FEHB Program Carrier Letter
All FEHB Carriers

U.S. Office of Personnel Management
Healthcare and Insurance

FEHB ☒ PSHB ☒

Letter Number 2024-22

Date: December 9, 2024

Fee-for-service [X] Experience-rated HMO [X] Community-rated HMO [16]

Subject: Claims Data Requirements for All Community-Rated HMOs – Except State-Mandated Traditional Community-Rated HMOs

2023 Medical Loss Ratio (MLR) Claims Data Requirement

This letter provides detailed instructions regarding claims data submissions to the Office of Personnel Management's (OPM) Office of the Inspector General (OIG) and applies to any carrier of a community-rated plan that is required to prepare and submit an MLR form to OPM (that is, carriers that are not mandated by their state to use traditional community rating (TCR) or with FEHB income in 2022 less than $2,000,000).

Carriers of community-rated plans required to prepare and submit an MLR form must submit to the OIG detailed Federal Employees Health Benefits (FEHB) Program claims data used in their 2023 MLR calculation. The data should include FEHB claims incurred during calendar year 2023 and paid through June 30, 2024. **No other claims will be considered, and completion factors should not be applied to this data.** Only FEHB claims associated with benefits covered may be included in the MLR claims. Please read the attached specifications and provide the supporting documentation by **January 15, 2025**. The information may be used for audit and investigative purposes only.

2025 Rate Development Claims Data Requirement

In addition, carriers using an Adjusted Community Rating (ACR) methodology are required to submit the rate development claims data to the OIG. Carriers should use the data layout and specifications included in this letter to meet this requirement. The claims data for the FEHB Program should be downloaded from a central database at the time the rates are developed. The information may be used for audit and investigative purposes only.

Carriers that use an ACR methodology and base their FEHB Program rates on group-specific claims or utilization data are required to submit this data as follows:

- Carriers that submit rates as large carriers and use an ACR methodology to develop the FEHB Program rates for 2025 must submit this data to the OIG by **January 15, 2025**. Carriers with more than 1,500 FEHB contracts at the time of the rate proposal (by rating area) must file as large carriers.
- Carriers of plans with less than 1,500 FEHB contracts that do not submit rates as large plans are not required to submit this data for those plans. However, while carriers of small plans are not required to submit the data, they are encouraged to do so.

2025 Postal Service Health Benefits Program

OPM is set to launch the Postal Service Health Benefits Program (PSHBP), with the inaugural plan year effective January 1, 2025. The PSHB Program will provide health benefits coverage for Postal Service employees, Postal Service annuitants, and their family members. If a Carrier is participating in the 2025 PSHBP and separated their PSHB claims data for the initial underwriting period, a separate claims data set is required to support the PSHBP claims data for the 2025 rates.

MLR Ratio and Rate Development Claims Data Requirements

Carriers in the PSHBP that are required to submit MLR or use an ACR methodology and base their PHSB Program rates on group-specific claims or utilization data will be required to submit supporting claims data in the future. The same requirements provided for FEHBP apply to the PSHBP.

We remind carriers to retain and/or submit their data to assure information is available for use in the event of any potential audit inquiries.

Questions regarding audit objectives or data requests should be directed to Lindsay Haber, Acting Chief, Community-Rated Audits Group on (724) 741-0735 or at Lindsay.Haber@opm.gov, or to Nekitra Tuell at OIGCRAGCLAIM@opm.gov. Data or file formatting questions should be directed to the Data Management Team at OIGOM-DMG@opm.gov.

Attachments

U.S. Office of Personnel Management
Office of the Inspector General
Attachment 1: Media Specifications Form

Please Complete and Return for Each Plan Code

Insurance Company or Health Plan Name: _____

Plan Code(s): _____

(Maximum 31-character name)

Medical File Name: _____

(Maximum 31-character name)

Pharmacy File Name: _____

(Maximum 31-character name)

Submission Certification Check List:

- ✓ Header record present with valid record counts and control amounts.
- ✓ Valid claims records are ASCII formatted fixed length not delimited.
- ✓ Providing only two forms of claims data ((1) medical and (1) pharmacy) file for each plan code (if applicable).
- ✓ Ensure proper year used on file name.
- ✓ Ensure file used proper naming convention.
- ✓ Ensure data files are unzipped.
- ✓ Media Type & Recording Format for both files: SFTP (All Carriers)

Medical File:

Record Size: _____

Record Count: _____

Amount Control Total: $_____

Pharmacy File:

Record Size: _____

Record Count: _____

Amount Control Total: $_____

Attestation:

Signature: _____

Phone: _____

Date: _____

Print Name: _____

U.S. Office of Personnel Management
Office of the Inspector General
Attachment 2: Mandatory Medical and Pharmacy Claim Code Sets

Claim Disposition Status Code – (See Field # 25)

1 Original Claim

2 Adjustment of Original, Adjusted or Split Billed Claim

3 Reversal of Original, Adjusted or Split Billed Claim

4 Void of Original, Adjusted or Split Billed Claim

5 Final Claim All value equal to 5 = Final version of claim at the time of data extract

6 Extension to original facility claim (split bill)

9 Denied Claim

A Refund Request record

B Refund Received record

C Manual Adjustment of Original, Adjusted or Split Billed Claim

Service Unit Code (HIPAA codes) – (See Field # 29)

DA Days

DH Miles (Ambulance)

MA Modalities (Therapeutic Agents)

MJ Minutes (Anesthesia, etc.)

MO Month (DME Certification Loop)

UN Units (Default Value)

VS Visits

WK Week (DME Certification Loop)

YR Year (DME Certification Loop)

Blank Unknown – *(Do not add the actual word "blank". Please fill the fields with*

spaces.)

Patient Discharge Status Code (UB-04 codes) – (See Field # 49)

00 Unknown or not applicable (not an inpatient facility claim)

01 Discharged/Transferred to Home or self-care (routine discharge)

02 Discharged/Transferred to another short term general hospital for inpatient care

03 Discharged/Transferred to SNF (Skilled Nursing Facility)

04 Discharged/Transferred to ICF (Intermediate Care Facility)

05 Discharged/Transferred to another type of facility (e.g. Cancer Hospital, Children's Hospital) or referred for outpatient services to another facility

06 Discharged/Transferred to Home under care of Home Health Service

07 Left against medical advice or discontinued care

08 Discharged/Transferred to Home under care of Home IV Service [deleted 10/1/2005]

09 Admitted as an inpatient to this hospital (more than 3 days after related outpatient services or admission is unrelated to outpatient services)

20 Died

21 Discharged/Transferred to Court/Law Enforcement [added 10/1/2009]

30 Still a patient or expected to return for Outpatient Services

40 Died at home (Hospice claims only)

41 Died in a medical facility (Hospice claims only)

42 Died at unknown location (Hospice claims only)

43 Discharged/Transferred to Federal Health Care Facility (e.g. DOD, VA) [added 10/1/2003]

50 Discharged/Transferred to Hospice care- Home

51 Discharged/Transferred to Hospice care - Medical Facility

61 Discharged/Transferred to Hospital-based Medicare approved Swing Bed [added 10/1/2001]

62 Discharged/Transferred to Inpatient Rehabilitation Facility or Hospital Rehabilitation Unit [added 10/1/2001]

63 Discharged/Transferred to LTC (Long Term Care) Hospital [added 10/1/2001]

64 Discharged/Transferred to Nursing Facility - Medicaid Certified [added 10/1/2002]

65 Discharged/Transferred to Psychiatric Hospital or Hospital Psychiatric Unit [added 10/1/2003]

66 Discharged/Transferred to CAH (Critical Access Hospital) [effective 1/1/2006]

70 Discharged/Transferred to another type of health care institution not defined elsewhere in the code list [effective 4/1/2008]

71 Discharged/Transferred for Outpatient Services - another Facility [10/1/2001 - 9/30/2003 only]

72 Discharged/Transferred for Outpatient Services - this Facility [10/1/2001 - 9/30/2003 only]

Debarred Provider - Payment Reason Code– (See Field # 60)

C OPM has approved payment. Member is receiving continuing care.

D Denied [no payment, after 15 day grace period]

G Claim is within 15 day grace period.

M OPM has approved payment. Member resides in a Medically Underserved Area.

U Claim was paid, unknown reason.

X OPM has approved payment. Other/unspecified reason.

Blank not applicable - not a debarred provider *(Do not add the actual word "blank". Please fill the fields with spaces.)*

Medicare Payment Disposition Code – (See Field # 65)

A Medicare Part A or Medicare Prepaid/Advantage Plan payment

B Medicare Part B or Medicare Prepaid/Advantage Plan payment

C Medicare Part A and Part B payments [ended 12/31/2005]

C Medicare Part D Prescription Drug Coverage payment [effective 1/1/2006]

D all charges applied to Medicare Part B Deductible, no Medicare payment

E Medicare Part A Benefit Period is Exhausted, no Medicare payment

F Not a Medicare Part A or Part B or Medicare Prepaid/Advantage Plan Benefit, no Medicare payment

G all charges applied to Medicare Part A Deductible, no Medicare payment

H Provider is not covered by the Medicare Prepaid/Advantage Plan, no Medicare payment

J Medicare Part A or Part B multi-line pricing; Medicare payment is indicated on another charge line

K No Medicare Part A benefit available, Medicare Part B provided payment

N Not enrolled in the Part of Medicare that would cover this service, no Medicare payment

P Speculative Medicare

U Medicare Part A and/or Part B payment (Unable to distinguish)

X Medicare Part A and/or Part B priced the claim but the carrier is unable to determine why there was no Medicare payment.

blank not enrolled in Medicare *(Do not add the actual word "blank". Please fill the fields with spaces.)*

Carrier – Paid Indicator (HIPAA codes) – (See Fields #66,68)

blank	this carrier paid as primary (Do not add the actual word "blank". Please fill the fields with spaces.)
16	Medicare Fee-for-Service/Advantage Plan
BL	Other BlueCross BlueShield
C1	Other Commercial Care
MA	Traditional Medicare (Part A)
MB	Traditional Medicare (Part B)
MU	Traditional Medicare (Unable to determine whether Part A and/or Part B)
NF	No Fault Insurance
SP	Speculative
SU	Subrogation
WC	Workers Compensation
Blank	this carrier paid as primary *(Do not add the actual word "blank". Please fill the fields with spaces.)*

Pricing Method– (See Fields #71, 72)

4	**Percentage of Technical Amount Paid -** applied after appropriate savings have been deducted from the Total Covered Charges, but prior to the application of any deductible and/or coinsurance.
5	**Dental Fee Schedule Allowance** (Rate X the Number of Services)
6	**Maximum Allowable Charge (MAC) -** deductible and/or coinsurance applied to the MAC Amount.
B	**Percentage of FEP Allowable Charges -** applied after appropriate savings have been deducted from the Total Covered

Charges, but prior to the application of any deductible and/or coinsurance.

