

Iowa Medicaid Enterprise

Data Element List

DataElement ID:	Name:	Version:	Subsystem:
Created By: T474342	Last Updated By: T474342	Release:	
Created On: 10/21/2016	Last Updated On: 10/21/2016		
Description:			
DataElement ID:	Name:	Version:	Subsystem:
Created By: T474352	Last Updated By: T474352	Release:	
Created On: 11/30/2018	Last Updated On: 11/30/2018		
Description:			

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID:	Name:	Version:	Subsystem:
Created By: T474342	Last Updated By: T474342	Release:	
Created On: 10/21/2016	Last Updated On: 10/21/2016		
Description:			
DataElement ID:	Name:	Version:	Subsystem:
Created By: T474352	Last Updated By: T474352	Release:	
Created On: 11/30/2018	Last Updated On: 11/30/2018		
Description:			

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01000 Name: HRECORD-INDICATOR Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474199 Release:
 Created On: 12/11/2018 Last Updated On: 12/11/2018
 Description: RECORD INDICATOR

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 01001 Name: ASSIST-APPRV-DATE Version: Subsystem: Recipient
 Created By: Initial Sy Last Updated By: T474342 Release:
 Created On: 8/25/2004 Last Updated On: 7/30/2018
 Description: RECIPIENT APPROVAL FOR ASSISTANCE DATE.
 ***** MMIS DATA ELEMENT NAME - RECIPIENT ELIGIBILITY CERTIFICATION
 DATE:
 MMIS GSD DATA ELEMENT NUMBER - 132
 MMIS PART 11 DATA ELEMENT NUMBER - 023
 MMIS DEFINITION - DATE RECIPIENT WAS CERTIFIED AS ELIGIBLE
 FOR PUBLIC ASSISTANCE, SUPPLEMENTAL
 SECURITY INCOME OR STATE SUPPLEMENTAL
 BENEFITS.,

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		6	0		9(06)
3	N3		Numeric Comp-3		5	0		S9(05)
4	N		Numeric		8	0		9(08)
5	N		Numeric		8	0		9(08)

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Data Element List

DataElement ID: 01002 Name: EXTERNAL-RECORD-CODE Version: Subsystem: Recipient
 Created By: Initial Sy Last Updated By: T474193 Release:
 Created On: 8/25/2004 Last Updated On: 11/26/2018
 Description: Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		2	0		X(02)
2		N		Numeric		2	0		9(02)

DataElement ID: 01003 Name: RECIP-CASE-NUMBER Version: Subsystem: Recipient
 Created By: Last Updated By:
 Created On: 8/25/2004 Last Updated On: 8/25/2004 Release:
 Description: RECIPIENT CASE NUMBER
 THE CASE NUMBER THAT IS ASSIGNED TO THE RECIPIENT.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		11	0		X(11)
4		X		AlphaNumeric		10	0		X(10)

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DataElement ID: 01004 Name: RECIP-APPL-DATE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RECIPIENT APPLICATION DATE
 THE ORIGINAL DATE OF APPLICATION FOR THE RECIPIENT'S CURRENT CASE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)
4	N	Numeric		8	0		9(08)

DataElement ID: 01005 Name: ORIGINAL-RECIP-ID Version: Subsystem: Recipient
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 5/26/2005
 Description: - ORIGINAL RECIPIENT ID
 THE FIRST IDENTIFICATION NUMBER ASSIGNED TO A RECIPIENT UPON
 INITIAL CERTIFICATION FOR PARTICIPATION IN THE MEDICAID PROGRAM.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		8	0		X(08)
2	X	AlphaNumeric		8	0		X(08)
3	X	AlphaNumeric		8	0		X(08)
4	X	AlphaNumeric		8	0		X(08)
5	X	AlphaNumeric		7	0		X(07)
6	X	AlphaNumeric		8	0		X(08)
9	G	Group		0	0		

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Data Element List

DataElement ID: 01006 Name: CLM-RECIP-EXTRCT-HDR Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CLAIM RECIPIENT EXTRACT HEADER
 THE GROUP LEVEL FIELD FOR THE HEADER RECORD ON THE
 CLAIM RECIPIENT EXTRACT RECORD.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 01007 Name: SYS-CURR-TIME Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SYSTEM CURRENT TIME
 THE CURRENT TIME FROM THE SYSTEM.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		6	0		X(06)

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Data Element List

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DataElement ID: 01008      Name:  CLNT-SURNAME      Version:      Subsystem: Recipient
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: CLNT SURNAME
              RECIPIENT LAST NAME IN THE EPICS TO MMIS INTERFACE RECORD.,
    
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Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01009      Name:  SPECIAL-PRINT-IND      Version:      Subsystem: Recipient
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: SPECIAL PRINT INDICATOR
    
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Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

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Data Element List

DataElement ID: 01010 Name: RECIP-IDENT-NUMBER Version: Subsystem: Recipient
 Created By: Initial Sy Last Updated By: T474095 Release:
 Created On: 8/25/2004 Last Updated On: 2/18/2005
 Description: RECIPIENT IDENT NUMBER

***** MMIS DATA ELEMENT NAME RECIPIENT IDENTIFICATION NUMBER:
 MMIS GSD DATA ELEMENT NUMBER - 101
 MMIS PART 11 DATA ELEMENT NUMBER - 001
 MMIS DEFINITION A NUMBER THAT UNIQUELY IDENTIFIES AN
 INDIVIDUAL ELIGIBLE FOR MEDICAID
 BENEFITS. *****

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		8	0		X(08)
2		X	AlphaNumeric		8	0		X(08)
3		X	AlphaNumeric		8	0		X(08)
4		X	AlphaNumeric		8	0		X(08)
5		X	AlphaNumeric		8	0		X(08)
7		X	AlphaNumeric		8	0		X(08)
9		G	Group		0	0		

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Data Element List

DataElement ID: 01011 Name: CURRENT-RECIP-ID Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CURRENT RECIPIENT ID
 THIS IS THE RECIPIENT'S MOST CURRENT ID. IT IS CARRIED IN THE
 FIXED PORTION OF THE RECIPIENT RECORD.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		8	0		X(08)
2	X		AlphaNumeric		8	0		X(08)
3	X		AlphaNumeric		8	0		X(08)
9	G		Group		0	0		

DataElement ID: 01012 Name: MOTHERS-RECIP-ID Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MOTHERS RECIPIENT ID
 FOR A NEWBORN RECORD THIS FIELD CARRIES THE RECIPIENT ID OF THE
 MOTHER.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 01013      Name:  FILE-ID      Version:      Subsystem: Recipient
Created By:                Last Updated By:  Release:
Created On:   8/25/2004    Last Updated On:  8/25/2004
Description: FILE ID
                THE ID OF THE INPUT FILE.,
    
```

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		6	0		X(06)

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DataElement ID: 01014      Name:  NEWBORN-RECIP-ID      Version:      Subsystem: Recipient
Created By:                Last Updated By:  Release:
Created On:   8/25/2004    Last Updated On:  8/25/2004
Description: NEWBORN RECIPIENT ID
                THIS FIELD IS STORED IN A MOTHER'S RECIPIENT RECORD IN ORDER
                TO ASSOCIATE HER WITH HER CHILDREN THAT WERE ADDED THROUGH
                MEMBER 88 PROCESSING.
    
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Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Report:ND-001

Iowa Medicaid Enterprise

Data Element List

ND-Workbench

DataElement ID: 01015 Name: CLNT-GIVEN Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: CLNT GIVEN
RECIPIENT FIRST NAME IN THE EPICS TO MMIS INTERFACE RECORD.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01016 Name: CLIENT-NAME Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: CLIENT NAME
GROUP LEVEL FIELD TO DESCRIBE RECIPIENT NAME IN THE
EPICS TO MMIS INTERFACE RECORD.,
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Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Report:ND-001

Iowa Medicaid Enterprise

Data Element List

ND-Workbench

DataElement ID: 01017 Name: CLNT-INIT Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: CLNT INIT
RECIPIENT MIDDLE INITIAL IN THE EPICS TO MMIS INTERFACE RECORD.,

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01018 Name: SEX Version: Subsystem: Recipient
Created By: SYSTEM Last Updated By: T474198 Release:
Created On: 8/25/2004 Last Updated On: 2/4/2019
Description: SEX
RECIPIENT SEX CODE IN THE EPICS TO MMIS INTERFACE RECORD.,

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01019 Name: DATE-OF-BIRTH Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: DATE OF BIRTH
RECIPIENT DATE OF BIRTH IN THE EPICS TO MMIS INTERFACE RECORD.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		8	0		9(08)
3	N3	Numeric Comp-3		5	0		9(05)

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Data Element List

DataElement ID: 01020 Name: MEDICARE-ID-NUM Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ***** MMIS DATA ELEMENT NAME - RECIPIENT SOCIAL SECURITY CLAIM

NUMBER:
 MMIS GSD DATA ELEMENT NUMBER - 102
 MMIS PART 11 DATA ELEMENT NUMBER - 003
 MMIS DEFINITION - THE NUMBER ASSIGNED TO AN INDIVIDUAL BY THE SOCIAL SECURITY ADMINISTRATION UNDER WHICH BENEFITS ARE PAID OR ELIGIBILITY IS ESTABLISHED FOR MEDICARE COVERAGE.*****
 THE NUMBER (AT SSA) OF THE INDIVIDUAL ON WHOSE EARNINGS BENEFITS ARE PAID OR ELIGIBILITY IS ESTABLISHED FOR MEDICARE COVERAGE. THE NUMBER IS COMPOSED OF A NINE DIGIT SOCIAL SECURITY NUMBER OR A SIX TO NINE DIGIT RAILROAD RETIREMENT BOARD NUMBER WITH UP TO THREE ADDITIONAL CHARACTERS AS A PREFIX OR A SUFFIX. FOR VALID PREFIXES AND SUFFIXES, SEE STATE BUY-IN HANDBOOK - SECTION 200. THIS FIELD IS ALSO REFERRED TO AS THE MEDICARE ID NUMBER OR THE HIC.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		12	0		X(12)
9		G	Group		0	0		

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DataElement ID: 01021 Name: PREV-MEDICARE-ID-NUM Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PREVIOUS MEDICARE ID NUMBER
 THE PREVIOUS MEDICARE ID NUMBER OF A RECIPIENT WHO HAS BEEN
 ASSIGNED A NEW MEDICARE ID NUMBER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01022 Name: SSN Version: Subsystem: Recipient
 Created By: Initial Sy Last Updated By: T474073 Release:
 Created On: 8/25/2004 Last Updated On: 5/25/2005
 Description: SSN
 THE SOCIAL SECURITY NUMBER. VARIANT 2 IS THE SSN
 IN THE MMIS, VARIANT 4 IS THE SSN COMING FROM
 THE IOWA DEPARTMENT OF HUMAN SERVICES.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
4	N3	Numeric Comp-3		9	0		9(09)

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Data Element List

DataElement ID: 01023 Name: DATE-OF-DEATH Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DATE OF DEATH
 RECIPIENT DATE OF DEATH IN THE EPICS TO MMIS INTERFACE RECORD.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01024 Name: RECIP-WORKER-NUMBER Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RECIPIENT WORKER NUMBER
 THE RECIPIENT'S CASE WORKER NUMBER ON THE TITLE XIX
 ELIGIBILITY FILE.

1	X	AlphaNumeric		4	0		X(04)
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01025 Name: ETHNIC-CLASS Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: Description: Description: Description: Description:
ETHNIC CLASS
FIELD IN THE EPICS TO MMIS INTERFACE RECORD WHICH IS TRANSLATED
TO RACE CODE ON MMIS RECIPIENT ELIGIBILITY FILE. - My Update

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01026 Name: SSA-CLAIM-NUMBER Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: SSA CLAIM NUMBER
RECIPIENT'S MEDICARE ID NUMBER IN THE EPICS TO MMIS INTERFACE
RECORD.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01027 Name: STREET1 Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: STREET1
 THE FIRST LINE OF THE RECIPIENT STREET ADDRESS IN THE EPICS
 TO MMIS INTERFACE FILE.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01028 Name: STREET2 Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: STREET2
 THE SECOND LINE OF THE RECIPIENT STREET ADDRESS IN THE EPICS
 TO MMIS INTERFACE FILE.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01029 Name: ZIP-CODE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ZIP CODE
 RECIPIENT ZIP CODE IN THE EPICS TO MMIS INTERFACE FILE.,

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01030 Name: RECIP-NAME Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ***** MMIS DATA ELEMENT NAME - RECIPIENT NAME:
 MMIS GSD DATA ELEMENT NUMBER - 103
 MMIS PART 11 DATA ELEMENT NUMBER - 004
 MMIS DEFINITION - THE NAME OF THE RECIPIENT. *****
 GROUP LEVEL FOR RECIPIENT NAME.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			30	0		X(30)
4	X	AlphaNumeric			27	0		X(27)
5	X	AlphaNumeric			31	0		X(31)
6	X	AlphaNumeric			21	0		X(21)
9	G	Group			0	0		

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Data Element List

DataElement ID: 01031 Name: ZIP-EXT Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ZIP EXT
 RECIPIENT SIP EXTENSION IN THE EPICS TO MMIS INTERFACE FILE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01032 Name: CASE-NAME Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CASE NAME
 HEAD OF HOUSEHOLD FROM THE ABC TITLE XIX TRANSACTION RECORD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		30	0		X(30)
4	X	AlphaNumeric		20	0		X(20)
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01033 Name: SURNAME Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: SURNAME
HEAD OF HOUSEHOLD LAST NAME IN THE EPICS TO MMIS
INTERFACE FILE.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01034 Name: GIVEN-NAME Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: GIVEN NAME
HEAD OF HOUSEHOLD FIRST NAME IN THE EPICS TO MMIS
INTERFACE FILE.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01035 Name: RECIP-PAYEE-NAME Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NAME OF RECIPIENT'S PAYEE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		30	0		X(30)
4	X		AlphaNumeric		24	0		X(24)

DataElement ID: 01036 Name: RECIP-PAYEE-LST-NAME Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NAME OF RECIPIENT'S PAYEE - LAST

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01037 Name: RECIP-PAYEE-FST-NAME Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NAME OF RECIPIENT'S PAYEE - FIRST

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 01038      Name:  PAYEE-PROGRAM-CODE      Version:
Created By:                Last Updated By:      Release:
Created On:      8/25/2004  Last Updated On:   8/25/2004
Description: -
                PAYEE PROGRAM CODE
                -
                THE PROGRAM CODE OF THE NEWBORN'S MOTHER.  USED IN THE NEWBORN
                REPORT.
    
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Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01039      Name:  ADDRESS-INFORMATION      Version:
Created By: SYSTEM        Last Updated By: T474365      Release:
Created On:      8/25/2004  Last Updated On:   2/18/2022
Description: THIS IS THE GROUP LEVEL FOR ADDRESS INFORMATION.
                ***** MMIS DATA ELEMENT NAME - RECIPIENT ADDRESS:
                MMIS GSD DATA ELEMENT NUMBER - 104
                MMIS PART 11 DATA ELEMENT NUMBER - 005
                MMIS DEFINITION - THE ADDRESS OF THE RECIPIENT. *****
    
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Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01040	Name: RECIP-CITY	Version:	Subsystem: Recipient
Created By: SYSTEM	Last Updated By: T474193	Release:	
Created On: 8/25/2004	Last Updated On: 11/7/2018		
Description:			

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		18	0		X(18)
2		X		AlphaNumeric		20	0		X(20)
3		X		AlphaNumeric		26	0		X(26)
5		X		AlphaNumeric		14	0		X(14)
6		X		AlphaNumeric		50	0		X(50)

DataElement ID: 01041	Name: RECIP-STATE	Version:	Subsystem: Recipient
Created By: SYSTEM	Last Updated By: T474198	Release:	
Created On: 8/25/2004	Last Updated On: 11/7/2014		
Description: Description: Description: Description: Description: Description: THIS IS THE STATE IN WHICH THE RECIPIENT RESIDES.			

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		2	0		X(02)
2		X		AlphaNumeric		3	0		X(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01042	Name: RECIP-ADDR-LINE-1	Version:	Subsystem: Recipient
Created By: SYSTEM	Last Updated By: T474193	Release:	
Created On: 8/25/2004	Last Updated On: 11/7/2018		
Description:			

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		25	0		X(25)
2		X		AlphaNumeric		20	0		X(20)
3		X		AlphaNumeric		30	0		X(30)
4		X		AlphaNumeric		22	0		X(22)
5		X		AlphaNumeric		50	0		X(50)
8		X		AlphaNumeric		21	0		X(21)
9		G		Group		0	0		

DataElement ID: 01043	Name: RECIP-ZIP-CODE	Version:	Subsystem: Recipient
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: THIS IS THE FIRST PART OF THE RECIPIENT'S ZIP CODE.			

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		5	0		X(05)
2		N		Numeric		5	0		9(05)
5		X		AlphaNumeric		10	0		X(10)
9		G		Group		0	0		

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DataElement ID: 01044 Name: RECIP-ZIP-PART-2 Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS IS THE SECOND PART OF THE RECIPIENT'S ZIP CODE.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		4	0		X(04)
2		N		Numeric		4	0		9(04)

DataElement ID: 01045 Name: RECIP-PAYEE-MID-INIT Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: INITIAL X
 HEAD OF HOUSEHOLD MIDDLE INITIAL IN THE EPICS TO MMIS
 INTERFACE FILE.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Data Element List

DataElement ID: 01046 Name: RECIP-ADDR-LINE-2 Version: Subsystem: Recipient
 Created By: SYSTEM Last Updated By: T474193 Release:
 Created On: 8/25/2004 Last Updated On: 11/7/2018
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		25	0		X(25)
2		X		AlphaNumeric		30	0		X(30)
3		X		AlphaNumeric		20	0		X(20)
4		X		AlphaNumeric		50	0		X(50)
5		X		AlphaNumeric		21	0		X(21)
7		X		AlphaNumeric		22	0		X(22)

DataElement ID: 01047 Name: RECIP-ADDR-LINE-3 Version: Subsystem: Recipient
 Created By: SYSTEM Last Updated By: T474347 Release:
 Created On: 8/25/2004 Last Updated On: 8/27/2018
 Description: RECIPIENT ADDRESS LINE 3
 RECIPIENT ADDRESS LINE 3 USED IN SUR RECIPIENT FILE.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		25	0		X(25)
2		X		AlphaNumeric		20	0		X(20)
4		X		AlphaNumeric		22	0		X(22)
5		X		AlphaNumeric		14	0		X(14)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01048 Name: RECIP-ADDR-LINE-4 Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RECIPIENT ADDRESS LINE 4 USED IN SUR RECIPIENT FILE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		25		0	X(25)
4		X	AlphaNumeric		22		0	X(22)

DataElement ID: 01049 Name: PART-A-ELIG-INFO Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PART A ELIG INFO
 GROUP LEVEL FIELD FOR MEDICARE PART A ELIGIBILITY DATES
 IN THE EPICS TO MMIS INTERFACE FILE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01050 Name: RECIP-DATE-OF-BIRTH Version: Subsystem: Recipient
 Created By: SYSTEM Last Updated By: T474198 Release:
 Created On: 8/25/2004 Last Updated On: 7/15/2014
 Description: ***** MMIS DATA ELEMENT NAME RECIPIENT DATE OF BIRTH:
 MMIS GSD DATA ELEMENT NUMBER - 105
 MMIS PART 11 DATA ELEMENT NUMBER - 006
 MMIS DEFINITION - THE DATE OF BIRTH OF THE RECIPIENT. *****
 - FORMAT: YYYYMMDD

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		8	0		X(08)
2	N		Numeric		6	0		9(6)
3	N3		Numeric Comp-3		8	0		S9(08)
5	N		Numeric		8	0		9(8)
7	N3		Numeric Comp-3		6	0		9(06)
8	N3		Numeric Comp-3		8	0		9(8)
9	G		Group		0	0		

DataElement ID: 01051 Name: PART-A-ELIG-DATE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PART A ELIG DATE
 MEDICARE PART A BEGINNING ELIGIBILITY DATE IN THE EPICS
 TO MMIS INTERFACE FILE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01052 Name: PART-A-TERM-DATE Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: PART A TERM DATE
MEDICARE PART A ELIGIBILITY TERMINATION DATE IN THE EPICS TO MMIS
INTERFACE FILE.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01053 Name: PART-B-ELIG-INFO Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: PART B ELIG INFO
GROUP LEVEL FIELD FOR MEDICARE PART B ELIGIBILITY DATES
IN THE EPICS TO MMIS INTERFACE FILE.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 01054      Name:  PART-B-ELIG-DATE      Version:      Subsystem: Recipient
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: PART B ELIG DATE
                MEDICARE PART B BEGINNING ELIGIBILITY DATE IN THE EPICS
                TO MMIS INTERFACE FILE.
    
```

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

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DataElement ID: 01055      Name:  PART-B-TERM-DATE      Version:      Subsystem: Recipient
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: PART B TERM DATE
                MEDICARE PART B ELIGIBILITY TERMINATION DATE IN THE EPICS TO MMIS
                INTERFACE FILE.
    
```

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01056 Name: PART-A-BUY-IN-INFO Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: PART A BUY IN INFO
- GROUP LEVEL FIELD FOR MEDICARE PART A BUY IN DATA IN THE
EPICS TO MMIS INTERFACE FILE.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01057 Name: ACCR-CODE-A Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: ACCR CODE A
FIELD IN THE EPICS TO MMIS INTERFACE FILE WHICH INDICATES
A MEDICARE PART A BUY IN ACCRETION TRANSACTION CODE.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01058 Name: ACCR-DATE-A Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ACCR DATE A
 FIELD IN THE EPICS TO MMIS INTERFACE FILE WHICH INDICATES
 THE MEDICARE PART A BUY IN ACCRETE DATE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01059 Name: DELETE-CODE-A Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DELETE CODE A
 FIELD IN THE EPICS TO MMIS INTERFACE FILE WHICH INDICATES
 A MEDICARE PART A BUY IN DELETION TRANSACTION CODE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01060 Name: RECIP-RACE-CODE Version: Subsystem: Recipient
 Created By: SYSTEM Last Updated By: T474198 Release:
 Created On: 8/25/2004 Last Updated On: 7/15/2014
 Description:

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		1	0		X(01)
2		N	Numeric		1	0		9(01)
9		G	Group		0	0		

DataElement ID: 01061 Name: DELETE-DATE-A Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DELETE DATE A
 FIELD IN THE EPICS TO MMIS INTERFACE FILE WHICH INDICATES
 THE MEDICARE PART A BUY IN DELETE DATE.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01062 Name: PREMIUM-AMT-A Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: PREMIUM AMT A
FIELD IN THE EPICS TO MMIS INTERFACE FILE WHICH INDICATES
THE MEDICARE PART A BUY IN PREMIUM AMOUNT.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01063 Name: PART-B-BUY-IN-INFO Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: PART B BUY IN INFO
GROUP LEVEL FIELD FOR MEDICARE PART B BUY IN DATA IN THE
EPICS TO MMIS INTERFACE FILE.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01064 Name: ACCR-CODE-B Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: ACCR CODE B
FIELD IN THE EPICS TO MMIS INTERFACE FILE WHICH INDICATES
A MEDICARE PART B BUY IN ACCRETION TRANSACTION CODE.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01065 Name: RECIP-BUY-IN-A-DATA Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: THE GROUP LEVEL ON A RECIPIENT ELIGIBILITY RECORD CONTAINING
- BUY-IN INFORMATION.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01066 Name: ACCR-DATE-B Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: ACCR DATE B
FIELD IN THE EPICS TO MMIS INTERFACE FILE WHICH INDICATES
THE MEDICARE PART B BUY IN ACCRETE DATE.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01067 Name: DELETE-CODE-B Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: DELETE CODE B
FIELD IN THE EPICS TO MMIS INTERFACE FILE WHICH INDICATES
A MEDICARE PART B BUY IN DELETION TRANSACTION CODE.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01068 Name: DELETE-DATE-B Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: DELETE DATE B
FIELD IN THE EPICS TO MMIS INTERFACE FILE WHICH INDICATES
THE MEDICARE PART B BUY IN DELETE DATE.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01069 Name: PREMIUM-AMT-B Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: PREMIUM AMT B
FIELD IN THE EPICS TO MMIS INTERFACE FILE WHICH INDICATES
THE MEDICARE PART B BUY IN PREMIUM AMOUNT.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01070 Name: RECIP-SEX-CODE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ***** MMIS DATA ELEMENT NAME - RECIPIENT SEX CODE:
 MMIS GSD DATA ELEMENT NUMBER - 107
 MMIS PART 11 DATA ELEMENT NUMBER - 008
 MMIS DEFINITION - THE SEX OF THE RECIPIENT. *****

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)
9	G	Group		0	0		

DataElement ID: 01071 Name: NUM-BENEFIT-MO Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: Description: Description: Description:
 NUM BENEFIT MO
 OCCURRENCE COUNTER OF BENEFIT MO INFO IN EPICS TO MMIS
 INTERFACE FILE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01072 Name: RECIP-HANDICAP-CODE Version: Subsystem: Recipient
 Created By: SYSTEM Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 10/10/2005
 Description: RECIPIENT HANDICAP CODE
 THE RECIPIENT HANDICAP CODE. VALUE CAPTURED FROM ABC TITLE XIX
 TRANSACTION RECORD TO IDENTIFY UP TO FOUR DISABILITIES FOR A
 RECIPIENT.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1	0		X(01)
4		X		AlphaNumeric		4	0		X(04)
9		G		Group		0	0		

DataElement ID: 01073 Name: SVC-WORKER-NUMBER Version: Subsystem: Recipient
 Created By: Last Updated By:
 Created On: 8/25/2004 Last Updated On: 8/25/2004 Release:
 Description: SERVICE WORKER NUMBER
 THE RECIPIENT'S SERVICE WORKER NUMBER ON THE TITLE XIX
 ELIGIBILITY FILE.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		4	0		X(04)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01074 Name: RECIP-TPL-DTL-DATA Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: GROUP LEVEL FOR THE DETAIL AREA OF THE RECIPIENT
 TPL RESOURCE RECORD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 01075 Name: BENEFIT-MO-INFO Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: BENEFIT MO INFO
 GROUP LEVEL FIELD FOR THE BENEFIT MONTH INFO IN THE EPICS
 TO MMIS INTERFACE FILE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01076 Name: PROGRAM-SUBTYPE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROGRAM SUBTYPE
 FIELD IN THE BENEFIT MO INFO GROUP IN EPICS TO MMIS
 INTERFACE FILE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01077 Name: MED-SUBTYPE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MED SUBTYPE
 FIELD IN THE BENEFIT MO INFO GROUP IN EPICS TO MMIS
 INTERFACE FILE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		2	0		X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01078 Name: BENEFIT-MONTH Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: BENEFIT MONTH
 FIELD IN THE BENEFIT MONTH INFO GROUP IN THE EPICS TO MMIS
 INTERFACE FILE THAT INDICATES THE MONTH IN WHICH PAYMENT OF
 MEDICAID BENEFITS HAS BEEN AUTHORIZED.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01079 Name: PAT-CONTRIB Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PAT CONTRIB
 FIELD IN THE BENEFIT MONTH INFO GROUP IN THE EPICS TO MMIS
 INTERFACE FILE THAT INDICATES THE NURSING HOME PATIENT
 LIABILITY FOR A PARTICULAR BENEFIT MONTH.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01080 Name: RECIP-COUNTY Version: Subsystem: Recipient
 Created By: SYSTEM Last Updated By: T474181 Release:
 Created On: 8/25/2004 Last Updated On: 9/1/2010
 Description: RECIPIENT COUNTY
 ***** MMIS DATA ELEMENT NAME - RECIPIENT COUNTY CODES:
 - MMIS GSD DATA ELEMENT NUMBER - 108
 MMIS DEFINITION - THAT GEOGRAPHIC OR GEOPOLITICAL
 SUBDIVISION OF A STATE WHICH IS
 THE LOWEST LEVEL OF CONTROLLED
 PROGRAM REPORTING. *****
 **** NOTE **** IF CHANGES ARE MADE TO THE VALID VALUES
 FOR THIS DATA ELEMENT, THE COPYBOOKS
 WT190050 AND WT690050 SHOULD BE CHECKED
 TO SEE IF ANY CHANGES ARE REQUIRED.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2	0		X(02)
2	N		Numeric		2	0		9(02)
4	N		Numeric		3	0		9(03)
9	G		Group		0	0		

DataElement ID: 01081 Name: RECIP-JUDICIAL-DIST Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RECIPIENT JUDICIAL DISTRICT
 RECIPIENT JUDICIAL DISTRICT IS DERIVED FROM RECIPIENT COUNTY
 CODE.,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N		Numeric		2	0		9(2)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01082 Name: NUM-OF-JUDICIAL-DIST Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF JUDICIAL DISTRICTS USED ON FOSTER CLAIM EXTRACT RECORD
 NUMBER OF JUDICIAL DISTRICTS USED ON FOSTER CLAIM EXTRACT RECORD,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01083 Name: RECIP-COUNTY-NAME Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RECIP COUNTY NAME
 THE RECIPIENT'S COUNTY NAME.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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1	X	AlphaNumeric		10	0		X(10)
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01084 Name: CASE-LAST-NAME Version: Subsystem: Recipient
 Created By: SYSTEM Last Updated By: T474193 Release:
 Created On: 8/25/2004 Last Updated On: 11/7/2018
 Description:

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		15	0		X(15)
2		X	AlphaNumeric		45	0		X(45)
4		X	AlphaNumeric		16	0		X(16)

DataElement ID: 01085 Name: RECIP-PHONE-NUMBER Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RECIPIENT PHONE NUMBER
 RECIPIENT'S HOME PHONE NUMBER.,

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N	Numeric		10	0		9(10)
3		N3	Numeric Comp-3		10	0		9(10)
4		X	AlphaNumeric		7	0		X(07)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01086 Name: CASE-FIRST-NAME Version: Subsystem: Recipient
 Created By: SYSTEM Last Updated By: T474193 Release:
 Created On: 8/25/2004 Last Updated On: 11/7/2018
 Description:

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		10	0		X(10)
2		X	AlphaNumeric		45	0		X(45)
4		X	AlphaNumeric		5	0		X(05)

DataElement ID: 01087 Name: CASE-MIDDLE-INIT Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CASE MIDDLE INITIAL
 THE RECIPIENT'S CASE MIDDLE INITIAL FROM THE ABC TITLE XIX
 TRANSACTION RECORD.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01088 Name: RECIP-SPENDDOWN-IND Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RECIPIENT SPENDDOWN CODE INDICATES WHETHER OR NOT THE RECIPIENT IS
 A SPENDDOWN CASE.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

DataElement ID: 01089 Name: RECIP-TYPE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NO DESCRIPTION FOUND FOR THIS ELEMENT

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		2		0	X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01090 Name: RECIP-PROGRAM-CODE Version: Subsystem: Recipient
 Created By: SYSTEM Last Updated By: T474198 Release:
 Created On: 8/25/2004 Last Updated On: 6/18/2020
 Description:

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		3	0		X(03)
3		X	AlphaNumeric		3	0		X(03)
4		X	AlphaNumeric		3	0		X(03)
9		G	Group		0	0		

DataElement ID: 01091 Name: RECIP-CATEGORY Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RECIPIENT CATEGORY IS THE FIRST CHARACTER OF THE PROGRAM CODE.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
4		X	AlphaNumeric		4	0		X(4)
5		X	AlphaNumeric		3	0		X(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01092 Name: PARTICIPATION-CODE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE RECIPIENT PARTICIPATION CODE IS THE LAST TWO CHARACTERS OF
 THE RECIPIENT PROGRAM CODE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01093 Name: CASE-WORKER-COUNTY Version: Subsystem: Recipient
 Created By: SYSTEM Last Updated By: T474181 Release:
 Created On: 8/25/2004 Last Updated On: 11/12/2010
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		2	0		X(02)
2	N	Numeric		2	0		9(02)
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01094 Name: RECIP-FUNDING-CODE Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: RECIPIENT FUNDING CODE
THIS RECIPIENT FUNDING CODE.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)
2		X		AlphaNumeric		1		0	X(01)

DataElement ID: 01095 Name: LEVEL-OF-CARE Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: LEVEL OF CARE
A CODE INDICATING THE RECIPIENT'S LTC LEVEL OF CARE.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)
9		G		Group		0		0	

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01096 Name: LTC-TERMINATION-CODE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LTC TERMINATION CODE
 A CODE INDICATING THE REASON FOR THE LONG TERM CARE TERMINATION.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

DataElement ID: 01097 Name: LTC-TERMINATION-DATE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LTC TERMINATION DATE
 THE DATE A RECIPIENT'S LTC ELIGIBILITY WAS TERMINATED.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		6	0		X(06)
3	N3	Numeric Comp-3		5	0		S9(05)
4	N	Numeric		8	0		9(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01098 Name: RECIP-PERC-OF-POV Version: Subsystem: Recipient
 Created By: SYSTEM Last Updated By: T474365 Release:
 Created On: 8/25/2004 Last Updated On: 2/16/2022
 Description: RECIPIENT PERCENT OF POVERTY
 THE RECIPIENT PERCENT OF POVERTY AS DETERMINED BY THE ABC SYSTEM.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		3	0		X(03)
2	N		Numeric		3	0		9(03)

DataElement ID: 01099 Name: RECIP-COPAY-IND Version: Subsystem: Recipient
 Created By: Last Updated By:
 Created On: 8/25/2004 Last Updated On: 8/25/2004 Release:
 Description: RECIPIENT COPAY INDICATOR
 THE RECIPIENT'S COPAY INDICATOR.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01100 Name: RECIP-ELIG-BEG-DATE Version: Subsystem: Recipient
 Created By: Initial Sy Last Updated By: T474338 Release:
 Created On: 8/25/2004 Last Updated On: 3/18/2016
 Description: RECIPIENT ELIGIBILITY BEGIN DATE.
 - ***** MMIS DATA ELEMENT NAME - ELIGIBILITY BEGINNING DATE:
 MMIS GSD DATA ELEMENT NUMBER - 110
 MMIS PART 11 DATA ELEMENT NUMBER - 012
 MMIS DEFINITION - A DATE THAT BEGINS A PERIOD IN WHICH A
 RECIPIENT IS CERTIFIED AS ELIGIBLE TO
 RECEIVE MEDICAID BENEFITS. *****

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		N		Numeric		5	0		9(05)
2		N		Numeric		6	0		9(6)
3		N3		Numeric Comp-3		5	0		S9(05)
4		N		Numeric		8	0		9(08)
6		N		Numeric		8	0		9(08)
7		X		AlphaNumeric		8	0		X(08)

DataElement ID: 01101 Name: CARD-REQ-DATE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CARD REQ DATE
 DATE THAT IS ENTERED (OR DEFAULT) WHEN A CARD REQUEST WAS MADE
 ON ELIGIBILITY SCREEN 1.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3		Numeric Comp-3		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01102 Name: COUNTY-OF-LEGAL-RESP Version: Subsystem: Recipient
 Created By: SYSTEM Last Updated By: T474181 Release:
 Created On: 8/25/2004 Last Updated On: 11/12/2010
 Description: COUNTY OF LEGAL RESPONSIBILITY

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		2	0		X(02)
2		N		Numeric		2	0		9(02)

DataElement ID: 01103 Name: TRANS-RECORD-ID Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TRANSACTION RECORD IDENTIFICATION
 THE TRANSACTION RECORD IDENTIFICATION ON ABC TRANSACTION
 RECORDS.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		8	0		X(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01104 Name: AREA-CODE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TELEPHONE AREA CODE NUMBER
 TELEPHONE AREA CODE NUMBER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		3	0		9(03)

DataElement ID: 01105 Name: BENEFIT-CODE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HMO BENEFIT CODE.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		3	0		X(03)

Iowa Medicaid Enterprise

Data Element List

```
DataElement ID: 01109      Name:  RECIP-DEATH-IND      Version:
Created By:                Last Updated By:      Release:
Created On:      8/25/2004  Last Updated On:   8/25/2004
Description:  DEATH INDICATOR
             THIS FIELD SHOWS WHETHER A RECIPIENT IS DEAD.
```

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

```
DataElement ID: 01110      Name:  RECIP-ELIG-END-DATE      Version:
Created By:  Initial Sy    Last Updated By:  T474338      Release:
Created On:      8/25/2004  Last Updated On:   3/18/2016
Description: ***** MMIS DATA ELEMENT NAME - ELIGIBILITY ENDING DATE:
             MMIS GSD DATA ELEMENT NUMBER - 111
             MMIS PART 11 DATA ELEMENT NUMBER - 013
             MMIS DEFINITION - A DATE THAT CONCLUDES A PERIOD IN WHICH A
             RECIPIENT IS ELIGIBLE TO RECEIVE MEDICAID
             BENEFITS. *****
```

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		N	Numeric		5	0		9(05)
2		N	Numeric		6	0		9(6)
3		N3	Numeric Comp-3		5	0		S9(05)
4		N	Numeric		8	0		9(08)
6		N	Numeric		8	0		9(08)

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 01113      Name:  RECIP-SOURCE-CODE      Version:      Subsystem: Recipient
Created By:                Last Updated By:      Release:
Created On:    8/25/2004   Last Updated On:    8/25/2004
Description:  RECIPIENT SOURCE CODE
              INDICATES THE SOURCE OF DATA IN THE ELIGIBILITY SEGMENT OF
              THE RECIPIENT ELIGIBILITY RECORD.
    
```

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

```

DataElement ID: 01114      Name:  RECIP-ORIGIN-CODE      Version:      Subsystem: Recipient
Created By:  SYSTEM        Last Updated By:  T474190      Release:
Created On:    8/25/2004   Last Updated On:    2/15/2016
Description:  RECIPIENT ORIGIN CODE
              THE RECIPIENT ORIGIN CODE INDICATES THE ORIGIN OF THE DATA IN
              THE RECIPIENT ELIGIBILITY RECORD.
    
```

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01115 Name: LAST-ELIG-TRANS Version: Subsystem: Recipient
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 1/13/2005
 Description: -
 LAST ELIGIBILITY TRANSACTION DATE
 THIS IS THE DATE THAT AN ELIGIBILITY SPAN WAS UPDATED, EITHER
 ONLINE OR IN BATCH.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3		Numeric Comp-3		5	0		S9(05)
4		N		Numeric		8	0		9(08)

DataElement ID: 01116 Name: LOCK-IN-DATA-PHAR Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LOCK IN DATA PHAR
 GROUP LEVEL DATA FOR RECIPIENT LOCK IN FOR PHARMACY.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9		G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01117 Name: LOCK-IN-BEG-DT-PHAR Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LOCK IN BEG DT PHAR
 BEGIN DATE OF A LOCK IN PERIOD FOR A PHARMACY.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		6	0		9(06)

DataElement ID: 01118 Name: LOCK-IN-END-DT-PHAR Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LOCK IN END DT PHAR
 END DATE OF A LOCK IN PERIOD FOR A PHARMACY.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		6	0		9(06)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01119 Name: ORIGINAL-RECIP-ID-7 Version: Subsystem: Recipient
 Created By: T474100 Last Updated By: T474100 Release:
 Created On: 5/26/2005 Last Updated On: 5/26/2005
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		7		0	X(07)

DataElement ID: 01120 Name: RECIP-DATE-OF-DEATH Version: Subsystem: Recipient
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 1/13/2005
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3		Numeric Comp-3		5		0	S9(5)
4		N		Numeric		8		0	9(08)
5		N		Numeric		8		0	9(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01121 Name: HMO-SEG-BEFORE-CHNG Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HMO-SEG-BEFORE-CHNG
 HMO SEGMENT BEFORE CHANGE - IS THE GROUP-LEVEL FOR REPORT RECORD
 DATA WHICH DEPICTS CAPITATION SEGMENT INFORMATION PRIOR TO CHANGES

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0	0		

DataElement ID: 01122 Name: HMO-SEG-AFTER-CHNG Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HMO-SEG-AFTER-CHNG
 HMO SEGMENT AFTER CHANGE - IS THE GROUP-LEVEL FOR REPORT RECORD
 DATA WHICH DEPICTS CAPITATION SEGMENT INFORMATION AFTER CHANGES.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01123 Name: NUM-ACCEPT-ENROLL Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS NUM OF ACCEPTED ENROLLMENT TRANSACTIONS,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01124 Name: EXTERNAL-COVERAGE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: EXTERNAL COVERAGE
 A CODE INDICATING THE EXTERNAL COVERAGE TYPE CODE.

1	X	AlphaNumeric		1	0		X(01)
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01126 Name: HMO-REIN-CAP-TRIG-CR Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HMO REINSTATE CAP TRIGGER CREATED
 THIS INDICATOR TELLS THE CAPITATION TRIGGER PROGRAM THAT A
 TRIGGER RECORD HAS BEEN CREATED FOR THIS REINSTATED MONTH.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01127 Name: RECIP-CAP-AMOUNT Version: Subsystem:
 Created By: T474186 Last Updated By: T474186 Release:
 Created On: 1/29/2015 Last Updated On: 1/29/2015
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		6	2		S9(06)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01128 Name: CAPITATION-CLAIM-IND Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: - CAPITATION CLAIM INDICATOR
 A CODE USED IN THE RECIPIENT-MHC-PROVIDER RECORD TO INDICATE
 WHICH TYPE(S) OF CAPITATION CLAIMS TO CREATE FOR A RECIPIENT.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 01129 Name: CAPITATION-MONTH-IND Version: Subsystem: Recipient
 Created By: SYSTEM Last Updated By: T474104 Release:
 Created On: 8/25/2004 Last Updated On: 1/12/2012
 Description: CAPITATION MONTH INDICATOR
 A CODE USED IN THE RECIPIENT-MHC-PROVIDER RECORD INDICATING
 THE MONTH(S) A CAPITATION CLAIM WILL BE CREATED.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01130 Name: TPL-IND Version: Subsystem: Recipient
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 6/24/2005
 Description: ***** MMIS DATA ELEMENT NAME - THIRD PARTY LIABILITY CODE
 MMIS GSD DATA ELEMENT NUMBER - 113
 MMIS PART 11 DATA ELEMENT NUMBER - 014
 MMIS DEFINITION - A CODE TO INDICATE THE PRESENCE OF
 POTENTIAL THIRD PARTY LIABILITY.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1	0		X(01)

DataElement ID: 01131 Name: RECIP-ENROLL-FLAG Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RECIP-ENROLL-FLAG
 RECIPIENT ENROLLMENT FLAG IS USED TO INDICATE THAT A RECIPIENT
 HAS BEEN AUTOMATICALLY ENROLLED OR DISENROLLED FROM AN HMO BY
 - THE RECIPIENT SUBSYSTEM. '1' INDICATES THAT AN AUTOMATIC ACTION
 HAS BEEN TAKEN; ' ' INDICATES THAT NO AUTOMATIC ACTION HAS BEEN
 TAKEN. THIS FIELDS IS USED TO CREATE THE HMO ENROLLMENT REPORT
 SERIES.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01132 Name: TRANS-ERRORS Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TRANS-ERRORS
 TRANSACTION ERRORS IS THE GROUP-LEVEL FOR TRANS-ERROR-FLAG
 AND IS USED IN CREATING THE HMO TRANSACTION SUMMARY REPORT.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0	0		

DataElement ID: 01133 Name: TRANS-ERROR-FLAG Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TRANS-ERROR-FLAG
 TRANSACTION ERROR FLAGS CONTAINS X'S AND SPACES TO INDICATE
 WHICH ERRORS OCCURED ON INCOMING HMO TRANSACTIONS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01134 Name: TRANS-DISPOSITION Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TRANS-DISPOSITION
 TRANSACTION DISPOSITION - INDICATES WHETHER A HMO TRANSACTION
 RECORD HAS BEEN ACCEPTED OR REJECTED.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 01135 Name: NUM-LOCK-IN-PHYS Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUM LOCK IN PHYS
 NUMBER OF RECIPIENT LOCK IN DATA FOR PHYSICIANS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 01136      Name:  MHC-CAP-DATA      Version:      Subsystem: Recipient
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description:  MANAGED HEALTH CARE CAPTATION DATA
              A FIELD USED TO GROUP MHC CAPTITATION DATA TOGETHER.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

```

DataElement ID: 01137      Name:  HMO-FISCAL-YR-IND      Version:      Subsystem: Recipient
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description:  HMO FISCAL YEAR INDICATOR
              -
              FOR CAPS USED AMOUNTS
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01138 Name: CAP-HMO-DOLLARS-USED Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CAP HMO DOLLARS USED
 AMOUNT OF THE CAP USED WHILE THE RECIPIENT WAS ENROLLED
 IN AN HMO, IN DOLLARS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	2		S9(5)V99

DataElement ID: 01139 Name: CAP-HMO-UNITS-USED Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CAP HMO UNITS USED
 AMOUNT OF THE CAP USED WHILE THE RECIPIENT WAS ENROLLED
 IN AN HMO, IN UNITS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	0		S9(7)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01140 Name: CAP-ANNUAL-DATA Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CAPS ANNUAL DATA
 GROUP LEVEL FOR THE SEVEN YEAR ANNUAL CAPS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 01141 Name: CAP-TYPE-CODE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CAP TYPE CODE
 THIS INDICATES THE TYPE OF CAP CONTAINED IN THE GROUP.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01142 Name: CAP-CENT-DATE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CAP CENTURY DATE
 THERE ARE TWO GROUPS IN THE CAPS FILE THAT CONTAIN INFORMATION
 - ABOUT THE CAP ON A MONTHLY AND ANNUAL BASIS. THIS DATE TELLS
 ON WHAT DATE THE INFORMATION IS EFFECTIVE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

DataElement ID: 01143 Name: CAP-DOLLARS Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CAP AMOUNT IN DOLLARS

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	2		S9(5)V99

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Iowa Medicaid Enterprise Data Element List

ND-Workbench

DataElement ID: 01144 Name: CAP-UNITS Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: CAP AMOUNT IN UNITS
 THIS ITEM REDEFINES CAP-DOLLARS.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3	Numeric Comp-3		7	0		S9(7)

DataElement ID: 01145 Name: CAP-FFS-DOLLARS-USED Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: FEE-FOR-SERVICE CAP AMOUNT USED IN DOLLARS
 INDICATES THE FEE-FOR-SERVICE AMOUNT APPLIED TOWARD THE CAP.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01146 Name: CAP-FFS-UNITS-USED Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: FEE-FOR-SERVICE CAP UNITS USED
 REDEFINES FFS-CAP-DOLLARS-USED.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01147 Name: CAP-MONTHLY-DATA Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CAP MONTHLY DATA
 GROUP LEVEL FOR MONTHLY CAPS DATA.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01148 Name: CAP-CONTROL-IND Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NO DESCRIPTION FOUND FOR THIS ELEMENT

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01149 Name: CAP-UNIT-DOLLAR-IND Version: Subsystem: Recipient
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 6/24/2005
 Description: CAP UNIT DOLLAR INDICATOR
 THIS IS AN INDICATOR THAT DETERMINES WHETHER THE CAP AMOUNTS
 ARE STORED IN DOLLARS OR UNITS.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01150 Name: MEDICARE-PART-A-DATA Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDICARE PART A DATA
 GROUP LEVEL FOR MEDICARE PART A DATA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 01151 Name: MCARE-PART-A-BEGIN Version: Subsystem: Recipient
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 1/13/2005
 Description: MEDICARE PART A BEGIN DATE
 DATE MEDICARE PART A COVERAGE BEGAN.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		6	0		9(06)
3	N3	Numeric Comp-3		5	0		S9(05)
4	N	Numeric		8	0		9(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01152 Name: MCARE-PART-A-END Version: Subsystem: Recipient
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 1/13/2005
 Description: MEDICARE PART A END DATE
 DATE MEDICARE PART A COVERAGE ENDED.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		6	0		9(06)
3	N3	Numeric Comp-3		5	0		S9(05)
4	N	Numeric		8	0		9(08)

DataElement ID: 01153 Name: RECIP-MHC-DATA Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RECIPIENT MANAGED HEALTH CARE DATA
 GROUP LEVEL ITEM FOR A RECIPIENT'S MANAGED HEALTH CARE DATA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01154 Name: NUM-NEW-CASES Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUM NEW CASES
 NUMBER OF NEW CASES DATA ON A RECIPIENT ELIGIBILITY RECORD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01155 Name: MEDICARE-PART-B-DATA Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDICARE PART B DATA
 GROUP LEVEL FOR MEDICARE PART B DATA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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9	G	Group		0	0		
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01156 Name: MCARE-PART-B-BEGIN Version: Subsystem: Recipient
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 1/13/2005
 Description: MEDICARE PART B BEGIN DATE
 DATE MEDICARE PART B COVERAGE BEGAN.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N	Numeric		6	0		9(06)
3		N3	Numeric Comp-3		5	0		S9(05)
4		N	Numeric		8	0		9(08)

DataElement ID: 01157 Name: MCARE-PART-B-END Version: Subsystem: Recipient
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 1/13/2005
 Description: MEDICARE PART B END DATE
 DATE MEDICARE PART B COVERAGE ENDED.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N	Numeric		6	0		9(06)
3		N3	Numeric Comp-3		5	0		S9(05)
4		N	Numeric		8	0		9(08)

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Iowa Medicaid Enterprise

ND-Workbench

Data Element List

DataElement ID: 01158 Name: NUM-REVIEW-DATA Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: NUM REVIEW DATA
NUMBER OF REVIEW DATA ON A RECIPIENT ELIGIBILITY RECORD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01159 Name: NUM-LOCK-IN-DATA Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: NUMBER LOCK-IN DATA
NUMBER OF OCCURRENCES OF THE LOCK-IN DATA AREA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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3	N3	Numeric Comp-3		3	0		S9(03)
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01160 Name: RECIP-ON-REVIEW Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ***** MMIS DATA ELEMENT NAME - RECIPIENT EXCEPTION INDICATOR:
 MMIS GSD DATA ELEMENT NUMBER - 116
 MMIS PART 11 DATA ELEMENT NUMBER - 016
 MMIS DEFINITION - A CODE WHICH INDICATES THAT ALL CLAIMS FOR
 A GIVEN RECIPIENT ARE TO BE MANUALLY
 REVIEWED PRIOR TO PAYMENT. *****
 INDICATES WHETHER OR NOT THE CLAIMS FOR A RECIPIENT ARE TO BE
 REVIEWED.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01161 Name: CASE-MANAGEMENT-IND Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CASE MANAGEMENT INDICATOR

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01162 Name: MHC-REINSTMENT-IND Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MANAGED HEALTH CARE REINSTATEMENT INDICATOR
 THE RECIPIENT HMO REINSTATEMENT INDICATOR.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)
4	X	AlphaNumeric		1	0		X(01)
5	X	AlphaNumeric		1	0		X(01)
6	X	AlphaNumeric		1	0		X(01)
7	X	AlphaNumeric		1	0		X(01)
9	G	Group		0	0		

DataElement ID: 01163 Name: RESTRICT-SVC-IND Version: Subsystem: Recipient
 Created By: SYSTEM Last Updated By: T474190 Release:
 Created On: 8/25/2004 Last Updated On: 4/28/2014
 Description: RESTRICTED SERVICES INDICATOR
 USED TO IDENTIFY RESTRICTED SERVICES FOR A RECIPIENT
 (HMO, LOCKIN, PATIENT MANAGEMENT).

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		2	0		X(02)
4	X	AlphaNumeric		2	0		X(02)
5	X	AlphaNumeric		2	0		X(02)
6	X	AlphaNumeric		2	0		X(02)
7	X	AlphaNumeric		2	0		X(02)
8	X	AlphaNumeric		2	0		X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01164 Name: RESTRICT-SVC-DATA Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RESTRICT SERVICES DATA
 GROUP ITEM FOR RECIPIENT RESTRICTED SERVICES DATA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 01165 Name: ALTERNATE-TYPE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ALTERNATE HMO TYPE
 THE ALTERNATE HMO TYPE FROM THE TITLE XIX TRANSACTION RECORD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)
4	X	AlphaNumeric		1	0		X(01)
5	X	AlphaNumeric		1	0		X(01)
6	X	AlphaNumeric		1	0		X(01)
7	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01166 Name: MHC-VENDOR-NUMBER Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MANAGE HEALTH CARE VENDOR NUMBER
 THIS IS A VENDOR NUMBER ASSIGNED BY THE STATE TO IDENTIFY
 - MANAGE HEALTH CARE PROVIDERS IN THE STATE'S SYSTEM.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		2		0	X(02)

DataElement ID: 01167 Name: MHC-FUT-VENDOR-NUM Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MANAGE HEALTH CARE FUT VENDOR NUMBER
 THIS IS A VENDOR NUMBER ASSIGNED BY THE STATE TO IDENTIFY
 MANAGE HEALTH CARE PROVIDERS IN THE STATE'S SYSTEM. IT IS
 INCLUDED ON THE MHC DAILY TRANSACTION FILE TO IDENTIFY
 MHC ELIGIBILITY FOR A SPAN WITH FUTURE DATES.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		2		0	X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01168 Name: RESTRICT-SVC-IND-2 Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RESTRICTED SERVICES INDICATOR 2
 USED TO IDENTIFY RESTRICTED SERVICES FOR A RECIPIENT
 (HMO, LOCKIN, PATIENT MANAGEMENT).

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2		0	X(02)

DataElement ID: 01170 Name: UP-DENT-CURR-PD Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: UPPER DENTURES CURRENT PAID
 THIS IS THE MOST RECENT DATE THE RECIPIENT RECEIVED UPPER
 DENTURES.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01171 Name: UP-DENT-PREV-PD Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: UPPER DENTURES PREVIOUS PAID
 IF THE RECIPIENT RECEIVES UPPER DENTURES MORE THAN ONCE, THE
 PREVIOUS RECEIPT DATE IS TAKEN FROM UP-DENT-CURR-PD AND PLACED IN
 UP-DENT-PREV-PD AND THE NEW RECEIPT DATE IS PUT INTO
 UP-DENT-CURR-PD.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01172 Name: LOW-DENT-CURR-PD Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LOWER DENTURES CURRENT PAID
 THIS IS THE MOST RECENT DATE THE RECIPIENT RECEIVED LOWER
 DENTURES.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01173 Name: LOW-DENT-PREV-PD Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LOWER DENTURES PREVIOUS PAID
 IF THE RECIPIENT RECEIVES LOWER DENTURES MORE THAN ONCE, THE
 PREVIOUS RECEIPT DATE IS TAKEN FROM LOW-DENT-CURR-PD AND PLACED
 IN LOW-DENT-PREV-PD AND THE NEW RECEIPT DATE IS PUT INTO
 LOW-DENT-CURR-PD.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01174 Name: RECIP-TITLE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RECIPIENT TITLE
 THE RECIPIENT'S TITLE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			2	0		X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01175 Name: MHC-FUT-PROV-NUM Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: -
 MHC FUTURE PROVIDER NUMBER
 THE NUMBER USED TO UNIQUELY IDENTIFY A PROVIDER ON
 THE DAILY MHC TRANSACTION RECORD FUTURE SPAN.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N		Numeric		7		0	9(07)

DataElement ID: 01176 Name: MHC-FUT-TRANS-DATE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MANAGE HEALTH CARE FUTURE TRANSACTION DATE
 THIS DATE IS THE EFFECTIVE DATE FOR THE FUTURE SPAN
 ON THE MHC DAILY TRANSACTION RECORD.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		4		0	X(04)
4		N		Numeric		4		0	9(04)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01177 Name: FUT-PLAN-ID Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: FUTURE PLAN IDENTIFICATION
 THE IDENTIFICATION OF THE RECIPIENT'S BENEFIT PLAN
 FOR A PERIOD IN THE FUTURE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 01178 Name: HOSPICE-DAYS Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HOSPICE DAYS
 THE TOTAL NUMBER OF DAYS SPENT IN A HOSPICE DURING THE
 RECIPIENT'S LIFETIME.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01179 Name: HOSPICE-LOCKIN-IND Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HOSPICE LOCKIN INDICATOR
 THE HOSPICE LOCKIN INDICATOR IS USED TO DISPLAY WHETHER
 THERE IS A PROVIDER LOCKIN FOR A PARTICULAR RECIPIENT.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(1)

DataElement ID: 01180 Name: RECIP-HMO-DATA Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RECIPIENT HMO DATA.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01181 Name: HMO-BEGIN-DATE Version: Subsystem: Recipient
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 1/13/2005
 Description: BEGIN DATE OF ENROLLMENT IN HMO.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N	Numeric		8	0		9(08)
3		N3	Numeric Comp-3		5	0		S9(05)

DataElement ID: 01182 Name: HMO-END-DATE Version: Subsystem: Recipient
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 1/13/2005
 Description: END DATE OF ENROLLMENT IN HMO.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N	Numeric		8	0		9(08)
3		N3	Numeric Comp-3		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01183 Name: HMO-TRANS-DATE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HMO TRANSACTION DATE
 THIS DATE IS THE EFFECTIVE DATE FOR THE HMO TRANSACTION.
 IT WILL BE THE BEGIN DATE FOR HMO ENROLLMENTS AND THE END DATE
 FOR HMO DISENROLLMENTS. HMO CANCELLATIONS WILL BE EFFECTIVE
 ON THEIR BEGIN DATE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
5	N		Numeric		4	0		9(04)

DataElement ID: 01184 Name: HMO-RECIP-ID Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RECIPIENT HMO IDENTIFICATION NUMBER.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		9	0		X(09)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01185 Name: HMO-LOCATION Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HMO LOCATION

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		10	0		X(10)

DataElement ID: 01186 Name: HMO-TRANS-ACTION Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HMO TRANSACTION ACTION CODE
 HMO TRANSACTION FUNCTION OR REPORT IDENTIFIER

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		1	0		9(01)
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01187 Name: REVIEW-CLAIM-TYPES Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: REVIEW CLAIM TYPES
 GROUP LEVEL FIELD TO HOLD CLAIM TYPES ON REVIEW FOR A RECIPIENT.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01188 Name: MHC-ENROLL-STATUS-CD Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MANGED HEALTH CARE ENROLL STATUS CODE.
 A CODE INDICATING THE MANAGED HEALTH CARE ENROLL STATUS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)
4	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01189 Name: MHC-PROV-SELECT-IND Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: MANAGED HEALTH CARE PROVIDER SELECTION INDICATOR.
A CODE INDICATING THE MANAGED HEALTH CARE PROVIDER SELECTION.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01190 Name: ADULT-SCREEN-DATE Version: Subsystem: Recipient
Created By: Initial Sy Last Updated By: T474070 Release:
Created On: 8/25/2004 Last Updated On: 1/13/2005
Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)
4	N	Numeric		8	0		9(08)

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 01191      Name:  MHC-FUT-ENROLL-STAT      Version:
Created By:                Last Updated By:          Release:
Created On:   8/25/2004    Last Updated On:   8/25/2004
Description: MANGED HEALTH CARE FUTURE ENROLLMENT STATUS CODE.
              A CODE INDICATING THE MANAGED HEALTH CARE ENROLL STATUS
              FOR A FUTURE PERIOD.
    
```

