

Fields: Sheps Center BCBSNC Claims Data

Category	Field	Field - Literal	Description	Format	Length	Professional	Facility	Pharmacy	Dental
Claims-Patient	Code indicating who is insured by the subscriber	COVERAGE_LEVEL_CODE	Up to 4 characters	Alphanumeric	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Patient	Member's primary product as of the service start date	PRIMARY_PRODUCT_CODE		Alphanumeric	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	0000	Unknown							
	CMM1	Classic Blue							
	CMMM	CMM Medicare							
	DTL1	Dental Only							
	EPO1	ASO PPO NETWORK NO OON BENEFITS							
	GIS1	Group Ins Services							
	HMO1	Blue Care							
	HRA1	Blue Options HRA							
	HSA1	Blue Options HSA							
	IACC	Access							
	IADV	Blue Advantage							
	IBAS	Blue Assurance							
	IBST	Short Term							
	ICMM	Conversion							
	IHSA	Blue Options HSA							
	ILOW	Blue Value							
	IREM	Champus Supplement							
	ITIR	Blue Select							
	LOWC	Blue Value							
	N/A	Not Applicable							
	POS1	Blue Choice							
	PPO1	Blue Options							
	TIER	TIER LOB							
	TIRC	Blue Select							
	Unk	Unknown							
	VIS1	Vision Only							
Claims-Patient	Warehouse unique identifier for the lowest level grouping of an account	SUBGROUP_NUMBER_WHS	Up to 7 characters, each character = 0 to 9	Alphanumeric	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Claims-Patient	Code that indicates the employment status of a member	EMPLOYMENT_STATUS_CODE		Alphanumeric	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Patient	Code indicating a member's relationship to a subscriber	RELATIONSHIP_TO_SUBSCRIBER_CODE		Alphanumeric	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Category	Field	Field - Literal	Description	Format	Length	Professional	Facility	Pharmacy	Dental
Claims-Time	Date processing for the claim was finalized and the claim was released for payment	DATE_CLAIM_PROCESSED	SAS date, use format to display as MM/DD/YYYY	Numeric	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Time	Date claim was received by BCBSNC	DATE_CLAIM_RECEIVED	SAS date, use format to display as MM/DD/YYYY	Numeric	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Time	Last date of service for the claim line	DATE_SERVICE_END	SAS date, use format to display as MM/DD/YYYY	Numeric	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Time	First date of service for the claim line	DATE_SERVICE_START	SAS date, use format to display as MM/DD/YYYY	Numeric	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Time	Date processing for claim was finalized and claim was released for payment (Character)	CLAIM_PROCESS_DATE	No value definitions	Alphanumeric	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Time	Date claim was received by BCBSNC (Character)	CLAIM_RECEIVED_DATE	No value definitions	Alphanumeric	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Time	Last date of service for the claim line (Character)	SERVICE_END_DATE	No value definitions	Alphanumeric	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Time	First date of service for the claim line (Character)	SERVICE_START_DATE	No value definitions	Alphanumeric	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Category	Field	Field - Literal	Description	Format	Length	Professional	Facility	Pharmacy	Dental
Claims-Clinical	Number of service units on the claim line that have been approved for payment	APPROVED_SERVICE_UNIT_COUNT	Up to 10 digits	Numeric	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Clinical	Days of service (DATE_SERVICE_END minus DATE_SERVICE_START + 1)	C_DAYS_SERVICE	1 or greater (integer)	Numeric	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Clinical	Indicator whether service is duplicate from another already adjudicated claim line (Medical Claims Only)	DUPLICATE_STATUS_INDICATOR		Alphanumeric	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Clinical	Code representing a status of a claim line after adjudication	ENCOUNTER_SERVICE_STATUS_CODE		Alphanumeric	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

01	Finalized
02	Void
03	Denied

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Claims-Clinical	Code representing grouping of claim lines by type of service provided; derived from several fields	ENCOUNTER_SERVICE_TYP E_CODE		Alphanumeric	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

01	Medical
02	Dental
03	Professional Pathology
06	Drugs
11	Private Duty Nursing
13	Professional Ambulance
15	DME, Supplies and Equipment
16	Observation Physicians Visit
17	Dialysis
18	Professional Radiology
21	Surgery
22	Anesthesia - Excluding Maternity
23	Maternity - Normal Delivery
24	Maternity - Cesarean Delivery
25	Maternity - Non Delivery
26	Anesthesia - Maternity Normal Delivery
27	Anesthesia - Maternity Cesarean Delivery
28	Anesthesia - Maternity Non Delivery
29	Psychiatric - Alcohol and Drugs
30	Psychiatric - Non Alcohol and Non Drugs
31	Office/Home E&M Visits
32	Emergency Room Physicians Visits
33	Preventive Medicine - Well Baby Exam
34	Preventive Medicine - Physical Exam
35	Urgent Care Visits
36	Inpatient Visits
37	Consults
38	Therapeutic Injections
39	Allergy Testing
40	Allergy Immunotherapy

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	41		Physical Medicine						
	42		Cardiovascular						
	43		Prosthetics						
	44		Immunizations						
	45		Vision Exams						
	46		Glasses/Contacts						
	47		Hearing/Speech Exams						
	48		Chiropractic						
	49		Assistant Surgery						
	50		Outpatient Emergency Room						
	51		Outpatient Surgery						
	52		Outpatient Radiology						
	53		Outpatient Pathology						
	54		Outpatient Pharmacy and Blood						
	55		Outpatient Cardiovascular						
	56		Outpatient PT/OT/ST						
	57		Outpatient Maternity						
	58		Outpatient Psychiatric						
	59		Outpatient Other						
	60		Inpatient Medical						
	61		Inpatient Surgical						
	62		Inpatient Psychiatric - Non Alcohol Non Drug						
	63		Inpatient Psychiatric - Alcohol and Drug						
	64		Inpatient Maternity - Mother						
	65		Inpatient Maternity - Well Newborn						
	66		Inpatient Maternity - Non Delivery						
	67		Skilled Nursing Facility						
	70		Outpatient Anesthesia						
	71		Outpatient Residential Services						
	N/A		Not Applicable						
	Unk		Unknown						

