CENTER FOR HEALTH
INFORMATION AND ANALYSIS (CHIA)

CY2009-2013 INCURRED
ALL-PAYER CLAIMS DATABASE (MA APCD)
RELEASE 3.0 DOCUMENTATION GUIDE

- Dental Claims -

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Commonwealth of Massachusetts
Center for Health Information and Analysis
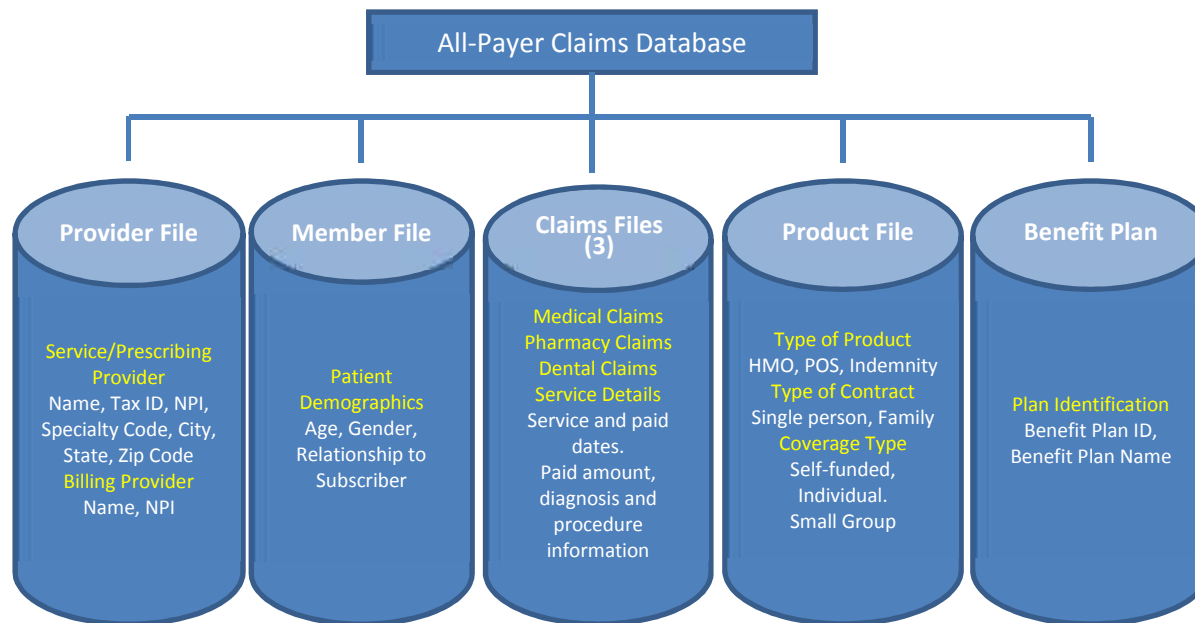Áron Boros, Executive Director

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INTRODUCTION

The Center for Health Information and Analysis (CHIA) was created to be the hub for high quality data and analysis for the systematic improvement of health care access and delivery in Massachusetts. Acting as the repository of health care data in Massachusetts, CHIA works to provide meaningful data and analysis for those seeking to improve health care quality, affordability, access, and outcomes.

To this end, the **All-Payer Claims Database (APCD)** contributes to a deeper understanding of the Massachusetts health care delivery system by providing access to accurate and detailed claims-level data essential to improving quality, reducing costs, and promoting transparency. This document is provided as a manual to accompany the release of data from the MA APCD.

The **APCD** is comprised of **medical**, **pharmacy**, and **dental claims** and information from the **member eligibility**, **provider**, **product** and **benefit plan** files, that are collected from health insurance payers operating in the Commonwealth of Massachusetts. This information encompasses public and private payers as well as insured and self-insured plans. **APCD data collection and data release** are governed by **regulations** which are available on the MA APCD website (see http://chiamass.gov/regulations/)

For ease of use, the Center for Health Information and Analysis (CHIA) has created separate documents for **each** APCD file type and one for the appendices—for a total of eight separate documents. All are available on the CHIA website.

All-Payer Claims Database

Provider File	Member File	Claims Files (3)	Product File	Benefit Plan
Service/Prescribing Provider Name, Tax ID, NPI, Specialty Code, City, State, Zip Code Billing Provider Name, NPI	Patient Demographics Age, Gender, Relationship to Subscriber	Medical Claims Pharmacy Claims Dental Claims Service Details Service and paid dates. Paid amount, diagnosis and procedure information	Type of Product HMO, POS, Indemnity Type of Contract Single person, Family Coverage Type Self-funded, Individual. Small Group	Plan Identification Benefit Plan ID, Benefit Plan Name

Section 1.0: History

1.1: Establishment of the Massachusetts APCD (MA APCD)

The first efforts to collect claim-level detail from payers in Massachusetts began in 2006 when the Massachusetts Health Care Quality and Cost Council (HCQCC) was established, pursuant to legislation in 2006, to monitor the Commonwealth's health care system and disseminate cost and quality information to consumers. Initially, data was collected by a third party under contact to the HCQCC.   On July 1, 2009, the Division of Health Care Finance and Policy (DHCFP) assumed responsibility for receiving secure file transmissions, creating, maintaining and applying edit criteria, storing the edited data, and creating analytical public use files for the HCQCC. By July 2010, Regulations 114.5 CMR 21.00 and 114.5 CMR 22.00 became effective, establishing the APCD in Massachusetts.

Chapter 224 of the Acts of 2012, "An Act Improving the Quality of Health Care and Reducing Costs Through Increased Transparency, Efficiency and Innovation," created the Center for Health Information and Analysis (CHIA) which assumed many of the functions – including management of the MA APCD – that were previously performed by the Division of Health Care Finance and Policy (DHCFP).