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

```

DataElement ID: 01192      Name:  LT-101-SCREEN-DATE      Version:
Created By:                Last Updated By:          Release:
Created On:   8/25/2004    Last Updated On:   8/25/2004
Description: -            LT 101 SCREEN DATE
              LONG TERM CARE SCREENING DATE.
    
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Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

ND-Workbench

Data Element List

DataElement ID: 01193 Name: LT-101-POINTS Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: LT 101 POINTS
LONG TERM CARE POINTS

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01194 Name: LTC-STATUS-CODE Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: LONG TERM CARE STATUS CODE

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1	0		X(01)

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Iowa Medicaid Enterprise

ND-Workbench

Data Element List

DataElement ID: 01195 Name: LEVEL-I-DATE Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: LEVEL I DATE
LONG TERM CARE LEVEL I DATE.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01196 Name: LEVEL-I-CODE Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: LEVEL I CODE
IDENTIFIES LTC LEVEL I CODE

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01197 Name: RECP-1ST-MTH-CP-USED Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RECIPIENT 1ST MONTH CP USED
 NURSING HOME CLIENT PARTICIPATION 1ST MONTH USED AMOUNT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	2		S9(5)V99

DataElement ID: 01198 Name: RECIP-ONGO-CP-USED Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RECIPIENT ONGOING CP USED
 NURSING HOME CLIENT PARTICIPATION ONGOING USED AMOUNT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	2		S9(5)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01199 Name: MHC-CNTY-OF-RESID Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MANANGED HEALTH CARE COUNTY OF RESIDENCE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2		0	X(02)
4	X		AlphaNumeric		2		0	X(02)

DataElement ID: 01200 Name: RECIP-EXCEP-IND Version: Subsystem: Recipient
 Created By: Initial Sy Last Updated By: T474104 Release:
 Created On: 8/25/2004 Last Updated On: 4/7/2010
 Description: RECIPIENT EXCEPTION INDICATOR
 A CODE INDICATING THE RECIPIENT EXCEPTION INDICATOR.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01201 Name: RECIP-ENROLL-MSG Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RECIPIENT ENROLLMENT MESSAGE
 THE ENROLLMENT MESSAGE OR FLAG AS PRINTED ON THE HMO
 REPORT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01202 Name: ABS-PARENT-ADDR Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ABSENT PARENT ADDRESS
 THIS GROUP LEVEL CONTAINS THE ABSENT PARENT
 - ADDRESS FOR THIRD PARTY LIABILITY.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
4	X	AlphaNumeric		32	0		X(32)
9	G	Group		0	0		

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Iowa Medicaid Enterprise

ND-Workbench

Data Element List

DataElement ID: 01203 Name: RECIP-REVIEW-BEG-DT Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: RECIP REVIEW BEG DT
DATE RECIPIENT REVIEW WAS BEGUN.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01204 Name: RECIP-REVIEW-DATA Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: RECIP LOCK IN DATA
GROUP LEVEL FIELD FOR THE LOCK IN DATA IN RECIPIENT
ELIGIBILITY.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01205 Name: RECIP-REVIEW-END-DT Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RECIP REVIEW END DT
 END DATE OF THE REVIEW PERIOD FOR A RECIPIENT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01206 Name: LOCK-IN-BEG-DATE Version: Subsystem: Recipient
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 1/14/2005
 Description: LOCK IN BEGIN DATE
 BEGIN DATE OF A LOCK IN PERIOD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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2	N	Numeric		6	0		9(06)
3	N3	Numeric Comp-3		5	0		S9(05)
4	N	Numeric		8	0		9(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01207 Name: LOCK-IN-END-DATE Version: Subsystem: Recipient
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 1/14/2005
 Description: LOCK IN END DATE
 END DATE OF A LOCK IN PERIOD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		6	0		9(06)
3	N3	Numeric Comp-3		5	0		S9(05)
4	N	Numeric		8	0		9(08)

DataElement ID: 01208 Name: RECIP-BUY-IN-B-DATA Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RECIP BUY IN B DATA
 GROUP LEVEL FIELD FOR BUY IN B DATA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01209 Name: BUY-IN-B-TRANS-CODE Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: BUY IN B TRANS CODE
THIS IS THE CODE THAT HCF SENT TO THE FEDERAL BUY IN
SYSTEM ON THE LAST BUY IN TRANSACTION.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01210 Name: BUY-IN-B-ACCR-DATE Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: BUY IN B ACCR DATE
BUY IN ELIGIBILITY DATE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01211 Name: BUY-IN-B-DELETE-DATE Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: BUY IN B DELETE DATE
ENDING DATE OF THE BUY IN ELIGIBILITY PERIOD.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01212 Name: BUY-IN-B-PREM-AMOUNT Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: BUY IN B PREM AMOUNT
PREMIUM AMOUNT THE STATE PAYS SSA EACH MONTH FOR BUY IN OF
RECIPIENT COVERAGE.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01213 Name: BUY-IN-B-TRANS-DATE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: BUY IN B TRANS DATE
 DATE THE BUY IN TRANSACTION WAS SENT TO SSA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01214 Name: LOCK-IN-DATA Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LOCK-IN DATA
 THE GROUP LEVEL ON THE RECIPIENT ELIGIBILITY RECORD CONTAINING
 LOCK-IN DATA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01215 Name: ABS-PARENT-CITY Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: -
 ABSENT PARENT CITY
 THIS FIELD CONTAINS THE CITY PORTION OF THE ABSENT PARENT
 ADDRESS FOR THIRD PARTY LIABILITY.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		18	0		X(18)

DataElement ID: 01216 Name: ABS-PARENT-STATE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ABSENT PARENT STATE
 THIS FIELD CONTAINS THE STATE PORTION OF THE ABSENT PARENT
 ADDRESS FOR THIRD PARTY LIABILITY.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		2	0		X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01217 Name: ABS-PARENT-ZIP Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ABSENT PARENT ZIP
 THIS IS THE ZIP CODE PORTION OF THE ABSENT PARENT ADDRESS
 FOR THIRD PARTY LIABILITY. VARIANT 4 IS THE ZIP
 COMING FROM THE IOWA DEPARTMENT OF HUMAN SERVICES.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
4	X		AlphaNumeric		9	0		X(09)

DataElement ID: 01218 Name: DATE-POLICY-ADDED Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE DATE THE TPL POLICY WAS ADDED TO THE SYSTEM.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3		Numeric Comp-3		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01219 Name: DATE-POLICY-VERIFIED Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE DATE THE TPL POLICY WAS VERIFIED IN THE SYSTEM.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3	Numeric Comp-3		5		0	S9(05)

DataElement ID: 01220 Name: ID-ISSUE-DATE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ID ISSUE DATE
 ***** MMIS GSD DATA ELEMENT NAME - DATE OF IDENTIFICATION CARD
 ISSUE
 MMIS GSD DATA ELEMENT NUMBER - 122
 MMIS DEFINITION - A DATE TO INDICATE WHEN THE IDENTIFICATION
 CARD WAS ISSUED. *****

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		1		0	X(01)
3		N3	Numeric Comp-3		5		0	S9(05)
4		N	Numeric		8		0	9(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01221 Name: ALTERNATE-INDEX-1 Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ALTERNATE INDEX 1.

-
 THE FIRST ALTERNATE VSAM INDEX FOR A FILE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 01222 Name: ALTERNATE-INDEX-2 Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ALTERNATE INDEX 2.

THE SECOND ALTERNATE VSAM INDEX FOR A FILE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01223 Name: ALTERNATE-INDEX-3 Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ALTERNATE INDEX 3
 THIS FIELD IS A GROUP ITEM THAT DESCRIBES THE THIRD
 ALTERNATE INDEX TO ACCESS A VSAM FILE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0		0	

DataElement ID: 01224 Name: EXTRACT-KEY Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS IS THE KEY FOR THE RECIPIENT EXTRACT FILE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0		0	

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01225 Name: ALTERNATE-INDEX-4 Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ALTERNATE INDEX 4
 THIS IS THE FOURTH ALTERNATE INDEX FOR A VSAM FILE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 01226 Name: ALTERNATE-INDEX-5 Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ALTERNATE INDEX 5
 THIS IS THE FIFTH ALTERNATE INDEX FOR A VSAM FILE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01227 Name: POL-DATE-LAST-TRANS Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE DATE THE TPL POLICY WAS LAST UPDATED ONLINE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5		0	S9(05)

DataElement ID: 01228 Name: POL-LAST-BATCH-UPD Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE DATE THE TPL POLICY WAS LAST UPDATED IN BATCH.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5		0	S9(05)

DataElement ID: 01229 Name: TPL-1ST-RECIP-LET-DT Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE DATE THE FIRST RECIPIENT TPL VERIFICATION LETTER WAS GENERATE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5		0	S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01230 Name: TPL-RECIP-LET-CNT Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE NUMBER OF TIMES THE RECIPIENT TPL VERIFICATION LETTER HAS
 BEEN GENERATED.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		1	0		S9(01)

DataElement ID: 01231 Name: E-DIAG-CODE Version: Subsystem: Recipient
 Created By: SYSTEM Last Updated By: T474163 Release:
 Created On: 8/25/2004 Last Updated On: 3/9/2011
 Description: E DIAGNOSIS CODE
 THIS DIAGNOSIS CODE IS IN THE TRAUMA LEAS RECORD FOR TPL.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		6	0		X(06)
4	X	AlphaNumeric		5	0		X(05)
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01232 Name: POL-CLERK-ID Version: Subsystem: Recipient
 Created By: SYSTEM Last Updated By: T474163 Release:
 Created On: 8/25/2004 Last Updated On: 4/5/2011
 Description: TPL POLICY CLERK IDENTIFICATION
 THIS FIELD IDENTIFIES THE CLERK WHO LAST UPDATED THE POLICY.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		9(05)

DataElement ID: 01233 Name: E-TPL-CARRIER-NAME Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: EPICS TPL CARRIER NAME
 THE NAME OF THE THIRD PARTY INSURANCE CARRIER AS STORED
 IN EPICS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01234 Name: E-TPL-CARRIER-ADDR Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: EPICS TPL CARRIER ADDRESS
THE ADDRESS OF THE THIRD PARTY INSURANCE CARRIER AS STORED
IN EPICS.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01235 Name: E-TPL-POLICY-NUMBER Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: EPICS TPL POLICY NUMBER
A RECIPIENT'S INSURANCE POLICY NUMBER AS STORED IN EPICS.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01236 Name: E-TPL-POL-STATUS Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: EPICS TPL POLICY STATUS
 THE STATUS OF THE INSURANCE POLICY AS STORED IN EPICS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01237 Name: IHAWP-BEG-CCYMM Version: Subsystem: Recipient
 Created By: T474190 Last Updated By: T474190 Release:
 Created On: 8/27/2013 Last Updated On: 8/28/2013
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		6	0		X(06)
2	N	Numeric		6	0		9(06)

DataElement ID: 01238 Name: IHAWP-END-CCYMM Version: Subsystem: Recipient
 Created By: T474190 Last Updated By: T474190 Release:
 Created On: 8/27/2013 Last Updated On: 8/28/2013
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		6	0		X(06)
2	N	Numeric		6	0		9(06)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01239 Name: IHAWP-UPD-CCYMMDD Version: Subsystem: Recipient
 Created By: T474190 Last Updated By: T474190 Release:
 Created On: 8/27/2013 Last Updated On: 8/28/2013
 Description:

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		8	0		X(08)
2		N	Numeric		8	0		9(08)

DataElement ID: 01240 Name: ABS-PARENT-PYMT-PERC Version: Subsystem: Recipient
 Created By: Last Updated By:
 Created On: 8/25/2004 Last Updated On: 8/25/2004 Release:
 Description: ABSENT PARENT PAYMENT PERCENT
 THE ABSENT PARENT PERCENTTAGE PAID.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01241 Name: ABS-PARENT-PYMT-AMT Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ABSENT PARENT PAYMENT AMOUNT
 THE ABSENT PARENT AMOUNT PAID.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01244 Name: RECIP-TYPE-INSURANCE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RECIPIENT TYPE OF INSURANCE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Report:ND-001

Iowa Medicaid Enterprise

ND-Workbench

Data Element List

DataElement ID: 01245 Name: NUM-ABSENT-PARENT Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: NUM-ABSENT-PARENT
THE NUMBER OF OCCURRENCES OF ABSENT PARENT INFORMATION.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01246 Name: ABSENT-PARENT-DATA Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: ABSENT-PARENT-DATA
THE GROUP LEVEL OF ABSENT PARENT INFORMATION.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01247 Name: AB-PARENT-AUTH-DATE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: AB-PARENT-AUTH-DATE
 THE DATE THE ABSENT PARENT WAS LINKED TO A POLICY
 IN EPICS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01248 Name: TPL-DATA-IND Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TPL DATA INDICATOR
 THIS FIELD WILL INIDICATE IF TPL DATA IS PRESENT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01249 Name: TPL-TYPE-COVERAGE Version: Subsystem: Recipient
 Created By: SYSTEM Last Updated By: T474085 Release:
 Created On: 8/25/2004 Last Updated On: 10/15/2009
 Description: TPL TYPE COVERAGE
 MMIS TPL TYPE OF COVERAGE

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		2	0		X(02)
4		X		AlphaNumeric		1	0		X(01)
9		G		Group		0	0		

DataElement ID: 01250 Name: TPL-DATA Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS IS THE GROUP LEVEL FOR RECIPIENT THIRD PARTY LIABILITY DATA.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9		G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01251 Name: POLICY-NUMBER Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS IS THE POLICY NUMBER.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		30	0		X(30)

DataElement ID: 01252 Name: CARRIER-CODE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CARRIER CODE
 THIS IS THE INSURANCE CARRIER CODE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		6	0		X(06)
5	X		AlphaNumeric		5	0		X(05)
6	X		AlphaNumeric		2	0		X(02)
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01253 Name: TPL-GROUP-NUMBER Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS IS THE GROUP NUMBER THE TPL POLICY BELONGS TO.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		30	0		X(30)
4	X	AlphaNumeric		5	0		X(05)
9	G	Group		0	0		

DataElement ID: 01254 Name: CARRIER-NAME Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CARRIER NAME
 NAME OF THE INSURANCE CARRIER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		31	0		X(31)
4	X	AlphaNumeric		32	0		X(32)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01255 Name: POLICY-TYPE Version: Subsystem: Recipient
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 6/24/2005
 Description: TYPE OF POLICY
 CODE THAT INDICATES INDIVIDUAL OR GROUP POLICY.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 01256 Name: POL-HOLDER-LAST-NAME Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: POLICY HOLDER LAST NAME
 THE POLICY HOLDER'S LAST NAME. VARIANT 1 IS THE NAME
 IN THE MMIS, VARIANT 4 IS THE NAME COMING FROM THE
 IOWA DEPARTMENT OF HUMAN SERVICES. VARIANT 5 IS THE
 - NAME COMING FROM THE ICAR FILE FOR TPL.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		15		0	X(15)
4	X		AlphaNumeric		13		0	X(13)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01257 Name: POL-HOLDER-1ST-NAME Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: POLICY HOLDER FIRST NAME
 THE POLICY HOLDER'S FIRST NAME. VARIANT 1 IS THE NAME
 IN THE MMIS, VARIANT 4 IS THE NAME COMING FROM
 THE IOWA DEPARTMENT OF HUMAN SERVICES.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		15	0		X(15)
4	X		AlphaNumeric		8	0		X(08)

DataElement ID: 01258 Name: POL-HOLDER-MID-INIT Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: POLICY HOLDER MIDDLE INITIAL

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01259 Name: POLICY-HOLDER-NAME Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: POLICY HOLDER
 THE POLICY HOLDER'S NAME. VARIANT 1 IS THE NAME
 IN THE MMIS, VARIANT 4 IS THE NAME COMING FROM
 THE IOWA DEPARTMENT OF HUMAN SERVICES.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		30	0		X(30)
5	X		AlphaNumeric		32	0		X(32)
9	G		Group		0	0		

DataElement ID: 01260 Name: GROUP-ADDR Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: GROUP ADDRESS
 THIS IS THE ADDRESS OF THE GROUP UNDER WHICH THE INSURANCE
 POLICY IS WRITTEN.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		32	0		X(32)
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01261 Name: POLICY-HOLDER-SSN Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: POLICY HOLDER SOCIAL SECURITY NUMBER

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		9	0		X(09)
2		N	Numeric		9	0		9(09)

DataElement ID: 01262 Name: POLICY-BEGIN-DATE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS IS THE POLICY BEGIN EFFECTIVE DATE.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N	Numeric		6	0		9(06)
3		N3	Numeric Comp-3		5	0		S9(5)
4		X	AlphaNumeric		6	0		X(06)
5		N3	Numeric Comp-3		8	0		9(08)
7		N	Numeric		8	0		9(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01263 Name: POLICY-END-DATE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS IS THE POLICY END EFFECTIVE DATE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		6	0		9(06)
3	N3	Numeric Comp-3		5	0		S9(05)
4	N3	Numeric Comp-3		8	0		9(08)
7	N	Numeric		8	0		9(08)

DataElement ID: 01264 Name: TPL-COMMENTS Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIRD PARTY LIABILITY COMMENTS

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		60	0		X(60)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01267 Name: RELATION-CODE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RELATION-CODE.
 THE RELATIONSHIP OF THE POLICY HOLDER TO THE RECIPIENT.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

DataElement ID: 01268 Name: TPL-COVERED-IND Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TPL COVERED INDICATOR
 INDICATES WHETHER OR NOT THE MEMBER UNDER WHOSE ID THE TPL
 RESOURCE RECORD IS STORED IS COVERED ON THE POLICY. USED IN
 THE MRDF EXTRACT RECORD.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01270 Name: EXPAND-AREA Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS IS A DESIGNATED AREA FOR EXPANSION.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		10	0		X(10)
9		G	Group		0	0		

DataElement ID: 01271 Name: GROUP-CITY Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: GROUP CITY

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 THIS IS THE CITY OF THE GROUP UNDER WHICH THE INSURANCE POLICY IS WRITTEN. VARIANT 1 IS THE CITY IN THE MMIS, VARIANT 4 IS THE CITY COMING FROM THE IOWA DEPARTMENT OF HUMAN SERVICES.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		18	0		X(18)
4		X	AlphaNumeric		16	0		X(16)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01272 Name: GROUP-STATE Version: Subsystem: Recipient
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 6/24/2005
 Description: GROUP STATE
 THIS IS THE STATE OF THE GROUP UNDER WHICH THE INSURANCE POLICY
 IS WRITTEN.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2	0		X(02)

DataElement ID: 01273 Name: GROUP-ZIP Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: GROUP ZIP CODE
 THIS IS THE ZIP CODE OF THE GROUP UNDER WHICH THE INSURANCE POLICY
 IS WRITTEN. VARIANT 1 IS THE ZIP IN THE MMIS, VARIANT 3
 IS THE ZIP COMING FROM THE IOWA DEPARTMENT OF HUMAN SERVICES.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		5	0		X(05)
3	N3		Numeric Comp-3		9	0		9(09)
4	X		AlphaNumeric		9	0		X(09)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01274 Name: COURT-ORDER-TPL-IND Version: Subsystem: Recipient
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 6/24/2005
 Description: COURT ORDER TPL INDICATOR
 THIS INDICATES WHETHER OR NOT MEDICAL SUPPORT HAS BEEN REQUIRED
 OF AN ABSENT PARENT BY A COURT ORDER.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

DataElement ID: 01275 Name: ABSENT-PARENT-NAME Version: Subsystem: Recipient
 Created By: Last Updated By:
 Created On: 8/25/2004 Last Updated On: 8/25/2004 Release:
 Description: ABSENT-PARENT-NAME
 - THE NAME OF THE ABSENT PARENT IN A THIRD PARTY
 POLICY.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			22	0		X(22)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01276 Name: ABS-PARENT-LAST-NAME Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: ABSENT PARENT LAST NAME

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01277 Name: ABS-PARENT-1ST-NAME Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: ABSENT PARENT FIRST NAME

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01278 Name: ABS-PARENT-MID-INIT Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: ABSENT PARENT MIDDLE INITIAL

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01279 Name: ABS-PARENT-SS-NUM Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ABSENT PARENT SOCIAL SECURITY NUMBER

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		9		0	X(09)

DataElement ID: 01280 Name: UPDATE-INFORMATION Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS IS THE GROUP LEVEL ON THE RECIPIENT ELIGIBILITY RECORD
 CONTAINING ALL THE UPDATE INFORMATION ABOUT THE RECIPIENT
 ELIGIBILITY RECORD.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9		G		Group		0		0	

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01281 Name: TPL-GROUP-NAME Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIRD PARTY LIABILITY GROUP NAME
 NAME OF THE GROUP UNDER WHICH A TPL POLICY IS WRITTEN.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		32			X(32)

DataElement ID: 01282 Name: RECIP-LAST-BATCH-UPD Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MMIS DATA ELEMENT NAME - TRANSACTION DATE
 MMIS GSD DATA ELEMENT NUMBER - 126
 MMIS DEFINITION - THE EFFECTIVE DATE OF THE ACTIVITY IN
 QUESTION.
 THE LAST TIME A RECIPIENT RECORD WAS UPDATED USING A BATCH
 TRANSACTION.,
 -

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3		Numeric Comp-3		5			S9(05)
4	N		Numeric		8			9(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01283 Name: DATE-ADDED Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE DATE A POLICY WAS ADDED TO THE TPL RESOURCE RECORD.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01284 Name: TPL-MEMBER-NUMBER Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PAYEE MEMBER
 LAST THREE DIGITS OF RECIPIENT IDENTIFICATION NUMBER.

1		X		AlphaNumeric		3	0		X(03)
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01285 Name: TPL-VERIFY-IND Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIRD PARTY LIABILITY VERIFY INDICATOR
 THIS INDICATES WHETHER OR NOT THE RECIPIENT HAS VERIFIED TPL
 COVERAGE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 01286 Name: RECIP-PREV-UPDATE Version: Subsystem: Recipient
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 1/13/2005
 Description: RECIPIENT PREVIOUS UPDATE
 WHEN EITHER THE BATCH OR ONLINE UPDATE DATES ARE MODIFIED,
 THIS FIELD CONTAINS THE PREVIOUS VALUE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3		Numeric Comp-3		5		0	S9(5)
4	N		Numeric		8		0	9(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01287 Name: TPL-1ST-TAD-DATE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TPL TURNAROUND DOCUMENT DATE
 THE DATE THE FIRST TURNAROUND DOCUMENT WAS GENERATED.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

DataElement ID: 01288 Name: TPL-TAD-COUNTER Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: -
 TPL TURNAROUND DOCUMENT COUNTER
 THIS FIELD CONTAINS THE NUMBER OF TURNAROUND DOCUMENTS
 THAT HAVE BEEN SENT TO THE INSURANCE COMPANY.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		1	0		S9(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01289	Name: TPL-FAMILY-NUMBER	Version:	Subsystem: Recipient
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: TPL FAMILY NUMBER			
THIS FIELD CONTAINS THE FAMILY NUMBER UNDER WHICH THE TPL RESOURCE RECORD WAS ADDED. IT MAY OR MAY NOT BE EQUAL TO THE FAMILY NUMBER IN THE KEY OF THE TPL RESOURCE FILE. THIS NUMBER PLUS THE MEMBER NUMBERS IN THE TPL RESOURCE FILE ESTABLISHES THOSE RECIPIENTS COVERED.			

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01290	Name: TPL-MEMBER-DATA	Version:	Subsystem: Recipient
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: TPL MEMBER DATA			
THIS IS THE GROUP LEVEL FOR MEMBER DATA IN THE TPL RESOURCE RECORD.			

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01291 Name: TPL-POLICY-IND Version: Subsystem: Recipient
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 6/24/2005
 Description: TPL POLICY INDICATOR
 THIS INDICATOR DETERMINES WHETHER THE RECIPIENT
 HAS VERIFIED COVERAGE OR NOT FOR THE PARTICULAR
 POLICY IN QUESTION.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01292 Name: TPL-UPD-IND Version: Subsystem: Recipient
 Created By: Last Updated By:
 Created On: 8/25/2004 Last Updated On: 8/25/2004 Release:
 Description: TPL UPDATE INDICATOR
 THIS INDICATOR IS SET IN THE TPL RESOURCE FILE FOR A POLICY
 - WHENEVER THE POLICY IS CHANGED TO VERIFIED GOOD. THE INDICATOR
 TRIGGERS THE GENERATION OF A CARRIER BILLING REQUEST RECORD
 FOR USE IN RETROACTIVE BILLING.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01294 Name: RECIP-LAST-UPDT-DATE Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: RECIPIENT LAST UPDATE DATE
 THE DATE OF THE LAST UPDATE TO RECIPIENT ELIGIBILITY.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		6	0		9(06)
3	N3		Numeric Comp-3		5	0		S9(05)
4	N		Numeric		8	0		9(08)

DataElement ID: 01295 Name: RECIP-REENROLL-IND Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: RECIPIENT REENROLLMENT INDICATOR IS SET BY THE DAILY UPDATE
 PROGRAM WHEN A RECIPIENT IS REENROLLED WITHIN 90 DAYS FROM
 DATE OF INELIGIBILITY. IT INDICATES TO THE MONTHLY UPDATE
 PROGRAM THAT THE RECIPIENT IS A CANDIDATE FOR EITHER HMO OR
 MEDIPASS REENROLLMENT.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01296 Name: RECIP-DRUG-AUTH-IND Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: RECIPIENT DRUG AUTHORIZATION INDICATOR
 THIS FIELD IS USED TO INDICATE FOOD SUPPLEMENTS
 FOR APPROVED RECIPIENTS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 01297 Name: RECIP-LAST-UPDT-TYPE Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: -
 RECIPIENT LAST UPDATE TYPE
 A CODE INDICATING THE TYPE OF UPDATE TO RECIPIENT ELIGIBILITY.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01298 Name: RECORD-ADD-DATE Version: Subsystem: Recipient
 Created By: Initial Sy Last Updated By: T474347 Release:
 Created On: 8/25/2004 Last Updated On: 7/10/2018
 Description: RECORD ADD DATE.
 THE DATE THE RECIPIENT WAS ADDED TO THE MMIS RECIPIENT ELIGIBILITY
 FILE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)
4	N	Numeric		8	0		9(08)
5	X	AlphaNumeric		8	0		X(08)

DataElement ID: 01300 Name: BUY-IN-A-PREM-AMOUNT Version: Subsystem: Recipient
 Created By: Last Updated By:
 Created On: 8/25/2004 Last Updated On: 8/25/2004 Release:
 Description: ***** MMIS DATA ELEMENT NAME - BUY-IN PREMIUM AMOUNT:
 MMIS GSD DATA ELEMENT NUMBER - 130
 MMIS PART 11 DATA ELEMENT NUMBER - 021
 MMIS DEFINITION - THE AMOUNT OF MONEY THE STATE PAYS TO SSA
 EACH MONTH PER RECIPIENT FOR BUY-IN
 COVERAGE. *****

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
4	N3	Numeric Comp-3		11	2		S9(9)V99
6	N3	Numeric Comp-3		5	2		S9(3)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01301 Name: BUY-IN-A-ACCR-DATE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ***** MMIS DATA ELEMENT NAME - BUY-IN ELIGIBILITY DATE:
 MMIS GSD DATA ELEMENT NUMBER - 123
 MMIS PART 11 DATA ELEMENT NUMBER - 019
 MMIS DEFINITION - THE DATE FROM WHICH THE RECIPIENT IS
 ELIGIBLE FOR THE MEDICARE BUY-IN
 PROGRAM. *****

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01302 Name: BUY-IN-A-DELETE-DATE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD IS USED TO INDICATE THE ENDING DATE OF ELIGIBILITY
 FOR THE RECIPIENT IN THE BUY-IN PROGRAM.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01303 Name: BUYIN-IND Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE RECIPIENT'S BUY-IN ELIGIBILITY CODE AS LISTED IN SECTION
 440 OF THE BUY-IN MANUAL. NOTE THAT FLORIDA DOES NOT USE
 THE OPTIONAL CODES OF 'C' AND 'Z'.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 01304 Name: BUY-IN-PREM-DATE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ***** MMIS GSD DATA ELEMENT NAME - BUY-IN PREMIUM DATE
 MMIS GSD DATA ELEMENT NUMBER - 129
 MMIS PART 11 DATA ELEMENT NUMBER - 020
 MMIS DEFINITION - THE DATE ASSOCIATED WITH A BUY-IN
 PREMIUM AMOUNT.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01305 Name: BUY-IN-A-TRANS-DATE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: BUY-IN TRANSACTION DATE
 DATE THE BUY-IN TRANSACTION WAS SENT TO SSA.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01306 Name: BUY-IN-STATUS-CODE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: BUY-IN STATUS CODE
 ***** MMIS GSD DATA ELEMENT NUMBER - 114
 THE CODE WHICH INDICATES THE RECIPIENT'S STATUS WITH REGARD TO
 MEDICARE BUY-IN.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01307 Name: BUY-IN-A-TRANS-CODE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: BUY-IN TRANSACTION CODE
 THIS IS THE CODE THAT THE FMMIS SENT TO THE FEDERAL BUY-IN
 SYSTEM ON THE LAST BUY-IN TRANSACTION. SEE THE BUY-IN MANUAL
 FOR VALID CODES.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01308 Name: RECIP-BUY-IN-ELG-DT Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RECIPIENT BUY-IN ELIGIBILITY DATE
 THE DATE THE RECIPIENT BECAME ELIGIBLE FOR BUY-IN.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		6		0	X(06)
3		N3	Numeric Comp-3		5		0	S9(05)
4		N	Numeric		8		0	9(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01309 Name: RECIP-BUY-OUT-CODE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RECIPIENT BUY OUT CODE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

DataElement ID: 01310 Name: LTC-PROV-CAT-OF-SVC Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LTC PROVIDER CATEGORY OF SERVICE
 - A CODE INDICATING THE LTC PROVIDER CATEGORY OF SERVICE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		1	0		9(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01311 Name: PRESUMP-BEG-DATE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PRESUMPTIVE BEGIN DATE
 THE BEGIN DATE A RECIPIENT IS PRESUMPTIVE ELIGIBLE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
4	N	Numeric		8	0		9(08)

DataElement ID: 01312 Name: PRESUMP-END-DATE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PRESUMPTIVE END DATE
 THE LAST DATE A RECIPIENT IS PRESUMPTIVE ELIGIBLE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
4	N	Numeric		8	0		9(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01313 Name: PRESUMP-DATA Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PRESUMPTIVE DATA
 THIS IS THE GROUP LEVEL FOR RECIPIENT PRESUMPTIVE DATA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 01314 Name: HEALTH-INS-DATA Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HEALTH INSURANCE DATA
 THIS IS THE GROUP LEVEL FOR RECIPIENT HEALTH INSURANCE DATA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		4	0		X(04)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01315 Name: RECIP-LANG-IND Version: Subsystem: Recipient
 Created By: T474074 Last Updated By: T474351 Release:
 Created On: 3/30/2011 Last Updated On: 1/12/2021
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

DataElement ID: 01316 Name: CASE-PAYEE-NAME Version: Subsystem: Recipient
 Created By: Last Updated By:
 Created On: 8/25/2004 Last Updated On: 8/25/2004 Release:
 Description: NAME OF CASE'S PAYEE

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		24		0	X(24)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01317 Name: MEDICAID-IND Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: - MEDICAID IND
 A CODE USED TO DETERMINE WHETHER THE RECIPIENT IS MEDICAID
 ELIGIBLE OR NOT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01318 Name: GUARDIAN-PAYEE-NAME Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: GUARDIAN PAYEE NAME
 THE RECIPIENT'S GUARDIAN PAYEE NAME.

1	X	AlphaNumeric		24	0		X(24)
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01319 Name: GUARDIAN-PAY-CODE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: GUARDIAN PAYEE CODE
 THE RECIPIENT'S GUARDIAN PAYEE CODE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			3	0		X(03)

DataElement ID: 01320 Name: GUARD-ADDR-LINE-1 Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: GUARDIAN ADDRESS LINE 1
 THE FIRST LINE OF THE RECIPIENT'S GUARDIAN ADDRESS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			21	0		X(21)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01321 Name: GUARD-ADDR-LINE-2 Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: GUARDIAN ADDRESS LINE 2
 THE SECOND LINE OF THE RECIPIENT'S GUARDIAN ADDRESS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			21	0		X(21)

DataElement ID: 01322 Name: GUARDIAN-CITY Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: GUARDIAN CITY
 THE RECIPIENT'S GUARDIAN CITY.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			14	0		X(14)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01323 Name: GUARDIAN-STATE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: GUARDIAN STATE
 THE RECIPIENT'S GUARDIAN STATE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2	0		X(02)

DataElement ID: 01324 Name: GUARDIAN-ZIP-CODE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: GUARDIAN ZIP CODE
 THE RECIPIENT'S GUARDIAN ZIP CODE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		5	0		9(05)
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01325 Name: GUARD-ZIP-PART-2 Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: GUARDIAN ZIP CODE PART TWO
 THE SECOND PART OF THE RECIPIENT'S GUARDIAN ZIP CODE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		4	0		9(04)

DataElement ID: 01326 Name: GUARDIAN-STATUS-CODE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: GUARDIAN STATUS CODE
 THE RECIPIENT'S GUARDIAN STATUS CODE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01327 Name: GUARDIAN-CASE-NUMBER Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: GUARDIAN CASE NUMBER
 THE CASE NUMBER THAT IS ASSIGNED TO THE GUARDIAN.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			11	0		X(11)

DataElement ID: 01328 Name: RESTRICT-SVC-IND-1 Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RESTRICTED SERVICES INDICATOR
 - USED TO IDENTIFY RESTRICTED SERVICES FOR A RECIPIENT
 (HMO, LOCKIN, PATIENT MANAGEMENT) ON TXIX ELIG TRANSACTION.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01330 Name: RECIP-ORIG-COUNTY Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RECIPIENT'S COUNTY OF RESIDENCE PRIOR TO ADMISSION TO AN
 INSTITUTION.
 **** NOTE **** IF CHANGES ARE MADE TO THE VALID VALUES
 FOR THIS DATA ELEMENT, THE COPYBOOKS
 WT190050 AND WT690050 SHOULD BE CHECKED
 TO SEE IF ANY CHANGES ARE REQUIRED.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		2	0		9(02)

DataElement ID: 01331 Name: MEDICALLY-NEEDY-DATA Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDICALLY NEEDY DATA
 GROUP LEVEL FOR MEDICALLY NEEDY SPENDDOWN AND USED AMOUNT DATA.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01332 Name: MED-CERT-BEG-DATE Version: Subsystem: Recipient
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 1/13/2005
 Description:

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N	Numeric		6	0		9(06)
3		N3	Numeric Comp-3		5	0		S9(05)
4		N	Numeric		8	0		9(08)

DataElement ID: 01333 Name: MED-CERT-END-DATE Version: Subsystem: Recipient
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 1/13/2005
 Description:

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N	Numeric		6	0		9(06)
3		N3	Numeric Comp-3		5	0		S9(05)
4		N	Numeric		8	0		9(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01334 Name: MED-NEEDY-SPNDWN-AMT Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDICALLY NEEDY SPENDOWN AMOUNT
 THE RECIPIENT'S REQUIRED AMOUNT TO MEET MEDICALLY NEEDY SPENDDOWN.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	2		S9(5)V99
5	N	Numeric		9	2		S9(7)V99

DataElement ID: 01335 Name: MED-NEEDY-USED-AMT Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDICALLY NEEDY USED AMOUNT
 THE RECIPIENT'S ACCUMULATED AMOUNT TOWARD MEETING THE REQUIRED
 MEDICALLY NEEDY SPENDDOWN AMOUNT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	2		S9(5)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01336 Name: MED-NEEDY-SPNDWN-AT2 Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDICALLY NEEDY SPENDOWN AMOUNT 2
 THE RECIPIENT'S REQUIRED AMOUNT TO MEET MEDICALLY NEEDY SPENDDOWN.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
5	N	Numeric		9	2		S9(7)V99

DataElement ID: 01337 Name: RECIP-PLAN Version: Subsystem: Recipient
 Created By: T474186 Last Updated By: T474186 Release:
 Created On: 1/21/2015 Last Updated On: 1/21/2015
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01340 Name: RECIP-SS-NUMBER Version: Subsystem: Recipient
 Created By: SYSTEM Last Updated By: T474190 Release:
 Created On: 8/25/2004 Last Updated On: 9/29/2014
 Description:

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		9	0		X(09)
2		N	Numeric		9	0		9(09)
3		N3	Numeric Comp-3		9	0		9(09)
4		X	AlphaNumeric		18	0		X(18)
5		X	AlphaNumeric		11	0		X(11)
9		G	Group		0	0		

DataElement ID: 01350 Name: GW-RECORD-TYPE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: GW RECORD TYPE
 THE RECORD TYPE OF THE GREAT WEST LIFE INSURANCE
 COMPANY TPL RESOURCE UPDATE RECORD.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01351 Name: GW-POLICY-NUMBER Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: GW POLICY NUMBER
THE POLICY NUMBER ON THE GREAT WEST LIFE INSURANCE
COMPANY TPL RESOURCE UPDATE RECORD.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01352 Name: GW-SSN Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: GW SSN
THE SOCIAL SECURITY NUMBER ON THE GREAT WEST
LIFE INSURANCE COMPANY TPL RESOURCE UPDATE RECORD.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01353 Name: GW-FIRST-NAME Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: GW FIRST NAME
THE FIRST NAME OF THE POLICY HOLDER OR DEPENDENT
ON THE GREAT WEST LIFE INSURANCE COMPANY TPL
RESOURCE UPDATE RECORD.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01354 Name: GW-LAST-NAME Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: GW LAST NAME
THE LAST NAME OF THE POLICY HOLDER OR DEPENDENT
ON THE GREAT WEST LIFE INSURANCE COMPANY TPL
RESOURCE UPDATE RECORD.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01355	Name: GW-SEX-CODE	Version:	Subsystem: Recipient
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: GW SEX CODE			
THE GENDER OF THE POLICY HOLDER OR DEPENDENT			
- ON THE GREAT WEST LIFE INSURANCE COMPANY TPL			
RESOURCE UPDATE RECORD.			

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01356	Name: GW-DATE-OF-BIRTH	Version:	Subsystem: Recipient
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: GW DATE OF BIRTH			
THE DATE OF BIRTH OF THE POLICY HOLDER			
OR DEPENDENT ON THE GREAT WEST LIFE			
INSURANCE COMPANY TPL RESOURCE UPDATE			
RECORD. IN YYMMDD FORMAT.			

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01357	Name: GW-RELATION-CODE	Version:	Subsystem: Recipient
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: GW RELATIONSHIP			
THE RELATIONSHIP OF POLICY HOLDER (EMPLOYEE)			
OR DEPENDENT TO THE POLICY HOLDER ON THE			
GREAT WEST LIFE INSURANCE COMPANY TPL			
TPL RESOURCE UPDATE RECORD.			

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01358	Name: GW-STATE	Version:	Subsystem: Recipient
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: GW STATE			
THE STATE OF RESIDENCE OF THE POLICY			
HOLDER OR DEPENDENT ON THE GREAT WEST			
LIFE INSURANCE COMPANY TPL RESOURCE			
UPDATE RECORD.			

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01359 Name: GW-COV-EFF-DATE Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: GW COV EFF DATE
THE EFFECTIVE DATE OF THE POLICY ON THE
GREAT WEST LIFE INSURANCE COMPANY TPL
RESOURCE UPDATE RECORD.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01360 Name: GW-COV-TERM-DATE Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: GW COV TERM DATE
THE TERMINATION DATE OF THE POLICY ON THE
GREAT WEST LIFE INSURANCE COMPANY TPL
RESOURCE UPDATE RECORD.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01361 Name: GW-COVERAGE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: GW COVERAGE
 WHETHER THE COVERAGE IS SINGLE OR FAMILY ON
 THE GREAT WEST LIFE INSURANCE COMPANY TPL
 RESOURCE UPDATE RECORD.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01375 Name: RECIP-DISTRICT Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RECIPIENT DISTRICT
 THIS FIELD REPRESENTS THE REGION IN
 WHICH THE RECIPIENT RESIDED AT THE TIME
 OF THE SERVICES RENDERED.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		2		0	X(02)
2		N		Numeric		2		0	9(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01376 Name: FIELD-SVC-OFFICE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DEPARTMENT OF HEALTH FIELD SERVICE OFFICE SERVING THE
 - RECIPIENT

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		3	0		9(03)
6	X		AlphaNumeric		2	0		X(02)

DataElement ID: 01399 Name: DAILY-ASSIGN-COUNT Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DAILY ASSIGN COUNT
 THE DAILY ASSIGN COUNT IS THE DAILY RUNNING TOTAL OF THE NUMBER OF MHC RECIPIENTS ASSIGNED TO THIS PROVIDER TODAY BY THE TENTATIVE ASSIGNMENT PROGRAM, IAMB2000. WHEN THE MHC PROVIDER FILE IS RE-BUILT EACH DAY BY IAMB1000, THIS COUNTER ON EACH MHC PROVIDER RECORD WILL BE INITIALIZED TO ZERO BEFORE TENTATIVE ASSIGNMENT, WHICH USES THIS COUNTER TO ENSURE EQUITABLE DISTRIBUTION OF RECIPIENTS TO MULTIPLE MHC PROVIDERS WITHIN A COUNTY.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3		Numeric Comp-3		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01400 Name: NEW-RECIP-ID-DATA Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: NEW RECIPIENT ID DATA
GROUP LEVEL FOR NEW RECIPIENT ID INFORMATION.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01401 Name: NEW-RECIP-ID-NUMBER Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: NEW RECIPIENT ID NUMBER
IF THE RECIPIENT ID NUMBER CHANGES, THE NEW NUMBER IS PLACED HERE.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01402 Name: DATE-OF-ID-CHANGE Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: DATE OF ID CHANGE
WHEN A CROSS-REFERENCE RECORD IS ADDED, THIS FIELD CONTAINS THE
DATE ON WHICH THE ADD IS EFFECTIVE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01403 Name: NEW-CASE-NUM-DATA Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: GROUP LEVEL FOR NEW RECIPIENT CASE NUMBER DATA

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01404 Name: NEW-CASE-NUMBER Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NEW CASE NUMBER
 THIS DATA ELEMENMT CONTAINS A CASE NUMBER IN WHICH
 A RECIPIENT HAS BEEN INVOLVED.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
4	X	AlphaNumeric			11	0		X(11)

DataElement ID: 01405 Name: DATE-OF-CASE-CHANGE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS DATA ELEMENT IS THE DATE THAT A RECIPIENT'S NEW
 CASE NUMBER BECOMES EFFECTIVE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01406 Name: SYS-CURR-DATE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SYSTEM CURRENT DATE
 THE CURRENT DATE FROM THE SYSTEM.,
 -

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 01407 Name: SYS-CURR-MONTH Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SYSTEM CURRENT MONTH
 THE CURRENT MONTH FROM THE SYSTEM DATE.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		2	0		9(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01408 Name: SYS-CURR-DAY Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SYSTEM CURRENT DAY
 THE CURRENT DAY FROM THE SYSTEM DATE.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		2	0		9(02)

DataElement ID: 01409 Name: SYS-CURR-YEAR Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SYSTEM CURRENT YEAR
 THE CURRENT YEAR FROM THE SYSTEM DATE.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		2	0		9(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01410 Name: RECIP-EPSDT-DATE Version: Subsystem: Recipient
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 1/13/2005
 Description: RECIP EPSDT DATE
 THE DATE THE EPSDT INDICATOR WAS ADDED OR UPDATED ON
 THE RECIPIENT FILE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)
4	N	Numeric		8	0		9(08)

DataElement ID: 01411 Name: CLM-RECIP-EXTRCT-DTL Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CLAIM RECIPIENT EXTRACT DETAIL
 THE GROUP LEVEL FIELD FOR THE DETAIL RECORD ON THE
 CLAIM RECIPIENT EXTRACT FILE.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01412 Name: DHS-UPDATE-CODE Version: Subsystem: Recipient
 Created By: SYSTEM Last Updated By: T474190 Release:
 Created On: 8/25/2004 Last Updated On: 10/30/2015
 Description: GENERATED FROM DHS THEN TO ABC TO T19 TO MHC. IT IS USED TO DETERMINE TO UPDATE THE MHC ENROLL
 MASTER FILE OR NOT.
 U - ELIG UPDATE - MAY HAVE DEMO CHANGES
 F - DEMOGRAPHIC UPDATE ONLY

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 01413 Name: DHS-MONTH-INDICATOR Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DHS MONTH INDICATOR
 GENERATED FIELD FROM DHS THAT IS SENT ON THE ABC UPDATE
 RECORDS. CURRENTLY HAS NO USE IN THE SYSTEM.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01414 Name: LAST-ASSIGNED-DATE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LAST ASSIGN DATE
 THIS IS THE DATE THAT A PROVIDER WAS LAST ASSIGNED A RECIPIENT
 VIA THE TENTATIVE ASSIGNMENT PROCESS. THIS DATE IS USED TO
 KEEP TRACK OF THE ASSIGNMENT OF RECIPIENTS TO A PROVIDER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

DataElement ID: 01415 Name: CASE-ADDR-LINE-1 Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CASE NAME'S ADDRESS LINE 1
 THIS IS THE FIRST ADDRESS LINE OF THE CASE NAME FOR
 THIS FAMILY.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		21	0		X(21)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01416 Name: CASE-ADDR-LINE-2 Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CASE NAME'S ADDRESS LINE 2
 THIS IS THE SECOND ADDRESS LINE OF THE CASE NAME FOR
 THIS FAMILY.,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		21		0	X(21)

DataElement ID: 01417 Name: CASE-NAME-CITY Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CASE NAME'S CITY
 - THE CITY OF THE CASE NAME FOR THIS FAMILY.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		14		0	X(14)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01418 Name: CASE-NAME-STATE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CASE NAME'S STATE
 THIS IS THE STATE IN WHICH THE CASE NAME FOR THIS
 THIS FAMILY RESIDES.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2		0	X(02)

DataElement ID: 01419 Name: CASE-NAME-ZIP-CODE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CASE NAME'S ZIP CODE
 THIS IS THE FIRST PART OF THE ZIP CODE FOR THIS FAMILY.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		5		0	X(05)
2	N		Numeric		5		0	9(05)
9	G		Group		0		0	

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01420 Name: CASE-NAME-ZIP-PART-2 Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CASE NAME'S ZIP CODE PART 2
 THIS IS THE SECOND PART OF THE ZIP CODE FOR THIS FAMILY.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		4	0		X(04)
2	N		Numeric		4	0		9(04)

DataElement ID: 01421 Name: MED-APPT-DATE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MED APPOINTMENT DATE
 GENERATED FIELD FROM DHS THAT IS SENT ON THE ABC UPDATE RECORDS. CURRENTLY HAS NO USE IN THE SYSTEM.
 DATE IS IN THE FORMAT OF YYMMDD.,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		6	0		X(06)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01422 Name: MED-SPENDDOWN-CODE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MED SPENDDOWN CODE

-
 GENERATED FIELD FROM DHS THAT IS SENT ON THE ABC UPDATE RECORDS. CURRENTLY HAS NO USE IN THE SYSTEM.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 01423 Name: PAYEE-MODIFIER Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PAYEE MODIFIER

GENERATED FIELD FROM DHS THAT IS SENT ON THE ABC UPDATE RECORDS. CURRENTLY HAS NO USE IN THE SYSTEM.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		3	0		X(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01424 Name: ADC-MR-CODE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ADC MR CODE
 GENERATED FIELD FROM DHS THAT IS SENT ON THE ABC UPDATE
 RECORDS. CURRENTLY HAS NO USE IN THE SYSTEM.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 01425 Name: CASE-COPAY-CHANGE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CASE NAME'S COPAY CHANGE
 GENERATED FIELD FROM DHS THAT IS SENT ON THE ABC UPDATE
 RECORDS. CURRENTLY HAS NO USE IN THE SYSTEM.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 01426      Name:  CASE-NAME-PHONE      Version:      Subsystem: Recipient
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: THE 7 CHARACTER FIELD IS:
              CASE NAME'S PHONE NUMBER
              CASE NAME'S HOME PHONE NUMBER.
              THE 10 CHARACTER FIELD IS:
              1 - 3  AREA
              4 - 6  PREFIX OR EXCHANGE
              7 - 10 NUMBER,
    
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Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		10	0		9(10)

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DataElement ID: 01427      Name:  ABC-CREATE-DATE      Version:      Subsystem: Recipient
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: ABC RECORD CREATE DATE
              THE DATE THAT THE RECORD WAS CREATED ON THE ABC
              SYSTEM.  DATE IS IN THE FORMAT OF YYMMDD.,
    
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Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		6	0		X(06)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01428 Name: ABC-BIRTH-DATE-CENT Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ABC BRITH DATE CENTURY
 THE TWO DIGIT CENTURY INDICATING THE CENTURY FOR
 THE RECIPIENT'S DATE OF BIRTH.,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2		0	X(02)

DataElement ID: 01429 Name: DHS-HEALTH-COVER Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DHS HEALTH COVERAGE
 GENERATED FIELD FROM DHS THAT IS SENT ON THE ABC UPDATE
 RECORDS. CURRENTLY HAS NO USE IN THE SYSTEM.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		4		0	X(04)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01430 Name: DHS-HEALTH-SCREEN Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DHS HEALTH SCREEN
 GENERATED FIELD FROM DHS THAT IS SENT ON THE ABC UPDATE
 RECORDS. CURRENTLY HAS NO USE IN THE SYSTEM.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 01431 Name: MHC-REASON Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MANAGE HEALTH CARE REASON
 COMPANION FIELD WITH THE MHC STATUS INDICATOR. INDICATES
 THE TYPE OF NOTICE THAT WAS GENERATED.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01432 Name: MHC-EFFECT-DATE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: - MANAGE HEALTH CARE EFFECTIVE DATE
 THE EFFECTIVE DATE FOR THE MANAGE HEALTH CARE DATA
 CONTAINED ON THE RECORD.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		4		0	X(04)

DataElement ID: 01433 Name: MHC-FUTURE-REASON Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MANAGE HEALTH CARE FUTURE REASON
 A CODE INDICATING THE MANAGED HEALTH CARE REASON FOR A
 FUTURE PERIOD.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01434 Name: DHS-ALT-DATE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DHS ALTERNATE DATE
 GENERATED FIELD FROM DHS THAT IS SENT ON THE ABC UPDATE
 RECORDS. CURRENTLY HAS NO USE IN THE SYSTEM.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		4	0		X(04)

DataElement ID: 01435 Name: DHS-GUARANTEE-DATE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DHS GUARANTEE DATE
 GENERATED FIELD FROM DHS THAT IS SENT ON THE ABC UPDATE
 RECORDS. CURRENTLY HAS NO USE IN THE SYSTEM.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		4	0		X(04)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01436 Name: MHC-TRANSFER-PROV Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MHC TRANSFER PROVIDER
 THE PROVIDER TO WHICH THE MHC RECIPIENTS ARE BEING
 TRANSFERRED.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		7	0		9(07)
9	G		Group		0	0		

DataElement ID: 01437 Name: MHC-REQUEST-TYPE Version: Subsystem: Recipient
 Created By: SYSTEM Last Updated By: T474190 Release:
 Created On: 8/25/2004 Last Updated On: 5/15/2014
 Description: MHC REQUEST TYPE
 THE TYPE OF REQUEST THE MHC WORKER IS REQUESTING.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01438 Name: USER-ID Version: Subsystem: Recipient
 Created By: SYSTEM Last Updated By: T474202 Release:
 Created On: 8/25/2004 Last Updated On: 3/8/2018
 Description: USER IDENTIFICATION
 THE UNIQUE LOGON ID FOR ANYONE USING THE SYSTEM.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		8	0		X(08)

DataElement ID: 01439 Name: MHC-CASE-DATA Version: Subsystem: Recipient
 Created By: Last Updated By:
 Created On: 8/25/2004 Last Updated On: 8/25/2004 Release:
 Description: MANAGE HEALTH CARE CASE DATA
 THE MHC CASE DATA AS REPORTED TO ABC.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9		G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 01440      Name:  PRODUCTION-TEST-IND      Version:
Created By: Initial Sy    Last Updated By: T474070      Release:
Created On: 8/25/2004     Last Updated On: 6/24/2005
Description:
    
```

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

```

DataElement ID: 01441      Name:  CLAIM-TRANS-CODE      Version:
Created By:                Last Updated By:           Release:
Created On: 8/25/2004     Last Updated On: 8/25/2004
Description: CLAIM TRANSACTION CODE
                THE FIELD CONTAINS THE ACCOUNTING CODE AND THE CLAIM
                STATUS.,
    
```

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9		G		Group		0		0	

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01442 Name: CLM-RECIP-EXTRCT-TRL Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: -
 CLAIM RECIPIENT EXTRACT TRAILER
 THE GROUP LEVEL FIELD FOR THE TRAILER RECORD ON THE
 CLAIM RECIPIENT EXTRACT FILE.,

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01466 Name: PREV-MEDICARE-ID-NUM Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PREVIOUS MEDICARE ID NUM
 THIS FIELD CONTAINS ANY PREVIOUS MEDICARE ID NUMBER THAT
 WAS USED TO IDENTIFY A MEDICARE PART A RECIPIENT.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01470 Name: RECIP-1ST-NAME-INIT Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE FIRST CHARACTER OF THE RECIPIENT'S FIRST NAME.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01471 Name: FIRST-NAME-FIRST-2 Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: FIRST NAME FIRST TWO CHARACTERS

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			2	0		X(02)

DataElement ID: 01472 Name: FIRST-NAME-FIRST-3 Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: FIRST THREE LETTERS OF FIRST NAME
 FIRST THREE LETTERS OF FIRST NAME,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			3	0		X(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01473 Name: DHS-REINSTATE-DATE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DHS REINSTATE DATE
 GENERATED FIELD FROM DHS THAT IS SENT ON THE ABC UPDATE
 RECORDS. CURRENTLY HAS NO USE IN THE SYSTEM.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			4	0		X(04)

DataElement ID: 01474 Name: AUDIT-ERROR-CODE Version: Subsystem: Recipient
 Created By: SYSTEM Last Updated By: T474190 Release:
 Created On: 8/25/2004 Last Updated On: 1/17/2017
 Description: MHC AUDIT ERROR CODE
 A CODE TO REFLECT THE TYPE OF ERROR FOR THE AUDIT RECORD.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			2	0		X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01475 Name: NUM-RECIP-MHC-DATA Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: -
 NUMBER RECIP MHC DATA
 THE NUMBER OF MANAGE HEALTH CARE SEGMENTS THAT HAVE BEEN
 UPDATED.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		S9(03)

DataElement ID: 01476 Name: MHC-RUN-DATE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MHC RUN DATE
 DATE THE MHC UPDATE WAS RUN. THIS DATE IS
 USED TO DETERMINE THE PRINT/NOTICE DATE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		5	0		X(05)
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01477 Name: ABC-BEGIN-DATE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ABC TRANSACTION BEGIN DATE
 THIS IS THE EARLIEST DATE AN ABC TRANSACTION FROM THE STATE
 CAN UPDATE ENROLLMENT DATA ON THE MHC ENROLLMENT FILE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		9(05)

DataElement ID: 01478 Name: ABC-END-DATE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ABC TRANSACTION END DATE
 THIS IS THE LATEST DATE AN ABC TRANSACTION FROM THE STATE
 CAN UPDATE ENROLLMENT DATA ON THE MHC ENROLLMENT FILE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01479 Name: MHC-NOTICE-TYPE Version: Subsystem: Recipient
 Created By: SYSTEM Last Updated By: T474190 Release:
 Created On: 8/25/2004 Last Updated On: 1/19/2017
 Description: MANAGE HEALTH CARE NOTICE TYPE
 FIELD USED TO INDICATE THE TYPE OF NOTICE THAT WAS PRODUCED.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 01480 Name: MHC-NOTICE-DATE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MHC NOTICE DATE
 DATE OF THE MHC NOTICE. THIS IS A DATE THAT
 WAS PRINTED ON THE NOTICE AND THE DATE THE NOTICE
 WAS MAILED.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		5	0		X(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01481 Name: CHOICE-BEGIN-DATE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MHC CHOICE BEGIN DATE
 THE BEGIN DATE OF THE "FROM AND TO" RANGE FOR
 ESTABLISHING THE BEGIN DATE FOR ENROLLMENT IN A
 SPECIFIC PLAN.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		9(05)

DataElement ID: 01482 Name: CHOICE-END-DATE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MHC CHOICE END DATE
 THE ENDING DATE OF THE "FROM AND TO" RANGE FOR
 ESTABLISHING THE BEGIN DATE FOR ENROLLMENT IN A
 SPECIFIC PLAN.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01483 Name: PRIOR-BEGIN-DATE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MHC 10 DAY PRIOR BEGIN DATE
 THE BEGIN DATE OF THE "FROM AND TO" RANGE FOR
 ESTABLISHING THE TIMELY NOTICE DATE AS THE
 DEADLINE FOR A RECIPIENT TO RESPOND TO THE
 NOTICE OF DECISION (NOD).