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Category	Field	Field - Literal	Description	Format	Length	Professional	Facility	Pharmacy	Dental
Claims-Clinical	Code used to classify claims into categories DENT/FCLTY/PHARM/PROF	ENCOUNTER_TYPE_CODE		Alphanumeric	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	DENT	Dental							
	FCLTY	Facility							
	PHARM	Pharmacy							
	PROF	Professional							
Claims-Clinical	Code used to denote the source of a claim/encounter	ORIGIN_CODE		Alphanumeric	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	01	PCS-Pharmaceutical Card System							
	02	PRN-Prescription Reimbursement Network							
	03	ITS-Interplan Teleprocessing Service							
	05	Electronic							
	06	Paper							
	07	Medicaid							
	08	Medco							
	09	DBP-Dental Benefit Plan							
	10	AdvancedPCS - State drugs							
	12	ACS Dental Benefit							
	13	Caremark Drug Carve Out							
	14	Generic Drug Carve Out							
	15	Prime Pharmacy Claims Processing System							
	N/A	Not Applicable							
	Unk	Unknown							
Claims-Clinical	CPT/HCPS code used for health care service or procedure that received from a provider	PROCEDURE_CODE	Consult External Standard Reference for CPT Codes	Alphanumeric	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Clinical	Number of unique units of service on the claim line	SERVICE_UNIT_COUNT	Up to 10 digits	Numeric	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Clinical	Authorization number that the managed care claim line matched to during adjudication	AUTHORIZATION_ID	Up to 21 characters	Alphanumeric	21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Category	Field	Field - Literal	Description	Format	Length	Professional	Facility	Pharmacy	Dental
Claims-Clinical	Major ICD Grouping code	DIAGNOSIS_GROUP_CODE		Alphanumeric	3	Y	Y		Y
	000	Other Or Unknown							
	001	Infectious And Parasitic Disease							
	002	Neoplasm							
	003	Endocrine,Nutritional,Metabolic, Immunity							
	004	Blood & Blood Forming Organs							
	005	Mental Disorders							
	006	Nervous System & Sense Organs							
	007	Circulatory System							
	008	Respiratory System							
	009	Digestive System							
	010	Genitourinary System							
	011	Pregnancy, Childbirth, Puerperium							
	012	Diseases Of The Skin & Subcutaneous Tissue							
	013	Diseases Of The Musculoskeletal System & Connective Tissue							
	014	Congenital Anomalies							
	015	Conditions In The Perinatal Period							
	016	Symptoms, Signs & Ill Defined Conditions							
	017	Injury & Poisoning							
	018	Preventative Services							
	019	Personal History Health Hazards							
	020	Health Status Conditions							
	021	Aftercare Services							
	022	Health Services In Other Circumstances							
	023	E-Code Injury & Poisoning							
	024	E-Code Injury Or Complications During Surgical Or Med Care							
	025	E-Code Adverse Effects To Drugs In Therapeutic Use							
	026	E-Code Suicide & Self Inflicted Injury							
	027	E-Code Homicide & Injury							
	028	E-Code Legal Intervention							
	029	E-Code Terrorism							
	030	E-Code War Injury							