D **Percentage of Total Covered Charges -** applied directly to the Total Covered Charges prior to the application of appropriate savings, deductible and/or coinsurance.

E **Per Diem (Rate X the Number of Days) -** deductible and/or coinsurance applied to the lesser of the Per Diem Amount or the Total Covered Charges. Applies only to Inpatient claims.

F **Medical Fee Schedule Allowance** (Rate X the Number of Services)

G **Diagnostic Related Group (DRG) Price Amount -** deductible and/or coinsurance applied to the lesser of the DRG Amount or the Total Covered Charges. Applies only to Inpatient claims.

I **Encounter/Capitated Service -** the service reported on this charge is considered encounter data as it is covered by a set fee paid to the provider regardless of whether or not services are rendered. No disbursement will occur as a result of this charge.

K **Per Diem** (Rate X the Number of Days) plus any deductible and/or coinsurance - Deductible and/or coinsurance is calculated on the Per Diem allowance to determine the amount the provider agreed to accept as payment in full. Applies only to Inpatient claims.

L **Percentage of Total Charges All Services -** applied directly to the Total Charges All Services prior to the application of appropriate savings, deductible and/or coinsurance.

M **Percentage of Negotiated Allowance -** applied after the primary pricing method has been used to reduce the Total Covered Charges, but prior to the application of any other savings, deductible and/or coinsurance amounts.

N **Percentage of Amount Paid Special Formula -** the Pricing Percentage is applied after any non-covered amount, deductible and/or coinsurance has been deducted from the Billed Charges.

U **Unspecified -** the specific pricing method is not available.

V **Priced by the Vendor -** such as a PPO Provider Network, etc. This should be used if it was priced by a vendor and the carrier doesn't know what method the vendor used.

Facility Type of Bill Code (1st digit = zero)

2nd Digit - Claim Type

1 Hospital

2 SNF (Skilled Nursing Facility)

3 Home Health

4 Religious Nonmedical – Hospital

5 Religious Nonmedical - Ext Care

6 Intermediate Care

7 Clinic or Hospital Renal Dialysis

8 Special Facility or Hospital ASC Surg

3rd Digit (when 2nd digit does not equal 7 or 8)

1 Inpatient (Medicare Part A)

2 Inpatient (Medicare Part B Only)

3 Outpatient

4 Other (For Medicare Part B Use Only)

5 Intermediate Care - Level I

6 Intermediate Care - Level II

7 Intermediate Care - Level III [discontinued eff 10/1/2005]

8 Swing Bed

3rd Digit (when 2nd digit equals 7)

1 Rural Health Clinic

2 Hospital-Based or Independent Renal Dialysis Center

3 Free-Standing Federally Qualified Health Center (FQHC)

4 Other Rehabilitation Facility (ORF)

5 Comprehensive Outpatient Rehabilitation Facility(CORF)

6 Community Mental Health Center

7 Any Federally Qualified Health Center (FQHC) [eff 4/2010]

9 Other

3rd Digit (when 2nd digit equals 8)

1 Hospice (Non-Hospital Based)

2 Hospice (Hospital Based)

3 Ambulatory Surgical Center Services to Hospital Outpatients

4 Free Standing Birthing Center

5 Critical Access Hospital(CAH)

6 Residential Facility

9 Other

4th Digit - Frequency

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 Only Claim

6 Adjustment of Prior Claim

7 Replacement of Prior Claim

8 Void/Cancel of Prior Claim

9 Final Claim for Home Health PPS Episode

A Admission/Election Notice

B Termination/Revocation Notice

C Hospice Change of Provider Notice

D Void/Cancel

E Hospice Change of Ownership

F Beneficiary Initiated Adjustment Claim

G CWF Initiated Adjustment Claim

H CMS Initiated Adjustment Claim

I Intermediary Initiated Adjustment Claim

J Other Initiated Adjustment Claim

K OIG Initiated Adjustment Claim

M MSP Initiated Adjustment Claim

N QIO Initiated Adjustment Claim

P QIO Adjustment Claim

Q Claim Submit Untimely for Reconsideration

X Void/Cancel of Abbreviated Encounter

Y Replacement of Abbreviated Encounter

Z New Abbreviated Encounter Submission

CMS 1500 – Place of Service

Listed below are place of service codes and descriptions. These codes should be used on professional claims to specify the entity where service(s) were rendered.

Code(s)	Place of Service Name	Place of Service Description
1	Pharmacy**	A facility or location where drugs and other medically related items and services are sold, dispensed, or otherwise provided directly to patients. (effective 10/1/05)
2	Unassigned	N/A
3	School	A facility whose primary purpose is education.
4	Homeless Shelter	A facility or location whose primary purpose is to provide temporary housing to homeless individuals (e.g., emergency shelters, individual or family shelters).
5	Indian Health Service Free-standing Facility	A facility or location, owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to American Indians and Alaska Natives who do not require hospitalization.
6	Indian Health Service Provider-based Facility	A facility or location, owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services rendered by, or under the supervision of, physicians to American Indians and Alaska Natives admitted as inpatients or outpatients.
7	Tribal 638 Free-standing Facility	A facility or location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and nonsurgical), and rehabilitation services to tribal members who do not require hospitalization.
8	Tribal 638 Provider-based Facility	A facility or location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and nonsurgical), and rehabilitation services to tribal members admitted as inpatients or outpatients.
9-10	Prison/ Correctional Facility	A prison, jail, reformatory, work farm, detention center, or any other similar facility maintained by either Federal, State or local authorities for the purpose of confinement or rehabilitation of adult or juvenile criminal offenders.

Code(s)	Place of Service Name	Place of Service Description
11	Office	Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.
12	Home	Location, other than a hospital or other facility, where the patient receives care in a private residence.
13	Assisted Living Facility	Congregate residential facility with self-contained living units providing assessment of each resident's needs and on-site support 24 hours a day, 7 days a week, with the capacity to deliver or arrange for services including some health care and other services. (effective 10/1/03)
14	Group Home *	A residence, with shared living areas, where clients receive supervision and other services such as social and/or behavioral services, custodial service, and minimal services (e.g., medication administration).
15	Mobile Unit	A facility/unit that moves from place-to-place equipped to provide preventive, screening, diagnostic, and/or treatment services.
16	Temporary Lodging	A short term accommodation such as a hotel, campground, hostel, cruise ship or resort where the patient receives care, and which is not identified by any other POS code. (effective 4/1/08)
17-19	Unassigned	N/A
20	Urgent Care Facility	Location, distinct from a hospital emergency room, an office, or a clinic, whose purpose is to diagnose and treat illness or injury for unscheduled, ambulatory patients seeking immediate medical attention.
21	Inpatient Hospital	A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services by, or under, the supervision of physicians to patients admitted for a variety of medical conditions.
22	Outpatient Hospital	A portion of a hospital which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.
23	Emergency Room - Hospital	A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided.
24	Ambulatory Surgical Center	A freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis.
25	Birthing Center	A facility, other than a hospital's maternity facilities or a physician's office, which provides a setting for labor, delivery, and immediate postpartum care as well as immediate care of newborn infants.

Code(s)	Place of Service Name	Place of Service Description
26	Military Treatment Facility	A medical facility operated by one or more of the Uniformed Services. Military Treatment Facility (MTF) also refers to certain former U.S. Public Health Service (USPHS) facilities now designated as Uniformed Service Treatment Facilities (USTF).
27-30	Unassigned	N/A
31	Skilled Nursing Facility	A facility which primarily provides inpatient skilled nursing care and related services to patients who require medical, nursing, or rehabilitative services but does not provide the level of care or treatment available in a hospital.
32	Nursing Facility	A facility which primarily provides to residents skilled nursing care and related services for the rehabilitation of injured, disabled, or sick persons, or, on a regular basis, health-related care services above the level of custodial care to other than mentally retarded individuals.
33	Custodial Care Facility	A facility which provides room, board and other personal assistance services, generally on a long-term basis, and which does not include a medical component.
34	Hospice	A facility, other than a patient's home, in which palliative and supportive care for terminally ill patients and their families are provided.
35-40	Unassigned	N/A
41	Ambulance - Land	A land vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.
42	Ambulance - Air or Water	An air or water vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.
43-48	Unassigned	N/A
49	Independent Clinic	A location, not part of a hospital and not described by any other Place of Service code, that is organized and operated to provide preventive, diagnostic, therapeutic, rehabilitative, or palliative services to outpatients only. (effective 10/1/03)
50	Federally Qualified Health Center	A facility located in a medically underserved area that provides Medicare beneficiaries preventive primary medical care under the general direction of a physician.
51	Inpatient Psychiatric Facility	A facility that provides inpatient psychiatric services for the diagnosis and treatment of mental illness on a 24-hour basis, by or under the supervision of a physician.