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		9(05)

DataElement ID: 01484 Name: PRIOR-END-DATE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MHC 10 DAY PRIOR END DATE
 THE ENDING DATE OF THE "FROM AND TO" RANGE FOR
 ESTABLISHING THE TIMELY NOTICE DATE AS THE
 DEADLINE FOR A RECIPIENT TO RESPOND TO THE
 NOTICE OF DECISION (NOD).

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01485 Name: TIMELY-NOTICE-DATE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MHC TIMELY NOTICE DATE
 THE DATE THAT HAS BEEN ESTABLISHED AS THE
 DEADLINE FOR THE RECIPIENT TO RESPOND TO
 THE NOTICE OF DECISION (NOD).

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		5	0		9(05)
3	N3	Numeric Comp-3		5	0		9(05)
4	X	AlphaNumeric		6	0		X(06)

DataElement ID: 01486 Name: MHC-REPORT-SELECT Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MHC REPORT SELECTION CODE
 A CODE TO INDICATE THE TYPE OF REQUEST ON THE MANAGED
 HEALTH CARE ON-REQUEST FILE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01487 Name: REPORT-SELECTION Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MHC REPORT SELECTION CRITERIA
 THE DATA THAT WILL BE USED TO DETERMINE WHAT PARTICULAR
 TYPE OF SELECTION IS BEING REQUESTED FOR EACH REPORT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 01488 Name: CASE-ADDRESS Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CASE ADDRESS
 THE ADDRESS OF THE CASE ASSOCIATED WITH THE RECIPIENT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01489 Name: MHC-FILE-INDICATOR Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MHC FILE INDICATOR

ONE BYTE OF FILLER AT DISPLACEMENT 238 ON THE MHC SWEEP AND MONTHLY TRANSACTION FILES FROM ABC ARE TAGGED WITH AN 'S' OR 'M' TO INDICATE SWEEP OR MONTHLY FILES, RESPECTIVELY. A BLANK - AT DISPLACEMENT 238 INDICATES A DAILY FILE. ALL THREE FILES ARE CONCATENATED AND BACKED UP TOGETHER. THE MHC-FILE-INDICATOR WILL ASSIST IN DIFFERENTIATING THE FILES ON THE BACKUP, PLUS IAMB0500 USES IT TO DISTINGUISH SWEEP FILE TRANSACTIONS, WHICH USE DIFFERENT DATE LOGIC FROM DAILY AND MONTHLY TRANSACTIONS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 01490 Name: REF-SEQ-CONTROL Version: Subsystem: Recipient
 Created By: T474104 Last Updated By: T474198 Release:
 Created On: 9/22/2011 Last Updated On: 12/10/2015
 Description: FIELD TO CONTROL THE PROCESSING OF REFERENCE RECORDS FOR LIKE PROVIDER AND RECIPIENT WHEN PROCESSING 834 TRANSACTIONS NORMALLY SORTED IN DESCENDING SEQUENCE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)
2	X		AlphaNumeric		2	0		X(02)
3	X		AlphaNumeric		3	0		X(03)

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 01501      Name: LTC-BEGIN-DT-9-COMP      Version:      Subsystem: Recipient
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: LTC BEGIN DATE NINES COMPLEMENT
                THIS FIELD ALLOWS SORTING OF THE CASE MANAGER XREF FILE
                SO THAT THE MOST CURRENT ENTRY IS FIRST.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01502      Name: RECIP-LTC-DATA      Version:      Subsystem: Recipient
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: THIS IS THE GROUP LEVEL FOR RECIPIENT NURSING HOME DATA ON THE
                RECIPIENT ELIGIBILITY RECORD.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01503 Name: RECIP-LTC-BEGIN-DATE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE BEGIN DATE A RECIPIENT IS ELIGIBLE FOR NURSING HOME SERVICES.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		6		0	X(06)
3		N3	Numeric Comp-3		5		0	S9(05)
4		N	Numeric		8		0	9(08)

DataElement ID: 01504 Name: RECIP-LTC-END-DATE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE LAST DATE A RECIPIENT IS ELIGIBLE FOR NURSING HOME SERVICES.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		6		0	X(06)
3		N3	Numeric Comp-3		5		0	S9(05)
4		N	Numeric		8		0	9(08)

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 01507      Name: LTC-LIMIT-BEG-DATE      Version:      Subsystem: Recipient
Created By:                Last Updated By:      Release:
Created On: 8/25/2004      Last Updated On: 8/25/2004
Description: LTC LIMIT BEGIN DATE
                DATE THE RECIPIENT'S CLIENT PARTICIPATION FOR THE NURSING HOME
                BILL BEGAN.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5		0	S9(05)

```

DataElement ID: 01508      Name: LTC-LIMIT-END-DATE      Version:      Subsystem: Recipient
Created By:                Last Updated By:      Release:
Created On: 8/25/2004      Last Updated On: 8/25/2004
Description: LTC LIMIT END DATE
                DATE THE RECIPIENT'S CLIENT PARTICIPATION FOR THE NURSING HOME
                BILL ENDED.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5		0	S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01511	Name: RECIP-ONGOING-CP	Version:	Subsystem: Recipient
Created By: SYSTEM	Last Updated By: T474085	Release:	
Created On: 8/25/2004	Last Updated On: 3/18/2008		
Description:			

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N	Numeric		7	2		9(5)V99
3		N3	Numeric Comp-3		7	2		S9(5)V99
4		X	AlphaNumeric		7	0		X(07)

DataElement ID: 01512	Name: POS-ACTION-CODE	Version:	Subsystem: Recipient
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: -			

POSITIVE ACTION CODE
 CODE INDICATES THE REASON THE PERSON WAS APPROVED OR RESTORED
 FOR ELIGIBILITY.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N	Numeric		3	0		9(03)
3		N3	Numeric Comp-3		3	0		9(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01513 Name: NEG-ACTION-CODE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NEGATIVE ACTION CODE
 CODE INDICATES THE REASON WHY NEGATIVE ACTION WAS TAKEN AGAINST
 RECIPIENT ELIGIBILITY.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		3	0		9(03)
3	N3	Numeric Comp-3		3	0		9(03)

DataElement ID: 01514 Name: RECIP-FIRST-MONTH-CP Version: Subsystem: Recipient
 Created By: SYSTEM Last Updated By: T474085 Release:
 Created On: 8/25/2004 Last Updated On: 3/18/2008
 Description: RECIPIENT FIRST MONTH OF CLIENT PARTICIPATION
 THE AMOUNT OF CLIENT PARTICIPATION A RECIPIENT IS REQUIRED TO PAY
 THE FIRST MONTH ADMITTED TO A FACILITY.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		7	2		9(5)V99
3	N3	Numeric Comp-3		7	2		S9(5)V99
4	X	AlphaNumeric		7	0		X(07)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01515 Name: LTC-HOSP-LEAVE-DAYS Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LONG TERM CARE HOSPITAL LEAVE DAYS.
 THE NUMBER OF DAYS A RECIPIENT CAN LEAVE A FACILITY AND RESIDE
 IN A HOSPITAL.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		3	0		9(03)
3	N3		Numeric Comp-3		3	0		S9(03)

DataElement ID: 01516 Name: LTC-RESERVE-BED-DAYS Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LONG TERM CARE RESERVE BED DAYS
 THE NUMBER OF DAYS A LONG TERM CARE BED WILL BE RESERVED FOR A
 RECIPIENT.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		3	0		9(03)
3	N3		Numeric Comp-3		3	0		S9(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01521 Name: DEERS-STATE-CODE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DEERS STATE CODE
 THIS FIELD CONTAINS THE DEERS NUMERIC STATE CODE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01522 Name: DEERS-STATE-ID-NUM Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DEERS STATE UNIQUE ID NUMBER
 THIS FIELD CONTAINS THE STATE'S UNIQUE IDENTIFIER.
 FOR MEDICAID, THIS WILL BE THE RECIPIENT ID NUMBER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01523 Name: DEERS-MATCH-CODE Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: NO DESCRIPTION FOUND FOR THIS ELEMENT

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01524 Name: DEERS-MATCH-NAME Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: DEERS MATCH NAME CODE
THIS FIELD CONTAINS THE DEERS NAME MATCH CODE
INDICATING HOW WELL THE INDIVIDUAL'S NAME WAS MATCHED.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01525 Name: DEERS-MATCH-DOB Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: DEERS MATCH DATE OF BIRTH CODE
THIS FIELD CONTAINS THE DEERS DATE OF BIRTH MATCH CODE,
INDICATING HOW WELL THE INDIVIDUAL'S BIRTH DATE
WAS MATCHED.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01530 Name: DEERS-SPON-SSN Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: DEERS SPONSOR SOCIAL SECURITY NUMBER
THIS FIELD CONTAINS THE DEERS SPONSOR SOCIAL SECURITY NUMBER
USED IN QUERY RECORDS SENT TO DEERS

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01531 Name: DEERS-SPON-FAM-SEQ Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: DEERS SPONSOR FAMILY SEQUENCE NUMBER
THIS FIELD CONTAINS THE DEERS SPONSOR
FAMILY SEQUENCE NUMBER

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01532 Name: DEERS-SPON-NAME Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: DEERS SPONSOR NAME
THIS FIELD CONTAINS THE NAME OF THE MILITARY SPONSOR
USED IN QUERY RECORDS SENT TO DEERS

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01533 Name: DEERS-SPON-DOB Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DEERS SPONSOR DATE OF BIRTH
 THIS FIELD INDICATES THE DATE OF BIRTH OF THE MILITARY
 SPONSOR USED IN QUERY RECORDS SENT TO DEERS,
 IN YYYYMMDD FORMAT.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01534 Name: DEERS-SPON-ADDR Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DEERS SPONSOR ADDRESS
 THIS FIELD CONTAINS THE ADDRESS OF A DEERS SPONSOR

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01535 Name: DEERS-SPON-ADDR-1 Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: DEERS SPONSOR ADDRESS LINE 1
THIS FIELD CONTAINS THE FIRST ADDRESS LINE FOR A
DEERS SPONSOR

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01536 Name: DEERS-SPON-ADDR-2 Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: DEERS SPONSOR ADDRESS LINE 2
THIS FIELD CONTAINS THE SECOND ADDRESS LINE FOR A
DEERS SPONSOR

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 01537      Name:  DEERS-SPON-CITY      Version:      Subsystem: Recipient
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: DEERS SPONSOR CITY
                THIS FIELD CONTAINS THE DEERS SPONSOR CITY
    
```

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

```

DataElement ID: 01538      Name:  DEERS-SPON-STATE      Version:      Subsystem: Recipient
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: DEERS SPONSOR STATE
                THIS FIELD CONTAINS THE DEERS SPONSOR STATE
    
```

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01539 Name: DEERS-SPON-ZIP-CODE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DEERS SPONSOR ZIP CODE
 THIS FIELD CONTAINS THE DEERS SPONSOR ZIP CODE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01540 Name: DEERS-RTN-SPON-SSN Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: - DEERS RETURNED SPONSOR SOCIAL SECURITY NUMBER
 THIS FIELD CONTAINS THE SOCIAL SECURITY NUMBER OF A MILITARY
 SPONSOR USED IN DATA MATCH RETURN RECORDS SENT FROM DEERS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01541 Name: DEERS-RTN-SPON-NAME Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DEERS RETURNED SPONSOR NAME
 THIS FIELD CONTAINS THE NAME OF A MILITARY
 SPONSOR USED IN DATA MATCH RETURN RECORDS SENT FROM DEERS.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01542 Name: DEERS-RTN-SPON-DOB Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DEERS RETURNED SPONSOR DATE OF BIRTH
 THIS FIELD CONTAINS THE DATE OF BIRTH OF A MILITARY
 SPONSOR USED IN DATA MATCH RETURN RECORDS SENT
 FROM DEERS, IN YYYYMMDD FORMAT.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01545 Name: DEERS-SPON-ELIG-TYPE Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: DEERS SPONSOR TYPE OF ELIGIBLE DEPENDENTS
THIS FIELD INDICATES WHETHER DEERS DEPENDENTS ARE ELIGIBLE
FOR MEDICAL COVERAGE UNDER A CERTAIN MILITARY SPONSOR.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01546 Name: DEERS-SPON-NUM-ELIG Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: DEERS SPONSOR NUMBER OF REPORTED DEPENDENTS
THIS FIELD CONTAINS THE TOTAL NUMBER OF DEPENDENTS REPORTED
TO DEERS BY A SPONSOR.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01547 Name: DEERS-SPON-ELIG-BEG Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DEERS SPONSOR ELIGIBILITY BEGIN DATE
 THIS FIELD CONTAINS THE BEGIN DATE OF ELIGIBILITY FOR A
 DEERS SPONSOR.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01548 Name: DEERS-SPON-ELIG-END Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: - DEERS SPONSOR ELIGIBILITY END DATE
 THIS FIELD CONTAINS THE END DATE OF ELIGIBILITY FOR A
 DEERS SPONSOR.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 01549      Name:  DEERS-SPON-CHAMPUS      Version:
Created By:                Last Updated By:          Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: DEERS SPONSOR CHAMPUS PRIVILEGES INDICATOR
              THIS FIELD INDICATES A SPONSOR'S COVERAGE PRIVILEGES.
              THESE INCLUDE VA, CHAMPUS, OTHER, OR A CHOICE AMONG THESE.
    
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Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01550      Name:  DEERS-SPON-DIR-CARE      Version:
Created By:                Last Updated By:          Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: DEERS SPONSOR DIRECT CARE INDICATOR
              THIS FIELD INDICATES IF A DEERS SPONSOR RECEIVES
              DIRECT CARE.
    
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Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01551 Name: DEERS-SPON-ELIG-CODE Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: DEERS SPONSOR ELIGIBILITY CODE
THIS FIELD INDICATES THE REASON FOR A SPONSOR'S DEERS
CURRENT ELIGIBILITY STATUS.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01552 Name: DEERS-SPON-END-RSN Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: DEERS SPONSOR END ELIGIBILITY REASON
THIS FIELD INDICATES THE REASON FOR A SPONSOR'S ELIGIBILITY
BEING ENDED.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01553 Name: DEERS-SPON-SEX Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DEERS SPONSOR SEX
 - THIS FIELD INDICATES THE SEX OF A DEERS SPONSOR.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01554 Name: DEERS-SPON-MCARE-IND Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DEERS SPONSOR MEDICARE INDICATOR
 THIS FIELD INDICATES THE PRESENCE OF MEDICARE COVERAGE
 FOR A DEERS SPONSOR.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01555 Name: DEERS-SPON-PAYGRADE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DEERS SPONSOR PAYGRADE
 THIS FIELD CONTAINS THE DEERS SPONSOR PAYGRADE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01560 Name: RECIP-LTC-BEGIN-DATE Version: Subsystem: Recipient
 Created By: T474073 Last Updated By: T474073 Release:
 Created On: 2/22/2005 Last Updated On: 2/22/2005
 Description: This is earliest LTC eligibility begin date that a recipient was assigned to a LTC Provider for a specific period

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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1	N	Numeric		5	0		S9(05)
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01561 Name: RECIP-LTC-END-DATE Version: Subsystem: Recipient
 Created By: JOAN ARREY Last Updated By: T474073 Release:
 Created On: 2/22/2005 Last Updated On: 2/22/2005
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		5		0	S9(05)

DataElement ID: 01565 Name: DUR-DRUG-QUANTITY Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DUR DRUG QUANTITY
 THIS DATA ELEMENT CONTAINS THE QUANTITY DISPENSED OF THE DRUG
 WHICH IS REPORTED ON THIS CLAIM.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		9		1	9(08)V9

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 01570      Name:  DEERS-DEP-SSN      Version:      Subsystem: Recipient
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: DEERS DEPENDENT SOCIAL SECURITY NUMBER
              THIS FIELD CONTAINS THE DEERS DEPENDENT SOCIAL SECURITY NUMBER
              USED IN QUERY RECORDS SENT TO DEERS.
    
```

Variant ID	Data	Type Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01571      Name:  DEERS-DEP-NAME      Version:      Subsystem: Recipient
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: DEERS DEPENDENT NAME
              THIS FIELD CONTAINS THE NAME OF THE MILITARY DEPENDENT
              USED IN QUERY RECORDS SENT TO DEERS.
    
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Variant ID	Data	Type Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01572 Name: DEERS-DEP-DOB Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DEERS DEPENDENT DATE OF BIRTH
 THIS FIELD INDICATES THE DATE OF BIRTH OF THE MILITARY
 DEPENDENT USED IN QUERY RECORDS SENT TO DEERS,
 IN YYYYMMDD FORMAT.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01573 Name: DEERS-DEP-ADDR Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DEERS DEPENDENT ADDRESS
 THIS FIELD CONTAINS THE ADDRESS OF A DEERS DEPENDENT.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01574 Name: DEERS-DEP-ADDR-1 Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: DEERS DEPENDENT ADDRESS LINE 1
THIS FIELD CONTAINS THE FIRST ADDRESS LINE FOR A
DEERS DEPENDENT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01575 Name: DEERS-DEP-ADDR-2 Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: DEERS DEPENDENT ADDRESS LINE 2
THIS FIELD CONTAINS THE SECOND ADDRESS LINE FOR A
DEERS DEPENDENT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01578 Name: DEERS-DEP-ZIP-CODE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DEERS DEPENDENT ZIP CODE
 THIS FIELD CONTAINS THE DEERS DEPENDENT ZIP CODE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01579 Name: DEERS-DEP-OTHER-INS Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DEERS DEPENDENT OTHER INSURANCE INDICATOR
 THIS FIELD INDICATES THE PRESENCE OF ADDITIONAL INSURANCE
 FOR A DEERS DEPENDENT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01580 Name: DEERS-DEP-VER-SSN Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: DEERS DEPENDENT VERIFIED SPONSOR SSN INDICATOR
THIS FIELD INDICATES IF THE DEERS SPONSOR SSN HAS
BEEN VERIFIED.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01581 Name: DEERS-DEP-STATUS Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: DEERS DEPENDENT STATUS
- THIS FIELD INDICATES THE RELATIONSHIP STATUS OF A DEERS
DEPENDENT TO THE SPONSOR.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01582 Name: DEERS-DEP-STD-STATUS Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: DEERS DEPENDENT STUDENT STATUS
THIS FIELD INDICATES THE STUDENT STATUS OF A DEERS DEPENDENT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01583 Name: DEERS-DEP-SUFFIX Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: DEERS DEPENDENT SUFFIX
THIS FIELD CONTAINS THE DEERS DEPENDENT SUFFIX.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01585 Name: DEERS-RTN-DEP-SSN Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: DEERS RETURNED DEPENDENT SOCIAL SECURITY NUMBER
THIS FIELD CONTAINS THE DEERS DEPENDENT SOCIAL SECURITY NUMBER
USED IN DATA MATCH RETURN RECORDS SENT FROM DEERS.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01586 Name: DEERS-RTN-DEP-NAME Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: DEERS RETURNED DEPENDENT NAME
- THIS FIELD CONTAINS THE NAME OF THE MILITARY DEPENDENT
USED IN DATA MATCH RETURN RECORDS SENT FROM DEERS.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01587 Name: DEERS-RTN-DEP-DOB Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DEERS RETURNED DEPENDENT DATE OF BIRTH
 THIS FIELD INDICATES THE DATE OF BIRTH OF THE MILITARY
 USED IN DATA MATCH RETURN RECORDS SENT FROM DEERS,
 IN YYYYMMDD FORMAT.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01588 Name: DEERS-DEP-ELIG-BEG Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DEERS DEPENDENT ELIGIBILITY BEGIN DATE
 THIS FIELD CONTAINS THE BEGIN DATE OF ELIGIBILITY FOR A DEERS
 DEPENDENT.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01589 Name: DEERS-DEP-ELIG-END Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: DEERS DEPENDENT ELIGIBILITY END DATE
THIS FIELD CONTAINS THE END DATE OF ELIGIBILITY FOR A DEERS
DEPENDENT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01590 Name: DEERS-DEP-CHAMPUS Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: DEERS DEPENDENT CHAMPUS PRIVILEGES INDICATOR
THIS FIELD INDICATES A DEPENDENT'S COVERAGE PRIVILEGES.
THESE INCLUDE VA, CHAMPUS, OTHER, OR A CHOICE AMONG THESE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01591 Name: DEERS-DEP-DIR-CARE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: -
 DEERS DEPENDENT DIRECT CARE INDICATOR
 THIS FIELD INDICATES IF A DEERS DEPENDENT RECEIVES
 DIRECT CARE.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01592 Name: DEERS-DEP-ELIG-CODE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DEERS DEPENDENT ELIGIBILITY CODE
 THIS FIELD INDICATES THE REASON FOR A DEPENDENT'S DEERS
 CURRENT ELIGIBILITY STATUS.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01593 Name: DEERS-DEP-END-RSN Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: DEERS DEPENDENT END ELIGIBILITY REASON
THIS FIELD INDICATES THE REASON FOR A DEPENDENT'S ELIGIBILITY
BEING ENDED.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01594 Name: DEERS-DEP-SEX Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: DEERS DEPENDENT SEX
THIS FIELD INDICATES THE SEX OF A DEERS DEPENDENT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01595 Name: DEERS-DEP-STD-HANDI Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: DEERS DEPENDENT STUDENT/HANDICAPPED INDICATOR
THIS FIELD INDICATES THE STUDENT AND HANDICAP STATUS
OF A DEERS DEPENDENT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01596 Name: DEERS-DEP-RELATIONS Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: DEERS DEPENDENT RELATION
THIS FIELD INDICATES THE RELATIONSHIP OF THE DEERS
DEPENDENT TO THE SPONSOR.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01597 Name: DEERS-RTN-DEP-SUFFIX Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: DEERS RETURNED DEPENDENT SUFFIX
THIS FIELD CONTAINS THE DEERS DEPENDENT SUFFIX
USED IN DATA MATCH RETURN RECORDS SENT FROM DEERS.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01598 Name: DEERS-DEP-MCARE-IND Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: DEERS DEPENDENT MEDICARE INDICATOR
THIS FIELD INDICATES THE PRESENCE OF MEDICARE COVERAGE
FOR A DEERS DEPENDENT.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01600 Name: EFFECTIVE-DATE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: EFFECTIVE DATE.
 THIS GENERAL PURPOSE FIELD SHOWS THE EFFECTIVE DATE OF CHANGE OR
 OTHER SYSTEM DATE. ALPHANUMERIC VARIANTS ARE FOR DATES IN MMDDYY
 FORMAT.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		6	0		X(06)
4	X		AlphaNumeric		8	0		X(8)

DataElement ID: 01601 Name: RECIP-ELIG-DATA Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE GROUP LEVEL ON A RECIPIENT ELIGIBILITY RECORD CONTAINING
 ELIGIBILITY INFORMATION.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01604 Name: RECIP-SERVICE-TYPE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RECIP SERVICE TYPE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric			1	0		9(01)

DataElement ID: 01605 Name: RECIP-PRIOR-ELIG Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RECIP PRIOR ELIG.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

DataElement ID: 01606 Name: ELIG-END-OF-PERIOD Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RECIP ELIGIBLE END OF REPORTING PERIOD.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01652 Name: RELATIONSHIP Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RELATIONSHIP
 THIS FIELD ON THE EPICS INTERFACE EXTRACT RECORD INDICATES
 THE RECIPIENT'S RELATIONSHIP TO THE FAMILY.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2	0		X(02)

DataElement ID: 01653 Name: CURRENT-CASE-NUMBER Version: Subsystem: Recipient
 Created By: SYSTEM Last Updated By: T474365 Release:
 Created On: 8/25/2004 Last Updated On: 2/21/2022
 Description: CURRENT CASE NUMBER
 NUMBER ASSIGNED BY EPICS TO INDICATE A HOUSEHOLD UNIT. THIS
 FIELD IS STORED IN THE RECIPIENT ELIGIBILITY FILE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		8	0		X(08)
2	N		Numeric		8	0		9(08)
3	X		AlphaNumeric		10	0		X(10)
4	X		AlphaNumeric		11	0		X(11)
5	X		AlphaNumeric		9	0		X(09)
7	X		AlphaNumeric		12	0		X(12)
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01656 Name: POL-HOLDER-SUFFIX Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: POLICY HOLDER SUFFIX - FIRST THREE LETTERS OF NAME

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01657 Name: AP-IND Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: TPL ABSENT PARENT INDIATOR
SPECIFIES WHETHER OR NOT AN ABSENT PARENT IS
PRESENT.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01659 Name: HEAD-OF-HOUSEHOLD Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: IDENTIFIES RECIPIENT AS THE HEAD OF HOUSEHOLD -

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)
2	N		Numeric		1	0		9(01)

DataElement ID: 01660 Name: BILLING-SOURCE Version: Subsystem:
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 9/2/2014 Last Updated On: 9/2/2014
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01661 Name: BILLING-SOURCE Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 9/4/2014 Last Updated On: 11/6/2014
 Description: IT DESCRIBES - WHAT INVOICE SHOULD SHOW UP ON THE FILE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		14	0		X(14)
2	X		AlphaNumeric		32	0		X(32)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01662 Name: ACTION Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 9/4/2014 Last Updated On: 9/26/2014
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		20		0	X(20)

DataElement ID: 01663 Name: PROCESS-DATE Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 9/4/2014 Last Updated On: 9/5/2014
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		10		0	X(10)

DataElement ID: 01664 Name: MMIS-INVOICE-KEY Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 9/4/2014 Last Updated On: 9/5/2014
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		15		0	X(15)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01665 Name: PREMIUM-DUE-DATE Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474190 Release:
 Created On: 9/4/2014 Last Updated On: 9/25/2014
 Description: THE DATE THAT THE PREMIUM PAYMENT IS DUE BY IN HEALTHY BEHAVIOR SYSTEM.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		10		0	X(10)

DataElement ID: 01666 Name: INVOICE-NUM Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 9/4/2014 Last Updated On: 9/5/2014
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		15		0	X(15)

DataElement ID: 01667 Name: INVOICE-DATE Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 9/4/2014 Last Updated On: 9/5/2014
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		10		0	X(10)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01668 Name: PREMIUM-AMOUNT Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 9/4/2014 Last Updated On: 11/6/2014
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		N3		Numeric Comp-3		6		2	S9(06)V99
2		N		Numeric		6		2	S9(06)V99

DataElement ID: 01669 Name: TRANSACTION-ID Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 9/9/2014 Last Updated On: 9/30/2014
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		20		0	X(20)

DataElement ID: 01670 Name: TRANSACTION-DATE Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 9/9/2014 Last Updated On: 9/9/2014
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		10		0	X(10)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01671 Name: TRANSACTION-TYPE Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 9/9/2014 Last Updated On: 11/6/2014
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		30	0		X(30)
2		X		AlphaNumeric		32	0		X(32)

DataElement ID: 01672 Name: SUB-TRANSACTION-TYPE Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 9/9/2014 Last Updated On: 11/6/2014
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		30	0		X(30)
2		X		AlphaNumeric		32	0		X(32)

DataElement ID: 01673 Name: TRANSACTION-AMOUNT Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 9/9/2014 Last Updated On: 9/9/2014
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		N3		Numeric Comp-3		6	2		S9(06)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01674 Name: FIRST-NAME Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 9/9/2014 Last Updated On: 9/9/2014
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		50		0	X(50)

DataElement ID: 01675 Name: LAST-NAME Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 9/9/2014 Last Updated On: 9/9/2014
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		50		0	X(50)

DataElement ID: 01676 Name: ADDRESS-LINE1 Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 9/9/2014 Last Updated On: 9/9/2014
 Description: ADDRESS-LINE1

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		50		0	X(50)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01677 Name: ADDRESS-LINE2 Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 9/9/2014 Last Updated On: 9/9/2014
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		50		0	X(50)

DataElement ID: 01678 Name: CITY Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 9/9/2014 Last Updated On: 9/9/2014
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		50		0	X(50)

DataElement ID: 01679 Name: STATE Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 9/9/2014 Last Updated On: 9/9/2014
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		3		0	X(03)

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 01680      Name:  NUM-MEDIPASS-DATA      Version:
Created By:                Last Updated By:      Release:
Created On:      8/25/2004  Last Updated On:   8/25/2004
Description: NUMBER MEDIPASS DATA
                THE NUMBER OF MEDIPASS SPANS ON A RECIPIENT ELIGIBILITY
                RECORD.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		S9(03)

```

DataElement ID: 01681      Name:  MEDIPASS-DATA      Version:
Created By:                Last Updated By:      Release:
Created On:      8/25/2004  Last Updated On:   8/25/2004
Description: MEDIPASS DATA
                THIS GROUP LEVEL FIELD IS USED IN THE RECIPIENT ELIGIBILITY
                RECORD TO IDENTIFY EACH OF THE FOLLOWING MEDIPASS FIELDS.
                DATA ELEMENT NUMBER      DESCRIPTION
                01682      MEDIPASS-BEG-DATE
                01685      MEDIPASS-ENR-REAS
                01683      MEDIPASS-END-DATE
                01691      MEDIPASS-DISEN-REAS
                01684      MEDIPASS-PROV-NUMBER
                01686      MEDIPASS-CATEGORY
                01687      MEDIPASS-COUNTY
                01688      MEDIPASS-UNIT-NUMBER
                FILLER      (FOR EXPANSION)
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01682 Name: MEDIPASS-BEG-DATE Version: Subsystem: Recipient
 Created By: SYSTEM Last Updated By: T474100 Release:
 Created On: 8/25/2004 Last Updated On: 11/20/2006
 Description:

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3	Numeric Comp-3		5	0		S9(05)
5		X	AlphaNumeric		8	0		X(08)

DataElement ID: 01683 Name: MEDIPASS-END-DATE Version: Subsystem: Recipient
 Created By: SYSTEM Last Updated By: T474100 Release:
 Created On: 8/25/2004 Last Updated On: 11/20/2006
 Description:

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3	Numeric Comp-3		5	0		S9(05)
5		X	AlphaNumeric		8	0		X(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01684 Name: MEDIPASS-PROV-NUMBER Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS PROVIDER NUMBER
 THE MEDICAID PROVIDER NUMBER OF THIS RECIPIENT'S PRIMARY CARE
 PROVIDER UNDER THE MEDIPASS PROGRAM.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		7	0		9(07)
4	X		AlphaNumeric		9	0		X(09)

DataElement ID: 01685 Name: MEDIPASS-ENR-REAS Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS ENROLLMENT REASON
 INDICATES THE REASON THE RECIPIENT WAS ENROLLED INTO THE
 MEDIPASS PROGRAM.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01686 Name: MEDIPASS-CATEGORY Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS CATEGORY
 INDENTIFIES THE CATEGORY UNDER WHICH THE RECIPIENT IS ELIGIBLE
 FOR MEDIPASS. THE MEDIPASS CATEGORIES ARE DERIVED FROM THE
 RECIPIENT'S PROGRAM CODE (SEE DATA ELEMENTS 01689 AND 01690).

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01687 Name: MEDIPASS-COUNTY Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS COUNTY
 INDENTIFIES THE COUNTY IN WHICH THE RECIPIENT RESIDES UNDER THE
 MEDIPASS PROGRAM. THE MEDIPASS COUNTY IS PART OF EACH MEDIPASS
 DATA SPAN IN THE RECIPIENT ELIGIBILITY RECORD, AND AS SUCH, CAN
 VARY OVER TIME.
 VALID VALUES SHOULD CORRESPOND TO THE RECIPIENT COUNTY, DATA
 ELEMENT 01080.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01688 Name: MEDIPASS-UNIT-NUMBER Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS UNIT NUMBER
 THIS SIX CHARACTER ALPHANUMERIC FIELD UNIQUELY IDENTIFIES
 THE UNIT/WORKER RESPONSIBLE FOR THIS RECIPIENT UNDER THE
 MEDIPASS PROGRAM. THE UNIT/WORKER NUMBER IN THE FLORIDA
 ELIGIBILITY SYSTEM IS ALSO SIX CHARACTERS.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01689 Name: MEDIPASS-AFDC-CAT Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS AFDC CATEGORY
 THE VALID VALUES FOR THIS FIELD IDENTIFY THE PROGRAM CODES
 THAT CORRESPOND TO THE AFDC MEDIPASS CATEGORY (SEE DATA
 ELEMENT 01686).

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01690	Name: MEDIPASS-SOBRA-CAT	Version:	Subsystem: Recipient
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: -			

MEDIPASS SOBRA ELIGIBLE CHILDREN
 THE VALID VALUES FOR THIS FIELD IDENTIFY THE PROGRAM CODES
 THAT CORRESPOND TO THE SOBRA MEDIPASS CATEGORY (SEE DATA
 ELEMENT 01686). THESE RECIPIENTS MUST BE CHILDREN (AGE 21
 AND UNDER).

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01691	Name: MEDIPASS-DISEN-REAS	Version:	Subsystem: Recipient
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: MEDIPASS DISENROLLMENT REASON			
INDICATES THE REASON THE RECIPIENT WAS DISENROLLED OR CANCELLED FROM THE MEDIPASS PROGRAM.			

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01694 Name: COVERAGE-CODE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: COVERAGE CODE
 IDENTIFIES THE TYPE OF COVERAGE THE RECIPIENT HAS

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N		Numeric		2		0	9(02)

DataElement ID: 01695 Name: ELIG-CLASS Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ELIGIBILITY CLASS
 IDENTIFIES THE ELIGIBILITY CLASS THE INDIVIDUAL IS A PART OF

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01696 Name: DEPARTMENT-CODE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DEPARTMENT CODE
 CAN BE USED TO IDENTIFY THE DEPARTMENT WHERE AN INDIVIDUAL WORKS

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		6	0		X(06)
3	X		AlphaNumeric		10	0		X(10)

DataElement ID: 01697 Name: MED-PROFILE-REC-IND Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDICAL PROFILE RECORD INDICATOR

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 01698 Name: PREV-YR-COPAY-IND Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PREVIOUS YEAR'S COPAYMENT INDICATOR

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01699 Name: CURR-YR-COPAY-IND Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CURRENT YEAR'S COPAYMENT INDICATOR

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

DataElement ID: 01700 Name: BILLING-ID Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: BILLING ID
 THE BILLING IDENTIFICATION NUMBER

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
4	X	AlphaNumeric		18	0		X(18)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01701 Name: PROV-BEG-DATE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER BEGIN DATE
 -
 THE FIRST DATE A RECIPIENT IS LOCKED IN TO A PHARMACY

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		6	0		9(06)
4	N		Numeric		8	0		9(08)

DataElement ID: 01702 Name: PROV-END-DATE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER END DATE
 THE LAST DATE A RECIPIENT IS LOCKED IN TO A PHARMACY

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		6	0		9(06)
4	N		Numeric		8	0		9(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01703 Name: PHYSICIAN-DATA Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PHYSICIAN DATA
 THE GROUP ITEM CONTAINING PHYSICIAN LOCKIN DATA

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 01704 Name: PHYS-NUMBER Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PHYSICIAN NUMBER
 THE NUMBER OF THE PHYSICIAN THE RECIPIENT IS LOCKED INTO

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		10	0		X(10)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01705 Name: OCCURRENCE-COUNTERS Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS IS THE GROUP LEVEL FOR THE OCCURENCE COUNTERS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 01706 Name: NUM-ELIG-SPANS Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE NUMBER OF ELIGIBILITY SPANS ON A RECIPIENTS ELIGIBILITY RECORD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		S9(3)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01707 Name: NUM-HMO-DATA Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER HMO DATA
 THE NUMBER OF HMO SPANS ON A RECIPIENT ELIGIBILITY RECORD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		S9(03)

DataElement ID: 01708 Name: NUM-BUY-IN-A Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD REPRESENTS THE NUMBER OF OCCURRENCES OF
 MEDICARE PART A BUY-IN DATA ON A RECIPIENT RECORD

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01709 Name: NUM-LTC-DATA Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: - THE NUMBER OF NURSING HOME SPANS ON A RECIPIENT ELIGIBILITY RECORD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		S9(03)

DataElement ID: 01710 Name: NUM-TPL-DATA Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF THIRD PARTY DATA ON THE TPL CASE MASTER FILE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		S9(03)

