Mapping Segment | Seg. Ele. (Ref) | Composite | Element ID | Code | Page No. |
|----------------|------------|------------------|---------------------|-----------------|------------------|--------------|-------|----------|
| Institutional | 8371 | 2300 | HI | 02 | C022-1 C022-2 | 1270 1271 | BJ/PR | 228 |

NOTE: The Admitting Diagnosis Code is coded in the second occurrence of C022 Composite for the Principal Diagnosis Information HI segment.

Codes and Values:

- Left-justified and entered exactly as shown in the ICD-9-CM coding reference, excluding the decimal point, and space filled.
- Must have been a valid ICD-9-CM code excluding the decimal point. To be valid, ICD-9-CM codes must have been entered at the most specific level to which they are classified in the ICD-9-CM Tabular List. Three-digit codes further divided at the four-digit level must have been entered using all four digits. Four-digit codes further sub-classified at the five-digit level must be entered using all five digits.
- E-codes are not valid as Admitting Diagnosis Codes.

Edit Applications:

- 00604 Admitting Diagnosis Code Missing
- 00412 Diagnosis Code Not On File

MEDS II Transaction Segment: Institutional
Data Element Name: EXTERNAL DIAGNOSIS CODE (E Code)
 Submission Status: Required for COS 11
 Encounter Record Position(s): 747-753
 Format - Length: Character - 7
 Effective Date: 3/1/2005
 Version Number - Date: 2.1 - August 2005
 MEDS II DE# / DW#: 0411/3007

Definition: The External Diagnosis Code indicates the external cause of an injury, poisoning, or adverse effect.

Mapping:

- **Paper Form:**

| Encounter Type | Form | Element |
|----------------|-------|---------|
| Institutional | UB-92 | #77 |

- **Electronic:**

| Encounter Type | EDI Format | X12 Mapping Loop | X12 Mapping Segment | Seg. Ele. (Ref) | Composite | Element ID | Code | Page No. |
|----------------|------------|------------------|---------------------|-----------------|-----------|------------|------|----------|
| Institutional | 837I | 2300 | HI | 03 | C022-1 | 1270 | BN | 229 |
| | | | | | C022-2 | 1271 | | |

NOTE: The External Cause-of-Injury Code is coded in the third occurrence of C022 Composite for the Principal Diagnosis Information HI segment.

Codes and Values:

- Left-justified including the prefix letter "E" and all digits exactly as shown in the ICD-9-CM coding reference excluding the decimal point, and space filled.
- Must have been a valid ICD-9-CM "E" code excluding the decimal point. To be valid, the code must have been entered at the most specific level classified in the ICD-9-CM Tabular List. Three-digit codes further divided to the four-digit level must have been entered using all four digits plus the prefix letter "E". Failure to enter the prefix "E" and all required digits will cause the record to reject.
- If this field is not applicable it must contain blanks.

Edit Applications:

- Must contain a valid code.
- 00412 Diagnosis Code Not On File

MEDS II Transaction Segment: Institutional
Data Element Name: PRINCIPAL PROCEDURE CODE
 Submission Status: Required for COS 11
 Encounter Record Position(s): 754-760
 Format - Length: Character - 7
 Effective Date: 3/1/2005
 Version Number - Date: 1.2 - May 96
 MEDS II DE# / DW#: 0606/5055

Definition: The ICD-9-CM Principal Procedure Code is the primary procedure code on a claim reported to the health organization by the providing inpatient facility.

Mapping:

- **Paper Form:**

| Encounter Type | Form | Element |
|----------------|-------|---------|
| Institutional | UB-92 | #80 |

- **Electronic:**

| Encounter Type | EDI Format | X12 Mapping Loop | X12 Mapping Segment | Seg. Ele. (Ref) | Composite | Element ID | Code | Page No. |
|----------------|------------|------------------|---------------------|-----------------|-----------|------------|------|----------|
| Institutional | 837I | 2300 | HI | 01 | C022-1 | 1270 | BR | 242 |
| | | | | | C022-2 | 1271 | | |

NOTE: The Principal Procedure Code is coded in the first occurrence of the C022 Composite for the Principal Procedure Information HI segment.

Codes and Values:

- Left-justified and space filled.
- Enter exactly as shown in the ICD-9-CM coding reference, excluding the decimal point.
- If this field is not coded it must be space filled.

Edit Applications:

- Must contain a valid code if a procedure was performed.
- 00405 Principal Procedure Code Missing

MEDS II Transaction Segment: Institutional
Data Element Name: OTHER PROCEDURE CODES [UP TO 5]
 Submission Status: Required for COS 11
 Encounter Record Position(s): 761-767; 768-774; 775-781; 782-788; 789-795
 Format - Length: Character - 7
 Effective Date: 3/1/2005
 Version Number - Date: 2.1 - August 2005
 MEDS II DE# / DW#: 4159/5055

Definition: Procedure Codes uniquely identify the procedures performed. All significant procedures other than the Principal Procedure Code are to be reported here. They are reported in order of significance, starting with the most significant.

Mapping:

- **Paper Form:**

| Encounter Type | Form | Element |
|----------------|-------|---------|
| Institutional | UB-92 | #80 |

- **Electronic:**

| Encounter Type | EDI Format | X12 Mapping Loop | X12 Mapping Segment | Seg. Ele. (Ref) | Composite | Element ID | Code | Page No. |
|----------------|------------|------------------|---------------------|-----------------|------------------|--------------|------|----------|
| Institutional | 837I | 2300 | HI | 01 | C022-1 C022-2 | 1270 1271 | BQ | 244 |

NOTE: The Other Procedure codes and dates are coded in two iterations of C022 Composite for the Other Procedure Information HI segment.

Codes and Values:

- Left-justified and space filled.
- Enter exactly as shown in the ICD-9-CM coding reference, excluding decimal points.
- If this field is not applicable it must be space filled.

Edit Applications:

- ICD-9-CM procedure codes only.

| | |
|-------------------------------------|---|
| MEDS II Transaction Segment: | Institutional |
| Data Element Name: | ATTENDING PROVIDER PROFESSION CODE |
| Submission Status: | Required for COS 06, 11, 12, 15, 28, 73, 85, 87 |
| Encounter Record Position(s): | 796-798 |
| Format - Length: | Character - 3 |
| Effective Date: | 3/1/2005 |
| Version Number - Date: | 2.1 - August 2005 |
| MEDS II DE# / DW#: | 2165/2165 |

Definition: The NYS profession code of the attending provider for inpatient encounters (COS 11) and the servicing provider for non-inpatient encounters.

Mapping:

- New York State Specific Data Element

Codes and Values:

- Provider Profession Codes and Values are contained within Appendix A

Edit Applications:

- Must be a valid code.

MEDS II Transaction Segment: Institutional
Data Element Name: ATTENDING PROVIDER LICENSE NUMBER
 Submission Status: Required for COS 06, 11, 12, 15, 28, 73, 85, 87
 Encounter Record Position(s): 799-806
 Format - Length: Character – 8
 Effective Date: 3/1/2005
 Version Number - Date: 2.1 - August 2005
 MEDS II DE# / DW#: 1570/2002

Definition: The NY professional license number of the attending provider for inpatient encounters (COS 11) and the servicing provider for non-inpatient encounters.

Mapping:

- **Electronic:**

| Encounter Type | EDI Format | X12 Mapping Loop | X12 Mapping Segment | Seg. Ele. (Ref) | Element ID | Code | Page No. |
|----------------|------------|------------------|---------------------|-----------------|------------|------|----------|
| Institutional | 837I | 2420A | REF | 01 02 | 128 127 | 0B | 467 |

Codes and Values:

- Right-justified and zero filled.
- Must be a valid professional license number issued by the New York State Department of Education.

Edit Applications:

- Must be a valid entry.
- 00416 License Number is Missing
- 00664 Attending Physician License Number Missing

MEDS II Transaction Segment: Institutional
Data Element Name: ATTENDING PROVIDER IDENTIFICATION NUMBER
 Submission Status: Required for COS 06, 11, 12, 15, 28, 73, 85, 87
 Encounter Record Position(s): 807-814
 Format - Length: Character – 8
 Effective Date: 3/1/2005
 Version Number - Date: 2.1 - August 2005
 MEDS II DE# / DW#: 1563/3003

Definition: The State MMIS Identification number of the attending provider for inpatient encounters and the servicing provider for non-Inpatient encounters.

Mapping:

- **Paper Form:**

| Encounter Type | Form | Element |
|----------------|-------|---------|
| Institutional | UB-92 | #82 |

- **Electronic:**

| Encounter Type | EDI Format | X12 Mapping Loop | X12 Mapping Segment | Seg. Ele. (Ref) | Element ID | Code | Page No. |
|----------------|------------|------------------|---------------------|-----------------|------------|------|----------|
| Institutional | 8371 | 2420A | NM1 | 01 | 98 | 71 | 463 |
| | | | | 02 | 1065 | 1 | 463 |
| | | | | 08 | 66 | XX | 464 |
| | | | | 09 | 67 | | 464 |

Codes and Values:

- Left-justified with no embedded blanks and space filled.

Edit Applications:

- Must be a valid entry

| | |
|-------------------------------------|--------------------------------|
| MEDS II Transaction Segment: | Institutional |
| Data Element Name: | SURGEON PROFESSION CODE |
| Submission Status: | Required for COS 11 |
| Encounter Record Position(s): | 817-819 |
| Format - Length: | Character - 3 |
| Effective Date: | 3/1/2005 |
| Version Number - Date: | 2.1 - August 2005 |
| MEDS II DE# / DW#: | 2165/2165 |

Definition: The profession code issued by the State Department of Education that identifies the type of license of the surgeon.

Mapping:

- New York State Specific Data Element

Codes and Values:

- Provider Profession Codes and Values are contained within Appendix A

Edit Applications:

- Must be a valid code.

MEDS II Transaction Segment: Institutional
Data Element Name: SURGEON LICENSE NUMBER
 Submission Status: Required for COS 11
 Encounter Record Position(s): 820-827
 Format - Length: Character - 8
 Effective Date: 3/1/2005
 Version Number - Date: 2.1 - August 2005
 MEDS II DE# / DW#: 1570/2002

Definition: The professional license number, issued by the NYS Department of Education, used to identify the surgeon.

Mapping:

- **Electronic:**

| Encounter Type | EDI Format | X12 Mapping Loop | X12 Mapping Segment | Seg. Ele. (Ref) | Element ID | Code | Page No. |
|----------------|------------|------------------|---------------------|-----------------|------------|------|----------|
| Institutional | 837I | 2420C | REF | 01 | 128 | 0B | 481 |
| | | | | 02 | 127 | | 482 |

Codes and Values:

- Right-justified and zero filled.
- Must be a valid professional license number issued by the NYS Department of Education.

Edit Applications:

- If a surgery was performed, must be a valid entry.
- 00416 License Number Is Missing
- 00664 Attending Physician License Number Missing

MEDS II Transaction Segment: Institutional
Data Element Name: SURGEON IDENTIFICATION NUMBER
 Submission Status: Required for COS 11
 Encounter Record Position(s): 828-835
 Format - Length: Character - 8
 Effective Date: 3/1/2005
 Version Number - Date: 2.1 - August 2005
 MEDS II DE# / DW#: 1563/3100

Definition: The State MMIS code of the surgeon who performed the surgery.

Mapping:

- **Paper Form:** (Other identification Number)

| Encounter Type | Form | Element |
|----------------|-------|---------|
| Institutional | UB-92 | #83 |

- **Electronic:**

| Encounter Type | EDI Format | X12 Mapping Loop | X12 Mapping Segment | Seg. Ele. (Ref) | Element ID | Code | Page No. |
|----------------|------------|------------------|---------------------|-----------------|------------|------|----------|
| Institutional | 837I | 2420C | NM1 | 01 | 98 | 73 | 477 |
| | | | | 02 | 1065 | 1 | 477 |
| | | | | 08 | 66 | XX | 478 |
| | | | | 09 | 67 | | 478 |

Codes and Values:

- Must be Left-justified with no embedded blanks and space filled.

Edit Applications:

- If a surgery was performed, must be a valid entry.

MEDS II Transaction Segment: Institutional
Data Element Name: ADMISSION DATE
 Submission Status: Required for COS 11, 12, 28
 Encounter Record Position(s): 838-845
 Format - Length: Date – CCYYMMDD
 Effective Date: 3/1/2005
 Version Number - Date: 2.1 - August 2005
 MEDS II DE# / DW#: 1033/3011

Definition: The date of the patient's admission to the institution or facility.

Mapping:

• **Paper Form:**

| Encounter Type | Form | Element |
|----------------|-------|---------|
| Institutional | UB-92 | #17 |

• **Electronic:**

| Encounter Type | EDI Format | X12 Mapping Loop | X12 Mapping Segment | Seg. Ele. (Ref) | Element ID | Code | Page No. |
|----------------|------------|------------------|---------------------|-----------------|--------------|------|----------|
| Institutional | 837I | 2300 | DTP | 02 | 1250 1251 | DT | 169 |

Codes and Values:

- Blanks and characters are not permitted.
- Must be a valid date format CCYYMMDD

| Valid Century (CC) | Valid Year (YY) |
|--------------------|-----------------|
| 20 | >=03 |

| Valid Month Code (MM) | Valid Day Code (DD) |
|----------------------------|---|
| 01, 03, 05, 07, 08, 10, 12 | Greater than 00 and less than 32 |
| 04, 06, 09, 11 | Greater than 00 and less than 31 |
| 02 | Greater than 00 and less than 29 (less than 30 on a leap year) |

Edit Applications:

- Must be on or before the Statement Covers Thru Date
- Must be a valid, properly formatted date.
- 00600 Admission Date Invalid

MEDS II Transaction Segment: Institutional
Data Element Name: DISCHARGE DATE
 Submission Status: Required for COS 11
 Encounter Record Position(s): 846-853
 Format - Length: Date - CCYYMMDD
 Effective Date: 3/1/2005
 Version Number - Date: 2.1 - August 2005
 MEDS II DE# / DW#: 1185/3108

Definition: The date of discharge from a stay in an inpatient hospital.

Inpatient encounters should be reported only after the patient is discharged. The entire inpatient stay, identified by actual admission and discharge dates should be reported as one encounter even if there are payers in addition to Medicaid managed care involved.