Code(s)	Place of Service Name	Place of Service Description
52	Psychiatric Facility-Partial Hospitalization	A facility for the diagnosis and treatment of mental illness that provides a planned therapeutic program for patients who do not require full time hospitalization, but who need broader programs than are possible from outpatient visits to a hospital-based or hospital-affiliated facility.
53	Community Mental Health Center	A facility that provides the following services: outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically ill, and residents of the CMHC's mental health services area who have been discharged from inpatient treatment at a mental health facility; 24 hour a day emergency care services; day treatment, other partial hospitalization services, or psychosocial rehabilitation services; screening for patients being considered for admission to State mental health facilities to determine the appropriateness of such admission; and consultation and education services.
54	Intermediate Care Facility/Mentally Retarded	A facility which primarily provides health-related care and services above the level of custodial care to mentally retarded individuals but does not provide the level of care or treatment available in a hospital or SNF.
55	Residential Substance Abuse Treatment Facility	A facility which provides treatment for substance (alcohol and drug) abuse to live-in residents who do not require acute medical care. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, psychological testing, and room and board.
56	Psychiatric Residential Treatment Center	A facility or distinct part of a facility for psychiatric care which provides a total 24-hour therapeutically planned and professionally staffed group living and learning environment.
57	Non-residential Substance Abuse Treatment Facility	A location which provides treatment for substance (alcohol and drug) abuse on an ambulatory basis. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, and psychological testing. (effective 10/1/03)
58-59	Unassigned	N/A
60	Mass Immunization Center	A location where providers administer pneumococcal pneumonia and influenza virus vaccinations and submit these services as electronic media claims, paper claims, or using the roster billing method. This generally takes place in a mass immunization setting, such as, a public health center, pharmacy, or mall but may include a physician office setting.

Code(s)	Place of Service Name	Place of Service Description
61	Comprehensive Inpatient Rehabilitation Facility	A facility that provides comprehensive rehabilitation services under the supervision of a physician to inpatients with physical disabilities. Services include physical therapy, occupational therapy, speech pathology, social or psychological services, and orthotics and prosthetics services.
62	Comprehensive Outpatient Rehabilitation Facility	A facility that provides comprehensive rehabilitation services under the supervision of a physician to outpatients with physical disabilities. Services include physical therapy, occupational therapy, and speech pathology services.
63-64	Unassigned	N/A
65	End-Stage Renal Disease Treatment Facility	A facility other than a hospital, which provides dialysis treatment, maintenance, and/or training to patients or caregivers on an ambulatory or home-care basis.
66-70	Unassigned	N/A
71	Public Health Clinic	A facility maintained by either State or local health departments that provides ambulatory primary medical care under the general direction of a physician. (effective 10/1/03)
72	Rural Health Clinic	A certified facility which is located in a rural medically underserved area that provides ambulatory primary medical care under the general direction of a physician.
73-80	Unassigned	N/A
81	Independent Laboratory	A laboratory certified to perform diagnostic and/or clinical tests independent of an institution or a physician's office.
82-98	Unassigned	N/A
99	Other Place of Service	Other place of service not identified above.

* Revised, effective April 1, 2004.

** Revised, effective October 1, 2005

CMS 1500 – Type of Service

List of Type of Service Indicators
(updated Sep 24, 2013)

Indicator	Type of Service Name	Special Considerations/Exceptions
0	Whole Blood	
1	Medical Care	
2	Surgery	
3	Consultation	
4	Diagnostic Radiology	
6	Therapeutic Radiology	
7	Anesthesia	
8	Assistant at Surgery	Surgical services billed with an assistant-at-surgery modifier (80-82, AS,) must be reported with TOS 8. The 8 indicator does not appear on the TOS table because its use is dependent upon the use of the appropriate modifier. (See Pub. 100-04, Medicare Claims Processing Manual, Chapter 12, "Physician/Nonphysician Practitioner," for instructions on when assistant-at-surgery is allowable.)
9	Other Medical Items or Services	
A	Used DME	
B	High Risk Screening Mammography	
C	Low Risk Screening Mammography	
D	Ambulance	
E	Enteral/Parenteral Nutrients/Supplies	
F	Ambulatory Surgical Center (Facility Usage for Surgical Services)	Surgical services billed for dates of service through December 31, 2007, containing the ASC facility service modifier SG must be reported as TOS F. Effective for services on or after January 1, 2008, the SG modifier is no longer applicable for Medicare services. ASC providers should discontinue applying the SG modifier on ASC facility claims. The indicator 'F' does not appear in the TOS table because its use depends upon claims submitted with POS 24 (ASC Facility) from an ASC (specialty 49). This became effective for dates of service January 1, 2008, and after.

Indicator	Type of Service Name	Special Considerations/Exceptions
G	Immunosuppressive Drugs	For injection codes with more than one possible TOS designation, use the following guidelines when assigning the TOS: When the choice is G or 1: ○ Use TOS G when the drug is an immunosuppressive drug; or ○ Use TOS 1 when the drug is used for other than immunosuppression.
H	Hospice	TOS H appears in the list of descriptors. However, it does not appear in the table. In CWF, "H" is used only as an indicator for hospice. The carrier should not submit TOS H to CWF at this time.
J	Diabetic Shoes	
K	Hearing Items and Services	
L	ESRD Supplies	For injection codes with more than one possible TOS designation, use the following guidelines when assigning the TOS: When the choice is L or 1, ○ Use TOS L when the drug is used related to ESRD; or ○ Use TOS 1 when the drug is not related to ESRD and is administered in the office.
M	Monthly Capitation Payment for Dialysis	
N	Kidney Donor	
P	Lump Sum Purchase of DME, Prosthetics, Orthotics	For injection codes with more than one possible TOS designation, use the following guidelines when assigning the TOS: When the choice is P or 1, ○ Use TOS P if the drug is administered through durable medical equipment (DME); or ○ Use TOS 1 if the drug is administered in the office.
Q	Vision Items or Services	
R	Rental of DME	
S	Surgical Dressings or Other Medical Supplies	
T	Outpatient Mental Health Treatment Limitation	Psychiatric treatment services that are subject to the outpatient mental health treatment limitation should be reported with TOS T.
U	Occupational Therapy	
V	Pneumococcal/Flu Vaccine	
W	Physical Therapy	

Condition Codes Sets

1500 Health Care Claim Form and in the 837 Professional.
Condition Codes Source: http://www.nucc.org
The following is the list of the current Condition Codes for abortion valid for use on the 1500 Health Care Claim Form and in the 837 Professional.

Code(s):	***Description***
AA	Abortion Performed due to Rape
AB	Abortion Performed due to Incest
AC	Abortion Performed due to Serious Fetal Genetic Defect, Deformity, or Abnormality
AD	Abortion Performed due to a Life Endangering Physical Condition Caused by, Arising from or Exacerbated by the Pregnancy Itself
AE	Abortion Performed due to Physical Health of Mother that is not Life Endangering
AF	Abortion Performed due to Emotional/psychological Health of the Mother
AG	Abortion Performed due to Social or Economic Reasons
AH	Elective Abortion
AI	Sterilization

The following is a list of Condition Codes for worker's compensation claims that are valid for use on the 1500 Health Care Claim Form.

- W2 Duplicate of original bill
- W3 Level 1 appeal
- W4 Level 2 appeal
- W5 Level 3 appeal

UB04 Condition Codes (1450 CMS Form)

Code(s):	***Description***
1-34	Situational
35-99	Accommodations
A0-BZ	Special Program Indicator Codes Required
C1-CZ	QIO Approval Indicator Codes
D0-ZZ	Claim Change Reasons

POA Code Set

Present on Admission (POA) Codes:	Definition:
Y	Present at the time of inpatient admission
N	Not present at the time of inpatient admission
U	Documentation is insufficient to determine if condition is present on admission
W	Provider is unable to clinically determine whether condition was present on admission or not
1	Exempt from POA reporting. This code is the equivalent of a blank on the UB-04, however, it was determined that blanks were undesirable on Medicare claims when submitting this data via the 004010/00410A1.

NOTE: The number "1" is no longer valid on claims submitted under the version 5010 format, effective January 1, 2011. The POA field will instead be left blank for codes exempt from POA reporting.

Please refer to Transmittal R756OTN, Change Request (CR) 7024 at http://www.cms.gov/Transmittals/Downloads/R756OTN.pdf on the CMS website.

U.S. Office of Personnel Management
Office of the Inspector General
Attachment 3: Claim Layout Instructions and Formatting Requirements

INSTRUCTIONS FOR FORMATTING AND SUBMITTING CLAIMS

OIG's mandatory claims data layout, included as part of this spreadsheet, **must** be used when creating your medical and pharmacy data files. The same layout is used for both the ACR and MLR claims submissions. This layout is being provided to all carriers required to comply with this data submission request. Please keep in mind that the data files should include FEHB claims incurred during calendar year 2023, and paid through June 30, 2024, for the MLR submission and the claims data used in the development of the FEHB Program premium rates for the 2025 ACR submission.

- All claim file submissions produced must have a header record added
- A header record by default is a single record and is the first record before all claims record on the file
- Follow template sample on tab 'header record Format' EXACTLY how the header must appear.
- All elements within the header must occupy at their specific position(s) on the record in order for us to pickup the details on our side (follow the template noting the start/end position)
- When reporting the FILE_RECORD_COUNT be sure that the count represents the claims records only and excludes the header
- The FILE_CONTROL_SUM and FILE_CONTROL_FIELD work together. Indicate which amount used to create the summing.
- Two new fields have been added to the end of the Medical and Rx submissions. 'Submission Year' and 'Submission Type' will be used to delineate the claims for the MLR and ACR submission.

Formatting Requirements:

- All Files must be in ASCII format with records of fixed length. Delimited records cannot be processed.
- No quotations around records within claims files.
- **Amount fields:** Must always contain numbers (no special characters like decimal points, slashes, or commas are allowed); must be right justified with leading zeros, except for the 1st position, which is reserved for the sign.

- **Date fields:** Must always contain number (no special characters like decimal points, dollar signs, slashes, or commas are allowed); and must always contain values in this format: yyyymmdd. The acceptable date paid window (range) is claims incurred during the calendar year and paid through six months of the following year (June 30), with the exception of 'encounters', please do not split the encounters across years.

NOTE: All fields listed on the Excel spreadsheet are required. All field must be populated. If data for any field is unavailable, please include the field, but populate the field as follows:

- If the field is non-monetary or non-numeric, fill the field with spaces
- If the field is monetary or numeric, fill the field with zeros
- If the field is a date field, excluded DOBs, fill with zeros

If certain mandatory fields are not captured or are unavailable, please contact Nekitra Tuell at OIGCRAGCLAIM@opm.gov prior to the submission. If any required fields are missing and the OIG has not been contacted, your claims submission will be considered incomplete.