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 01711      Name:  NUM-MEDICARE-PART-A      Version:
Created By:                Last Updated By:          Release:
Created On:   8/25/2004    Last Updated On:   8/25/2004
Description: THE NUMBER OF MEDICARE PART A SPANS ON A RECIPIENT ELIGIBILITY
              RECORD.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		S9(03)

```

DataElement ID: 01712      Name:  NUM-MEDICARE-PART-B      Version:
Created By:                Last Updated By:          Release:
Created On:   8/25/2004    Last Updated On:   8/25/2004
Description: THE NUMBER OF MEDICARE PART B SPANS ON A RECIPIENT ELIGIBILITY
              RECORD.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		S9(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01713 Name: NUM-NEW-IDS Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF NEW RECIPIENT ID DATA ON A RECIPIENT ELIGIBILITY RECORD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01714 Name: NUM-LTC-LIMIT-DATA Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER LTC LIMIT DATA
 THE NUMBER OF NURSING HOME CLIENT PARTICIPATION USED AMOUNT
 AND OTHER USED LIMITS.

3	N3	Numeric Comp-3		3	0		S9(03)
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01715 Name: NUM-EXPANDS Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF EXPANDS
 NUMBER OF EXPAND SEGMENTS IN THE RECORD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		S9(03)

DataElement ID: 01716 Name: NUM-ANNUAL-CAPS Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE NUMBER OF OCCURRENCES OF ANNUAL CAPS DATA FOR THE SEVEN YEAR
 ANNUAL CAPS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01717 Name: NUM-MONTHLY-CAPS Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE NUMBER OF OCCURRENCES OF MONTHLY CAPS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01718 Name: NUM-NEWBORNS Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF NEWBORN SEGMENTS

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01719 Name: NUM-GUARDIAN-DATA Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER GUARDIAN DATA
 NUMBER OF OCCURRENCES OF THE GUARDIAN DATA AREA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		S9(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01720 Name: NUM-BUY-IN-B Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD REPRESENTS THE NUMBER OF OCCURRENCES OF
 MEDICARE PART B BUY-IN DATA ON A RECIPIENT RECORD

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01725 Name: RECIP-NH-INDIC Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RECIPIENT NURSING HOME INDICATOR
 THE RECIPIENT NURSING HOME INDICATOR INDICATES WHETHER OR NOT
 THE RECIPIENT WAS INSTITUTIONALIZED DURING A CLAIM'S SERVICE
 PERIOD. THIS DATA ELEMENT IS USED IN THE CLAIM RECORDS AND THE
 SUR CLAIM RECORD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01730 Name: MHC-INDICATORS Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MANAGE HEALTH CARE INDICATORS
 INDICATORS USED TO REFLECT THE STATUS OF THE RECIEPIENT IN THE
 HEALTH PLAN.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0	0		

DataElement ID: 01731 Name: MHC-LETTER-IND Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MANAGED HEALTH CARE LETTER INDICATOR
 THE RECIPIENT MHC ENROLLMENT INDICATOR WHICH IS
 USED TO TELL THE SYSTEM TO GENERATE A LETTER.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)
2	G		Group		0	0		

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Iowa Medicaid Enterprise

ND-Workbench

Data Element List

DataElement ID: 01737 Name: MHC-END-DATE Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: MHC END DATE
ENDING DATE OF A MHC PERIOD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01738 Name: MHC-STATUS Version: Subsystem: Recipient
Created By: SYSTEM Last Updated By: T474190 Release:
Created On: 8/25/2004 Last Updated On: 1/12/2017
Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01739 Name: MHC-TRANSMIT-DATE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MHC TRANSMIT DATE
 DATE THE RECORD WAS SENT.
 FORMAT IS YYMMDD.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		6	0		X(06)

DataElement ID: 01740 Name: MHC-ABC-DATA Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MANAGE HEALTH CARE ABC DATA
 RECIPIENT'S MHC DATA AS REPORTED TO ABC.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01741 Name: MHC-CLIENT-DATA Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MANAGE HEALTH CARE CLIENT DATA
 THE RECIPIENT'S DEMOGRAPHIC DATA AS REPORTED TO ABC.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 01742 Name: MHC-BEGIN-DATE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MHC BEGIN DATE
 - DATE THE MHC STATUS IS TO TAKE EFFECT. THE YYYY FORMAST IS
 THE PRIMARY DATE USED FOR PROCESSING.
 FORMAT IS CCYYMM.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		4	0		X(04)
4	X	AlphaNumeric		6	0		X(06)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01743 Name: CASE-COUNTY Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CASE COUNTY
 THAT GEOGRAPHIC OR GEOPOLITICAL SUBDIVISION OF A STATE
 WHICH IS THE LOWEST LEVEL OF CONTROLLED PROGRAM REPORTING.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2	0		X(02)

DataElement ID: 01744 Name: COUNTY-STATUS-IND Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MANAGED HEALTH CARE COUNTY STATUS INDICATOR
 THE COUNTY'S STATUS RELATING TO THE MHC SYSTEM:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01745 Name: HMO-IND Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HMO INDICATOR
 THIS FIELD IDENTIFIES A RECIPIENT AS AN HMO ENROLLEE.
 THIS INDICATOR IS USED IN THE SUR SUBSYSTEM.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 01746 Name: EPP-BEGIN-DATE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: EPP BEGIN DATE
 DATE THE EPP PERIOD IS TO TAKE EFFECT. THE YYYY
 FORMAT IS THE PRIMARY DATE USED FOR PROCESSING.
 FORMAT IS CCYYMM.,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		4		0	X(04)
4	X		AlphaNumeric		6		0	X(06)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01747 Name: EPP-TRAN-BEGIN-DATE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: EPP TRANSACTION BEGIN DATE
 THE BEGIN DATE OF THE "FROM AND TO" RANGE FOR
 ESTABLISHING THE EPP PERIOD FOR A RECIPIENT.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5		0	9(05)

DataElement ID: 01748 Name: EPP-TRAN-END-DATE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: EPP TRANSACTION END DATE
 THE END DATE OF THE "FROM AND TO" RANGE FOR
 ESTABLISHING THE EPP PERIOD FOR A RECIPIENT.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5		0	9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01749 Name: EPP-OPEN-BEGIN-DATE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: EPP OPEN ENROLLMENT BEGIN DATE
 THE BEGIN DATE OF THE "FROM AND TO" RANGE FOR
 AN EPP OPEN ENROLLMENT PERIOD.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		5	0		9(05)
3	N3	Numeric Comp-3		5	0		9(05)
4	X	AlphaNumeric		6	0		X(06)

DataElement ID: 01750 Name: EPP-OPEN-END-DATE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: EPP OPEN ENROLLMENT END DATE
 THE END DATE OF THE "FROM AND TO" RANGE FOR
 AN EPP OPEN ENROLLMENT PERIOD.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		5	0		9(05)
3	N3	Numeric Comp-3		5	0		9(05)
4	X	AlphaNumeric		6	0		X(06)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01751 Name: EPP-LOCK-BEGIN-DATE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: EPP LOCK-IN BEGIN DATE
 THE BEGIN DATE OF THE "FROM AND TO" RANGE FOR
 AN EPP LOCK-IN PERIOD.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		5	0		9(05)
3	N3	Numeric Comp-3		5	0		9(05)

DataElement ID: 01752 Name: EPP-LOCK-END-DATE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: - EPP LOCK-IN END DATE
 THE END DATE OF THE "FROM AND TO" RANGE FOR
 AN EPP LOCK-IN PERIOD.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		5	0		9(05)
3	N3	Numeric Comp-3		5	0		9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01753 Name: EPP-SEND-NOTICE-DATE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MHC EPP SEND NOTICE DATE
 THE DATE THAT HAS BEEN ESTABLISHED AS THE TIME
 TO SEND OUT THE NOTICE OF DECISION (NOD) TO
 INFORM THE RECIP A NEW EPP PERIOD WILL BEGIN SOON.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		5	0		9(05)
3	N3	Numeric Comp-3		5	0		9(05)

DataElement ID: 01754 Name: CLIENT-NUMBER Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CLIENT NUMBER
 THIS IS THE RECIPIENT ID IN EPICS. IT IS PRESENT IN THE EPICS TO
 MMIS INTERFACE FILE.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01755 Name: NUM-MED-NEEDY-DATA Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER MEDICALLY NEEDY DATA
 THE NUMBER OF MEDICALLY NEEDY SPENDDOWN AMOUNT DATA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		S9(03)

DataElement ID: 01760 Name: HB-PREV-UPDATE Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 7/14/2014 Last Updated On: 7/14/2014
 Description: HB PREVIOUS UPDATE
 WHEN EITHER THE BATCH OR ONLINE UPDATE DATES ARE MODIFIED,
 THIS FIELD CONTAINS THE PREVIOUS VALUE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)
4	N	Numeric		8	0		9(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01761 Name: HB-LAST-UPDATE Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 7/14/2014 Last Updated On: 7/14/2014
 Description: HB LAST/ LATEST UPDATE
 WHEN EITHER THE BATCH OR ONLINE UPDATE DATES ARE MODIFIED,
 THIS FIELD CONTAINS THE LATEST VALUE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3		Numeric Comp-3		5	0		S9(05)
4	N		Numeric		8	0		9(08)

DataElement ID: 01762 Name: NUM-HB-SPANS Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 7/15/2014 Last Updated On: 12/18/2018
 Description: THIS FILED CONTAINS THE NUMBER OF OCCURANCE OF THE HB SPANS

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3		Numeric Comp-3		3	0		S9(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01763 Name: NUM-HB-MONTH-SPANS Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 7/15/2014 Last Updated On: 7/16/2014
 Description: THIS FILED CONTAINS THE NUMBER OF OCCURANCE OF THE HB SPANS ON MONTHLY BASIS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3		0	S9(03)

DataElement ID: 01764 Name: RECIP-HB-DATA Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 7/15/2014 Last Updated On: 7/16/2014
 Description: THIS IS A GROUP FILED, THIS GROUP CONTAINS THE HB DATA

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group				0	

DataElement ID: 01765 Name: RECIP-HB-YEAR Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 7/15/2014 Last Updated On: 7/16/2014
 Description: THIS FILED CONTAINS THE CONTINUOUS YEAR COUNT FOR THE MEMEBER PARTICIPATING IN IHWAP.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		2		0	X(02)
2	N	Numeric		2		0	9(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01766 Name: RECIP-HB-MONTH-COUNT Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 7/15/2014 Last Updated On: 7/16/2014
 Description: THIS FILED CONTAINS THE CONTINUOUS MONTHS MONTHS OF PARTICIPATION IN IHAWP

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		2		0	X(02)
2		N		Numeric		2		0	9(02)

DataElement ID: 01767 Name: RECIP-HB-BEG-DATE Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 7/15/2014 Last Updated On: 7/16/2014
 Description: THIS FILED CONTAINS THE CONTINUOUS BEGIN DATE IN IHAWP

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N		Numeric		6		0	9(06)
3		N3		Numeric Comp-3		5		0	S9(05)
4		N		Numeric		8		0	9(08)
5		X		AlphaNumeric		8		0	X(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01768 Name: RECIP-HB-END-DATE Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 7/15/2014 Last Updated On: 7/16/2014
 Description: THIS FILED CONTAINS THE CONTINUOUS END DATE IN IHAWP

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		6	0		9(06)
3	N3	Numeric Comp-3		5	0		S9(05)
4	N	Numeric		8	0		9(08)
5	X	AlphaNumeric		8	0		X(08)

DataElement ID: 01769 Name: RECIP-HB-HRA-FLAG Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 7/15/2014 Last Updated On: 9/15/2014
 Description: THIS FILED CONTAINS THE HRA INFORMATION

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)
2	N	Numeric		1	0		9(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01770 Name: RECIP-HB-HRA-DATE Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 7/15/2014 Last Updated On: 7/16/2014
 Description: THIS FIELD SHOWS THAT HRA COMPLETION DATE.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N		Numeric		6	0		9(06)
3		N3		Numeric Comp-3		5	0		S9(05)
4		N		Numeric		8	0		9(08)
5		X		AlphaNumeric		8	0		X(08)

DataElement ID: 01771 Name: RECIP-HB-WELNES-FLAG Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 7/15/2014 Last Updated On: 11/6/2014
 Description: THIS FIELD SHOWS THAT WHETHER MEMEBR IS COMPLETED HIS/HER WELLNESS EXAM OR NOT.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1	0		X(01)
2		N		Numeric		1	0		9(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01772 Name: RECIP-HB-WELNES-DATE Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 7/15/2014 Last Updated On: 7/16/2014
 Description: THIS FIELD SHOWS THAT WELLNESS EXAM COMPLETION DATE.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N		Numeric		6	0		9(06)
3		N3		Numeric Comp-3		5	0		S9(05)
4		N		Numeric		8	0		9(08)
5		X		AlphaNumeric		8	0		X(08)

DataElement ID: 01773 Name: RECIP-HB-EXCEP Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 7/15/2014 Last Updated On: 7/16/2014
 Description: IF THE MEMEBR IS EXEMPTED FROM PAYING THE PREMIUMS, IT SHOW WHICH REASON MEMEBR IS EXEMPTED.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		30	0		X(30)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01774 Name: RECIP-HB-EX-BEG-DATE Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 7/15/2014 Last Updated On: 7/16/2014
 Description: THIS FILED CONTAINS THE EXEMPTED BEGIN DATE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		6	0		9(06)
3	N3	Numeric Comp-3		5	0		S9(05)
4	N	Numeric		8	0		9(08)
5	X	AlphaNumeric		8	0		X(08)

DataElement ID: 01775 Name: RECIP-HB-EX-END-DATE Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 7/15/2014 Last Updated On: 7/16/2014
 Description: THIS FILED CONTAINS THE EXEMPTED END DATE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		6	0		9(06)
3	N3	Numeric Comp-3		5	0		S9(05)
4	N	Numeric		8	0		9(08)
5	X	AlphaNumeric		8	0		X(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01776 Name: RECIP-TOTAL-PREMIUM Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474190 Release:
 Created On: 7/15/2014 Last Updated On: 9/25/2014
 Description: THIS FILED CONTAINS THE TOTAL PREMIUM NEEDS TO BE PAID BY THE RECIPIENT.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3		Numeric Comp-3		6			S9(06)V99

DataElement ID: 01777 Name: RECIP-HB-NOTICE-FLAG Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 7/15/2014 Last Updated On: 7/16/2014
 Description: IT CONTAINS THE FLAG WHTHER INVOICE NEEDS TO GENERATED OR NOT.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1			X(01)
2	N		Numeric		1			9(01)

DataElement ID: 01778 Name: RECIP-HB-MONTH-DATA Version: Subsystem:
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 7/16/2014 Last Updated On: 7/16/2014
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0			

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01779 Name: RECIP-HB-MMY Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 7/16/2014 Last Updated On: 7/16/2014
 Description: THIS FIELD CONTAINS THE IHWAP MONTHLY ELIGIBILITY DATE IN MMY FORMAT.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		N	Numeric		4		0	9(04)
2		X	AlphaNumeric		4		0	X(04)

DataElement ID: 01780 Name: RECIP-HB-MONTH-YEAR Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 7/16/2014 Last Updated On: 7/16/2014
 Description: THIS FIELD CONTAINS THE CONTINUOUS YEAR COUNT FOR THE MEMEBER PARTICIPATING IN IHWAP.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		N	Numeric		2		0	9(02)
2		X	AlphaNumeric		2		0	X(02)

DataElement ID: 01781 Name: RECIP-HB-MNTH-SEQ Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 7/16/2014 Last Updated On: 7/16/2014
 Description: THIS VALUE IS ALWAYS 1.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		N	Numeric		2		0	9(02)
2		X	AlphaNumeric		2		0	X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01782 Name: PREM-MTH-EXEMP-VAL Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 7/16/2014 Last Updated On: 7/19/2019
 Description: THIS FIELD SHOWS REASON THAT IF MEMEBR IS EXEMPTED FROM PAYING FROM THAT PARTICULAR MONTH.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		2		0	X(02)

DataElement ID: 01783 Name: MONTH-PREMIUM Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 7/16/2014 Last Updated On: 11/7/2014
 Description: THIS FIELD CONTAINS THE MONTHLY PREMIUM.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		6		2	S9(06)V99
2	N	Numeric		6		2	S9(06)V99

DataElement ID: 01784 Name: MONTH-INV-ISSUE-DATE Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 7/16/2014 Last Updated On: 7/16/2014
 Description: THIS FILED WILL BE RECEIVED FROM PPS SYSTEM. THIS IS THE DATE WHEN THE INVOICE ISSUED.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		5		0	S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01785 Name: MONTH-PREM-DUE-DATE Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 7/16/2014 Last Updated On: 7/16/2014
 Description: MONTHLY PREMIUM DUE DATE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		5		0	S9(05)

DataElement ID: 01786 Name: MONTH-PREMIUM-PAID Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 7/16/2014 Last Updated On: 9/25/2014
 Description: MONTHLY PREMIUM PAID BY THE MEMEBER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		6		2	S9(06)V99

DataElement ID: 01787 Name: MONTH-INVOICE-NUMBER Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 7/16/2014 Last Updated On: 7/18/2014
 Description: INVOICE NUMBER WILL BE RECEIEVED FROM PPS SYSTEM

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		10		0	9(10)
2	X	AlphaNumeric		10		0	X(10)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01788 Name: MONTH-PREMIUM-COMM Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 7/16/2014 Last Updated On: 7/16/2014
 Description: COMMENTS FIELD

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		30	0		X(30)

DataElement ID: 01789 Name: HB-SPAN-UPDATE-DATE Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 9/16/2014 Last Updated On: 9/16/2014
 Description: HB SPAN UPDATED DATE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3		Numeric Comp-3		5	0		S9(05)

DataElement ID: 01790 Name: FIXED-PORZION Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS IS THE GROUP LEVEL FOR THE FIXED PORTION OF THE RECORD.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01795 Name: VARIABLE-PORZION Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS IS THE GROUP LEVEL FOR THE VARIABLE PORTION OF THE RECORD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 01797 Name: RECIP-DEMO-DATA Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RECIPIENT DEMOGRAPHIC DATA
 THIS IS THE GROUP LEVEL FOR RECIPIENT DEMOGRAPHIC DATA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01803 Name: COB-DESC Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: COB (TPL) DESCRIPTION
 THE DESCRIPTION OF THE RECIPIENT'S TPL COVERAGE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		10	0		X(10)

DataElement ID: 01804 Name: COB-BEG-DATE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: COB (TPL) BEGIN DATE
 THE FIRST DATE OF A PERIOD OF TPL COVERAGE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		6	0		9(06)
4	N		Numeric		8	0		9(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01807 Name: PLAN-ID Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PLAN IDENTIFICATION
 THE IDENTIFICATION OF THE RECIPIENT'S BENEFIT PLAN.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		3	0		9(03)
4	X		AlphaNumeric		1	0		X(01)

DataElement ID: 01808 Name: GROUP-ID Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: GROUP ID
 THE IDENTIFICATION OF THE RECIPIENT'S COVERAGE GROUP

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		8	0		X(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01810 Name: SORT-KEY Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SORT KEY
 THIS FIELD CONTAINS THE CRITERIA ON WHICH THE RECIPIENT
 REPORTS SHOULD BE SORTED.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		40	0		X(40)
4	X		AlphaNumeric		12	0		X(12)
5	X		AlphaNumeric		9	0		X(09)
9	G		Group		0	0		

DataElement ID: 01811 Name: REPORT-ID Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: REPORT ID
 THIS FIELD CONTAINS THE REPORT ID TO WHICH THE RECORD BELONGS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		13	0		X(13)
4	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01812 Name: REPLACEMENT-CARD-IND Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ID CARD REPLACEMENT INDICATOR
 THIS FIELD INDICATES WHETHER AN ID CARD IS FOR REPLACEMENT
 OR IS NEW.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

DataElement ID: 01814 Name: TERMINATION-SENT Version: Subsystem: Recipient
 Created By: T474166 Last Updated By: T474166 Release:
 Created On: 9/19/2013 Last Updated On: 9/19/2013
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01815 Name: LAST-CAP-SENT Version: Subsystem: Recipient
 Created By: T474166 Last Updated By: T474166 Release:
 Created On: 2/18/2014 Last Updated On: 2/18/2014
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		5		0	S9(05)

DataElement ID: 01816 Name: PPS-MMIS-INV-KEY Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 9/15/2014 Last Updated On: 9/15/2014
 Description: THIS FILED WILL BE RECIEVED FROM PPS SYSTEM. THIS FILED CONTAINS THE RECIPIENT ID,MMCCYY AND ACTION CODE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		15		0	X(15)

DataElement ID: 01817 Name: PPS-MMIS-TRANS-TYPE Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474190 Release:
 Created On: 9/15/2014 Last Updated On: 10/2/2014
 Description: THIS FILED WILL BE RECIEVED FROM PPS SYSTEM. THIS FILED CONTAINS THE TYPE OF TRANSACTION

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		30		0	X(30)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01818 Name: PPS-MMIS-INV-NUM Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474190 Release:
 Created On: 9/15/2014 Last Updated On: 9/30/2014
 Description: THIS FILED WILL BE RECIEVED FROM PPS SYSTEM. THIS FILED CONTAINS THE RECIPIENT ID,MMCCYY AND ACTION CODE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		10	0		X(10)

DataElement ID: 01819 Name: PPS-MMIS-TIME-STAMP Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 9/15/2014 Last Updated On: 9/15/2014
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		14	0		X(14)

DataElement ID: 01820 Name: PPS-MMIS-TRANS-AMT Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 9/15/2014 Last Updated On: 9/15/2014
 Description: THIS FILED WILL BE RECIEVED FROM PPS SYSTEM. THIS FILED CONTAINS THE AMOUNT PAID BY MEMBER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		6	2		S9(06)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01821 Name: PPS-MMIS-BAL-AMT Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 9/15/2014 Last Updated On: 9/15/2014
 Description: THIS FILED WILL BE RECIEVED FROM PPS SYSTEM. THIS FILED CONTAINS AMOUNT NEED TO PAY BY MEMBER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		6		2	S9(06)V99

DataElement ID: 01822 Name: PPS-MMIS-CREDIT-AMT Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 9/15/2014 Last Updated On: 9/15/2014
 Description: THIS FILED WILL BE RECIEVED FROM PPS SYSTEM. THIS FILED CONTAINS OVER PAYMENT MADE BY MEMBER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		6		2	S9(06)V99

DataElement ID: 01823 Name: HB-DISENROLL-FLAG Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 9/16/2014 Last Updated On: 9/16/2014
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01824 Name: MONTH-SPAN-UPD-DATE Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 9/22/2014 Last Updated On: 9/22/2014
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3		Numeric Comp-3		5		0	S9(05)

DataElement ID: 01825 Name: MONTH-FLAG-UPD-DATE Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 9/22/2014 Last Updated On: 9/22/2014
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3		Numeric Comp-3		5		0	S9(05)

DataElement ID: 01826 Name: TYPE-OF-TRANS Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 9/22/2014 Last Updated On: 9/22/2014
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01836 Name: RECIP-DUPLICATE-DATA Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RECIPIENT DUPLICATE DATA

THIS IS A PORTION OF ALTERNATE INDEX 5 OF THE RECIPIENT MASTER FILE. IT CONTAINS THE FIRST FIVE BYTES OF THE - RECIPIENT'S LAST NAME, THE FIRST TWO BYTES OF THE FIRST NAME, THE SEX AND DATE OF BIRTH. THIS IS ONE OF TWO CRITERIA FOR DETERMINING DUPLICATE RECIPIENTS. THE SSN PATH IS USED TO DETERMINE DUPLICATES BASED ON SSN AND FIRST FIVE BYTES OF THE LAST NAME.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 01837 Name: LAST-NAME-FIRST-5 Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: FIRST 5 CHARACTERS OF RECIPIENT'S LAST NAME.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		5	0		X(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01838	Name: RECIP-LAST-NAME	Version:	Subsystem: Recipient
Created By: SYSTEM	Last Updated By: T474193	Release:	
Created On: 8/25/2004	Last Updated On: 11/7/2018		
Description: RECIPIENT LAST NAME			
THE LAST NAME OF THE RECIPIENT			

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			17	0		X(17)
2	X	AlphaNumeric			13	0		X(13)
3	X	AlphaNumeric			14	0		X(14)
4	X	AlphaNumeric			10	0		X(10)
5	X	AlphaNumeric			15	0		X(15)
6	X	AlphaNumeric			45	0		X(45)
7	X	AlphaNumeric			19	0		X(19)
8	X	AlphaNumeric			25	0		X(25)
9	G	Group			0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01839 Name: RECIP-FIRST-NAME Version: Subsystem: Recipient
 Created By: SYSTEM Last Updated By: T474193 Release:
 Created On: 8/25/2004 Last Updated On: 11/12/2018
 Description: RECIPIENT FIRST NAME

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		12	0		X(12)
2	X		AlphaNumeric		1	0		X(01)
3	X		AlphaNumeric		4	0		X(04)
4	X		AlphaNumeric		10	0		X(10)
5	X		AlphaNumeric		15	0		X(15)
6	X		AlphaNumeric		45	0		X(45)
7	X		AlphaNumeric		9	0		X(09)
8	X		AlphaNumeric		8	0		X(08)
9	G		Group		0	0		

DataElement ID: 01841 Name: RECIP-MIDDLE-INIT Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LAST NAME FIRST TWO BYTES
 REPRESENTS THE FIRST TWO BYTES OF THE LAST NAME

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01842 Name: FIRST-NAME-FIRST-1 Version: Subsystem: Recipient
 Created By: Initial Sy Last Updated By: T474073 Release:
 Created On: 8/25/2004 Last Updated On: 5/25/2005
 Description: FIRST NAME FIRST BYTE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

DataElement ID: 01843 Name: LAST-NAME-FIRST-2 Version: Subsystem: Recipient
 Created By: Last Updated By:
 Created On: 8/25/2004 Last Updated On: 8/25/2004 Release:
 Description: LAST NAME FIRST TWO BYTES
 REPRESENTS THE FIRST TWO BYTES OF THE LAST NAME

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		2	0		X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01845 Name: DATE-OF-INJURY Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DATE OF INJURY
 - THIS FIELD INDICATES THE DATE OF AN INJURY
 IN CCYYMMDD FORMAT

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N3	Numeric Comp-3		5		0	9(05)

DataElement ID: 01846 Name: NUM-RECIP-MHAP-DATA Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF RECIPIENT MHAP DATA
 THE NUMBER OF RECIPIENT MENTAL HEALTH ASSISTANCE PROGRAM
 DATA SPANS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3		0	S9(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01847 Name: NUM-IMSACP-DATA Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER IMSACP DATA
 THE NUMBER OF RECIPIENTS ENROLLED IN IMSACP.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		S9(03)

DataElement ID: 01848 Name: RECIP-MHAP-DATA Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RECIPIENT MHAP DATA
 THE GROUP LEVEL ITEM CONTAINING A RECIPIENT'S MENTAL
 HEALTH ASSISTANCE PROGRAM DATA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01849 Name: RECIP-IMSACP-DATA Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RECIPIENT IMSACP DATA
 THE GROUP LEVEL ITEM CONTAINING A RECIPIENT'S SUBSTANCE
 ABUSE DATA. (IOWA MEDICAL SUBSTANCE ABUSE PROGRAM)

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 01850 Name: MHAP-BEGIN-DATE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MHAP BEGIN DATE
 THE MHAP SPAN'S BEGIN DATE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01851 Name: MHAP-END-DATE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MHAP END DATE
 THE MHAP SPAN'S END DATE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

DataElement ID: 01852 Name: IMSACP-BEGIN-DATE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: IMSACP BEGIN DATE
 THE IOWA MEDICAL SUBSTANCE ABUSE PROGRAM BEGIN DATE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01853 Name: IMSACP-END-DATE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: IMSACP END DATE
 THE IOWA MEDICAL SUBSTANCE ABUSE END DATE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

DataElement ID: 01857 Name: GUARDIAN-DATA Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: GUARDIAN DATA
 THE GROUP LEVEL ON THE RECIPIENT ELIGIBILITY RECORD CONTAINING
 GUARDIAN DATA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01858 Name: GUARDIAN-BEG-DATE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: GUARDIAN BEGIN DATE
 THE DATE THE GUARDIAN DATA WAS ADDED TO THE MMIS RECIPIENT
 ELIGIBILITY FILE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5		0	S9(05)

DataElement ID: 01859 Name: GUARDIAN-END-DATE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: GUARDIAN END DATE
 THE DATE THE GUARDIAN DATA BECAME INACTIVE FOR THE RECIPIENT
 ON THE MMIS RECIPIENT ELIGIBILITY FILE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5		0	S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01860 Name: RECIP-EPSDT-AGE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RECIP-EPSDT-AGE
 THE AGE OF THE RECIPIENT OF EPSDT SERVICES

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		S9(3)

DataElement ID: 01861 Name: EPSDT-INDICATOR Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: - INDICATOR THAT IDENTIFIES A RECIPIENT'S INTEREST IN PARTICIPAT-
 ING IN THE EPSDT PROGRAM

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		2	0		X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01862 Name: RECIP-LIST-ELIG Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: RECIPIENT LIST - ELIGIBILITY
THIS IS THE INDICATOR USED IN THE RECIPIENT REPORT REQUEST
RECORD TO SPECIFY THAT THE RECIPIENT LIST - ELIGIBILITY REPORT
SHOULD BE PRINTED.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1	0		X(01)

DataElement ID: 01863 Name: RECIP-LIST-CAPS Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: RECIPIENT LIST - CAPS
THIS IS THE INDICATOR USED IN THE RECIPIENT REPORT REQUEST
RECORD TO SPECIFY THAT THE RECIPIENT LIST - CAPS REPORT
SHOULD BE PRINTED.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01864 Name: TPL-RESOURCE-LIST Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TPL RESOURCE FILE LISTING
 THIS IS THE INDICATOR USED IN THE RECIPIENT REPORT REQUEST
 RECORD TO SPECIFY THAT THE TPL RESOURCE FILE LISTING SHOULD
 BE PRINTED.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1	0		X(01)

DataElement ID: 01865 Name: RECIP-LIST-NH Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RECIPIENT LIST - NURSING HOME
 THIS IS THE INDICATOR USED IN THE RECIPIENT REPORT REQUEST
 RECORD TO SPECIFY THAT THE RECIPIENT LIST - NURSING HOME
 REPORT SHOULD BE PRINTED.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise Data Element List

DataElement ID: 01867 Name: RECIP-TXIX-OPEN Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RECIPIENT TITLE XIX OPEN
 THE NUMBER OF RECIPIENTS WITH STATE TXIX ORIGIN AND
 OPEN ELIGIBILITY.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		6		0	S9(06)

DataElement ID: 01868 Name: RECIP-TXIX-CLOSED Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RECIPIENT TXIX CLOSED
 THE NUMBER OF RECIPIENTS WITH STATE TITLE XIX ORIGIN AND
 CLOSED ELIGIBILITY.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		6		0	S9(06)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01869 Name: RECIP-ONLINE-OPEN Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: RECIPIENT ON-LINE OPEN
 THE NUMBER OF RECIPIENTS WITH AN ON-LINE ORIGIN CODE WITH OPEN
 ELIGIBILITY.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01870 Name: RECIP-ONLINE-CLOSED Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: RECIPIENT ON-LINE CLOSED
 THE NUMBER OF RECIPIENTS WITH AN ON-LINE ORIGIN CODE WITH CLOSED
 ELIGIBILITY.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01871 Name: RECIP-NEWBORN-OPEN Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: RECIPIENT NEWBORN OPEN
 THE NUMBER OF RECIPIENTS WITH A NEWBORN ORIGIN CODE WITH OPEN
 ELIGIBILITY.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01872 Name: RECIP-NEWBORN-CLOSED Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: RECIPIENT NEWBORN CLOSED
 THE NUMBER OF RECIPIENTS WITH A NEWBORN ORIGIN CODE WITH CLOSED
 ELIGIBILITY.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01874	Name: RECIP-MCARE-IND	Version:	Subsystem: Recipient
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		

Description: ***** MMIS DATA ELEMENT NAME - MEDICARE TYPE CODE
 MMIS GSD DATA ELEMENT NUMBER - 118
 MMIS PART 11 DATA ELEMENT NUMBER - 018
 MMIS DEFINITION - A CODE DEFINING WHETHER THE RECIPIENT
 IS COVERED BY MEDICARE, AND WHETHER HE
 HAS HEALTH INSURANCE BENEFITS (PART A)
 AND/OR SUPPLEMENTARY MEDICAL INSURANCE
 BENEFITS (PART B). *****
 NOTE: THIS FIELD IS NOT CARRIED IN THE RECIPIENT MASTER FILE
 BUT CAN BE DERIVED FROM THE MEDICARE A AND B ELIGIBILITY
 SPANS IN THE RECIPIENT MASTER BASED FOR ANY GIVEN DATE.
 THE RECIPIENT MEDICARE INDICATOR IS DETERMINED BASED ON MEDICARE
 A AND B COVERAGE AT A PARTICULAR POINT IN TIME. IT IS USED FOR
 THE HRS EXTRACT FILE AND FOR REPORTING PURPOSES.

Variant	ID	Data	Type Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 01875      Name:  RECIP-ERROR-CODE          Version:           Subsystem: Recipient
Created By:                Last Updated By:       Release:
Created On:      8/25/2004  Last Updated On:      8/25/2004
Description: RECIPIENT ERROR CODE
              THIS IS A CODE THAT IS USED TO DETERMINE WHAT ERROR MESSAGE
              TO PRINT ON THE RECIPIENT BATCH UPDATE ERROR REPORT.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		3	0		9(03)

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DataElement ID: 01876      Name:  RECIP-ERROR-VALUE          Version:           Subsystem: Recipient
Created By:                Last Updated By:       Release:
Created On:      8/25/2004  Last Updated On:      8/25/2004
Description: RECIPIENT ERROR VALUE
              THIS IS THE VALUE OF THE FIELD THAT WAS IN ERROR DURING THE
              RECIPIENT BATCH UPDATE.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		25	0		X(25)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01877 Name: EPSDT-INIT-SCRN-CODE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: EPSDT INITIAL SCREENING CODE
 THE RESULT OF THE INITIAL EPSDT SCREENING.
 -

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 01878 Name: EPSDT-CURR-SCRN-CODE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: EPSDT CURRENT SCREENING CODE
 THE RESULT OF THE CURRENT EPSDT SCREENING.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01879 Name: EPSDT-CURR-SCRN-DATE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: EPSDT CURRENT SCREENING DATE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
4	N	Numeric		8	0		9(08)

DataElement ID: 01880 Name: COUNTY-CODE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: COUNTY CODE
 SEE DATA ELEMENT 01080 FOR VALID VALUES. (CODES 01 - 67 ONLY APPLY).

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		2	0		X(2)
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01881 Name: COUNTY-NAME Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: COUNTY NAME
 THE NAME ASSOCIATED WITH A COUNTY CODE. SEE DATA ELEMENT 01080
 FOR VALID VALUES. (CODES 01 - 67 ONLY APPLY).

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	X		AlphaNumeric		10	0		X(10)

DataElement ID: 01882 Name: COUNTY-ADDR-LINE-1 Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: COUNTY ADDRESS LINE 1
 THE FIRST LINE OF THE ADDRESS FOR THE COUNTY AGENCY TO BE USED
 FOR SSI RELATED INQUIRIES.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01883 Name: COUNTY-ADDR-LINE-2 Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: COUNTY ADDRESS LINE 2
THE SECOND LINE OF THE ADDRESS FOR THE COUNTY AGENCY TO BE USED
FOR SSI RELATED INQUIRIES.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01884 Name: COUNTY-CITY Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: COUNTY CITY
THE CITY PORTION OF THE ADDRESS FOR THE COUNTY AGENCY TO BE USED
FOR SSI RELATED INQUIRIES.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01885 Name: COUNTY-ZIP-CODE Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: COUNTY ZIP CODE
THE ZIP PORTION OF THE ADDRESS FOR THE COUNTY AGENCY TO BE USED
FOR SSI RELATED INQUIRIES.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01886 Name: COUNTY-PHONE-NO Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: COUNTY PHONE NUMBER
THE PHONE NUMBER THE COUNTY AGENCY TO BE USED
FOR SSI RELATED INQUIRIES.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01892 Name: ORIGIN-INDICATOR Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ORIGIN INDICATOR
 THIS FIELD INDICATES THE SOURCE THAT ORIGINATED THE CARD
 CONTROL NUMBER.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01900 Name: LTC-PROV-NUM-IND Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE NURSING HOME PROVIDER NUMBER INDICATOR IS USED IN THE
 MAILING LABEL REQUEST RECORD TO INDICATE, WHEN SELECTING BY
 NURSING HOME PROVIDER NUMBER, IF MAILING LABELS SHOULD PRODUCED
 BASED ON THE CURRENT NURSING HOME ELIGIBILITY SPAN OR ALL SPANS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01901 Name: CASE-MGR-NUM-IND Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CASE MANAGER NUMBER INDICATOR
 USED IN THE MAILING LABEL REQUEST RECORD TO INDICATE
 IF MAILING LABELS SHOULD BE PRODUCED FOR CURRENT LTC
 SPANS OR ALL LTC WAIVER SPANS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01902 Name: RECIP-AGE-LT-21-IND Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RECIP AGE LESS THAN 21 IND
 THIS FIELD IS USED TO TO DETERMINE IF MAILING LABELS ARE TO
 BE PRODUCED FOR RECIPIENTS WHOSE AGE IS LESS THAN 21.

1	X	AlphaNumeric		1	0		X(01)
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01903 Name: MCARE-PART-A-IND Version: Subsystem: Recipient
 Created By: Initial Sy Last Updated By: T474100 Release:
 Created On: 8/25/2004 Last Updated On: 5/26/2005
 Description: MEDICARE PART A INDICATOR
 THIS FIELD IS USED TO TO DETERMINE WHICH RECIPIENTS HAVE CURRENT
 MEDICARE PART A COVERAGE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)
2	X		AlphaNumeric		3	0		X(03)

DataElement ID: 01904 Name: MCARE-PART-B-IND Version: Subsystem: Recipient
 Created By: Initial Sy Last Updated By: T474100 Release:
 Created On: 8/25/2004 Last Updated On: 5/26/2005
 Description: MEDICARE PART B INDICATOR
 THIS FIELD IS USED TO TO DETERMINE WHICH RECIPIENTS HAVE CURRENT
 MEDICARE PART B COVERAGE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)
2	X		AlphaNumeric		3	0		X(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01905 Name: SORT-ZIP-CODE-IND Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SORT ZIP-CODE INDICATOR
 THIS FIELD IS USED TO TO SPECIFY WHERE ZIP-CODE WILL OCCUR
 IN THE SORT SEQUENCE OF MAILING ADDRESS LABELS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		1	0		9(01)

DataElement ID: 01906 Name: SORT-LOCATION-IND Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SORT LOCATION INDICATOR
 THIS FIELD IS USED TO TO SPECIFY WHERE DISTRICT/COUNTY/UNIT WILL
 OCCUR IN THE SORT SEQUENCE OF MAILING ADDRESS LABELS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		1	0		9(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01907 Name: SORT-RECIP-ID-IND Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SORT RECIPIENT ID IND
 THIS FIELD IS USED TO TO SPECIFY WHERE RECIPIENT ID WILL OCCUR
 IN THE SORT SEQUENCE OF MAILING ADDRESS LABELS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		1	0		9(01)

DataElement ID: 01908 Name: SORT-RECIP-NAME-IND Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SORT RECIPIENT NAME IND
 THIS FIELD IS USED TO TO SPECIFY WHERE RECIEPIENT NAME WILL
 OCCUR IN THE SORT SEQUENCE OF MAILING ADDRESS LABELS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		1	0		9(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01909 Name: SORT-LTC-NUMBER-IND Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SORT NH NUMBER INDICATOR
 THIS FIELD IS USED TO TO SPECIFY WHERE HMO NUMBER WILL OCCUR
 IN THE SORT SEQUENCE OF MAILING ADDRESS LABELS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		1	0		9(01)

DataElement ID: 01910 Name: SORT-HMO-NUMBER-IND Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SORT HMO NUMBER INDICATOR
 THIS FIELD IS USED TO TO SPECIFY WHERE HMO NUMBER WILL OCCUR
 IN THE SORT SEQUENCE OF MAILING ADDRESS LABELS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01911 Name: SORT-INDS Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SORT INDICATORS
 THIS FIELD IS USED TO SPECIFY THE SORT SEQUENCE FOR MAILING LABELS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0	0		

DataElement ID: 01912 Name: SORT-INDICATOR Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SORT INDICATORS
 THIS FIELD IS USED TO SPECIFY THE SORT SEQUENCE FOR MAILING LABELS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 01913      Name:  SORT-INDICATOR      Version:      Subsystem: Recipient
Created By:                Last Updated By:      Release:
Created On:   8/25/2004    Last Updated On:   8/25/2004
Description: SORT INDICATOR
                THIS FIELD IS USED TO SPECIFY THE SORT SEQUENCE FOR MAILING
                LABELS.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		1	0		9(01)

```

DataElement ID: 01914      Name:  DER-EXPIRATION-INDIC      Version:      Subsystem: Recipient
Created By:                Last Updated By:      Release:
Created On:   8/25/2004    Last Updated On:   8/25/2004
Description: DER EXPIRATION INDICATOR
                THIS CONTAINS AN INDICATOR THAT IS USED TO
                PRINT A EXPIRATION MESSAGE ON THE ID CARD.
    
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Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

ND-Workbench

DataElement ID: 01915 Name: NON-PRINT-IND Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: NON PRINT IND
THIS FIELD IS USED TO INDICATE IF THE ID CARD
IS A NON MAILER CARD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01916 Name: NUM-LT-101-DATA Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: THE NUMBER OF LT-101 DATA SEGMENTS OCCURRING IN A RECORD

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01917 Name: NUM-LEVEL-I-DATA Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE NUMBER OF LTC LEVEL I SEGMENTS OCCURRING IN A RECORD

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01918 Name: NUM-LEVEL-II-DATA Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE NUMBER OF LTC LEVEL II SEGMENTS OCCURRING IN A RECORD

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01919 Name: RECIP-LT-101-DATA Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE DEFINITION OF THE FIELD WHICH CONTAINS ALL OTHER
 LT-101 DATA ELEMENTS

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01920 Name: LT-101-COUNTY Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE COUNTY IN WHICH AN LTC SCREENING OCCURRED

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01921 Name: LT-101-REFERRAL-DT Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE DATE OF AN LTC REFERRAL

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01922 Name: LT-101-NF-WAIVER-IND Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: A CODE WHICH TELLS WHETHER A PERSON IS AN LTC OR WAIVER PATIENT

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01923 Name: RECIP-LEVEL-I-DATA Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE DEFINITION OF THE FIELD WHICH CONTAINS ALL OTHER
 LTC LEVEL I DATA ELEMENTS

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01924 Name: LEVEL-I-PROV-NUM Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE LEVEL I PROVIDER NUMBER

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01925 Name: LEVEL-I-REVIEW-IND Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE LEVEL I REVIEW INDICATOR

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01926 Name: RECIP-LEVEL-II-DATA Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE DEFINITION OF THE FIELD WHICH CONTAINS ALL OTHER
 LTC LEVEL II DATA ELEMENTS

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01927 Name: LEVEL-II-PROV-NUM Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE LEVEL II PROVIDER NUMBER

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01928 Name: LEVEL-II-REFERRAL-DT Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE DATE OF AN LTC REFERRAL

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01929 Name: LEVEL-II-DETERM-RSN Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE DETERMINATION REASON FOR AN LTC CASE

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01930 Name: LEVEL-II-INCOMP-RSN Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE REASON A DETERMINATION IS INCOMPLETE

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01931 Name: LEVEL-II-REVIEW-IND Version: Subsystem: Recipient
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 6/24/2005
 Description: THE LEVEL II REVIEW INDICATOR

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01932 Name: NUM-ARR-DATA Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE NUMBER OF ARR SEGMENTS OCCURRING IN A RECORD

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01933 Name: RECIP-ARR-DATA Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE DEFINITION OF THE FIELD WHICH CONTAINS ALL OTHER
 ARR DATA ELEMENTS

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01934 Name: ARR-I-PROV-NUM Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE ARR I PROVIDER NUMBER

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise**Data Element List**

DataElement ID: 01935 Name: ARR-REFERRAL-DT Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE DATE OF AN ARR REFERRAL

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01936 Name: ARR-CODE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE ARR CODE

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01937 Name: LT-101-ADMIT-CODE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LT-101 ADMISSION CODE
 IDENTIFIES THE TYPE OF NF/HCBS ADMISSION

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01938 Name: LT-101-NF-ADMIT-FROM Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: LT-101 NF ADMITTED FROM
IDENTIFIES WHERE A NURSING HOME RECIPIENT WAS ADMITTED FROM

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01939 Name: LT-101-HCBS-ADM-FROM Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: LT-101-HCBS ADMITTED FROM
IDENTIFIES WHERE AN HCBS RECIPIENT WAS ADMITTED FROM

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01940 Name: LT-101-HHA-STATUS Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: LT-101 HOME HEALTH AGENCY SERVICE STATUS
IDENTIFIES WHETHER OR NOT AN NF/HCBS PATIENT IS RECEIVING HOME
HEALTH AGENCY SERVICES

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01941 Name: LT-101-EATING-SCORE Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: LT-101 EATING SCORE
THE SCORE ASSIGNED TO THE ASSESSMENT OF THE RECIPIENTS EATING
HABITS

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01942 Name: LT-101-EATING-ASSESS Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: LT-101 EATING ASSESSMENT
THE ASSESSMENT OF THE RECIPIENTS EATING HABITS

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01943 Name: LT-101-MCATION-SCORE Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: LT-101 MEDICATION SCORE
THE SCORE ASSIGNED TO THE ASSESSMENT OF THE RECIPIENTS MEDICATION
REQUIREMENTS

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 01944      Name:  LT-101-MCATION-ASSES      Version:      Subsystem: Recipient
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: LT-101 MEDICATION ASSESSMENT
              THE ASSESSMENT OF THE RECIPIENTS MEDICATION REQUIREMENTS
    
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Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01945      Name:  LT-101-SKIN-CR-SCORE      Version:      Subsystem: Recipient
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: LT-101 SKIN CARE SCORE
              - THE SCORE ASSIGNED TO THE ASSESSMENT OF THE SKIN CARE REQUIREMENTS
    
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Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01946 Name: LT-101-SKIN-CR-ASSES Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LT-101 SKIN CARE ASSESSMENT
 THE ASSESSMENT OF THE RECIPIENTS MEDICATION REQUIREMENTS

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01947 Name: LT-101-SVH-SCORE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LT-101 SPEECH VISION HEARING SCORE
 THE SCORE ASSIGNED TO THE ASSESSMENT OF THE SPEECH VISION AND
 HEARING ABILITIES

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01948 Name: LT-101-SVH-ASSESS Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: LT-101 SPEECH VISION HEARING ASSESSMENT
THE ASSESSMENT OF THE RECIPIENTS SPEECH VISION AND HEARING ABILITIES

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01949 Name: LT-101-DRESS-SCORE Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: LT-101 DRESSING ABILITY SCORE
THE SCORE ASSIGNED TO THE ASSESSMENT OF THE DRESSING ABILITY

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01950	Name: LT-101-DRESS-ASSESS	Version:	Subsystem: Recipient
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: LT-101 DRESSING ABILITY ASSESSMENT			
THE ASSESSMENT OF THE DRESSING AND UNDRESSING ABILITY			

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01951	Name: LT-101-BATHING-SCORE	Version:	Subsystem: Recipient
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: LT-101 BATHING ABILITY SCORE			
THE SCORE ASSIGNED TO THE ASSESSMENT OF THE BATHING ABILITY			

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise Data Element List

DataElement ID: 01952 Name: LT-101-BATHING-ASSES Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LT-101 BATHING ABILITY SCORE
 THE SCORE ASSIGNED TO THE ASSESSMENT OF THE BATHING ABILITY

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01953 Name: LT-101-INCONT-SCORE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LT-101 INCONTINENCE ASSESSMENT SCORE
 THE SCORE ASSIGNED TO THE ASSESSMENT OF THE INCONTINENCE OF THE
 RECIPIENT

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise Data Element List

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DataElement ID: 01954      Name:  LT-101-INCONT-ASSESS      Version:      Subsystem: Recipient
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: LT-101 INCONTINENCE ASSESSMENT
              THE ASSESSMENT OF THE INCONTINENCE OF THE RECIPIENT
    
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Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01955      Name:  LT-101-MOBILITY-SCOR      Version:      Subsystem: Recipient
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: LT-101 MOBILITY ASSESSMENT SCORE
              THE SCORE ASSIGNED TO THE ASSESSMENT OF THE MOBILITY OF THE
              RECIPIENT
    
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Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise Data Element List

DataElement ID: 01956 Name: LT-101-MOBILITY-ASSE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LT-101 MOBILITY ASSESSMENT SCORE
 THE ASSESSMENT OF THE MOBILITY OF THE RECIPIENT

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01957 Name: LT-101-BEHAVIOR-SCOR Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LT-101 BEHAVIOR ASSESSMENT SCORE
 THE SCORE ASSIGNED TO THE ASSESSMENT OF THE BEHAVIOR OF THE
 RECIPIENT

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01958 Name: LT-101-BEHAVIOR-ASSE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LT-101 BEHAVIOR ASSESSMENT SCORE
 THE ASSESSMENT OF THE BEHAVIOR OF THE RECIPIENT

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01959 Name: LT-101-SOCIAL-SCORE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LT-101 SOCIAL ASSESSMENT SCORE
 THE SCORE ASSIGNED TO THE ASSESSMENT OF THE SOCIAL INTERACTION OF
 - THE RECIPIENT

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01960 Name: LT-101-SOCIAL-ASSESS Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: LT-101 SOCIAL INTERACTION ASSESSMENT SCORE
THE ASSESSMENT OF THE BEHAVIOR OF THE RECIPIENT

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 01961 Name: LT-101-ADDED-CRIT Version: Subsystem: Recipient
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: LT-101 ADDITIONAL CRITERIA FOR NURSING HOME PLACEMENT
CRITERIA FOR PLACEMENT IN NURSING FACILITY INSTEAD OF HCBS

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 01962      Name:  LT-101-PLCMNT-CODE      Version:
Created By:                Last Updated By:          Release:
Created On:   8/25/2004    Last Updated On:   8/25/2004
Description:  THE RESULT OF EVALUATING A RECIPIENT'S PLACEMENT DESTINATION
              THE REASON A RECIPIENT WAS PLACED WHERE THEY WERE
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 01963      Name:  TOTAL-BEG-RECORDS      Version:
Created By:                Last Updated By:          Release:
Created On:   8/25/2004    Last Updated On:   8/25/2004
Description:  - TOTAL BEGIN RECORD
              THE NUMBER OF BEGINNING RECORDS ON THE ABC TITLE XIX TRANSACTION
              FILE.
    
```

2	N	Numeric		6	0		9(06)
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01964 Name: TOTAL-ADD-RECORDS Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TOTAL ADD RECORDS
 THE NUMBER OF ADDED RECORDS ON THE ABC TITLE XIX TRANSACTION
 FILE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		6	0		9(06)

DataElement ID: 01965 Name: TOTAL-DEL-RECORDS Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TOTAL DELETE RECORDS
 THE NUMBER OF DELETED RECORDS ON THE ABC TITLE XIX TRANSACTION
 FILE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		6	0		9(06)

Iowa Medicaid Enterprise

Data Element List

```

DataElement ID: 01966      Name:  TOTAL-CHG-RECORDS      Version:
Created By:                Last Updated By:          Release:
Created On:   8/25/2004    Last Updated On:   8/25/2004
Description: TOTAL CHANGED RECORDS
              THE NUMBER OF CHANGED RECORDS ON THE ABC TITLE XIX TRANSACTION
              FILE.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		6	0		9(06)

```

DataElement ID: 01967      Name:  TOTAL-END-RECORDS      Version:
Created By:                Last Updated By:          Release:
Created On:   8/25/2004    Last Updated On:   8/25/2004
Description: TOTAL END RECORDS
              THE NUMBER OF ENDING RECORDS ON THE ABC TITLE XIX TRANSACTION
              FILE.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		6	0		9(06)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01968 Name: TOTAL-TRANS-RECORDS Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TOTAL TRANSACTION RECORDS
 THE NUMBER OF TRANSACTION RECORDS ON THE ABC TITLE XIX TRANSACTION
 FILE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		6		0	9(06)

DataElement ID: 01969 Name: INV-SEMAPHORE-NAME Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 9/9/2014 Last Updated On: 9/9/2014
 Description: INVOICE-SEMAPHORE-FILE-NAME

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		40			X(40)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01970 Name: INV-SEMAPHORE-VER Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 9/9/2014 Last Updated On: 9/9/2014
 Description: INVOICE-SEMAPHORE-VERSION

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		5			X(05)

DataElement ID: 01971 Name: INV-SEMAPHORE-CNT Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 9/9/2014 Last Updated On: 9/9/2014
 Description: INVOICE-SEMAPHORE-RECORD COUNT

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N		Numeric		6			9(06)

DataElement ID: 01972 Name: INV-SEMAPHORE-AMT Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 9/9/2014 Last Updated On: 11/6/2014
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3		Numeric Comp-3		7	2		S9(07)V99
2	N		Numeric		7	2		S9(07)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01973 Name: INV-SEMAPHORE-TS Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 9/9/2014 Last Updated On: 9/9/2014
 Description: INVOICE-SEMAPHORE-TIME-STAMP

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		14		0	X(14)

DataElement ID: 01974 Name: INV-SEMAPHORE-SOURCE Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 9/9/2014 Last Updated On: 11/6/2014
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		50		0	X(50)
2	X		AlphaNumeric		32		0	X(32)

DataElement ID: 01975 Name: PAY-SEMAPHORE-NAME Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 9/9/2014 Last Updated On: 9/9/2014
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		40		0	X(40)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01976 Name: PAY-SEMAPHORE-VER Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 9/9/2014 Last Updated On: 9/9/2014
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		5		0	X(05)

DataElement ID: 01977 Name: PAY-SEMAPHORE-CNT Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 9/9/2014 Last Updated On: 9/9/2014
 Description: PAY-SEMAPHORE-RECORD-COUNT

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N		Numeric		6		0	9(06)

DataElement ID: 01978 Name: PAY-SEMAPHORE-AMT Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 9/9/2014 Last Updated On: 9/9/2014
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3		Numeric Comp-3		7		2	S9(07)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01979 Name: PAY-SEMAPHORE-SOURCE Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 9/9/2014 Last Updated On: 9/9/2014
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		50		0	X(50)

DataElement ID: 01980 Name: INV-FINANCIAL-GROUP Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 11/6/2014 Last Updated On: 11/7/2014
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		32		0	X(32)

DataElement ID: 01981 Name: AI-AN-IHS-ELIG-IND Version: Subsystem: Recipient
 Created By: T474190 Last Updated By: T474190 Release:
 Created On: 1/19/2016 Last Updated On: 2/15/2016
 Description: .

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01982	Name: MCO-ELIG-IND	Version:	Subsystem: Managed Care
Created By: T474202	Last Updated By: T474202	Release:	
Created On: 3/27/2018	Last Updated On: 3/27/2018		
Description:			

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

DataElement ID: 01983	Name: PRSMPT-EXCL-IND	Version:	Subsystem: Managed Care
Created By: T474202	Last Updated By: T474202	Release:	
Created On: 3/26/2018	Last Updated On: 3/27/2018		
Description: PRSMPT-EXCL-IND			

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

DataElement ID: 01984	Name: MNEEDY-EXCL-IND	Version:	Subsystem: Managed Care
Created By: T474202	Last Updated By: T474202	Release:	
Created On: 3/26/2018	Last Updated On: 3/26/2018		
Description: MNEEDY-EXCL-IND			

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01985 Name: RECP-EXCEP-EXCL-IND Version: Subsystem: Managed Care
 Created By: T474202 Last Updated By: T474202 Release:
 Created On: 3/26/2018 Last Updated On: 3/27/2018
 Description: RECP-EXCEP-EXCL-IND

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 01986 Name: RECIP-ELIG-IND Version: Subsystem: Managed Care
 Created By: T474202 Last Updated By: T474202 Release:
 Created On: 3/26/2018 Last Updated On: 3/26/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 01987 Name: RECIP-ELIG-IND Version: Subsystem:
 Created By: T474202 Last Updated By: T474202 Release:
 Created On: 3/26/2018 Last Updated On: 3/26/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01988 Name: IVH-EXCL-IND Version: Subsystem: Managed Care
 Created By: T474202 Last Updated By: T474202 Release:
 Created On: 3/26/2018 Last Updated On: 3/26/2018
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

DataElement ID: 01989 Name: PACE-EXCL-IND Version: Subsystem: Managed Care
 Created By: T474202 Last Updated By: T474202 Release:
 Created On: 3/26/2018 Last Updated On: 3/26/2018
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

DataElement ID: 01990 Name: INCAR-EXCL-IND Version: Subsystem: Managed Care
 Created By: T474202 Last Updated By: T474202 Release:
 Created On: 3/22/2018 Last Updated On: 3/26/2018
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01991 Name: NEW-ELIG-OUTP-TRANS Version: Subsystem: Managed Care
 Created By: T474199 Last Updated By: T474199 Release:
 Created On: 7/24/2013 Last Updated On: 7/24/2013
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	G	Group		0	0		

DataElement ID: 01992 Name: IHAWP-DATA Version: Subsystem:
 Created By: T474190 Last Updated By: T474190 Release:
 Created On: 8/6/2013 Last Updated On: 8/5/2013
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	G	Group		0	0		

DataElement ID: 01993 Name: MHC-HIPP-IND Version: Subsystem: Managed Care
 Created By: T474202 Last Updated By: T474202 Release:
 Created On: 3/6/2018 Last Updated On: 3/6/2018
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01994	Name: MHC-MONTH-IND-DATA	Version:	Subsystem: Managed Care
Created By: T474202	Last Updated By: T474202	Release:	
Created On: 3/6/2018	Last Updated On: 3/6/2018		
Description: MHC-MONTH			

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 01995	Name: MHC-INCAR-IND	Version:	Subsystem:
Created By: T474202	Last Updated By: T474202	Release:	
Created On: 3/6/2018	Last Updated On: 3/6/2018		
Description:			

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

DataElement ID: 01996	Name: PRESMP-EXCL-IND	Version:	Subsystem: Managed Care
Created By: T474202	Last Updated By: T474202	Release:	
Created On: 3/6/2018	Last Updated On: 3/26/2018		
Description:			

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01997 Name: MHC-REASON-CODE Version: Subsystem: Managed Care
 Created By: T474202 Last Updated By: T474198 Release:
 Created On: 3/6/2018 Last Updated On: 2/7/2019
 Description: MHC-REASON-CODE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

DataElement ID: 01998 Name: TRANS-DATE Version: Subsystem: Recipient
 Created By: Last Updated By:
 Created On: 8/25/2004 Last Updated On: 8/25/2004 Release:
 Description: -
 TRANS DATE
 THE TITLE XIX TRANSACTION FILE TRANSACTION DATE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		8	0		9(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 01999 Name: PROCESS-DATE Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROCESS DATE
 THE PROCESS DATE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		6	0		X(06)
2	N	Numeric		6	0		9(06)
4	N	Numeric		4	0		9(04)

DataElement ID: 02000 Name: HMS-XREF-CARRIER-ID Version: Subsystem: Third Party
 Created By: T474073 Last Updated By: T474073 Release:
 Created On: 5/25/2005 Last Updated On: 5/25/2005
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		6	0		X(06)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02001 Name: HMS-XREF-CARRIER-NAME Version: Subsystem: Third Party
 Created By: JOAN ARREY Last Updated By: T474073 Release:
 Created On: 5/25/2005 Last Updated On: 5/29/2005
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		10	0		X(10)

DataElement ID: 02002 Name: HMS-XREF-CARRIER-ADD1 Version: Subsystem: Third Party
 Created By: JOAN ARREY Last Updated By: T474073 Release:
 Created On: 5/25/2005 Last Updated On: 5/26/2005
 Description: This is address line 1 of the cross-referenced HMS TPL Resource update file to the MMIS carrier file

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		12	0		X(12)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02003 Name: HMS-COMBINED-BEG-DATE Version: Subsystem: Third Party
 Created By: JOAN ARREY Last Updated By: T474073 Release:
 Created On: 5/25/2005 Last Updated On: 5/26/2005
 Description: This is the format of the record that is used to combine records with matching coverage but
 different spans on the HMS record

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		8	0		X(08)

DataElement ID: 02004 Name: HMS-XREF-CARRIER-ADD2 Version: Subsystem: Third Party
 Created By: JOAN ARREY Last Updated By: T474073 Release:
 Created On: 5/25/2005 Last Updated On: 5/26/2005
 Description: This is address line 2 of the cross-referenced HMS TPL Resource update file to the MMIS carrier
 file

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		12	0		X(12)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02006 Name: HMS-XREF-CARRIER-CITY Version: Subsystem: Third Party
 Created By: JOAN ARREY Last Updated By: T474073 Release:
 Created On: 5/25/2005 Last Updated On: 5/31/2005
 Description: This is address line 1 of the cross-referenced HMS TPL Resource update file to the MMIS carrier file

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		18	0		X(18)

DataElement ID: 02007 Name: HMS-XREF-CARRIER-ST Version: Subsystem: Third Party
 Created By: JOAN ARREY Last Updated By: T474073 Release:
 Created On: 5/25/2005 Last Updated On: 5/26/2005
 Description: This is address line 1 of the cross-referenced HMS TPL Resource update file to the MMIS carrier file

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2	0		X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02008 Name: HMS-XREF-CARRIER-ZIP Version: Subsystem: Third Party
 Created By: JOAN ARREY Last Updated By: T474073 Release:
 Created On: 5/25/2005 Last Updated On: 5/25/2005
 Description: This is carrier zip of the cross-referenced HMS TPL Resource update file to the MMIS carrier file

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			5	0		X(05)

DataElement ID: 02009 Name: HMS-COMBINED-1ST-PART Version: Subsystem: Third Party
 Created By: JOAN ARREY Last Updated By: T474073 Release:
 Created On: 5/25/2005 Last Updated On: 5/26/2005
 Description: This is the format of the record that is used to combine records with matching coverage but different spans on the HMS record

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			128	0		X(128)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02010	Name: PROV-NUMBER	Version:	Subsystem: Provider
Created By: Initial Sy	Last Updated By: T474190	Release:	
Created On: 8/25/2004	Last Updated On: 12/23/2015		
Description:			

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		9	0		X(9)
2		N	Numeric		9	0		9(9)
3		N3	Numeric Comp-3		9	0		9(9)
4		X	AlphaNumeric		12	0		X(12)
5		N3	Numeric Comp-3		9	0		S9(09)
7		X	AlphaNumeric		10	0		X(10)
8		X	AlphaNumeric		7	0		X(07)
9		G	Group		0	0		

DataElement ID: 02011	Name: LIEN-HOLDER-PROV-NUM	Version:	Subsystem: Provider
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: LIEN HOLDER PROVIDER NUMBER PROVIDER NUMBER ASSIGNED TO AN ENTITY HOLDING A LIEN AGAINST A MEDICAID PROVIDER.			

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		9	0		X(09)
3		N3	Numeric Comp-3		9	0		9(09)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02012 Name: LIEN-AMOUNT Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LIEN AMOUNT
 DOLLAR AMOUNT OF LIEN PLACED AGAINST A MEDICAID PROVIDER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	2		S9(7)V99

DataElement ID: 02013 Name: INTERMED-PROV-NUM Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: INTERMEDIARY AGENCY PROVIDER NUMBER
 THIS IS A FIELD ON THE PROVIDER MASTER RECORD INDICATING WHICH INTERMEDIARIES ARE AUTHORIZED TO BILL FOR THAT PROVIDER. THE INTERMEDIARY PROVIDER SUBMITS PROVIDER CLAIMS AND RECEIVES THE RESULTING REMITTANCE ADVICE BUT DOES NOT RECEIVE THE ASSOCIATED WARRANT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		9	0		X(09)
2	N	Numeric		9	0		9(09)
3	N3	Numeric Comp-3		9	0		9(09)
5	N	Numeric		10	0		9(10)
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02014 Name: PREV-PROV-NUMBER Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PREVIOUS PROVIDER NUMBER

WHEN A PROVIDER HAS A PROVIDER NUMBER CHANGE, THIS FIELD SHOULD BE COMPLETED IN THE 'NEW' PROVIDER MASTER RECORD WITH THE PREVIOUS (INACTIVE) PROVIDER NUMBER IN ORDER TO PROVIDE A CROSS-REFERENCE CAPABILITY.
 THE SYSTEM AUTOMATICALLY MAINTAINS THIS FIELD AS FOLLOWS:
 (ALSO SEE DEN 02015)
 WHEN COMPLETING DEN 02014 (PREV-PROV-NUMBER) IN THE 'NEW' PROVIDER MASTER RECORD, THE SYSTEM WILL EDIT TO INSURE THAT THE PROVIDER NUMBER ENTERED IS A VALID PROVIDER NUMBER ON THE PROVIDER MASTER FILE THAT HAS A CURRENT ENROLLMENT STATUS NOT EQUAL TO 'ACTIVE' OR 'PENDING'. THE SYSTEM WILL ALSO UPDATE DED 02015 (NEW-PROV-NUMBER) IN THE 'OLD' PROVIDER MASTER RECORD WITH THE 'NEW' PROVIDER NUMBER IF THE FIELD IS EMPTY. IF THE NEW-PROV-NUMBER FIELD IN THE 'OLD' PROVIDER MASTER RECORD CONTAINS A PROVIDER NUMBER THAT IS NOT EQUAL TO THE 'NEW' PROVIDER NUMBER THE CHANGE WILL BE REJECTED.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3	Numeric Comp-3		9	0		9(09)

Iowa Medicaid Enterprise Data Element List

DataElement ID: 02015 Name: NEW-PROV-NUMBER Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NEW PROVIDER NUMBER

WHEN A PROVIDER HAS A PROVIDER NUMBER CHANGE, THIS FIELD SHOULD BE COMPLETED IN THE 'OLD' PROVIDER MASTER RECORD WITH THE NEW (ACTIVE) PROVIDER NUMBER IN ORDER TO PROVIDE A CROSS-REFERENCE CAPABILITY.
 THE SYSTEM AUTOMATICALLY MAINTAINS THIS FIELD AS FOLLOWS:
 (ALSO SEE DEN 02014)
 WHEN COMPLETING DEN 02015 (NEW-PROV-NUMBER) IN THE 'OLD' PROVIDER MASTER RECORD, THE SYSTEM WILL EDIT TO INSURE THAT THE PROVIDER NUMBER ENTERED IS A VALID PROVIDER NUMBER ON THE PROVIDER MASTER FILE. THE SYSTEM WILL ALSO UPDATE DED 02014 (PREV-PROV-NUMBER) IN THE 'NEW' PROVIDER MASTER RECORD WITH THE 'OLD' PROVIDER NUMBER IF THE FIELD IS EMPTY. IF THE PREV-PROV-NUMBER FIELD IN THE 'NEW' PROVIDER MASTER RECORD CONTAINS A PROVIDER NUMBER THAT IS NOT EQUAL TO THE 'OLD' PROVIDER NUMBER THE UPDATE IS REJECTED.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	0		9(09)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02016 Name: PROV-BASE-NUMBER Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: ***** MMIS DATA ELEMENT NAME - PROVIDER NUMBER (STATE):
 MMIS GSD DATA ELEMENT NUMBER - 201
 MMIS PART 11 DATA ELEMENT NUMBER - 029
 MMIS DEFINITION - A UNIQUE NUMBER ASSIGNED BY THE STATE TO
 EACH PROVIDER OF SERVICES PARTICIPATING
 IN THE MEDICAID PROGRAM. *****
 THIS FIELD CONTAINS THE FIRST SEVEN DIGITS OF THE PROVIDER NUMBER,
 AND IS USED TO UNIQUELY IDENTIFY THE PROVIDER. DATA ELEMENT 02017
 IS USED IN CONJUNCTION WITH THIS FIELD TO IDENTIFY VARIOUS
 PRACTICE LOCATIONS, BILLING ENTITIES, OR FUNCTIONAL COMPONENTS FOR
 THE PROVIDER. THE FULL PROVIDER NUMBER (DATA ELEMENT 02010) IS
 THE COMBINATION OF DATA ELEMENTS 02016 AND 02017.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		7	0		X(07)
2	N	Numeric		7	0		9(07)
5	N	Numeric		7	0		9(7)
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02017 Name: PROV-LOCATION Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ***** MMIS DATA ELEMENT NAME - PROVIDER NUMBER (STATE):
 MMIS GSD DATA ELEMENT NUMBER - 201
 MMIS PART 11 DATA ELEMENT NUMBER - 029
 MMIS DEFINITION - A UNIQUE NUMBER ASSIGNED BY THE STATE TO
 EACH PROVIDER OF SERVICES PARTICIPATING
 IN THE MEDICAID PROGRAM. *****
 THIS FIELD CONTAINS THE LAST TWO DIGITS OF THE PROVIDER NUMBER,
 AND IS USED TO IDENTIFY VARIOUS PRACTICE LOCATIONS, BILLING
 - ENTITIES, OR FUNCTIONAL COMPONENTS FOR THE PROVIDER. THE FULL
 PROVIDER NUMBER (DATA ELEMENT 02010) IS THE COMBINATION OF DATA
 ELEMENTS 02016 AND 02017.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2	0		X(02)
2	N		Numeric		2	0		9(02)
4	N		Numeric		2	0		9(2)
9	G		Group		0	0		

DataElement ID: 02018 Name: PROV-DISTRICT Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER DISTRICT
 THE PROVIDER DISTRICT IS BASED ON THE COUNTY CODES.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2	0		X(02)

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 02019      Name:  PROV-SPEC-CERT-NUM      Version:
Created By:                Last Updated By:          Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: ***** MMIS DATA ELEMENT NAME - SPECIALTY CERTIFICATION NUMBER
                   MMIS GSD DATA ELEMENT NUMBER - 221
                   MMIS DEFINITION - A NUMBER ASSIGNED TO A PHYSICIAN BY A
                   SPECIALTY CERTIFICATION BOARD. *****
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		6	0		X(06)

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 02020      Name:  PROV-NAME      Version:      Subsystem: Provider
Created By: Initial Sy    Last Updated By: T474096  Release:
Created On: 8/25/2004    Last Updated On: 3/30/2005
Description: ***** MMIS DATA ELEMENT NAME - PROVIDER NAME
MMIS GSD DATA ELEMENT NUMBER - 202
MMIS PART 11 DATA ELEMENT NUMBER - 030
MMIS DEFINITION - THE NAME OF THE PROVIDER OF MEDICAID
SERVICES AS USED ON OFFICIAL STATE
RECORDS. *****
***** MMIS DATA ELEMENT NAME - PROVIDER GROUP NAME AND ADDRESS
MMIS GSD DATA ELEMENT NUMBER - 246
MMIS PART 11 DATA ELEMENT NUMBER - 053
MMIS DEFINITION - THE NAME AND MAILING ADDRESS OF THE
PROVIDER GROUP. *****
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		35	0		X(35)
2	X	AlphaNumeric		6	0		X(06)
3	X	AlphaNumeric		30	0		X(30)
4	X	AlphaNumeric		20	0		X(20)
5	X	AlphaNumeric		31	0		X(31)
6	X	AlphaNumeric		35	0		X(35)
7	X	AlphaNumeric		26	0		X(26)
8	X	AlphaNumeric		32	0		X(32)
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02021 Name: PROV-SORT-NAME Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: A FIELD USED TO SORT THE PROVIDER FILE INTO ALPHA/NAME SEQUENCE.
 NORMALLY A NAME WOULD BE FORMATTED IN THIS FIELD WITH LAST NAME
 FIRST, ETC DEPENDING ON DESIRED SEQUENCE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		35		0	X(35)

DataElement ID: 02022 Name: PROV-GROUP-BEG-DATE Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD CONTAINS THE (INCLUSIVE) DATE UPON WHICH A PROVIDER'S
 MEMBERSHIP IN A GROUP PRACTICE BEGAN.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3		Numeric Comp-3		5		0	S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02023 Name: PROV-GROUP-END-DATE Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD CONTAINS THE (INCLUSIVE) DATE UPON WHICH A PROVIDER'S
 MEMBERSHIP IN A GROUP PRACTICE ENDED.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

DataElement ID: 02024 Name: CT-AGREE-IND Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD INDICATES WHETHER OR NOT A SIGNED MEDICAID AGREEMENT
 WITH THE PROVIDER IS ON FILE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02025 Name: BILL-AGENT-AGREE-IND Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD INDICATES WHETHER OR NOT A SIGNED AGREEMENT TO ALLOW A BILLING AGENT TO SUBMIT CLAIMS FOR OTHER PROVIDERS IS ON FILE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

DataElement ID: 02026 Name: PROV-TEST-IND Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD INDICATES WHETHER OR NOT A PROVIDER RECORD IS FOR A TEST PROVIDER, IN WHICH CASE CLAIMS PAYMENT DOES NOT OCCUR.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02027 Name: PROVIDER-INDICATOR Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: PROVIDER INDICATOR
 THE PROVIDER PROFILE REQUEST RECORD STORES ONE OF THREE
 VALID VALUES IN THIS FIELD TO INDICATE WHICH CLAIMS ARE TO
 BE SELECTED:
 T: SELECT CLAIMS IN WHICH THE KEYED PROVIDER IS THE
 TREATING PROVIDER
 P: SELECT CLAIMS IN WHICH THE KEYED PROVIDER IS THE
 PAY-TO PROVIDER
 T: SELECT CLAIMS IN WHICH THE KEYED PROVIDER IS THE
 EITHER THE TREATING OR THE PAY-TO PROVIDER

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric			1	0		X(1)

DataElement ID: 02028 Name: PROV-IRS-1099-IND Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: PROVIDER IRS 1099 PRINT INDICATOR
 THIS FIELD INDICATES IF A SINGLE IRS 1099 IS TO BE SENT TO THE
 PROVIDER BASE LOCATION (LOCATION '00') OR IF INDIVIDUAL 1099S ARE
 TO BE SENT TO EACH PROVIDER LOCATION. THIS FIELD CAN BE UPDATED
 ONLY ON THE PROVIDER BASE RECORD AND DEFAULTS TO 'S'.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric			1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02029 Name: PROV-LANGUAGE-IND Version: Subsystem: Provider
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: PROVIDER LANGUAGE INDICATOR
THIS FIELD INDICATES THE LANGUAGE SPOKEN BY THE PROVIDER. THIS
FIELD IS USED TO SORT REPORTS AND MAILING LABELS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02030 Name: PROV-ADDRESS Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: ***** MMIS DATA ELEMENT NAME - PROVIDER ADDRESS:
 MMIS GSD DATA ELEMENT NUMBER - 203
 MMIS PART 11 DATA ELEMENT NUMBER - 031
 MMIS DEFINITION - THE MAILING ADDRESS OF THE PROVIDER. *****
 ***** MMIS DATA ELEMENT NAME - PROVIDER PAY TO ADDRESS:
 MMIS GSD DATA ELEMENT NUMBER - 204
 MMIS PART 11 DATA ELEMENT NUMBER - 032
 MMIS DEFINITION - THE ADDRESS TO WHICH MEDICAID PAYMENTS
 TO A PROVIDER ARE SENT.
 ***** MMIS DATA ELEMENT NAME - PROVIDER GROUP NAME AND ADDRESS:
 MMIS GSD DATA ELEMENT NUMBER - 246
 MMIS PART 11 DATA ELEMENT NUMBER - 053
 MMIS DEFINITION - THE NAME AND MAILING ADDRESS OF THE
 PROVIDER GROUP. *****
 THIS ADDRESS OCCURS 3 TIMES.
 THIS GROUP LEVEL ENTRY INCLUDES THE FOLLOWING DATA ELEMENTS
 THE 1ST ADDRESS IS THE PHYSICAL OR PRACTICE ADDRESS. THIS
 ADDRESS IS THE ONLY REQUIRED ADDRESS FIELD.
 THE 2ND ADDRESS IS THE PAY-TO ADDRESS.
 THE 3RD ADDRESS WILL BE THE ADDRESS USED FOR CORRESPONDENCE TO
 THE PROVIDER.
 DEN=02031 PROVIDER ADDRESS LINE1
 DEN=02032 PROVIDER ADDRESS LINE2
 DEN=02033 PROVIDER CITY
 DEN=02034 PROVIDER STATE
 DEN=02035 PROVIDER ZIP

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9		G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02031 Name: PROV-ADDR-LINE-1 Version: Subsystem: Provider
 Created By: Initial Sy Last Updated By: T474100 Release:
 Created On: 8/25/2004 Last Updated On: 5/8/2007

Description: PROVIDER ADDRESS - LINE 1. FIRST ADDRESS LINE ASSOCIATED WITH THE PROVIDER ADDRESS AS DESCRIBED IN DED 02030.
 ***** MMIS DATA ELEMENT NAME - PROVIDER PAY TO ADDRESS:
 MMIS GSD DATA ELEMENT NUMBER - 204
 MMIS PART 11 DATA ELEMENT NUMBER - 032
 MMIS DEFINITION - THE ADDRESS TO WHICH MEDICAID PAYMENTS TO A PROVIDER ARE SENT.
 -
 ***** MMIS DATA ELEMENT NAME - PROVIDER GROUP NAME AND ADDRESS:
 MMIS GSD DATA ELEMENT NUMBER - 246
 MMIS PART 11 DATA ELEMENT NUMBER - 053
 MMIS DEFINITION - THE NAME AND MAILING ADDRESS OF THE PROVIDER GROUP. *****
 THIS ADDRESS LINE IS RESERVED FOR ADDITIONAL ADDRESS INFORMATION SUCH AS SUITE NUMBER, BUILDING NUMBER, C/O, ETC.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		28	0		X(28)
2	X	AlphaNumeric		30	0		X(30)
4	X	AlphaNumeric		20	0		X(20)
6	X	AlphaNumeric		26	0		X(26)
7	X	AlphaNumeric		18	0		X(18)
8	X	AlphaNumeric		25	0		X(25)
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 02032      Name:  PROV-ADDR-LINE-2      Version:
Created By: Initial Sy    Last Updated By: T474100      Release:
Created On: 8/25/2004     Last Updated On: 5/8/2007
Description: PROVIDER ADDRESS - LINE 2. SECOND ADDRESS LINE ASSOCIATED WITH
THE PROVIDER ADDRESS AS DESCRIBED IN DED 02030.
***** MMIS DATA ELEMENT NAME - PROVIDER PAY TO ADDRESS:
MMIS GSD DATA ELEMENT NUMBER - 204
MMIS PART 11 DATA ELEMENT NUMBER - 032
MMIS DEFINITION - THE ADDRESS TO WHICH MEDICAID PAYMENTS
TO A PROVIDER ARE SENT.
***** MMIS DATA ELEMENT NAME - PROVIDER GROUP NAME AND ADDRESS:
MMIS GSD DATA ELEMENT NUMBER - 246
MMIS PART 11 DATA ELEMENT NUMBER - 053
MMIS DEFINITION - THE NAME AND MAILING ADDRESS OF THE
PROVIDER GROUP. *****
NORMALLY THIS CONTAINS THE STREET NUMBER AND STREET.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		28	0		X(28)
2	X	AlphaNumeric		30	0		X(30)
3	X	AlphaNumeric		20	0		X(20)
5	X	AlphaNumeric		18	0		X(18)
7	X	AlphaNumeric		26	0		X(26)
8	X	AlphaNumeric		25	0		X(25)
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 02033      Name:  PROV-CITY      Version:      Subsystem: Provider
Created By: Initial Sy    Last Updated By: T474096  Release:
Created On: 8/25/2004     Last Updated On: 3/30/2005
Description: PROVIDER CITY. CITY PORTION OF PROVIDER ADDRESS AS DESCRIBED IN
DED 02030.
***** MMIS DATA ELEMENT NAME - PROVIDER PAY TO ADDRESS:
MMIS GSD DATA ELEMENT NUMBER - 204
MMIS PART 11 DATA ELEMENT NUMBER - 032
MMIS DEFINITION - THE ADDRESS TO WHICH MEDICAID PAYMENTS
TO A PROVIDER ARE SENT.
***** MMIS DATA ELEMENT NAME - PROVIDER GROUP NAME AND ADDRESS:
MMIS GSD DATA ELEMENT NUMBER - 246
MMIS PART 11 DATA ELEMENT NUMBER - 053
MMIS DEFINITION - THE NAME AND MAILING ADDRESS OF THE
PROVIDER GROUP. *****,
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		18	0		X(18)
2	X	AlphaNumeric		13	0		X(13)
4	X	AlphaNumeric		16	0		X(16)
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02034 Name: PROV-STATE Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: -

***** MMIS DATA ELEMENT NAME - PROVIDER PAY TO ADDRESS:
 MMIS GSD DATA ELEMENT NUMBER - 204
 MMIS PART 11 DATA ELEMENT NUMBER - 032
 MMIS DEFINITION - THE ADDRESS TO WHICH MEDICAID PAYMENTS
 TO A PROVIDER ARE SENT.
 ***** MMIS DATA ELEMENT NAME - PROVIDER GROUP NAME AND ADDRESS:
 MMIS GSD DATA ELEMENT NUMBER - 246
 MMIS PART 11 DATA ELEMENT NUMBER - 053
 MMIS DEFINITION - THE NAME AND MAILING ADDRESS OF THE
 PROVIDER GROUP. *****
 STATE ABBREVIATION OF PROVIDER ADDRESS AS DESCRIBED IN DED 02030.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2		0	X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02035	Name: PROV-ZIP-CODE	Version:	Subsystem: Provider
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		

Description: PROVIDER ZIP CODE.