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Claims-Clinical	ICD code for PRIMARY disease/condition being treated by services rendered on facility claim	FACILITY_PRIMARY_DIAGNOSIS_CODE	Consult External Standard Reference for ICD Codes	Alphanumeric	6	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Claims-Clinical	ICD code for SECONDARY disease/condition being treated by services rendered on facility claim	FACILITY_DIAGNOSIS_CODE_2	Consult External Standard Reference for ICD Codes	Alphanumeric	6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Claims-Clinical	ICD code for THIRD disease/condition being treated by services rendered on facility claim	FACILITY_DIAGNOSIS_CODE_3	Consult External Standard Reference for ICD Codes	Alphanumeric	6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Claims-Clinical	ICD code for FOURTH disease/condition being treated by services rendered on facility claim	FACILITY_DIAGNOSIS_CODE_4	Consult External Standard Reference for ICD Codes	Alphanumeric	6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Claims-Clinical	ICD code for FIFTH disease/condition being treated by services rendered on facility claim	FACILITY_DIAGNOSIS_CODE_5	Consult External Standard Reference for ICD Codes	Alphanumeric	6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Claims-Clinical	ICD code for SIXTH disease/condition being treated by services rendered on facility claim	FACILITY_DIAGNOSIS_CODE_6	Consult External Standard Reference for ICD Codes	Alphanumeric	6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Claims-Clinical	ICD code for SEVENTH disease/condition being treated by services rendered on facility claim	FACILITY_DIAGNOSIS_CODE_7	Consult External Standard Reference for ICD Codes	Alphanumeric	6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Claims-Clinical	ICD code for EIGHT disease/condition being treated by services rendered on facility claim	FACILITY_DIAGNOSIS_CODE_8	Consult External Standard Reference for ICD Codes	Alphanumeric	6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Claims-Clinical	ICD code for NINTH disease/condition being treated by services rendered on facility claim	FACILITY_DIAGNOSIS_CODE_9	Consult External Standard Reference for ICD Codes	Alphanumeric	6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Claims-Clinical	ICD code for TENTH disease/condition being treated by services rendered on facility claim	FACILITY_DIAGNOSIS_CODE_10	Consult External Standard Reference for ICD Codes	Alphanumeric	6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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Category	Field	Field - Literal	Description	Format	Length	Professional	Facility	Pharmacy	Dental
Claims-Clinical	ICD code for ELEVENTH disease/condition being treated by services rendered facility on claim	FACILITY_DIAGNOSIS_CODE_11	Consult External Standard Reference for ICD Codes	Alphanumeric	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Clinical	ICD code for TWELTH disease/condition being treated by services rendered on facility claim	FACILITY_DIAGNOSIS_CODE_12	Consult External Standard Reference for ICD Codes	Alphanumeric	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Clinical	ICD code for THIRTEENTH disease/condition being treated by services rendered facility on claim	FACILITY_DIAGNOSIS_CODE_13	Consult External Standard Reference for ICD Codes	Alphanumeric	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Clinical	ICD code for FOURTEENTH disease/condition being treated by services rendered facility on claim	FACILITY_DIAGNOSIS_CODE_14	Consult External Standard Reference for ICD Codes	Alphanumeric	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Clinical	ICD code for FIFTEENTH disease/condition being treated by services rendered facility on claim	FACILITY_DIAGNOSIS_CODE_15	Consult External Standard Reference for ICD Codes	Alphanumeric	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Clinical	ICD code for SIXTEENTH disease/condition being treated by services rendered facility on claim	FACILITY_DIAGNOSIS_CODE_16	Consult External Standard Reference for ICD Codes	Alphanumeric	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Clinical	ICD prodedure code for FIRST health care service received from an INSTITUTIONAL provider	FACILITY_PROCEDURE_COD E_1	Consult External Standard Reference for CPT Codes	Alphanumeric	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Clinical	ICD prodedure code for SECOND health care service received from an INSTITUTIONAL provider	FACILITY_PROCEDURE_COD E_2	Consult External Standard Reference for CPT Codes	Alphanumeric	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Clinical	ICD prodedure code for THIRD health care service received from an INSTITUTIONAL provider	FACILITY_PROCEDURE_COD E_3	Consult External Standard Reference for CPT Codes	Alphanumeric	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Clinical	ICD prodedure code for FOURTH health care service received from an INSTITUTIONAL provider	FACILITY_PROCEDURE_COD E_4	Consult External Standard Reference for CPT Codes	Alphanumeric	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Clinical	ICD prodedure code for FIFTH health care service received from an INSTITUTIONAL provider	FACILITY_PROCEDURE_COD E_5	Consult External Standard Reference for CPT Codes	Alphanumeric	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Clinical	ICD prodedure code for SIXTH health care service received from an INSTITUTIONAL provider	FACILITY_PROCEDURE_COD E_6	Consult External Standard Reference for CPT Codes	Alphanumeric	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Claims-Clinical	ICD version of diagnosis code (9/10)	ICD_VERSION_NUMBER		Alphanumeric	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	10	ICD-10				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9	ICD-9				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Clinical	ICD-9/10 code for PRIMARY disease/condition	LINE_DIAGNOSIS_CODE_1	Consult External Standard Reference for ICD Codes	Alphanumeric	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Clinical	ICD-9/10 code for SECONDARY disease/condition	LINE_DIAGNOSIS_CODE_2	Consult External Standard Reference for ICD Codes	Alphanumeric	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Clinical	ICD-9/10 code for THIRD disease/condition	LINE_DIAGNOSIS_CODE_3	Consult External Standard Reference for ICD Codes	Alphanumeric	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Clinical	ICD-9/10 code for FOURTH disease/condition	LINE_DIAGNOSIS_CODE_4	Consult External Standard Reference for ICD Codes	Alphanumeric	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Clinical	ICD-9/10 code for FIFTH disease/condition	LINE_DIAGNOSIS_CODE_5	Consult External Standard Reference for ICD Codes	Alphanumeric	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Clinical	ICD-9/10 code for SIXTH disease/condition	LINE_DIAGNOSIS_CODE_6	Consult External Standard Reference for ICD Codes	Alphanumeric	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Clinical	ICD-9/10 code for SEVENTH disease/condition	LINE_DIAGNOSIS_CODE_7	Consult External Standard Reference for ICD Codes	Alphanumeric	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Clinical	ICD-9/10 code for EIGHT disease/condition	LINE_DIAGNOSIS_CODE_8	Consult External Standard Reference for ICD Codes	Alphanumeric	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Clinical	ICD-9/10 code for NINTH disease/condition	LINE_DIAGNOSIS_CODE_9	Consult External Standard Reference for ICD Codes	Alphanumeric	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Clinical	ICD-9/10 code for TENTH disease/condition	LINE_DIAGNOSIS_CODE_10	Consult External Standard Reference for ICD Codes	Alphanumeric	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Clinical	ICD-9/10 code for ELEVENTH disease/condition	LINE_DIAGNOSIS_CODE_11	Consult External Standard Reference for ICD Codes	Alphanumeric	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Clinical	ICD-9/10 code for TWELTH disease/condition	LINE_DIAGNOSIS_CODE_12	Consult External Standard Reference for ICD Codes	Alphanumeric	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Clinical	Code used to further define or clarify the CPT procedure code on the claim line	SERVICE_MODIFIER_CODE1	Standard 3 character CPT/HCPCS Modifier code	Alphanumeric	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Clinical	Code used to further define or clarify the CPT procedure code on the claim line	SERVICE_MODIFIER_CODE2	Standard 3 character CPT/HCPCS Modifier code	Alphanumeric	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Clinical	Code used to further define or clarify the CPT procedure code on the claim line	SERVICE_MODIFIER_CODE3	Standard 3 character CPT/HCPCS Modifier code	Alphanumeric	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Claims-Clinical	Code used to further define or clarify the CPT procedure code on the claim line	SERVICE_MODIFIER_CODE4	Standard 3 character CPT/HCPCS Modifier code	Alphanumeric	3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Claims-Clinical	All Payer/All Patient Diagnosis Related Group code assigned to claim by Grouper software during adjudication process	AP_DRG_CODE	Consult External Standard Reference for DRG Codes	Alphanumeric	5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Claims-Clinical	All Payer/All Patient Diagnosis Related Group Major Diagnosis Category code	AP_DRG_MDC_CODE		Alphanumeric	5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1	Diseases & Disorders Of The Nervous System
2	Diseases & Disorders Of The Eye
3	Diseases & Disorders Of The Ear, Nose, Mouth & Throat
4	Diseases & Disorders Of The Respiratory System
5	Diseases & Disorders Of The Circulatory System
6	Diseases & Disorders Of The Digestive System
7	Diseases & Disorders Of The Hepatobiliary System & Pancreas
8	Diseases & Disorders Of The Musculoskeletal System & Conn Tissue
9	Diseases & Disorders Of The Skin, Subcutaneous Tissue & Breast
10	Endocrine, Nutritional & Metabolic Diseases & Disorders
11	Diseases & Disorders Of The Kidney & Urinary Tract
12	Diseases & Disorders Of The Male Reproductive System
13	Diseases & Disorders Of The Female Reproductive System
14	Pregnancy, Childbirth & The Puerperium
15	Newborns & Other Neonates With Condtm Orig In Perinatal Period
15	Newborns & Other Neonates
16	Diseases & Disorders Of Blood, Blood Forming Organs, Immunolog Disord
17	Myeloproliferative Diseases & Disorders, Poorly Differentiated Neoplasm
18	Infectious & Parasitic Diseases, Systemic Or Unspecified Sites
19	Mental Diseases & Disorders
20	Alcohol/Drug Use & Alcohol/Drug Induced Organic Mental Disorders
21	Injuries, Poisonings & Toxic Effects Of Drugs
22	Burns
23	Factors Influencing Hlth Stat & Othr Contacts With Hlth Servcs
24	Multiple Significant Trauma
24	Human Immunodeficiency Virus Infections
25	Multiple Significant Trauma
N/A	Not Applicable