According to Chapter 224, the purpose of the Massachusetts APCD is **Administrative Simplification:**

> "The center shall collect, store and maintain such data in a payer and provider claims database. The center shall acquire, retain and oversee all information technology, infrastructure, hardware, components, servers and employees necessary to carry out this section. All other agencies, authorities, councils, boards and commissions of the commonwealth seeking health care data that is collected under this section shall, whenever feasible, utilize the data before requesting data directly from health care providers and payers. In order to ensure patient data confidentiality, the center shall not contract or transfer the operation of the database or its functions to a third-party entity, nonprofit organization or governmental entity; provided, however, that the center may enter into interagency services agreements for transfer and use of the data. "

A Preliminary Release of the MA APCD – covering dates of service CY 2008-2010 and paid through February 28, 2011 – was first released in 2012. Release 3.0, to be available in early 2015, covers dates of service CY 2009-2013 (paid through June 30, 2014).

1.2: MA APCD Release 3.0 Overview

The **MA APCD** is comprised of data elements collected from **all Private and Public Payers** of eligible **Health Care Claims for Massachusetts Residents.** Data is collected in seven file types: **Product (PR)**, **Member Eligibility (ME)**, **Medical Claims (MC)**, **Dental Claims (DC)**, **Pharmacy Claims (PC)**, **Provider (PV), and Benefit Plan (BP) Control**. Each is described separately in this user manual.

Highlights of the release include:

- Data is available for dates of service from January 1, 2009 to December 31, 2013 as paid through June 2014. Data submitted to CHIA after June 2014 is **NOT** included in the files.
- Release 3.0 contains more comprehensive and recently updated data, including resubmissions from several large carriers.
- Data elements are classified as either Level 2 or Level 3 data elements. Level 2 include data elements that pose a risk of re-identification of an individual patient. Level 3 data elements are generally either Direct Personal information, such as name, social security number, and date of birth, that uniquely identifies an individual or are among the 18 identifiers specified by HIPAA. Refer to the **File Layout** sections for listings of Level 2 and Level 3 data elements for each file.
- Public Use Files (PUFs), which are de-identified extracts of the Medical Claims (MC) and Pharmacy Claims (PC) files, will be release separately. The PUFs incorporate certain levels of aggregation and a much more limited list of elements to help ensure data privacy protection.
- Certain identifying or sensitive data elements are **Masked** in the release in order to protect personally identifiable information and allow for the linkage of data elements within the same file.
- Some data elements have been derived by CHIA from submission data elements or have been added to the database to aid in versioning and identifying claims (e.g. Unique Record IDs and status flags). Refer to the **File Layout** sections for detail

Section 2.0: MA APCD Data Collection Process

The data collected from the payers for the MA APCD is processed by the **Data Compliance and Support** team. Data Compliance works with the payers to collect the data on a regular, predetermined, basis and ensure that the data is as complete and accurate as possible. The **Data Quality Assurance** and **Data Standardization and Enhancement** teams work to clean and standardize the data to the fullest extent possible. Data Standardization relies on **external source codes** (see Appendix 8) from outside government agencies, medical and dental associations, and other vendors to ensure that the data collectors properly utilized codes and lookup tables to make data uniform.

2.1: Edits

When payers submit their data to CHIA for the MA APCD, an **Edits process** is run on each file to check that the data complies with requirements for the file and for each data element in the file.

The automated edits perform an important data quality check on incoming submissions from payers. They identify whether or not the information is in the expected format (i.e. alpha vs. numeric), contains invalid characters (i.e. negative values, decimals, future dates) or is missing values (i.e. nulls). If these edits detect any issues with a file, they are identified on a report that is sent to the payer.

Data elements are grouped into four categories (A, B, C, and Z) which indicate their relative analytic value to CHIA and MA APCD users. Refer to the **File Layout** sections of each document to view the Edit Level for each Data Element:

- 'A' level fields must meet their **MA APCD threshold percentage** in order for a file to pass. There is an allowance for up to a 2% variance within the error margin percentage (depending on the data element). If any 'A' level field falls below this percentage it will result in a failed file submission for the payer and a discussion with their liaison regarding corrective action.
- The other categories (**B, C, and Z**) are also **monitored**, but the thresholds are not presently enforced.

More detailed APCD Version 3.0 File Edit documentation can be found at: http://chiamass.gov/apcd-data-submission-guides

2.2: Variances

The **Variance process** is a collaborative effort between the payer and CHIA to reach a mutually agreed upon **threshold percentage** for any data element which may not meet the MA APCD standard. Payers are allowed to request a lower threshold for specific fields, but they must provide a business reason (rationale) and, in some cases, a remediation plan for those elements. CHIA staff carefully reviews each request and follows up with a discussion with the payers about how to improve data quality, suggest alternative threshold rates or creating plans to reach threshold over time to improve reporting quality.

Once this process is complete, the variance template is loaded into production so that any submissions from the payer are held to the CHIA standard thresholds and any approved variances. The payer receives a report after each submission is processed which compares their data against the required threshold percentages. 'Failed' files are reviewed by CHIA liaisons and discussed with the payer for corrective action. (see Appendix 4)

2.3: Broad Caveats

Researchers using the MA APCD Release 3.0 data should be aware of the following:

- Due to the variance process, data quality may vary from one payer to another. (see Appendix 4)
- Claim Files submitted through June 2014 were accepted with relaxed edits. (Refer to the MA APCD Submission Guide for Edit information)
- The release files contain the data submitted to CHIA including valid and invalid values.
- Certain data elements were cleaned when necessary. Detail on the cleaning logic applied is described at the end of each file layout.
- Certain data elements were redacted to protect against disclosure of sensitive information.
- Some Release Data was manipulated to protect patient privacy:
  - Assignment of linkage IDs to replace reported linkage identifiers (see Appendix 3).
  - Member Birth Year is reported as 999 for all records where the member age was reported as older than 89 years on the date of service.
  - Member Birth Year is reported as Null for all records where the member was reported as older than 115 years on the date of service.

Section 3.0: Dental Claims File

As part of the Massachusetts All Payer Claims Database (MA APCD), payers are required to submit a Dental Claims File. The Dental Claim File will release **claim lines** organized by **Date of Service To** for each requested year. In the event that Date of Service To is unavailable, Submission Month Period will be used to filter data.