Mapping:

- **Paper Form:**

| Encounter Type | Form | Element |
|----------------|-------|---------|
| Institutional | UB-92 | #6 |

- **Electronic:**

| Encounter Type | EDI Format | X12 Mapping Loop | X12 Mapping Segment | Seg. Ele. (Ref) | Element ID | Code | Pg No |
|----------------|------------|------------------|---------------------|-----------------|------------|--------|-------|
| Institutional | 837I | 2300 | DTP | 01 | 374 | 434 | 167 |
| | | | | 02 | 1250 | D8&RD8 | |
| | | | | 03 | 1251 | | |

Codes and Values:

- Blanks and characters are not permitted.
- Must be a valid date format CCYYMMDD

| Valid Century (CC) | Valid Year (YY) |
|--------------------|-----------------|
| 20 | >=03 |

| Valid Month Code (MM) | Valid Day Code (DD) |
|----------------------------|--|
| 01, 03, 05, 07, 08, 10, 12 | Greater than 00 and less than 32 |
| 04, 06, 09, 11 | Greater than 00 and less than 31 |
| 02 | Greater than 00 and less than 29 (less than 30 on a leap year) |

Edit Applications:

- Must be a valid, properly formatted date.
- 00625 Discharge Date Illogical
- 00652 Discharge Date Prior To Admission Date

VIII. PHARMACY SEGMENT

| | |
|-------------------------------------|---|
| MEDS II Transaction Segment: | Pharmacy |
| Data Element Name: | PRESCRIBING PROVIDER PROFESSION CODE |
| Submission Status: | Required for COS 14 |
| Encounter Record Position(s): | 158-160 |
| Format - Length: | Character - 3 |
| Effective Date: | 3/1/2005 |
| Version Number - Date: | 2.1 - August 2005 |
| MEDS II DE# / DW#: | 2165/2165 |

Definition: The profession code, issued by the NYS Department of Education, is used to identify the type of license of individual health care professionals providing the services or primarily responsible for the care provided during the encounter. The prescribing Provider profession code relates to the Provider who signed the prescription form.

Mapping:

- New York State Specific Data Element

Codes and Values:

- Provider Profession Codes and Values are contained within Appendix A

Edit Applications:

- Must be a valid code.

MEDS II Transaction Segment: Pharmacy
Data Element Name: PRESCRIBING PROVIDER LICENSE NUMBER
 Submission Status: Required for COS 14
 Encounter Record Position(s): 161-168
 Format - Length: Character - 8
 Effective Date: 3/1/2005
 Version Number - Date: 2.1 - August 2005
 MEDS II DE# / DW#: 1570/2002

Definition: The State issued provider license number of the prescribing provider. Health organizations must submit the State license number or the MMIS identification number on all prescriptions written for Medicaid recipients. When a prescription is written by an unlicensed intern or resident, the supervising physician's NYS MMIS number or State license number must be provided.

Mapping:

| Common Detail Section | Paper | | Electronic | |
|-----------------------|-------|---------------|------------|------------------|
| | Form | Element | Format | Element |
| Pharmacy | UCF | Prescriber ID | NCPDP | 466-EZ 411-DB |

Codes and Values:

- Right-justified and zero filled.
- Element 466-EZ is a prescriber ID qualifier and will always equal 08.
- Must be a valid professional license number issued by the New York State Department of Education.
- Plans should not report a prescriber Drug Enforcement Agency (DEA) number in this field.

Applicable Edit Codes:

- Must be a valid entry.
- 00525 Prescribing License Number Missing

MEDS II Transaction Segment: Pharmacy
Data Element Name: PRESCRIBING PROVIDER IDENTIFICATION NUMBER
 Submission Status: Required for COS 14
 Encounter Record Position(s): 169-176
 Format - Length: Character - 8
 Effective Date: 3/1/2005
 Version Number - Date: 2.1 - August 2005
 MEDS II DE# / DW#: 1563/3005

Definition: The State MMIS code of the prescribing Provider. Health organizations must submit the State license number or the MMIS identification number on all prescriptions written for Medicaid recipients. When a prescription is written by an unlicensed intern or resident, the supervising physician's NYS MMIS number or State license number must be provided.

Mapping:

| Common Detail Section | Paper | | Electronic | |
|-----------------------|-------|---------------------|------------|------------------|
| | Form | Element | Format | Element |
| Pharmacy | UCF | Service Provider ID | NCPDP | 466-EZ 411-DB |

Codes and Values:

- The NCPDP qualifier (466-EZ) will always be equal to 05.
- The Provider ID is a unique number.

Applicable Edit Codes:

- Must be a valid entry.
- 00897 Prescriber Id Not on File

MEDS II Transaction Segment: Pharmacy
Data Element Name: PRESCRIPTION ORDERED DATE
 Submission Status: Required for COS 14
 Encounter Record Position(s): 179-186
 Format - Length: Date – CCYYMMDD
 Effective Date: 3/1/2005
 Version Number - Date: 2.1 - August 2005
 MEDS II DE# / DW#: 0860/3247

Definition: Prescription Ordered Date is the date that a service was ordered or a prescription was written. (Formerly called Date Prescribed/Ordered)

Mapping:

| Encounter Type | Paper | | Electronic | |
|----------------|-------|--------------|------------|---------|
| | Form | Element | Format | Element |
| Pharmacy | UCF | Date Written | NCPDP | 414-DE |

Codes and Values:

- Must be a valid date format CCYYMMDD

| Valid Century (CC) | Valid Year (YY) |
|--------------------|-----------------|
| 20 | >=03 |

| Valid Month Code (MM) | Valid Day Code (DD) |
|----------------------------|---|
| 01, 03, 05, 07, 08, 10, 12 | Greater than 00 and less than 32 |
| 04, 06, 09, 11 | Greater than 00 and less than 31 |
| 02 | Greater than 00 and less than 29 (less than 30 on a leap year) |

Edit Applications:

- Must be a valid date
- 00534 Date Ordered Invalid
- 00548 Fill Date Precedes Order Date

MEDS II Transaction Segment: Pharmacy
Data Element Name: DATE FILLED
 Submission Status: Required for COS 14
 Encounter Record Position(s): 187-194
 Format - Length: Date – CCYYMMDD
 Effective Date: 3/1/2005
 Version Number - Date: 2.1 - August 2005
 MEDS II DE# / DW#: 1022/3013

Definition: Date Filled is the date a prescription or order was filled.

Mapping:

| Encounter Type | Paper | | Electronic | |
|----------------|-------|-----------------|------------|---------|
| | Form | Element | Format | Element |
| Pharmacy | UCF | Date of Service | NCPDP | 401-D1 |

Codes and Values:

- Must be a valid date format CCYYMMDD

| Valid Century (CC) | Valid Year (YY) |
|--------------------|-----------------|
| 20 | >=03 |

| Valid Month Code (MM) | Valid Day Code (DD) |
|----------------------------|---|
| 01, 03, 05, 07, 08, 10, 12 | Greater than 00 and less than 32 |
| 04, 06, 09, 11 | Greater than 00 and less than 31 |
| 02 | Greater than 00 and less than 29 (less than 30 on a leap year) |

Edit Applications:

- Must be a valid date
- 00018 Date Of Service/Fill Date Invalid
- 00020 Service/Fill Date Later Than Receipt Date
- 00548 Fill Date Precedes Order Date
- 001292 Date of Service Two Years Prior to Date Received

MEDS II Transaction Segment: Pharmacy
Data Element Name: NATIONAL DRUG CODE (NDC) / PRODUCT CODE
 Submission Status: Required for COS 14
 Encounter Record Position(s): 195-205
 Format - Length: Character - 11
 Effective Date: 3/1/2005
 Version Number - Date: 2.1 - August 2005
 MEDS II DE# / DW#: NDC: 1856/E1856
 Product Code: 1856/5014_4, W161

Definition: National Drug Code (NDC) uniquely identifies a drug and includes information on the manufacturer, product code, and package size.

The Product Code is the HCPCS Code used to identify Durable Medical Equipment, Hearing Aids, Over the Counter medications or other pharmacy products without an NDC code.

Mapping:

NDC Code:

| Encounter Type | Paper | | Electronic | |
|----------------|-------|------------|------------|------------------|
| | Form | Element | Format | Element |
| Pharmacy | UCF | Product ID | NCPDP | 436-E1 407-D7 |

Codes and Values:

- Right-justified and zero filled.
- Valid values for this data element are defined and maintained by First DataBank.

Edit Applications:

- 00544 NDC Code Non-Numeric
- 00561 Drug Code Not On file
- 01610 Missing or Invalid Alternate Product Code

MEDS II Transaction Segment: Pharmacy
Data Element Name: QUANTITY DISPENSED
Submission Status: Required for COS 14
Encounter Record Position(s): 206-217
Format - Length: Numeric – 12
Effective Date: 3/1/2005
Version Number - Date: 2.1 - August 2005
MEDS II DE# / DW#: 4217/H077

Definition: Quantity Dispensed is the quantity of a drug as submitted on a claim form. The dispensing quantity is based upon the unit of measure as defined by the National Drug Code. (Formerly called NDC Units.)

Mapping:

| Encounter Type | Paper | | Electronic | |
|----------------|-------|--------------------|------------|---------|
| | Form | Element | Format | Element |
| Pharmacy | UCF | Quantity Dispensed | NCPDP | 442-E7 |

Codes and Values:

- Must be entered if a National Drug Code has been entered
- Right-justified and zero filled.
- Must be a positive numeric value.
- Fractions must be rounded to the nearest whole number.
- Leave blank when reporting DME/Hearing aid and alternate product encounter records.

Edit Applications:

- Must be a valid entry.
- 00528 Missing Or Invalid Quantity Dispensed

MEDS II Transaction Segment: Pharmacy
Data Element Name: DRUG DAYS SUPPLY COUNT
 Submission Status: Required for COS 14
 Encounter Record Position(s): 218-220
 Format - Length: Numeric - 3
 Effective Date: 3/1/2005
 Version Number - Date: 2.1 - August 2005
 MEDS II DE# / DW#: 0819/3232

Definition: Drug Days Supply Count specifies the number of days supply dispensed with the prescription service.

Mapping:

| Encounter Type | Paper | | Electronic | |
|----------------|-------|-------------|------------|---------|
| | Form | Element | Format | Element |
| Pharmacy | UCF | Days Supply | NCPDP | 405-D5 |

Codes and Values:

- Must be entered if a National Drug Code has been entered.
- Must be a positive whole number.
- Right-justified and zero filled.
- Leave blank when reporting DME/Hearing aid and alternate product encounter records.

Edit Applications:

- Must be a valid entry.
- 00540 Number of Days Supply Invalid

MEDS II Transaction Segment: Pharmacy
Data Element Name: PHARMACY CLAIM/ENCOUNTER INDICATOR
 Submission Status: Required for COS 14
 Encounter Record Position(s): 221
 Format - Length: Character - 1
 Effective Date: 3/1/2005
 Version Number - Date: 2.1 - August 2005
 MEDS II DE# / DW#: 1983/1983

Definition: Indicates whether the service provided was a capitated service within the health organization's contract ("E"); a within plan claim ("C") or an administratively denied service ("A").

Administratively denied encounters are those encounters which reflect services performed normally paid for, but were denied due to failure of at least one requirement of the agreement between provider and plan.

Mapping:

- New York State Specific Data Element

Codes and Values:

| <i>Code</i> | <i>Value</i> |
|-------------|---|
| E | Capitated Encounter, or service not paid directly by the health organization. |
| C | Within Plan Claim |
| A | Administrative Denial |

Edit Applications:

- Must be a valid code.

IX. DENTAL SEGMENT

| | |
|-------------------------------------|--------------------------------|
| MEDS II Transaction Segment: | Dental |
| Data Element Name: | PROVIDER SPECIALTY CODE |
| Submission Status: | Required for COS 13 |
| Encounter Record Position(s): | 158-160 |
| Format - Length: | Character - 3 |
| Effective Date: | 3/1/2005 |
| Version Number - Date: | 2.1 - August 2005 |
| MEDS II DE# / DW#: | 1499/2048 |

Definition: The Provider Specialty Code designates the State classification of provider specialties. It is based on a provider's certified medical specialty.

Mapping:

- New York State Specific Data Element

Codes and Values:

- See Appendix B for Valid Codes and Values

Edit Applications:

- Must be a valid code.
- 00404 Provider Specialty Missing
- 00413 Provider Specialty Not On File

MEDS II Transaction Segment: Dental
Data Element Name: DENTAL CLAIM/ENCOUNTER INDICATOR
 Submission Status: Required for COS 13
 Encounter Record Position(s): 161; 222; 283; 344; 405; 466; 527; 588;
 649; 710
 Format - Length: Character - 1
 Effective Date: 3/1/2005
 Version Number - Date: 2.1 - August 2005
 MEDS II DE# / DW#: 1983/1983

Definition: Indicates whether the service provided was a capitated service within the health organization's contract ("E"); a within plan claim ("C") or an administratively denied service ("A").

Administratively denied encounters are those encounters which reflect services performed normally paid for, but were denied due to failure of at least one requirement of the agreement between provider and plan.

Mapping:

- New York State Specific Data Element

Codes and Values:

| <i>Code</i> | <i>Value</i> |
|-------------|---|
| E | Capitated Encounter, or service not paid directly by the health organization. |
| C | Within Plan Claim |
| A | Administrative Denial |

Edit Applications:

- Must be a valid code.

MEDS II Transaction Segment: Dental

Data Element Name: PLACE OF SERVICE/PLACE OF TREATMENT

Submission Status: Required for COS 13
Encounter Record Position(s): 162-163; 223-224; 284-285; 345-346;
406-407; 467-468; 528-529; 589-590;
650-651; 711-712
Format - Length: Character - 2
Effective Date: 3/1/2005
Version Number - Date: 2.1 - August 2005
MEDS II DE# / DW#: 4178/3016

Definition: Place of Service Code identifies the place(s) where a service was rendered by a provider.