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Category	Field	Field - Literal	Description	Format	Length	Professional	Facility	Pharmacy	Dental
	Unk	Unknown							
Claims-Clinical	Medicare Severity Diagnosis Related Group code assigned to claim by Grouper software during adjudication process	MS_DRG_CODE	Consult External Standard Reference for DRG Codes	Alphanumeric	5	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Claims-Clinical	Medicare Severity Diagnosis Related Group Major Diagnosis Category code	MS_DRG_MDC_CODE		Alphanumeric	5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1	Diseases & Disorders Of The Nervous System
2	Diseases & Disorders Of The Eye
3	Diseases & Disorders Of The Ear, Nose, Mouth & Throat
4	Diseases & Disorders Of The Respiratory System
5	Diseases & Disorders Of The Circulatory System
6	Diseases & Disorders Of The Digestive System
7	Diseases & Disorders Of The Hepatobiliary System & Pancreas
8	Diseases & Disorders Of The Musculoskeletal System & Conn Tissue
9	Diseases & Disorders Of The Skin, Subcutaneous Tissue & Breast
10	Endocrine, Nutritional & Metabolic Diseases & Disorders
11	Diseases & Disorders Of The Kidney & Urinary Tract
12	Diseases & Disorders Of The Male Reproductive System
13	Diseases & Disorders Of The Female Reproductive System
14	Pregnancy, Childbirth & The Puerperium
15	Newborns & Other Neonates With Condtm Orig In Perinatal Period
15	Newborns & Other Neonates
16	Diseases & Disorders Of Blood, Blood Forming Organs, Immunolog Disord
17	Myeloproliferative Diseases & Disorders, Poorly Differentiated Neoplasm
18	Infectious & Parasitic Diseases, Systemic Or Unspecified Sites
19	Mental Diseases & Disorders
20	Alcohol/Drug Use & Alcohol/Drug Induced Organic Mental Disorders
21	Injuries, Poisonings & Toxic Effects Of Drugs
22	Burns
23	Factors Influencing Hlth Stat & Othr Contacts With Hlth Servcs
24	Human Immunodeficiency Virus Infections
25	Multiple Significant Trauma
N/A	Not Applicable
Unk	Unknown

Fields: Sheps Center BCBSNC Claims Data

Category	Field	Field - Literal	Description	Format	Length	Professional	Facility	Pharmacy	Dental
Claims-Clinical	Major CPT Grouping code	CPT_GROUP_CODE	Up to 4 characters	Alphanumeric	4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Clinical	Number assigned to the claim line	CLAIM_LINE_NUMBER		Numeric	8	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Claims-Clinical	Identifier for the claim	CLAIM_NUMBER	No value definitions	Alphanumeric	11	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Claims-Clinical	Code used to specify patient discharge status - may be reported on UB92 form submitted by facility	DISCHARGE_STATUS_CODE		Alphanumeric	8	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fields: Sheps Center BCBSNC Claims Data

Category	Field	Field - Literal	Description	Format	Length	Professional	Facility	Pharmacy	Dental
Claims-Provider	Y/N indicator denoting whether this facility encounter is for an inpatient stay (overnight admission to hospital)	INPATIENT_INDICATOR		Alphanumeric	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Provider	Indicator whether service was provided in observation unit of a hospital	OBSERVATION_UNIT_IND		Alphanumeric	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Provider	Number that uniquely identifies payment provider. For drug claims, this will be prescribing provider	PAYMENT_PROVIDER_ID	Up to 6 characters, each character = 0 to 9	Alphanumeric	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fields: Sheps Center BCBSNC Claims Data

Category	Field	Field - Literal	Description	Format	Length	Professional	Facility	Pharmacy	Dental
Claims-Provider	Code for type of location where services on a claim line were rendered	PLACE_OF_SERVICE_CODE		Alphanumeric	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