Below we have provided details on business rules, data definitions, and the potential uses of this data.

3.1 Types of Data Collected in the Dental Claims File

3.1.1: Payer-assigned Identifiers

CHIA requires various payer-assigned identifiers for matching-logic to the other files, i.e., Product File and Member Eligibility. Examples of these fields include DC003, DC006, DC056 and DC057. These fields can be used to aid with the matching algorithm to those other files.

3.1.2: Claims Data

CHIA requires line-level detail of all Dental Claims for analysis. The line-level data aids with understanding utilization within products across Payers. Subscriber and Member (Patient) Payer unique identifiers are included to aid with the matching algorithm. (see DC056 and DC057)

3.1.3: Non-Massachusetts Residents

CHIA will not require payers submitting claims and encounter data on behalf of an employer group to submit claims data for employees who reside outside of Massachusetts, unless the payer is required by contract with the Group Insurance Commission (GIC).

3.1.4: Adjudication Data
Dental
CHIA requires adjudication-centric data on the file for analysis of Member Eligibility to Product. The elements typically used in an adjudication process are DC017, DC030, DC031, DC037 through DC041, DC045, DC046 are variations of paper remittances or the HIPAA 835 4010.

3.1.5: Denied Claims

Payers are not required to submit wholly denied claims.

3.1.6: Provider Identifiers

CHIA has made a conscious decision to collect numerous identifiers that may be associated with a provider. The identifiers will be used to help link providers across payers in the event that the primary linking data elements are not a complete match. The existence of these extra identifying elements will improve the quality of our matching algorithms. Examples of these identifying elements include PC043-PC055 relating to the Prescribing Provider.

3.1.7: The Provider ID

Element DC018 (Provider ID) is one of the most critical fields in the MA APCD process as it links the Provider identified on the Dental Claims file with the corresponding record in the Provider File (PV002). The definition of PV002, Provider ID, is:

> *the unique number for every service provider (persons, facilities or other entities involved in claims transactions) that a payer has in its system. This field is used to uniquely identify a provider and that provider's affiliation and a provider and a provider's practice location within this provider file.*

The goal of PV002 is to help identify provider data elements associated with provider data that was submitted in the claim line detail, and to identify the details of the Provider Affiliation.

However, due to the fact that PV002 frequently contains sensitive personal information, the element PV002 has received a **substitution linkage element** (with the added suffix "_Linkage_ID") for this release by CHIA which allows linking to the Provider File. Refer to the Linkage Section of the Appendices for greater detail on this process.

3.2: Release File Structure:

Following is information previously published in FAQ's about the **Dental Claims File,** as well as new information points about the Release Data:

Topic	Clarification
Rows	Each row in the MA APCD Dental Claims file represents one claim line. If there are multiple services performed and billed on a claim, each of those services will be uniquely identified and reported on a line. Line item data provides an understanding of how services are utilized and adjudicated by different
Release ID	A unique id for each **claim line** in the data release will assigned by CHIA. All Level 2 file records will contain **Release IDs** to enable linking between the records in the public use file and the records in the restricted use files.
Redundancy	Certain data elements of claim level data are repeated in every row in order to report unique line item processing and maintain a link between line item processing and claim level data.
Changes to Claim Lines	Claim line Versioning is triggered by the **Claim Line Type** field: {table below}
Claim ID	**Claims may be isolated by grouping claim lines by the following elements:** Payer Claim Control Number (DC004)/Payer Org ID (DC001)
Denied claim lines	Wholly denied claims are not submitted to CHIA. However, if a **single procedure** is denied within a paid claim that denied line is reported. Denied line items of an adjudicated claim may aid with analysis in the MA APCD in terms of covered benefits and/or eligibility.

Table within "Changes to Claim Lines":

Claim Type Code	Claim Line Type Description	Action/Source
O	Original	
V	Void	Delete Line Referenced / Provider
R	Replacement	Replace line Referenced /Provider
B	Back Out	Delete Line Referenced / Payer
A	Amendment	Replace Line Referenced / Payer

Claims that are paid under a '**global payment', or 'capitated payment',** thus zero paid	Payers are instructed by CHIA to submit any dental claim that is considered 'paid'. Paid amount should be reported as 0 and the corresponding Allowed, Contractual, Deductible Amounts should be calculated accordingly.

3.2.1: File Layout and Design

Restricted Release Elements:

- Each **row** in the release file contains one record of the indicated file type. There is an **asterisk-delimited field** in each row for every data element listed in the Restricted Release sections for each file type.
- Data Elements will be delimited in the order displayed within the File Layout sections of this document.
- **Empty** or **null** data elements will have no spaces or characters between the asterisks.
- **Lookup Tables: Element-specific** Lookup Tables are included in this document within the File Type Layout section.
- A **Carrier-Specific Master Lookup** table is included with each data extract. Refer to the **Carrier-Specific Reference** and **Linking** sections in this document for more information.
- **External Code Sources** are listed in Appendix 9.
- **Masked Elements:** For the Data Release, some of the data elements have been Masked to provide confidentiality for Payers and Providers, and individuals, while allowing for linkage between claims, files, and lookup tables. Elements with a varbinary[256] reference in the Format/Length column are Masked.

3.2.2: Release Text File Column Titles

Release File Column Names are included in this document lists the column name for each data element in the Level 2 and Level 3 release files. The text files exported from the APCD SQL Database include these SQL column names in the first row. (see Appendix 6)

3.2.3: File Layout Section Columns

- **Data Element**: The code name of the element, with reference to the Regulation and the Submission files received by CHIA from Payers. The first two digits refer to the File Type and the following numbers to the ordering in the Submission Files.
- **Data Element Name**: Name of the element.
- **Format/Length:** Maximum Length of the data column in the MA APCD's SQL Server database at CHIA.
- **Description:** Description of the element.
- **Additional Element Description:** Additional information about the element in the release.
- **Edit Level:** Level of enforcement of the data element's requirements by CHIA on Payer Submissions. Refer to the **Edits** section of this document.
- **%:** The expected percentage of validity for instances of the element in each submission file by the Payer.