REQUIRED DOCUMENTATION

Claims Data Submission – Claims data is to be provided in an OIG-approved file format as follows:

- **Fixed Width Flat File (Text) –** All data must be sent as .txt files that is non delimited. No other format/method will be accepted. **Note:** The OIG should receive a separate file for medical and pharmaceutical claims.
- All transmitted files have required naming conventions. We will **not** be able to accept any data files unless the appropriate naming conventions are applied. **(See OIG SFTP Transfer Step # 7 below for further explanation)**
- The file name should not exceed 31 characters.

Data Dictionary – Submit a data dictionary that includes definitions and any applicable code sets for all fields included in your data file. This dictionary should include, but not be limited to the following fields:

- Field # 12 - Patient Relationship Code **(Medical File)**
- Field # 31 - Place of Service Code **(Medical File)**
- Field # 33 - Type of Service Code **(Medical File)**

- Field(s) # 35, 37, 39, 41 - Diagnosis Code - Please provide a list of any non-ICD codes used for these fields **(Medical File)**
- Field # 57 - Performing Provider Specialty Code **(Medical File)**
- Field # 59 – Patient Relationship Code **(Pharmacy File)**

CLAIMS DATA SUBMISSION REQUIREMENTS

All Community-Rated carriers that submit FEHB claims data to OPM's OIG must do so using a Secure File Transfer Protocol (SFTP) account. **Submitting claims data using any other method (i.e., DVD, flash drive, secure mail, FTP), is no longer permitted.**

The OPM/OIG SFTP transfer consists of several steps involving, but not limited to, OPM firewall access, OIG server user ID and password generation, and data compression and encryption. To acquire a SFTP account through OPM/OIG, please follow the steps outlined below.

SFTP TECHNICAL CHANGES FROM PREVIOUS CARRIER LETTER

- All files should now be transferred to the following directory: /CRAG
- All files transmitted via SFTP are required to be encrypted.
- SFTP server passwords are no longer accepted. As of December 15, 2023, in an effort to achieve compliance with White House Executive Order 14028 – Improving the Nation's Cybersecurity, we implemented **public key authentication** in place of password authentication. If you have not done so, please provide your SSH public authentication key as soon as possible. Please contact OIG Helpdesk (OIG-HELPDESK@opm.gov) and we will coordinate with you to begin testing once the keys are received. Additionally, if you have already completed this process, we recommend testing the existing connection to ensure that the connection is still accessible. Public Keys should be at minimum **RSA 3072**.

  NOTE: This is only regarding changes to SFTP connections for OPM's Office of the Inspector General (OIG). We collect data and maintain SFTP connections separate from other OPM offices. This notice does not pertain to any connections for the FEHB Data-Hub SFTP server, HIDW or any other OPM program office.

- Please ensure that all files maintain their extensions during PGP encryptions (See Step 7).
- WinZip/csv data files are no longer accepted.
- PKZIP Encryption is no longer accepted.

OIG SFTP Technical Questions

All SFTP technical questions or issues should be directed to the following individuals:

OIG SFTP ADMINISTRATORS

- Rohit Kapoor, Chief, OPM OIG Information Systems Technology Group, 202-606-1280 or at Rohit.Kapoor@opm.gov
- Jason Cooper, IT Specialist, OPM OIG Information Systems Technology Group, 202-606-9505 or at Jason.Cooper@opm.gov
- OIG Helpdesk at OIG-HELPDESK@opm.gov

OIG SFTP Transfer Steps

1. **Public IP Address of Internal Server** – To gain access through the OPM Firewall, the carrier must provide the public IP address of the server(s) sending the file to OPM. Once this information is obtained and ready to be given to OPM/OIG, proceed to Step 2.
2. **Initiate Account Set-up –** To request a SFTP account or update an existing FTP account, contact the OIG SFTP Administrators via phone or email (listed above). Provide them with the public IP address of the server(s) sending the file to OPM. This information will be entered into the OPM firewall for access.
3. **Obtain Username and Provide SSH public authentication key**. A public SSH authentication key will need to be provided for authentication. Once firewall access has been obtained, the OIG SFTP Administrators will work with the carrier's point of contact to provide a username and register carrier's SSH key to the SFTP server.
4. **File Specifications –** All transmitted files must be in Binary format based on the agreed-upon fixed length format.
5. **Select Encryption Software -** The OIG SFTP process requires that all transmitted data be **compressed and encrypted**. The carrier must use the same software as the OIG. File encryption software performs data compression and data encryption. Coordinate with the OIG SFTP

Administrator to determine which software will be used. The OIG SFTP server can accept:

- PGP (or GPG) Encryption (preferred method), OIG PGP public key will be provided.
- Please ensure that all files maintain their extensions during PGP encryptions **(See Step 7).**

6. **File Testing -** Coordinate with the OIG SFTP Administrators to transmit test files. Once testing has been completed, the carrier will be assigned a date and time for the initial data transfer and recurring transmissions. The OIG prefers that the carrier send an email to OIG-HELPDESK@opm.gov and Jason.Cooper@opm.gov each time a test file has been transmitted.
7. **File Naming Conventions –** We request the following naming conventions be placed on the transmitted files:

Medical Claims

- CRAG_Medical_MLRCLMS_PlanCode_Y2023.txt.pgp
- CRAG_Medical_ACRCLMS_PlanCode_Y2025.txt.pgp

Pharmacy Claims

- CRAG_Pharmacy_MLRCLMS_PlanCode_Y2023.txt.pgp
- CRAG_Pharmacy_ACRCLMS_PlanCode_Y2025.txt.pgp

Attachment 1 (separate one for each data file – see below examples)

- CRAG_Attachment 1_MLRMedical_PlanCode_Y2023.pdf.pgp
- CRAG_Attachment 1_ACRMedical_PlanCode_Y2025.pdf.pgp

(Attachment 1's can also be in a .txt, .xlsx or a .docx format)

Example: CRAG_Attachment 1_MLRMedical_AZ_Y2023.docx.pgp

Example: CRAG_Attachment 1_MLRPharmacy_AZ_Y2023.docx.pgp

Example: CRAG_Attachment 1_ACRMedical_AZ_Y2025.docx.pgp

Example: CRAG_Attachment 1_ACRPharmacy_AZ_Y2025.doc.pgp

Data Dictionary

- CRAG_DataDictionary_PlanCode_Y2023.docx.pgp

(Data Dictionaries can also be in a .txt, .xlsx or a .pdf format)

For all above naming conventions, PlanCode, 2023, and 2025 mean the following:

a) **2023 & 2025** = the time frame the file covers, **not** when it was transmitted; and

b) **Plan Code** = the two-digit alphanumeric code assigned by the FEHB Program.

(Example: CRAG_Medical_MLRCLMS_AZ_Y2023)

We will not be able to accept any files unless the appropriate naming convention is applied.

8. **Confirmation Email –** We request that an email be sent after each file/group of files has been transmitted. The purpose is to notify us that a specific file(s) has been transmitted and to provide us with the file name, the number of records in the file, and the amount paid by the plan (Field name - Insurance Amount Paid) to confirm that the complete file(s) was received.

   We request that the following OIG staff members be copied on each transmission email:

   - OIG-Helpdesk (OIG-HELPDESK@opm.gov)
   - Nekitra Tuell (OIGCRAGCLAIM@opm.gov)
   - OIG's Data Management Group (OIGOM-DMG@opm.gov)

Header Record Formatting

Each ACR/MLR medical or pharmacy claims data file produced will have one header record inserted onto it.

!CAUTION! FILE_RECORD_COUNT should reflect number of claims records ONLY excluding the header.

```
        1         2         3         4         5         6         7         8         9         1H        1         2         3         4         5         6         7         8         9         2H        1         2         3
12345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456

#H CARRIER NAME                    PLAN:xx   SUBMIT_TYPE:ACR   SUBMIT_YEAR:yyyy     FILE_TYPE:PHARMACY   FILE_CREATION_DATE:mm/dd/yyyy FILE_RECORD_COUNT:999,999,999 FILE_CONTROL_SUM:$99,999,999,999.99   FILE_CONTROL_FIELD:TO
#H CARRIER NAME                    PLAN:xx   SUBMIT_TYPE:MLR   SUBMIT_YEAR:yyyy     FILE_TYPE:MEDICAL    FILE_CREATION_DATE:12/14/2020 FILE_RECORD_COUNT:999,999,999 FILE_CONTROL_SUM:$99,999,999,999.99   FILE_CONTROL_FIELD:TO
```

An example record of what an ACR Pharmacy and an MLR Medical entry would look like. Placeholder data is used and follows the formatting described below.

Header Record Specifications:

Field Name	Length	Start	End	Description	Values
RECORD TYPE	2	1	2	Identifies record type	#H
CARRIER NAME	30	4	33	Carrier name	
PLAN CODE	5	45	49	Label – Fixed Literal	PLAN:
PLAN CODE	2	50	51	Two character plan code	XX

Field Name	Length	Start	End	Description	Values
SUBMISSION TYPE	12	55	66	Label - fixed literal	SUBMIT_TYPE:
SUBMISSION TYPE	3	67	69	Type of submission; MLR or ACR	MLR/ACR
SUBMISSION YEAR	12	73	84	Label - fixed literal	SUBMIT_YEAR:
SUBMISSION YEAR	4	85	88	Year of file submission	YYYY
FILE TYPE	10	95	104	Label - fixed literal	FILE_TYPE:
FILE TYPE	8	105	112	Type of claim; ie.Medical or Pharmacy exactly as shown ("PHARMACY", not "Rx")	MEDICAL/ PHARMACY
CREATE_DATE	19	116	134	Label - fixed literal	FILE_CREATION_DATE:

Field Name	Length	Start	End	Description	Values
CREATE_DATE	10	135	144	Date this extract file is generated/produced	mm/dd/yyyy
RECORD COUNT	18	147	164	label - fixed literal	FILE_RECORD_COUNT:
RECORD COUNT	11	165	175	Number of claims data records on file.	999,999,999
CONTROL SUM	17	178	194	Label - fixed literal	FILE_CONTROL_SUM:
CONTROL SUM	18	195	212	Sum total of the control field of all records on this file.	$99,999,999,999.99
CONTROL FIELD	19	216	234	Label - fixed literal	FILE_CONTROL_FIELD:

Field Name	Length	Start	End	Description	Values
CONTROL FIELD	20	235	254	The control field used for the summing. (ie. Total_Ins_Amt_Paid or Total_Pd_All_Sources)	TOTAL_INS_AMT_PAID/TOTAL_PD_ALL_SOURCES

Master Format – Medical

OPM/OIG Medical-Dental Claims Field Requirements for all Community-Rated FEHB Plans – Except State-Mandated Traditional Community-Rated HMOs

#	PII	Field Name	Field Format	Field Length	Starting Position	Ending Position	Field Notes and Valid Data Field Values	OIG SAS Variable Name	If a field is generated then put a G, if this field is a direct Extract put an E or blank if field cannot be provided	Response or Questions from [plan]
1		Plan Code	PIC X(02).	2	1	2	The two digits alpha numeric plan code assign by the FEHB. (e.g. JP, CY, 63, etc.) Left justified.	plan_code		
2		Plan Name	PIC X(40).	40	3	42	Plan Name – Brochure Name (e.g. Coventry Health Care of Kansas, Dean Health Plan, etc.) Left justified.	plan_name		
3		Group Number	PIC X(15).	15	43	57	Unique identifier for the group. Left justified.	grp_num		
4		Group Name	PIC X(40).	40	58	97	Name of the group. Left justified.	grp_name		
5	**Y**	Subscriber ID Number	PICX(20).	20	98	117	Unique identifier of the Subscriber. Left justified.	sub_id		
6	**Y**	SSN-Patient	PICX(09).	9	118	126	SSN of Patient, left justified with appropriate leading zeros, no hyphens.	pat_ssn		
7	**Y**	Subscriber First Name	PICX(25).	25	127	151	First name of the subscriber. Left justified.	sub_fname		
8	**Y**	Subscriber Middle Name	PICX(25).	25	152	176	Middle name of the subscriber. Left justified.	sub_mname		
9	**Y**	Subscriber Last Name	PICX(25).	25	177	201	Last name of the subscriber. Left justified.	sub_lname		
10	**Y**	Subscriber Name Suffix	PICX(05).	5	202	206	Name suffix that follows subscriber's last name. (e.g. Jr., Sr., III, IV, etc.) Left justified.	sub_sfxname		
11	**Y**	Unique Patient Identifier Code/Number	PIC X(02).	2	207	208	Unique alphabetic code (A-Z) or sequential number to differentiate each person covered on this contract. Left justified.	patient		
12		Patient - Relationship Code	PIC X(02).	2	209	210	Code to identify the relationship of the patient to the subscriber/contract holder. Please provide code set for this field. Left justified.	enr_relation_code		
13	**Y**	Patient ID Number	PICX(20).	20	211	230	Unique identifier of the Patient. Left	pat_id		

#	PII	Field Name	Field Format	Field Length	Starting Position	Ending Position	Field Notes and Valid Data Field Values	OIG SAS Variable Name	If a field is generated then put a G, if this field is a direct Extract put an E or blank if field cannot be provided	Response or Questions from [plan]
							justified.			
14	**Y**	Patient - Date of Birth	PIC 9(08).	8	231	238	**Date Format**: YYYYMMDD. Left justified.	dob		
15	**Y**	Patient - First Name	PIC X(25).	25	239	263	First name of the patient. Left justified.	pat_fname_key		
16	**Y**	Patient - Middle Name	PIC X(25).	25	264	288	Middle name of the patient. Left justified.	pat_mname		
17	**Y**	Patient - Last Name	PIC X(25).	25	289	313	Last name of the patient. Left justified.	pat_lname		
18	**Y**	Patient -Name Suffix	PIC X(05)	5	314	318	Name suffix that follows patient's last name. (e.g. Jr., Sr., III, IV, etc.). Left justified.	pat_sfxname		
19		Patient - Gender Code	PIC X.	1	319	319	**M** = Male; **F** = Female. Left justified.	gender		
20		FEHB Enrollment Code	PIC X(03).	3	320	322	Use OPM assigned 3 position enrollment code. (e.g. 321, 322). Left justified.	new_enr_code		
21		Claim Number	PIC X(20).	20	323	342	The unique number assigned to this claim by the plan. Left justified.	claim		
22		Charge/Line Number	PIC 9(03).	3	343	345	Specific line number for this charge line in this claim. Right justified.	clmlnnum		
23		Claim - Number of Charges	PIC 9(03).	3	346	348	Total number of line items/charges for this claim. Right Justified.	clmlines		
24		Type of Claim Indicator (I/P,O/P,Professional)	PIC X.	1	349	349	**I** = Inpatient Facility; **O** = Outpatient Facility; **P**=Physicians. Indicates the type of claim being reported. Left justified.	typclaim		
25		Claim Disposition/Status Code	PIC X.	1	350	350	Please use the codes **(1-4)** ► See **Attachment 2** for Code Value Definitions. Left justified.	disp		
26		First Date of Service/Service Begin Date	PIC 9(08).	8	351	358	**Date Format**: YYYYMMDD. Left justified.	incurred		
27		Last Date of Service/Service End Date	PIC 9(08).	8	359	366	**Date Format**: YYYYMMDD. Left justified.	discharg		
28		Number of Services/Days	PIC 9(06).	6	367	372	Identifies the unit of measurement for the Number of Services field. Right justified. If this field is populated, then field #29 should be populated.	numbserv		

#	PII	Field Name	Field Format	Field Length	Starting Position	Ending Position	Field Notes and Valid Data Field Values	OIG SAS Variable Name	If a field is generated then put a G, if this field is a direct Extract put an E or blank if field cannot be provided	Response or Questions from [plan]
29		Service Unit Code	PIC X(02).	2	373	374	**(DA, DH, MA, MJ, MO, UN, VS, WK, YR) else Blanks►** See **Attachment 2** for Code Value Definitions. Left justified.	servunit		
30		Facility Type of Bill	PIC X(04).	4	375	378	Numeric values **(0110-0899)** for facility claims only, otherwise **Blanks**. ► See Tab '**Facility Type of Bill Code**' for Code Value Definitions, **right justify** old 3 pos code and insert zero in left-most position. This four-digit alphanumeric code gives three specific pieces of information after a leading zero. The second digit identifies the type of facility. The third classifies the type of care. The fourth indicates the sequence of this bill in this particular episode of care.	facil_billtype		
31		Place of Service	PIC X(03).	3	379	381	Indicates the location where the service was rendered such as Inpatient Hospital, Outpatient Hospital, Office, Ambulatory Surgical Center, etc. Please provide code set for this field. Left justified.	gpos		
32		Place of Service_CMS	PIC X(02).	2	382	383	Place of Service Codes are two-digit codes placed on health care professional claims to indicate the setting in which a service was provided. The Centers for Medicare & Medicaid Services (CMS) maintain POS codes used throughout the health care industry. See Tab **'CMS 1500-Place of Service'** for Code Value Definitions. Left Justified.	cms_gpos		
33		Type of Service Code	PIC X(05).	5	384	388	Indicates the type of service such as Surgery, Anesthesia, Diagnostic Radiology, etc. Please provide code set for this field. Left justified.	gtos		
34		Type of Service_CMS	PIC X(02).	2	389	390	This is code can be found on the CMS 1500 Claim Form. ► See Tab '**CMS 1500-Type of Service**' for Code Value Definitions. Left justified.	cms_gtos_ind		

#	PII	Field Name	Field Format	Field Length	Starting Position	Ending Position	Field Notes and Valid Data Field Values	OIG SAS Variable Name	If a field is generated then put a G, if this field is a direct Extract put an E or blank if field cannot be provided	Response or Questions from [plan]
35		Diagnosis Code Type (1) [=**Principal Diag** for Facil]	PIC X.	1	391	391	**9** = ICD-9 codes; **0** = ICD-10 codes; **S** = Special Codes by this plan; **Blank** = no diag code reported (e.g. dental claims, etc.). Left justified.	diag_type1		
36		Diagnosis Code (1)	PIC X(08)	8	392	399	Primary Diagnosis Code for the charges on this line. Left justified, no decimal. For Facility claims, provide the **Principal Diagnosis Code** followed by the **Admitting Diagnosis Code** and first 2 Other Diagnosis Codes. For Professional claims, provide the first 4 Diagnosis Codes for the charge line. Left justified, no decimal. 1st position = (0-9, V or E) and field length 3 to 5 positions for ICD-9 codes. *The 8th position should always be the Present on Admission (POA) Indicator.* ***Values = Y, N, U, W, 1*** ► 'See Tab '**POA Code Set**' for Code Value Definitions.	diagcode		
37		Diagnosis Code Type (2)[=**Admitting Diag** for Facil]	PIC X.	1	400	400	**9** = ICD-9 codes; **0** = ICD-10 codes; **S** = Special Codes by this plan; **Blank** = no diag code reported (e.g. dental claims, etc.). Left justified.	diag_type2		
38		Diagnosis Code (2)	PIC X(08)	8	401	408	Please provide a list of any non ICD codes used for these fields. Left Justified.	diagcd2		
39		Diagnosis Code Type (3)	PIC X.	1	409	409	**9** = ICD-9 codes; **0** = ICD-10 codes; **S** = Special Codes by this plan; **Blank** = no diag code reported (e.g. dental claims, etc.). Left justified.	diag_type3		
40		Diagnosis Code (3)	PIC X(08)	8	410	417	Please provide a list of any non ICD codes used for these fields. Left Justified.	diagcd3		
41		Diagnosis Code Type (4)	PIC X.	1	418	418	**9** = ICD-9 codes; **0** = ICD-10 codes; **S** = Special Codes by this plan; **Blank** = no diag code reported (e.g. dental claims, etc.). Left justified.	diag_type4		