Mapping:

• **Paper Form:**

| Encounter Type | Form | Element |
|----------------|------|---------|
| Dental | ADA | #38 |

• **Electronic:**

| Encounter Type | EDI Format | X12 Mapping Loop | X12 Mapping Segment | Seg. Ele. (Ref) | Element ID | Page No. |
|----------------|------------|------------------|---------------------|-----------------|------------|----------|
| Institutional | 837I | 2300 | CLM | 05-1 | 1331 | 159 |
| Dental | 837D | 2300 | CLM | 05-1 | 1331 | 151 |

Codes and Values:

| Code | Value |
|------|--------------------------------|
| 03 | SCHOOL |
| 04 | HOMELESS SHELTER |
| 05 | INDIAN HLTH SVCS FR-STND FCLTY |
| 06 | INDIAN HLTH SVCS PR-BSD FCLTY |
| 07 | TRIBAL 638 FRE-STNDNG FACILITY |
| 08 | TRIBAL 638 PROV BASED FACILITY |
| 11 | OFFICE |
| 12 | CLIENT'S HOME |
| 13 | ASSISTED LIVING FACILITY |
| 14 | GROUP HOME |
| 15 | MOBILE UNIT |
| 20 | URGENT CARE FACILITY |
| 21 | INPATIENT HOSPITAL |
| 22 | OUTPATIENT HOSPITAL |
| 23 | HOSPITAL EMERGENCY ROOM |
| 24 | AMBULATORY SURGICAL CENTER |

| <i>Code</i> | <i>Value</i> |
|-------------|--|
| 25 | BIRTHING CENTER |
| 26 | MILITARY TREATMENT FACILITY |
| 31 | SKILLED NURSING FACILITY |
| 32 | NURSING FACILITY |
| 33 | CUSTODIAL CARE FACILITY |
| 34 | HOSPICE |
| 41 | AMBULANCE - LAND |
| 42 | AMBULANCE - AIR OR WATER |
| 49 | INDEPENDENT CLINIC |
| 50 | FEDERALLY QUALIFIED HEALTH CENTER |
| 51 | INPATIENT PSYCHIATRIC FACILITY |
| 52 | PSYCHIATRIC FACILITY PARTIAL HOSPITALIZATION |
| 53 | COMUNITY MENTAL HEALTH CENTER |
| 54 | INTERMEDIATE CARE FACILITY/MENTALLY RETARDED |
| 55 | RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY |
| 56 | PSYCHIATRIC RESIDENTIAL TREATMENT CENTER |
| 57 | NON-RES SUBST ABS TRTMNT FCLTY |
| 60 | MASS IMMUNIZATION |
| 61 | COMPREHENSIVE INPATIENT REHABILITATION FACILITY |
| 62 | COMPREHENSIVE OUTPATIENT REHALILITATION FACILITY |
| 65 | END STAGE RENAL DISEASE TREATMENT FACILITY |
| 71 | STATE OR LOCAL PUBLIC HEALTH CLINIC |
| 72 | RURAL HEALTH CLINIC |
| 81 | INDEPENDENT LABORATORY |
| 99 | OTHER UNLISTED FACILITY |

Edit Applications:

- Must be a valid entry.
- 00071 Place Of Service Code Invalid

MEDS II Transaction Segment: Dental
Data Element Name: PROCEDURE CODE [UP TO 10]
 Submission Status: Required for COS 13
 Encounter Record Position(s): 164-170; 225-231; 286-292; 347-353;
 408-414; 469-475; 530-536; 591-597;
 652-658; 713-719
 Format - Length: Character - 7
 Effective Date: 3/1/2005
 Version Number - Date: 2.1 - August 2005
 MEDS II DE# / DW#: 4159/5055

Definition: Procedure Codes identifying the procedures performed during the dental visit.

Mapping:

- **Paper Form:**

| Encounter Type | Form | Element |
|----------------|------|---------|
| Dental | ADA | #29 |

- **Electronic:**

| Encounter Type | EDI Format | X12 Mapping Loop | X12 Mapping Segment | Seg. Ele. (Ref) | Element ID | Code | Page No. |
|----------------|------------|------------------|---------------------|-----------------|------------|------|----------|
| Institutional | 837I | 2400 | SV2 | 02-1 | 235 | HC | 446 |
| | | | | 02-2 | 234 | | 447 |
| Dental | 837D | 2400 | SV3 | 01-1 | 235 | | 266- |
| | | | | 01-2 | 234 | | 267 |

Codes and Values:

- Per the 837D, American Dental Association (i.e., CDT) codes may be used to report dental procedures. If CDT2 codes are used, the leading zero of the 5 digit ADA code must be replaced with a 'D' so that the code will conform to the HCPCS coding convention. CDT3 codes conform with HCPCS D codes.
- Left-justified and entered exactly as shown in the CPT coding reference.

Edit Applications:

- Must be a valid code.
- 00070 Procedure Code Invalid
- 00170 Procedure Code Not On File

MEDS II Transaction Segment: Dental
Data Element Name: DENTAL NUMBER OF UNITS/VISITS
 Submission Status: Required for COS 13
 Encounter Record Position(s): 171-181; 232-242; 293-303; 354-364;
 415-425; 476-486; 537-547; 598-608;
 659-669; 720-730
 Format - Length: Numeric – 11
 Effective Date: 3/1/2005
 Version Number - Date: 2.1 - August 2005
 MEDS II DE# / DW#: 1092/3029

Definition: A whole number indicating the number of times a procedure or service was provided during the dental encounter; or the number of units, visits, or days a procedure or service was rendered during an episode of care defined by Service Start and End Dates.

Mapping:

- **Electronic:**

| Encounter Type | EDI Format | X12 Mapping Loop | X12 Mapping Segment | Seg. Ele. (Ref) | Element ID | Code | Page No. |
|----------------|------------|------------------|---------------------|-----------------|------------|------|----------|
| Institutional | 837I | 2400 | SV2 | 04 05 | 355 380 | UN | 448 |
| Dental | 837D | 2400 | SV3 | 06 | 380 | | 270 |

Codes and Values:

- Must contain a whole number.

Edit Applications:

- Must be a valid entry.
- 00094 Number Of Units Not Greater Than Zero

MEDS II Transaction Segment: Dental
Data Element Name: TOOTH NUMBER OR LETTER
 Submission Status: Required for COS 13
 Encounter Record Position(s): 182-183; 243-244; 304-305; 365-366;
 426-427; 487-488; 548-549; 609-610;
 670-671; 731-732
 Format - Length: Character - 2
 Effective Date: 3/1/2005
 Version Number - Date: 2.1 - August 2005
 MEDS II DE# / DW#: 1646/3112

Definition: Dental Site Code specifies a tooth, oral cavity, quadrant, or arch.

Mapping:

- **Paper Form:**

| Encounter Type | Form | Element |
|----------------|------|---------|
| Dental | ADA | #27 |

- **Electronic:**

| Encounter Type | EDI Format | X12 Mapping Loop | X12 Mapping Segment | Seg. Ele. (Ref) | Element ID | Code | Page No. |
|----------------|------------|------------------|---------------------|-----------------|------------|------|----------|
| Dental | 837D | 2400 | TOO | 01 | 1270 | JP | 271 |
| | | | | 02 | 1271 | | 272 |

Codes and Values:

- See Appendix C for Valid Codes and Values

Edit Applications:

- Must be a valid entry
- If not applicable, space fill.
- 00931 Required Tooth For Procedure Invalid

MEDS II Transaction Segment: Dental
Data Element Name: PAID AMOUNT
 Submission Status: Required for COS 13
 Encounter Record Position(s): 195-205; 256-266; 317-327; 378-388;
 439-449; 500-510; 561-571; 622-632;
 683-693; 744-754
 Format - Length: Numeric - 11
 Effective Date: 3/1/2005
 Version Number - Date: 2.1 - August 2005
 MEDS II DE# / DW#: 1028/3157

Definition: The amount paid by insurer for each listed service.

Mapping:

- New York State Specific Data Element

Codes and Values:

- Right-justified and zero filled.
- This amount is defined with two implied decimal places and must be entered as a positive number.
- On the service line level the paid amount by Claim/Encounter Indicator should be as follows:

| Claim/Encounter Indicator | Total Paid Amount |
|-----------------------------|--------------------|
| "E" – Encounter | Proxy Cost Amount |
| "C" – Within Plan Claim | Actual Cost Amount |
| "A" – Administrative Denial | Zero Dollars |

Edit Applications:

- Must be a valid entry.

Important Note:

Plans should use internal proxy fee schedules when determining the proxy cost amount.

MEDS II Transaction Segment: Dental
Data Element Name: SERVICE START DATE
 Submission Status: Required for COS 13
 Encounter Record Position(s): 206-213; 267-274; 328-335; 389-396;
 450-457; 511-518; 572-579; 633-640;
 694-701; 755-762
 Format - Length: Date - CCYYMMDD
 Effective Date: 3/1/2005
 Version Number - Date: 2.1 - August 2005
 MEDS II DE# / DW#: 1022/3013

Definition: The date the dental service was received or initiated.

Mapping:

- Paper Form:**

| Encounter Type | Form | Element |
|----------------|------|---------|
| Dental | ADA | #24 |

- Electronic:**

| Encounter Type | EDI Format | X12 Mapping Loop | X12 Mapping Segment | Seg. Ele. (Ref) | Element ID | Code | Page No. |
|----------------|------------|------------------|---------------------|-----------------|------------|----------|----------|
| Institutional | 837I | 2300 | DTP | 02 | 1250 | D8 & RD8 | 167 |
| | | | | 03 | 1251 | | 168 |
| Dental | 837D | 2300 | DTP | 02 | 1250 | D8 & RD8 | 164 |
| | | | | 03 | 1251 | | 165 |

Codes and Values:

- Must be a valid date format CCYYMMDD

| Valid Century (CC) | Valid Year (YY) |
|--------------------|-----------------|
| 20 | >=03 |

| Valid Month Code (MM) | Valid Day Code (DD) |
|----------------------------|---|
| 01, 03, 05, 07, 08, 10, 12 | Greater than 00 and less than 32 |
| 04, 06, 09, 11 | Greater than 00 and less than 31 |
| 02 | Greater than 00 and less than 29 (less than 30 on a leap year) |

Edit Applications:

- 00018 Date Of Service/Fill Date Invalid
- 00020 Service/Fill Date Later Than Receipt Date
- 01006 Thru Service Prior to From Service Date
- 001292 Date of Service Two Years Prior to Date Received

MEDS II Transaction Segment: Dental
Data Element Name: SERVICE END DATE
 Submission on Status: Required for COS 13
 Encounter Record Position(s): 214-221; 275-282; 336-343; 397-404;
 458-465; 519-526; 580-587; 641-648;
 702-709; 763-770
 Format - Length: Date - CCYYMMDD
 Effective Date: 3/1/2005
 Version Number - Date: 2.1 - August 2005
 MEDS II DE# / DW#: 1023/3015

Definition: The date the dental service ended.

Mapping:

- Paper Form:**

| Encounter Type | Form | Element |
|----------------|------|---------|
| Dental | ADA | #24 |

- Electronic:**

| Encounter Type | EDI Format | X12 Mapping Loop | X12 Mapping Segment | Seg. Ele. (Ref) | Element ID | Code | Page No. |
|----------------|------------|------------------|---------------------|-----------------|------------|----------|----------|
| Institutional | 837I | 2300 | DTP | 02 | 1250 | D8 & RD8 | 167 |
| | | | | 03 | 1251 | | 168 |
| Dental | 837D | 2300 | DTP | 02 | 1250 | D8 & RD8 | 164 |
| | | | | 03 | 1251 | | 165 |

Codes and Values:

- Must be a valid date format CCYYMMDD

| Valid Century (CC) | Valid Year (YY) |
|--------------------|-----------------|
| 20 | >=03 |

| Valid Month Code (MM) | Valid Day Code (DD) |
|----------------------------|---|
| 01, 03, 05, 07, 08, 10, 12 | Greater than 00 and less than 32 |
| 04, 06, 09, 11 | Greater than 00 and less than 31 |
| 02 | Greater than 00 and less than 29 (less than 30 on a leap year) |

Edit Applications:

- 01004 Thru Service Date Invalid
- 01006 Thru Service Prior to From Service Date

X. PROFESSIONAL SEGMENT

| | |
|-------------------------------------|---|
| MEDS II Transaction Segment: | Professional |
| Data Element Name: | PROVIDER SPECIALTY CODE |
| Submission Status: | Required for COS 01, 03, 04, 05, 07, 16, 19, 22, 41, 75 |
| Encounter Record Position(s): | 158-160 |
| Format - Length: | Character - 3 |
| Effective Date: | 3/1/2005 |
| Version Number - Date: | 2.1 - August 2005 |
| MEDS II DE# / DW#: | 1499/2048 |

Definition: The provider's Specialty Code identifies a provider's medical, dental, clinic or program type specialty.

Mapping:

- New York State Specific Data Element

Codes and Values:

- Refer to Appendix B for valid codes and values.
- Provider Specialty Code for podiatrist (COS 03) is always 778.
- Provider Specialty Code for laboratory (COS 16) is always 599.
- Provider Specialty Code for DME (COS 22) may be 969 or 970.
- Provider Specialty Code for non-emergency transportation services (COS 19) may be 671 Other Transportation.

Edit Applications:

- Must be a valid code.
- 00404 Provider Specialty Missing
- 00413 Provider Specialty Not On File

MEDS II Transaction Segment: Professional
Data Element Name: DIAGNOSIS CODES [UP TO 4]
 Submission Status: Required for COS 01, 03, 04, 05, 07, 16, 19, 22, 41, 75
 Encounter Record Position(s): 161-167; 168-174; 175-181; 182-188
 Format - Length: Character - 7
 Effective Date: 3/1/2005
 Version Number - Date: 2.1 - August 2005
 MEDS II DE# / DW#: 4183/3006

Definition: Up to four diagnosis codes are to be recorded for diagnosed medical conditions for which the recipient receives services during the encounter or which may have been present at time of the encounter and recorded by the provider. V codes should be used to indicate well-child, routine check-ups and screening encounters where no diagnosed condition exists.

Mapping:

- **Paper Form:**

| Encounter Type | Form | Element |
|----------------|----------|---------|
| Professional | CMS-1500 | #21 |

- **Electronic:**

| Encounter Type | EDI Format | X12 Mapping Loop | X12 Mapping Segment | Seg. Ele. (Ref) | Element ID | Composite | Code | Page No. |
|----------------|------------|------------------|---------------------|-----------------|--------------|------------------|------|-------------|
| Professional | 837P | 2300 | H1 | 01-04 | 1270 1271 | C022-1 C022-2 | BK | 266- 268 |

Codes and Values:

- Record the appropriate ICD-9-CM code exactly as it appears in the manual. The diagnosis code must be the most specific/precise 3 digit, 4 digit, or 5 digit code allowed for in the ICD-9-CM coding format.
- Left-justified and entered exactly as shown in the ICD-9-CM coding reference, excluding the decimal point, and space filled. The decimal point is implied after third digit because each ICD-9-CM code is unique.
- Leading and trailing zeros in a diagnostic code must be recorded (i.e. do not use blanks in place of zeros for any reason). In addition, zeros should not be added to a diagnostic code to fill in blank spaces.
- For editing purposes, only the first four digits of the diagnostic code will be checked for validity against the ICD-9-CM coding system.
- Managed Long Term Care (MLTC) and PACE plans may use V689 – Encounters for Unspecified Administrative Purposes when reporting services that do not have a diagnosis.