The MA APCD Dental Claims File

APCD Dental Claims – Level 2 Data Elements							
Data Element	**Data Element Name**	**Format / Length**	**Description**	**Element Submission Guideline**	**Additional Element Description**	**Edit Level**	**%**
Derived-DC02	Submission Year	Int-NULL		N/A		N/A	N/A
Derived-DC03	County of Member	Bit-NULL		N/A		N/A	N/A
Derived-DC04	County of Service Provider	Int-NULL		N/A		N/A	N/A
Derived-DC05	Dental Claim ID	Int-NULL	Unique record ID per submission control ID	N/A		N/A	N/A
Derived-DC06	Member ZIP code (first 3 digits)	Int-NULL		N/A		N/A	N/A
Derived-DC07	Release ID	Varchar[250]	Unique record ID derived specifically for this release file type	N/A		N/A	N/A
Derived-DC08	Submission Control ID	Varchar[250]	Unique sequential number assigned to any new file type submitted to CHIA across all carriers	N/A		N/A	N/A
Derived-DC09	CHIA Incurred Date (Year and Month Only)	Int-NULL		N/A		N/A	N/A
Derived-DC11	Member Link EID	varchar[250]		N/A		N/A	N/A
Derived-DC13	Member Age At Service	Int-NULL		N/A		N/A	N/A

APCD Dental Claims – Level 2 Data Elements							
Data Element	**Data Element Name**	**Format / Length**	**Description**	**Element Submission Guideline**	**Additional Element Description**	**Edit Level**	**%**
DC001	Payer	varchar[6]	CHIA defined and maintained unique identifier	Report the Unique Submitter ID as defined by CHIA here. This must match the Submitter ID reported in HD002.		A0	100%
DC002	National Plan ID	int[10]	CMS National Plan Identification Number (PlanID)	Do not report any value here until National PlanID is fully implemented. This is a unique identifier as outlined by Centers for Medicare and Medicaid Services (CMS) for Plans or Sub plans.		Z	0%
DC003	Dental Insurance Type Code/Product	char[2]	Type / Product Identification Code 09 Self-pay 10 Central Certification 11 Other Non-Federal Programs 12 Preferred Provider Organization (PPO) 13 Point of Service (POS) 14 Exclusive Provider Organization (EPO) 15 Indemnity Insurance 16 Health Maintenance Organization (HMO) Medicare Risk 17 Dental Maintenance Organization (DMO) AM Automobile Medical BL Blue Cross / Blue	Report the code that defines the type of insurance under which this patient's claim line was processed. EXAMPLE: 17 = Dental Maintenance Organization		A2	98%

APCD Dental Claims – Level 2 Data Elements							
Data Element	**Data Element Name**	**Format / Length**	**Description**	**Element Submission Guideline**	**Additional Element Description**	**Edit Level**	**%**
			Shield CC Commonwealth Care CE Commonwealth Choice CH Champus CI Commercial Insurance Co. DS Disability HM Health Maintenance Organization LI Liability LM Liability Medical MA Medicare Part A MB Medicare Part B MC Medicaid OF Other Federal Program TF HSN Trust Fund TV Title V VA Veterans Administration Plan WC Workers' Compensation ZZ Other				
DC004	Payer Claim Control Number	varchar[35]	Payer Claim Control Identification	Report the Unique identifier within the payer's system that applies to the entire claim.		A0	100%

					APCD Dental Claims – Level 2 Data Elements			

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
DC005	Line Counter	varchar[4]	Incremental Line Counter	Report the line number for this service within the claim. Start with 1 and increment by 1 for each additional line. Do not start with 0, include alphas or special characters.		A0	100%
DC005A	Version Number	varchar[4]	Claim Service Line Version Number	Report the version number of this claim service line. The version number begins with 0 and is incremented by 1 for each subsequent version of that service line. No alpha or special characters.		A0	100%

APCD Dental Claims – Level 2 Data Elements							
Data Element	**Data Element Name**	**Format / Length**	**Description**	**Element Submission Guideline**	**Additional Element Description**	**Edit Level**	**%**
DC011	Individual Relationship Code	varchar[2]	Patient to Subscriber Relationship Code 1 Spouse 4 Grandfather or Grandmother 5 Grandson or Granddaughter 7 Nephew or Niece 10 Foster Child 15 Ward 17 Stepson or Stepdaughter 19 Child 20 Self/Employee 21 Unknown 22 Handicapped Dependent 23 Sponsored Dependent 24 Dependent of a Minor Dependent 29 Significant Other 32 Mother 33 Father 36 Emancipated Minor 39 Organ Donor 40 Cadaver Donor 41 Injured Plaintiff 43 Child Where Insured Has No Financial Responsibility 53 Life Partner 76 Dependent	Report the value that defines the Patient's relationship to the Subscriber. EXAMPLE: 20 = Self / Employee		B	98%

APCD Dental Claims – Level 2 Data Elements							
Data Element	**Data Element Name**	**Format / Length**	**Description**	**Element Submission Guideline**	**Additional Element Description**	**Edit Level**	**%**
DC012	Member Gender	char[1]	Patient's Gender F Female M Male O Other U Unknown	Report patient gender as found on the claim in alpha format. Used to validate clinical services when applicable and Unique Member ID. EXAMPLE: F = Female		B	100%
DC013	Member Birth (Month Only)	Int-NULL					
DC013	Member Birth (Year Only)	Int-NULL					
DC014	Member City Name	varchar[50]	City name of the Member/Patient	Report the city name of the member / patient. Used to validate Unique Member ID		B	99%
DC015	Member State	char[2]	State / Province of the Patient	Report the state of the patient as defined by the US Postal Service. Report Province when Country Code does not = USA		B	99%