```

***** MMIS DATA ELEMENT NAME - PROVIDER ADDRESS:
MMIS GSD DATA ELEMENT NUMBER - 203
MMIS PART 11 DATA ELEMENT NUMBER - 031
MMIS DEFINITION - THE MAILING ADDRESS OF THE PROVIDER. *****
***** MMIS DATA ELEMENT NAME - PROVIDER PAY TO ADDRESS:
MMIS GSD DATA ELEMENT NUMBER - 204
MMIS PART 11 DATA ELEMENT NUMBER - 032
MMIS DEFINITION - THE ADDRESS TO WHICH MEDICAID PAYMENTS
TO A PROVIDER ARE SENT. *****
***** MMIS DATA ELEMENT NAME - PROVIDER GROUP NAME AND ADDRESS:
MMIS GSD DATA ELEMENT NUMBER - 246
MMIS PART 11 DATA ELEMENT NUMBER - 053
MMIS DEFINITION - THE NAME AND MAILING ADDRESS OF THE
PROVIDER GROUP. *****
ASSOCIATED WITH THE PROVIDER ADDRESS AS DESCRIBED IN DED 02030.
NOTE - ALLOCATION FOR A 9-POSITION CODE HAS BEEN MADE IN THE
EVENT THE U.S. POSTAL SERVICE INSTITUTES THE NEW ZIP CODE
STRUCTURE. CURRENTLY THE ZIP CODE HAS 4 TRAILING ZEROS.
THE ACTUAL ZIP CODE IS FOUND IN THE 5 HIGH ORDER POSITIONS OF
THE FIELD AND THE REMAINING POSITIONS ARE ZERO-FILLED UNTIL THE
NEW 9-DIGIT SCHEME IS IMPLEMENTED BY THE U.S. POSTAL SERVICE.,
    
```

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		9	0		X(9)
2		N		Numeric		9	0		9(9)
3		N3		Numeric Comp-3		9	0		9(9)
4		X		AlphaNumeric		5	0		X(05)
5		N		Numeric		5	0		9(05)
7		X		AlphaNumeric		10	0		X(10)
9		G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02036 Name: PROV-DRIVERS-LICENSE Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROV-DRIVERS-LICENSE.
 THIS FIELD CONTAINS THE DRIVERS LICENSE NUMBER FOR TRANSPORTATION PROVIDERS. THIS FIELD ALSO CONTAINS THE NATIONAL ASSOCIATION OF BOARDS OF PHARMACY NUMBER FOR PHARMACY PROVIDERS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			12	0		X(12)

DataElement ID: 02037 Name: PROV-AUDIT-DISCREP Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER AUDIT DISCREPANCY INDICATOR
 THIS IS A CODE INDICATING IF THE LAST AUDIT TURNED UP A DISCREPANCY.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02038 Name: NUM-PROV-ADDRESS Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD CONTAINS THE NUMBER OF PROVIDER ADDRESSES PRESENT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		1	0		9(01)
3	N3	Numeric Comp-3		1	0		S9(01)

DataElement ID: 02039 Name: PROV-AUDIT-DATE Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER AUDIT DATE
 THIS IS THE DATE UPON WHICH THE LAST AUDIT WAS PERFORMED.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(5)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02040 Name: PROV-DELETE-IND Version: Subsystem: Provider
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 6/24/2005
 Description: PROV DELETE INDICATOR.
 THIS INDICATOR IDENTIFIES THOSE PROVIDERS WHO HAVE BEEN DELETED
 FROM THE MMIS SYSTEM.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 02041 Name: MCAR-PART-IND Version: Subsystem: Provider
 Created By: Last Updated By:
 Created On: 8/25/2004 Last Updated On: 8/25/2004 Release:
 Description: MEDICARE PARTICIPATION INDICATOR.
 THIS INDICATOR DETERMINES IF THE PROVIDER IS ENROLLED IN
 MEDICARE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02042 Name: PROV-TELE-NUM Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: PROVIDER TELEPHONE NUMBER.
 THE PHONE NUMBER AT WHICH THE PROVIDER MAY BE CONTACTED. THE
 NUMBER IS BROKEN DOWN AS FOLLOWS:
 AREA CODE - POSITIONS 1-3
 EXCHANGE - POSITIONS 4-6
 REMAINING NUMBERS - POSITIONS 7-10

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		10	0		X(10)
2	N	Numeric		10	0		9(10)
3	N3	Numeric Comp-3		10	0		9(10)
5	N	Numeric		10	0		9(10)

DataElement ID: 02043 Name: PROV-FAX-NUM Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: PROVIDER FAX NUM
 PROVIDERS FAX TELEPHONE NUMBER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		10	0		9(10)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02044 Name: PROV-LIEN-WH-DATE Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER LIEN WITHHOLDING DATE
 THIS FIELD CONTAINS FIRST DATE THAT AMOUNTS WERE WITHHELD FROM
 PAYMENTS TO SATISFY A LIEN AGAINST THE PROVIDER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

DataElement ID: 02045 Name: MCAID-PART-IND Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDICAID PARTICIPATION INDICATOR
 THIS INDICATOR DETERMINES IF THE PROVIDER IS PARTICIPATING
 IN THE MEDICAID PROGRAM. IT IS POSSIBLE TO HAVE A PROVIDER
 WHO IS ENROLLED AND NOT PARTICIPATING IN MEDICAID; ONE EXAMPLE
 WOULD BE MEDICARE PROVIDERS WHO ONLY SUBMIT CROSSOVER CLAIMS
 TO MEDICAID.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02046 Name: PROV-REMIT-ADDR-IND Version: Subsystem: Provider
 Created By: Initial Sy Last Updated By: T474072 Release:
 Created On: 8/25/2004 Last Updated On: 4/1/2005
 Description: PROVIDER REMITTANCE ADDRESS INDICATOR
 THIS FIELD IS USED TO INDICATE WHICH OF THE FOUR POSSIBLE
 PROVIDER ADDRESSES IS TO RECEIVE THE REMITTANCE ADVICE STATEMENT.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 02047 Name: PROV-CHECK-ADDR-IND Version: Subsystem: Provider
 Created By: Initial Sy Last Updated By: T474074 Release:
 Created On: 8/25/2004 Last Updated On: 4/8/2005
 Description: PROVIDER CHECK ADDRESS INDICATOR
 THIS FIELD IS USED TO INDICATE WHICH OF THE THREE POSSIBLE
 PROVIDER ADDRESSES IS TO RECEIVE THE PROVIDER CHECKS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02048 Name: PROV-CORRES-ADDR-IND Version: Subsystem: Provider
 Created By: Initial Sy Last Updated By: T474072 Release:
 Created On: 8/25/2004 Last Updated On: 4/1/2005
 Description: PROVIDER CORRESPONDENCE ADDRESS INDICATOR
 THIS FIELD IS USED TO INDICATE WHICH OF THE THREE POSSIBLE
 PROVIDER ADDRESSES IS TO RECEIVE PROVIDER CORRESPONDENCE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 02049 Name: PROV-GROUP-IND Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER GROUP INDICATOR
 THIS DATA ELEMENT IS CONTAINED IN THE PROVIDER SELECTION
 CRITERIA RECORD. THE FIELD CONTAINS ONE OF THREE VALUES:
 Y: JUST PRINT LABELS FOR PROVIDERS WHO ARE GROUP MEMBERS
 N: JUST PRINT LABELS FOR PROVIDERS WHO ARE NOT GROUP MEMBERS
 B: PRINT LABELS FOR BOTH GROUP AND NON-GROUP PROVIDERS

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02050 Name: PROV-TYPE Version: Subsystem: Provider
 Created By: Initial Sy Last Updated By: T474198 Release:
 Created On: 8/25/2004 Last Updated On: 8/8/2019

Description: *****IMPORTANT*****
 PLEASE KEEP IN SYNC WITH DED 06903 SUB CATEGORY TYPE OF SERVICE.
 PROVIDER TYPE -
 A CODE INDICATING THE CLASSIFICATION OF THE PROVIDER RENDERING
 HEALTH AND MEDICAL SERVICES AS APPROVED UNDER THE STATE MEDICAID. THIS IS ALSO KNOWN AS THE SUB-
 CATEGORY TYPE
 OF SERVICE CODE FIELD FOR IOWA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		2	0		X(02)
2	N	Numeric		2	0		9(02)
9	G	Group		0	0		

DataElement ID: 02051 Name: NEW-PAT-EXEMPT-IND Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: NEW PATIENT EXEMPT INDICATOR
 THIS FIELD IS USED TO DESIGNATE THAT A PHYSICIAN CAN BILL AN
 INITIAL OFFICE VISIT FOR THE SAME PATIENT MORE THAT ONCE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02052 Name: CREDIT-BAL-AMT-S7V2 Version: Subsystem: Provider
 Created By: SYSTEM Last Updated By: T474202 Release:
 Created On: 8/25/2004 Last Updated On: 6/17/2017
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7		2	S9(07)V99

DataElement ID: 02053 Name: PROV-LIC-EXPIRE-DATE Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER LICENSE EXPIRATION DATE
 THIS FIELD CONTAINS THE DATE UPON WHICH A PROVIDER'S LICENSE TO PR
 MEDICINE IN THE STATE EXPIRES.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5		0	S9(05)

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 02054      Name:  PROV-OWNERSHIP-CODE      Version:
Created By:                Last Updated By:          Release:
Created On:      8/25/2004  Last Updated On:   8/25/2004
Description:  ***** MMIS DATA ELEMENT NAME - CONTROL OF MEDICAL FACILITY
              MMIS GSD DATA ELEMENT NUMBER - 237
              MMIS DEFINITION - OWNERSHIP OF HEALTH AND MEDICAL SERVICES
              FACILITY. *****
              THIS FIELD INDICATES THE NATURE OF OWNERSHIP OF A PROVIDER'S
              PRACTICE.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

```

DataElement ID: 02055      Name:  CREDIT-BALANCE-DATE      Version:
Created By:                Last Updated By:          Release:
Created On:      8/25/2004  Last Updated On:   8/25/2004
Description:  ***** MMIS DATA ELEMENT NAME - PROVIDER CREDIT BALANCE DATE
              MMIS GSD DATA ELEMENT NUMBER - 227
              MMIS PART 11 DATA ELEMENT NUMBER - 045
              MMIS DEFINITION - THE PROCESSING DATE ON WHICH LAST AMOUNT
              WAS ENTERED IN THE PROVIDER CREDIT
              BALANCE AMOUNT. *****
              THE DATE OF THE PAYMENT CYCLE THAT CALCULATED THE ACTUAL BALANCE
              TO BE DEDUCTED FROM A PROVIDER'S WARRANT AS A RESULT OF NEGATIVE
              ADJUSTMENTS TO PREVIOUSLY PAID CLAIMS.  RELATES TO DED 02052.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02056	Name: PROV-PAYMENT-METHOD	Version:	Subsystem: Provider
Created By: SYSTEM	Last Updated By: T474166	Release:	
Created On: 8/25/2004	Last Updated On: 6/3/2010		
Description:			

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

DataElement ID: 02057	Name: LIEN-DATA	Version:	Subsystem: Provider
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: PROVIDER LIEN DATA			
THIS DATA ELEMENT IS A GROUP LEVEL HOLDING DATA RELATIVE TO A LIEN			
AGAINST A PROVIDER.			

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9		G		Group		0		0	

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02058 Name: LIEN-DATE Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER LIEN DATE
 THIS FIELD CONTAINS THE DATE UPON WHICH A LIEN WAS APPLIED AGAINST
 A PROVIDER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

DataElement ID: 02059 Name: LIEN-AMOUNT-PAID Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER LIEN AMOUNT PAID
 -
 THIS FIELD CONTAINS THE AMOUNT OF MONEY PAID TOWARD SATISFYING A
 LIEN AGAINST THE PROVIDER. IT IS AUTOMATICALLY UPDATED BY THE
 CLAIMS PROCESSING SUBSYSTEM AS PAYMENTS ARE WITHHELD FROM THE
 PROVIDER AND APPLIED TOWARD THE LIEN AMOUNT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	2		S9(07)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02060 Name: CREDIT-BAL-DATA Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CREDIT BALANCE DATA
 THIS IS THE GROUP LEVEL CONTAINING THE PROVIDER'S CREDIT
 BALANCE INFORMATION. SEE DATA ELEMENTS 02052 AND 02055.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 02061 Name: ACTIVE-PROV-TYPE-MTH Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ACTIVE PROVIDER TYPE MONTH
 THE OCCURANCE OF THE MONTH IN WHICH THE ACTIVE PROVIDERS
 ARE ACCUMULATED, BY TYPE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02062 Name: HMO-MEDICARE-IND Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HMO/PHP MEDICARE COVERAGE INDICATOR
 THIS FIELD IS USED TO INDICATE IF THE HMO PLAN IS A MEDICARE PLAN
 OR A MEDICAID PLAN.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 02063 Name: HMO-PLAN-NAME Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HMO/PHP PLAN NAME
 THIS FIELD CONTAINS THE PLAN NAME FOR THE HMO OR PHP.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		30	0		X(30)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02064 Name: ACTIVE-PROV-TYPE-CNT Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ACTIVE PROVIDER COUNT
 -
 THE NUMBER OF ACTIVE PROVIDERS, BY TYPE FOR
 A MONTH

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2			N3	Numeric Comp-3		5	0		S9(5)

DataElement ID: 02065 Name: HMO-PHARM-PRINT-IND Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HMO/PHP PRINT PHARMACY CAP INDICATOR
 THIS FIELD INDICATES WHETHER THE NORMAL PHARMACY CAP SHOULD
 BE PRINTED ON THE HMO ID CARDS. IT IS DERIVED BASED ON COVERED
 SERVICES AND THE PROCESS INDICATORS IN THE HMO PLAN RECORD. IF
 THE HMO COVERS DRUGS AND THEY PROCESS THEIR OWN CLAIMS, THE
 PRINT INDICATOR IS SET TO 'N' AND 'XX' IS PRINTED IN THE DRUG
 CAP ON THE ID CARD.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02066 Name: HMO-PROCESS-IND Version: Subsystem: Provider
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 6/24/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 02067 Name: ACTIVE-PROV-SPEC-MTH Version: Subsystem: Provider
 Created By: Last Updated By:
 Created On: 8/25/2004 Last Updated On: 8/25/2004 Release:
 Description: - ACTIVE PROVIDER SPECIALITY MONTH
 THE OCCURANCE OF THE MONTH IN WHICH THE ACTIVE PROVIDERS
 ARE ACCUMULATED, BY SPECIALITY

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02068 Name: ACTIVE-PROV-SPEC-CNT Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ACTIVE PROVIDER SPECIALITY COUNT
 THE NUMBER OF ACTIVE PROVIDERS FOR EACH MONTH
 BY SPECIALITY

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N3		Numeric Comp-3		5		0	S9(5)

DataElement ID: 02069 Name: CAPITATION-GROUP Version: Subsystem: Provider
 Created By: SYSTEM Last Updated By: T474363 Release:
 Created On: 8/25/2004 Last Updated On: 6/24/2021
 Description: CAPITATION GROUP
 THIS FIELD INDICATES THE CAPIATION GROUP FOR SERVICES RENDERED
 BY A HMO/PHP, MHAP, OR IMSACP. EACH CAPITATION GROUP HAS AN
 ASSOCIATED CAPITATION CHARGE TO BE ASSESSED FOR EACH RECIPIENT.
 ENROLLED IN MEDICAID BASED ON AGE AND SEX.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)
4		X		AlphaNumeric		1		0	X(01)
5		X		AlphaNumeric		1		0	X(01)
6		X		AlphaNumeric		1		0	X(01)
7		X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02070 Name: PROV-BEGIN-SVC-DATE Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ***** MMIS DATA ELEMENT NAME - PROVIDER BEGINNING DATE OF SERVICE
 MMIS GSD DATA ELEMENT NUMBER - 207
 MMIS PART 11 DATA ELEMENT NUMBER - 034
 MMIS DEFINITION - A DATE THAT BEGINS A PERIOD IN WHICH THE
 PROVIDER IS AUTHORIZED MEDICAID PAYMENTS
 FOR SERVICES RENDERED. *****
 THE BEGIN EFFECTIVE DATE ASSOCIATED WITH THE CATEGORY OF SERVICE
 CODES (DED 03010) AS THEY OCCUR WITHIN AN ENTRY OF CATEGORY OF
 SERVICE DATA (DED 02079).

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

DataElement ID: 02071 Name: HMO-CAPITATION-RATE Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HMO/PHP CAPITATION RATE
 THIS FIELD CONTAINS THE MONTHLY CAPITATION RATE FOR EACH RECIPIENT
 ENROLLED IN A PARTICULAR CAPITATION GROUP FOR AN HMO/PHP. IT IS
 USED IN CONJUNCTION WITH DATA ELEMENT 02069 TO IDENTIFY CAPITATION
 AND RATES.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02072 Name: HMO-I-E-ZIP-CNTY-IND Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HMO INCLUDE/EXCLUDE ZIP-CODES/COUNTY-CODES INDICATOR
 THIS FIELD IS USED TO INDICATE IF GEOGRAPHIC LIMITATIONS ARE TO BE
 PLACED ON THE COVERAGE OF THE HMO/PHP, AND IF SO, ARE THE RANGES
 OF ZIP CODES OR COUNTIES TO BE INCLUDED IN THE COVERAGE OR
 EXCLUDED.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 02073 Name: HMO-I-E-PROC-IND Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HMO INCLUDE/EXCLUDE TYPE-OF-SERVICE/PROCEDURE CODE INDICATOR
 THIS FIELD IS USED TO INDICATE IF PROCEDURE CODE LIMITATIONS ARE
 TO BE PLACED ON THE COVERAGE OF THE HMO/PHP, AND IF SO, ARE THE
 RANGES OF PROCEDURES TO BE INCLUDED IN THE COVERAGE OR EXCLUDED.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02074 Name: HMO-PLAN-EFFECT-DATE Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: HMO/PHP EFFECTIVE DATE
 THIS FIELD IS USED TO STORE THE DATE UPON WHICH THE HMO/PHP PLAN
 - DEFINED IN THE RECORD CAME INTO EFFECT. THIS FIELD IS STORED IN
 THE HMO/PHP RECORD AS A NORMAL CENTURY DATE (THAT IS, NOT IN
 NINE'S COMPLEMENT FORM.,

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3		Numeric Comp-3		5	0		S9(05)

DataElement ID: 02075 Name: HMO-ZIP-COUNTY-IND Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: HMO ZIP-CODE/COUNTY-CODE INDICATOR
 THIS FIELD IS USED TO INDICATE IF GEOGRAPHIC COVERAGE FOR HMO/PHP
 COVERAGE IS TO BE EXPRESSED IN RANGES OF ZIP CODES OR RANGES OF
 COUNTY CODES.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02076 Name: HMO-EFFECT-DT-9-COMP Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HMO/PHP EFFECTIVE DATE, NINE'S COMPLEMENT
 THIS FIELD REFLECTS THE DATE THAT THE HMO/PHP PLAN BECAME EFFECTIVE. INTERNALLY, THIS DATE IS NOT STORED IN THE USUAL FIVE-DIGIT CENTURY FORM, BUT RATHER AS THE NINE'S COMPLEMENT OF THE HMO PLAN EFFECTIVE CENTURY DATE (DATA ELEMENT 02074. WHERE NINE'S COMPLEMENT DATE = 99999 - CENTURY-DATE). IN THIS WAY, WHEN DETERMINING COVERAGE FOR A GIVEN HMO/PHP PROVIDER AND DATE-OF-SERVICE, A SEARCH KEY CAN BE BUILT USING THE NINE'S COMPLEMENT OF THE DATE-OF-SERVICE AND THE HMO/PHP PROVIDER ENCOUNTERED WILL BE THE MOST RECENT PLAN DATE.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

DataElement ID: 02077 Name: HMO-PLAN-END-DATE Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HMO/PHP PLAN END DATE
 THIS FIELD IS USED TO STORE THE DATE UPON WHICH THE HMO/PHP PLAN DEFINED IN THE RECORD ENDS. THIS FIELD IS STORED IN THE HMO/PHP RECORD AS A NORMAL CENTURY DATE (THAT IS, NOT IN NINE'S COMPLEMENT FORM).,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02078 Name: NUM-CAT-SVC-DATA Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF CATEGORY OF SERVICE DATA ENTRIES. USED IN CONNECTION WITH PROVIDER CATEGORY OF SERVICE DATA (DED 02079) TO INDICATE THE NUMBER OF OCCURRENCES OF THE DATA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		S9(03)

DataElement ID: 02079 Name: PROV-CAT-SVC-DATA Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER CATEGORY OF SERVICE DATA
 THIS IS A GROUP LEVEL DATA ELEMENT WHICH INCLUDES ALL CATEGORIES OF SERVICE FOR WHICH A PROVIDER IS CERTIFIED TO RENDER WITHIN SPECIFIC DATES OF SERVICE. EACH OCCURRENCE OF THIS DATA CARRIES AT A MINIMUM THE BEGIN AND END EFFECTIVE DATES AS DESCRIBED IN DEDS 02070 AND 02080 AND THE CATEGORY OF SERVICE CODES AS DESCRIBED IN DED 03010. THE DATA IS IN DESCENDING DATE SEQUENCE WITH UP TO EIGHT CATEGORIES OF SERVICE PER DATE SPAN. UNUSED ENTRIES OF CATEGORY OF SERVICE CONTAIN SPACES. THE DATE SPANS MAY CONTAIN EQUAL OR OVERLAPPING DATES.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02080 Name: PROV-END-SVC-DATE Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ***** MMIS DATA ELEMENT NAME - PROVIDER ENDING DATE OF SERVICE
 MMIS GSD DATA ELEMENT NUMBER - 208
 MMIS PART 11 DATA ELEMENT NUMBER - 035
 MMIS DEFINITION - A DATE THAT CONCLUDES A PERIOD IN WHICH
 THE PROVIDER IS AUTHORIZED MEDICAID
 PAYMENTS FOR SERVICES RENDERED. *****
 THE END EFFECTIVE DATE ASSOCIATED WITH THE CATEGORY OF SERVICE
 CODES (DED 03010) AS THEY OCCUR WITHIN AN ENTRY OF CATEGORY OF
 SERVICE DATA (DED 02079).

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

DataElement ID: 02081 Name: HMO-ZIP-COUNTY-RANGE Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ALPHA CODE THAT TELLS WHAT COVERAGE IF APPLICABLE FOR PERIOD
 THIS DATA ELEMENT IS A GROUP LEVEL WITHIN WHICH ARE CONTAINED
 RANGES OF ZIP CODES OR COUNTY CODES TO DEFINE HMO/PHP COVERAGE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02082 Name: HMO-ZIP-COUNTY-LOW Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: HMO/PHP ZIP-CODE/COUNTY-CODE LOW RANGE
 THIS FIELD IS USED TO HOLD EITHER A ZIP CODE OR A COUNTY CODE, AND
 DEFINES THE INCLUSIVE LOWER VALUE OF A ZIP CODE OR COUNTY CODE
 RANGE. ZIP CODES ARE STORED AS FIVE DIGITS AND COUNTY CODES ARE
 STORED AS TWO DIGITS, LEFT-JUSTIFIED, WITH THREE SPACES TO THE
 RIGHT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 02083 Name: HMO-ZIP-COUNTY-HIGH Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: GROUP-LEVEL CONTAINS CAPITATION RATES,
 THIS FIELD IS USED TO HOLD EITHER A ZIP CODE OR A COUNTY CODE, AND
 DEFINES THE INCLUSIVE UPPER VALUE OF A ZIP CODE OR COUNTY CODE
 RANGE. ZIP CODES ARE STORED AS FIVE DIGITS AND COUNTY CODES ARE
 STORED AS TWO DIGITS, LEFT-JUSTIFIED, WITH THREE SPACES TO THE
 RIGHT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 02084      Name:   HMO-PROC-RANGE      Version:      Subsystem: Provider
Created By:                Last Updated By:      Release:
Created On:   8/25/2004    Last Updated On:      8/25/2004
Description: HMO-CAPITATION-AGE INDICATES WHICH RANGE OF AGES APPLIES
              TO A SPECIFIC PAIR OF MALE AND FEMALE CAPITATION RATES.
              -   AT THE PRESENT TIME, A VALUE OF 1 INDICATES AGE UNDER 1,
              2 IS AGE 1 TO .....
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

```

DataElement ID: 02085      Name:   HMO-PROC-RANGE-LOW      Version:      Subsystem: Provider
Created By:                Last Updated By:      Release:
Created On:   8/25/2004    Last Updated On:      8/25/2004
Description: THE MONTHLY CAPITATION RATE PAID FOR A FEMALE MEMBER,
              THIS FIELD IS USED TO HOLD A TYPE OF SERVICE AND PROCEDURE CODE,
              AND DEFINES THE INCLUSIVE LOWER VALUE OF A
              TYPE-OF-SERVICE/PROCEDURE CODE RANGE FOR HMO/PHP COVERAGE.  TYPE
              OF SERVICE IS STORED AS THE LEFTMOST CHARACTER, AND PROCEDURE CODE
              IS STORED AS THE RIGHTMOST FIVE CHARACTERS.,
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		6	0		X(06)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02086 Name: HMO-PROC-RANGE-HIGH Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE MONTHLY CAPITATION RATE PAID FOR A MALE MEMBER,
 THIS FIELD IS USED TO HOLD A TYPE OF SERVICE AND PROCEDURE CODE,
 AND DEFINES THE INCLUSIVE UPPER VALUE OF A
 TYPE-OF-SERVICE/PROCEDURE CODE RANGE FOR HMO/PHP COVERAGE. TYPE
 OF SERVICE IS STORED AS THE LEFTMOST CHARACTER, AND PROCEDURE CODE
 IS STORED AS THE RIGHTMOST FIVE CHARACTERS.,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			6	0		X(06)

DataElement ID: 02087 Name: HMO-PLAN-MESG Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HMO/PHP TYPE-OF-SERVICE/PROCEDURE RANGE
 THIS DATA ELEMENT IS A GROUP LEVEL WITHIN WHICH ARE CONTAINED
 RANGES OF TYPES OF SERVICES AND PROCEDURE CODES USED TO DEFINE
 HMO/PHP COVERAGE.,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 02088      Name:  HMO-PHARM-BILL-MESG      Version:
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: HMO/PHP PHARMACY BILLING MESSAGE LINE
              THIS FIELD IS USED TO HOLD A LINE OF TEXT DEFINING PHARMACY
              BILLING PROCEDURES FOR USE IN PRINTING IDENTIFICATION CARDS.
    
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Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 02089      Name:  HMO-COVERED-SERVICES      Version:
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: HMO/PHP COVERED SERVICES
              THIS FIELD IS A GROUP LEVEL USED TO HOLD OCCURRENCES OF COVERED
              SERVICES FOR THE HMO/PHP PROVIDER.,
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 02090      Name:  PROV-GROUP      Version:      Subsystem: Provider
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: ***** MMIS DATA ELEMENT NAME - PROVIDER GROUP NUMBER
                   MMIS GSD DATA ELEMENT NUMBER - 209
                   MMIS PART 11 DATA ELEMENT NUMBER - 036
                   MMIS DEFINITION - THE NUMBER ASSIGNED TO THE GROUP PRACTICE
                   IN WHICH AN INDIVIDUAL PROVIDER IS A
                   MEMBER. *****
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		9	0		9(09)
3	N3	Numeric Comp-3		9	0		9(09)
9	G	Group		0	0		

```

DataElement ID: 02091      Name:  MCAR-MCAID-END-DATE      Version:      Subsystem: Provider
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: HMO/PHP TYPE-OF-SERVICE/PROCEDURE LOW RANGE
                   THIS FIELD IS USED TO HOLD A TYPE OF SERVICE AND PROCEDURE CODE,
                   AND DEFINES THE INCLUSIVE LOWER VALUE OF A
                   TYPE-OF-SERVICE/PROCEDURE CODE RANGE FOR HMO/PHP COVERAGE.  TYPE
                   OF SERVICE IS STORED AS THE LEFTMOST CHARACTER, AND PROCEDURE CODE
                   IS STORED AS THE RIGHTMOST FIVE CHARACTERS.,
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02092 Name: HMO-COUNTY-LOW Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HMO/PHP TYPE-OF-SERVICE/PROCEDURE HIGH RANGE
 THIS FIELD IS USED TO HOLD A TYPE OF SERVICE AND PROCEDURE CODE,
 AND DEFINES THE INCLUSIVE UPPER VALUE OF A
 TYPE-OF-SERVICE/PROCEDURE CODE RANGE FOR HMO/PHP COVERAGE. TYPE
 OF SERVICE IS STORED AS THE LEFTMOST CHARACTER, AND PROCEDURE CODE
 IS STORED AS THE RIGHTMOST FIVE CHARACTERS.

Variant ID	Data	Type Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 02093 Name: HMO-COUNTY-HIGH Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HMO COUNTY LOW
 THIS FIELD IS USED TO DESIGNATE A HIGH-RANGE FOR COUNTY CODE.,

Variant ID	Data	Type Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02094 Name: PROV-NPI Version: Subsystem: Provider
 Created By: SYSTEM Last Updated By: T474104 Release:
 Created On: 8/25/2004 Last Updated On: 8/13/2008
 Description: PROVIDER NPI
 PROVIDER NPI.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		10	0		X(10)
2	X		AlphaNumeric		12	0		X(12)

DataElement ID: 02095 Name: ELECTRONIC-TAD Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ELECTRONIC TAD
 A VALUE REPRESENTING WHETHER THE TADS (TURN-AROUND DOCUMENTS)
 FOR NURSING HOMES ARE TO BE SENT BY ELECTRONIC TRANSMISSION
 OR BY PAPER COPY.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02096 Name: INIT-CRE-BAL-DATE Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: INITIAL CREDIT BALANCE DATE
 THE DATE THAT THE PROVIDER'S CREDIT BALANCE WAS FIRST ESTABLISHED.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(5)

DataElement ID: 02097 Name: PAY-TO-PROV-NPI Version: Subsystem: Provider
 Created By: SYSTEM Last Updated By: T474163 Release:
 Created On: 8/25/2004 Last Updated On: 9/22/2006
 Description: PAY TO PROVIDER NPI
 PAY TO PROVIDER NPI.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		10	0		X(10)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02098 Name: NUM-PROV-GROUPS Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF PROVIDER GROUPS. USED IN CONNECTION WITH PROVIDER GROUP
 (DED 02090).

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		S9(03)

DataElement ID: 02099 Name: PROV-CDAC-UNION-IND Version: Subsystem:
 Created By: T474072 Last Updated By: T474072 Release:
 Created On: 12/26/2007 Last Updated On: 12/26/2007
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 02100      Name:  TYPE-PRACTICE-ORGAN      Version:
Created By:                Last Updated By:            Release:
Created On:      8/25/2004  Last Updated On:   8/25/2004
Description: ***** MMIS DATA ELEMENT NAME - PROVIDER TYPE OF PRACTICE
ORGANIZATION
MMIS GSD DATA ELEMENT NUMBER - 210
-          MMIS PART 11 DATA ELEMENT NUMBER - 037
MMIS DEFINITION - A CODE IDENTIFYING THE ORGANIZATIONAL
STRUCTURE OF A PROVIDER'S PRACTICE. *****
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		2	0		X(02)
9	G	Group		0	0		

```

DataElement ID: 02101      Name:  NUM-PROV-SPEC-CODES      Version:
Created By:                Last Updated By:            Release:
Created On:      8/25/2004  Last Updated On:   8/25/2004
Description: NUMBER OF PROVIDER SPECIALTY CODES
THIS FIELD CONTAIN THE NUMBER OF OCCURRENCES OF PROVIDER SPECIALTY
CODES IN THE PROVIDER MASTER RECORD.  IT IS USED AS THE OBJECT OF
A COBOL 'OCCURS DEPENDING ON' CLAUSE TO DEFINE VARIABLE LENGTH
RECORDS.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		1	0		9(01)
3	N3	Numeric Comp-3		1	0		S9(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02102 Name: NUM-CLASS-GROUPS Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: NUMBER OF SUR CLASS GROUPS
 THIS FIELD CONTAIN THE NUMBER OF OCCURRENCES OF SUR CLASS GROUP CODES FOR CATEGORIES OF SERVICE IN THE PROVIDER MASTER RECORD. IT IS USED AS THE OBJECT OF A COBOL 'OCCURS DEPENDING ON' CLAUSE TO DEFINE VARIABLE LENGTH RECORDS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		1	0		9(01)
3	N3	Numeric Comp-3		1	0		S9(01)

DataElement ID: 02103 Name: NUM-DISPENSING-FEES Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: NUMBER OF PHARMACY DISPENSING FEES
 THIS FIELD CONTAIN THE NUMBER OF OCCURRENCES OF PHARMACY DISPENSING FEES IN THE PROVIDER MASTER RECORD. IT IS USED AS THE OBJECT OF A COBOL 'OCCURS DEPENDING ON' CLAUSE TO DEFINE VARIABLE LENGTH RECORDS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		1	0		9(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02104 Name: PROV-CDAC-UNION-IND Version: Subsystem: Provider
 Created By: T474072 Last Updated By: T474072 Release:
 Created On: 12/26/2007 Last Updated On: 12/26/2007
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

DataElement ID: 02105 Name: 835-CRED-BAL-REF Version: Subsystem:
 Created By: T474074 Last Updated By: T474074 Release:
 Created On: 10/15/2010 Last Updated On: 10/15/2010
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		16		0	X(16)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02106 Name: ADDRESS-NUMBER-IND Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: ADDRESS NUMBER INDICATOR
 THIS FIELD IS STORED WITH PROVIDER ADDRESS OCCURRENCES TO INDICATE WHICH ADDRESS IS BEING STORED. A VALUE OF '1' INDICATES THE PROVIDER PRACTICE ADDRESS, '2' IS THE PAY-TO ADDRESS (OPTIONAL), AND '3' IS THE MAILING ADDRESS (ALSO OPTIONAL).

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1	0		X(01)

DataElement ID: 02107 Name: HOSP-TAX-IND Version: Subsystem: Provider
 Created By: T474074 Last Updated By: T474074 Release:
 Created On: 6/15/2011 Last Updated On: 6/15/2011

Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02108 Name: CREDIT-BAL-AMT-GRP Version: Subsystem: Provider
 Created By: T474202 Last Updated By: T474198 Release:
 Created On: 3/3/2017 Last Updated On: 3/3/2017
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 02109 Name: CREDIT-BAL-AMT Version: Subsystem: Provider
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 3/3/2017 Last Updated On: 3/3/2017
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	2		S9(09)V99

DataElement ID: 02110 Name: PROV-COUNTY-CODE Version: Subsystem: Provider
 Created By: SYSTEM Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 11/18/2010
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		2	0		X(02)
2	X	AlphaNumeric		2	0		X(02)
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02111 Name: PROV-COUNTIES-SERVED Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROV-COUNTIES-SERVED
 CONTAINS THE COUNTY NUMBER(S) IN WHICH A PROVIDER PROVIDES
 SERVICES
 (SEE DED 02110 FOR VALUES)

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2	0		X(2)
9	G		Group		0	0		

DataElement ID: 02112 Name: PLAN-TYPE Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PLAN TYPE
 THE IDENTIFICATION OF THE RECIPIENT'S BENEFIT PLAN
 FOR THE COVERAGE PERIOD.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02113 Name: HMO-CAPITATION-AGE Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HMO CAPITATION AGE
 THIS FIELD CONTAINS A NUMERICAL VALUE CORRESPONDING TO AGE
 RANGES FOR MALE AND FEMALE CAPITATION RATES. SEE THE VALUES
 IN THE TABLE BELOW FOR THE MINIMUM AND MAXIMUM AGE RANGES
 FOR EACH VALUE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		2	0		X(2)

DataElement ID: 02114 Name: HMO-CAP-RATE-FEMALE Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE MONTHLY CAPITATION RATE PAID FOR A FEMALE MEMBER,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	2		S9(5)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02115 Name: HMO-CAP-RATE-MALE Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE MONTHLY CAPITATION RATE PAID FOR A MALE MEMBER,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7		2	S9(5)V99

DataElement ID: 02116 Name: HMO-CAP-PRICES Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: -
 HMO PRICES GROUP,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0		0	

DataElement ID: 02117 Name: RENDER-PHYSICIAN Version: Subsystem: Provider
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/9/2011 Last Updated On: 3/9/2011
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0		0	

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02118	Name: RENDER-PHYS-BASE-NUM	Version:	Subsystem: Provider
Created By: T474163	Last Updated By: T474163	Release:	
Created On: 3/9/2011	Last Updated On: 3/9/2011		
Description:			

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric			7	0		9(07)

DataElement ID: 02119	Name: RENDER-PHYS-LOC	Version:	Subsystem: Provider
Created By: T474163	Last Updated By: T474163	Release:	
Created On: 3/9/2011	Last Updated On: 3/9/2011		
Description:			

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric			2	0		9(02)

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 02120      Name:  PROV-EMPLR-IDENT-NUM      Version:
Created By:  SYSTEM      Last Updated By: T474104      Release:
Created On:  8/25/2004      Last Updated On:  10/17/2011
Description:  ***** MMIS DATA ELEMENT NAME - PROVIDER EMPLOYER IDENTIFICATION
NUMBER
MMIS GSD DATA ELEMENT NUMBER - 212
MMIS PART 11 DATA ELEMENT NUMBER - 038
MMIS DEFINITION - THE NUMBER ASSIGNED TO AN EMPLOYER BY THE
INTERNAL REVENUE SERVICE FOR TAX REPORTING
PURPOSES. *****
    
```

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		9	0		X(09)
2		N		Numeric		9	0		9(09)

```

DataElement ID: 02121      Name:  PROV-SSN-IRS-NUM-IND      Version:
Created By:  Initial Sy      Last Updated By: T474070      Release:
Created On:  8/25/2004      Last Updated On:  6/24/2005
Description:  PROVIDER SSN/IRS NUMBER INDICATOR
A CODE USED TO INDICATE THE NATURE OF THE EMPLOYER
IDENTIFICATION NUMBER (DED 02120).
    
```

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1	0		X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02122 Name: NATIONAL-PROV-NUMBER Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NATIONAL PROVIDER NUMBER
 THIS REFLECTS THE PROVIDER'S NUMBER AS ASSIGNED BY THE PROPOSED
 NATIONWIDE NUMBERING SYSTEM.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		10	0		X(10)

DataElement ID: 02123 Name: PROV-NABP-NUM Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROV-NABP-NUM
 IF PROVIDER IS A PHARMACIST, WILL CONTAIN NATIONAL PHARMACIST
 PROVIDER NUMBER.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		7	0		9(07)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02124 Name: VENDOR-ID Version: Subsystem: Provider
 Created By: Initial Sy Last Updated By: T474074 Release:
 Created On: 8/25/2004 Last Updated On: 3/28/2005
 Description: VENDOR-ID

-
 STATE-ASSIGNED (VENDOR) NUMBER FOR HMO (MANAGED CARE) AND
 MEDICAID PROVIDERS. ALL MEDICAID PROVIDERS HAVE A VENDOR
 CODE OF 99. HMO VENDOR NUMBERS ARE UNIQUE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		4	0		X(04)
2	N	Numeric		4	0		9(04)
4	X	AlphaNumeric		4	0		X(04)

DataElement ID: 02125 Name: LAST-PAYMENT-DATE Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LAST PAYMENT DATE
 THIS FIELD IS USED TO INDICATE THE LAST TIME A PROVIDER WAS
 PAID.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02126 Name: FIRST-PAYMENT-IND Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: FIRST PAYMENT INDICATOR
 THIS FIELD IS USED TO DETERMINE IF THE LAST PAYMENT DATE WAS
 THE FIRST PAYMENT THAT THE PROVIDER RECEIVED.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 02127 Name: PROV-EMAIL-ID Version: Subsystem: Provider
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 2/10/2005 Last Updated On: 2/10/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		50		0	X(50)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02130 Name: PROV-SS-NUM Version: Subsystem: Provider
 Created By: SYSTEM Last Updated By: T474104 Release:
 Created On: 8/25/2004 Last Updated On: 10/17/2011
 Description: ***** MMIS DATA ELEMENT NAME - PROVIDER SOCIAL SECURITY NUMBER:
 MMIS GSD DATA ELEMENT NUMBER - 213
 MMIS PART 11 DATA ELEMENT NUMBER - 039
 MMIS DEFINITION - THE NUMBER ASSIGNED TO AN INDIVIDUAL BY
 THE SOCIAL SECURITY ADMINISTRATION. *****

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		9	0		X(09)
2		N		Numeric		9	0		9(09)
3		N3		Numeric Comp-3		9	0		9(09)

DataElement ID: 02131 Name: NUM-HMO-PLAN-MESG Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF HMO/PHP PLAN MESSAGE LINES
 THIS FIELD IS THE OBJECT OF A COBOL 'OCCURS DEPENDING ON' CLAUSE
 TO DEFINE VARIABLE LENGTH RECORDS, AND DEFINES THE NUMBER OF
 HMO/PHP PLAN MESSAGE LINES PRESENT IN THE RECORD.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02132 Name: NUM-HMO-PHARM-MESG Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF HMO/PHP PHARMACY BILLING MESSAGE LINES
 THIS FIELD IS THE OBJECT OF A COBOL 'OCCURS DEPENDING ON' CLAUSE
 TO DEFINE VARIABLE LENGTH RECORDS, AND DEFINES THE NUMBER OF
 HMO/PHP PHARMACY BILLING MESSAGE LINES PRESENT IN THE RECORD.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 02133 Name: NUM-HMO-ZIP-RANGES Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF HMO/PHP ZIP CODE RANGES
 THIS FIELD IS THE OBJECT OF A COBOL 'OCCURS DEPENDING ON' CLAUSE
 TO DEFINE VARIABLE LENGTH RECORDS, AND INDICATES THE NUMBER OF ZIP
 CODE OR COUNTY RANGES IN THE RECORD.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02134 Name: NUM-HMO-CAP-GROUPS Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF HMO/PHP CAPITATION GROUPS
 THIS FIELD IS THE OBJECT OF A COBOL 'OCCURS DEPENDING ON' CLAUSE
 TO DEFINE VARIABLE LENGTH RECORDS, AND INDICATES THE NUMBER OF
 CAPITATION GROUPS AND RATES IN THE RECORD.,

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3	Numeric Comp-3		3	0		S9(03)

DataElement ID: 02135 Name: NUM-HMO-COVERED-SVCS Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF HMO/PHP COVERED SERVICES OCCURRENCES
 THIS FIELD IS THE OBJECT OF A COBOL 'OCCURS DEPENDING ON' CLAUSE
 TO DEFINE VARIABLE LENGTH RECORDS, AND INDICATES THE NUMBER OF
 COVERED CATEGORIES OF SERVICE OCCURRENCES IN THE RECORD.,

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3	Numeric Comp-3		3	0		S9(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02136 Name: NUM-HMO-PROC-RANGES Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF HMO/PHP PROCEDURE CODE RANGES
 THIS FIELD IS THE OBJECT OF A COBOL 'OCCURS DEPENDING ON' CLAUSE
 TO DEFINE VARIABLE LENGTH RECORDS, AND INDICATES THE NUMBER OF
 PROCEDURE CODE RANGES IN THE RECORD.,

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3		Numeric Comp-3		3	0		S9(03)

DataElement ID: 02139 Name: PROV-NUM-EFF-9-COMP Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDICARE PROVIDER NUMBER EFFECTIVE DATE, NINE'S COMPLEMENT
 THIS FIELD CONTAINS THE NINE'S COMPLEMENT (99999 - CENTURY-DATE)
 OF THE MEDICARE PROVIDER NUMBER EFFECTIVE DATE (DATA ELEMENT
 02142). IT IS USED TO BUILD A KEY SO THAT THE MOST RECENT
 EFFECTIVE DATE IS ENCOUNTERED WHEN FORWARD BROWSES ARE DONE ON THE
 VSAM FILE.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3		Numeric Comp-3		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02140 Name: MEDICARE-PROV-NUM Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: ***** MMIS DATA ELEMENT NAME - MEDICARE PROVIDER NUMBER
 MMIS GSD DATA ELEMENT NUMBER - 214
 MMIS PART 11 DATA ELEMENT NUMBER - 040
 MMIS DEFINITION - THE IDENTIFICATION NUMBER ASSIGNED TO
 EITHER A MEDICARE PROVIDER BY THE MEDICARE
 INTERMEDIARY OR CARRIER (PROVIDER MEANS
 ANY INDIVIDUAL OR ENTITY FURNISHING
 MEDICAID SERVICES UNDER A PROVIDER
 AGREEMENT WITH THE MEDICAID AGENCY (REF.
 42 CFR 430.1). *****
 THE PROVIDER NUMBER ASSIGNED TO EACH MEDICARE PROVIDER BY THE
 MEDICARE PROCESSING AGENCY. THIS NUMBER WILL BE USED AS A CROSS
 INDEX TO MEDICAID PROVIDER NUMBERS WHEN PROCESSING MEDICARE
 CROSS-OVER CLAIMS. THE MEDICARE PROVIDER NUMBER WILL CONTAIN 9
 DIGITS AND AN OPTIONAL ONE BYTES ALPHA SUFFIX.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		10	0		X(10)
4		X		AlphaNumeric		6	0		X(06)
5		X		AlphaNumeric		15	0		X(15)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02142 Name: PROV-NUM-EFF-DATE Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: PROVIDER NUMBER EFFECTIVE DATE
 ENTERED AS MMDDYY DATE, BUT MAINTAINED IN THE SYSTEM AS CENTURY
 DATE. THIS DATE IS USED ON THE MEDICARE/MEDICAID CROSS-REFERENCE
 FILE TO ALLOW A SINGLE MEDICARE NUMBER TO BE CROSS-REFERENCED TO
 MORE THAN ONE MEDICAID PROVIDER NUMBER. THE DATE OF SERVICE IN
 IN THE MEDICARE CROSS-OVER CLAIM IS USED TO DETERMINE WHICH
 MEDICAID PROVIDER NUMBER TO USE WHEN MORE THAN ONE MEDICAID
 NUMBER IS CROSS-REFERENCED TO A MEDICARE NUMBER.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3		Numeric Comp-3		5		0	S9(05)

DataElement ID: 02143 Name: NUM-CLM-TYPE-DATA Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: NUMBER OF CLAIM TYPE DATA ENTRIES. USED IN CONNECTION
 WITH PROVIDER CLAIM TYPE DATA (DED 02144) TO INDICATE
 THE NUMBER OF OCCURENCES OF THE DATA.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3		Numeric Comp-3		3		0	S9(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02144 Name: PROV-CLM-TYP-DATA Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS IS THE GROUP LEVEL FOR THE PROVIDER CLAIM TYPE
 DATA FIELDS. THE CLAIM TYPE DATA INCLUDES A BEGINNING
 DATE, AN ENDING DATE, AND A PROVIDER CLAIM TYPE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 02145 Name: PROV-BEGIN-CLM-TYPE Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE PROVIDER BEGINNING CLAIM TYPE DATE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02146 Name: PROV-END-CLM-TYPE Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE PROVIDER ENDING CLAIM TYPE DATE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

DataElement ID: 02147 Name: PROV-CLAIM-TYPE Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE CLAIM TYPES A PROVIDER CAN BILL.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 02149      Name:  NUM-CLIA-DATA      Version:      Subsystem: Provider
Created By:                Last Updated By:      Release:
Created On:   8/25/2004    Last Updated On:   8/25/2004
Description: NUMBER OF CLIA DATA ENTRIES.  USED IN CONNECTION
WITH PROVIDER CLIA DATA (DED 02150) TO INDICATE
THE NUMBER OF OCCURENCES OF THE DATA.
(THE CLIA NUMBER IS ASSIGNED TO LABORATORIES
CERTIFIED TO PERFORM CERTAIN PROCEDURES.)
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		S9(03)

```

DataElement ID: 02150      Name:  PROV-CLIA-DATA      Version:      Subsystem: Provider
Created By:                Last Updated By:      Release:
Created On:   8/25/2004    Last Updated On:   8/25/2004
Description: THIS IS THE GROUP LEVEL FOR THE PROVIDER CLIA DATA
FIELDS.  THE CLIA DATA INCLUDES THE ID, TYPE, BEGINNING
EFFECTIVE DATE, AND ENDING EFFECTIVE DATE.
(THE CLIA ID NUMBER IS ASSIGNED TO LABORATORIES
CERTIFIED TO PERFORM CERTAIN PROCEDURES.)
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02151 Name: PROV-CLIA-ID Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE CLIA ID NUMBER. (NOTE: THIS ID NUMBER IS
 ASSIGNED TO LABORATORIES CERTIFIED TO PERFORM
 CERTAIN PROCEDURES.)

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		10	0		X(10)

DataElement ID: 02152 Name: REF-PROV-CLIA-ID Version: Subsystem: Provider
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/8/2011 Last Updated On: 3/8/2011
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		10	0		X(10)

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 02153      Name:  PROV-CLIA-TYPE      Version:      Subsystem: Provider
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: PROVIDER CLIA TYPE
                TYPE OF CERTIFICATION THE LAB HAS.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

```

DataElement ID: 02154      Name:  PROV-CLIA-BEGIN-DT      Version:      Subsystem: Provider
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: THE BEGINNING EFFECTIVE DATE OF THE CLIA CERTIFICATION.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

```

DataElement ID: 02155      Name:  PROV-CLIA-END-DT      Version:      Subsystem: Provider
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: THE ENDING EFFECTIVE DATE OF THE CLIA CERTIFICATION.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02156 Name: NUM-INPAT-LEVEL-CARE Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF INPATIENT LEVEL OF CARE ENTRIES. USED IN
 CONNECTION WITH INPATIENT LEVEL-OF-CARE DATA (DED 02157)
 TO INDICATE THE NUMBER OF OCCURENCES OF THE DATA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 02157 Name: PROV-INPAT-LVL-CARE Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE PROVIDER INPATIENT LEVEL OF CARE FIELD.
 THE PROVIDER INPATIENT LEVEL OF CARE FIELD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		2	0		X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02158 Name: PROV-WIN-ID Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE PROVIDER'S WYOMING INFORMATION NETWORK (WIN)
 IDENTIFICATION.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		11		0	X(11)

DataElement ID: 02160 Name: PROV-YEAR-END-DATE Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ***** MMIS DATA ELEMENT NAME - PROVIDER YEAR END DATE
 MMIS GSD DATA ELEMENT NUMBER - 216
 MMIS PART 11 DATA ELEMENT NUMBER - 041
 MMIS DEFINITION - THE CALENDAR DATE ON WHICH THE PROVIDER'S
 FISCAL YEAR ENDS. *****
 THE DATE FORMAT IS MONTH AND DAY (MMDD). DEFAULT VALUE IS 12/31.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3		Numeric Comp-3		5		0	S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02162 Name: PROV-MEDIPASS-PHONE Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER MEDIPASS TELEPHONE NUMBER
 THE PROVIDER'S TELEPHONE NUMBER TO BE USED FOR MEDIPASS INQUIRIES.
 THIS NUMBER WILL PRINT ON THE RECIPIENT ID CARD. IT WILL ALSO BE
 BE THE TELEPHONE NUMBER USED IN THE VOICE RESPONSE SYSTEM.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N		Numeric		10	0		9(10)
3		N3		Numeric Comp-3		10	0		9(10)

DataElement ID: 02163 Name: ACT-MEDIPASS-PAT Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ACTUAL MEDIPASS PATIENTS
 THE ACTUAL NUMBER OF MEDIPASS PATIENTS FOR THE PROVIDER.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02164 Name: MEDIPASS-PROV-DATA Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS PROV DATA
 - THIS IS THE GROUP LEVEL FOR MEDIPASS PROVIDER DATA
 IN THE ID CARD EXTRACT RECORD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 02165 Name: MAX-PAT-EXCEEDED-IND Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MAX PAT EXCEEDED INDICATOR
 THIS FIELD IS USED TO INDICATE IF THE PROVIDER
 HAS EXCEEDED THEIR MAX MEDIPASS PATIENT LIMIT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02166 Name: NABP-MCAID-END-DATE Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NABP MEDICAID END DATE
 THE END DATE OF A PROVIDER'S ELIGIBILITY SPAN FOR A PARTICULAR
 NABP PHARMACY PROVIDER NUMBER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(5)

DataElement ID: 02167 Name: PROV-ZIP-CODE-PART2 Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER ZIP CODE
 THIS IS THE SECOND PART OF THE PROVIDER'S ZIP CODE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		4	0		X(04)

Iowa Medicaid Enterprise

Data Element List

```

DataElement ID: 02169      Name:  MEDIPASS-FEE      Version:      Subsystem: Provider
Created By:                Last Updated By:      Release:
Created On:   8/25/2004    Last Updated On:      8/25/2004
Description: MEDIPASS-FEE
              INDICATES WHETHER OR NOT A PROVIDER WILL RECEIVE A MEDIPASS
              CAPITATION FEE
    
```

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		1		0	X(01)

```

DataElement ID: 02170      Name:  PROV-LICENSE-NUM      Version:      Subsystem: Provider
Created By:                Last Updated By:      Release:
Created On:   8/25/2004    Last Updated On:      8/25/2004
Description: ***** MMIS DATA ELEMENT NAME - PROVIDER LICENSE NUMBER
              MMIS GSD DATA ELEMENT NUMBER - 217
              MMIS DEFINITION - THE NUMBER IDENTIFYING THE LICENSE
              - ISSUED BY THE STATE LICENSING BOARD
              AUTHORIZING A PROVIDER TO PRACTICE
              WITHIN THE STATE. *****
              ***** MMIS DATA ELEMENT NAME - PROVIDER LICENSE BOARD CODE
              MMIS GSD DATA ELEMENT NUMBER - 218
              MMIS DEFINITION - A CODE ASSIGNED TO EACH STATE LICENSING
              BOARD THAT ISSUES LICENSES TO PROVIDERS
              OF MEDICAID SERVICES. *****
              IN FLORIDA, THE FIRST TWO BYTES OF THE LICENSE NUMBERS MAINTAINED
              BY DPR INDICATE THE LICENSING BOARD.
    