Edit Applications:

- 00406 Diagnosis Code Missing
- 00412 Diagnosis Code Not On File
- 00737 ICD-9-CM Diagnosis Code on Physician Claim Not on File

MEDS II Transaction Segment: Professional
Data Element Name: PROFESSIONAL CLAIM/ENCOUNTER INDICATOR [UP TO 10]

Submission Status: Required for COS 01, 03, 04, 05, 07, 16, 19, 22, 41, 75
Encounter Record Position(s): 189; 248; 307; 366; 425; 484; 543; 602; 661; 720
Format - Length: Character - 1
Effective Date: 3/1/2005
Version Number - Date: 2.1 - August 2005
MEDS II DE# / DW#: 1983/1983

Definition: Indicates whether the service provided was a capitated service within the health organization's contract ("E"); a within plan claim ("C") or an administratively denied service ("A").

Administratively denied encounters are those encounters which reflect services performed normally paid for, but were denied due to failure of at least one requirement of the agreement between provider and plan. For example, a plan requires encounters be submitted within 60 days of the service date. A well-child encounter submitted 63 days after date of service would be administratively denied. (Claim received too late).

Mapping:

- New York State Specific Data Element

Codes and Values:

| <i>Code</i> | <i>Value</i> |
|-------------|---|
| E | Capitated Encounter, or service not paid directly by the health organization. |
| C | Within Plan Claim |
| A | Administrative Denial |

Edit Applications:

- Must be a valid entry.

MEDS II Transaction Segment: Professional
Data Element Name: PLACE OF SERVICE/PLACE OF TREATMENT [UP TO 10]
 Submission Status: Required for COS 01, 03, 04, 05, 07, 16, 19, 22, 41, 75
 Encounter Record Position(s): 190-191; 249-250; 308-309; 367-368; 426-427; 485-486; 544-545; 603-604; 662-663; 721-722
 Format - Length: Character - 2
 Effective Date: 3/1/2005
 Version Number - Date: 2.1 - August 2005
 MEDS II DE# / DW#: 4178/3016

Definition: Place of Service Code identifies the place(s) where a service was rendered by a provider.

Mapping:

- **Paper Form:**

| Encounter Type | Form | Element |
|----------------|----------|---------|
| Professional | CMS-1500 | #24B |

- **Electronic:**

| Encounter Type | EDI Format | X12 Mapping Loop | X12 Mapping Segment | Seg. Ele. (Ref) | Element ID | Page No. |
|----------------|------------|------------------|---------------------|-----------------|------------|----------|
| Professional | 837P | 2300 | CLM | 05-1 | 1331 | 173 |

Codes and Values:

| Code | Value |
|------|--------------------------------|
| 03 | SCHOOL |
| 04 | HOMELESS SHELTER |
| 05 | INDIAN HLTH SVCS FR-STND FCLTY |
| 06 | INDIAN HLTH SVCS PR-BSD FCLTY |
| 07 | TRIBAL 638 FRE-STNDNG FACILITY |
| 08 | TRIBAL 638 PROV BASED FACILITY |
| 11 | OFFICE |
| 12 | CLIENT'S HOME |
| 13 | ASSISTED LIVING FACILITY |
| 14 | GROUP HOME |
| 15 | MOBILE UNIT |
| 20 | URGENT CARE FACILITY |
| 21 | INPATIENT HOSPITAL |
| 22 | OUTPATIENT HOSPITAL |

| <i>Code</i> | <i>Value</i> |
|-------------|--|
| 23 | HOSPITAL EMERGENCY ROOM |
| 24 | AMBULATORY SURGICAL CENTER |
| 25 | BIRTHING CENTER |
| 26 | MILITARY TREATMENT FACILITY |
| 31 | SKILLED NURSING FACILITY |
| 32 | NURSING FACILITY |
| 33 | CUSTODIAL CARE FACILITY |
| 34 | HOSPICE |
| 41 | AMBULANCE – LAND |
| 42 | AMBULANCE - AIR OR WATER |
| 49 | INDEPENDENT CLINIC |
| 50 | FEDERALLY QUALIFIED HEALTH CENTER |
| 51 | INPATIENT PSYCHIATRIC FACILITY |
| 52 | PSYCHIATRIC FACILITY PARTIAL HOSPITALIZATION |
| 53 | COMUNITY MENTAL HEALTH CENTER |
| 54 | INTERMEDIATE CARE FACILITY/MENTALLY RETARDED |
| 55 | RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY |
| 56 | PSYCHIATRIC RESIDENTIAL TREATMENT CENTER |
| 57 | NON-RES SUBST ABS TRTMNT FCLTY |
| 60 | MASS IMMUNIZATION |
| 61 | COMPREHENSIVE INPATIENT REHABILITATION FACILITY |
| 62 | COMPREHENSIVE OUTPATIENT REHALILITATION FACILITY |
| 65 | END STAGE RENAL DISEASE TREATMENT FACILITY |
| 71 | STATE OR LOCAL PUBLIC HEALTH CLINIC |
| 72 | RURAL HEALTH CLINIC |
| 81 | INDEPENDENT LABORATORY |
| 99 | OTHER UNLISTED FACILITY |

Edit Applications:

- Must be a valid entry.
- 00071 Place Of Service Code Invalid

MEDS II Transaction Segment: Professional
Data Element Name: PROCEDURE CODES [UP TO 10]
 Submission Status: Required for COS 01, 03, 04, 05, 07, 16, 19, 22, 41, 75
 Encounter Record Position(s): 192-198; 251-257; 310-316; 369-375; 428-434; 487-493; 546-552; 605-611; 664-670; 723-729
 Format - Length: Character - 7
 Effective Date: 3/1/2005
 Version Number - Date: 2.1 - August 2005
 MEDS II DE# / DW#: 2042/5055,W702

Definition: The CPT4/HCPCS procedure code that describes the service(s) rendered during Professional encounters. Fields for reporting of up to ten procedures or services are available. If more than ten procedures were performed during the encounter, submit a second encounter record with the additional procedures listed and using the same Encounter Control Number and identical information on all other elements that were included in the first record (with the exception of Total Amount Paid).

Injections and immunizations administered or DME provided during the encounter should be recorded using the appropriate procedure codes. Diagnostic tests performed during the encounter should be reported. Diagnostic testing performed on subsequent days should be reported as separate encounters.

Mapping:

- **Paper Form:**

| Encounter Type | Form | Element |
|----------------|----------|---------|
| Professional | CMS-1500 | #24D |

- **Electronic:**

| Encounter Type | EDI Format | X12 Mapping Loop | X12 Mapping Segment | Seg. Ele. (Ref) | Element ID | Code | Page No. |
|----------------|------------|------------------|---------------------|-----------------|------------|------|----------|
| Professional | 837P | 2400 | SV1 | 01-1 01-2 | 235 234 | HC | 401 |

Codes and Values:

- Left-justified.
- Must be a CPT4/HCPCS Code.

Edit Applications:

- Must be a valid entry.
- 00070 Procedure Code Invalid
- 00170 Procedure Code Not On File

MEDS II Transaction Segment: Professional
Data Element Name: NUMBER OF UNITS/VISITS [UP TO 10]
Submission Status: Required for COS 01, 03, 04, 05, 07, 16, 19, 22, 41, 75
Encounter Record Position(s): 199-209; 258-268; 317-327; 376-386; 435-445; 494-504; 553-563; 612-622; 671-681; 730-740
Format - Length: Numeric - 11
Effective Date: 3/1/2005
Version Number - Date: 2.1 - August 2005
MEDS II DE# / DW#: 1092/3029

Definition: A whole number indicating the number of times a procedure or service was provided during the encounter; or the number of units, visits, or days a procedure or service was rendered during an episode of care defined by Service Start and End Dates.

Mapping:

- **Paper Form:**

| Encounter Type | Form | Element |
|----------------|----------|---------|
| Professional | CMS-1500 | #24G |

- **Electronic:**

| Encounter Type | EDI Format | X12 Mapping Loop | X12 Mapping Segment | Seg. Ele. (Ref) | Element ID | Code | Page No. |
|----------------|------------|------------------|---------------------|-----------------|------------|------|----------|
| Professional | 837P | 2400 | SV1 | 03 04 | 355 380 | UN | 403 |

Codes and Values:

- Right-justified and zero filled.
- Must be a non-zero number when an associated procedure has been recorded.

Edit Applications:

- Must be a valid entry.
- 00094 Number Of Units Not Greater Than Zero

MEDS II Transaction Segment: Professional
Data Element Name: PAID AMOUNT [UP TO 10]
 Submission Status: Required for COS 01, 03, 04, 05, 07, 16, 19, 22, 41, 75
 Encounter Record Position(s): 221-231; 280-290; 339-349; 398-408; 457-467; 516-526; 575-585; 634-644; 693-703; 752-762
 Format - Length: Numeric - 11
 Effective Date: 3/1/2005
 Version Number - Date: 2.1 - August 2005
 MEDS II DE# / DW#: 1028/3157

Definition: The amount paid by insurer for each listed service.

Mapping:

- New York State Specific Data Element

Codes and Values:

- Right-justified and zero filled.
- This amount is defined with two implied decimal places and must be entered as a positive number.
- On the service line level the paid amount by Claim/Encounter Indicator should be as follows:

| <u>Claim/Encounter Indicator</u> | <u>Total Paid Amount</u> |
|----------------------------------|--------------------------|
| "E" – Encounter | Proxy Cost Amount |
| "C" – Within Plan Claim | Actual Cost Amount |
| "A" – Administrative Denial | Zero Dollars |

Edit Applications:

- Must be a valid entry.

Important Note:

Plans should use internal proxy fee schedules when determining the proxy cost amount.

MEDS II Transaction Segment: Professional
Data Element Name: SERVICE START DATE
 Submission Status: Required for COS 01, 03, 04, 05, 07, 16, 19, 22, 41, 75
 Encounter Record Position(s): 232-239; 291-298; 350-357; 409-416; 468-475; 527-534; 586-593; 645-652; 704-711; 763-770
 Format - Length: Date - CCYYMMDD
 Effective Date: 3/1/2005
 Version Number - Date: 2.1 - August 2005
 MEDS II DE# / DW#: 1022/3013

Definition: The date the service was received or initiated.

Mapping:

- **Paper Form:**

| Encounter Type | Form | Element |
|----------------|----------|-------------|
| Professional | CMS-1500 | #24A "From" |

- **Electronic:**

| Encounter Type | EDI Format | X12 Mapping Loop | X12 Mapping Segment | Seg. Ele. (Ref) | Element ID | Code | Page No. |
|----------------|------------|------------------|---------------------|-----------------|------------|----------|----------|
| Professional | 837P | 2400 | DTP | 02 | 1250 | D8 & RD8 | 436 |
| | | | | 03 | 1251 | | |

Codes and Values:

- Must be a valid date format CCYYMMDD

| Valid Century (CC) | Valid Year (YY) |
|--------------------|-----------------|
| 20 | >=03 |

| Valid Month Code (MM) | Valid Day Code (DD) |
|----------------------------|--|
| 01, 03, 05, 07, 08, 10, 12 | Greater than 00 and less than 32 |
| 04, 06, 09, 11 | Greater than 00 and less than 31 |
| 02 | Greater than 00 and less than 29 (less than 30 on a leap year) |

Edit Applications:

- 00018 Date Of Service/Fill Date Invalid
- 00020 Service/Fill Date Later Than Receipt Date
- 01006 Thru Service Prior to From Service Date
- 001292 Date of Service Two Years Prior to Date Received

MEDS II Transaction Segment: Professional
Data Element Name: SERVICE END DATE
 Submission Status: Required for COS 01, 03, 04, 05, 07, 16, 19, 22, 41, 75
 Encounter Record Position(s): 240-247; 299-306; 358-365; 417-424; 476-483; 535-542; 594-601; 653-660; 712-719; 771-778
 Format - Length: Date - CCYYMMDD
 Effective Date: 3/1/2005
 Version Number - Date: 2.1 - August 2005
 MEDS II DE# / DW#: 1023/3015

Definition: The date on which the service ended.