APCD Dental Claims – Level 2 Data Elements							
Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
DC016	Member ZIP Code	varchar[9]	Zip Code of the Member / Patient	Report the 5 or 9 digit Zip Code as defined by the United States Postal Service. When submitting the 9-digit Zip Code do not include hyphen.		B	99%
DC017	Date Service Approved (AP Date)	int[8]	Date Service Approved by Payer	Report the date that the payer approved this claim line for payment in CCYYMMDD Format. This element was designed to capture date other than the Paid date. If Approved Date and Paid Date are the same, then the date here should match Paid Date.		C	98%
DC017	Date Service Approved (AP Date) - Year					C	98%
DC017	Date Service Approved (AP Date) - Month					C	98%

APCD Dental Claims – Level 2 Data Elements							
Data Element	**Data Element Name**	**Format / Length**	**Description**	**Element Submission Guideline**	**Additional Element Description**	**Edit Level**	**%**
DC018	Service Provider Number	varchar[30]	Service Provider Identification Number	Report the carrier / submitter assigned service provider number. This number should be the identifier used for internal identification purposes, and does not routinely change. The value in this element must match a record in the provider file in PV002.		A1	100%
DC020	National Provider ID - Service	int[10]	National Provider Identification (NPI) of the Service Provider	Report the Primary National Provider ID (NPI) here. This ID should be found on the Provider File in the NPI element (PV039)		C	98%
DC021	Service Provider Entity Type Qualifier	int[1]	Service Provider Entity Identifier Code 1 Person 2 Non-person entity	Report the value that defines the provider entity type. Only individuals should be identified with a 1. Facilities, professional groups and clinic sites should all be identified with a 2. EXAMPLE: 1 = Person		A0	98%

APCD Dental Claims – Level 2 Data Elements							
Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
DC022	Service Provider First Name	varchar[25]	First name of Service Provider	Report the individual's first name here. If provider is a facility or organization , do not report any value here		C	98%
DC023	Service Provider Middle Name	varchar[25]	Middle initial of Service Provider	Report the individual's middle name here. If provider is a facility or organization , do not report any value here		C	2%
DC024	Service Provider Last Name or Organization Name	varchar[60]	Last name or Organization Name of Service Provider	Report the name of the organization or last name of the individual provider. DC021 determines if this is an Organization or Individual Name reported here.		B	98%

APCD Dental Claims – Level 2 Data Elements							
Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
DC025	Delegated Benefit Administrator Organization ID	varchar[6]	CHIA defined and maintained Org ID for linking across submitters	Riskholders report the OrgID of the DBA here. DBAs report the OrgID of the insurance carrier here. This element contains the CHIA assigned organization ID for the DBA or carrier. Contact the MA APCD for the appropriate value. If no DBA is affiliated with this claim line do not report any value here: i.e., do not repeat the OrgID from DC001		A2	98%
DC026	Service Provider Taxonomy	varchar[10]	Taxonomy Code	Report the standard code that defines this provider for this line of service. Taxonomy values allow for the reporting of hygienists, assistants and laboratory technicians, where applicable, as well as Dentists, Orthodontists, etc.		A2	98%

APCD Dental Claims – Level 2 Data Elements							
Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
DC027	Service Provider City Name	varchar[30]	City name of the Provider	Report the Providers practice city location		B	98%
DC028	Service Provider State	char[2]	State of the Service Provider	Report the state of the service providers as defined by the US Postal Service		B	98%
DC029	Service Provider ZIP Code	varchar[9]	Zip Code of the Service Provider	Report the 5 or 9 digit Zip Code as defined by the US Postal Service. When submitting the 9-digit Zip Code do not include hyphen.		B	98%
DC030	Facility Type - Professional	char[2]	Place of Service Code	Report the code the defines the location code where services were performed by the provider referenced on the claim		B	80%
DC031	Claim Status	varchar[2]	Claim Line Status 1 Processed as primary 2 Processed as secondary 3 Processed as tertiary 4 Denied 19 Processed as primary, forwarded to additional payer(s) 20 Processed as secondary, forwarded to additional payer(s) 21 Processed as tertiary, forwarded to additional payer(s)	Report the value that defines the payment status of this claim line		A0	98%

APCD Dental Claims – Level 2 Data Elements							
Data Element	**Data Element Name**	**Format / Length**	**Description**	**Element Submission Guideline**	**Additional Element Description**	**Edit Level**	**%**
			22 Reversal of previous payment 23 Not our claim, forwarded to additional payer(s) 25 Predetermination Pricing Only - no payment				
DC032	CDT Code	char[5]	HCPCS / CDT Code	Report the Common Dental Terminology code here		A2	99%
DC033	Procedure Modifier - 1	char[2]	HCPCS / CPT Code Modifier	Report a valid Procedure modifier when a modifier clarifies / improves the reporting accuracy of the associated procedure code (DC032).		C	0%
DC034	Procedure Modifier - 2	char[2]	HCPCS / CPT Code Modifier	Report a valid Procedure modifier when a modifier clarifies / improves the reporting accuracy of the associated procedure code (DC032).		C	0%

APCD Dental Claims – Level 2 Data Elements							
Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
DC035	Date of Service - From	int[8]	Date of Service	Report the date of service for this claim line in CCYYMMDD Format.		A0	99%
DC035	Date of Service - From Year	int-NULL				A0	99%
DC035	Date of Service - From Month	int-NULL				A0	99%
DC036	Date of Service - Thru	int[8]	Last date of service for this service line.	Report the end service date for the claim line in CCYYMMDD Format; it can equal DC035 when a single date of service is being reported.		B	0%
DC036	Date of Service - Thru Year	int-NULL				B	0%
DC036	Date of Service - Thru Month	int-NULL				B	0%
DC037	Charge Amount	±varchar[10]	Amount of provider charges for the claim line	Report the amount the provider billed the insurance carrier for this claim line service. Report 0 for services rendered in conjunction with other services on the claim. Do not code decimal or round up / down to whole dollars, code zero cents (00) when applicable. EXAMPLE: 150.00 is reported		A0	99%