```

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		9		0	X(09)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02171 Name: MEDIPASS-IND Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS-INDICATOR
 INDICATES WHETHER OR NOT A PROVIDER HAS AGREED TO BILL AS A
 MEDIPASS PROVIDER

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(1)

DataElement ID: 02172 Name: MEDIPASS-DATE Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS-DATE
 DATE A PROVIDER AGREED TO BILL AS A MEDIPASS PROVIDER;
 (SYSTEM GENERATED DATE SET WHEN MEDIPASS-INDICATOR IS CHANGED).

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3		Numeric Comp-3		5	0		S9(5)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02173 Name: MEDIPASS-NUM-MAX Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS-NUM-MAX
 THE MAXIMUM NUMBER OF MEDIPASS RECIPIENTS A PROVIDER CAN SERVE.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N	Numeric		5	0		9(05)
3		N3	Numeric Comp-3		5	0		S9(05)
4		X	AlphaNumeric		4	0		X(04)

DataElement ID: 02174 Name: MEDIPASS-NUM-CURRENT Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS-NUM-CURRENT
 THE CURRENT NUMBER OF MEDIPASS RECIPIENTS A PROVIDER IS SERVING.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N	Numeric		5	0		9(05)
3		N3	Numeric Comp-3		5	0		S9(05)
4		X	AlphaNumeric		4	0		X(04)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02175 Name: MEDIPASS-SEX Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS-SEX
 INDICATES IF PROVIDER IS LIMITED TO PROVIDING MEDICARE SERVICES
 TO ONE SEX ONLY, OR TO BOTH.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(1)

DataElement ID: 02176 Name: MEDIPASS-AGE-MIN Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS-AGE-MIN
 MINIMUM AGE OF MEDICAID RECIPIENTS THAT THE PROVIDER CAN
 TREAT.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3		Numeric Comp-3		3		0	S9(3)
9	G		Group		0		0	

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02177 Name: MEDIPASS-AGE-MAX Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS-AGE-MAX
 MAXIMUM AGE OF MEDICAID RECIPIENTS THAT THE PROVIDER CAN TREAT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		S9(3)
9	G	Group		0	0		

DataElement ID: 02178 Name: MEDIPASS-CURR-NEW Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS-CURR-NEW
 THIS FIELD INDICATES WHETHER THE PROVIDER IS SEEING ONLY CURRENT MEDIPASS PATIENTS OR CURRENT AND NEW PATIENTS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02179 Name: PROV-EMERG-ROOM-IND Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROV-EMERG-ROOM-IND
 INDICATES WHETHER OR NOT A PROVIDER CAN PROVIDE EMERGENCY ROOM
 SERVICES; WILL CONTAIN Y OR N

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(1)

DataElement ID: 02180 Name: IHAWP-IND Version: Subsystem: Provider
 Created By: T474190 Last Updated By: T474190 Release:
 Created On: 8/5/2013 Last Updated On: 8/5/2013
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02181 Name: IHAWP-DATE Version: Subsystem: Provider
 Created By: T474190 Last Updated By: T474190 Release:
 Created On: 8/5/2013 Last Updated On: 8/5/2013
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

DataElement ID: 02182 Name: IHAWP-NUM-MAX Version: Subsystem: Provider
 Created By: T474190 Last Updated By: T474190 Release:
 Created On: 8/5/2013 Last Updated On: 8/5/2013
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		5	0		9(05)
3	N3	Numeric Comp-3		5	0		S9(05)
4	X	AlphaNumeric		4	0		X(04)

DataElement ID: 02183 Name: IHAWP-NUM-CURRENT Version: Subsystem: Provider
 Created By: T474190 Last Updated By: T474190 Release:
 Created On: 8/5/2013 Last Updated On: 8/5/2013
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		5	0		9(05)
3	N3	Numeric Comp-3		5	0		S9(05)
4	X	AlphaNumeric		4	0		X(04)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02184 Name: IHAWP-CURR-NEW Version: Subsystem: Provider
 Created By: T474190 Last Updated By: T474190 Release:
 Created On: 8/5/2013 Last Updated On: 8/5/2013
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

DataElement ID: 02185 Name: SVC-LOC-ZIP-CODE Version: Subsystem: Provider
 Created By: T474070 Last Updated By: T474070 Release:
 Created On: 4/1/2007 Last Updated On: 4/1/2007
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	0		9(09)
5	X	AlphaNumeric		5	0		X(05)
9	G	Group		0	0		

DataElement ID: 02186 Name: IHAWP-LAST-ASGNED-DT Version: Subsystem:
 Created By: T474190 Last Updated By: T474190 Release:
 Created On: 8/5/2013 Last Updated On: 8/5/2013
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02187 Name: IHAWP-PROV-DATA Version: Subsystem: Provider
 Created By: T474190 Last Updated By: T474190 Release:
 Created On: 8/5/2013 Last Updated On: 8/5/2013
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0	0		

DataElement ID: 02188 Name: PROV-AFP-IND Version: Subsystem: Provider
 Created By: T474202 Last Updated By: T474229 Release:
 Created On: 12/5/2013 Last Updated On: 10/27/2014
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 02189 Name: PROV-AFP-DATE Version: Subsystem: Provider
 Created By: T474202 Last Updated By: T474202 Release:
 Created On: 12/5/2013 Last Updated On: 12/5/2013
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3		Numeric Comp-3		5	0		S9(05)

Iowa Medicaid Enterprise Data Element List

DataElement ID: 02190 Name: PROV-LICENSE-DATE Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ***** MMIS DATA ELEMENT NAME - PROVIDER LICENSE DATE
 MMIS GSD DATA ELEMENT NUMBER - 219
 MMIS DEFINITION - THE DATE THE PROVIDER'S LICENSE WAS
 ISSUED. *****

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

DataElement ID: 02191 Name: QHP-RATES Version: Subsystem: Provider
 Created By: T474166 Last Updated By: T474166 Release:
 Created On: 10/28/2013 Last Updated On: 10/28/2013
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02192 Name: QHP-REGIONS Version: Subsystem:
 Created By: T474166 Last Updated By: T474166 Release:
 Created On: 10/28/2013 Last Updated On: 10/28/2013
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	G	Group		0	0		

DataElement ID: 02193 Name: QHP-REGION-CODE Version: Subsystem:
 Created By: T474166 Last Updated By: T474166 Release:
 Created On: 10/28/2013 Last Updated On: 10/28/2013
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

DataElement ID: 02194 Name: PROV-PRESUM-IND Version: Subsystem: Provider
 Created By: T474229 Last Updated By: T474166 Release:
 Created On: 10/24/2014 Last Updated On: 10/29/2014
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02195 Name: QHP-RATE-NON-SMOKER Version: Subsystem:
 Created By: T474166 Last Updated By: T474166 Release:
 Created On: 10/28/2013 Last Updated On: 10/28/2013
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		5	2		9 (05) V99

DataElement ID: 02196 Name: QHP-RATE-SMOKER Version: Subsystem:
 Created By: T474166 Last Updated By: T474166 Release:
 Created On: 10/28/2013 Last Updated On: 10/28/2013
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		5	2		9 (05) V99

DataElement ID: 02197 Name: QHP-COST-SHARING Version: Subsystem: Provider
 Created By: T474166 Last Updated By: T474166 Release:
 Created On: 10/28/2013 Last Updated On: 10/28/2013
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		5	2		9 (05) V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02199 Name: PROV-SPECIALTY-DATA Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS IS THE GROUP LEVEL FOR THE PROVIDER SPECIALTY DATA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 02200 Name: PROV-SPEC-CODE Version: Subsystem: Provider
 Created By: SYSTEM Last Updated By: T474198 Release:
 Created On: 8/25/2004 Last Updated On: 5/8/2019
 Description: PROV SPEC CODE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		2	0		X(02)
2	X	AlphaNumeric		2	0		X(02)
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02201	Name: SPECIALTY-GROUP	Version:	Subsystem: Provider
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: SPECIALTY GROUP SPECIALTY GROUP			

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

DataElement ID: 02210	Name: LAST-CLAIM-DATE	Version:	Subsystem: Provider
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: LAST CLAIM DATE DATE OF THE LAST CLAIM ADJUDICATED FOR THE PROVIDER (SYSTEM-GENERATED)			

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(5)

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 02211      Name:  SUPERVISING-PROV-NUM      Version:
Created By: T474163        Last Updated By: T474163      Release:
Created On: 3/8/2011      Last Updated On: 3/8/2011
Description:
Subsystem: Provider
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

```

DataElement ID: 02212      Name:  SUPRVS-PROV-BASE-NUM      Version:
Created By: T474163        Last Updated By: T474163      Release:
Created On: 3/8/2011      Last Updated On: 3/8/2011
Description:
Subsystem: Provider
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		7	0		9(07)

```

DataElement ID: 02213      Name:  SUPRVS-PROV-LOC      Version:
Created By: T474163        Last Updated By: T474163      Release:
Created On: 3/8/2011      Last Updated On: 3/8/2011
Description:
Subsystem: Provider
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		2	0		9(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02214 Name: SUPRVS-PROV-NPI Version: Subsystem: Provider
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/8/2011 Last Updated On: 3/8/2011
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		10	0		X(10)

DataElement ID: 02215 Name: ASST-SURG-PRIM-NPI Version: Subsystem: Provider
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/15/2011 Last Updated On: 3/15/2011
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		10	0		X(10)

DataElement ID: 02216 Name: SUPR-PRIM-PROV-NPI Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474193 Release:
 Created On: 3/15/2011 Last Updated On: 11/26/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		10	0		X(10)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02217 Name: ASST-SURG-PRIM-PRV Version: Subsystem: Provider
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/23/2011 Last Updated On: 3/23/2011
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		7	0		9(07)

DataElement ID: 02218 Name: ASST-SURG-PRIM-PRV-L Version: Subsystem: Provider
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/23/2011 Last Updated On: 3/23/2011
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		2	0		9(02)

DataElement ID: 02220 Name: PROV-LAST-NAME Version: Subsystem: Provider
 Created By: T474096 Last Updated By: T474096 Release:
 Created On: 3/30/2005 Last Updated On: 3/30/2005
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		21	0		X(21)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02221 Name: PROV-FIRST-NAME Version: Subsystem: Provider
 Created By: T474096 Last Updated By: T474096 Release:
 Created On: 3/30/2005 Last Updated On: 3/30/2005
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		9		0	X(09)

DataElement ID: 02222 Name: PROV-PRESUM-IND Version: Subsystem: Provider
 Created By: T474229 Last Updated By: T474229 Release:
 Created On: 10/24/2014 Last Updated On: 10/24/2014
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture

DataElement ID: 02223 Name: PROV-MIDDLE-INITIAL Version: Subsystem: Provider
 Created By: T474096 Last Updated By: T474096 Release:
 Created On: 3/30/2005 Last Updated On: 3/30/2005
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

```

DataElement ID: 02230      Name:  PROV-SPEC-CERT-DATE      Version:      Subsystem: Provider
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: ***** MMIS DATA ELEMENT NAME - SPECIALTY CERTIFICATION DATE
                   MMIS GSD DATA ELEMENT NUMBER - 223
                   MMIS DEFINITION - THE DATE THE SPECIALTY CERTIFICATION
                   BOARD ISSUES THE CERTIFICATION FOR A
                   SPECIALTY TO A PHYSICIAN. *****
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

```

DataElement ID: 02231      Name:  NUM-CERT-DATA      Version:      Subsystem: Provider
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: NUM CERT DATA
                   SYSTEM-GENERATED TO INDICATE THE NUMBER OF OCCURRENCES (1-12) OF
                   PROVIDER CERTIFICATION DATA.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		S9(3)

Iowa Medicaid Enterprise

Data Element List

```

DataElement ID: 02232      Name:  PROV-CERTIF-DATA      Version:      Subsystem: Provider
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: PROV-CERTIF-DATA
              CONTAINS A COLLECTION OF DATA ELEMENTS CONCERNING PROVIDER
              CERTIFICATION
              INCLUDES:
              DEN 02233 PROV-CERTIF-BEG-DT
              DEN 02234 PROV-CERTIF-END-DT
              DEN 02235 PROV-CERTIF-CD
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

```

DataElement ID: 02233      Name:  PROV-CERTIF-BEG-DT      Version:      Subsystem: Provider
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: PROV-CERTIF-BEG-DT
              CONTAINS THE BEGINNING DATE THAT THE PROVIDER IS CERTIFIED FOR
              A CERTAIN FUNCTION
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(5)

Iowa Medicaid Enterprise

Data Element List

```

DataElement ID: 02234      Name:  PROV-CERTIF-END-DT      Version:      Subsystem: Provider
Created By:                Last Updated By:      Release:
Created On:      8/25/2004  Last Updated On:      8/25/2004
Description: PROV-CERTIF-END-DT
              CONTAINS THE ENDING DATE THAT THE PROVIDER IS CERTIFIED FOR
              A CERTAIN FUNCTION
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(5)

```

DataElement ID: 02235      Name:  PROV-CERTIF-CD      Version:      Subsystem: Provider
Created By: SYSTEM        Last Updated By: T474186  Release:
Created On:      8/25/2004  Last Updated On:      12/30/2019
Description: - PROV-CERTIF-CD
              INDICATES ANY SPECIAL CERTIFICATIONS ISSUED TO A PROVIDER TO
              PROVIDE SPECIALIZED PROCEDURES. HAVING A SPECIAL CERTIFICATION
              IS USED IN DETERMINING APG/DRG RATES. INPATIENT CERTIFICATION
              VALUES ARE NUMERIC; OUTPATIENT CERTIFICATION VALUES ARE
              ALPHABETIC.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02240 Name: DATE-OF-LAST-TRANS Version: Subsystem: Provider
 Created By: Initial Sy Last Updated By: T474190 Release:
 Created On: 8/25/2004 Last Updated On: 12/23/2015
 Description: DATE-OF-LAST-TRANS
 MMIS GSD DATA ELEMENT NUMBER 224.
 THE PROCESS DATE OF THE MOST RECENT TRANSACTION
 TO A DATA FILE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		6	0		X(06)
2	N		Numeric		6	0		9(06)
3	N3		Numeric Comp-3		5	0		S9(05)
4	N		Numeric		8	0		9(08)
5	X		AlphaNumeric		3	0		X(03)
6	X		AlphaNumeric		8	0		X(08)

DataElement ID: 02241 Name: TIME-OF-LAST-TRANS Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TIME-OF-LAST-TRANS
 THE PROCESS TIME OF THE MOST RECENT TRANSACTION
 TO A DATA FILE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		6	0		X(06)
3	N3		Numeric Comp-3		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02243	Name: PROV-EHR	Version:	Subsystem:
Created By: T474186	Last Updated By: T474186	Release:	
Created On: 9/13/2012	Last Updated On: 9/13/2012		
Description:			

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

DataElement ID: 02244	Name:	Version:	Subsystem:
Created By: T474181	Last Updated By: T474181	Release:	
Created On: 9/14/2012	Last Updated On: 9/14/2012		
Description:			

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

DataElement ID: 02245	Name: PROV-EHR	Version:	Subsystem:
Created By: T474186	Last Updated By: T474186	Release:	
Created On: 9/14/2012	Last Updated On: 9/14/2012		
Description:			

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02247 Name: PROV-PRESUM-IND Version: Subsystem:
 Created By: T474229 Last Updated By: T474229 Release:
 Created On: 10/24/2014 Last Updated On: 10/24/2014
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 02265 Name: RECOUPMENT-DATA Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: - THIS IS THE GROUP LEVEL FOR THE RECOUPMENT FIELDS. THE
 RECOUPMENT DATA IS THE AMOUNT DEDUCTED FROM THE WARRANT DURING
 EACH PAYMENT CYCLE, THIS AMOUNT IS DETERMINED BY THE STATE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02266 Name: MAX-CHK-BAL-DED-AMT Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MAXIMUM CREDIT BALANCE DEDUCTION AMOUNT. THIS AMOUNT WILL BE USED DURING THE PAYMENT CYCLE TO DETERMINE THE MAXIMUM DOLLARS THAT MAY BE DEDUCTED FROM A PROVIDER'S WARRANT AS A RESULT OF NEGATIVE ADJUSTMENTS TO PREVIOUSLY PAID CLAIMS. PROVIDER RECORD EDITS...
 1. DEFAULT VALUE IS ZEROS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		11	2		S9(07)V9(02)

DataElement ID: 02267 Name: MAX-CHK-BAL-DED-PCT Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD IS THE PERCENTAGE OF THE WARRANT TO BE DEDUCTED FROM THE PROVIDER FOR EACH PAYMENT CYCLE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		0	4		S9V9999

Iowa Medicaid Enterprise

Data Element List

```

DataElement ID: 02268      Name:  RECOUPMENT-AMOUNT      Version:
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: PROVIDER RECOUPMENT AMOUNT
              THIS IS THE TOTAL AMOUNT REMAINING TO BE RECOUPED FROM THE
              PROVIDERS PAYMENTS.  THERE IS A LIMIT TO THE AMOUNT WHICH
              MAY BE DEDUCTED FROM EACH PAYMENT (SEE DEN 02266 AND 02267)
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		11	2		S9(7)V9(2)

```

DataElement ID: 02280      Name:  PROV-APPL-DATE      Version:
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: ***** MMIS DATA ELEMENT NAME - PROVIDER APPLICATION DATE
              MMIS GSD DATA ELEMENT NUMBER - 228
              MMIS DEFINITION - THE DATE THE PROVIDER FIRST APPLIED FOR
              PARTICIPATION IN THE MEDICAID PROGRAM.  ***
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02290 Name: PROV-CLAIM-FORM-IND Version: Subsystem: Provider
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: PROVIDER CLAIM FORM INDICATOR
THIS INDICATOR IS USED TO IDENTIFY THE VARIOUS FORMS THAT MAY BE
ORDERED BY PROVIDERS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 02291 Name: NUM-FORM-REQUESTS Version: Subsystem: Provider
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: NUMBER OF FORM REQUESTS
THIS FIELD IS THE OCCURRENCE COUNTER USED TO DETERMINE
THE NUMBER OF FORM REQUESTS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02292 Name: QNTY-REQUESTED Version: Subsystem: Provider
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: QUANTITY REQUESTED
CONTAINS THE NUMBER OF FORMS REQUESTED BY A PROVIDER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
------------	-----------	-------------	--------	--------	-----------	--------------	---------

DataElement ID: 02293 Name: QNTY-REQ-DATE Version: Subsystem: Provider
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: QUANTITY REQUESTED DATE
THE DATE THAT THE FORM REQUEST WAS RECEIVED FROM THE PROVIDER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
------------	-----------	-------------	--------	--------	-----------	--------------	---------

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02294 Name: QNTY-FILLED Version: Subsystem: Provider
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: QUANTITY FILLED
SPECIFIES THE ACTUAL NUMBER OF FORMS SENT TO THE PROVIDER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
------------	-----------	-------------	--------	--------	-----------	--------------	---------

DataElement ID: 02295 Name: QNTY-FILLED-DATE Version: Subsystem: Provider
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: QUANTITY FILLED DATE
THE DATE THE ORDER WAS PROCESSED AND SENT TO THE PROVIDER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
------------	-----------	-------------	--------	--------	-----------	--------------	---------

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02296 Name: QNTY-LABELS Version: Subsystem: Provider
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: QUANTITY LABELS
 THE NUMBER OF LABELS TO BE GENERATED TO PROCESS ORDER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
------------	-----------	-------------	--------	--------	-----------	--------------	---------

DataElement ID: 02297 Name: REQUEST-PROCESS-IND Version: Subsystem: Provider
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: REQUEST PROCESS INDICATOR
 INDICATES WHETHER OR NOT THE ORDER HAS BEEN PROCESSED BY THE
 BATCH SYSTEM.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02298 Name: PROV-FORM-DATA Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER FORM DATA

-
 THIS INFORMATION IS USED TO KEEP TRACK OF PROVIDER ORDERS FOR
 THE VARIOUS CLAIM FORMS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 02299 Name: BATCH-DATE Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: BATCH DATE

THE DATE RECORD WAS UPDATED BY A BATCH PROGRAM. USER WILL BE 999.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02300 Name: OUT-OF-STATE-PROV-CD Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NO DESCRIPTION FOUND FOR THIS ELEMENT

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

DataElement ID: 02310 Name: DEA-NUMBER Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ***** MMIS DATA ELEMENT NAME - NATIONAL PHARMACY NUMBER
 MMIS GSD DATA ELEMENT NUMBER - 231
 MMIS DEFINITION - THE IDENTIFICATION NUMBER ASSIGNED TO
 PHARMACIES BY THE NATIONAL PHARMACEUTICAL
 ASSOCIATION. *****
 DRUG ENFORCEMENT AGENCY NUMBER.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		9		0	X(9)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02312 Name: PHRM-DISP-FEE-BEG-DT Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PHARMACY DISPENSING FEE BEGIN DATE
 THIS FIELD CONTAINS THE DATE UPON WHICH THE DISPENSING FEE (DATA ELEMENT 02314) BECOMES EFFECTIVE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5		0	S9(05)

DataElement ID: 02313 Name: PHRM-DISP-FEE-END-DT Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PHARMACY DISPENSING FEE END DATE
 THIS FIELD CONTAINS THE LAST DAY FOR WHICH WHICH THE DISPENSING FEE (DATA ELEMENT 02314) IS EFFECTIVE.,
 -

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5		0	S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02314 Name: PHARM-DISP-FEE Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PHARMACY DISPENSING FEE

THIS FIELD CONTAINS THE DISPENSING FEE, WHICH IS ADDED TO THE INGREDIENT COST OF A DRUG PRESCRIPTION TO DETERMINE THE ALLOWED CHARGE. IF THIS FIELD IS NOT PRESENT ON THE PROVIDER MASTER FILE FOR THE DATE THAT THE DRUG WAS DISPENSED, A DISPENSING FEE IS OBTAINED FROM THE SYSTEM PARAMETER FILE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	2		S9(03)V99
9	G	Group		0	0		

DataElement ID: 02315 Name: PROV-HIN Version: Subsystem: Provider
 Created By: T474186 Last Updated By: T474186 Release:
 Created On: 9/14/2012 Last Updated On: 9/17/2012
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02316 Name: PROV-EHR Version: Subsystem:
 Created By: T474186 Last Updated By: T474186 Release:
 Created On: 9/14/2012 Last Updated On: 9/14/2012
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

DataElement ID: 02317 Name: PROVIDER-EHR Version: Subsystem:
 Created By: T474186 Last Updated By: T474186 Release:
 Created On: 9/14/2012 Last Updated On: 9/14/2012
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02319 Name: PROV-BED-DATA Version: Subsystem: Provider
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: PROVIDER BED DATA
THIS DATA ELEMENT IS A GROUP FIELD CONTAINING OCCURRENCES DEFINING
THE NUMBER OF BEDS WITHIN THE INSTITUTION.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

```

DataElement ID: 02320      Name:  PROV-NUM-OF-BEDS      Version:
Created By:                Last Updated By:          Release:
Created On:      8/25/2004  Last Updated On:   8/25/2004
Description: ***** MMIS DATA ELEMENT NAME - NUMBER OF BEDS CERTIFIED
                   MMIS GSD DATA ELEMENT NUMBER - 232
                   MMIS DEFINITION - THE COUNT OF CERTIFIED INPATIENT BEDS
                   IN A HEALTH AND MEDICAL SERVICES
                   INSTITUTION. *****
                   THIS IS A GROUP LEVEL ENTRY THAT OCCURS TWO TIMES FOR BED
                   COUNTS THAT CHANGE OVER TIME.  THE BED COUNT IS BROKEN DOWN
                   INTO SIX SEPARATE COUNTS AS FOLLOWS:
                   DEN 02321 - TOTAL NUMBER OF BEDS IN FACILITY
                   DEN 02322 - NUMBER OF INTERMEDIATE LEVEL BEDS (MAX)
                   DEN 02323 - NUMBER OF SKILLED LEVEL BEDS (MAX)
                   DEN 02324 - NUMBER OF OTHER BEDS
                   DEN 02327 - NUMBER OF INPATIENT BEDS
                   DEN 02332 - NUMBER OF MENTAL RETARDATION BEDS
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

```

DataElement ID: 02321      Name:  NUM-BEDS-TOTAL      Version:
Created By:                Last Updated By:      Release:
Created On:   8/25/2004    Last Updated On:  8/25/2004
Description: NUMBER OF BEDS IN TOTAL. THIS RELATES TO PROVIDER NUMBER OF BEDS
AS DEFINED IN DEN = 02320.
PROVIDER RECORD EDITS...
1. THIS TOTAL MUST EQUAL THE SUM OF THE FOLLOWING
DEN = 02322 - NUM OF INTERMEDIATE LEVEL BEDS
-
DEN = 02324 - NUM OF SWING LEVEL BEDS (SKILLED OR INTER)
DEN = 02327 - NUM OF INPATIENT BEDS
DEN = 02332 - NUM OF MENTAL RETARDATION BEDS
    
```

Subsystem: Provider

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

```

DataElement ID: 02322      Name:  NUM-BEDS-NF      Version:
Created By:                Last Updated By:      Release:
Created On:   8/25/2004    Last Updated On:  8/25/2004
Description: NUMBER OF BEDS FOR INTERMEDIATE LEVEL OF CARE. THIS RELATES TO
PROVIDER NUMBER OF BEDS AS DEFINED IN DEN = 02320.
    
```

Subsystem: Provider

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02323 Name: NUM-BEDS-ICF-MR Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF BEDS FOR SKILLED LEVEL OF CARE. THIS RELATES TO PROVIDE
 NUMBER OF BEDS AS DEFINED IN DEN = 02320.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

DataElement ID: 02324 Name: NUM-BEDS-PSY Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF OTHER BEDS.
 THIS REPRESENTS THE NUMBER OF OTHER BEDS FOR BOTH ICF AND SNF
 PATIENTS. THIS RELATES TO PROVIDER NUMBER OF BEDS DEFINED IN
 DEN=02320.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02325 Name: PROV-BED-DATA-CTR Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER BED DATA COUNTER.
 A COUNT OF THE NUMBER OF ENTRIES OF PROVIDER NUMBER OF BEDS
 (DEN = 02320).

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		1	0		S9(01)

DataElement ID: 02326 Name: PROV-BED-EFFECT-DATE Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER BED DATA EFFECTIVE DATE.
 THE EFFECTIVE DATE OF THE ASSOCIATED PROVIDER NUMBER OF BEDS
 (DEN = 02320). FORMAT IS CENTURY DAY.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02327 Name: NUM-BEDS-INPATIENT Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF BEDS FOR INPATIENT CARE.
 THIS NUMBER REPRESENTS THE COUNT OF BEDS DEDICATED TO GENERAL
 INPATIENT CARE. THIS RELATES TO PROV-NUM-BEDS (DEN=02320).

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

DataElement ID: 02328 Name: PROV-LTC-DATA-CTR Version: Subsystem: Provider
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 2/10/2005 Last Updated On: 2/10/2005
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		S9(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02329 Name: PROV-SPLIT-BILL-IND Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER SPLIT BILLING INDICATOR

THIS FIELD IS AN INDICATOR FOR PHYSICIANS THAT USE HOSPITALS TO
 - PROVIDE THE TECHNICAL COMPONENT OF ANCILLARY SERVICES, IN WHICH
 CASE THE PHYSICIAN IS REIMBURSED AT A PERCENTAGE OF THE ALLOWED
 PROFESSIONAL FEE FOR THAT SERVICE (TYPICALLY 45 PERCENT) OR FOR
 THOSE PROVIDERS THAT PROVIDE ONLY THE TECHNICAL COMPONENT OF THESE
 SERVICES, WHICH IS TYPICALLY REIMBURSED AT 55 PERCENT OF THE
 ALLOWED CHARGE.
 THIS CODE IS NOT CURRENTLY USED IN FLORIDA, IT IS RETAINED FOR
 FUTURE USE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02330 Name: PROV-CHARGE-FACTOR Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: PROVIDER CHARGE FACTOR.
 ***** MMIS DATA ELEMENT NAME - PER DIEM RATE
 MMIS GSD DATA ELEMENT NUMBER - 233
 MMIS PART 11 DATA ELEMENT NUMBER - 047
 MMIS DEFINITION - THE PAYMENT AOUNT FOR EACH DAY OF CARE IN AN INSTITUTION THAT IS REIMBURSED ON A PER DIEM BASIS. *****
 ***** MMIS DATA ELEMENT NAME - PERCENT-OF-CHARGES FACTOR
 MMIS GSD DATA ELEMENT NUMBER - 234
 MMIS PART 11 DATA ELEMENT NUMBER - 048
 MMIS DEFINITION - THE PERCENT OF A PROVIDER'S CHARGES THAT CONSTITUTES PAYMENT FOR CERTAIN CATEGORIES OF SERVICE. *****
 ***** MMIS DATA ELEMENT NAME - MEDICAID REASONABLE CHARGE
 MMIS GSD DATA ELEMENT NUMBER - 529
 MMIS PART 11 DATA ELEMENT NUMBER - 098
 MMIS DEFINITION - PAYMENT AMOUNT RECOGNIZED AS THE REASONABLE CHARGE FOR MEDICAID. *****
 ***** MMIS DATA ELEMENT NAME - MAXIMUM ALLOWED PRICE
 MMIS GSD DATA ELEMENT NUMBER - 508
 MMIS PART 11 DATA ELEMENT NUMBER - 107
 MMIS DEFINITION - THE MAXIMUM AMOUNT THAT WILL BE PAID FOR A PROCEDURE, TREATMENT, OR SERVICE ITEM.*****
 THE MMIS-GSD NAME FOR THIS DATA ELEMENT NUMBER IS PROVIDER PER DIEM RATE, BUT THIS FIELD WILL BE USED FOR OTHER PURPOSES AS WELL AS PER DIEM RATE. THE CONTENTS OF THE FIELD ARE DEFINED BY THE CORRESPONDING PROVIDER CHARGE MODE (DEN = 02331).

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N	Numeric		7	2		9(05)V99
3		N3	Numeric Comp-3		7	2		S9(05)V99
5		N3	Numeric Comp-3		7	3		S9(04)V999
7		N3	Numeric Comp-3		7	0		S9(07)

Iowa Medicaid Enterprise

Data Element List

8	N3	Numeric Comp-3	7	4	S999V9 (04)
9	G	Group	0	0	

DataElement ID: 02331 Name: PROV-CHARGE-MODE Version: Subsystem: Provider
 Created By: SYSTEM Last Updated By: T474217 Release:
 Created On: 8/25/2004 Last Updated On: 5/18/2017
 Description: PROVIDER CHARGE MODE
 THIS INDICATOR IS ASSOCIATED WITH AND DEFINES THE PROVIDER
 CHARGE FACTOR (DEN 02330).

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(1)

DataElement ID: 02332 Name: NUM-BEDS-T18-SNF Version: Subsystem: Provider
 Created By: Last Updated By:
 Created On: 8/25/2004 Last Updated On: 8/25/2004 Release:
 Description: NUMBER OF BEDS FOR MENTAL RETARDATION PATIENTS.
 THIS NUMBER REPRESENTS THE NUMBER OF BEDS FOUND IN AN
 INTERMEDIATE CARE FACILITY THAT ARE DESIGNATED FOR THE CARE OF
 MENTAL RETARDATION PATIENTS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9 (05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02333 Name: RESERVE-BED-DAY-PCT Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RESERVE BED DAY PERCENT
 A VALUE REPRESENTING THE CHARGE FROM A PROVIDER FOR RESERVE BEDS

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		0	4		9V9999

DataElement ID: 02334 Name: PROV-EHR Version: Subsystem:
 Created By: T474186 Last Updated By: T474186 Release:
 Created On: 9/14/2012 Last Updated On: 9/14/2012
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02350 Name: PROV-RATE-EFF-DATE Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER RATE EFFECTIVE DATE.
 - ***** MMIS DATA ELEMENT NAME - RATE EFFECTIVE DATE
 MMIS GSD DATA ELEMENT NUMBER - 235
 MMIS PART 11 DATA ELEMENT NUMBER - 049
 MMIS DEFINITION - THE EFFECTIVE DATE OF ACCOMPANYING PER
 DIEM RATE OR PERCENT-OF-CHARGES
 FACTOR. *****

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3		Numeric Comp-3		5		0	S9(05)

DataElement ID: 02355 Name: PROV-CHARGE-DATA-CTR Version: Subsystem: Provider
 Created By: Initial Sy Last Updated By: T474096 Release:
 Created On: 8/25/2004 Last Updated On: 3/30/2005
 Description: PROVIDER CHARGE DATA COUNTER.
 A COUNT OF THE NUMBER OF ENTRIES OF CHARGE DATA (DEN = 02359).

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3		Numeric Comp-3		3		0	S9(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02359 Name: PROV-CHARGE-DATA Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER CHARGE DATA.

A GROUP LEVEL ENTRY CONTAINING THE VARIOUS CHARGE INFORMATION BY EFFECTIVE DATES. INCLUDES THE FOLLOWING DATA ELEMENTS ...
 DEN = 02350 (PROVIDER RATE EFFECTIVE DATE)
 DEN = 02331 (PROVIDER CHARGE MODE)
 DEN = 02330 (PROVIDER CHARGE FACTOR)
 PROVIDER RECORD EDITS...
 1. DATA ARRANGED IN DESCENDING DATE/MODE SEQUENCE.
 2. DUPLICATE DATE/MODE ENTRIES ARE INVALID.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 02380 Name: PROV-ENROL-STAT-CD Version: Subsystem: Provider
 Created By: SYSTEM Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 1/10/2014
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02389 Name: PROV-ENROL-PERIODS Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER ENROLLMENT PERIODS.
 THE NUMBER OF ENROLLMENT PERIODS CARRIED ON THE PROVIDER RECORD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		1	0		S9(01)
9	G	Group		0	0		

DataElement ID: 02390 Name: PROV-ENROL-STAT-DATE Version: Subsystem: Provider
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 1/14/2005
 Description: ***** MMIS DATA ELEMENT NAME - PROVIDER ENROLLMENT STATUS DATE
 MMIS GSD DATA ELEMENT NUMBER - 239
 MMIS PART 11 DATA ELEMENT NUMBER - 052
 MMIS DEFINITION - THE EFFECTIVE DATE OF ACCOMPANYING
 PROVIDER ENROLLMENT STATUS CODE. *****

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		6	0		9(6)
3	N3	Numeric Comp-3		5	0		S9(05)
4	N	Numeric		8	0		9(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02391 Name: PROV-ENROL-END-DATE Version: Subsystem: Provider
 Created By: T474070 Last Updated By: T474070 Release:
 Created On: 4/26/2005 Last Updated On: 4/26/2005
 Description:

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N	Numeric		8	0		9(08)
9		G	Group		0	0		

DataElement ID: 02410 Name: NUM-PROV-IN-GROUP Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: - ***** MMIS DATA ELEMENT NAME - NUMBER PHYSICIANS IN GROUP
 MMIS GSD DATA ELEMENT NUMBER - 241
 MMIS DEFINITION - THE NUMBER OF PHYSICIANS IN A GROUP
 PRACTICE. *****

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3	Numeric Comp-3		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02415 Name: NUM-INTERMED-MEMBERS Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE NUMBER OF INTERMEDIARY MEMBERS IN THE INTERMEDIARY GROUP.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

DataElement ID: 02416 Name: NUM-INTERMED-GROUPS Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE NUMBER OF INTERMEDIARY GROUPS A PROVIDER BELONGS TO.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02420 Name: NUM-CLASSIF-CODES Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF CLASSIFICATION CODES.
 INDICATES THE ACTUAL NUMBER OF ENTRIES IN THE LABORATORY
 CLASSIFICATION ARRAY (DEN=02421).

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		S9(03)

DataElement ID: 02421 Name: PROV-CLASSIF-DATA Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER CLASSIFICATION DATA.
 THIS GROUP LEVEL DATA ELEMENT INCLUDES DATE RANGE FOR WHICH
 A PROVIDER IS CERTIFIED TO PERFORM CERTAIN LAB PROCEDURES
 WHICH ARE CONVIENTLY GROUPED BY CLASSIFICATION CODES.
 THE NUMBER OF ENTRIES IN THE ARRAY VARIES ACCORDING TO THE
 VALUE OF DEN 02420.
 EACH ENTRY CONSISTS OF THE FOLLOWING-
 BEGINNING DATE (DEN=02422)
 ENDING DATE (DEN=02423)
 CLASSIFICATION CODE (DEN=02424)

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02422 Name: PROV-CLASSIF-BEG-DT Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER CLASSIFICATION BEGINNING DATE.
 BEGINNING EFFECTIVE DATE ASSOCIATED WITH THE LABORATORY
 CLASSIFICATION CODES (DEN=02424) AS THEY OCCUR WITHIN
 THE PROVIDER CLASSIFICATION ARRAY (DEN=02421).
 FORMAT IS CENTURY DATE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

DataElement ID: 02423 Name: PROV-CLASSIF-END-DT Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER CLASSIFICATION ENDING DATE.
 - ENDING EFFECTIVE DATE ASSOCIATED WITH THE LABORATORY
 CLASSIFICATION CODES (DEN=02424) AS THEY OCCUR WITHIN
 THE PROVIDER CLASSIFICATION ARRAY (DEN=02421).
 FORMAT IS CENTURY DATE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02424 Name: PROV-CLASSIF-CD Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER CLASSIFICATION CODE
 THE PROVIDER CLASSIFICATION CODE INDICATES THOSE CLASSES OF LAB
 PROCEDURES A PROVIDER IS CERTIFIED TO PERFORM.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		3	0		X(03)
9	G	Group		0	0		

DataElement ID: 02430 Name: TREAT-PROVIDER-IND Version: Subsystem: Provider
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 6/24/2005
 Description: TREATING PROVIDER INDICATOR.
 - THIS INDICATOR IS USED TO IDENTIFY TREATING PROVIDERS IN WAIVER
 PROGRAMS AND CASE MANAGEMENT. THESE PROVIDERS MAY BE PERFORMING
 PROVIDERS, BUT NOT "PAY TO" PROVIDERS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02431 Name: TREAT-PROV-SORT-NAME Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TREATING PROVIDER SORT NAME
 THIS FIELD REPRESENT THE SORT NAME OF A TREATING PROVIDER.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 02435 Name: LIEN-DEDUCT-AMOUNT Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LIEN HOLDER DEDUCTION AMOUNT.
 THIS AMOUNT WILL BE USED DURING THE PAYMENT CYCLE TO DETERMINE
 THE MAXIMUM DOLLARS THAT MAY BE DEDUCTED FROM A PROVIDER'S
 WARRANT AS A RESULT OF A LIEN.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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3	N3	Numeric Comp-3		9	2		S9(07)V99
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02436 Name: LIEN-DEDUCT-PERCENT Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LIEN HOLDER DEDUCTION PERCENT.
 THIS AMOUNT WILL BE USED DURING THE PAYMENT CYCLE TO DETERMINE
 THE MAXIMUM DOLLARS THAT MAY BE DEDUCTED, ON A PERCENTAGE
 BASIS, FROM A PROVIDER'S WARRANT AS A RESULT OF A LIEN.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3			N3	Numeric Comp-3		0	2		S9V99

DataElement ID: 02450 Name: NUM-DRG-DATA Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUM DRG DATA
 SYSTEM-GENERATED TO INDICATE THE NUMBER OF OCCURRENCES (0-10) OF
 DRG (DIAGNOSTIC RELATED GROUP) REIMBURSEMENT PRICING DATA FOR
 INPATIENT HOSPITAL SERVICES.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3			N3	Numeric Comp-3		3	0		S9(3)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02451	Name: PROV-DRG-DATA	Version:	Subsystem: Provider
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: - PROV-DRG-DATA			

A VARIABLE PORTION OF THE PROVIDER RECORD CONTAINING DATA RELEVANT TO THE DRG (DIAGNOSTIC RELATED GROUP), WHICH IS A REIMBURSEMENT METHODOLOGY FOR INPATIENT HOSPITAL SERVICES THIS METHODOLOGY SETS A BASE RATE FOR THE DRG-DESIGNATED SERVICES, THEN "ADDS ON" A SERIES OF ADJUSTMENTS FOR EDUCATION, CAPITAL IMPROVEMENTS, AND OTHER RELATED COSTS.

INCLUDES:

- DEN 02452 PROV-DRG-BEG-DT
- DEN 02453 PROV-DRG-END-DT
- DEN 02454 PROV-DRG-BASE-AMT
- DEN 02455 PROV-DRG-CAP-COST
- DEN 02456 PROV-DRG-EDUCATION
- DEN 02457 PROV-DRG-DISP-SHR
- DEN 02458 PROV-DRG-OTHER

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9		G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02452 Name: PROV-DRG-BEG-DT Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROV-DRG-BEG-DT
 BEGINNING DATE OF A PROVIDER'S ELIGIBILITY TO BILL
 USING THE DRG (DIAGNOSTIC RELATED GROUP) REIMBURSEMENT
 METHODOLOGY

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3	Numeric Comp-3		5	0		S9(5)

DataElement ID: 02453 Name: PROV-DRG-END-DT Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROV-DRG-END-DT
 ENDING DATE OF A PROVIDER'S ELIGIBILITY TO BILL
 USING THE DRG (DIAGNOSTIC RELATED GROUP) REIMBURSEMENT
 METHODOLOGY

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3	Numeric Comp-3		5	0		S9(5)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02454 Name: PROV-DRG-BASE-AMT Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROV-DRG-BASE-AMT
 FOR DRG (DIAGNOSTIC RELATED GROUP) REIMBURSEMENT METHODOLOGY,
 THE BASE AMOUNT THAT CAN BE BILLED

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	2		S9(5)V99

DataElement ID: 02455 Name: PROV-DRG-CAP-COST Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROV-DRG-CAP-COST
 -
 FOR DRG (DIAGNOSTIC RELATED GROUP) REIMBURSEMENT METHODOLOGY,
 A PERCENTAGE THAT CAN BE ADDED ON TO BASE AMOUNT FOR CAPITAL
 IMPROVEMENTS TO THE INSTITUTION

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	2		S9(5)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02456 Name: PROV-DRG-EDUCATION Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROV-DRG-EDUCATION
 FOR DRG (DIAGNOSTIC RELATED GROUP) REIMBURSEMENT METHODOLOGY,
 A PERCENTAGE THAT CAN BE ADDED ON TO BASE AMOUNT FOR DIRECT
 EDUCATIONAL EXPENSES

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	2		S9(5)V99

DataElement ID: 02457 Name: PROV-DRG-DISP-SHR Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROV-DRG-DISP-SHR
 FOR DRG (DIAGNOSTIC RELATED GROUP) REIMBURSEMENT METHODOLOGY,
 A PERCENTAGE THAT CAN BE ADDED ON TO THE BASE COST FOR
 DISPROPORTIONATE SHARE. IT IS USUALLY SET IF THE INSTITUTION
 DEMONSTRATES THAT THEIR SERVICE IS WORTH MORE THAN OTHERS
 PERFORMING THE SAME SERVICE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	2		S9(5)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02458 Name: PROV-DRG-OTHER Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROV-DRG-OTHER
 FOR DRG (DIAGNOSTIC RELATED GROUP) REIMBURSEMENT METHODOLOGY,
 A PERCENTAGE THAT CAN BE ADDED ON TO THE BASE COSE FOR
 INDIRECT EDUCATIONAL EXPENSES.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3	Numeric Comp-3		7	2		S9(5)V99

DataElement ID: 02459 Name: PROV-DRG-COST-RATIO Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROV DRG COST RATIO
 THE PROVIDER'S DRG COST TO CHARGE RATIO.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3	Numeric Comp-3		7	4		S9(03)V9999

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02460 Name: NUM-APG-DATA Version: Subsystem: Provider
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: NUM APG DATA
SYSTEM-GENERATED TO INDICATE THE NUMBER OF OCCURRENCES (0-10) OF
APG (AMBULATORY PATIENT GROUPING) PRICING DATA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		S9(3)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02461 Name: PROV-APG-DATA Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROV-APG-DATA

A VARIABLE PORTION OF THE PROVIDER RECORD CONTAINING DATA RELEVANT TO THE APG (AMBULATORY PATIENT GROUPING), WHICH IS A REIMBURSEMENT METHODOLOGY FOR INPATIENT HOSPITAL SERVICES THIS METHODOLOGY SETS A BASE RATE FOR THE APG-DESIGNATED SERVICES, THEN "ADDS ON" AN ADJUSTMENT FOR DIRECT EDUCATION. OTHER ADJUSTMENTS, SUCH AS CAPITAL IMPROVEMENTS, ARE NOT CURRENTLY USED BUT ARE INCLUDED FOR FUTURE USE.
 INCLUDES:
 DEN 02462 PROV-APG-BEG-DT
 DEN 02463 PROV-APG-END-DT
 DEN 02464 PROV-APG-BASE-AMT
 DEN 02465 PROV-APG-CAP-COST
 DEN 02466 PROV-APG-EDUCATION
 DEN 02467 PROV-APG-DISP-SHR
 DEN 02468 PROV-APG-OTHER

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02462 Name: PROV-APG-BEG-DT Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROV-APG-BEG-DT
 BEGINNING DATE OF A PROVIDER'S ELIGIBILITY TO BILL
 USING THE APG (AMBULATORY PATIENT GROUPING) REIMBURSEMENT
 METHODOLOGY

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3	Numeric Comp-3		5	0		S9(5)

DataElement ID: 02463 Name: PROV-APG-END-DT Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROV-APG-END-DT
 ENDING DATE OF A PROVIDER'S ELIGIBILITY TO BILL
 USING THE APG (AMBULATORY PATIENT GROUPING) REIMBURSEMENT
 METHODOLOGY

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3	Numeric Comp-3		5	0		S9(5)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02464 Name: PROV-APG-BASE-AMT Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROV-APG-BASE-AMT
 FOR APG (AMBULATORY PATIENT GROUPING) REIMBURSEMENT METHODOLOGY,
 THE BASE AMOUNT THAT CAN BE BILLED

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7		2	S9(5)V99

DataElement ID: 02465 Name: PROV-APG-CAP-COST Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROV-APG-CAP-COST
 FOR APG (AMBULATORY PATIENT GROUPING) REIMBURSEMENT METHODOLOGY,
 A PERCENTAGE THAT CAN BE ADDED ON TO BASE AMOUNT FOR CAPITAL
 IMPROVEMENTS TO THE INSTITUTION

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7		2	S9(5)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02466 Name: PROV-APG-EDUCATION Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROV-APG-EDUCATION
 FOR APG (AMBULATORY PATIENT GROUPING) REIMBURSEMENT METHODOLOGY,
 A PERCENTAGE THAT CAN BE ADDED ON TO BASE AMOUNT FOR DIRECT
 EDUCATIONAL EXPENSES

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	2		S9(5)V99

DataElement ID: 02467 Name: PROV-APG-DISP-SHR Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROV-APG-DISP-SHR
 FOR APG (AMBULATORY PATIENT GROUPING) REIMBURSEMENT METHODOLOGY,
 A PERCENTAGE THAT CAN BE ADDED ON TO THE BASE COST FOR
 DISPROPORTIONATE SHARE. IT IS USUALLY SET IF THE INSTITUTION
 DEMONSTRATES THAT THEIR SERVICE IS WORTH MORE THAN OTHERS
 PERFORMING THE SAME SERVICE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	2		S9(5)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02468 Name: PROV-APG-OTHER Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROV-APG-OTHER
 FOR APG (AMBULATORY PATIENT GROUPING) REIMBURSEMENT METHODOLOGY,
 A PERCENTAGE THAT CAN BE ADDED ON TO THE BASE COSE FOR
 INDIRECT EDUCATIONAL EXPENSES.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3	Numeric Comp-3		7	2		S9(5)V99

DataElement ID: 02469 Name: PROV-APG-COST-RATIO Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROV APG COST RATIO
 THE PROVIDER'S APG COST TO CHARGE RATIO.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3	Numeric Comp-3		7	4		S9(03)V9999

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 02470      Name:  THERAPEUTIC-OPTOM      Version:      Subsystem: Provider
Created By:                Last Updated By:      Release:
Created On:   8/25/2004    Last Updated On:   8/25/2004
Description: -  THERAPEUTIC OPTOMETRIC
                THERAPEUTIC CERTIFIED OPTOMETRIC INDICATOR;
                WILL CONTAIN Y OR N
    
```

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(1)

```

DataElement ID: 02471      Name:  CARE-COORDINATOR-IND      Version:      Subsystem: Provider
Created By:                Last Updated By:      Release:
Created On:   8/25/2004    Last Updated On:   8/25/2004
Description: CARE COORDINATOR IND
                INDICATES IF THE PROVIDER IS A CARE COORDINATOR
    
```

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02472 Name: CARE-COORD-BEG-DATE Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CARE COORD BEG DATE
 BEGINNING DATE OF THE CARE CORDINATOR PERIOD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(5)

DataElement ID: 02473 Name: CARE-COORD-END-DATE Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CARE COORD END DATE
 ENDING DATE OF THE CARE CORDINATOR PERIOD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(5)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02474 Name: COST-REPORT-DATE Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: COST REPORT DATE
 A DATE IN THIS FIELD INDICATES THAT THE PROVIDER WILL BE INCLUDED
 IN A REPORT GENERATED THREE MONTHS AFTER THE ANNUAL REPORT DATE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(5)

DataElement ID: 02480 Name: PROV-LTC-DATA Version: Subsystem: Provider
 Created By: JIM SANBOR Last Updated By: T474075 Release:
 Created On: 2/10/2005 Last Updated On: 3/1/2005
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	G	Group		0	0		
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02481 Name: PROV-NUM-OF-LTCS Version: Subsystem: Provider
 Created By: JIM SANBOR Last Updated By: T474075 Release:
 Created On: 2/10/2005 Last Updated On: 3/1/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	G		Group		0		0	
9	G		Group		0		0	

DataElement ID: 02482 Name: PROV-LTC-EFFECT-DATE Version: Subsystem: Provider
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 2/10/2005 Last Updated On: 2/10/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3		Numeric Comp-3		5		0	S9(05)

DataElement ID: 02483 Name: NUM-LTCS-TOTAL Version: Subsystem: Provider
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 2/10/2005 Last Updated On: 2/10/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3		Numeric Comp-3		5		0	S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02484 Name: NUM-LTCS-NF Version: Subsystem: Provider
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 2/10/2005 Last Updated On: 2/10/2005
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

DataElement ID: 02485 Name: NUM-LTCS-T18-SNF Version: Subsystem: Provider
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 2/10/2005 Last Updated On: 2/10/2005
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

DataElement ID: 02486 Name: NUM-LTCS-ICF-MR Version: Subsystem: Provider
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 2/10/2005 Last Updated On: 2/10/2005
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02487 Name: NUM-LTCS-PSY Version: Subsystem: Provider
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 2/10/2005 Last Updated On: 2/10/2005
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5		0	S9(05)

DataElement ID: 02488 Name: NUM-LTCS-INPATIENT Version: Subsystem: Provider
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 2/10/2005 Last Updated On: 2/10/2005
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5		0	S9(05)

DataElement ID: 02489 Name: PROV-EHR Version: Subsystem: Provider
 Created By: T474186 Last Updated By: T474186 Release:
 Created On: 9/14/2012 Last Updated On: 9/17/2012
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02490 Name: PROV-340B-IND Version: Subsystem: Provider
 Created By: T474186 Last Updated By: T474186 Release:
 Created On: 9/14/2012 Last Updated On: 9/17/2012
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

DataElement ID: 02491 Name: PROV-DATE-OF-BIRTH Version: Subsystem: Provider
 Created By: T474186 Last Updated By: T474186 Release:
 Created On: 9/20/2012 Last Updated On: 4/2/2013
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N		Numeric		8		0	9(08)

DataElement ID: 02492 Name: PROV-HIN-EFF-DATE Version: Subsystem: Provider
 Created By: T474186 Last Updated By: T474186 Release:
 Created On: 9/20/2012 Last Updated On: 9/20/2012
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3		Numeric Comp-3		5		0	S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02493	Name: PROV-340B-EFF-DT	Version:	Subsystem: Provider
Created By: T474186	Last Updated By: T474186	Release:	
Created On: 9/20/2012	Last Updated On: 9/20/2012		
Description:			

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3	Numeric Comp-3		5		0	S9(05)

DataElement ID: 02494	Name: PROV-TYPE-IND-MATCH	Version:	Subsystem: Provider
Created By: T474198	Last Updated By: T474198	Release:	
Created On: 10/12/2015	Last Updated On: 10/16/2015		
Description: VALID VALUE WILL BE ASSIGNED FOR PROVIDER TYPE VALUES.			

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02704 Name: PROV-MEMBER-NUM Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER MEMBER NUMBER.
 THE PROVIDER NUMBER OF THE PROVIDER WHO IS A MEMBER OF THE GROUP
 ASSOCIATED WITH THIS RECORD.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N	Numeric		9	0		9(09)

DataElement ID: 02721 Name: PROV-PRINT-SUSP-IND Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER PRINT SUSPENDED CLAIMS INDICATOR
 THIS FIELD IS USED TO INDICATE IF AND HOW SUSPENDED CLAIMS ARE TO
 BE PRINTED ON A PROVIDER'S REMITTANCE STATEMENT. THE DEFAULT
 VALUE IS 'A' INDICATING TO ALWAYS PRINT.
 A = PRINT SUSPENDED CLAIMS EACH TIME
 N = DO NOT PRINT SUSPENDED CLAIMS
 Y = PRINT SUSPENDED CLAIMS ONLY ONCE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02722 Name: PROV-REMIT-SEQ Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER REMITTANCE SEQUENCE
 INDICATES THE SEQUENCE OF CLAIMS AS THEY ARE LISTED ON THE
 PROVIDER'S REMITANCE STATEMENT.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 02723 Name: PROV-REMIT-MEDIA Version: Subsystem: Provider
 Created By: SYSTEM Last Updated By: T474072 Release:
 Created On: 8/25/2004 Last Updated On: 7/2/2008
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02724 Name: 835-CRE-BAL-REF Version: Subsystem: Provider
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 5/8/2011 Last Updated On: 5/8/2011
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		16		0	X(16)

DataElement ID: 02725 Name: PROV-CORRESP-MEDIA Version: Subsystem: Provider
 Created By: Last Updated By:
 Created On: 8/25/2004 Last Updated On: 8/25/2004 Release:
 Description: PROVIDER CORRESPONDENCE MEDIA
 A CODE INDICATING HOW CORRESPONDENCE IS TO BE SENT TO THE PROVIDERS.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02726 Name: COUNTY-DIST-IND Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: COUNTY/DISTRICT INDICATOR
 THIS FIELD IS USED TO DURING THE BATCH REPORT SELECTION
 PROCESS. IT IS USED TO INDICATE THE PRESENCE OF COUNTY
 OR DISTRICT CODES IN THE REPORT SELECTION RECORD.,

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 02727 Name: ZIP-CODE-SELECT Version: Subsystem: Provider
 Created By: SYSTEM Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 2/25/2011
 Description: ZIP CODE SELECT
 THIS FIELD IS USED TO DURING THE BATCH REPORT SELECTION
 PROCESS. REPORT SELECTION WILL BE BASED ON ZIP CODES IN
 THESE FIELDS IN THE REPORT REQUEST RECORD.,

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		5		0	X(05)
9		G		Group		0		0	

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02728 Name: LABEL-SORT-SEQ Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LABEL SORT SEQUENCE
 - THIS FIELD IS USED TO DURING THE BATCH REPORT SELECTION
 PROCESS. THIS FIELD IS USED TO DETERMINE THE SORT
 SEQUENCE FOR ADDRESS LABELS.,

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1	0		X(01)

DataElement ID: 02729 Name: LANGUAGE-SORT-IND Version: Subsystem: Provider
 Created By: SYSTEM Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 2/25/2011
 Description: LANGUAGE SORT INDICATOR
 THIS FIELD IS USED TO DURING THE BATCH REPORT SELECTION
 PROCESS. THIS WILL DETERMINE WHETHER THE LANGUAGE
 INDICATOR WILL BE INCLUDED IN THE SORT SEQUENCE.,

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02745 Name: PROV-ATTEST-IND Version: Subsystem: Provider
 Created By: SYSTEM Last Updated By: T474193 Release:
 Created On: 8/25/2004 Last Updated On: 5/31/2017
 Description: PROVIDER ATTESTATION INDICATOR

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 02747 Name: INTM-TAPE-BPI Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: INTERMEDIARY TAPE BPI INDICATOR
 THIS IS A CODE INDICATING THE TAPE BPI (DENSITY) USED FOR
 TAPE REMITTANCE VOUCHERS SENT TO TAPE INTERMEDIARIES.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02750 Name: EMC-BILLING-IND Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: EMC BILLING INDICATOR
 THIS FIELD INDICATES WHETHER THE PROVIDER IS AUTHORIZED TO
 SUBMIT CLAIMS VIA EMC BILLING.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 02751 Name: PROV-ASAP-IND Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER ASAP INDICATOR
 THIS FIELD INDICATES WHETHER THE PROVIDER IS AUTHORIZED TO
 SUBMIT CLAIMS THROUGH ASAP OR OTHER PC SOFTWARE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02752 Name: PROV-TAPE-IND Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER TAPE INDICATOR
 THIS FIELD INDICATES WHETHER THE PROVIDER IS AUTHORIZED TO
 SUBMIT CLAIMS THROUGH TAPE

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 02753 Name: PROV-BISYNCH-IND Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER BISYNCH INDICATOR
 THIS FIELD INDICATES WHETHER THE PROVIDER IS AUTHORIZED TO
 SUBMIT CLAIMS THROUGH BISYNCH

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02754 Name: PROV-POS-IND Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER POS INDICATOR
 THIS FIELD INDICATES WHETHER THE PROVIDER IS AUTHORIZED TO
 SUBMIT CLAIMS THROUGH POINT OF SALE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 02755 Name: PROV-CHECK-DIGIT Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE CHECK DIGIT OF THE PROVIDER NUMBER

2	N	Numeric		0	0		9
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Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 02800      Name:  NUM-HOLD-REVIEW-DATA      Version:
Created By:                Last Updated By:          Release:
Created On:   8/25/2004    Last Updated On:   8/25/2004
Description: NUMBER OF HOLD/REVIEW DATA OCCURRENCES
              COUNTER CONTAINING THE ACTUAL NUMBER OF DIAGNOSIS CODE/
              PROCEDURE CODE/TYPE OF SERVICE CODE HOLD/REVIEW RANGES AND
              PROVIDER TOTAL CLAIM VOLUME HOLD/REVIEW CODES.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		S9(03)

```

DataElement ID: 02801      Name:  HOLD-REVIEW-DATA      Version:
Created By:                Last Updated By:          Release:
Created On:   8/25/2004    Last Updated On:   8/25/2004
Description: - HOLD/REVIEW DATA
              ***** MMIS DATA ELEMENT NAME - PROVIDER EXCEPTION INDICATOR.
              MMIS GSD DATA ELEMENT NUMBER - 225
              MMIS PART 11 DATA ELEMENT NUMBER - 043
              MMIS DEFINITION - A CODE WHICH INDICATES THAT ALL CLAIMS
              FROM A GIVEN PROVIDER ARE TO BE MANUALLY
              REVIEWED PRIOR TO PAYMENT. *****
              GROUP LEVEL FOR THE HOLD REVIEW DATA. THIS GROUP LEVEL CONTAINS
              OCCURRENCES OF REVIEW RANGES, TYPES, AND EFFECTIVE DATES FOR THE
              REVIEW DATA. SEE DATA ELEMENTS 2802, 2803, 2804, 2805 AND 2806.
    