Mapping:

- **Paper Form:**

| Encounter Type | Form | Element |
|----------------|----------|-----------|
| Professional | CMS-1500 | #24A "To" |

- **Electronic:**

| Encounter Type | EDI Format | X12 Mapping Loop | X12 Mapping Segment | Seg. Ele. (Ref) | Element ID | Code | Page No. |
|----------------|------------|------------------|---------------------|-----------------|------------|----------|----------|
| Professional | 837P | 2400 | DTP | 02 | 1250 | D8 & RD8 | 436 |
| | | | | 03 | 1251 | | |

Codes and Values:

- Must be a valid date format CCYYMMDD

| Valid Century (CC) | Valid Year (YY) |
|--------------------|-----------------|
| 20 | >=03 |

| Valid Month Code (MM) | Valid Day Code (DD) |
|----------------------------|--|
| 01, 03, 05, 07, 08, 10, 12 | Greater than 00 and less than 32 |
| 04, 06, 09, 11 | Greater than 00 and less than 31 |
| 02 | Greater than 00 and less than 29 (less than 30 on a leap year) |

Edit Applications:

- 00705 Duplicate Claim in History
- 01004 Thru Service Date Invalid
- 01006 Thru Service Prior to From Service Date

APPENDIX A – Provider Profession Codes

This list is available for download on the MEDS Home Page on the HPN under the heading MEDS II.

| <i>Code</i> | <i>Value</i> |
|-------------|---|
| 009 | Medical Physicist-Diagnostic Radiological |
| 010 | Licensed Practical Nurse |
| 011 | Medical Physicist-Medical Health |
| 012 | Medical Physicist-Medical Nuclear |
| 013 | Medical Physicist-Therapeutic Radiological |
| 020 | Pharmacist |
| 021 | Pharmacist, limited license (3 year) |
| 022 | Registered Professional Nurse |
| 023 | Registered Physician Assistant |
| 024 | Registered Specialist Assistant |
| 025 | Acupuncture |
| 027 | Massage Therapist |
| 028 | Midwife |
| 030 | Nurse Practitioner, Adult Health |
| 031 | Nurse Practitioner, College Health |
| 032 | Nurse Practitioner, Community Health |
| 033 | Nurse Practitioner, Family Health |
| 034 | Nurse Practitioner, Gerontology |
| 035 | Nurse Practitioner, Neonatology |
| 036 | Nurse Practitioner, Obstetrics & Gynecology |
| 037 | Nurse Practitioner, Oncology |
| 038 | Nurse Practitioner, Pediatrics |
| 039 | Nurse Practitioner, Perinatology |
| 040 | Nurse Practitioner, Psychiatry |
| 041 | Nurse Practitioner, School Health |
| 042 | Nurse Practitioner, Women's Health |
| 043 | Nurse Practitioner, Acute Care |
| 044 | Nurse Practitioner, Palliative Care |
| 045 | Nurse Practitioner, Holistic medicine |
| 048 | Dietitian/Nutritionist, Certified |
| 049 | Dental Assistant |
| 050 | Dentist |
| 051 | Dental Hygienist |
| 052 | Respiratory Therapist |
| 053 | Respiratory Therapy Technician |
| 055 | Ophthalmic Dispenser |
| 056 | Optometrist |
| 057 | Audiologist |

| <i>Code</i> | <i>Value</i> |
|-------------|--|
| 058 | Speech-Language Pathologist |
| 059 | Dentist, limited license (3 year) |
| 060 | Medicine |
| 061 | Medicine, limited license (3 year) |
| 062 | Physical Therapist |
| 063 | Occupational Therapist |
| 064 | Occupational Therapy Assistant |
| 065 | Podiatrist |
| 066 | Physical Therapy Assistant |
| 067 | Athletic Trainer |
| 068 | Psychologist |
| 069 | Dental Hygiene with Limited License |
| 070 | Chiropractor |
| 072 | Licensed Master Social Worker (no privileges) |
| 073 | Licensed Clinical Social Worker (R/P psychotherapy priv.) |
| 080 | Social Worker (obsolete split into 072, 073 eff. 9/1/2004) |
| 081 | Dental Parenteral Conscious Sedation (eff. 1/1/01) |
| 082 | Dental General Anesthesia (eff. 1/1/01) |
| 083 | Dental Enteral Conscious Sedation (eff. 1/1/01) |
| 084 | Dental Hygiene Anesthesia |
| 088 | Dental, Parenteral Conscious Sedation (prior to 1/1/01) |
| 089 | Dental Anesthesia (prior to 1/1/01) |

APPENDIX B – Provider Specialty Codes

These provider specialty codes for MEDS II reporting are available for download on the MEDS Home Page on the HPN under the heading MEDS II.

| Specialty Code | Specialty Description |
|----------------|-----------------------|
| 010 | ALLERGY/IMMUN |
| 020 | ANESTHESIOLOGY |
| 030 | COLON/RECTAL SURG |
| 040 | DERMATOLOGY |
| 041 | DERMATOPATHOLOGY |
| 050 | FAMILY PRACTICE |
| 055 | ADOL FAM MEDICINE |
| 056 | PED ADOL MEDICINE |
| 057 | PED DEVEL/BEHAV |
| 058 | PED INTERNAL MED |
| 059 | PED RHEUMATOLOGY |
| 060 | INTERNAL MED |
| 061 | PED INFECTIOUS DIS |
| 062 | CARDIOVASCULAR |
| 063 | ENDOCRIN/METAB |
| 064 | GASTROENTEROLOGY |
| 065 | HEMATOLOGY |
| 066 | INFECTIOUS DISEASE |
| 067 | NEPHROLOGY |
| 068 | PULMONARY DIS |
| 069 | RHEUMATOLOGY |
| 070 | NEURO SURG |
| 071 | SPINAL CORD INJ MED |
| 072 | PED NEUROSURGERY |
| 073 | PED DERMATOLOGY |
| 074 | MEDICAL TOXICOLOGY |
| 075 | UNDERSEA&HYPERBARIC |
| 076 | PED REHABILITATION |
| 080 | NUCLEAR MED |
| 081 | RADIOL MEDICAL NUCL |
| 089 | OB AND GYN |
| 092 | MATERNAL AND FETAL |
| 093 | REPROD ENDOCRIN |
| 095 | DIABETES EDUCATOR |
| 100 | OPHTHALMOLOGY |
| 101 | PED OPHTHALMOLOGY |
| 110 | ORTHOPEDIC SURG |
| 111 | HAND SURG - ORTH |
| 112 | HAND SURG - PLASTIC |
| 113 | HAND SURGERY |

| Specialty Code | Specialty Description |
|----------------|-----------------------|
| 114 | HEAD/NECK SURG-PLAST |
| 120 | OTOLARYNGOLOGY |
| 121 | PED OTOLARYNGOLOGY |
| 127 | CLIA |
| 128 | CLIA |
| 129 | CLIA |
| 130 | CLIA |
| 131 | BLOOD BANKING |
| 135 | CLINICAL PATH |
| 136 | FORENSIC PATH |
| 137 | HEMATOLOGY PATH |
| 138 | CHEMICAL PATH |
| 139 | MED MICROBIOLOGY |
| 140 | MOLEC GENE SPEC PATH |
| 141 | NEUROPATHOLOGY |
| 142 | ANATOMIC PATH |
| 143 | DERMATOPATHOLOGY |
| 146 | ANATOM/CLINCL PATH |
| 148 | RADIOISOTOPIC PATH |
| 149 | PED EMERGENCY MED |
| 150 | PEDIATRICS |
| 151 | PED CARDIOLOGY |
| 152 | PED HEMAT/ONCOL |
| 153 | PED SURGERY |
| 154 | PED NEPHROLOGY |
| 155 | NEO/PERINATAL MED |
| 156 | PED ENDOCRINOLOGY |
| 157 | PED PULMONOLOGY |
| 160 | PHYS MED/REHAB |
| 161 | PED CRITICAL CARE |
| 162 | OSTEO/CHIROPRACTIC |
| 163 | PED GASTROENTRLGY |
| 164 | CRIT CARE ANESTH |
| 165 | CRIT CARE INTERNAL |
| 166 | CRIT CARE OBSTET |
| 167 | CRIT CARE SURGERY |
| 170 | PLASTIC SURGERY |
| 182 | PREVENTIVE MED |
| 183 | OCCUPATIONAL MED |
| 184 | PUBLIC HEALTH |

| Specialty Code | Specialty Description |
|----------------|-----------------------|
| 186 | TB DIR OBS THERAPY |
| 187 | PSY MED GENETICS |
| 188 | CLINICAL GENETICS |
| 189 | MOLECULAR GENETICS |
| 190 | PAIN MANAGEMENT-PSYC |
| 191 | CHILD PSYCHIATRY |
| 192 | PSYCHIATRY |
| 193 | CHILD NEUROLOGY |
| 194 | NEUROLOGY |
| 195 | PSYCH & NEUROLOGY |
| 197 | GERIATRIC PSYCH |
| 198 | ADDICTION PSYCH |
| 199 | NEURIDEV DISABILITY |
| 200 | RADIOLOGY |
| 201 | DX RADIOLOGY |
| 202 | DX NUCL RADIOLOGY |
| 205 | THERA RADIOLOGY |
| 206 | RADIOLOG PHYSICS |
| 207 | THERA RADIOLOGY |
| 208 | DX RADIOLOGY |
| 210 | GENERAL SURGERY |
| 211 | HOSPITALIST |
| 220 | THORACIC SURGERY |
| 230 | UROLOGY |
| 231 | PED UROLOGY |
| 241 | MEDICAL ONCOLOGY |
| 242 | GYN ONCOLOGY |
| 244 | RADIOLOG ONCOLOGY |
| 245 | PEDIATRIC RADIOLOGY |
| 246 | VASCUL&INTERV RADIOL |
| 249 | HIV PCP |
| 250 | EMERGENCY MED |
| 254 | SPECIALISTS PCMP |
| 280 | CHIROPRACTOR |
| 281 | CLINICAL SOCIAL WK |
| 282 | DRUG&ALC COUNSELOR |
| 283 | COUNSELOR |
| 290 | ACUPUNCTURIST |
| 300 | PHYSICAL THERAPY |
| 301 | OCCUPATIONAL THER |
| 302 | SPEECH THERAPY |
| 303 | AIDS/HIV SERVICES |
| 304 | MEDICAL REHAB |
| 305 | PED SPECIALIST |

| Specialty Code | Specialty Description |
|----------------|-----------------------|
| 306 | SCHOOL HTH PRG |
| 307 | DME SPECIALIST |
| 308 | HIV PRIMARY CARE |
| 309 | MED SUPR SUB ABUSE |
| 310 | MH ADULT CLINIC |
| 311 | MH CHILD CLINIC |
| 312 | MH CONT DAY TX |
| 313 | MH PARTIAL HOSP |
| 314 | MH INT PSYCH REHAB |
| 315 | MH ADULT CLINIC |
| 316 | MH CHILD CLINIC |
| 317 | MH CONT DAY TX |
| 318 | MH PARTIAL HOSP |
| 319 | MH INT PSYCH REHAB |
| 321 | COMP SPECIALTY CLN |
| 324 | PRE-SCHL SUPP HLTH |
| 326 | MH/CR ADULT |
| 327 | MH/CR CHILD |
| 328 | MH FAMILY BASED TX |
| 329 | MH/CR ADULT |
| 330 | MH/CR CHILD |
| 331 | MH TEACH FAM HOME |
| 332 | MRDD CR |
| 350 | ORAL SURGERY PPCP |
| 351 | DENTAL CLINIC PPCP |
| 353 | MH CLINIC PPCP |
| 354 | PSYCHIATRY PPCP |
| 355 | AIDS DAY HLTH/CNTR |
| 358 | TBI SERVICES |
| 411 | BACT GENERAL |
| 412 | BACT LIMITED |
| 413 | BACT AEROBES |
| 414 | BACT NEISSERIA GC |
| 415 | BACT GC SMEARS |
| 416 | BACT RESTRD DENT |
| 419 | MYCOBACT SMRS&CULT |
| 420 | MYCOBACT GENERAL |
| 421 | MYCOBACT LIMITED |
| 422 | MYCOBACT SMEARS |
| 423 | DX IMMUN COMP |
| 427 | DX IMMUN GENRL/LIM |
| 430 | HIV RESTRICTED A |
| 431 | HIV RESTRICTED B |
| 432 | HIV COMP |

| Specialty Code | Specialty Description |
|----------------|-----------------------|
| 435 | CELL IMMUN LIMTD 1 |
| 436 | CELL IMMUN LIMTD 2 |
| 438 | CELL IMMUN GENRL |
| 439 | CELL IMMUN LIMTD 3 |
| 440 | VIRO GEN 1/GEN 2 |
| 441 | VIRO LIMITED |
| 442 | VIRO RESTRICTED |
| 450 | MYCOLOGIST GENRL |
| 451 | MYCOLOGIST YEAST |
| 460 | PARASITOLOGY |
| 470 | URINE PREG TESTING |
| 481 | HEMA COMPREHENSIVE |
| 482 | HEMA GENERAL |
| 483 | HEMA COAG ONLY |
| 484 | HEMA LIMITED |
| 485 | HEMA OTHER |
| 486 | CYTOHEMA LIMTD/DX |
| 491 | BLOOD DX IMM HEMA |
| 510 | CHEMISTRY - GENERAL |
| 511 | CHEMISTRY - LIMITED |
| 512 | TOXI ERYTHRO FLURO |
| 513 | TOXI ERYTHRO EXTR |
| 514 | TOXI DRUG ANAL |
| 515 | TOXI BLOOD LEAD |
| 516 | ENDOCRINOLOGY |
| 518 | QUAL TOXI REHAB |
| 521 | BLOOD PH AND GASES |
| 523 | THERA SUBST MONITR |
| 524 | URINALYSIS |
| 531 | HISTOPATHOLOGY |
| 540 | CYTOPATHOLOGY |
| 550 | ONCOFETAL GENRL |
| 551 | ONCOFETAL LIMTD |
| 552 | ONCOFETAL SERA |
| 553 | ONCOFETAL AMNIO |
| 560 | GENETIC TESTING |
| 571 | CYTOGEN GENERAL |
| 572 | CYTOGEN LIMITED |
| 573 | CYTOGEN HEMA |
| 599 | ALL LABORATORIES |
| 601 | SPORTS FAMILY MED |
| 602 | SPORTS INTERNAL |
| 603 | PED SPORTS |
| 620 | GERIATRICS FAMILY |

| Specialty Code | Specialty Description |
|----------------|-----------------------|
| 621 | GERIATRICS INTERNAL |
| 630 | PAIN MANAGEMENT |
| 640 | AUDIOLOGIST |
| 650 | VASCULAR SURGERY |
| 651 | CARDIO THORAC SURG |
| 652 | INTERVEN CARDIOLOGY |
| 660 | INSTITUTIONAL LTC |
| 665 | NON INSTIT LTC |
| 669 | HOSPICE CARE |
| 670 | AMBULANCE |
| 671 | OTH TRANSPORT |
| 680 | NURSING |
| 714 | LOW VISION |
| 715 | OPTICIAN |
| 716 | OPTOMETRIST |
| 730 | INBORN META DIS |
| 740 | PERINAT TRANSPORT |
| 741 | TRANSPLANT SURGERY |
| 750 | MMTP PHYSICIAN |
| 751 | MMTP PREF PROV |
| 760 | PHARMACY |
| 776 | GENERAL PRACTICE |
| 778 | PODIATRISTS |
| 779 | NURSE PRACTITIONER |
| 780 | PSYCHOLOGISTS |
| 781 | SOCIAL WORKERS |
| 782 | CERTIFIED MIDWIVE |
| 790 | RESPIRE |
| 798 | LT HOME HLTH |
| 800 | GENERAL DENTIST |
| 801 | ORTHODONTURE |
| 802 | ENDODONTIST |
| 803 | ORAL PATHOLOGIST |
| 804 | PEDODONTIST |
| 805 | PROSTHODONTIST |
| 806 | PERIODONTIST |
| 807 | DENT PUBLIC HEALTH |
| 808 | ORAL SURGEON |
| 809 | DENTAL ANESTHES |
| 810 | PARENTERAL SEDATN |
| 811 | MAXILLOFACIAL SURG |
| 815 | ALL DENTISTS |
| 851 | OTHER VISION CARE |
| 899 | HOSPITAL INPATIENT |