APCD Dental Claims – Level 2 Data Elements							
Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
				as 15000; 150.70 is reported as 15070			
DC038	Paid Amount	±varchar[10]	Amount paid by the carrier for the claim line	Report the amount paid for the claim line. Report 0 if line is paid as part of another procedure / claim line. Do not report any value if the line is denied. Do not code decimal or round up / down to whole dollars, code zero cents (00) when applicable. EXAMPLE: 150.00 is reported as 15000; 150.70 is reported as 15070		A0	99%
DC039	Copay Amount	±varchar[10]	Amount of Copay member/patient is responsible to pay	Report the amount that defines a preset, fixed amount for this claim line service that the patient is responsible to pay. Report 0 if no Copay applies. Do not code decimal or round up / down to whole dollars, code zero cents (00) when applicable. EXAMPLE: 150.00 is reported as 15000; 150.70 is reported as 15070		A1	99%

APCD Dental Claims – Level 2 Data Elements							
Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
DC040	Coinsurance Amount	±varchar[10]	Amount of coinsurance member/patient is responsible to pay	Report the amount that defines a calculated percentage amount for this claim line service that the patient is responsible to pay. Report 0 if no Coinsurance applies. Do not code decimal or round up / down to whole dollars, code zero cents (00) when applicable. EXAMPLE: 150.00 is reported as 15000; 150.70 is reported as 15070		A1	99%

APCD Dental Claims – Level 2 Data Elements							
Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
DC041	Deductible Amount	±varchar[10]	Amount of deductible member/patient is responsible to pay on the claim line	Report the amount that defines a preset, fixed amount for this claim line service that the patient is responsible to pay. Report 0 if no Deductible applies to service. Do not code decimal or round up / down to whole dollars, code zero cents (00) when applicable. EXAMPLE: 150.00 is reported as 15000; 150.70 is reported as 15070		A1	99%
DC042	Product ID Number	varchar[30]	Product Identification	Report the submitter-assigned identifier as it appears in PR001 in the Product File. This element is used to understand Product and Eligibility attributes of the member / subscriber as applied to this record		A0	100%

					APCD Dental Claims – Level 2 Data Elements			
Data Element	**Data Element Name**	**Format / Length**	**Description**	**Element Submission Guideline**	**Additional Element Description**		**Edit Level**	**%**
DC045	Paid Date	int[8]	Paid date of the claim line	Report the date that appears on the check and/or remit and/or explanation of benefits and corresponds to any and all types of payment in CCYYMMDD Format. This can be the same date as Processed Date. EXAMPLE: Claims paid in full, partial or zero paid.			A0	98%
DC045	Paid Date Year		Paid date of the claim line (year only)	N/A			A0	98%
DC045	Paid Date Month		Paid date of the claim line (month only)	N/A			A0	98%

APCD Dental Claims – Level 2 Data Elements							
Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
DC046	Allowed Amount	±varchar[10]	Allowed Amount	Report the maximum amount contractually allowed, and that a carrier will pay to a provider for a particular procedure or service. This will vary by provider contract and most often it is less than or equal to the fee charged by the provider. Report 0 when the claim line is denied. Do not code decimal or round up / down to whole dollars, code zero cents (00) when applicable. EXAMPLE: 150.00 is reported as 15000; 150.70 is reported as 15070		A2	99%
DC047	Tooth Number/Letter	varchar[20]	Tooth Number or Letter Identification	Report the tooth identifier(s) when DC032 is within the given range		A2	100%

APCD Dental Claims – Level 2 Data Elements							
Data Element	**Data Element Name**	**Format / Length**	**Description**	**Element Submission Guideline**	**Additional Element Description**	**Edit Level**	**%**
DC048	Dental Quadrant	char[2]	Dental Quadrant	Report the standard quadrant identifier from the External Code Source here. Provides further detail on procedure(s).		B	100%
DC049	Tooth Surface	varchar[10]	Tooth Service Identification	Report the tooth surface(s) that this service relates to. Provides further detail on procedure.		A2	100%
DC056	Carrier Specific Unique Member ID	varbinary[256]	Member's Unique ID	Report the identifier the carrier / submitter uses internally to uniquely identify the member. Used to validate Unique Member ID and link back to Member Eligibility (ME107)		A0	100%
DC057	Carrier Specific Unique Subscriber ID	varbinary[256]	Subscriber's Unique ID	Report the identifier the carrier / submitter use internally to uniquely identify the subscriber. Used to validate Unique Member ID and link back to Member Eligibility (ME117)		A0	100%

APCD Dental Claims – Level 2 Data Elements							
Data Element	**Data Element Name**	**Format / Length**	**Description**	**Element Submission Guideline**	**Additional Element Description**	**Edit Level**	**%**
DC059	Claim Line Type	char[1]	Claim Line Activity Type Code O Original V Void R Replacement B Back Out A Amendment	Report the code that defines the claim line status in terms of adjudication. EXAMPLE: O = Original		A2	98%
DC060	Former Claim Number	varchar[35]	Previous Claim Number	Report the Claim Control Number (DC004) that was originally sent in a prior filing that this line corresponds to. When reported, this data cannot equal its own DC004. Use of "Former Claim Number" to version claims can only be used if approved by the MA APCD. Contact the MA APCD for conditions of use.		B	0%
DC061	Diagnosis Code	varchar[7]	ICD Diagnosis Code	Report the ICD Diagnosis Code when applicable		B	1%

APCD Dental Claims – Level 2 Data Elements							
Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
DC062	ICD Indicator	int[1]	International Classification of Diseases version 9 ICD-9 0 ICD-10	Report the value that defines whether the diagnoses on claim are ICD9 or ICD10. EXAMPLE: 9 = ICD9		B	100%
DC063	Denied Flag	int[1]	Denied Claim Line Indicator 1 Yes 2 No 3 Unknown 4 Other 5 Not Applicable	Report the value that defines the element. EXAMPLE: 1 = Yes, Claim Line was denied.		A0	100%
DC064	Denial Reason	varchar[20]	Denial Reason Code	Report the code that defines the reason for denial of the claim line. Carrier must submit denial reason codes in separate table to the MA APCD.		A2	98%
DC065	Payment Arrangement Type	char[2]	Payment Arrangement Type Value 01 Capitation 02 Fee for Service 03 Percent of Charges 04 DRG 05 Pay for Performance 06 Global Payment 07 Other 08 Bundled Payment 09 Payment Amount Per Episode (PAPE) (MassHealth)	Report the value that defines the contracted payment methodology for this claim line. EXAMPLE: 02 = Fee for Service		A0	98%