01	Pharmacy
03	School
04	Homeless Shelter
05	Indian Health Service Free-Standing Facility
06	Indian Health Service Provider - Based Facility
07	Tribal 638 Free-Standing Facility
08	Tribal 638 Provider - Based Facility
09	Prison-Correctional Facility
11	Office
12	Home
13	Assisted Living Facility
14	Group Home
15	Mobile Unit
16	Temporary Lodging
17	Walk In Retail Health Clinic
18	Place Of Employment - Worksite
20	Urgent Care Facility
21	Inpatient Hospital
22	Outpatient Hospital
23	Emergency Room Hospital
24	Ambulatory Surgical Center
25	Birthing Center
26	Military Treatment Facility
31	Skilled Nursing Facility
32	Nursing Facility
33	Custodial Care Facility
34	Hospice
35	Inpatient Rehabilitation Facility
41	Ambulance - Land
42	Ambulance- Air Or Water
49	Independent Clinic

Fields: Sheps Center BCBSNC Claims Data

Category	Field	Field - Literal	Description	Format	Length	Professional	Facility	Pharmacy	Dental
	50		Federally Qualified Health Center						
	51		Inpatient Psychiatric Facility						
	52		Psychiatric Facility - Partial Hospitalization						
	53		Community Mental Health Center						
	54		Intermediate Care Facility/Mentally Retarded						
	55		Resident Substance Abuse Treatment Facility						
	56		Psychiatric Residential Treatment Center						
	57		Non-Residential Substance Abuse Treatment Facility						
	58		Inpatient Alcohol/Substance Treatment Program						
	59		Inpatient Substance Abuse Program						
	60		Mass Immunization Center						
	61		Comprehensive Inpatient Rehabilitation Facility						
	62		Comprehensive Outpatient Rehabilitation Facility						
	65		End Stage Renal Disease Treatment Facility						
	71		Public Health Clinic						
	72		Rural Health Clinic						
	81		Independent Laboratory						
	99		Other Place Of Service						
	N/A		Not Applicable						
	Unk		Unknown						
Claims-Provider	Number that uniquely identifies the payment provider	PROVIDER_NUMBER	Up to 6 digits	Numeric	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Provider	Rendering Provider number	RENDERING_PROVIDER_NUMBER	Up to 6 characters, each character = 0 to 9	Alphanumeric	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Provider	Vendor provider identifier	VENDOR_ID	Up to 6 characters, each character = 0 to 9	Alphanumeric	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Provider	Patient seen in the emergency room indicator	EMERGENCY_ROOM_IND		Alphanumeric	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	N	No							
	Y	Yes							

Fields: Sheps Center BCBSNC Claims Data

Category	Field	Field - Literal	Description	Format	Length	Professional	Facility	Pharmacy	Dental																										
Claims-Drug	Indicates whether or not the drug was purchased retail or mail order	MAIL_RETAIL_CODE		Alphanumeric	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
Claims-Drug	National Drug Code (NDC) - identifier established by FDA for drug products intended for human use	NATIONAL_DRUG_CODE	Consult External Standard Reference for Codes	Alphanumeric	11	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																										
Claims-Drug	Name given to the drug product by the manufacturer	DRUG_NAME	Consult External Standard Reference for Codes	Alphanumeric	50	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																										
Claims-Drug	Whether a drug is prescription or over-the-counter and whether it has a trade-name or is generic	DRUG_CATEGORY_CODE		Alphanumeric	3	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																										
<table border="1"> <tbody> <tr><td>01</td><td>Rx-only/Trade or Brand Name</td></tr> <tr><td>02</td><td>Rx-only/Generic</td></tr> <tr><td>03</td><td>Surgical/Device</td></tr> <tr><td>04</td><td>Rx Repackager/Innovator</td></tr> <tr><td>05</td><td>Rx-only/Branded-Generic</td></tr> <tr><td>06</td><td>Cosmetics</td></tr> <tr><td>07</td><td>OTC/Trade</td></tr> <tr><td>08</td><td>OTC/Generic</td></tr> <tr><td>09</td><td>OTC/Repackager</td></tr> <tr><td>10</td><td>Rx Repackager/non-Innovator</td></tr> <tr><td>11</td><td>For Compounding</td></tr> <tr><td>N/A</td><td>Not applicable</td></tr> <tr><td>Unk</td><td>Unknown</td></tr> </tbody> </table>										01	Rx-only/Trade or Brand Name	02	Rx-only/Generic	03	Surgical/Device	04	Rx Repackager/Innovator	05	Rx-only/Branded-Generic	06	Cosmetics	07	OTC/Trade	08	OTC/Generic	09	OTC/Repackager	10	Rx Repackager/non-Innovator	11	For Compounding	N/A	Not applicable	Unk	Unknown
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10	Rx Repackager/non-Innovator																																		
11	For Compounding																																		
N/A	Not applicable																																		
Unk	Unknown																																		
Claims-Drug	Strength of drug product. Dash-separated strengths order corresponds to alphabetical order of active ingredients	STRENGTH_DESCRIPTION	Up to 25 characters	Alphanumeric	25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																										

Fields: Sheps Center BCBSNC Claims Data

Category	Field	Field - Literal	Description	Format	Length	Professional	Facility	Pharmacy	Dental
Claims-Drug	Code indicating reason why prescription dispensed as written	DISPENSE_AS_WRITTEN_CODE		Alphanumeric	1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	0	No DAW Given (no product selection indicated)							
	1	Physician Requested Brand							
	2	Patient Requested Brand							
	3	Pharmacy Selected Brand							
	4	No Generic Available							
	5	Brand Drug dispensed as Generic							
	6	Override							
	7	Substitution not allowed							
	8	Substitution allowed but not available							
	9	Other							
	N/A	Not Applicable							
	Unk	Unknown							
Claims-Drug	Indicator of new prescription or refill (00 = new, 01 through 99 = refill number)	NEW_OR_REFILL_CODE		Alphanumeric	2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	00	New							
	01-99	Number							
Claims-Drug	Code indicating availability of drug to consumers	DRUG_CLASS_CODE		Alphanumeric	3	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	01	Federal / Legend (Prescription Only)							
	02	Insulin							
	03	Over the Counter							
	04	State Restricted							
	N/A	Not Applicable							
	Unk	Unknown							
	Unm	Unmapped							
Claims-Drug	Code indicating standard classification of the drug by therapeutic class	THERAPEUTIC_CLASS_CODE	Consult External Standard Reference for Codes	Alphanumeric	10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Claims-Drug	Specific classification of drug for users needing a definitive therapeutic classification system (Medco)	SPECIFIC_THERA_CLASS_CODE	Consult External Standard Reference for Codes	Alphanumeric	10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Fields: Sheps Center BCBSNC Claims Data