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Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02802 Name: HOLD-REVIEW-RANGE Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HOLD/REVIEW RANGE
 GROUP LEVEL FOR THE LOW AND HIGH HOLD/REVIEW PROCEDURE CODE/
 DIAGNOSIS CODE/TYPE OF SERVICE RANGES.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 02803 Name: HOLD-REVIEW-RNG-LOW Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HOLD REVIEW RANGE LOW
 LOW PROCEDURE CODE/DIAGNOSIS CODE/TYPE OF SERVICE CODE IN THE
 HOLD/REVIEW CODE RANGE. FOR TYPE OF SERVICE/PROCEDURE CODE
 COMBINATION RANGE, THIS FIELD CONTAINS TYPE OF SERVICE IN THE
 FIRST POSITION AND PROCEDURE CODE IN POSITIONS 2 THROUGH 6.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		6	0		X(6)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02804 Name: HOLD-REVIEW-RNG-HIGH Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HOLD REVIEW RANGE HIGH
 HIGH PROCEDURE CODE/DIAGNOSIS CODE/TYPE OF SERVICE CODE IN THE
 HOLD/REVIEW CODE RANGE. FOR TYPE OF SERVICE/PROCEDURE CODE
 COMBINATION RANGE, THIS FIELD CONTAINS TYPE OF SERVICE IN THE
 FIRST POSITION AND PROCEDURE CODE IN POSITIONS 2 THROUGH 6.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			6	0		X(6)

DataElement ID: 02805 Name: HOLD-REVIEW-BEG-DATE Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HOLD/REVIEW RANGE BEGIN DATE
 THE BEGINNING EFFECTIVE DATE ON WHICH TO APPLY THE PROVIDER CLAIM
 HOLD CRITERIA. DATE IS ENTERED IN MM/DD/YY FORMAT BUT STORED IN
 THE SYSTEM IN CENTURY DATE FORMAT.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3			5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02806 Name: HOLD-REVIEW-END-DATE Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: - HOLD REVIEW END DATE
 THE EFFECTIVE END DATE ASSOCIATED WITH AN OCCURRENCE OF
 PROVIDER HOLD/REVIEW RANGES/CODES. DATE IS ENTERED AS
 MMDDYY BUT MAINTAINED IN THE SYSTEM IN CENTURY DATE FORMAT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

DataElement ID: 02808 Name: HOLD-REVIEW-RNG-TYPE Version: Subsystem: Provider
 Created By: SYSTEM Last Updated By: T474199 Release:
 Created On: 8/25/2004 Last Updated On: 12/31/2012
 Description: HOLD/REVIEW RANGE TYPE.
 IDENTIFIES THE TYPE OF DATE CONTAINED IN THE HOLD/REVIEW RANGE
 (DEDS 02804 AND 2805)

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02850 Name: NUM-INCENTIVE-DATA Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROV-INCENTIVE-IND
 PROVIDER INCENTIVE PAYMENT INDICATOR. THIS FIELD INDICATES
 WHETHER THE PROVIDER IS PARTICIPATING IN THE INCENTIVE PAYMENT
 PROGRAM.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 02851 Name: PROV-INCENTIVE-DATA Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS IS THE GROUP LEVEL FOR THE PROVIDER INCENTIVE
 DATA FIELDS. THE INCENTIVE DATA INCLUDES AN INDICATOR
 AND BEGIN AND END EFFECTIVE DATES.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02852 Name: PROV-INCENTIVE-IND Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE INCENTIVE INDICATOR IS SET FOR PHYSICIANS
 - PARTICIPATING IN THE PROGRAM THAT INCREASES PAYMENT
 FOR CERTAIN PROCEDURES.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		1		0	X(01)

DataElement ID: 02853 Name: PROV-INCENTIVE-BEG Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE PROVIDER'S INCENTIVE DATA BEGINNING EFFECTIVE DATE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02854 Name: PROV-INCENTIVE-END Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE PROVIDER'S INCENTIVE DATA ENDING EFFECTIVE DATE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 02855 Name: CT-AGREE-EFF-DATE Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE PROVIDER'S CERTIFICATION AND TERMINATION AGREEMENT
 BEGINNING EFFECTIVE DATE.

3	N3	Numeric Comp-3		5	0		S9(05)
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02856 Name: CT-AGREE-END-DATE Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE PROVIDER'S CERTIFICATION AND TERMINATION AGREEMENT
 ENDING EFFECTIVE DATE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

DataElement ID: 02857 Name: PROV-RPT-BY-CLM-TYPE Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER REPORT - BY CLAIM TYPE
 AN INDICATOR USED ON THE REPORT REQUEST PARAMETER TO TELL
 WHETHER TO PRINT THE PROVIDER LISTING BY CLAIM TYPE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02858 Name: PROV-WAIVER-LIST Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER WAIVER LIST
 AN INDICATOR USED ON THE REPORT REQUEST PARAMETER TO TELL
 WHETHER TO PRINT THE PROVIDER WAIVER LIST.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 02859 Name: UPIN-PROV-NUM Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: UPIN PROVIDER NUMBER
 THE PROVIDER'S MEDICARE UNIQUE PHYSICIAN ID NUMBER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		6	0		X(06)

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 02860      Name:  UPIN-NUM-EFF-9-COMP      Version:
Created By:                Last Updated By:          Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: UPIN PROVIDER NUMBER EFFECTIVE DATE, NINE'S COMPLEMENT
              THIS FIELD CONTAINS THE NINE'S COMPLEMENT (99999 - CENTURY DATE)
              OF THE MEDICARE UPIN NUMBER EFFECTIVE DATE.  IT IS USED TO BUILD
              A KEY SO THAT THE MOST RECENT EFFECTIVE DATE IS ENCOUNTERED
              WHEN FORWARD BROWSES ARE DONE ON THE VSAM FILE.
    
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Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 02861      Name:  UPIN-MCAID-END-DATE      Version:
Created By:                Last Updated By:          Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: UPIN MEDICAID END DATE.
              THE END EFFECTIVE DATE ASSOCIATED WITH THE UPIN ID WHICH IS
              CROSS-REFERENCED TO A MEDICAID ID.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02862 Name: PROV-WAIV-BEG-9-COMP Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER WAIVER BEGINNING DATE, NINE'S COMPLEMENT
 THIS FIELD REFLECTS THE BEGINNING DATE OF THE CASE MANAGER'S
 WAIVER PERIOD. INTERNALLY THIS DATE IS NOT STORED IN THE
 USUAL FIVE-DIGIT CENTURY FORM, BUT RATHER AS THE NINE'S
 COMPLEMENT OF THE DATE.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 02863 Name: NUM-PROV-WAIV-MESG Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF PROVIDER WAIVER MESSAGE LINES
 THIS FIELD IS THE OBJECT OF A COBOL 'OCCURS DEPENDING ON' CLAUSE
 TO DEFINE VARIABLE LENGTH RECORDS, AND DEFINES THE NUMBER OF
 PROVIDER WAIVER MESSAGE LINES IN THE RECORD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02864 Name: NUM-PROV-WAIV-CAPS Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: - NUMBER OF PROVIDER WAIVER CAPITATION GROUPS
 THIS FIELD IS THE OBJECT OF A COBOL 'OCCURS DEPENDING ON' CLAUSE
 TO DEFINE VARIABLE LENGTH RECORDS, AND DEFINES THE NUMBER OF
 CAPITATION GROUPS AND RATES IN THE RECORD.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 02865 Name: NUM-PROV-WAIV-PROCS Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF PROVIDER WAIVER PROCEDURE CODE RANGES
 THIS FIELD IS THE OBJECT OF A COBOL 'OCCURS DEPENDING ON' CLAUSE
 TO DEFINE VARIABLE LENGTH RECORDS, AND DEFINES THE NUMBER OF
 PROCEDURE CODE RANGES IN THE RECORD.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02866 Name: PROV-WAIV-BEGIN-DATE Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER WAIVER BEGINNING DATE
 THIS FIELD IS USED TO STORE THE BEGINNING EFFECTIVE DATE OF THE
 CASE MANAGER'S PARTICIPATION IN THE WAIVER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

DataElement ID: 02867 Name: PROV-WAIV-END-DATE Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER WAIVER END DATE
 THIS FIELD IS USED TO STORE THE ENDING EFFECTIVE DATE OF THE
 CASE MANAGER'S PARTICIPATION IN THE WAIVER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02868 Name: PROV-WAIV-MESG Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER WAIVER MESSAGE LINE
 THIS FIELD IS USED TO HOLD A LINE OF TEXT DEFINING THE WAIVER
 FOR USE IN PRINTING IDENTIFICATION CARDS.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 02869 Name: PROV-WAIV-CAP-GROUP Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER WAIVER CAPITATION GROUP INDICATOR
 THIS FIELD INDICATES THE CAPITATION GROUP ASSOCIATED WITH THE
 WAIVER. EACH CAPITATION GROUP HAS AN ASSOCIATED RATE.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02870 Name: PROV-WAIV-CAP-RATE Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER WAIVER CAPITATION RATE
 THIS FIELD INDICATES THE MONTHLY CAPITATION RATE FOR EACH CASE
 MANAGER PARTICIPATING IN A WAIVER BASED ON THE CAPITATION GROUP.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 02871 Name: PROV-WAIV-PROC-DATA Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER WAIVER PROCEDURE RANGE
 THIS DATA ELEMENT IS A GROUP LEVEL WITHIN WHICH ARE CONTAINED
 RANGES OF PROCEDURE CODES USED FOR THE PROVIDER WAIVER.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02872 Name: PROV-WAIV-PROC-CODE Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER WAIVER PROCEDURE CODE
 THIS FIELD IS USED TO STORE THE PROCEDURE CODES ALLOWED FOR
 THE CASE MANAGER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 02873 Name: PROV-EPSDT-IND Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: EPSDT INDICATOR
 THIS FIELD INDICATES WHETHER THE PROVIDER CAN BILL EPSDT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 02874      Name:  NUM-WAIVER-TYPE-DATA      Version:
Created By:  SYSTEM      Last Updated By:  T474167      Release:
Created On:   8/25/2004   Last Updated On:   4/17/2019
Description:  NUMBER OF WAIVER TYPES DATA
              SYSTEM-GENERATED TO INDICATE THE NUMBER OF OCCURRENCES (1-10) OF
              PROVIDER WAIVER TYPE DATA.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		S9(3)

```

DataElement ID: 02875      Name:  PROV-WAIVER-DATA      Version:
Created By:                Last Updated By:                Release:
Created On:   8/25/2004   Last Updated On:   8/25/2004
Description:  -
              PROV-WAIVER-DATA
              CONTAINS A COLLECTION OF DATA ELEMENTS CONCERNING PROVIDER
              WAIVER TYPES.
              INCLUDES:
              DEN 02876 PROV-WAIVER-BEG-DT
              DEN 02877 PROV-WAIVER-END-DT
              DEN 02878 PROV-WAIVER-CD
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02876 Name: PROV-WAIV-BEG-DATE Version: Subsystem: Provider
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: BEGINNING (EFFECTIVE) DATE THAT A PROVIDER IS CERTIFIED FOR ONE
OR MORE WAIVER TYPES

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 02877 Name: PROV-WAIV-END-DATE Version: Subsystem: Provider
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: ENDING DATE THAT A PROVIDER IS CERTIFIED FOR ONE OR MORE WAIVER
TYPES

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02901 Name: PROV-REQ-TRAN-CODE Version: Subsystem: Provider
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 6/24/2005
 Description: PROVIDER REQUEST TRANSACTION CODE
 THIS CODE IS USED TO IDENTIFY THE VARIOUS REQUEST TRANSACTIONS
 ON THE PROVIDER REQUEST TRANSACTION FILE (FEN=22100) WHICH IS A
 CONTROL CARD FILE INPUT TO THE PROVIDER BATCH PROGRAM.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		2	0		X(02)

DataElement ID: 02903 Name: PROV-RPT-INFO-SHEETS Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER REPORT - INFORMATION SHEETS.
 AN INDICATOR USED ON THE REPORT REQUEST PARAMETER TO TELL
 WHETHER TO PRINT THE PROVIDER INFORMATION SHEETS.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1	0		X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02904 Name: PROV-RECERT-NOTICE Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: - RECERTIFICATION NOTICE.
 AN INDICATOR USED ON THE REPORT REQUEST PARAMETER TO TELL
 WHETHER TO PRINT THE RECERTIFICATION NOTICE REPORT.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(1)

DataElement ID: 02905 Name: PROV-RPT-TERM-LIST Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER REPORT - TERMINATED LISTING.
 AN INDICATOR USED ON THE REPORT REQUEST PARAMETER TO TELL
 WHETHER TO PRINT THE TERMINATED PROVIDER REPORT.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02906 Name: PROV-RPT-BY-SPEC Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER REPORT - BY SPECIALTY.
 AN INDICATOR USED ON THE REPORT REQUEST PARAMETER TO TELL
 WHETHER TO PRINT THE PROVIDER LISTING BY PRACTICE SPECIALTY.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(1)

DataElement ID: 02907 Name: PROV-RPT-BY-COUNTY Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER REPORT - BY COUNTY.
 AN INDICATOR USED ON THE REPORT REQUEST PARAMETER TO TELL
 WHETHER TO PRINT THE PROVIDER LISTING BY COUNTY.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02908 Name: PROV-RPT-ALPHA Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER REPORT - ALPHABETIC.
 AN INDICATOR USED ON THE REPORT REQUEST PARAMETER TO TELL
 WHETHER TO PRINT THE PROVIDER ALPHABETIC LISTING.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(1)

DataElement ID: 02909 Name: PROV-RPT-NUMERIC Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER REPORT - NUMERIC
 AN INDICATOR USED ON THE REPORT REQUEST PARAMETER TO TELL
 WHETHER TO PRINT THE PROVIDER NUMERIC LISTING.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02911 Name: PROV-RPT-BY-GROUP Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER REPORT - BY GROUP.
 AN INDICATOR USED ON THE REPORT REQUEST PARAMETER TO TELL
 WHETHER TO PRINT THE PROVIDER LISTING BY GROUP AFFILIATION.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(1)

DataElement ID: 02912 Name: PROV-RPT-BY-TYPE Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER REPORT - BY TYPE.
 AN INDICATOR USED ON THE REPORT REQUEST PARAMETER TO TELL
 WHETHER TO PRINT THE PROVIDER LISTING BY PROVIDER TYPE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02913 Name: PROV-RPT-RATE-TABLE Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER REPORT - RATE TABLE.
 AN INDICATOR USED ON THE REPORT REQUEST PARAMETER TO TELL
 WHETHER TO PRINT THE PROVIDER RATE TABLE LISTING.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(1)

DataElement ID: 02914 Name: PROV-RPT-ADDR-LAB Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER REPORT - ADDRESS LABELS.
 AN INDICATOR USED ON THE REPORT REQUEST PARAMETER TO TELL
 WHETHER TO PRINT THE PROVIDER ADDRESS LABELS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02916 Name: PROV-RPT-ADDR-INSRTS Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER REPORT - PROVIDER ADDRESS INSERTS
 AN INDICATOR USED ON THE REPORT REQUEST PARAMETER TO TELL
 WHETHER TO PRINT THE PROVIDER ADDRESS INSERTS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(1)

DataElement ID: 02918 Name: PROV-RECERT-LETTER Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RECERTIFICATION LETTER.
 AN INDICATOR USED ON THE REPORT REQUEST PARAMETER TO TELL
 WHETHER OR NOT TO PRINT THE RECERTIFICATION LETTER.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02919 Name: PROV-MISSING-SSN Version: Subsystem: Provider
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: PROVIDERS WITH MISSING SSN.
AN INDICATOR USED ON THE REPORT REQUEST PARAMETER TO TELL
WHETHER OR NOT TO PRINT THE PROVIDERS WITH MISSING SSN/IRS-ID
REPORT.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 02920 Name: PEND-APPL-REM-LET Version: Subsystem: Provider
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: PENDING APPLICATION REMINDER LETTER.
AN INDICATOR USED ON THE REPORT REQUEST PARAMETER TO TELL
WHETHER OR NOT TO PRINT THE PENDING APPLICATION REMINDER LETTER

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02921 Name: PEND-APPL-REM-LIST Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PENDING APPLICATION REMINDER LIST.
 AN INDICATOR USED ON THE REPORT REQUEST PARAMETER TO TELL
 WHETHER OR NOT TO PRINT THE PENDING APPLICATION REMINDER LIST.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(1)

DataElement ID: 02924 Name: PROV-RPT-BY-INTERM Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER REPORT - LISTING BY INTERMEDIARY AFFILIATION
 AN INDICATOR USED ON THE REPORT REQUEST PARAMETER TO TELL
 WHETHER TO PRINT THE PROVIDER LIST BY INTERMEDIARY AFFILIATION.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02925 Name: PROV-RPT-BY-CNTYZIP Version: Subsystem: Provider
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: PROVIDER REPORT - LISTING BY COUNTY/ZIP
AN INDICATOR USED ON THE REPORT REQUEST PARAMETER TO TELL
WHETHER TO PRINT THE PROVIDER LISTING BY COUNTY/ZIP.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 02926 Name: PROV-RPT-BY-LABCLASS Version: Subsystem: Provider
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: PROVIDER REPORT - LISTING BY LAB CLASS
AN INDICATOR USED ON THE REPORT REQUEST PARAMETER TO TELL
WHETHER TO PRINT THE PROVIDER LISTING BY LAB CLASSIFICATION.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 02927      Name:  PROV-RPT-BY-CAT-SERV      Version:      Subsystem: Provider
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: PROVIDER REPORT - LISTING BY CATEGORY OF SERVICE
              AN INDICATOR USED ON THE REPORT REQUEST PARAMETER TO TELL
              WHETHER TO PRINT THE PROVIDER LISTING BY CATEGORY OF SERVICE.
    
```

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

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DataElement ID: 02928      Name:  PROV-CERT-ADDRLABEL      Version:      Subsystem: Provider
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: PROVIDER REPORT - CERTIFIED ADDRESS LABELS
              AN INDICATOR USED ON THE REPORT REQUEST PARAMETER TO TELL
              WHETHER TO PRINT THE PROVIDER CERTIFIED ADDRESS LABELS.
    
```

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02929 Name: PROV-HOLD-REVIEW-CD Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS ELEMENT IS USED AS A CRITERIA FOR RECORD SELECTION ON A
 TYPE '02' PARAMETER INPUT CARD. THIS ELEMENT CONTAINS A SINGLE
 HOLD-REVIEW-CODE. IT IS AN ELEMENT ON THE PROVIDER REPORT REQUEST
 PARAMETER (REN=12100).

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 02930 Name: PROV-CERT-START-NUM Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS ELEMENT IS USED AS A CRITERIA FOR RECORD SELECTION ON A
 TYPE '02' PARAMETER INPUT CARD. THIS ELEMENT CONTAINS THE START
 NUMBER FOR CERTIFIED LABELS. IT IS AN ELEMENT ON THE PROVIDER
 REPORT REQUEST PARAMETER (REN=12100).

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02931 Name: PROV-ADDR-LAB-LIST Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER ADDRESS LABEL LIST

THIS ELEMENT IS USED TO INDICATE THAT THE REPORT LISTED BELOW IS TO BE PRODUCED DURING THE CURRENT CYCLE OF THE PROVIDER BATCH PROCESSING CYCLE. IT IS AN ELEMENT ON THE PROVIDER REPORT REQUEST RECORD (REN=12100). A NON-BLANK CHARACTER IN THIS FIELD WILL FORC THE CREATION OF THE PROVIDER ADDRESS LABEL LIST.,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

DataElement ID: 02932 Name: PROV-OUT-STATE-ALPHA Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER OUT-OF-STATE ALPHA LIST

THIS ELEMENT IS USED TO INDICATE THAT THE REPORT OUT-OF-STATE PROVIDER ALPHA LIST IS TO BE PRODUCED.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02933 Name: PROV-MCAR-MCAD-LIST Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER MEDICARE / MEDICAID XREF FILE LIST
 AN INDICATOR USED ON THE REPORT REQUEST PARAMETER TO TELL
 WHETHER TO PRINT THE PROVIDER MEDICARE / MEDICAID XREF FILE
 REPORT.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1	0		X(01)

DataElement ID: 02934 Name: PROV-HMO-PHP-LIST Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER HMO / PHP FILE LIST
 AN INDICATOR USED ON THE REPORT REQUEST PARAMETER TO TELL
 WHETHER TO PRINT THE PROVIDER HMO / PHP FILE REPORT.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02935 Name: HEALTH-CHECK-IND-RPT Version: Subsystem: Provider
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: PROVIDER REPORT BY INCENTIVE PAY
-
AN INDICATOR USED ON THE REPORT REQUEST PARAMETER TO TELL
WHETHER TO PRINT THE PROVIDER LISTING BY PROVIDER INCENTIVE PAY.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 02936 Name: PROV-RPT-INCTV-PAY Version: Subsystem: Provider
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: PROVIDER REPORT BY INCENTIVE PAY
AN INDICATOR USED ON THE REPORT REQUEST PARAMETER TO TELL
WHETHER TO PRINT THE PROVIDER LISTING BY PROVIDER INCENTIVE PAY.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02937 Name: INACTIVE-PROV-LIST Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: FLAG TO SIGNIFY WHETHER TO PRODUCE A REPORT OF INACTIVE PROVIDERS,

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(1)

DataElement ID: 02938 Name: CREDIT-BALANCE-RPT Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: FLAG TO SIGNIFY WHETHER TO PRODUCE A REPORT OF PROVIDERS
 WITH A CREDIT BALANCE.,

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02939 Name: PROV-NABP-MCAD-LIST Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER NABP MEDICAID LIST
 AN INDICATOR USED ON THE REPORT REQUEST PARAMETER TO TELL
 WHETHER TO PRINT THE INFORMATION SHEETS FOR THE NABP/
 MEDICAID CROSS REFERENCE FILE.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1	0		X(01)

DataElement ID: 02940 Name: DUPE-LICENSE-LIST Version: Subsystem: Provider
 Created By: SYSTEM Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 2/25/2011
 Description: DUPLICATE LICENSE LIST
 THIS DATA ELEMENT IS CONTAINED IN THE PROVIDER DUPLICATE
 REPORT REQUEST RECORD AND IS USED TO INDICATE WHETHER THE
 DUPLICATE LICENSE REPORT WAS REQUESTED.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02941 Name: DUPE-TAX-ID-LIST Version: Subsystem: Provider
 Created By: Initial Sy Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 2/25/2011
 Description: DUPLICATE TAX ID LIST
 - THIS DATA ELEMENT IS CONTAINED IN THE PROVIDER DUPLICATE
 REPORT REQUEST RECORD AND IS USED TO INDICATE WHETHER THE
 DUPLICATE TAX ID REPORT WAS REQUESTED.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1	0		X(01)

DataElement ID: 02942 Name: DUPE-NAME-LIST Version: Subsystem: Provider
 Created By: SYSTEM Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 2/25/2011
 Description: DUPLICATE NAME LIST
 THIS DATA ELEMENT IS CONTAINED IN THE PROVIDER DUPLICATE
 REPORT REQUEST RECORD AND IS USED TO INDICATE WHETHER THE
 DUPLICATE NAME REPORT WAS REQUESTED.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02943 Name: CANCEL-LETTER-DATE Version: Subsystem: Provider
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CANCELLATION LETTER DATE
 THE DATE ON WHICH A CANCELLATION LETTER (FLMP6000-R003) WAS
 SENT TO THE PROVIDER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 02944 Name: 24-MTH-BEGIN-MMDDCCYY Version: Subsystem: Provider
 Created By: JOAN ARREY Last Updated By: T474073 Release:
 Created On: 3/4/2005 Last Updated On: 3/4/2005
 Description: This is the Header record for the LTC Recipient file used in updating the Provider LTC occupancy
 counters. This is the process end date that was used for the begin and end of the 24-month
 process period. This date is is in the MMDDCCYY format.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		8	0		S9(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02945 Name: 24-MTH-END-MMDDCCYY Version: Subsystem: Provider
 Created By: JOAN ARREY Last Updated By: T474073 Release:
 Created On: 3/4/2005 Last Updated On: 3/4/2005
 Description: This is the Header record for the LTC Recipient file used in updating the Provider LTC occupancy counters. This is the process end date that was used for the begin and end of the 24-month process period. This date is is in the MMDDCCYY format.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		8	0		S9(08)

DataElement ID: 02946 Name: 24-MTH-BEGIN-DATE Version: Subsystem: Provider
 Created By: JOAN ARREY Last Updated By: T474073 Release:
 Created On: 3/4/2005 Last Updated On: 3/4/2005
 Description: This is the Header record for the LTC Recipient file used in updating the Provider LTC occupancy counters. This is the process end date that was used for the begin and end of the 24-month process period. This date is is in the century format.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02947 Name: 24-MTH-END-DATE Version: Subsystem: Provider
 Created By: JOAN ARREY Last Updated By: T474073 Release:
 Created On: 3/4/2005 Last Updated On: 3/4/2005
 Description: This is the Header record for the LTC Recipient file used in updating the Provider LTC occupancy counters. This is the process end date that was used for the begin and end of the 24-month process period. This date is is in the century format.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N		Numeric		5	0		S9(05)

DataElement ID: 02951 Name: ALTERNATE-INDEX-8 Version: Subsystem: Provider
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 9/21/2006 Last Updated On: 9/22/2006
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02952 Name: CERT-RUN-DATE Version: Subsystem: Provider
 Created By: MONA FICKE Last Updated By: T474070 Release:
 Created On: 4/6/2005 Last Updated On: 4/7/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric			5	0		9(05)

DataElement ID: 02953 Name: PROV-TAXONOMY Version: Subsystem: Provider
 Created By: T474163 Last Updated By: T474104 Release:
 Created On: 9/20/2006 Last Updated On: 8/13/2008
 Description: PROVIDER TAXONOMY CODE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			10	0		X(10)
2	X	AlphaNumeric			12	0		X(12)

DataElement ID: 02954 Name: DEFAULT-IND-PROV-NPI Version: Subsystem: Provider
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 9/20/2006 Last Updated On: 12/13/2010
 Description: DEFAULT INDICATOR TO INDICATE THE DESIGNATED MMIS ID TO AN NPI

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02955 Name: PROV-LANG-IND Version: Subsystem:
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 9/20/2006 Last Updated On: 9/22/2006
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

DataElement ID: 02956 Name: PROV-TYPE-KEY Version: Subsystem: Provider
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 4/29/2011 Last Updated On: 4/29/2011
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		2		0	X(02)

DataElement ID: 02957 Name: PERFORM-PROV-NPI Version: Subsystem:
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 9/20/2006 Last Updated On: 9/22/2006
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		10		0	X(10)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02958 Name: PROV-SSN-IDENTITY Version: Subsystem: Provider
 Created By: T474104 Last Updated By: T474104 Release:
 Created On: 11/1/2011 Last Updated On: 11/2/2011
 Description: PROVIDER SOCIAL SECURITY NUMBER IDENTITY.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		9	0		X(09)
2		N	Numeric		9	0		9(09)
3		N3	Numeric Comp-3		9	0		9(09)

DataElement ID: 02959 Name: ALTERNATE-INDEX-9 Version: Subsystem: Provider
 Created By: T474104 Last Updated By: T474104 Release:
 Created On: 10/27/2011 Last Updated On: 10/27/2011
 Description:

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9		G	Group		0	0		

DataElement ID: 02960 Name: MCOPROV-NAME Version: Subsystem: Provider
 Created By: T474338 Last Updated By: T474338 Release:
 Created On: 3/18/2016 Last Updated On: 3/18/2016
 Description:

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		15	0		X(15)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02997	Name: PROV-TAX-NAME	Version:	Subsystem: Provider
Created By: T474166	Last Updated By: T474166	Release:	
Created On: 11/6/2008	Last Updated On: 11/6/2008		
Description:			

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		35		0	X(35)

DataElement ID: 02998	Name: PROV-LANGUAGE-SPOKEN	Version:	Subsystem: Provider
Created By: T474163	Last Updated By: T474166	Release:	
Created On: 9/29/2006	Last Updated On: 4/11/2011		
Description: PROVIDER LANGUAGE SPOKEN INDICATOR			

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		1		0	X(01)
9		G	Group		0		0	

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 02999 Name: PROV-SORT-KEY Version: Subsystem: Provider
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: PROVIDER SORT KEY
THIS FIELD IS USED BY PROVIDER BATCH PROGRAMS TO SORT
REPORT AND EXTRACT RECORDS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		30	0		X(30)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03000 Name: TRANS-CONTROL-NUM Version: Subsystem: Prior
 Created By: SYSTEM Last Updated By: T474352 Release:
 Created On: 8/25/2004 Last Updated On: 2/3/2019

Description: TRANSACTION CONTROL NUMBER
 ***** MMIS DATA ELEMENT NAME - TRANSACTION CONTROL NUMBER:
 MMIS GSD DATA ELEMENT NUMBER - 300
 MMIS PART 11 DATA ELEMENT NUMBER - 054
 MMIS DEFINITION - A UNIQUE NUMBER SERVING TO IDENTIFY EACH CLAIM TRANSACTION RECEIVED. *****
 THE TRANSACTION CONTROL NUMBER UNIQUELY IDENTIFIES EACH CLAIM AND TRANSACTION IN THE CLAIMS PROCESSING SUBSYSTEM. THE TRANSACTION CONTROL NUMBER IS MADE UP OF THE FOLLOWING FIELDS

DESCRIPTION	LENGTH	DATA ELEMENT NUMBER
CLM-INPUT-MEDIUM-IND	01	04063
BATCH-DATE	05	03001
MICROFILM-MACHINE-NO	01	03004
MICROFILM-ROLL-NO	01	03005
- BATCH-NUMBER	03	03080
DOCUMENT-NUMBER	04	03002
LINE-NUMBER	02	03003

THE TRANSACTION CONTROL NUMBER HAS THE FOLLOWING FORMAT WHEN PRINTED ON A REPORT OR DISPLAYED ON A VIDEO SCREEN
 0-82340-11-078-0049-00

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		17	0		X(17)
2	N	Numeric		17	0		9(17)
3	N3	Numeric Comp-3		17	0		9(17)
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03001 Name: BATCH-DATE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: BATCH DATE

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***** MMIS DATA ELEMENT NAME - DATE CLAIM RECEIVED:
MMIS GSD DATA ELEMENT NUMBER - 342
MMIS PART 11 DATA ELEMENT NUMBER - 104
MMIS DEFINITION - THE DATE ON WHICH A CLAIM TRANSACTION IS
RECEIVED BY THE CLAIMS PROCESSING
AGENCY. *****
***** MMIS DATA ELEMENT NAME - DATE MICROFILMED:
MMIS GSD DATA ELEMENT NUMBER - 343
MMIS PART 11 DATA ELEMENT NUMBER -
MMIS DEFINITION - THE DATE UPON WHICH THE CLAIM
TRANSACTIONS IN A BATCH WERE
MICROFILMED. *****
***** MMIS DATA ELEMENT NAME - DATE MANUALLY AUDITED:
MMIS GSD DATA ELEMENT NUMBER - 344
MMIS PART 11 DATA ELEMENT NUMBER -
MMIS DEFINITION - THE DATE UPON WHICH THE CLAIM
TRANSACTIONS IN A BATCH WERE MANUALLY
AUDITED. *****
THE JULIAN DATE IDENTIFYING THE DAY A CLAIM WAS BATCHED WITH
OTHER CLAIMS FOR CONTROL PUPORSES. THE BATCH DATE IS A PART OF
THE TRANSACTION CONTROL NUMBER.
    
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Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		5	0		X(5)
2		N		Numeric		5	0		9(5)
3		N3		Numeric Comp-3		5	0		9(5)
9		G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03002 Name: DOCUMENT-NUMBER Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DOCUMENT NUMBER

THE DOCUMENT NUMBER UNIQUELY IDENTIFIES A DOCUMENT WITHIN A BATCH. THE DOCUMENT NUMBER IS STAMPED ON EACH DOCUMENT AS PART OF THE TRANSACTION CONTROL NUMBER. THE HIGH ORDER DIGIT OF THE DOCUMENT NUMBER HAS A MEANING WITHIN THE SYSTEM.
 ONNN - FOR DOCUMENTS INPUT INTO CLAIMS PROCESSING
 - 1NNN - FOR CREDITED CLAIMS. THIS DOCUMENT NUMBER IS TIED TO THE CLAIM CREDIT, CLAIM ADJUSTMENT, MASS CREDIT, OR MASS ADJUSTMENT THAT INITIATED THE CLAIM CREDIT.
 2NNN - FOR ADJUSTED CLAIMS. THIS DOCUMENT NUMBER IS TIED TO THE CLAIM ADJUSTMENT OR MASS ADJUSTMENT THAT INITIATED THE ADJUSTED CLAIM.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		4	0		X(4)
2		N	Numeric		4	0		9(04)
9		G	Group		0	0		

Iowa Medicaid Enterprise Data Element List

DataElement ID: 03003 Name: LINE-NUMBER Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LINE NUMBER

UNIQUELY IDENTIFIES A TRANSACTION ON A GIVEN DOCUMENT.
 FOR MOST DOCUMENTS, THERE IS ONLY ONE ASSOCIATED TRANSACTION.
 IN THESE INSTANCES, THE LINE NUMBER WILL BE ZERO.
 THE EXCEPTIONS TO THIS ARE AN LTC SCREENING DOCUMENTS FORM AND
 PUBLIC TRANSPORTATION LOG, WHICH MAY CONTAIN MULTIPLE
 SERVICES FOR THE SAME PROVIDER. THE SYSTEM WILL CREATE
 A UNIQUE CLAIM FOR EACH PRESCRIPTION ON THE DRUG DOCUMENT,
 AND EACH LINE ON THE LTC SCREENING OR PUBLIC TRANSPORTATION LOG.
 EACH OF THE CLAIMS WOULD HAVE THE SAME DOCUMENT NUMBER BUT THEIR
 LINE NUMBERS CORRESPOND TO THE LINE ITEM CODE ON THE DRUG
 DOCUMENT.
 YET ANOTHER EXCEPTION TO THE ZERO LINE NUMBER IS CLAIMS CREATED
 BY BATCH PROGRAMS SUCH AS MASS CREDITS, MASS ADJUSTMENTS,
 INSTITUTIONAL CARE AND CAPITATION CLAIMS. THE SYSTEM WILL
 COMBINE THE DOCUMENT NUMBER AND THE LINE NUMBER TO ALLOW UP TO
 99999 CLAIMS BEFORE CHANGING THE BATCH NUMBER.
 FOR EXAMPLE, IF AN MASS AJUSTMENT WAS INPUT TO THE A BATCH
 CONTROL RECORD OF
 0-88120-00-800
 AND THIS MASS ADJUSTMENT CREATED 202 ADJUSTMENTS, THE ADJUSTED
 CLAIMS WOULD HAVE THE FOLLOWING TRANSACTION CONTROL NUMBERS
 1ST ADJUSTED CLAIM..0-88120-00-800-200001
 2ND ADJUSTED CLAIM..0-88120-00-800-200202

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		2	0		X(2)
2	N	Numeric		2	0		9(2)
3	N	Numeric		1	0		9(01)
4	N	Numeric		3	0		9(03)
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03004 Name: MICROFILM-MACHINE-NO Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ONE BYTE INDICATING THE MICROFILM MACHINE NUMBER.
 THE MICROFILM MACHINE NUMBER IS PART OF THE TRANSACTION CONTROL
 NUMBER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(1)
2	N	Numeric		1	0		9(01)
9	G	Group		0	0		

DataElement ID: 03005 Name: MICROFILM-ROLL-NO Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: - ONE BYTE INDICATING THE ROLL MICROFILM NUMBER WHEN MULTIPLE ROLLS
 ARE PRODUCED BY THE SAME MICROFILM MACHINE IN A GIVEN DAY. THE
 MICROFILM ROLL NUMBER IS PART OF THE TRANSACTION CONTROL NUMBER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(1)
2	N	Numeric		1	0		9(01)
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03006 Name: MCARE-ALLOWED-AMT Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: MEDICARE ALLOWED AMOUNT
 ***** MMIS DATA ELEMENT NAME - MEDICARE REASONABLE CHARGE:
 MMIS GSD DATA ELEMENT NUMBER -
 MMIS PART 11 DATA ELEMENT NUMBER - 076
 MMIS DEFINITION - PAYMENT AMOUNT RECOGNIZED AS THE
 REASONABLE CHARGE FOR MEDICARE. *****
 THE MEDICARE ALLOWED AMOUNT.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3		Numeric Comp-3		7	2		S9(5)V99
4		N3		Numeric Comp-3		9	2		S9(07)V99
5		N		Numeric		7	2		9(05)V99
7		N		Numeric		9	2		S9(07)V99
9		G		Group		0	0		

DataElement ID: 03010 Name: PROV-CAT-OF-SVC-CODE Version: Subsystem: Prior
 Created By: Initial Sy Last Updated By: T474352 Release:
 Created On: 8/25/2004 Last Updated On: 2/4/2019

Description: PROVIDER CATEGORY OF SERVICE CODES
 THIS FIELD REPRESENTS THE PROVIDER CATEGORY OF SERVICE
 CODES.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		2	0		X(02)
2		N		Numeric		2	0		9(02)
9		G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03011 Name: MARS-CAT-OF-SVC-CODE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE MARS-CAT-OF-SVC-CODE IS THE SAME FIELD AS THE
 PROV-CAT-OF-SVC-CODE USED IN THE REST OF THE MMIS.
 THIS DATA ELEMENT WAS ADDED SO THAT CERTAIN CATEGORIES
 OF SERVICE COULD BE EXCLUDED FROM MARS REPORTING.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 03012 Name: PROV-SNF-LOC Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER SNF LOCATION
 THIS FIELD IS USED IN DETERMINING FEDERAL CATEGORY OF SERVICE
 FOR SKILLED NURSING FACILITIES.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise Data Element List

DataElement ID: 03020 Name: CLAIM-TRANS-CODE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: TRANSACTION CODE
 ***** MMIS DATA ELEMENT NAME - TRANSACTION CODE:
 MMIS GSD DATA ELEMENT NUMBER - 302
 MMIS PART 11 DATA ELEMENT NAME -
 MMIS DEFINITION - A CODE WHICH INDICATES THE TYPE OF
 CLAIM TRANSACTION AND THE PROCESSING
 TO BE DONE. *****
 CLAIM TRANSACTION CODE - THIS GROUP LEVEL FIELD IS COMPOSED OF
 TWO FIELDS:
 ACCOUNTING CODE (DEN 03022)
 CLAIM STATUS (DEN 04551)

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9		G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03022 Name: ACCOUNTING-CODE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ACCOUNTING CODE

INDICATES THE STATUS OF THE CLAIM OR ADJUSTMENT FROM AN ACCOUNTING STANDPOINT. FOR EXAMPLE, WHETHER THE RECORD IS AN ORIGINAL CLAIM, A REVERSED CLAIM, AN ADJUSTED CLAIM, ETC AND IF THE PROVIDER IS TO PAID THE REIMBURSEMENT AMOUNT OR IF THE CLAIM IS BEING PROCESSED ONLY TO CORRECT THE HISTORY FILES.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(1)
9	G	Group		0	0		

DataElement ID: 03030 Name: NUM-OF-RPTS Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF REPORTS REQUESTED

THE NUMBER OF COPIES DESIRED FOR THE REPORT REQUESTED.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		1	0		9(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03031 Name: RUN-TYPE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: REPORT RUN TYPE REQUESTED
 THE RUN TYPE MAY BE A 'D' FOR A DISPROPORTIONATE STRATIFIED RANDOM
 SAMPLE AND A MARTIN SERIES, OR AN 'M' FOR A MARTIN SERIES ONLY.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 03032 Name: SELECT-TYPE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SELECT TYPE
 THE SELECT TYPE INDICATES IF THE REQUESTOR WANTS A SPECIFIC NUMBER
 OF RECIPIENTS SELECTED FOR THE REPORT, OR A SPECIFIC PERCENT OF TH
 POPLULATION PULLED FOR THE REPORT. ENTER 'N' FOR NUMBER, OR 'P' F
 PERCENT.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03033 Name: PERCENT-SELECTED Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PERCENT SELECTED
 ENTER THE PERCENT OF THE TOTAL NUMBER OF RECIPIENTS EXTRACTED FOR
 THE DISPROPORTIONATE STRATIFIED RANDOM SAMPLE THAT IS DESIRED ON
 THE REPORT. THE PERCENT CAN BE ANYWHERE FROM 01 TO 100.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		0	2		9V99

DataElement ID: 03034 Name: NUMBER-SELECTED Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER SELECTED
 ENTER THE NUMBER OF RECIPIENTS DESIRED FOR THE DISPROPORTIONATE
 STRATIFIED RANDOM SAMPLE REPORT. THIS IS A 5 DIGIT NUMBER.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		5	0		9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03040 Name: REFERRING-PROV-NUM Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: REFERRING PROVIDER NUMBER
 MMIS DATA ELEMENT NAME - REFERRING PHYSICIAN NUMBER:
 MMIS GSD DATA ELEMENT NUMBER - 304
 MMIS PART 11 DATA ELEMENT NAME - 059
 MMIS DEFINITION - THE PROVIDER NUMBER OF THE PHYSICIAN
 REFERRING A RECIPIENT TO ANOTHER
 PRACTITIONER OR OTHER PROVIDER.
 IF SPECIAL INDICATOR(3) IS EQUAL TO 'C',
 THE REFERRING PROVIDER NUMBER IS ALSO A
 SERVICE AUTHORIZATION NUMBER.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		9	0		9(9)
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 03041      Name:  SERVICE-AUTH-NUM      Version:
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: SERVICE AUTH NUM
IF THE THIRD OCCURANCE OF THE CLAIM SPECIAL INDICATOR IS A 'C'
THEN THE CLAIM REFERRING PROVIDER NUMBER IS ALSO CONSIDERED A
SERVICE AUTHORIZATION NUMBER.  SERVICE AUTHORIZATION NUMBERS ARE
UNIQUE NUMBERS ASSIGNED TO COUNTY HEALTH NURSES WHO CAN REFER
RECIPIENTS TO CERTAIN MEDICAID PROVIDERS.  THIS DATA NAME IS NOT
REFERENCED BY THE SYSTEM BUT THE CUSTOMER HAS MADE REQUESTS FOR
SERVICE AUTHORIZATION NUMBERS TO APPEAR ON MARS AND AD-HOC
REPORTS.,
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 03052      Name:  TPL-AMT-RECOVERED      Version:
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: TPL AMOUNT RECOVERED
THIS FIELD CONTAINS THE DOLLAR AMOUNT WHICH HAS BEEN RECOVERED
IN THIRD PARTY COLLECTIONS FROM THIRD PARTY SOURCES FOR THIS CASE.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	2		S9(7)V99
5	N	Numeric		6	2		9(04)V99
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03054 Name: TPL-RECOVERY-DATE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TPL RECOVERY DATE

-
 THIS FIELD CONTAINS THE DATE THAT THE THIRD PARTY RECOVERY WAS
 MADE OR THE RECOVERY ACTION WAS CLOSED.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(5)

DataElement ID: 03060 Name: ISIS-SPAN-ID-KEY Version: Subsystem: Prior
 Created By: T474085 Last Updated By: T474085 Release:
 Created On: 3/11/2008 Last Updated On: 3/11/2008
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		10	0		X(10)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03061 Name: EXC-TO-POLICY-IND Version: Subsystem: Prior
 Created By: T474085 Last Updated By: T474166 Release:
 Created On: 3/11/2008 Last Updated On: 2/17/2009
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 03062 Name: UNITS-FREQ-IND Version: Subsystem: Prior
 Created By: T474085 Last Updated By: T474085 Release:
 Created On: 3/11/2008 Last Updated On: 3/11/2008
 Description: PA UNITS FREQUENCY INDICATOR.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 03063 Name: NUM-OF-USED-SPAN Version: Subsystem: Prior
 Created By: T474085 Last Updated By: T474085 Release:
 Created On: 3/11/2008 Last Updated On: 3/11/2008
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3		Numeric Comp-3		3	0		S9(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03064 Name: UNITS-USED-SPAN Version: Subsystem: Prior
 Created By: T474085 Last Updated By: T474085 Release:
 Created On: 3/11/2008 Last Updated On: 3/11/2008

Description: PA UNITS USED SPAN
 A GROUP ITEM WHOSE SUBORDINATE FIELDS ARE RELATED TO PA UNITS USED.
 PRIOR-AUTH-LINE-NO (DEN 04213)
 LI-FIRST-DATE-OF-SVC (DEN 04392)
 LI-LAST-DATE-OF-SVC (DEN 04391)
 UNITS-USED (DEN 04431)

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 03070 Name: TPL-RSN-CODE Version: Subsystem: Prior
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 6/24/2005

Description: TPL REASON CODE
 THE REASON THE CLAIM WAS PAID OR DENIED BY A THIRD PARTY
 CARRIER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 03071      Name:  TPL-CASH-CNTL-NUM      Version:
Created By:                Last Updated By:          Release:
Created On:   8/25/2004    Last Updated On:   8/25/2004
Description: TPL CASH CONTROL NUMBER
              THE CONTROL NUMBER ASSOCIATED WITH A PAYMENT MADE BY A
              THIRD PARTY CARRIER.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		9	0		9(09)

```

DataElement ID: 03072      Name:  TPL-MANUAL-BILL-IND      Version:
Created By:                Last Updated By:          Release:
Created On:   8/25/2004    Last Updated On:   8/25/2004
Description: TPL MANUAL BILLING INDICATOR
              THE INDICATOR THAT ALLOWS USERS TO BILL NON-HEALTH AND
              NON-CASUALTY CARRIERS ON REQUEST RATHER THAN AUTOMATICALLY.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03073 Name: TPL-BILL-SOURCE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TPL BILL SOURCE
 THE PROCESS IN WHICH THE BILLING RECORD WAS CREATED.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

DataElement ID: 03074 Name: TPL-BILL-RPT-IND Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE NUMBER OF TIMES THE HARDCOPY BILL HAS BEEN GENERATED.
 THE NUMBER OF TIMES THE HARDCOPY BILL HAS BEEN GENERATED. -

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(1)

Iowa Medicaid Enterprise Data Element List

DataElement ID: 03080	Name: BATCH-NUMBER	Version:	Subsystem: Prior
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		

Description: BATCH NUMBER

***** MMIS DATA ELEMENT NAME - BATCH NUMBER:

MMIS GSD DATA ELEMENT NUMBER - 308

MMIS PART 11 DATA ELEMENT NAME -

MMIS DEFINITION - NUMBER ASSIGNED TO A BATCH OF
TRANSACTIONS UNIQUELY IDENTIFYING THE

BATCH. *****

THE BATCH NUMBER IS USED TO UNIQUELY IDENTIFY EACH BATCH OF
DOCUMENTS WITHIN A MICROFILM MACHINE NUMBER (DEN 03004) AND
MICROFILM ROLL NUMBER ON A GIVEN DAY. THE BATCH NUMBER IS A
PART OF THE TRANSACTION CONTROL NUMBER. THE FOLLOWING BATCH
NUMBERS ARE FOR SYSTEM GENERATED CLAIMS.