| Specialty Code | Specialty Description |
|----------------|-----------------------|
| 901 | EMERGENCY ROOM |
| 902 | ENDOCRINE |
| 903 | DIABETES |
| 904 | OBSTETRICS |
| 905 | GYNECOLOGY |
| 906 | FAMILY PLANNING |
| 907 | ABORTION |
| 909 | NUTRITION PROGRAM |
| 910 | ORAL SURGERY |
| 911 | GENERAL DENT CLN |
| 912 | ORTHODONTIC CLN |
| 913 | HEMODIALYSIS |
| 914 | GENERAL MED |
| 915 | ALLERGY |
| 916 | ARTHRITIS |
| 917 | RHEUMATOLOGY |
| 918 | PODIATRIST CENTER |
| 919 | EYE/VISION CNTR |
| 920 | PHYS THERAPY CLN |
| 921 | SPEECH THERAPY CLN |
| 922 | MMTP PROGRAM |
| 923 | OCCUP THERAPY CLN |
| 924 | REHAB MED CLINIC |
| 925 | HYPERTENSION |
| 926 | HEMATOLOGY CLINIC |
| 927 | CARDIOLOGY |
| 928 | CARDIOVASCULAR |
| 929 | PULMONARY |
| 930 | GASTROENTEROLOGY |
| 931 | NEUROLOGY CENTER |
| 932 | NEUROSURG CLINIC |
| 933 | CANCER DETECTION |
| 934 | ONCOLOGY - THERAPY |
| 935 | EAR NOSE THROAT |
| 936 | PED GENERAL MED |
| 937 | PED ALLERGY |
| 938 | PED NEUROLOGY |
| 939 | PED HEMATOLOGY |
| 940 | PED CARDIAC |
| 941 | PED RENAL |
| 942 | PED PULMONARY |
| 943 | PED ORTHOPEDIC |
| 944 | PED ENDOCRINE |
| 945 | PSYCHIATRY INDIVID |

| Specialty Code | Specialty Description |
|----------------|-----------------------|
| 946 | PSYCHIATRY GROUP |
| 947 | PSYCHIATRY 1/2 DAY |
| 948 | PSYCHIATRY DAY |
| 949 | ALC TX PROGRAM |
| 950 | ORTHOPEDIC |
| 951 | SURGICAL, MINOR |
| 952 | SURGICAL, GENERAL |
| 953 | UROLOGY |
| 954 | NEPHROLOGY |
| 955 | GENITO-URINARY |
| 956 | DERMATOLOGY CLINIC |
| 958 | OPHTHALM CNTR/CLN |
| 959 | CHEM DEPEND YOUTH |
| 960 | PED DERMATOLOGY |
| 961 | PED DIABETES |
| 962 | PED SURGEON |
| 963 | CHILD PSYCHIATRY |
| 964 | PSYCHIATRY |
| 965 | TUBERCULOSIS |
| 966 | INFECTIOUS DISEASE |
| 967 | SPEECH AND HEARING |
| 968 | AMPUTEE CNTR |
| 969 | HOSP DME/ORTH/PROS |
| 970 | DME/ORTH/PROST |
| 971 | MH CLINIC TX |
| 972 | MH DAY TX |
| 973 | MH CONTINUING TX |
| 974 | MH CLINIC TX |
| 975 | MH DAY TX |
| 976 | MH CONTINUING TX |
| 977 | MR/DD CLINIC TX |
| 979 | MR/DD CLINIC TX |
| 980 | TB DIR OBS TX CLN |
| 981 | MR DIAG & RESEARCH |
| 983 | MR CLINIC |
| 984 | ALC CLINIC TX |
| 985 | ALC DAY REHAB |
| 986 | ALC CLINIC TX |
| 987 | ALC DAY REHAB |
| 988 | COMP ALC CARE |
| 989 | ALC DETOX |
| 990 | PHYS EXAM SCHOOL |
| 991 | ROUTINE VIS SCHOOL |
| 992 | COMP PSY EMERG PGM |

| Specialty Code | Specialty Description |
|----------------|-----------------------|
| 993 | AMBULATORY SURG |
| 994 | BLOOD PRODUCTS |
| 995 | GENETIC COUNSELING |
| 996 | HEARING SERVICES |
| 997 | CLINIC OPERATNG RM |
| 998 | RADIOLOGY |
| 999 | OTHER |

**APPENDIX C - Codes and Values for
Tooth Number or Letter**

| <i>Code</i> | <i>Value</i> |
|-------------|---------------------------------------|
| 01 | PERMANENT THIRD MOLAR-UPPER RIGHT |
| 02 | PERMANENT SECOND MOLAR-UPPER RIGHT |
| 03 | PERMANENT FIRST MOLAR-UPPER RIGHT |
| 04 | PERMANENT SECOND PREMOLAR-UPPER RIGHT |
| 05 | PERMANENT FIRST PREMOLAR-UPPER RIGHT |
| 06 | PERMANENT CANINE-UPPER RIGHT |
| 07 | PERMANENT LATERAL INCISOR-UPPER RIGHT |
| 08 | PERMANENT CENTRAL INCISOR-UPPER RIGHT |
| 09 | PERMANENT CENTRAL INCISOR-UPPER LEFT |
| 10 | PERMANENT LATERAL INCISOR-UPPER LEFT |
| 11 | PERMANENT CANINE-UPPER LEFT |
| 12 | PERMANENT FIRST PREMOLAR-UPPER LEFT |
| 13 | PERMANENT SECOND PREMOLAR-UPPER LEFT |
| 14 | PERMANENT FIRST MOLAR-UPPER LEFT |
| 15 | PERMANENT SECOND MOLAR-UPPER LEFT |
| 16 | PERMANENT THIRD MOLAR-UPPER LEFT |
| 17 | PERMANENT THIRD MOLAR-LOWER LEFT |
| 18 | PERMANENT SECOND MOLAR-LOWER LEFT |
| 19 | PERMANENT FIRST MOLAR-LOWER LEFT |
| 20 | PERMANENT SECOND PREMOLAR-LOWER LEFT |
| 21 | PERMANENT FIRST PREMOLAR-LOWER LEFT |

| <i>Code</i> | <i>Value</i> |
|-------------|---------------------------------------|
| 22 | PERMANENT CANINE-LOWER LEFT |
| 23 | PERMANENT LATERAL INCISOR-LOWER LEFT |
| 24 | PERMANENT CENTRAL INCISOR-LOWER LEFT |
| 25 | PERMANENT CENTRAL INCISOR-LOWER RIGHT |
| 26 | PERMANENT LATERAL INCISOR-LOWER RIGHT |
| 27 | PERMANENT CANINE-LOWER RIGHT |
| 28 | PERMANENT FIRST PREMOLAR-LOWER RIGHT |
| 29 | PERMANENT SECOND PREMOLAR-LOWER RIGHT |
| 30 | PERMANENT FIRST MOLAR-LOWER RIGHT |
| 31 | PERMANENT SECOND MOLAR-LOWER RIGHT |
| 32 | PERMANENT THIRD MOLAR-LOWER RIGHT |
| 51 | SUPERNUMARY 01 |
| 52 | SUPERNUMARY 02 |
| 53 | SUPERNUMARY 03 |
| 54 | SUPERNUMARY 04 |
| 55 | SUPERNUMARY 05 |
| 56 | SUPERNUMARY 06 |
| 57 | SUPERNUMARY 07 |
| 58 | SUPERNUMARY 08 |
| 59 | SUPERNUMARY 09 |
| 60 | SUPERNUMARY 10 |
| 61 | SUPERNUMARY 11 |
| 62 | SUPERNUMARY 12 |
| 63 | SUPERNUMARY 13 |
| 64 | SUPERNUMARY 14 |
| 65 | SUPERNUMARY 15 |
| 66 | SUPERNUMARY 16 |
| 67 | SUPERNUMARY 17 |
| 68 | SUPERNUMARY 18 |
| 69 | SUPERNUMARY 19 |
| 70 | SUPERNUMARY 20 |
| 71 | SUPERNUMARY 21 |
| 72 | SUPERNUMARY 22 |

| <i>Code</i> | <i>Value</i> |
|-------------|-------------------------------------|
| 73 | SUPERNUMARY 23 |
| 74 | SUPERNUMARY 24 |
| 75 | SUPERNUMARY 25 |
| 76 | SUPERNUMARY 26 |
| 77 | SUPERNUMARY 27 |
| 78 | SUPERNUMARY 28 |
| 79 | SUPERNUMARY 29 |
| 80 | SUPERNUMARY 30 |
| 81 | SUPERNUMARY 31 |
| 82 | SUPERNUMARY 32 |
| A | PRIMARY SECOND MOLAR-UPPER RIGHT |
| AL | LOWER ARCH |
| AS | TOOTH CODES AS |
| AU | UPPER ARCH UPPER ARCH |
| B | PRIMARY FIRST MOLAR-UPPER RIGHT |
| BS | TOOTH CODES BS |
| C | PRIMARY CANINE-UPPER RIGHT |
| CS | TOOTH CODES CS |
| D | PRIMARY LATERAL INCISOR-UPPER RIGHT |
| DE | ALL DECIDUOUS |
| DS | TOOTH CODES DS |
| E | PRIMARY CENTRAL INCISOR-UPPER RIGHT |
| ES | TOOTH CODES ES |
| F | PRIMARY CENTRAL INCISOR-UPPER LRFT |
| FS | TOOTH CODES FS |
| G | PRIMARY LATERAL INCISOR-UPPER LEFT |
| GS | TOOTH CODES GS |
| H | PRIMARY CANINE-UPPER LEFT |
| HS | TOOTH CODES HS |
| I | PRIMARY FIRST MOLAR-UPPER LEFT |
| IS | TOOTH CODES IS |
| J | PRIMARY SECOND MOLAR-UPPER LEFT |
| JS | TOOTH CODES JS |
| K | PRIMARY SECOND MOLAR-LOWER LEFT |
| KS | TOOTH CODES KS |

| <i>Code</i> | <i>Value</i> |
|-------------|------------------------------------|
| L | PRIMARY FIRST MOLAR-LOWER LEFT |
| LL | LOWER LEFT QUADRANT |
| LR | LOWER RIGHT QUADRANT |
| LS | TOOTH CODES LS |
| M | PRIMARY CANINE-LOWER LEFT |
| MS | TOOTH CODES MS |
| N | PRIMARY LATERAL INCISOR-LOWER LEFT |
| NS | TOOTH CODES NS |
| O | PRIMARY CENTRAL INCISOR-LOWER LEFT |
| OS | TOOTH CODES OS |
| P | PRIMARY CENTRAL INCISOR-LOWER LEFT |
| PE | ALL PERMANENT |
| PS | TOOTH CODES PS |
| Q | PRIMARY LATERAL INCISOR-LOWER LEFT |
| QS | TOOTH CODES QS |
| R | PRIMARY CANINE-LOWER RIGHT |
| RS | TOOTH CODES RS |
| S | PRIMARY FIRST MOLAR-LOWER RIGHT |
| SS | TOOTH CODES SS |
| T | PRIMARY SECOND MOLAR-LOWER RIGHT |
| TS | TOOTH CODES TS |
| UL | UPPER LEFT QUADRANT |
| UR | UPPER RIGHT QUADRANT |

APPENDIX D – MEDS II Edits by Encounter Type Indicator, Claim Type and Category of Service

| Edit Code | Edit Description | Institutional | | | | | | | | Rx | Dental | Professional | | | | | | | | | | | | | |
|-----------|---|---------------|----|----|----|----|----|----|-----|----|--------|--------------|----|----|----|----|----|----|-----|-----|-------|-----|----|----|----|
| | | Clinic | | | IP | NH | | HH | ICF | | | Practitioner | | | | | | | Eye | Lab | Trans | DME | | | |
| | | 06 | 85 | 87 | | 11 | 12 | | | | | 73 | 15 | 28 | 14 | 13 | 01 | 03 | | | | | 04 | 07 | 41 |
| 00018 | Date of Service/Fill Date Invalid | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F |
| 00020 | Service/Fill Date Later Than Receipt Date | H | H | H | N | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H |
| 00039 | Primary Diagnosis Code Blank | H | H | H | H | S | S | S | S | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N |
| 00070 | Procedure Code Invalid | H | H | H | N | H | H | H | H | N | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H |
| 00071 | Place of Service Code Invalid | N | N | N | N | N | N | N | N | N | H | H | H | H | H | H | H | H | H | H | S | H | H | H | H |
| 00074 | Recipient ID Number Invalid | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F |
| 00078 | Referring Provider ID Number Invalid | H | H | H | H | H | H | H | H | H | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N |
| 00094 | Number of Units Not Greater Than Zero | H | H | H | N | H | H | H | H | N | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H |
| 00103 | Adjustment / Void Fields Incomplete | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H |
| 00140 | Recipient ID Not On File | R | R | R | R | R | R | R | R | R | R | R | R | R | R | R | R | R | R | R | R | R | R | R | R |
| 00146 | Primary Diagnosis not on File | H | H | H | H | S | S | S | S | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N |
| 00162 | Recipient Ineligible On Service Date | R | R | R | R | R | R | R | R | R | R | R | R | R | R | R | R | R | R | R | R | R | R | R | R |
| 00170 | Procedure Code Not On File | H | H | H | N | H | H | H | H | N | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H |

Legend:
F=Fatal Edit; H=Hard Edit/Reject; S=Soft Edit; N=Non-Edit; R=Recycle

| Edit Code | Edit Description | Institutional | | | | | | | | Rx | Dental | Professional | | | | | | | | | | |
|-----------|--|---------------|----|----|----|----|----|----|-----|----|--------|--------------|----|----|----|----|----|----|-----|-----|-------|-----|
| | | Clinic | | | IP | NH | | HH | ICF | | | Practitioner | | | | | | | Eye | Lab | Trans | DME |
| | | 06 | 85 | 87 | | 11 | 12 | | | | | 73 | 15 | 28 | 14 | 13 | 01 | 03 | | | | |
| 00175 | Servicing Provider ID Not On File | N | N | N | N | N | N | N | N | N | H | H | H | H | H | H | H | H | H | H | H | H |
| 00400 | Encounter Control Number Missing | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S |
| 00404 | Provider Specialty Missing | H | H | H | N | H | H | H | H | N | H | H | H | H | H | H | H | H | H | H | H | H |
| 00405 | Principal Procedure Code Missing | N | N | N | S | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N |
| 00406 | Diagnosis Code Missing | H | H | H | H | H | H | H | H | N | N | S | S | S | S | S | S | S | S | S | S | S |
| 00408 | Category of Service (COS) Missing | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F |
| 00409 | Inpatient MMIS Provider ID Is Not A Hospital | N | N | N | S | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N |
| 00410 | DRG Code Missing | N | N | N | S | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N |
| 00412 | Diagnosis Code Not On File | H | H | H | H | H | H | H | H | N | N | H | H | H | H | H | H | H | S | S | S | S |
| 00413 | Provider Specialty Not On File | H | H | H | N | H | H | H | H | N | H | H | H | H | H | H | H | H | H | H | H | H |
| 00416 | License Number Is Missing | N | N | N | N | N | N | N | N | N | S | S | S | S | S | S | S | S | N | N | N | N |
| 00423 | MMIS Plan ID Missing | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F |
| 00424 | MMIS Plan ID Not On File | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F |
| 00425 | MMIS Plan ID Not HMO Provider | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H |
| 00525 | Prescribing License Number | N | N | N | N | N | N | N | N | S | N | N | N | N | N | N | N | N | N | N | N | N |