Category	Field	Field - Literal	Description	Format	Length	Professional	Facility	Pharmacy	Dental																														
Claims-Drug	Therapeutic category of drug per American Hospital Formulary Service classification system	AHFS_THERA_CLASS_CODE	Look-Up Table provided upon request	Alphanumeric	8	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																														
Claims-Drug	Standard classification of drug - definitive, but not comprehensive, therapeutic classification	STANDARD_THERA_CLASS_CODE		Alphanumeric	3	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																														
<table border="1"> <tbody> <tr><td>01</td><td>Class 1 Pharmacy</td></tr> <tr><td>02</td><td>Class 2 Pharmacy</td></tr> <tr><td>03</td><td>Mail Service Pharmacy</td></tr> <tr><td>04</td><td>Home Health Care (Class 1)</td></tr> <tr><td>05</td><td>Home Health Care (Class 2)</td></tr> <tr><td>06</td><td>Nursing Home (Class 1)</td></tr> <tr><td>07</td><td>Nursing Home (Class 2)</td></tr> <tr><td>08</td><td>Medicaid Agency</td></tr> <tr><td>09</td><td>Department of Veterans Affairs</td></tr> <tr><td>10</td><td>Non-pharmacy dispensing site</td></tr> <tr><td>11</td><td>Indian Health Service/Tribal/Urban IH pharmacy</td></tr> <tr><td>12</td><td>Institutional pharmacy</td></tr> <tr><td>13</td><td>Clinic pharmacy</td></tr> <tr><td>N/A</td><td>Not Applicable</td></tr> <tr><td>Unk</td><td>Unknown</td></tr> </tbody> </table>										01	Class 1 Pharmacy	02	Class 2 Pharmacy	03	Mail Service Pharmacy	04	Home Health Care (Class 1)	05	Home Health Care (Class 2)	06	Nursing Home (Class 1)	07	Nursing Home (Class 2)	08	Medicaid Agency	09	Department of Veterans Affairs	10	Non-pharmacy dispensing site	11	Indian Health Service/Tribal/Urban IH pharmacy	12	Institutional pharmacy	13	Clinic pharmacy	N/A	Not Applicable	Unk	Unknown
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13	Clinic pharmacy																																						
N/A	Not Applicable																																						
Unk	Unknown																																						
Claims-Drug	Pharmacy NABP number	PHARMACY_ID	Up to 10 characters	Alphanumeric	10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																														
Claims-Drug	Code used to specify the dosage form or medical supply type of a drug product	DRUG_FORM_CODE	Up to 3 characters	Alphanumeric	3	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																														
Claims-Drug	Drug Enforcement Act number assigned to an individual physician who may prescribe drugs to patients	DEA_NUMBER	Up to 15 characters	Alphanumeric	15	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																														
Claims-Drug	Labeled unit of measure in which package size or product weight/volume of drug may be expressed	PACKAGE_UNIT_COUNT	0 or greater	Numeric	8	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																														
Claims-Drug	Number of days supplied	DAYS_SUPPLY_COUNT	1 or greater (integer)	Numeric	8	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																														
Claims-Drug	DEA classification based on potential for abuse of a controlled drug	DEA_CLASS_CODE	No value definitions	Alphanumeric	8	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																														

Fields: Sheps Center BCBSNC Claims Data

Category	Field	Field - Literal	Description	Format	Length	Professional	Facility	Pharmacy	Dental
Claims-Drug	Value that determines amount of copayment for which member is responsible. BCBSNC uses a 3-tier system	DRUG_TIER		Alphanumeric	11	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Claims-Drug	Indicator of whether drug is included in plan's formulary (Yes/No)	FORMULARY_INDICATOR	No value definitions	Alphanumeric	1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Claims-Drug	Classification of drug per most common intended use - least specific therapeutic grouping	GENERIC_THERA_CLASS_C ODE	No value definitions	Alphanumeric	8	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Claims-Drug	Code to identify a drug which is typically used on continuing basis or for maintenance therapy	MAINTENANCE_DRUG_CODE		Alphanumeric	1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Claims-Drug	Indicates that a drug product is trade-marked, patent-protected, and available from only one source	SINGLE_SOURCE_INDICATO R	No value definitions	Alphanumeric	1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Fields: Sheps Center BCBSNC Claims Data

Category	Field	Field - Literal	Description	Format	Length	Professional	Facility	Pharmacy	Dental						
Claims-Financial	Number (code) that identifies a set of benefits	BENEFIT_PACKAGE_ID	Look-Up Table provided upon request	Alphanumeric	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Claims-Financial	Provided submitted charges on the claim	CHARGED_AMOUNT	Up to 11 digits	Numeric	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Claims-Financial	Indicates whether the claim was paid at a negotiated rate, even if provider was out-of-network (Y/N)	PAID_IN_NETWORK_INDICAT OR		Alphanumeric	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<table border="1"> <tr> <td>N</td> <td>No</td> </tr> <tr> <td>Y</td> <td>Yes</td> </tr> </table>		N	No	Y	Yes										
N	No														
Y	Yes														
Claims-Financial	Code denoting the party to whom claim payment (if any) is to be made	PAYMENT_TO_TYPE_CODE		Alphanumeric	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<table border="1"> <tr> <td>1</td> <td>Provider</td> </tr> <tr> <td>2</td> <td>Subscriber</td> </tr> <tr> <td>3</td> <td>Other</td> </tr> </table>		1	Provider	2	Subscriber	3	Other								
1	Provider														
2	Subscriber														
3	Other														