#	PII	Field Name	Field Format	Field Length	Starting Position	Ending Position	Field Notes and Valid Data Field Values	OIG SAS Variable Name	If a field is generated then put a G, if this field is a direct Extract put an E or blank if field cannot be provided	Response or Questions from [plan]
42		Diagnosis Code (4)	PIC X(08)	8	419	426	Please provide a list of any non ICD codes used for these fields. Left Justified.	diagcd4		
43		Procedure Code Type (Primary)	PIC X.	1	427	427	Indicates the type of code set that appears in the Procedure Code field. The values are (**C,D,H,I,S,Blank**). **C** =CPT-4 Codes; **D** = American Dental Assoc Codes; **H** = HCPCS Codes; **I** = ICD-9 Procedure Codes; **J**= ICD-10 Procedure Codes; **S** = Special Codes by this plan; or **Blanks** = Unknown. Left Justified.	proc_type		
44		Procedure Code (Primary)	PIC X(07)	7	428	434	Primary Procedure. **HCPCS** or **CPT-4** Medical Procedure Code or the **ADA Dental** Procedure Code. **Blanks, ICD-9 or 1CD-10** for Facility claims. Left justified. Please provide a list of any other codes used for this field.	proccode		
45		Procedure Code (1) Modifier	PIC X(02).	2	435	436	CPT-4 Medical Procedure Code Modifier (**Blanks, 21-99, A1-VP**) for the Primary Procedure. This field can be populated for facility and professional claims. Left justified.	procmod1		
46		Procedure Code (2) Modifier	PIC X(02).	2	437	438	Second Procedure Code Modifier for the Primary Procedure. Left justified.	procmod2		
47		Procedure Code (3) Modifier	PIC X(02).	2	439	440	Third Procedure Code Modifier for the Primary Procedure. Left justified.	procmod3		
48		Procedure Code (4) Modifier	PIC X(02).	2	441	442	Fourth Procedure Code Modifier for the Primary Procedure. Left justified.	procmod4		
49		Patient Discharge Status Code	PIC X(02).	2	443	444	HIPAA numeric values (**00-72**) for facility claims only, otherwise **Blanks**. ► See **Attachment 2** for Code Value Definitions - Row 27 Left Justified.	new_patstatus_code		

#	PII	Field Name	Field Format	Field Length	Starting Position	Ending Position	Field Notes and Valid Data Field Values	OIG SAS Variable Name	If a field is generated then put a G, if this field is a direct Extract put an E or blank if field cannot be provided	Response or Questions from [plan]
50		Revenue Codes	PIC X(04).	4	445	448	Numeric values **(0001,0022-0024,0100-0101,0110-1005,2100-2109,3101-3199)** for facility claims only, otherwise Blanks. Left Justified.	revenue_code		
51		Condition Code	PIC X(02).	2	449	450	Condition Codes are designed to allow the collection of information related to the patient, particular services, service venue and billing parameters which impact the processing of an Institutional claim. ► See Tab '**Condition Code Sets**' Value Definitions. Left Justified.	cms_cond_code		
52	**Y**	Performing Provider - ID	PIC X(13).	13	451	463	Left justified. Provide any codes used in this field to identify special providers, e.g. an overseas claim outside the US & territories, etc.	provid		
53		Performing Provider - ID Type	PIC X(02).	2	464	465	**Values**. Blank=Not Specified Ø1=Medicare Ø2=Medicaid Ø3=UPIN Ø4=State License Ø5=Champus Ø6=Health Industry Number (HIN) Ø7=Federal Tax ID Ø8=Drug Enforcement Administration (DEA) Ø9=State Issued 1Ø=Plan Specific 11= Social Security Number 12=Federal Tax Payers Identification Number (FTIN) 99=Other Left justified.	perf_provid_idtype		
54	**Y**	Performing Provider - NPI ID	PIC X(10).	10	466	475	National Provider Identifier (NPI) reported by the Performing Provider. Left justified.	perf_provid_npi		

#	PII	Field Name	Field Format	Field Length	Starting Position	Ending Position	Field Notes and Valid Data Field Values	OIG SAS Variable Name	If a field is generated then put a G, if this field is a direct Extract put an E or blank if field cannot be provided	Response or Questions from [plan]
55	**Y**	Performing Provider - Name	PIC X(40).	40	476	515	Free form or First Name-Middle Name-Last Name. Left justified.	provname		
56	**Y**	Performing Provider - Zip Code	PIC X(09).	9	516	524	Zip Code + 4, left justified. Zip code of where the service or care was rendered	perf_provid_zip		
57		Performing Provider - Specialty Code	PIC X(10).	10	525	534	Please provide code set for this field. Left justified.	gprovspec		
58		Performing Provider - Network Status	PIC X.	1	535	535	Code to indicate whether the performing provider is in the network **= (Y),** out of the network **= (N).** Left justified**.**	perf_provid_net		
59		Debarred Provider - Indicator	PIC X.	1	536	536	Indicate whether provider is debarred (**Y** = Yes; **N** or **Blank** =Unknown/unavailable). Left justified.	debar_provid		
60		Debarred Provider - Payment Reason Code	PIC X.	1	537	537	**(C,D,G,M,U,X,Blank)►** **S**ee **Attachment 2** for Code Value Definitions. Left justified**.**	debar_reason		
61		Date Paid	PIC 9(08).	8	538	545	**Date Format**: YYYYMMDD. Left justified.	datepaid		
62		Payee	PIC X.	1	546	546	Code to indicate the recipient of the insurance payment. **P** = Provider; **S** = Subscriber; **T** = 3rd party. Left justified.	payee		
63		Billed Amount	PIC X, PIC S9(07)V99.	10	547	556	Report the billed amount for this line for this claim. Right justified. First position is the sign followed by numerical digits with an implied decimal for the last 2 digits to indicate the cents portion of the amount. The sign should be a minus (-) if the value is negative or a space if the value is positive. The remaining positions should be numerically filled. If there is no value fill the positions with zeros.	billamt		

#	PII	Field Name	Field Format	Field Length	Starting Position	Ending Position	Field Notes and Valid Data Field Values	OIG SAS Variable Name	If a field is generated then put a G, if this field is a direct Extract put an E or blank if field cannot be provided	Response or Questions from [plan]
64		Allowed/Covered Amount	PIC X, PIC S9(07)V99.	10	557	566	The amount of the billed charges that are covered by the carrier for this line. Right justified. First position is the sign followed by numerical digits with an implied decimal for the last 2 digits to indicate the cents portion of the amount. The sign should be a minus (-) if the value is negative or a space if the value is positive. The remaining positions should be numerically filled. If there is no value fill the positions with zeros.	allowed		
65		Medicare Payment Disposition Code	PIC X.	1	567	567	**A-H, J, K, N, P, U, Blank** ► See **Attachment 2** for Code Value Definitions. Left justified.	new_medpay_code		
66		Other Carrier - Paid Indicator (1)	PIC X(02).	2	568	569	**16, BL, C1, MA, MB, MU, NF, SP, SU, WC** otherwise **Blanks** if this plan paid as Primary. ► See **Attachment 2** for Code Value Definitions - Left justified.	other_pay_ind1		
67		Other Carrier - Amount Paid (1)	PIC X, PIC S9(07)V99.	10	570	579	Report the amount paid by the primary other insurance carrier when applicable. Right justified.	amtpdoth1		
68		Other Carrier - Paid Indicator (2)	PIC X(02).	2	580	581	**16, BL, C1, MA, MB, MU, NF, SP, SU, WC** otherwise **Blanks** if this plan paid as Primary. ► See **Attachment 2** for Code Value Definitions - Left justified.	other_pay_ind2		
69		Other Carrier - Amount Paid (2)	PIC X, PIC S9(07)V99.	10	582	591	Report the amount paid by a second other insurance carrier when applicable who paid prior to this plan. Right justified.	amtpdoth2		

#	PII	Field Name	Field Format	Field Length	Starting Position	Ending Position	Field Notes and Valid Data Field Values	OIG SAS Variable Name	If a field is generated then put a G, if this field is a direct Extract put an E or blank if field cannot be provided	Response or Questions from [plan]
70		Other Insurance/Medicare Allowed Amount	PIC X, PIC S9(07)V99.	10	592	601	Report the Other Carrier allowed amount or the Medicare priced amount for this line item. Right justified. First position is the sign followed by numerical digits with an implied decimal for the last 2 digits to indicate the cents portion of the amount. The sign should be a minus (-) if the value is negative or a space if the value is positive. The remaining positions should be numerically filled. If there is no value fill the positions with zeros.	medallowamt		
71		Pricing Method (1)	PIC X.	1	602	602	**Values: (4, 5, 6, B, D, E, F, G, I, K, L, M, N, U, V)►** See **Attachment 2** for Code Value Definitions. Left justified.	price_method1		
72		Pricing Method (2)	PIC X.	1	603	603	**Values: (4, 5, 6, B, D, E, F, G, I, K, L, M, N, U, V)►** See **Attachment 2** for Code Value Definitions. Left justified.	price_method2		
73		Patient Liability Amount	PIC X, PIC S9(07)V99.	10	604	613	Report the patient's liability amount for this line for this claim. Right justified. First position is the sign followed by numerical digits with an implied decimal for the last 2 digits to indicate the cents portion of the amount. The sign should be a minus (-) if the value is negative or a space if the value is positive. The remaining positions should be numerically filled. If there is no value fill the positions with zeros.	pat_amt		

#	PII	Field Name	Field Format	Field Length	Starting Position	Ending Position	Field Notes and Valid Data Field Values	OIG SAS Variable Name	If a field is generated then put a G, if this field is a direct Extract put an E or blank if field cannot be provided	Response or Questions from [plan]
74		Insurance Amount Paid	PIC X, PIC S9(07)V99.	10	614	623	Report the amount paid for this line for this claim. Right justified. First position is the sign followed by numerical digits with an implied decimal for the last 2 digits to indicate the cents portion of the amount. The sign should be a minus (-) if the value is negative or a space if the value is positive. The remaining positions should be numerically filled. If there is no value fill the positions with zeros.	amt_paid		
75		Claim- Total Billed Amount	PIC X, PIC S9(08)V99.	11	624	634	Report the total billed amount for all line items for this claim. Right justified. First position is the sign followed by numerical digits with an implied decimal for the last 2 digits to indicate the cents portion of the amount. The sign should be a minus (-) if the value is negative or a space if the value is positive. The remaining positions should be numerically filled. If there is no value fill the positions with zeros.	clmbillamt		
76		Claim-Total Covered Charges	PIC X, PIC S9(08)V99.	11	635	645	Amount of the submitted charges for all lines for this claim that are covered by the plan's contract. This amount should exclude charges billed for non-covered services. Right justified. First position is the sign followed by numerical digits with an implied decimal for the last 2 digits to indicate the cents portion of the amount. The sign should be a minus (-) if the value is negative or a space if the value is positive. The remaining positions should be numerically filled. If there is no value fill the positions with zeros.	clmcover		