Legend:

F=Fatal Edit; H=Hard Edit/Reject; S=Soft Edit; N=Non-Edit; R=Recycle

| Edit Code | Edit Description | Institutional | | | | | | | | Rx | Dental | Professional | | | | | | | | | | |
|-----------|--|---------------|----|----|----|----|----|----|-----|----|--------|--------------|----|----|----|----|----|-----|-----|-------|-----|----|
| | | Clinic | | | IP | NH | | HH | ICF | | | Practitioner | | | | | | Eye | Lab | Trans | DME | |
| | | 06 | 85 | 87 | | 11 | 12 | | | | | 73 | 15 | 28 | 01 | 03 | 04 | | | | | 07 |
| | Missing | | | | | | | | | | | | | | | | | | | | | |
| 00528 | Missing Or Invalid Quantity Dispensed | N | N | N | N | N | N | N | N | H | N | N | N | N | N | N | N | N | N | N | N | N |
| 00534 | Date Ordered Invalid | N | N | N | N | N | N | N | N | H | N | N | N | N | N | N | N | N | N | N | N | N |
| 00540 | Number of Days Supply Invalid | N | N | N | N | N | N | N | N | H | N | N | N | N | N | N | N | N | N | N | N | N |
| 00544 | NDC Code Non-Numeric | N | N | N | N | N | N | N | N | S | N | N | N | N | N | N | N | N | N | N | N | N |
| 00548 | Fill Date Precedes Order Date | N | N | N | N | N | N | N | N | H | N | N | N | N | N | N | N | N | N | N | N | N |
| 00561 | Drug Code Not On File | N | N | N | N | N | N | N | N | S | N | N | N | N | N | N | N | N | N | N | N | N |
| 00600 | Admission Date Invalid | N | N | N | H | S | S | N | S | N | N | N | N | N | N | N | N | N | N | N | N | N |
| 00603 | Admission Type Code Invalid | N | N | N | H | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N |
| 00604 | Admitting Diagnosis Code Missing | N | N | N | S | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N |
| 00625 | Discharge Date Illogical | N | N | N | H | N | N | N | H | N | N | N | N | N | N | N | N | N | N | N | N | N |
| 00627 | Discharge Status Invalid | N | N | N | H | S | S | N | S | N | N | N | N | N | N | N | N | N | N | N | N | N |
| 00652 | Discharge Date Prior To Admission Date | N | N | N | H | N | N | N | H | N | N | N | N | N | N | N | N | N | N | N | N | N |
| 00664 | Attending Physician License Number Missing | S | S | S | S | S | S | S | S | N | N | N | N | N | N | N | N | N | N | N | N | N |
| 00693 | Recipient Not on PCP File | R | R | R | R | R | R | R | R | R | R | R | R | R | R | R | R | R | R | R | R | R |

Legend:
F=Fatal Edit; H=Hard Edit/Reject; S=Soft Edit; N=Non-Edit; R=Recycle

| Edit Code | Edit Description | Institutional | | | | | | | | Rx | Dental | Professional | | | | | | | | | | |
|-----------|--|---------------|----|----|----|----|----|----|-----|----|--------|--------------|----|----|----|----|----|-----|-----|-------|-----|----|
| | | Clinic | | | IP | NH | | HH | ICF | | | Practitioner | | | | | | Eye | Lab | Trans | DME | |
| | | 06 | 85 | 87 | | 11 | 12 | | | | | 73 | 15 | 28 | 14 | 13 | 01 | | | | | 03 |
| 00694 | Date Of Service Prior To PCP Begin Date | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H |
| 00696 | Provider On Claim Not Recipient PCP Provider | H | H | H | H | H | H | H | H | H | H | S | S | S | S | S | S | S | S | S | S | S |
| 00705 | Duplicate Claim In History | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H |
| 00725 | History Record Not Found Adjustment/Void | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H |
| 00737 | ICD-9-CM Diagnosis Code On Physician Claim Not On File | H | H | H | N | N | N | N | N | N | N | H | H | H | H | H | H | H | H | H | H | H |
| 00897 | Prescriber Id Not on File | N | N | N | N | N | N | N | N | S | N | N | N | N | N | N | N | N | N | N | N | N |
| 00901 | Claim Type Unknown | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F |
| 00931 | Required Tooth For Procedure Invalid | N | N | N | N | N | N | N | N | N | S | N | N | N | N | N | N | N | N | N | N | N |
| 01004 | Thru Service Date Invalid | H | H | H | N | H | H | H | H | N | H | H | H | H | H | H | H | H | H | H | H | H |
| 01006 | Thru Service Prior to From Service Date | H | H | H | N | H | H | H | H | N | H | H | H | H | H | H | H | H | H | H | H | H |
| 01292 | Date of Service Two Years Prior to Date Received | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H |
| 01610 | Missing or Invalid Alternate Product Code | N | N | N | N | N | N | N | N | S | N | N | N | N | N | N | N | N | N | N | N | N |

Legend:

F=Fatal Edit; H=Hard Edit/Reject; S=Soft Edit; N=Non-Edit; R=Recycle

| Edit Code | Edit Description | Institutional | | | | | | | | Rx | Dental | Professional | | | | | | | | | |
|-----------|---|---------------|----|----|----|----|----|----|-----|----|--------|--------------|----|----|----|----|----|-----|-----|-------|-----|
| | | Clinic | | | IP | NH | | HH | ICF | | | Practitioner | | | | | | Eye | Lab | Trans | DME |
| | | 06 | 85 | 87 | 11 | 12 | 73 | 15 | 28 | | | 14 | 13 | 01 | 03 | 04 | 07 | 41 | 75 | 05 | 16 |
| 01705 | Revenue Code Not On File | H | H | H | N | H | H | H | H | N | N | N | N | N | N | N | N | N | N | N | N |
| 01718 | Type Of Bill Is Invalid | H | H | H | H | H | H | H | H | N | N | N | N | N | N | N | N | N | N | N | N |
| 01737 | Value Amount Invalid For Submitted Value Code | N | N | N | H | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N |

Legend:

F=Fatal Edit; H=Hard Edit/Reject; S=Soft Edit; N=Non-Edit; R=Recycle

APPENDIX E – Transaction Layout with Record Positions

The MEDS II transaction file will be a fixed width file of 1200 characters.

Filler should be added at the end of each record type so that the file width equals 1200.

| MEDS Data Element Name | Length | Start | End |
|--|--------|-------|-----|
| Header Record | | | |
| Record Type | 2 | 1 | 2 |
| Provider Transmission Supplier Number (TSN) | 4 | 3 | 6 |
| Input Serial Number | 6 | 7 | 12 |
| TSN Certification Date | 9 | 13 | 21 |
| Vendor Software Number | 5 | 22 | 26 |
| Vendor Software Update Level | 2 | 27 | 28 |
| Prod Indicator | 4 | 29 | 32 |
| Plan Identification Number | 8 | 33 | 40 |
| Submitter Name | 21 | 41 | 61 |
| Submitter Address 1 | 18 | 62 | 79 |
| Submitter Address 2 | 18 | 80 | 97 |
| Submitter Address City | 15 | 98 | 112 |
| Submitter Address State | 2 | 113 | 114 |
| Submitter Zip | 9 | 115 | 123 |
| Submitter Fax Number | 11 | 124 | 134 |
| Submitter Phone Number | 11 | 135 | 145 |
| MEDS Version Number | 3 | 146 | 148 |
| Common Detail Segment | | | |
| Record Type | 2 | 1 | 2 |
| Encounter Type Indicator | 1 | 3 | 3 |
| Encounter Control Number | 11 | 4 | 14 |
| Previous Transaction Control Number | 16 | 15 | 30 |
| Transaction Status Code | 1 | 31 | 31 |
| Client Identification Number | 8 | 32 | 39 |
| Beneficiary Identification Number | 25 | 40 | 64 |
| Provider Profession Code | 3 | 65 | 67 |
| Provider License Number | 8 | 68 | 75 |
| Provider Identification Number | 8 | 76 | 83 |
| Filler | 2 | 84 | 85 |
| Category of Service (COS) Code | 2 | 86 | 87 |
| Filler | 11 | 88 | 98 |
| Total Paid Amount | 11 | 99 | 109 |
| Other Payer Name | 35 | 110 | 144 |
| Other Insurance Total Paid Amount | 11 | 145 | 155 |
| Other Insurance Type Code | 2 | 156 | 157 |
| Institutional Segment | | | |
| Provider Specialty Code | 3 | 158 | 160 |
| Hospital Inpatient Claim/Encounter Indicator | 1 | 161 | 161 |
| NYS DRG Code | 4 | 162 | 165 |
| Type of Bill Digits 1& 2 Code | 2 | 166 | 167 |
| Type of Bill Digit 3 Code | 1 | 168 | 168 |

| MEDS Data Element Name | Length | Start | End |
|---|---------------|--------------|------------|
| Statement Covers Period From | 8 | 169 | 176 |
| Statement Covers Period Thru | 8 | 177 | 184 |
| Type of Admission | 1 | 185 | 185 |
| Source of Admission | 1 | 186 | 186 |
| Patient Status or Disposition Code | 2 | 187 | 188 |
| Medical Record Number | 20 | 189 | 208 |
| Neonate Birth Weight Value Code [1] | 2 | 209 | 210 |
| Neonate Birth Weight in Grams [1] | 7 | 211 | 217 |
| Neonate Birth Weight Value Code [2] | 2 | 218 | 219 |
| Neonate Birth Weight in Grams [2] | 7 | 220 | 226 |
| Revenue Code [1] | 4 | 227 | 230 |
| HCPCS Code [1] | 7 | 231 | 237 |
| Quantity or Units Submitted [1] | 11 | 238 | 248 |
| Filler [1] | 11 | 249 | 259 |
| Paid Amount [1] | 11 | 260 | 270 |
| Non-Inpatient Claim/Encounter Indicator [1] | 1 | 271 | 271 |
| Revenue Code [2] | 4 | 272 | 275 |
| HCPCS Code [2] | 7 | 276 | 282 |
| Quantity or Units Submitted [2] | 11 | 283 | 293 |
| Filler [2] | 11 | 294 | 304 |
| Paid Amount [2] | 11 | 305 | 315 |
| Non-Inpatient Claim/Encounter Indicator [2] | 1 | 316 | 316 |
| Revenue Code [3] | 4 | 317 | 320 |
| HCPCS Code [3] | 7 | 321 | 327 |
| Quantity or Units Submitted [3] | 11 | 328 | 338 |
| Filler [3] | 11 | 339 | 349 |
| Paid Amount [3] | 11 | 350 | 360 |
| Non-Inpatient Claim/Encounter Indicator [3] | 1 | 361 | 361 |
| Revenue Code [4] | 4 | 362 | 365 |
| HCPCS Code [4] | 7 | 366 | 372 |
| Quantity or Units Submitted [4] | 11 | 373 | 383 |
| Filler [4] | 11 | 384 | 394 |
| Paid Amount [4] | 11 | 395 | 405 |
| Non-Inpatient Claim/Encounter Indicator [4] | 1 | 406 | 406 |
| Revenue Code [5] | 4 | 407 | 410 |
| HCPCS Code [5] | 7 | 411 | 417 |
| Quantity or Units Submitted [5] | 11 | 418 | 428 |
| Filler [5] | 11 | 429 | 439 |
| Paid Amount [5] | 11 | 440 | 450 |
| Non-Inpatient Claim/Encounter Indicator [5] | 1 | 451 | 451 |
| Revenue Code [6] | 4 | 452 | 455 |
| HCPCS Code [6] | 7 | 456 | 462 |
| Quantity or Units Submitted [6] | 11 | 463 | 473 |
| Filler [6] | 11 | 474 | 484 |
| Paid Amount [6] | 11 | 485 | 495 |
| Non-Inpatient Claim/Encounter Indicator [6] | 1 | 496 | 496 |
| Revenue Code [7] | 4 | 497 | 500 |
| HCPCS Code [7] | 7 | 501 | 507 |
| Quantity or Units Submitted [7] | 11 | 508 | 518 |
| Filler [7] | 11 | 519 | 529 |