APCD Dental Claims – Level 2 Data Elements							
Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
DC066	GIC ID	varchar[9]	GIC Member ID	Report the GIC Member Identification number as provided to GIC Plan Submitters. If not applicable do not report any value here		A0	100%
DC067	APCD ID Code	int[1]	Member Enrollment Type 1 FIG - Fully-Insured Commercial Group Enrollee 2 SIG - Self-Insured Group Enrollee 3 GIC - Group Insurance Commission Enrollee 4 MCO - MassHealth Managed Care Organization Enrollee 5 Supplemental Policy Enrollee 6 ICO - Integrated Care Organization 0 Unknown / Not Applicable	Report the value that describes the member's / subscriber's enrollment into one of the predefined categories; aligns enrollment to appropriate editing and thresholds. EXAMPLE: 1 = FIG - Fully Insured Commercial Group Enrollee.		A2	100%

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Release Notes	Edit Level	%
			MA APCD Dental Claims – Level 3 Data Elements				
Derived-DC12	Member Link MCL	int-NULL				N/A	N/A
Derived-DC14	Member Tract Census	char[10]	2010 Census Data is used			N/A	N/A
DC006	Insured Group or Policy Number	varbinary[256]	Group / Policy Number	Report the number that defines the insured group or policy. Do not report the number that uniquely identifies the subscriber or member.		C	98%
DC007	Subscriber SSN	varbinary[256]	Subscriber's Social Security Number	Report the Subscriber's SSN here; used to validate Unique Member ID; will not be passed into analytic file. Do not use hyphen. If not available do not report any value here.		B	70%
DC008	Plan Specific Contract Number	varbinary[256]	Contract Number	Report the Plan assigned contract number. Do not include values in this element that will distinguish one member of the family from another. This should be the contract or certificate number for the subscriber and all of the dependents.		C	70%
DC009	Member Suffix or Sequence Number	varchar[20]	Member/Patient's Contract Sequence Number	Report the unique number / identifier of the member / patient within the contract		B	98%
DC010	Member SSN	varbinary[256]	Member/Patient's Social Security Number	Report the patient's social security number here; used to validate Unique Member ID; will not be passed into analytic file. Do not use hyphen. If not available do not report any value here		B	70%

	MA APCD Dental Claims – Level 3 Data Elements						
Data Element	**Data Element Name**	**Format / Length**	**Description**	**Element Submission Guideline**	**Release Notes**	**Edit Level**	**%**
DC013	Member Date of Birth	varbinary[256]	Member/Patient's date of birth	Report the date the member / patient was born in CCYYMMDD Format. Used to validate Unique Member ID.		B	99%
DC019	Service Provider Tax ID Number	char[9]	Service Provider's Tax ID number	Report the Federal Tax ID of the Service Provider here. Do not use hyphen or alpha prefix.		C	99%
DC043	Member Street Address	varchar[50]	Street address of the Member/Patient	Report the patient / member's address. Used to validate Unique Member ID.		B	90%
DC044	Billing Provider Tax ID Number	varbinary[256]	The Billing Provider's Federal Tax Identification Number (FTIN)	Report the Federal Tax ID of the Billing Provider here. Do not use hyphen or alpha prefix.		C	90%
DC050	Subscriber Last Name	varbinary[256]	Last name of Subscriber	Report the last name of the subscriber. Used to validate Unique Member ID. Last name should exclude all punctuation, including hyphens and apostrophes, and be reported in upper case. Name should be contracted where punctuation is removed, do not report spaces. EXAMPLE: O'Brien becomes OBRIEN; Carlton-Smythe becomes CARLTONSMYTHE		B	100%
DC051	Subscriber First Name	varbinary[256]	First name of Subscriber	Report the first name of the subscriber here. Used to validate Unique Member ID. Exclude all punctuation, including hyphens and apostrophes. Name should		B	100%

					MA APCD Dental Claims – Level 3 Data Elements			
Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline		Release Notes	Edit Level	%
				be contracted where punctuation is removed, do not report spaces. EXAMPLE: Anne-Marie becomes ANNEMARIE				
DC052	Subscriber Middle Initial	char[1]	Middle initial of Subscriber	Report the Subscriber's middle initial here. Used to validate Unique Member ID.			C	2%
DC053	Member Last Name	varbinary[256]	Last name of Member/Patient	Report the last name of the patient / member here. Used to validate Unique Member ID. Last name should exclude all punctuation, including hyphens and apostrophes, and be reported in upper case. Name should be contracted where punctuation is removed, do not report spaces. EXAMPLE: O'Brien becomes OBRIEN; Carlton-Smythe becomes CARLTONSMYTHE			B	100%
DC054	Member First Name	varbinary[256]	First name of Member/Patient	Report the first name of the patient / member here. Used to validate Unique Member ID. Exclude all punctuation, including hyphens and apostrophes. Name should be contracted where punctuation is removed, do not report spaces. EXAMPLE: Anne-Marie becomes ANNEMARIE			B	100%
DC055	Member Middle Initial	char[1]	Middle initial of the Member/Patient	Report the middle initial of the patient / member when available. Used to validate Unique Member ID.			C	2%