Fields: Sheps Center BCBSNC Claims Data

Category	Field	Field - Literal	Description	Format	Length	Professional	Facility	Pharmacy	Dental
Claims-Financial	Code for the insurance product	PRODUCT_CODE	Look-Up Table provided upon request	Alphanumeric	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADD1	AD&D
ADDS	Supplemental AD&D
CMM1	Classic Blue
CRPL	Core Plan
DTL1	Dental Only
DTLI	Individual Dental Only
EPO1	PPO
GI01	Guaranteed Issue
GI02	Guaranteed Issue (PPO)
GI03	Guaranteed Issue PPO Low
GI04	Guaranteed Issue PPO High
GIS1	GIS
HMO1	Blue Care
HRA1	HRA
HSA1	HSA
IACC	Access
IADA	Blue Advantage Plan A
IADB	Blue Advantage Plan B
IADV	Blue Advantage
IBAS	Blue Assurance
IBST	Short Term
ICMM	CMM Conversion
IHSA	IHSA
ILOW	Blue Value
IREM	Retired Military
ISAV	Blue Advantage Saver
ITIR	Blue Select Individual
LIF1	Life
LIFD	Dependent Life
LIFS	Supplemental Life
LOW1	Blue Value

Fields: Sheps Center BCBSNC Claims Data

Category	Field	Field - Literal	Description	Format	Length	Professional	Facility	Pharmacy	Dental
	LOW2	Blue Value 1-2-3							
	LTD1	Long Term Disability							
	MDGP	Medigap							
	MDSP	Medicare Supplement							
	MSUP	Medicare Supplement							
	N/A	Not Applicable							
	NAIC	NAIC Medicare Supplement							
	POS1	Blue Choice							
	PPO1	Blue Options							
	PPOT	Blue Options 1-2-3							
	STD1	Short Term Disability							
	TIR1	Blue Select							
	Unk	Unknown							
	VIS1	Vision 20/20							
Claims-Financial	Any of three codes to describe certain payment reductions in a case	COB_TYPE_CODE		Alphanumeric	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	CB	Secondary							
	DP	Double Coverage Secondary							
	MC	Medicare Carve-out							
	N/A	Not Applicable							
Claims-Financial	Code to control payment by holding claim for examiner review, denying claim or request additional information in MHS	HOLD_CODE_1	Look-Up Table provided upon request	Alphanumeric	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Financial	Code to control payment by holding claim for examiner review, denying claim or request additional information in MHS	HOLD_CODE_2	See HOLD_CODE_1 for option list	Alphanumeric	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Financial	Code to control payment by holding claim for examiner review, denying claim or request additional information in MHS	HOLD_CODE_3	See HOLD_CODE_1 for option list	Alphanumeric	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Financial	Code to control payment by holding claim for examiner review, denying claim or request additional information in MHS	HOLD_CODE_4	See HOLD_CODE_1 for option list	Alphanumeric	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fields: Sheps Center BCBSNC Claims Data

Category	Field	Field - Literal	Description	Format	Length	Professional	Facility	Pharmacy	Dental
Claims-Financial	Code to control payment by holding claim for examiner review, denying claim or request additional information in MHS	HOLD_CODE_5	See HOLD_CODE_1 for option list	Alphanumeric	3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Claims-Financial	Code to control payment by holding claim for examiner review, denying claim or request additional information in MHS	HOLD_CODE_6	See HOLD_CODE_1 for option list	Alphanumeric	3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Claims-Financial	Code to control payment by holding claim for examiner review, denying claim or request additional information in MHS	HOLD_CODE_7	See HOLD_CODE_1 for option list	Alphanumeric	3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Claims-Financial	Code to control payment by holding claim for examiner review, denying claim or request additional information in MHS	HOLD_CODE_8	See HOLD_CODE_1 for option list	Alphanumeric	3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Claims-Financial	Code to control payment by holding claim for examiner review, denying claim or request additional information in MHS	HOLD_CODE_9	See HOLD_CODE_1 for option list	Alphanumeric	3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Claims-Financial	Code to control payment by holding claim for examiner review, denying claim or request additional information in MHS	HOLD_CODE_10	See HOLD_CODE_1 for option list	Alphanumeric	3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Claims-Financial	Code to control payment by holding claim for examiner review, denying claim or request additional information in MHS	HOLD_CODE_11	See HOLD_CODE_1 for option list	Alphanumeric	3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Claims-Financial	Code to control payment by holding claim for examiner review, denying claim or request additional information in MHS	HOLD_CODE_12	See HOLD_CODE_1 for option list	Alphanumeric	3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Claims-Financial	Code to control payment by holding claim for examiner review, denying claim or request additional information in MHS	HOLD_CODE_13	See HOLD_CODE_1 for option list	Alphanumeric	3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Claims-Financial	Code to control payment by holding claim for examiner review, denying claim or request additional information in MHS	HOLD_CODE_14	See HOLD_CODE_1 for option list	Alphanumeric	3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Fields: Sheps Center BCBSNC Claims Data

Category	Field	Field - Literal	Description	Format	Length	Professional	Facility	Pharmacy	Dental
Claims-Financial	Code to control payment by holding claim for examiner review, denying claim or request additional information in MHS	HOLD_CODE_15	See HOLD_CODE_1 for option list	Alphanumeric	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Financial	Code for type/purpose of capitation payment being made to provider on behalf of member	CAPITATION_TYPE_CODE		Alphanumeric	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