| MEDS Data Element Name | Length | Start | End |
|--|---------------|--------------|------------|
| Paid Amount [7] | 11 | 530 | 540 |
| Non-Inpatient Claim/Encounter Indicator [7] | 1 | 541 | 541 |
| Revenue Code [8] | 4 | 542 | 545 |
| HCPCS Code [8] | 7 | 546 | 552 |
| Quantity or Units Submitted [8] | 11 | 553 | 563 |
| Filler [8] | 11 | 564 | 574 |
| Paid Amount [8] | 11 | 575 | 585 |
| Non-Inpatient Claim/Encounter Indicator [8] | 1 | 586 | 586 |
| Revenue Code [9] | 4 | 587 | 590 |
| HCPCS Code [9] | 7 | 591 | 597 |
| Quantity or Units Submitted [9] | 11 | 598 | 608 |
| Filler [9] | 11 | 609 | 619 |
| Paid Amount [9] | 11 | 620 | 630 |
| Non-Inpatient Claim/Encounter Indicator [9] | 1 | 631 | 631 |
| Revenue Code [10] | 4 | 632 | 635 |
| HCPCS Code [10] | 7 | 636 | 642 |
| Quantity or Units Submitted [10] | 11 | 643 | 653 |
| Filler [10] | 11 | 654 | 664 |
| Paid Amount [10] | 11 | 665 | 675 |
| Non-Inpatient Claim/Encounter Indicator [10] | 1 | 676 | 676 |
| Principal/Primary Diagnosis Code | 7 | 677 | 683 |
| Other Diagnosis Codes [1] | 7 | 684 | 690 |
| Other Diagnosis Codes [2] | 7 | 691 | 697 |
| Other Diagnosis Codes [3] | 7 | 698 | 704 |
| Other Diagnosis Codes [4] | 7 | 705 | 711 |
| Other Diagnosis Codes [5] | 7 | 712 | 718 |
| Other Diagnosis Codes [6] | 7 | 719 | 725 |
| Other Diagnosis Codes [7] | 7 | 726 | 732 |
| Other Diagnosis Codes [8] | 7 | 733 | 739 |
| Admit Diagnosis | 7 | 740 | 746 |
| External Diagnosis Code (E Code) | 7 | 747 | 753 |
| Principal Procedure Code | 7 | 754 | 760 |
| Other Procedure Codes [1] | 7 | 761 | 767 |
| Other Procedure Codes [2] | 7 | 768 | 774 |
| Other Procedure Codes [3] | 7 | 775 | 781 |
| Other Procedure Codes [4] | 7 | 782 | 788 |
| Other Procedure Codes [5] | 7 | 789 | 795 |
| Attending Provider Profession Code | 3 | 796 | 798 |
| Attending Provider License Number | 8 | 799 | 806 |
| Attending Provider ID | 8 | 807 | 814 |
| Filler | 2 | 815 | 816 |
| Surgeon Profession Code | 3 | 817 | 819 |
| Surgeon License Number | 8 | 820 | 827 |
| Surgeon Provider ID | 8 | 828 | 835 |
| Filler | 2 | 836 | 837 |
| Admission Date | 8 | 838 | 845 |
| Discharge Date | 8 | 846 | 853 |
| Pharmacy Segment | | | |
| Prescribing Provider Profession Code | 3 | 158 | 160 |
| Prescribing Provider License Code | 8 | 161 | 168 |

| MEDS Data Element Name | Length | Start | End |
|---|---------------|--------------|------------|
| Prescribing Provider ID | 8 | 169 | 176 |
| Filler | 2 | 177 | 178 |
| Prescription Ordered Date | 8 | 179 | 186 |
| Date Filled | 8 | 187 | 194 |
| National Drug Code (NDC) or Product Code | 11 | 195 | 205 |
| Quantity Dispensed | 12 | 206 | 217 |
| Drug Days Supply Count | 3 | 218 | 220 |
| Pharmacy Claim/Encounter Indicator | 1 | 221 | 221 |
| Dental Segment | | | |
| Provider Specialty Code | 3 | 158 | 160 |
| Dental Dental Claim/Encounter Indicator [1] | 1 | 161 | 161 |
| Place of Service/Place of Treatment [1] | 2 | 162 | 163 |
| Procedure Codes [1] | 7 | 164 | 170 |
| Dental Dental Number of Units/Visits [1] | 11 | 171 | 181 |
| Tooth Number or Letter [1] | 2 | 182 | 183 |
| Filler [1] | 11 | 184 | 194 |
| Paid Amount [1] | 11 | 195 | 205 |
| Service Start Date [1] | 8 | 206 | 213 |
| Service End Date [1] | 8 | 214 | 221 |
| Dental Claim/Encounter Indicator [2] | 1 | 222 | 222 |
| Place of Service/Place of Treatment [2] | 2 | 223 | 224 |
| Procedure Codes [2] | 7 | 225 | 231 |
| Dental Dental Number of Units/Visits [2] | 11 | 232 | 242 |
| Tooth Number or Letter [2] | 2 | 243 | 244 |
| Filler [2] | 11 | 245 | 255 |
| Paid Amount [2] | 11 | 256 | 266 |
| Service Start Date [2] | 8 | 267 | 274 |
| Service End Date [2] | 8 | 275 | 282 |
| Dental Claim/Encounter Indicator [3] | 1 | 283 | 283 |
| Place of Service/Place of Treatment [3] | 2 | 284 | 285 |
| Procedure Codes [3] | 7 | 286 | 292 |
| Dental Number of Units/Visits [3] | 11 | 293 | 303 |
| Tooth Number or Letter [3] | 2 | 304 | 305 |
| Filler [3] | 11 | 306 | 316 |
| Paid Amount [3] | 11 | 317 | 327 |
| Service Start Date [3] | 8 | 328 | 335 |
| Service End Date [3] | 8 | 336 | 343 |
| Dental Claim/Encounter Indicator [4] | 1 | 344 | 344 |
| Place of Service/Place of Treatment [4] | 2 | 345 | 346 |
| Procedure Codes [4] | 7 | 347 | 353 |
| Dental Number of Units/Visits [4] | 11 | 354 | 364 |
| Tooth Number or Letter [4] | 2 | 365 | 366 |
| Filler [4] | 11 | 367 | 377 |
| Paid Amount [4] | 11 | 378 | 388 |
| Service Start Date [4] | 8 | 389 | 396 |
| Service End Date [4] | 8 | 397 | 404 |
| Dental Claim/Encounter Indicator [5] | 1 | 405 | 405 |
| Place of Service/Place of Treatment [5] | 2 | 406 | 407 |
| Procedure Codes [5] | 7 | 408 | 414 |
| Dental Number of Units/Visits [5] | 11 | 415 | 425 |

| MEDS Data Element Name | Length | Start | End |
|--|---------------|--------------|------------|
| Tooth Number or Letter [5] | 2 | 426 | 427 |
| Filler [5] | 11 | 428 | 438 |
| Paid Amount [5] | 11 | 439 | 449 |
| Service Start Date [5] | 8 | 450 | 457 |
| Service End Date [5] | 8 | 458 | 465 |
| Dental Claim/Encounter Indicator [6] | 1 | 466 | 466 |
| Place of Service/Place of Treatment [6] | 2 | 467 | 468 |
| Procedure Codes [6] | 7 | 469 | 475 |
| Dental Number of Units/Visits [6] | 11 | 476 | 486 |
| Tooth Number or Letter [6] | 2 | 487 | 488 |
| Filler [6] | 11 | 489 | 499 |
| Paid Amount [6] | 11 | 500 | 510 |
| Service Start Date [6] | 8 | 511 | 518 |
| Service End Date [6] | 8 | 519 | 526 |
| Dental Claim/Encounter Indicator [7] | 1 | 527 | 527 |
| Place of Service/Place of Treatment [7] | 2 | 528 | 529 |
| Procedure Codes [7] | 7 | 530 | 536 |
| Dental Number of Units/Visits [7] | 11 | 537 | 547 |
| Tooth Number or Letter [7] | 2 | 548 | 549 |
| Filler [7] | 11 | 550 | 560 |
| Paid Amount [7] | 11 | 561 | 571 |
| Service Start Date [7] | 8 | 572 | 579 |
| Service End Date [7] | 8 | 580 | 587 |
| Dental Claim/Encounter Indicator [8] | 1 | 588 | 588 |
| Place of Service/Place of Treatment [8] | 2 | 589 | 590 |
| Procedure Codes [8] | 7 | 591 | 597 |
| Dental Number of Units/Visits [8] | 11 | 598 | 608 |
| Tooth Number or Letter [8] | 2 | 609 | 610 |
| Filler [8] | 11 | 611 | 621 |
| Paid Amount [8] | 11 | 622 | 632 |
| Service Start Date [8] | 8 | 633 | 640 |
| Service End Date [8] | 8 | 641 | 648 |
| Dental Claim/Encounter Indicator [9] | 1 | 649 | 649 |
| Place of Service/Place of Treatment [9] | 2 | 650 | 651 |
| Procedure Codes [9] | 7 | 652 | 658 |
| Dental Number of Units/Visits [9] | 11 | 659 | 669 |
| Tooth Number or Letter [9] | 2 | 670 | 671 |
| Filler [9] | 11 | 672 | 682 |
| Paid Amount [9] | 11 | 683 | 693 |
| Service Start Date [9] | 8 | 694 | 701 |
| Service End Date [9] | 8 | 702 | 709 |
| Dental Claim/Encounter Indicator [10] | 1 | 710 | 710 |
| Place of Service/Place of Treatment [10] | 2 | 711 | 712 |
| Procedure Codes [10] | 7 | 713 | 719 |
| Dental Number of Units/Visits [10] | 11 | 720 | 730 |
| Tooth Number or Letter [10] | 2 | 731 | 732 |
| Filler [10] | 11 | 733 | 743 |
| Paid Amount [10] | 11 | 744 | 754 |
| Service Start Date [10] | 8 | 755 | 762 |
| Service End Date [10] | 8 | 763 | 770 |

| MEDS Data Element Name | Length | Start | End |
|--|---------------|--------------|------------|
| Professional Segment | | | |
| Provider Specialty Code | 3 | 158 | 160 |
| Diagnosis Codes [1] | 7 | 161 | 167 |
| Diagnosis Codes [2] | 7 | 168 | 174 |
| Diagnosis Codes [3] | 7 | 175 | 181 |
| Diagnosis Codes [4] | 7 | 182 | 188 |
| Professional Claim/Encounter Indicator [1] | 1 | 189 | 189 |
| Place of Service/Place of Treatment [1] | 2 | 190 | 191 |
| Procedure Codes [1] | 7 | 192 | 198 |
| Professional Number of Units/Visits [1] | 11 | 199 | 209 |
| Filler [1] | 11 | 210 | 220 |
| Paid Amount [1] | 11 | 221 | 231 |
| Service Start Date [1] | 8 | 232 | 239 |
| Service End Date [1] | 8 | 240 | 247 |
| Professional Claim/Encounter Indicator [2] | 1 | 248 | 248 |
| Place of Service/Place of Treatment [2] | 2 | 249 | 250 |
| Procedure Codes [2] | 7 | 251 | 257 |
| Professional Number of Units/Visits [2] | 11 | 258 | 268 |
| Filler [2] | 11 | 269 | 279 |
| Paid Amount [2] | 11 | 280 | 290 |
| Service Start Date [2] | 8 | 291 | 298 |
| Service End Date [2] | 8 | 299 | 306 |
| Professional Claim/Encounter Indicator [3] | 1 | 307 | 307 |
| Place of Service/Place of Treatment [3] | 2 | 308 | 309 |
| Procedure Codes [3] | 7 | 310 | 316 |
| Professional Number of Units/Visits [3] | 11 | 317 | 327 |
| Filler [3] | 11 | 328 | 338 |
| Paid Amount [3] | 11 | 339 | 349 |
| Service Start Date [3] | 8 | 350 | 357 |
| Service End Date [3] | 8 | 358 | 365 |
| Professional Claim/Encounter Indicator [4] | 1 | 366 | 366 |
| Place of Service/Place of Treatment [4] | 2 | 367 | 368 |
| Procedure Codes [4] | 7 | 369 | 375 |
| Professional Number of Units/Visits [4] | 11 | 376 | 386 |
| Filler [4] | 11 | 387 | 397 |
| Paid Amount [4] | 11 | 398 | 408 |
| Service Start Date [4] | 8 | 409 | 416 |
| Service End Date [4] | 8 | 417 | 424 |
| Professional Claim/Encounter Indicator [5] | 1 | 425 | 425 |
| Place of Service/Place of Treatment [5] | 2 | 426 | 427 |
| Procedure Codes [5] | 7 | 428 | 434 |
| Professional Number of Units/Visits [5] | 11 | 435 | 445 |
| Filler [5] | 11 | 446 | 456 |
| Paid Amount [5] | 11 | 457 | 467 |
| Service Start Date [5] | 8 | 468 | 475 |
| Service End Date [5] | 8 | 476 | 483 |
| Professional Claim/Encounter Indicator [6] | 1 | 484 | 484 |
| Place of Service/Place of Treatment [6] | 2 | 485 | 486 |
| Procedure Codes [6] | 7 | 487 | 493 |
| Professional Number of Units/Visits [6] | 11 | 494 | 504 |

| MEDS Data Element Name | Length | Start | End |
|---|---------------|--------------|------------|
| Filler [6] | 11 | 505 | 515 |
| Paid Amount [6] | 11 | 516 | 526 |
| Service Start Date [6] | 8 | 527 | 534 |
| Service End Date [6] | 8 | 535 | 542 |
| Professional Claim/Encounter Indicator [7] | 1 | 543 | 543 |
| Place of Service/Place of Treatment [7] | 2 | 544 | 545 |
| Procedure Codes [7] | 7 | 546 | 552 |
| Professional Number of Units/Visits [7] | 11 | 553 | 563 |
| Filler [7] | 11 | 564 | 574 |
| Paid Amount [7] | 11 | 575 | 585 |
| Service Start Date [7] | 8 | 586 | 593 |
| Service End Date [7] | 8 | 594 | 601 |
| Professional Claim/Encounter Indicator [8] | 1 | 602 | 602 |
| Place of Service/Place of Treatment [8] | 2 | 603 | 604 |
| Procedure Codes [8] | 7 | 605 | 611 |
| Professional Number of Units/Visits [8] | 11 | 612 | 622 |
| Filler [8] | 11 | 623 | 633 |
| Paid Amount [8] | 11 | 634 | 644 |
| Service Start Date [8] | 8 | 645 | 652 |
| Service End Date [8] | 8 | 653 | 660 |
| Professional Claim/Encounter Indicator [9] | 1 | 661 | 661 |
| Place of Service/Place of Treatment [9] | 2 | 662 | 663 |
| Procedure Codes [9] | 7 | 664 | 670 |
| Professional Number of Units/Visits [9] | 11 | 671 | 681 |
| Filler [9] | 11 | 682 | 692 |
| Paid Amount [9] | 11 | 693 | 703 |
| Service Start Date [9] | 8 | 704 | 711 |
| Service End Date [9] | 8 | 712 | 719 |
| Professional Claim/Encounter Indicator [10] | 1 | 720 | 720 |
| Place of Service/Place of Treatment [10] | 2 | 721 | 722 |
| Procedure Codes [10] | 7 | 723 | 729 |
| Professional Number of Units/Visits [10] | 11 | 730 | 740 |
| Filler [10] | 11 | 741 | 751 |
| Paid Amount [10] | 11 | 752 | 762 |
| Service Start Date [10] | 8 | 763 | 770 |
| Service End Date [10] | 8 | 771 | 778 |
| Trailer | | | |
| Record Type | 2 | 1 | 2 |
| Submission Record Count | 9 | 3 | 11 |