MA APCD Dental Claims – Level 3 Data Elements							
Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Release Notes	Edit Level	%
DC058	Member Street Address 2	varchar[50]	Secondary Street Address of the Member/Patient	Report the address of member which may include apartment number or suite, or other secondary information besides the street. Used to validate Unique Member ID.		B	2%
DC006	Insured Group or Policy Number	varchar[30]	Group / Policy Number	Report the number that defines the insured group or policy. Do not report the number that uniquely identifies the subscriber or member.		C	98%
DC007	Subscriber SSN	char[9]	Subscriber's Social Security Number	Report the Subscriber's SSN here; used to validate Unique Member ID; will not be passed into analytic file. Do not use hyphen. If not available do not report any value here.		B	70%
DC008	Plan Specific Contract Number	varchar[30]	Contract Number	Report the Plan assigned contract number. Do not include values in this element that will distinguish one member of the family from another. This should be the contract or certificate number for the subscriber and all of the dependents.		C	70%
DC009	Member Suffix or Sequence Number	varchar[20]	Member/Patient's Contract Sequence Number	Report the unique number / identifier of the member / patient within the contract		B	98%

MA APCD Dental Claims – Level 3 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Release Notes	Edit Level	%
DC010	Member SSN	char[9]	Member/Patient's Social Security Number	Report the patient's social security number here; used to validate Unique Member ID; will not be passed into analytic file. Do not use hyphen. If not available do not report any value here		B	70%
DC013	Member Date of Birth	int[8]	Member/Patient's date of birth	Report the date the member / patient was born in CCYYMMDD Format. Used to validate Unique Member ID.		B	99%
DC019	Service Provider Tax ID Number	char[9]	Service Provider's Tax ID number	Report the Federal Tax ID of the Service Provider here. Do not use hyphen or alpha prefix.		C	99%
DC043	Member Street Address	varchar[50]	Street address of the Member/Patient	Report the patient / member's address. Used to validate Unique Member ID.		B	90%
DC044	Billing Provider Tax ID Number	char[9]	The Billing Provider's Federal Tax Identification Number (FTIN)	Report the Federal Tax ID of the Billing Provider here. Do not use hyphen or alpha prefix.		C	90%
DC050	Subscriber Last Name	varchar[60]	Last name of Subscriber	Report the last name of the subscriber. Used to validate Unique Member ID. Last name should exclude all punctuation, including hyphens and apostrophes, and be reported in upper case. Name should be contracted where punctuation is removed, do not report spaces. EXAMPLE: O'Brien becomes OBRIEN; Carlton-Smythe becomes CARLTONSMYTHE		B	100%

MA APCD Dental Claims – Level 3 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Release Notes	Edit Level	%
DC051	Subscriber First Name	varchar[25]	First name of Subscriber	Report the first name of the subscriber here. Used to validate Unique Member ID. Exclude all punctuation, including hyphens and apostrophes. Name should be contracted where punctuation is removed, do not report spaces. EXAMPLE: Anne-Marie becomes ANNEMARIE		B	100%
DC052	Subscriber Middle Initial	char[1]	Middle initial of Subscriber	Report the Subscriber's middle initial here. Used to validate Unique Member ID.		C	2%
DC053	Member Last Name	varchar[60]	Last name of Member/Patient	Report the last name of the patient / member here. Used to validate Unique Member ID. Last name should exclude all punctuation, including hyphens and apostrophes, and be reported in upper case. Name should be contracted where punctuation is removed, do not report spaces. EXAMPLE: O'Brien becomes OBRIEN; Carlton-Smythe becomes CARLTONSMYTHE		B	100%
DC054	Member First Name	varchar[25]	First name of Member/Patient	Report the first name of the patient / member here. Used to validate Unique Member ID. Exclude all punctuation, including hyphens and apostrophes. Name should be contracted where punctuation is removed, do not report spaces. EXAMPLE: Anne-Marie becomes ANNEMARIE		B	100%
DC055	Member Middle Initial	char[1]	Middle initial of the Member/Patient	Report the middle initial of the patient / member when available. Used to validate Unique Member ID.		C	2%

MA APCD Dental Claims – Level 3 Data Elements							
Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Release Notes	Edit Level	%
DC058	Member Street Address 2	varchar[50]	Secondary Street Address of the Member/Patient	Report the address of member which may include apartment number or suite, or other secondary information besides the street. Used to validate Unique Member ID.		B	2%

3.3: Dental Claims File Cleaning, Standardization, and Redaction

MA APCD Dental Claims File Cleaning Logic, by Element				
Data Element	**Data Element Name**	**Format/Length**	**Description**	**Cleaning Logic**
Derived from DC013	MemberAgeAtService	N/A	Patient's Age	Set MemberAgeAtService = 999 if >89 Nullify MemberAgeAtService if >= 115
DC023	Service Provider Middle Name	varchar[25]	Name Middle Provider	Nullify all values equal to 'NULL'. Set Service Provider Middle Name = .NULL. when Service Provider Middle Name in ['&', '-', '.',0,2,3,9]
DC031	Claim Status	varchar[2]	Claim Line Status	**Remove leading zero**
DC061	Diagnosis Code	varchar[7]	ICD Diagnosis Code	Remove decimal point

MA APCD Dental Claims File SSN Redaction, by Element			
Data Element	**Data Element Name**	**Format/Length**	**Description**
DC014	Member City Name	Varchar[50]	Member City Name
DC016	Member ZIP Code	Varchar[9]	Member ZIP Code
DC022	Service Provider First Name	Varchar]25	Service Provider First Name
DC023	Service Provider Middle Name	varchar25	Service Provider Middle Name
DC024	Service Provider Last Name or Organization Name	varchar[60]	Service Provider Last Name or Organization Name
DC026	Service Provider Taxonomy	varchar[10]	Service Provider Taxonomy
DC027	Service Provider City Name	varchar[30]	Service Provider City Name

MA APCD Dental Claims File SSN Redaction, by Element			
Data Element	**Data Element Name**	**Format/Length**	**Description**
DC029	Service Provider ZIP Code	varchar[9]	Service Provider ZIP Code
DC047	Tooth Number/Letter	varchar[20]	Tooth Number/Letter
DC049	Tooth Surface	Varchar[10]	Tooth Surface
DC064	Denial Reason	varchar[20]	Denial Reason

MA APCD Dental Claims File Reidentification, by Element			
Data Element	**Data Element Name**	**Format/Length**	**Description**
DC	DC018	Service Provider Number	Text
DC	DC042	Product ID Number	Text

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