01	Primary Care
02	Wellness Nurseline
03	Wellness Materials
04	Mental Health
05	Specialist
06	Vision - Med/Surg
07	Primary Care Incentive
08	Lab
09	Allied Health
10	Vision - Routine
11	Chiropractic
12	Alternative Medicine
13	Performance Based Management Fee
14	Active Health Management Services
15	BCBSNC - for handling Active Health
16	Healthy Best - Accordant
17	Renaissance Health Care (ESRD Program)
18	Value Options
19	American Imaging Management Inc.
20	Winston Salem Dental Care
21	Alere Health Improvement
22	Alere Health Improvement Transition
23	Alere Guided Health Program
N/A	Not Applicable
Unk	Unknown

Fields: Sheps Center BCBSNC Claims Data

Category	Field	Field - Literal	Description	Format	Length	Professional	Facility	Pharmacy	Dental
Claims-Financial	Code indicating what was used as cost basis of drug (can determine MAC)	COST_BASIS_CODE		Alphanumeric	3	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

01	Not Specific
02	AWP - Average Wholesale Price
03	Local Wholesaler
04	Direct
05	EAC - Estimated Acquisition Cost
06	Acquisition
07	MAC - Max Allowable Charge
08	BMN - Brand Medically Necessary
09	U&C - Usual/Customary
10	Unit Dose
11	Others
12	User Specs MAC
13	Sub Ingr Cost
14	FUL - Federal Upper Limit
15	AGP - Average Generic Price
16	Unit Cost from the NDC file
17	Zero Balance
18	Copay Ingredient Cost
19	Lesser of U&C or Copay
20	Manufacturer Direct Pricing
21	340B /Disproportionate Share Pricing
N/A	Not Applicable
Unk	Unknown
Unm	Unmapped

Fields: Sheps Center BCBSNC Claims Data

Category	Field	Field - Literal	Description	Format	Length	Professional	Facility	Pharmacy	Dental
Claims-Financial	Code indicating method used to price claim (can determine MAC)	PRICING_METHOD_CODE		Alphanumeric	3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	01	Per Case							
	02	Per Diem							
	03	Percent Discount							
	04	Lesser Of Percent Or Case							
	05	Opcat Payment Tier							
	06	Maximum (Cap)							
	07	Fee Schedule							
	08	UCR							
	09	Billed Charge							
	10	Capitated Service							
	11	Special Contracting Arrangement							
	12	Unknown Pricing Method							
	13	Average Wholesale Price (AWP)							
	14	Acquisition Cost (ACQ)							
	15	State Maximum Allowable Cost (Stat MAC)							
	16	Zero Balance							
	17	85 Percentile Of HIAA Procedure							
	18	State Inpatient Non DRG Priced							
	19	State Inpatient Paid In Addition To Line On DRG Priced							
	20	340B /Disproportionate Share Pricing							
	N/A	Not Applicable							
	Unk	Unknown							
Claims-Financial	Revenue Center code for each cost center	REVENUE_CODE	Consult External Standard Reference for Revenue Codes	Alphanumeric	4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Financial	Revenue code (applicable only to facility claims)	REVENUE_CODE	No value definitions	Alphanumeric	11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Fields: Sheps Center BCBSNC Claims Data

Category	Field	Field - Literal	Description	Format	Length	Professional	Facility	Pharmacy	Dental
Claims-Other	Number of service units on the claim line that have been approved for payment	APPROVED_SERVICE_UNIT_COUNTC	No value definitions	Alphanumeric	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Other	Provided submitted charges on the claim	CHARGED_AMOUNTC	No value definitions	Alphanumeric	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Other	Number assigned to the claim line	CLAIM_LINE_NUMBERC	No value definitions	Alphanumeric	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Other	Number of days supplied	DAYS_SUPPLY_COUNTC	No value definitions	Alphanumeric	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Other	Indicator the denied claims	DEN_IND	No value definitions	Alphanumeric	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Other	Date of latest BCBSNC extract included in research files	LAST_XTRCT_DT	No value definitions	Alphanumeric	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Other	Original claim number (to link reprocessed claims)	ORIGINAL_CLAIM_NUMBER	No value definitions	Alphanumeric	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Other	Labeled unit of measure in which package size or product weight/volume of drug may be expressed	PACKAGE_UNIT_COUNTC	No value definitions	Alphanumeric	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Other	Policy Member ID - identifies the combination of a member and their enrollment	POLICY_MEMBER_ID	Not available to researchers	Numeric	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Other	Policy Member ID - identifies the combination of a member and their enrollment	POLICY_MEMBER_IDC	Not available to researchers	Alphanumeric	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Other	The source of the raw data file name created by Sheps	ROW_SOURCE_FROM	No value definitions	Alphanumeric	80	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Other	The source of the raw data file name created by Sheps	ROW_SOURCE_FROM	No value definitions	Alphanumeric	80	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Other	Number of unique units of service on the claim line	SERVICE_UNIT_COUNTC	No value definitions	Alphanumeric	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Other	Unique identifier of a subscriber's enrollment with BCBSNC (same as member files' SUBSCRIBER_MEMBER_ID)	SUBSCRIBER_NUMBER	Not available to researchers	Numeric	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Other	Unique identifier of a subscriber's enrollment with BCBSNC (same as member files' SUBSCRIBER_MEMBER_ID)	SUBSCRIBER_NUMBERC	Not available to researchers	Alphanumeric	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims-Other	ID unique to a member independent of claims processing system	UNIQUE_MEMBER_ID	Not available to researchers	Numeric	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fields: Sheps Center BCBSNC Claims Data

Category	Field	Field - Literal	Description	Format	Length	Professional	Facility	Pharmacy	Dental
Claims-Other	ID unique to a member independent of claims processing system	UNIQUE_MEMBER_IDC	Not available to researchers	Alphanumeric	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>