#	PII	Field Name	Field Format	Field Length	Starting Position	Ending Position	Field Notes and Valid Data Field Values	OIG SAS Variable Name	If a field is generated then put a G, if this field is a direct Extract put an E or blank if field cannot be provided	Response or Questions from [plan]
77		Claim-Total Amount Paid	PIC X, PIC S9(08)V99.	11	646	656	Report the total amount paid for all line items for this claim. Right justified. First position is the sign followed by numerical digits with an implied decimal for the last 2 digits to indicate the cents portion of the amount. The sign should be a minus (-) if the value is negative or a space if the value is positive. The remaining positions should be numerically filled. If there is no value fill the positions with zeros.	clmamtpd		
78		Coinsurance Amount	PIC X, PIC S9(07)V99.	10	657	666	The amount coinsurance/copayment due from patient for this line of this claim. Right justified. First position is the sign followed by numerical digits with an implied decimal for the last 2 digits to indicate the cents portion of the amount. The sign should be a minus (-) if the value is negative or a space if the value is positive. The remaining positions should be numerically filled. If there is no value fill the positions with zeros.	coinamt		
79		Copayment Amount	PIC X, PIC S9(07)V99.	10	667	676	The copayment amount due from the patient for this line of this claim. Right justified. First position is the sign followed by numerical digits with an implied decimal for the last 2 digits to indicate the cents portion of the amount. The sign should be a minus (-) if the value is negative or a space if the value is positive. The remaining positions should be numerically filled. If there is no value fill the positions with zeros.	copayamt		

#	PII	Field Name	Field Format	Field Length	Starting Position	Ending Position	Field Notes and Valid Data Field Values	OIG SAS Variable Name	If a field is generated then put a G, if this field is a direct Extract put an E or blank if field cannot be provided	Response or Questions from [plan]
80		Deductible Amount	PIC X, PIC S9(07)V99.	10	677	686	The deductible amount due from the patient for this line of this claim. Right justified. First position is the sign followed by numerical digits with an implied decimal for the last 2 digits to indicate the cents portion of the amount. The sign should be a minus (-) if the value is negative or a space if the value is positive. The remaining positions should be numerically filled. If there is no value fill the positions with zeros.	dedamt		
81		Total Amount Paid by all Sources	PIC X, PIC S9(07)V99.	10	687	696	This field should be the sum of the plan, other insurance and member amount paid fields for this line for this claim. Right justified. First position is the sign followed by numerical digits with an implied decimal for the last 2 digits to indicate the cents portion of the amount. The sign should be a minus (-) if the value is negative or a space if the value is positive. The remaining positions should be numerically filled. If there is no value fill the positions with zeros.	amtpaid_all_sources		
82		Capitation Indicator	PIC X.	1	697	697	Capitated Line-Item Indicator. Values Expected: **Y**-Capitated Line Item **N**-Non Capitated Line Item **P**-Partial Blank Left Justified.	capitation_ind		
83		Submission Type	PIC X(03).	3	698	700	The 3 char alpha code identifying the submission type (i.e. - ACR or MLR). **Values:** ACR or MLR. Left justified.	submit_type		

#	PII	Field Name	Field Format	Field Length	Starting Position	Ending Position	Field Notes and Valid Data Field Values	OIG SAS Variable Name	If a field is generated then put a G, if this field is a direct Extract put an E or blank if field cannot be provided	Response or Questions from [plan]
84		Submission Year	PIC X(04).	4	701	704	MLR: the year for which the MLR Calculation applies ACR: Rating Year (represent the contract period or contract year. ***Not*** the experience period). **Date Format**: YYYY. Left justified.	submit_year		
85		End of Record Code	PIC X.	1	705	705	Bar Character (|)	endofrecord		

Master Format - Pharmacy

OPM/OIG Pharmacy Claims Field Requirements for all Community-Rated FEHB Plans – Except State-Mandated Traditional Community-Rated HMOs

#	PII	Field Name	Field Format	Field Length	Starting Position	Ending Position	Field Notes and Valid Data Field Values	OIG SAS Variable Name	If a field is generated then put a G, if this field is a direct Extract put an E or blank if field cannot be provided	Response or Questions from [plan]
1		Plan Code	PIC X(02).	2	1	2	The two digits alpha numeric plan code assign by the FEHB. (e.g. JP, CY, 63, etc.) .Left justified.	plan_code		
2		Plan Name	PIC X(40).	40	3	42	Plan Name – Brochure Name (e.g. Coventry Health Care of Kansas, Dean Health Plan, etc.). Left justified.	plan_name		
3		Group Number	PIC X(15).	15	43	57	Unique identifier for the group. Left justified.	grp_num		
4		Group Name	PIC X(40).	40	58	97	Name of the group. Left justified.	grp_name		
5	Y	Subscriber ID Number	PICX(20).	20	98	117	Unique identifier of the Subscriber. Please coordinate the medical and pharmacy files subscriber IDs. Left justified.	sub_id		
6	Y	SSN-Patient	PICX(09).	9	118	126	SSN of Patient, left justified with appropriate leading zeros, no hyphens.	pat_ssn		
7	Y	Subscriber First Name	PICX(25).	25	127	151	First name of the subscriber. Left justified.	sub_fname		
8	Y	Subscriber Middle Name	PICX(25).	25	152	176	Middle name of the subscriber. Left justified.	sub_mname		
9	Y	Subscriber Last Name	PICX(25).	25	177	201	Last name of the subscriber. Left justified.	sub_lname		
10	Y	Subscriber Name Suffix	PICX(05).	5	202	206	Name suffix that follows subscriber's last name. (e.g. Jr., Sr., III, IV, etc.) Left justified.	sub_sfxname		
11	Y	Unique Patient Identifier Code/Number	PIC X(02).	2	207	208	Unique alphabetic code (A-Z) or sequential number to differentiate each person covered on this contract. Left justified.	patient		
12	Y	Patient - First Name	PIC X(25).	25	209	233	First name of the patient. Left justified.	pat_fname_key		
13	Y	Patient - Middle Name	PIC X(25).	25	234	258	Middle name of the patient. Left justified.	pat_mname		
14	Y	Patient - Last Name	PIC X(25).	25	259	283	Last name of the patient. Left justified.	pat_lname		
15	Y	Patient -Name Suffix	PIC X(05)	5	284	288	Name suffix that follows patient's last name. (e.g. Jr., Sr., III, IV, etc.). Left justified.	pat_sfxname		
16	Y	Patient ID Number	PICX(20).	20	289	308	Unique identifier of the patient. Please coordinate the medical and pharmacy files patient IDs (if applicable). Left justified.	pat_id		

#	PII	Field Name	Field Format	Field Length	Starting Position	Ending Position	Field Notes and Valid Data Field Values	OIG SAS Variable Name	If a field is generated then put a G, if this field is a direct Extract put an E or blank if field cannot be provided	Response or Questions from [plan]
17	Y	Patient - Date of Birth	PIC 9(08).	8	309	316	**Date Format**: YYYYMMDD. Left justified.	pat_dob		
18		Patient- Gender	PIC X.	1	317	317	**F**=Female; **M=**Male. Left justified.	pat_gender		
19		Claim Number	PIC X(20).	20	318	337	The unique number assigned to each prescription by the plan. Left justified.	claim		
20		Mail Order/Retail Code	PIC X.	1	338	338	Values: **M**=Mail Order; **R**=Retail Pharmacy in Network; **S**= Specialty; **O**=Other. Left justified.	mail_ret_code		
21		Prescription Number	PIC X(20).	20	339	358	Prescription number assigned by the pharmacy. Left justified.	prescrip_num		
22		Date Filled	PIC 9(08).	8	359	366	Date the drug was dispensed by the pharmacy. **Date Format**: YYYYMMDD. Left justified.	fill_date		
23		Date Prescription Written	PIC 9(08).	8	367	374	Date the prescription was written as submitted by pharmacy. **Date Format**: YYYYMMDD. Left justified.	prescrip_date		
24		Date Processed	PIC 9(08).	8	375	382	Date the drug was submitted for claim by the pharmacy. Date Format: YYYYMMDD. Left justified.	dateproc		
25		NDC Number	PIC X(15).	15	383	397	National Drug Code (NDC) for the dispensed drug. Left justified.	ndc_num		
26		Drug Name	PIC X(30).	30	398	427	Name of the drug dispensed. Left justified.	drug_name		
27		Drug Strength	PIC X(10).	10	428	437	Drug strength (i.e., 500MG, 0.5%, etc.). Left justified.	drug_strength		
28		Unit of Measure	PIC X(02).	2	438	439	Indicates the dosage form of the drug dispensed "**space**" – Not specified **ML** – Milliliters **GM** – Grams **EA** – Each Left justified.	drug_unit_measure		
29		Generic/Name Brand Code	PIC X.	1	440	440	Code to indicate if the drug dispensed is **G** = Generic or **B** = Name Brand. Left justified.	drug_generic_ind		
30		Compound Indicator	PIC X.	1	441	441	Indicates if the drug dispensed is a compound. Left justified. **0** = unknown **1** = Not a Compound **2** = Compound	drug_compound_ind		

#	PII	Field Name	Field Format	Field Length	Starting Position	Ending Position	Field Notes and Valid Data Field Values	OIG SAS Variable Name	If a field is generated then put a G, if this field is a direct Extract put an E or blank if field cannot be provided	Response or Questions from [plan]
31		Formulary Indicator	PIC X.	1	442	442	Indicates if the drug dispensed is formulary. Left justified. **0** = unknown **1** = Not Formulary **2** = Formulary	formulary_code		
32		Refill Number	PIC 9(2).	2	443	444	The number of times this prescription has been refilled. Use zero for a new prescription. Code identifying whether the prescription is an original (00) or by refill number (01-99). **00** – New **01-99** - Refill number Right justified.	fill_num		
33		Quantity Dispensed	PIC 9(10).	10	445	454	Total quantity dispensed expressed in metric decimal units as submitted by the pharmacy. Right justified.	quantity_disp		
34		Days Supply	PIC 9(12).	4	455	458	The estimated number of days the prescription will last. Right justified.	days_supply		
35		Dispensing Status	PIC X(01).	1	459	459	Indicates if the prescription was a partial fill or the completion of a partial fill. **Values:** Blank = not a partial fill P=partial fill C= completion of partial fill This data is submitted by the pharmacy. Note that if a partial fill is submitted by a pharmacy, this field must be submitted with a 'p' or 'c' value. Left justified.	disp_status		
36		Dispense As Written	PIC X(01).	1	460	460	Code indicating whether or not the prescriber's instructions regarding generic substitution were followed. Left justified.	daw_code		
37		Pharmacy NABP Number	PIC X(15).	15	461	475	Unique ID number assigned by the National Association of Boards of Pharmacy (NABP) to the pharmacy that dispensed the prescription. Left justified.	pharm_nabp		
38		Pharmacy NPI	PIC X(10).	10	476	485	10 Digit Pharmacy NPI number as assigned by the Centers for Medicare and Medicaid	pharm_npi		

#	PII	Field Name	Field Format	Field Length	Starting Position	Ending Position	Field Notes and Valid Data Field Values	OIG SAS Variable Name	If a field is generated then put a G, if this field is a direct Extract put an E or blank if field cannot be provided	Response or Questions from [plan]
							Services. If Pharmacy not NPI field will = spaces. Left justified.			
39		Pharmacy NCPDP	PIC X(10).	10	486	495	Provide the physician's NCPDP ID number. Left justified.	pharm_ncpdp		
40		Pharmacy Name	PIC X(35).	35	496	530	Name of the pharmacy that dispensed the drug. Left justified.	pharm_name		
41		Pharmacy Zip Code	PIC X(09).	9	531	539	Zip code of the pharmacy location that dispensed the drug. Left justified.	pharm_zip		
42		Prescribing Physician ID	PIC X(15).	15	540	554	ID assigned to the prescribing physician for the drug dispensed. Left justified.	prescrib_id		
43		Prescriber ID Type	PIC X(05).	5	555	559	Identifies the type of ID being submitted in the Prescriber ID field. Values: Blank=Not Specified Ø1=National Provider Identifier (NPI) Ø2=Medicare Ø3=Medicaid Ø4=UPIN Ø5=NCPDP Provider ID Ø6=State License Ø7=Champus Ø8=Health Industry Number (HIN) Ø9=Federal Tax ID 10=Drug Enforcement Administration (DEA) 11=State Issued 12=Plan Specific 99=Other Left justified.	prescrib_id_type		
44		Prescribing Physician NPI	PIC X(10).	10	560	569	ID assigned to the prescribing physician for the drug dispensed. Provide the physician's National Provider ID (NPI). Left justified.	prescrib_npi		
45		Prescribing Physician Name	PIC X(35).	35	570	604	Name of the Prescribing Physician (Last Name as a minimum). Left justified.	prescrib_name		
46		Date Paid	PIC 9(08).	8	605	612	Date the plan paid for the dispensed drug. **Date Format**: YYYYMMDD. Left justified.	datepaid		
47		Payee	PIC X(02).	2	613	614	Code to indicate the recipient of the insurance payment. **P** = Provider; **S** = Subscriber; **T** =	payee		

#	PII	Field Name	Field Format	Field Length	Starting Position	Ending Position	Field Notes and Valid Data Field Values	OIG SAS Variable Name	If a field is generated then put a G, if this field is a direct Extract put an E or blank if field cannot be provided	Response or Questions from [plan]
							3rd party. Left justified.			
48		Ingredient Cost	PIC X, PIC S9(07)V99.	10	615	624	Cost of the ingredient that was dispensed. Right justified. First position is the sign followed by numerical digits with an implied decimal for the last 2 digits to indicate the cents portion of the amount. The sign should be a minus (-) if the value is negative or a space if the value is positive. The remaining positions should be numerically filled. If there is no value fill the positions with zeros.	ingred_cost		
49		Client Pricing Cost Basis	PIC X(02).	2	625	626	Code indicating the method by which ingredient cost submitted is calculated based on client pricing. Values: Blank = Not Specified 01 = AWP 1P = Pre-settlement AWP 02 = ACQ 03 = Manufacturer Direct Pricing 04 = Federal upper limit 05 = Average Generic Pricing 06 = U&C 07 = Submitted Ingredient Cost 08 = State MAC 09 = Unit 10 = U&C or Copay Left Justified.	ingred_cost_calc_code		

#	PII	Field Name	Field Format	Field Length	Starting Position	Ending Position	Field Notes and Valid Data Field Values	OIG SAS Variable Name	If a field is generated then put a G, if this field is a direct Extract put an E or blank if field cannot be provided	Response or Questions from [plan]
50		Amount Billed	PIC X, PIC S9(07)V99.	10	627	636	Total amount of the submitted prescription. Right justified. First position is the sign followed by numerical digits with an implied decimal for the last 2 digits to indicate the cents portion of the amount. The sign should be a minus (-) if the value is negative or a space if the value is positive. The remaining positions should be numerically filled. If there is no value fill the positions with zeros.	billamt		
51		Allowed/Covered Amount	PIC X, PIC S9(07)V99.	10	637	646	Report the covered charges less any savings for this line for this claim. Right justified. First position is the sign followed by numerical digits with an implied decimal for the last 2 digits to indicate the cents portion of the amount. The sign should be a minus (-) if the value is negative or a space if the value is positive. The remaining positions should be numerically filled. If there is no value fill the positions with zeros.	allowed		
52		Dispensing Fee	PIC X, PIC S9(07)V99.	10	647	656	The dispensing fee submitted by the pharmacy. Right justified. First position is the sign followed by numerical digits with an implied decimal for the last 2 digits to indicate the cents portion of the amount. The sign should be a minus (-) if the value is negative or a space if the value is positive. The remaining positions should be numerically filled. If there is no value fill the positions with zeros.	disp_fee		

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53		Other Carrier Coverage Code	PIC X(02).	2	657	658	Code to indicate which, if any, other insurance has primary liability. Field is blank if this insurance is primary. Communicated by the pharmacy regarding other coverage. **Values**: Ø= Not Specified 1= No other coverage identified 2= Other coverage exists-payment collected 3=Other coverage exists-this claim not covered 4=Other coverage exists-payment not collected 5=Managed care plan denial 6=Other coverage denied-not a participating provider 7=Other coverage exists-not in effect at time of service 8=Claim is a billing for a copay Left justified.	other_pay_ind		
54		Other Carrier Amount Paid	PIC X, PIC S9(07)V99.	10	659	668	Amount paid by another insurance carrier for this service. Right justified. First position is the sign followed by numerical digits with an implied decimal for the last 2 digits to indicate the cents portion of the amount. The sign should be a minus (-) if the value is negative or a space if the value is positive. The remaining positions should be numerically filled. If there is no value fill the positions with zeros.	other_pay_amtpd		

#	PII	Field Name	Field Format	Field Length	Starting Position	Ending Position	Field Notes and Valid Data Field Values	OIG SAS Variable Name	If a field is generated then put a G, if this field is a direct Extract put an E or blank if field cannot be provided	Response or Questions from [plan]
55		Patient Liability Amount	PIC X, PIC S9(07)V99.	10	669	678	The patient's out-of-pocket expense for the dispensed drug. Right justified. First position is the sign followed by numerical digits with an implied decimal for the last 2 digits to indicate the cents portion of the amount. The sign should be a minus (-) if the value is negative or a space if the value is positive. The remaining positions should be numerically filled. If there is no value fill the positions with zeros. First position is the sign followed by numerical digits with an implied decimal for the last 2 digits to indicate the cents portion of the amount. The sign should be a minus (-) if the value is negative or a space if the value is positive. The remaining positions should be numerically filled. If there is no value fill the positions with zeros.	pat_amt		
56		Insurance Amount Paid	PIC X, PIC S9(07)V99.	10	679	688	The amount paid to the payee by this plan for dispensed drug. Right justified. First position is the sign followed by numerical digits with an implied decimal for the last 2 digits to indicate the cents portion of the amount. The sign should be a minus (-) if the value is negative or a space if the value is positive. The remaining positions should be numerically filled. If there is no value fill the positions with zeros.	amt_paid		
57		Total Amount Paid by all Sources	PIC X, PIC S9(07)V99.	10	689	698	This field should be the sum of the plan, other insurance and member amount paid fields. Right justified. First position is the sign followed by numerical digits with an implied decimal for the last 2 digits to indicate the cents portion of the amount. The sign should be a minus (-) if the value is negative or a space if the value is positive. The remaining positions should be numerically filled. If there is no value fill the positions with zeros.	amtpaid_all_sources		

#	PII	Field Name	Field Format	Field Length	Starting Position	Ending Position	Field Notes and Valid Data Field Values	OIG SAS Variable Name	If a field is generated then put a G, if this field is a direct Extract put an E or blank if field cannot be provided	Response or Questions from [plan]
58		Sales Tax	PIC X, PIC S9(07)V99.	10	699	708	The sale tax associated with this claim line. Right justified. First position is the sign followed by numerical digits with an implied decimal for the last 2 digits to indicate the cents portion of the amount. The sign should be a minus (-) if the value is negative or a space if the value is positive. The remaining positions should be numerically filled. If there is no value fill the positions with zeros.	sales_tax		
59		Patient - Relationship Code	PIC X(02).	2	709	710	Code to identify the relationship of the patient to the subscriber/contract holder. Please provide code set for this field. Left justified.	enr_relation_code		
60		Submission Type	PIC X(03).	3	711	713	The 3 char alpha code identifying the submission type (i.e. - ACR or MLR). **Values:** ACR or MLR. Left justified.	submit_type		
61		Submission Year	PIC X(04).	4	714	717	MLR: the year for which the MLR Calculation applies ACR: Rating Year (represent the contract period or contract year. ***Not*** the experience period). **Date Format**: YYYY. Left justified.	submit_year		
62		End of Record Code	PIC X.	1	718	718	Bar Character (|)	endofrecord		