TYPE OF BATCH	VALID BATCH NUMBERS
MASS CREDITS AND ADJUSTMENTS	100-900,913-979
LTC	901-912
TPL BILLING ADJUSTMENTS	980
OUTPATIENT CREDITS (SYSTEM GENERATED)	986
CREDIT BALANCE	995
RECOUPMENTS	996 - 997
LIENS (CREDITS)	998
LIENS (DEBITS)	999

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		3	0		X(3)
2		N		Numeric		3	0		9(3)
3		N3		Numeric Comp-3		3	0		9(3)
9		G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03086 Name: CASE-MGR-FAX-NUM Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CASE MANGER FAX NUMBER
 - 1 - 3 AREA
 4 - 6 PREFIX OR EXCHANGE
 7 - 10 NUMBER,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		10	0		9(10)

DataElement ID: 03087 Name: CASE-MGR-EMAIL Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CASE MANAGER EMAIL,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		23	0		X(23)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03088 Name: PROV-FAX-NUM Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER FAX NUMBER
 1 - 3 AREA
 4 - 6 PREFIX OR EXCHANGE
 7 - 10 NUMBER,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		10	0		9(10)

DataElement ID: 03089 Name: PARENT-GUARD-NAME Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PARENT/GUARDIAN NAME,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		25	0		X(25)

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 03090      Name:  PAR-GUAR-TEL-NUM      Version:
Created By:                Last Updated By:          Release:
Created On:      8/25/2004  Last Updated On:   8/25/2004
Description: PARENT/GUARDIAN TELEPHONE NUMBER
1 - 3  AREA
4 - 6  PREFIX OR EXCHANGE
7 - 10 NUMBER,
OF A MEDICAL FACILITY FROM WHICH THE
RECIPIENT WAS DISCHARGED IMMEDIATELY
PRIOR TO HIS ADMISSION TO ANOTHER
FACILITY.  *****
***** NOT USED IN WYOMING *****
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		10	0		9(10)

```

DataElement ID: 03091      Name:  FACIL-NAME      Version:
Created By:                Last Updated By:          Release:
Created On:      8/25/2004  Last Updated On:   8/25/2004
Description: FACILITATN NAME,
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		21	0		X(21)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03092 Name: NURSE-INITIALS Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NURSE INITIALS,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		3	0		X(3)

DataElement ID: 03093 Name: CASE-MGR-PROMPT-DATE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CASE MANAGER PROMPT DATE,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3		Numeric Comp-3		5	0		9(5)

DataElement ID: 03094 Name: SUMM-TO-CASE-MN-DATE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SUMMARY TO CASE MANAGEMENT DATE,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3		Numeric Comp-3		5	0		9(5)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03095 Name: PA-RECD-DATE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PA RECEIVED DATE,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		9(5)

DataElement ID: 03096 Name: PA-TO-PROVIDER-DATE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PA TO PROVIDER DATE,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		9(5)

DataElement ID: 03097 Name: TEAM-REVIEW-DATE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TEAM REVIEW DATE,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		9(5)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03098 Name: NOTICE-OF-DENIAL-DTE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NOTICE OF DENIAL DATE,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		9(5)

DataElement ID: 03099 Name: CONSULT-REVIEW-DATE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CONSULTANT REVIEW DATE,
 -

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		9(5)

DataElement ID: 03100 Name: APPEAL-DATE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: APPEAL DATE,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		9(5)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03101 Name: ADDL-INFO-REQ-DATE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ADDITIONAL INFORMATION REQUESTED DATE,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5		0	9(5)

DataElement ID: 03102 Name: MN-NOTI-OUTC-DATE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CASE MANAGEMENT NOTIFIED OF OUTCOME DATE,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5		0	9(5)

DataElement ID: 03103 Name: CONF-CALL-DATE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CONFERENCE CALL DATE,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5		0	9(5)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03104 Name: FOUR-WEEK-DATE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CASE MANAGEMENT FOUR (4) WEEK PROMPT DATE,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		9(5)

DataElement ID: 03105 Name: MOD-LET-NO Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MODIFICATION LETTER NUMBER,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		11	0		9(11)

DataElement ID: 03106 Name: NOD-NUMBER Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NOTICE OF DENIAL NUMBER,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		11	0		9(11)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03107 Name: NUM-PA-KIDS Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF PRIOR AUTH KID RECORDS FOR A SPECIFIC RECORD KEY

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3	Numeric Comp-3		5		0	S9(5)

DataElement ID: 03110 Name: ADMISSION-DATE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ADMISSION DATE
 ***** MMIS DATA ELEMENT NAME - ADMISSION DATE:
 MMIS GSD DATA ELEMENT NUMBER - 311
 MMIS PART 11 DATA ELEMENT NUMBER - 063
 MMIS DEFINITION - THE DATE UPON WHICH A RECIPIENT WAS
 ADMITTED TO A MEDICAL INSTITUTION.
 THE DATE THE RECIPIENT WAS ADMITTED TO THE INSTITUTION.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		6		0	X(6)
2		N	Numeric		6		0	9(6)
3		N3	Numeric Comp-3		5		0	S9(5)
6		N3	Numeric Comp-3		5		0	9(05)
7		N	Numeric		8		0	9(08)
9		G	Group		0		0	

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03140	Name: PLACE-OF-SERVICE	Version:	Subsystem: Prior
Created By: SYSTEM	Last Updated By: T474346	Release:	
Created On: 8/25/2004	Last Updated On: 2/17/2022		

Description: PLACE OF SERVICE
 ***** MMIS DATA ELEMENT NAME - PLACE OF SERVICE:
 MMIS GSD DATA ELEMENT NUMBER - 314
 MMIS PART 11 DATA ELEMENT NUMBER - 067
 MMIS DEFINITION - A CODE INDICATING WHERE SERVICE WAS
 RENDERED BY A PROVIDER. *****
 PLACE OF SERVICE INDICATES WHERE THE SERVICE WAS RENDERED.
 THIS DATA ELEMENT CONTAINS THE VALID VALUES ACCEPTED BY HCF
 ON MEDICAL CLAIMS (PRIMARILY HCFA-1500).

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2	0		X(02)
2	X		AlphaNumeric		1	0		X(01)
3	N		Numeric		2	0		9(02)
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03150 Name: REFILL-INDICATOR Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: REFILL INDICATOR
 ***** MMIS DATA ELEMENT NAME - REFILL INDICATOR:
 MMIS GSD DATA ELEMENT NUMBER - 315
 MMIS PART 11 DATA ELEMENT NAME -
 MMIS DEFINITION - A CODE INDICATING WHETHER A PRESCRIPTION
 IS AN ORIGINAL OR A REFILL. *****

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1	0		X(1)
4		N		Numeric		2	0		9(02)

DataElement ID: 03160 Name: PATIENT-STATUS Version: Subsystem: Prior
 Created By: SYSTEM Last Updated By: T474181 Release:
 Created On: 8/25/2004 Last Updated On: 1/28/2010

Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		2	0		X(2)
2		N		Numeric		2	0		9(2)
9		G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03180 Name: DEST-PROV-NUMBER Version: Subsystem: Prior
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: DESTINATION PROVIDER NUMBER
***** MMIS DATA ELEMENT NAME - DESTINATION PROVIDER NUMBER:
MMIS GSD DATA ELEMENT NUMBER - 318
MMIS PART 11 DATA ELEMENT NUMBER -
MMIS DEFINITION - IF THE DESTINATION OF A DISCHARGED
RECIPIENT (SEE DATA ELEMENT 317) IS
A MEDICAL FACILITY, THIS IS THE PROVIDER
NUMBER (DATA ELEMENT 201) OF THE
DESTINATION FACILITY. *****
***** NOT USED IN WYOMING *****

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03190 Name: PREV-PROV-NUMBER Version: Subsystem: Prior
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: PREVIOUS PROVIDER NUMBER
***** MMIS DATA ELEMENT NAME - PREVIOUS PROVIDER NUMBER:
MMIS GSD DATA ELEMENT NUMBER - 319
MMIS PART 11 DATA ELEMENT NUMBER -
MMIS DEFINITION - THE PROVIDER NUMBER (DATA ELEMENT 201)
OF A MEDICAL FACILITY FROM WHICH THE
RECIPIENT WAS DISCHARGED IMMEDIATELY
PRIOR TO HIS ADMISSION TO ANOTHER
FACILITY. *****
***** NOT USED IN WYOMING *****

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03210 Name: TOTAL-CLAIM-CHARGE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: TOTAL CLAIM CHARGE
 ***** MMIS DATA ELEMENT NAME - TOTAL CLAIM CHARGE:
 MMIS GSD DATA ELEMENT NUMBER - 321
 MMIS PART 11 DATA ELEMENT NUMBER - 070
 MMIS DEFINITION - THE SUM OF ALL CHARGES ASSOCIATED WITH AN
 INDIVIDUAL CLAIM. *****
 ***** MMIS DATA ELEMENT NAME - DRUG CHARGE:
 MMIS GSD DATA ELEMENT NUMBER - 323
 MMIS PART 11 DATA ELEMENT NUMBER - 102
 MMIS DEFINITION - THE CHARGE SUBMITTED BY A PROVIDER FOR A
 GIVEN DRUG PRESCRIPTION. *****
 ***** MMIS DATA ELEMENT NAME - CHECK AMOUNT:
 MMIS GSD DATA ELEMENT NUMBER - 347
 MMIS PART 11 DATA ELEMENT NUMBER -
 MMIS DEFINITION - THE FACE AMOUNT OF A CHECK WHICH IS
 RETURNED BY A PROVIDER. *****
 THE SUM OF THE CLAIM'S BILLED CHARGES.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		7	2		S9(5)V99
2	N	Numeric		7	2		9(5)V99
3	N3	Numeric Comp-3		9	2		S9(7)V99
4	N	Numeric		6	2		9(4)V99
6	N	Numeric		9	2		9(7)V99
7	N3	Numeric Comp-3		11	2		S9(9)V99
8	N	Numeric		8	2		S9(06)V99
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03220 Name: PROCEDURE-CHARGE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: PROCEDURE CHARGE
 ***** MMIS DATA ELEMENT NAME - PROCEDURE CHARGE:
 MMIS GSD DATA ELEMENT NUMBER - 322
 MMIS PART 11 DATA ELEMENT NUMBER - 101
 MMIS DEFINITION - A CHARGE FOR AN INDIVIDUAL PROCEDURE,
 TREATMENT, OR SERVICE ITEM AS SUBMITTED
 BY THE PROVIDER. *****
 THE BILLED CHARGE FOR PERFORMING THE SERVICE OR SUPPLYING THE
 - ITEM.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		7	2		S9(05)V99
2	N	Numeric		7	2		9(5)V99
3	N3	Numeric Comp-3		7	2		S9(5)V99
8	N	Numeric		9	2		9(07)V99
9	G	Group		0	0		

DataElement ID: 03230 Name: PROVIDER-SORT-GROUP Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: PROVIDER SORT GROUP
 THIS FIELD IS USED IN SORTING FOR PROCEDURE USAGE REPORTS.
 GROUP IS ASSIGNED BASED ON PROVIDER TYPE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		2	0		X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03231 Name: PROCEDURE-SORT-GROUP Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROCEDURE SORT GROUP
 THIS FIELD IS USED IN SORTING FOR PROCEDURE USAGE REPORTS.
 GROUP IS ASSIGNED BASED ON PROCEDURE CODE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2	0		X(02)

DataElement ID: 03270 Name: UNITS-OF-SERVICE Version: Subsystem: Prior
 Created By: SYSTEM Last Updated By: T474163 Release:
 Created On: 8/25/2004 Last Updated On: 3/9/2011
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		5	0		9(5)
3	N3		Numeric Comp-3		5	0		S9(5)
4	N3		Numeric Comp-3		3	0		S9(3)
5	N3		Numeric Comp-3		5	2		S9(05)V99
6	N		Numeric		4	0		9(4)
7	N		Numeric		2	0		9(02)
8	N		Numeric		3	0		9(3)
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03271 Name: SUBMITTED-UNITS Version: Subsystem: Prior
 Created By: SYSTEM Last Updated By: T474163 Release:
 Created On: 8/25/2004 Last Updated On: 3/9/2011
 Description: SUBMITTED UNITS

***** MMIS DATA ELEMENT NAME - UNITS OF SERVICE:
 MMIS GSD DATA ELEMENT NUMBER - 327
 MMIS PART 11 DATA ELEMENT NUMBER - 071
 MMIS DEFINITION - A CALCULATED MEASURE OF SERVICES RENDERED
 TO OR FOR A RECIPIENT (E.G., DAYS, VISITS,
 MILES, INJECTIONS). *****
 THE NUMBER OF TIMES (DAYS, VISITS, INJECTIONS, ETC) THE SERVICE
 WAS RENDERED THE RECIPIENT. THIS FIELD IS CARRIED ON MEDICAL
 AND DRUG CLAIMS AND REPRESENTS THE SUBMITTED UNITS OF SERVICE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		5	0		9(05)
3	N3	Numeric Comp-3		5	0		S9(5)
4	N	Numeric		4	1		S9(03)V9
5	N3	Numeric Comp-3		5	2		S9(05)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03290 Name: THIRD-PARTY-PMT-AMT Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: THIRD PARTY PAYMENT AMOUNT
 - ***** MMIS DATA ELEMENT NAME - THIRD PARTY PAYMENT AMOUNT:
 MMIS GSD DATA ELEMENT NUMBER - 329
 MMIS PART 11 DATA ELEMENT NUMBER - 072
 MMIS DEFINITION - THE AMOUNT OF PAYMENT APPLIED TOWARD A
 CLAIM BY THIRD PARTY SOURCES. *****
 THE THIRD PARTY PAYMENT AMOUNT REPRESENTS THE MONEY RECEIVED BY
 THE PROVIDER FROM A THIRD PARTY SOURCE, USUALLY AN INSURANCE
 COMPANY. THE SYSTEM WILL REDUCE THE CLAIM'S REIMBURSEMENT AMOUNT
 BY THE THIRD PARTY PAYMENT AMOUNT AS THE PROVIDER HAS ALREADY
 BEEN PAID. THIS IS THE THIRD PARTY AMOUNT KEYED ONLINE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		7	2		9(5)V99
3	N3	Numeric Comp-3		9	2		S9(7)V99
5	N	Numeric		7	2		S9(5)V99
6	N	Numeric		9	2		9(7)V99
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03291 Name: APPLIED-TPL-AMT Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: APPLIED THIRD PARTY PAYMENT AMOUNT
 THE THIRD PARTY PAYMENT AMOUNT APPLIED,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	2		S9(7)V99
7	N3	Numeric Comp-3		11	2		S9(9)V99
9	G	Group		0	0		

DataElement ID: 03292 Name: TOT-OTHER-PAYMENTS Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TOTAL OTHER PAYMENTS
 THIS FIELD IS THE SUM OF THE PAATIENT PAYMENT AMOUNT, MEDICARE
 PAYMENT AMOUNT, AND TPL AMOUNT ON A NURSING HOME CLAIM.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		9	2		9(07)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03293 Name: APPLIED-TPL-AMOUNT Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: APPLIED THIRD PARTY PAYMENT AMOUNT
 THE THIRD PARTY PAYMENT AMOUNT APPLIED,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		9	2		S9(7)V99

DataElement ID: 03301 Name: CLM-INQ-SOURCE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CLAIM INQUIRY SOURCE
 THIS FIELD IS PART OF THE CLAIM INQUIRY LOG RECORD (REN=13550)
 WHICH IS PRODUCED BY THE ON-LINE CLAIM INQUIRY SUBSYSTEM FOR
 EACH USER INQUIRY SESSION.
 THIS FIELD CONTAINS A DESCRIPTION OF THE SOURCE OF INQUIRY IF
 IT WAS PROVIDED DURING THE INQUIRY.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 03302      Name:   CLM-INQ-KEY-TYPE      Version:      Subsystem: Prior
Created By:                Last Updated By:      Release:
Created On:   8/25/2004    Last Updated On:      8/25/2004
Description: CLAIM INQUIRY KEY TYPE
                THIS FIELD IS PART OF THE CLAIM INQUIRY LOG RECORD (REN=13550)
                WHICH IS PRODUCED BY THE MMIS ON-LINE CLAIM'S INQUIRY SUBSYSTEM
                FOR EACH USER INQUIRY SESSION.
                THIS FIELD CONTAINS A DESCRIPTION OF THE TYPE OF SEARCH KEY USED
                FOR THIS INQUIRY (EX. TCN, PROV, RECP).
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 03303      Name:   CLM-INQ-KEY      Version:      Subsystem: Prior
Created By:                Last Updated By:      Release:
Created On:   8/25/2004    Last Updated On:      8/25/2004
Description: CLAIM INQUIRY KEY
                THIS FIELD IS PART OF THE CLAIM INQUIRY LOG RECORD (REN=13550)
                WHICH IS PRODUCED BY THE MMIS ON-LINE CLAIM'S INQUIRY SUBSYSTEM
                FOR EACH USER INQUIRY SESSION.
                THIS FIELD CONTAINS THE PRIMARY SEARCH KEY USED FOR THE INQUIRY
                AS INDICATED BY CLAIM INQUIRY KEY TYPE (DEN=03302).
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 03304      Name:   CLM-INQ-SUSP-COUNT      Version:
Created By:                Last Updated By:      Release:
Created On:   8/25/2004    Last Updated On:   8/25/2004
Description: CLAIM INQUIRY SUSPENSE FILE COUNT
                THIS FIELD IS PART OF THE CLAIM INQUIRY LOG RECORD (REN=13550)
                WHICH IS PRODUCED BY THE MMIS ON-LINE CLAIM'S INQUIRY SUBSYSTEM
                FOR EACH USER INQUIRY SESSION.
                THIS FIELD CONTAINS A COUNT OF THE NUMBER OF CLAIM RECORDS
                DISPLAYED FROM THE SUSPENDED CLAIM'S FILE DURING THE INQUIRY.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 03305      Name:   CLM-INQ-ADJU-COUNT      Version:
Created By:                Last Updated By:      Release:
Created On:   8/25/2004    Last Updated On:   8/25/2004
Description: CLAIM INQUIRY ADJUDICATED FILE COUNT
                THIS FIELD IS PART OF THE CLAIM INQUIRY LOG RECORD (REN=13550)
                WHICH IS PRODUCED BY THE MMIS ON-LINE CLAIM'S INQUIRY SUBSYSTEM
                FOR EACH USER INQUIRY SESSION.
                THIS FIELD CONTAINS A COUNT OF THE NUMBER OF CLAIM RECORDS
                DISPLAYED FROM THE ADJUDICATED CLAIM'S FILE DURING THE INQUIRY.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 03306      Name:   CLM-INQ-MTDH-COUNT      Version:
Created By:                Last Updated By:      Release:
Created On:   8/25/2004    Last Updated On:   8/25/2004
Description: CLAIM INQUIRY MONTHLY PAID CLAIMS FILE COUNT
                THIS FIELD IS PART OF THE CLAIM INQUIRY LOG RECORD (REN=13550)
                -   WHICH IS PRODUCED BY THE MMIS ON-LINE CLAIM'S INQUIRY SUBSYSTEM
                FOR EACH USER INQUIRY SESSION.
                THIS FIELD CONTAINS A COUNT OF THE NUMBER OF CLAIM RECORDS
                DISPLAYED FROM THE MONTHLY PAID CLAIMS FILE DURING THE INQUIRY.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 03307      Name:   CLM-INQ-HIST-COUNT      Version:
Created By:                Last Updated By:      Release:
Created On:   8/25/2004    Last Updated On:   8/25/2004
Description: CLAIM INQUIRY HISTORY FILE COUNT
                THIS FIELD IS PART OF THE CLAIM INQUIRY LOG RECORD (REN=13550)
                WHICH IS PRODUCED BY THE MMIS ON-LINE CLAIM'S INQUIRY SUBSYSTEM
                FOR EACH USER INQUIRY SESSION.
                THIS FIELD CONTAINS A COUNT OF THE NUMBER OF CLAIM RECORDS
                DISPLAYED FROM THE HISTORY FILE DURING THE INQUIRY.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03308 Name: CLM-INQ-RESULTS Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: CLAIM INQUIRY RESULTS
 THIS FIELD IS PART OF THE CLAIM INQUIRY LOG RECORD (REN=13550)
 WHICH IS PRODUCED BY THE MMIS ON-LINE CLAIM'S INQUIRY SUBSYSTEM
 FOR EACH USER INQUIRY SESSION.
 THIS FIELD CONTAINS EITHER A 'YES' OR A 'NO' DEPENDING ON WHETHER
 OR NOT ANY CLAIM RECORDS WERE FOUND MATCHING THE SEARCH KEY.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 03309 Name: CLM-INQ-TIME-SEC Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: CLAIM INQUIRY TIME IN SECONDS.
 THIS FIELD IS PART OF THE CLAIM INQUIRY LOG RECORD (REN=13550)
 WHICH IS PRODUCED BY THE MMIS ON-LINE CLAIM'S INQUIRY SUBSYSTEM
 FOR EACH USER INQUIRY SESSION.
 THIS FIELD CONTAINS THE NUMBER OF SECONDS ELAPSED BETWEEN THE
 BEGINNING OF THE INQUIRY UNTIL THE END.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03330 Name: MCARE-COINS-DAYS Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: MEDICARE COINSURANCE DAYS
 ***** MMIS DATA ELEMENT NAME - MEDICARE COINSURANCE DAYS:
 MMIS GSD DATA ELEMENT NUMBER - 333
 MMIS PART 11 DATA ELEMENT NUMBER -
 MMIS DEFINITION - THE NUMBER OF DAYS OF MEDICARE COVERED
 SERVICE FOR WHICH MEDICAID WILL PAY
 - COINSURANCE. *****
 ***** NOT USED IN WYOMING *****

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 03331 Name: ISA-LOOP Version: Subsystem: Prior
 Created By: JIM SANBOR Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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1	G		Group		0	0		
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03332 Name: SEND-ID-ISA06 Version: Subsystem: Prior
 Created By: JIM SANBOR Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		15	0		X(15)

DataElement ID: 03333 Name: RECV-ID-ISA08 Version: Subsystem: Prior
 Created By: JIM SANBOR Last Updated By: T474072 Release:
 Created On: 3/6/2005 Last Updated On: 4/1/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		15	0		X(15)

DataElement ID: 03334 Name: CTL-NUM-ISA13 Version: Subsystem: Prior
 Created By: JIM SANBOR Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		9	0		X(09)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03335 Name: RECV-CODE-GS03 Version: Subsystem: Prior
 Created By: JIM SANBOR Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		9			X(09)

DataElement ID: 03336 Name: SUBMIT-ID-BHT03 Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		30			X(30)

DataElement ID: 03337 Name: HIER-2000A-HL01 Version: Subsystem: Prior
 Created By: JIM SANBOR Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N		Numeric		3			9(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03338 Name: UMO-NM1-2010A Version: Subsystem: Prior
 Created By: JIM SANBOR Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0	0		

DataElement ID: 03339 Name: ID-2010-NM101 Version: Subsystem: Prior
 Created By: JIM SANBOR Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2	0		X(02)

DataElement ID: 03340 Name: TYP-2010-NM102 Version: Subsystem: Prior
 Created By: JIM SANBOR Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03341 Name: LNAME-2010-NM103 Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474074 Release:
 Created On: 3/6/2005 Last Updated On: 12/28/2010
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		35	0		X(35)
2	X		AlphaNumeric		60	0		X(60)

DataElement ID: 03342 Name: FNAME-2010-NM104 Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474074 Release:
 Created On: 3/6/2005 Last Updated On: 12/28/2010
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		25	0		X(25)
2	X		AlphaNumeric		35	0		X(35)

DataElement ID: 03343 Name: MNAME-2010-NM105 Version: Subsystem: Prior
 Created By: JIM SANBOR Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03344 Name: SNAME-2010-NM107 Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		10	0		X(10)

DataElement ID: 03345 Name: ID-QL-2010-NM108 Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		2	0		X(02)

DataElement ID: 03346 Name: ID-NO-2010-NM109 Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		20	0		X(20)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03347 Name: REQ-LEVEL-2000B Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 03348 Name: ID-2000-HL01 Version: Subsystem: Prior
 Created By: JIM SANBOR Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/8/2005
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		3	0		X(03)

DataElement ID: 03349 Name: NUM-2000-HL02 Version: Subsystem: Prior
 Created By: JIM SANBOR Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/23/2005
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		3	0		X(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03350 Name: REQ-NM1-2010B Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 03351 Name: REQ-SUPL-ID-2010B Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 03352 Name: REQ-REF-2010B Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03353 Name: REQ-REF01-2010B Version: Subsystem: Prior
 Created By: JIM SANBOR Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/23/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2	0		X(02)

DataElement ID: 03354 Name: REQ-REF02-2010B Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		20	0		X(20)

DataElement ID: 03355 Name: REQ-VAL-2010B Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03356 Name: REQ-AAA01-2010B Version: Subsystem: Prior
 Created By: JIM SANBOR Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/24/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 03357 Name: REQ-AAA03-2010B Version: Subsystem: Prior
 Created By: JIM SANBOR Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/24/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2		0	X(02)

DataElement ID: 03358 Name: REQ-AAA04-2010B Version: Subsystem: Prior
 Created By: JIM SANBOR Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/24/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03359 Name: SUBR-LEVEL-2000C Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 03360 Name: SUBR-VAL-2000C Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 03361 Name: SUBR-AAA01-2000C Version: Subsystem: Prior
 Created By: JIM SANBOR Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/24/2005
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03362 Name: SUBR-AAA03-2000C Version: Subsystem: Prior
 Created By: JIM SANBOR Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/24/2005
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		2		0	X(02)

DataElement ID: 03363 Name: SUBR-AAA04-2000C Version: Subsystem: Prior
 Created By: JIM SANBOR Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/24/2005
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

DataElement ID: 03364 Name: ACCIDENT-DT-2000C Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		8		0	X(08)

Iowa Medicaid Enterprise**Data Element List**

DataElement ID: 03365 Name: LAST-MENST-DT-2000C Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		8		0	X(08)

DataElement ID: 03366 Name: ESTIMATE-DT-2000C Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		8		0	X(08)

DataElement ID: 03367 Name: ONSET-DT-2000C Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		8		0	X(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03368 Name: SUBR-DIAG-2000C Version: Subsystem: Prior
 Created By: JIM SANBOR Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/8/2005
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 03369 Name: SUBR-HI-2000C Version: Subsystem: Prior
 Created By: JIM SANBOR Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/8/2005
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 03370 Name: DTYP-HI-1-2000C Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		2	0		X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03371 Name: DCDE-H1-2-2000C Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		10	0		X(10)

DataElement ID: 03372 Name: DDTP-H1-3-2000C Version: Subsystem: Prior
 Created By: JIM SANBOR Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/24/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		3	0		X(03)

DataElement ID: 03373 Name: DDTE-H1-4-2000C Version: Subsystem: Prior
 Created By: JIM SANBOR Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/23/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		8	0		X(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03374 Name: SUBR-NM1-2010CA Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 03375 Name: SUBR-SUPL-ID-2010CA Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 03376 Name: SUBR-REF-2010CA Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03377 Name: SUBR-REF01-2010CA Version: Subsystem: Prior
 Created By: JIM SANBOR Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		2		0	X(02)

DataElement ID: 03378 Name: SUBR-REF02-2010CA Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		20		0	X(20)

DataElement ID: 03379 Name: SUBR-VAL-2010CA Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9		G		Group		0		0	

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03380 Name: SUBR-DMG-2010CA Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0	0		

DataElement ID: 03381 Name: SUBR-AAA01-2010CA Version: Subsystem: Prior
 Created By: JIM SANBOR Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/23/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 03382 Name: SUBR-DMG02-2010CA Version: Subsystem: Prior
 Created By: JIM SANBOR Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		12	0		X(12)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03383 Name: SUBR-DMG03-2010CA Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 03384 Name: SPRV-LEVEL-2000E Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0		0	

DataElement ID: 03385 Name: SPRV-NM1-2010E Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0		0	

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03386 Name: SPRV-SUPL-ID-2010E Version: Subsystem: Prior
 Created By: JIM SANBOR Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/8/2005
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 03387 Name: SPRV-REF-2010E Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 03388 Name: SPRV-REF01-2010E Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		2	0		X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03389 Name: SPRV-REF02-2010E Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		20			X(20)

DataElement ID: 03390 Name: SPRV-N3-2010E Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0			

DataElement ID: 03391 Name: A1-2010E-N301 Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		55			X(55)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03392 Name: A2-2010E-N302 Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		30	0		X(30)

DataElement ID: 03393 Name: SPRV-N4-2010E Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0	0		

DataElement ID: 03394 Name: CITY-2010E-N401 Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		30	0		X(30)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03395 Name: ST-2010E-N402 Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		2		0	X(02)

DataElement ID: 03396 Name: ZIP-2010E-N403 Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		15		0	X(15)

DataElement ID: 03397 Name: CONT-2010E-N404 Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		3		0	X(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03398 Name: SPRV-PER-2010E Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9		G	Group		0		0	

DataElement ID: 03400 Name: PRIOR-AUTH-NUM Version: Subsystem: Prior
 Created By: Initial Sy Last Updated By: T474163 Release:
 Created On: 8/25/2004 Last Updated On: 3/8/2011
 Description: PRIOR AUTHORIZATION NUMBER
 ***** MMIS DATE ELEMENT NAME - PRIOR AUTHORIZATION CONTROL NUMBER.
 MMIS GSD ELEMENT NUMBER - 340
 MMIS PART 11 DATE ELEMENT NUMBER - 078
 MMIS DEFINITION - A NUMBER THAT UNIQUELY IDENTIFIES A
 PARTICULAR INSTANCE OF PRIOR
 AUTHORIZATION. *****

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		10		0	X(10)
2		N	Numeric		10		0	9(10)
3		N3	Numeric Comp-3		10		0	9(10)
4		X	AlphaNumeric		15		0	X(15)
5		X	AlphaNumeric		50		0	X(50)
6		N3	Numeric Comp-3		12		0	9(12)
7		N	Numeric		11		0	9(11)
9		G	Group		0		0	

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03401 Name: SUBR-AAA03-2010CA Version: Subsystem: Prior
 Created By: JIM SANBOR Last Updated By: T474075 Release:
 Created On: 3/23/2005 Last Updated On: 3/23/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2	0		X(02)

DataElement ID: 03402 Name: SUBR-AAA04-2010CA Version: Subsystem: Prior
 Created By: JIM SANBOR Last Updated By: T474075 Release:
 Created On: 3/23/2005 Last Updated On: 3/23/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 03403 Name: SUBR-DMG01-2010CA Version: Subsystem: Prior
 Created By: JIM SANBOR Last Updated By: T474075 Release:
 Created On: 3/23/2005 Last Updated On: 3/23/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		3	0		X(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03404 Name: SERV-VAL-2000F Version: Subsystem: Prior
 Created By: JIM SANBOR Last Updated By: T474075 Release:
 Created On: 3/23/2005 Last Updated On: 3/23/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0	0		

DataElement ID: 03405 Name: SERV-AAA01-2000F Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/23/2005 Last Updated On: 3/23/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 03406 Name: SERV-AAA03-2000F Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/23/2005 Last Updated On: 3/23/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2	0		X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03407 Name: SERV-AAA04-2000F Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/23/2005 Last Updated On: 3/23/2005
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

DataElement ID: 03408 Name: NUM-PA-NOTES Version: Subsystem: Prior
 Created By: Last Updated By:
 Created On: 8/25/2004 Last Updated On: 8/25/2004 Release:
 Description: NUMBER OF PRIOR AUTH NOTES
 THIS FIELD CONTAINS THE NUMBER OF PRIOR AUTH NOTES.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03409 Name: PRIOR-AUTH-NOTE Version: Subsystem: Prior
 Created By: SYSTEM Last Updated By: T474190 Release:
 Created On: 8/25/2004 Last Updated On: 12/23/2015
 Description: PRIOR AUTHORIZATION NOTE LINE
 THIS FIELD CONTAINS THE PRIOR AUTH NOTES LINE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		76	0		X(76)
2	X	AlphaNumeric		1292	0		X(1292)
9	G	Group		0	0		

DataElement ID: 03410 Name: PRIOR-AUTH-REASON Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PRIOR AUTH REASON
 THIS IS THE CODE TO THE PRIOR AUTHORIZATION REASON TEXT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		3	0		9(3)

Report:ND-001

Iowa Medicaid Enterprise

Data Element List

ND-Workbench

DataElement ID: 03411 Name: PRIOR-AUTH-STATUS Version: Subsystem: Prior
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: PRIOR AUTHORIZATION STATUS
THIS FIELD IS USED TO INDICATE THE STATUS OF THE PRIOR AUTHORIZATI

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03412 Name: COST-SAVINGS Version: Subsystem: Prior
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: PRIOR AUTHORIZATION COST SAVINGS AMOUNT.
THIS FIELD HOLDS THE PRIOR AUTHORIZATION COST SAVINGS, AS IT APPEARS ON THE PRIOR AUTHORIZATION FILE SUMMARY REPORT. THE COST SAVINGS FOR EACH TYPE OF STATUS CODE IS AS FOLLOWS:
APPROVED STATUS CODE:
(PDD FILE MAXIMUM ALLOWABLE CHARGE FROM PRIOR AUTHORIZATION LINE ITEM (DED 04433)
X REQUESTED UNITS OF SERVICE FROM PRIOR AUTHORIZATION LINE ITEM (DED 04427))
- PRIOR AUTHORIZATION AMOUNT APPROVED (DED 04428)
DENIED OR DEFERRED STATUS CODE:
PDD FILE MAXIMUM ALLOWABLE CHARGE FROM PRIOR AUTHORIZATION LINE ITEM (DED 04433)
X REQUESTED UNITS OF SERVICE FROM PRIOR AUTHORIZATION LINE ITEM (DED 04427)

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03413 Name: PA-CLAIM-UPDATE-DATE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PRIOR AUTHORIZATION BATCH UPDATE DATE.
 THIS FIELD IS THE DATE THAT THE CLAIMS PROCESSING SUBSYSTEM
 UPDATED THE PRIOR AUTHORIZATION RECORD FOR UNITS AND/OR DOLLARS
 USED. ONLINE UPDATES ARE RETAINED IN DATE-OF-LAST-TRANS IN THE
 PRIOR AUTHORIZATION RECORD.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3	Numeric Comp-3		5	0		S9(5)

DataElement ID: 03414 Name: PA-STATUS-DATE Version: Subsystem: Prior
 Created By: Initial Sy Last Updated By: T474190 Release:
 Created On: 8/25/2004 Last Updated On: 12/23/2015
 Description: PRIOR AUTHORIZATION STATUS CHANGE DATE.
 THIS FIELD IS THE DATE THAT THE PRIOR AUTHORIZATION HEADER STATUS
 WAS CHANGED, EITHER VIA ONLINE UPDATES, OR FROM CLAIMS PROCESSING.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		N	Numeric		8	0		9(08)
2		X	AlphaNumeric		8	0		X(08)
3		N3	Numeric Comp-3		5	0		S9(5)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03415 Name: RECIP-PA-LETTER-IND Version: Subsystem: Prior
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: RECIPIENT PA LETTER INDICATOR
INDICATES IF A RECIPIENT PRIOR AUTH LETTER SHOULD BE GENERATED

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

DataElement ID: 03416 Name: PROV-PA-LETTER-IND Version: Subsystem: Prior
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: PROVIDER PA LETTER INDICATOR
INDICATES IF A PROVIDER PRIOR AUTH LETTER SHOULD BE GENERATED

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03417 Name: 278-RESP-CREATED-DATE Version: Subsystem: Prior
 Created By: JIM SANBOR Last Updated By: T474072 Release:
 Created On: 3/23/2005 Last Updated On: 4/1/2005
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		N		Numeric		6	0		9(06)

DataElement ID: 03420 Name: PRIOR-AUTH-CAT-SVC Version: Subsystem: Prior
 Created By: Initial Sy Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 5/21/2013
 Description: PRIOR-AUTH-CAT-SVC
 THIS FIELD IS USED TO INDICATE THE CATEGORY OF SERVICE OF THE
 PRIOR AUTHORIZATION.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		2	0		X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03421 Name: TYPE-OF-AUTH Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TYPE OF PRIOR AUTHORIZATION
 INDICATES THE TYPE OF PRIOR AUTHORIZATION IN RELATION
 TO THE SERVICE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 03422 Name: IFMC-NUMBER Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: IFMC PRIOR AUTHORIZATION NUMBER
 THE PRIOR AUTHORIZATION NUMBER ASSIGNED BY IFMC.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		8	0		X(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03423 Name: IFMC-SUFFIX Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: IFMC PRIOR AUTHORIZATION NUMBER SUFFIX
 THIS IS A FUTURE DATA ELEMENT TO SUPPORT A 10-DIGIT PA.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 03424 Name: IFMC-REVIEW-IND Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: IFMC REVIEW INDICATOR
 - THIS INFORMATION IS SUPPLIED BY IFMC AND INDICATES THE STATUS
 OF THE REVIEW.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03425 Name: REVIEW-BEG-DATE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: IFMC REVIEW BEGIN DATE
 THE BEGINNING EFFECTIVE DATE FOR THE IFMC PRIOR AUTHORIZED
 SERVICE.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		8	0		9(08)

DataElement ID: 03426 Name: REVIEW-END-DATE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: IFMC REVIEW END DATE
 THE ENDING EFFECTIVE DATE FOR THE IFMC PRIOR AUTHORIZED
 SERVICE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		8	0		9(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03427 Name: ATTEND-PHYS-UPIN Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ATTENDING PHYSICIAN UPIN NUMBER
 THE UPIN NUMBER OF THE ATTENDING PHYSICIAN.,

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 03428 Name: SURGEON-PHYS-UPIN Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SURGICAL PHYSICIAN UPIN NUMBER
 THE UPIN NUMBER OF THE SURGICAL PHYSICIAN.,

1			X	AlphaNumeric		6	0		X(06)
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03429 Name: IFMC-MISC Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: IFMC MISC DATA,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 03430 Name: OLD-PA-NUMBER Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: OLD PA NUMBER,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		11	0		9(11)

DataElement ID: 03431 Name: IFMC-DATA Version: Subsystem: Prior
 Created By: T474070 Last Updated By: T474070 Release:
 Created On: 4/1/2007 Last Updated On: 4/1/2007
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03440 Name: MAINT-CODE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MAINTENANCE CODE
 THE CODE ASSIGNED TO EACH RECORD TO INDICATE TYPE OF
 MAINTENANCE TO BE PERFORMED.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(1)

DataElement ID: 03442 Name: RATE Version: Subsystem: Prior
 Created By: SYSTEM Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 8/21/2007
 Description: RATE
 THIS IS THE RATE PER UNIT.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		7		0	X(07)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03450 Name: ENTRY-DATE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ENTRY DATE

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***** MMIS DATA ELEMENT NAME - DATE ENTERED EDP:
MMIS GSD DATA ELEMENT NUMBER - 345
MMIS PART 11 DATA ELEMENT NUMBER -
MMIS DEFINITION - THE DATE UPON WHICH THE BATCH OF
TRANSACTIONS ENTERED THE EDP PROCESSING
STEPS.      *****
***** MMIS DATA ELEMENT NAME - DATE COMPLETED BY EDP:
MMIS GSD DATA ELEMENT NUMBER - 346
MMIS PART 11 DATA ELEMENT NUMBER -
MMIS DEFINITION - THE DATE UPON WHICH AUDIT TRAILS INDICTE
-          THAT A BATCH OF CLAIM TRANSACTIONS WAS
COMPLETELY PROCESSED.      *****
***** MMIS DATA ELEMENT NAME - DATE OF ENTRY:
MMIS GSD DATA ELEMENT NUMBER - 352
MMIS PART 11 DATA ELEMENT NUMBER -
MMIS DEFINITION - THE DATE UPON WHICH A CLAIM TRANSACTION
WAS INITIALLY PLACED IN A COMPUTER
FILE.      *****
THE DATE A CLAIM FIRST ENTERS THE SYSTEM (CYCLE DATE).
    
```

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N	Numeric		6	0		9(6)
3		N3	Numeric Comp-3		5	0		S9(5)
4		N	Numeric		8	0		9(08)
9		G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03451 Name: CODE-2010E-PER01 Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2		0	X(02)

DataElement ID: 03452 Name: NAME-2010E-PER02 Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		50		0	X(50)

DataElement ID: 03453 Name: NQAL-2010E-PER03 Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2		0	X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03454 Name: NUMB-2010E-PER04 Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		15		0	X(15)

DataElement ID: 03455 Name: CODE-2010E-PER05 Version: Subsystem: Prior
 Created By: JIM SANBOR Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/23/2005
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		2		0	X(02)

DataElement ID: 03456 Name: NAME-2010E-PER06 Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		50		0	X(50)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03457 Name: NQAL-2010E-PER07 Version: Subsystem: Prior
 Created By: JIM SANBOR Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/23/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2	0		X(02)

DataElement ID: 03458 Name: NUMB-2010E-PER08 Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		15	0		X(15)

DataElement ID: 03459 Name: SERV-LEVEL-2000F Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03460 Name: SERV-TRACE Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 03461 Name: SERV-TRACE-2000F Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 03462 Name: TYP-2000F-TRN01 Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		2	0		X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03463 Name: NUM-2000F-TRN02 Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		30	0		X(30)

DataElement ID: 03464 Name: EID-2000F-TRN03 Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		10	0		X(10)

DataElement ID: 03465 Name: AID-2000F-TRN04 Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		30	0		X(30)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03466 Name: SUBR-VAL-2000F Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0	0		

DataElement ID: 03467 Name: SERV-REVIEW-2000F Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0	0		

DataElement ID: 03468 Name: CAT-2000F-UM01 Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2	0		X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03469 Name: CTYP-2000F-UM02 Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

DataElement ID: 03470 Name: STYP-2000F-UM03 Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		2		0	X(02)

DataElement ID: 03471 Name: FTYP-2000F-UM04-1 Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		2		0	X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03472 Name: FQAL-2000F-UM04-2 Version: Subsystem: Prior
 Created By: JIM SANBOR Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/23/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2		0	X(02)

DataElement ID: 03473 Name: LOS-2000F-UM06 Version: Subsystem: Prior
 Created By: JIM SANBOR Last Updated By: T474072 Release:
 Created On: 3/6/2005 Last Updated On: 4/1/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		3		0	X(03)

DataElement ID: 03474 Name: PROC-CODE Version: Subsystem: Prior
 Created By: JIM SANBOR Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/23/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		5		0	X(05)
9	G		Group		0		0	

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03475 Name: PROC-CODE-2000F Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0	0		

DataElement ID: 03476 Name: QUALIFIER-CODE Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		3	0		X(03)

DataElement ID: 03478 Name: DATE-FORMAT-QUALIFIER Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/6/2005 Last Updated On: 3/6/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		3	0		X(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03479 Name: DRUG-CODE Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/23/2005 Last Updated On: 3/23/2005
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		11	0		X(11)

DataElement ID: 03483 Name: PROV-SUM-CHECK-DATA Version: Subsystem: Prior
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 1/13/2005
 Description: PROVIDER SUMMARY CHECK DATA GROUP ITEM.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03490 Name: REIMBURSEMENT-AMOUNT Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: REIMBURSEMENT AMOUNT

```

***** MMIS DATA ELEMENT NAME - PAYMENT AMOUNT:
MMIS GSD DATA ELEMENT NUMBER - 349
MMIS PART 11 DATA ELEMENT NUMBER - 079
MMIS DEFINITION - THE COMPUTED AMOUNT OF PAYMENT DUE A
PROVIDER FOR A CLAIM TRANSACTION. *****
***** MMIS DATA ELEMENT NAME - ADJUSTMENT AMOUNT:
MMIS GSD DATA ELEMENT NUMBER - 335
MMIS PART 11 DATA ELEMENT NUMBER - 103
MMIS DEFINITION - THE AMOUNT (PLUS OR MINUS) BY WHICH A
PROVIDER'S ACCOUNT IS TO BE CHANGED. *****
***** MMIS DATA ELEMENT NAME - CREDIT AMOUNT:
MMIS GSD DATA ELEMENT NUMBER - 334
MMIS PART 11 DATA ELEMENT NUMBER -
MMIS DEFINITION - THE AMOUNT TO BE CREDITED TO A
PROVIDER'S ACCOUNT. *****
THE REIMBURSEMENT AMOUNT REPRESENTS THE AMOUNT OF MONEY TO BE PAID
TO THE PROVIDER FOR THIS CLAIM.
    
```

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		N		Numeric		9	2		9(07)V99
3		N3		Numeric Comp-3		9	2		S9(7)V99
4		N		Numeric		7	2		S9(5)V99
5		N		Numeric		8	2		S9(6)V99
6		N3		Numeric Comp-3		11	2		S9(9)V99
7		N3		Numeric Comp-3		13	2		S9(11)V99
8		N		Numeric		9	2		S9(7)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03491 Name: PROV-YTD-SUM-AMT Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER YTD SUMMARY AMOUNT. THIS FIELD IS USED IN THE DRUG AUDIT
 RECORD TO CARRY THE PREVIOUS YEAR'S TOTAL REIMBURSEMENT AMOUNT FOR
 THE PROVIDER BEING REPORTED.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 03492 Name: FULL-NDC-PMT-AMT Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: FULL NDC PMT AMOUNT. THIS FIELD IS USED IN THE ACCUMULATED DRUG
 AUDIT RECORD TO CARRY THE TOTAL REIMBURSEMENT AMOUNT FOR THE
 11-DIGIT NDC CODE FOR THE PROVIDER BEING REPORTED.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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3	N3	Numeric Comp-3		9	2		S9(07)V99
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03493 Name: PART-NDC-PMT-AMT Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PARTIAL NDC PAYMENT AMOUNT. THIS FIELD IS USED IN THE ACCUMULATED
 DRUG AUDIT RECORD TO CARRY THE TOTAL REIMBURSEMENT AMOUNT FOR THE
 9-DIGIT NDC CODE FOR THE PROVIDER BEING REPORTED.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	2		S9(07)V99

DataElement ID: 03495 Name: TOTAL-COPAY-AMOUNT Version: Subsystem: Prior
 Created By: SYSTEM Last Updated By: T474072 Release:
 Created On: 8/25/2004 Last Updated On: 9/22/2006
 Description: TOTAL-COPAY-AMOUNT
 THE TOTAL COPAYMENT AMOUNT APPLIED TO THE CLAIM.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		7	2		S9(07)V99
2	N	Numeric		7	2		S9(5)V99
3	N3	Numeric Comp-3		7	2		S9(5)V99
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 03496      Name:  INCENTIVE-PMT-AMT      Version:
Created By:                Last Updated By:      Release:
Created On:      8/25/2004  Last Updated On:   8/25/2004
Description:  INCENTIVE-PMT-AMT
              THE TOTAL AMOUNT OF INCENTIVE PAYMENT FOR PROVIDERS PARTICIPATING
              IN THE INCENTIVE PAYMENT PROGRAM.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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```

DataElement ID: 03497      Name:  UNUSED-AMOUNT      Version:
Created By:                Last Updated By:      Release:
Created On:      8/25/2004  Last Updated On:   8/25/2004
Description:  UNUSED-AMOUNT
              THE UNUSED AMOUNT FIELD IS RESERVED FOR FUTURE USE.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	2		S9(7)V99
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03500 Name: DATE-OF-ADJUDICATION Version: Subsystem: Prior
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 4/13/2005

Description: DATE OF ADJUDICATION
 ***** MMIS DATA ELEMENT NAME - DATE OF ADJUDICATION:
 MMIS GSD DATA ELEMENT NUMBER - 350
 MMIS PART 11 DATA ELEMENT NUMBER - 080
 MMIS DEFINITION - THE DATE ON WHICH A CLAIM TRANSACTION
 IS APPROVED OR DISALLOWED. *****
 THE DATE A CLAIM WAS ADJUDICATED.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N		Numeric		6	0		9(6)
3		N3		Numeric Comp-3		5	0		S9(5)
5		N		Numeric		8	0		9(08)
6		N3		Numeric Comp-3		5	0		9(05)
9		G		Group		0	0		

DataElement ID: 03501 Name: DATE-OF-ACCIDENT Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: DATE OF ACCIDENT
 THE DATE OF AN ACCIDENT WILL BE INPUT ON A CLAIM AS AN AID IN
 RESOLVING THIRD PARTY PAYMENTS.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N		Numeric		6	0		9(06)
3		N3		Numeric Comp-3		5	0		S9(05)
9		G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03502 Name: SPEND-DOWN Version: Subsystem: Prior
 Created By: SYSTEM Last Updated By: T474072 Release:
 Created On: 8/25/2004 Last Updated On: 9/22/2006
 Description: SPENDDOWN
 AMOUNT OF CLAIM TOTAL CHARGE TO BE APPLIED TO SPENDDOWN.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		7	2		S9(07)V99
2	N	Numeric		7	2		S9(05)V99
3	N3	Numeric Comp-3		7	2		S9(05)V99
9	G	Group		0	0		

DataElement ID: 03503 Name: PRE-OP-DATE-LIMIT Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PRE OPERATION DATE LIMIT
 THE BEGINNING DATE OF THE PRE OPERATION SERVICES.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 03504      Name:  DRUG-PA-FIELDS      Version:      Subsystem: Prior
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: DRUG PA FIELDS
              DRUG PA FIELDS.,
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

```

DataElement ID: 03506      Name:  RECIP-NH-INDIC      Version:      Subsystem: Prior
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: RECIPIENT NURSING HOME INDICATOR
              AN INDICATOR USED PRIMARILY TO IDENTIFY RECIPIENTS WITH
              NURSING HOME RECORDS ON THE RECIPIENT ELIGIBILITY FILE.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03511 Name: PREGNANCY-IND Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PREGNANCY INDICATOR
 A KEYED FIELD ON THE CLAIM RECORD WHICH INDICATES THE RECIPIENT
 IS PREGNANT.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 03512 Name: ELECTRONIC-ATT-IND Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ELECTRONIC ATTACHMENT INDICATOR
 A FIELD THE PROVIDER KEYS ON HIS ELECTRONIC SUBMISSION TO
 INDICATE HE HAS ON FILE AN ATTACHMENT FOR THIS CLAIM.,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)
2	X		AlphaNumeric		2	0		X(02)
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03513 Name: CONVERTED-CLM-IND Version: Subsystem: Prior
 Created By: SYSTEM Last Updated By: T474193 Release:
 Created On: 8/25/2004 Last Updated On: 5/1/2017
 Description: CONVERTED CLAIM INDICATOR
 A SYSTEM GENERATED FIELD WHICH INDICATES THE CLAIM HAS BEEN CONVER
 FROM UNISYS TO CONSULTEC CLAIM RECORD FORMAT.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 03514 Name: COPAYMENT-INDICATOR Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: COPAYMENT INDICATOR
 A VALUE WHICH INDICATES WHETHER A RECIPIENT COPAYMENT APPLIES TO
 A CLAIM OR SERVICE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03515 Name: COPAYMENT-SOURCE-IND Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: COPAYMENT SOURCE INDICATOR
 A CODE THAT INDICATES THE SOURCE FROM WHICH THE RECIPIENT
 COPAYMENT AMOUNT WAS RECIEVED.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

DataElement ID: 03516 Name: DRUG-CAPITATION-IND Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DRUG CAPITATION INDICATOR
 INDICATES WHETHER OR NOT A RECIPIENT IS PARTICIPATING IN
 THE DRUG CAPITATION PROGRAM.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03517 Name: EMERG-RELATED-IND Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: EMERGENCY RELATED INDICATOR
 INDICATES WHETHER THE SERVICE PROVIDED WAS NECESSARY
 BECAUSE OF EMERGENCY REASONS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 03518 Name: DISCHARGE-DATE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DISCHARGE DATE
 THE DAY THE RECIPIENT WAS DISCHARGED FROM A MEDICAL
 FACILITY. THE PROVIDER SHOULD NOT BE PAID FOR THE DATE
 OF DISCHARGE UNLESS THE DATE OF ADMISSION AND DISCHARGE
 ARE THE SAME.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3		Numeric Comp-3		5	0		S9(05)
5	N		Numeric		6	0		9(06)
6	N3		Numeric Comp-3		5	0		9(05)
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03519 Name: DISCH-DESTINATION Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DISCHARGE DESTINATION
 A CODE INDICATING WHERE OR UNDER WHAT CONDITIONS A
 RECIPIENT WAS DISCHARGED FROM A HOSPITAL OR NURSING HOME.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 03520 Name: MCARE-CAT-OF-SVC-IND Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDICARE CATEGORY OF SERVICE INDICATOR
 AN INDICATOR INPUT ON A MEDICARE CROSSOVER CLAIM TO IDENTIFY
 THE MEDICAID CATEGORY OF SERVICE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03521 Name: MCARE-ASSIGNMENT-IND Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDICARE ASSIGNMENT INDICATOR

INDICATES WHETHER THE PROVIDER ACCEPTED ASSIGNMENT FOR MEDICARE SERVICES. IF A PROVIDER ACCEPTS ASSIGNMENT, HE AGREES TO ACCEPT MONEY FROM MEDICARE CHARGES. IF HE DOES NOT ACCEPT ASSIGNMENT, THEN THE PROVIDER COLLECTS HIS MONEY FROM THE PATIENT AND THE PATIENT BILLS MEDICARE. MEDICAID WILL NOT REIMBURSE THE PROVIDER FOR A MEDICARE CROSSOVER CLAIM IN WHICH HE DID NOT ACCEPT ASSIGNMENT.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 03522 Name: TOTAL-ANCILLARY-AMT Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TOTAL ANCILLARY AMOUNT

THE AMOUNT ANCILLARY CHARGES FOR A PATIENT IN A MEDICAL FACILITY.,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3		Numeric Comp-3		7	2		S9(05)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03523 Name: ELECTRONIC-ATT-NUM Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: -
 ELECTRONIC ATTACHMENT NUMBER
 ELECTRONIC ATTACHMENT NUMBER.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		20		0	X(20)

DataElement ID: 03524 Name: DRG-DATA Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DRG DATA
 DRG DATA GROUP LEVEL,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0		0	

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03525 Name: EDI-CONTROL-NUM Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: EDI CONTROL NUMBER
 EDI CONTROL NUMBER.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		30	0		X(30)

DataElement ID: 03528 Name: EDI-LI-PROV-NUM Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: EDI LINE-ITEM PROVIDER NUMBER
 EDI LINE-ITEM PROVIDER NUMBER

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		13	0		X(13)
9		G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03529 Name: DRG-IN-OUT-CODE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DRG IN OUT CODE
 DISCRPTION NOT AVAILABLE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)
9	G		Group		0	0		

DataElement ID: 03530 Name: DRG-COVERD-DAYS-ELIG Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DRG COVERED DAYS ELIGIBLE
 - DISCRPTION NOT AVAILABLE,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3		Numeric Comp-3		3	0		S9(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03531 Name: DRG-OUTLIR-DAYS-ELIG Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DRG OUTLIER DAYS ELIGIBLE
 DISCRPTION NOT AVAILABLE,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		S9(03)

DataElement ID: 03532 Name: DRG-AUTH-OUTLIR-DAYS Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DRG AUTHORIZED OUTLIER DAYS
 DISCRPTION NOT AVAILABLE,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		S9(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03533 Name: DRG-IN-OUT-ALLOWED Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DRG IN OUT ALLOWED
 DESCRIPTION NOT AVAILABLE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		8	2		S9(06)V99
3	N3	Numeric Comp-3		9	2		S9(07)V99

DataElement ID: 03534 Name: DRG-PAYMENT-ALLOWED Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DRG PAYMENT ALLOWED
 DESCRIPTION NOT AVAILABLE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		8	2		S9(06)V99
3	N3	Numeric Comp-3		9	2		S9(07)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03535 Name: DRG-THRESHHOLD Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DRG THRESHHOLD
 DISCRPTION NOT AVAILABLE,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		S9(03)

DataElement ID: 03536 Name: APG-DATA Version: Subsystem: Prior
 Created By: Initial Sy Last Updated By: T474075 Release:
 Created On: 8/25/2004 Last Updated On: 3/21/2005
 Description: APG DATA
 APG DATA GROUP LEVEL,
 -

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		20	0		X(20)
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03537 Name: APG-GLOBAL-TYP Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: APG GLOBAL TYPE CODE
 A VALUE RETURNED FROM THE APG GROUPER WHICH INDICATES
 THE TYPE OF PROCEDURE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 03538 Name: APG-GLOBAL-STATUS Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: APG GLOBAL STATUS CODE
 A VALUE RETURNED FROM THE APG GROUPER WHICH INDICATES
 THE STATUS OF THE CLAIM.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03539 Name: MED-APG Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDICAL VISIT APG CODE
 VALUE RETURNED FROM THE APG GROUPER.,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		3	0		X(03)

DataElement ID: 03540 Name: MED-APG-ERR Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDICAL APG ERROR CODE
 - VALUE RETURNED FROM THE APG GROUPER IF AN ERROR IS ENCOUNTERED
 WHILE PROCESSING A MEDICAL APG. THE ERROR CODES CAUSE EDITS
 TO POST.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2	0		X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03541 Name: MED-APG-REL-WT Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDICAL APG WEIGHT
 A VALUE RETURNED FROM THE GROUPER IF THE MEDICAL APG IS ON
 FILE. THIS VALUE IS USED TO CALCULATE THE LINE ITEM ALLOWANCE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		11	5		S9(04)V9(05)

DataElement ID: 03542 Name: MED-APG-ALLOWED-CHRG Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDICAL APG ALLOWED CHARGE
 SYSTEM GENERATED FIELD.
 MEDICAL APG WEIGHT * PROVIDER APG BASE AMOUNT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	2		S9(07)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03543 Name: ER-ASSESSMENT Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: EMERGENCY ROOM ASSESSMENT
 INDICATES WHETHER THE VISIT WAS TRIAGE ONLY, EMERGENCY ROOM ONLY
 BOTH OR NIETHER.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

DataElement ID: 03544 Name: ER-ADJUSTED Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: EMERGENCY ROOM ADJUSTED INDICATOR
 DISCRPTION NOT AVAILABLE,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 03545      Name:  SVEP-AMOUNT      Version:      Subsystem: Prior
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: STATEWIDE VISIT EXPECTED PAYMENT AMOUNT
              SYSTEM GENERATED FIELD.
              (TOTAL OF ALL PAID LI ALLOWANCES FOR LI PAID AT FEE
              SCHEDULE---LI SOURCE OTHER TAN 7, 8, OR 9) +
              (APG EXPECTED AMOUNT).
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	2		S9(07)V99

```

DataElement ID: 03546      Name:  OUTLIER-ALLOWANCE      Version:      Subsystem: Prior
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: OUTLIER ALLOWANCE
              SYSTEM GENERATED FIELD.
              (HOSPITAL COSTS - COST THRESHOLD) * .60.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		9	2		S9(07)V99
3	N3	Numeric Comp-3		9	2		S9(07)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03547 Name: PROC-APG-CODE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROCEDURE APG CODE
 VALUE RETURNED FROM APG GROUPER.,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		3	0		X(03)

DataElement ID: 03548 Name: PROC-APG-TYPE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROCEDURE APG TYPE CODE
 VALUE RETURNED FROM APG GROUPER.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2	0		X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03549 Name: PROC-APG-ERR Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROCEDURE APG ERROR CODE
 A VALUE IS RETURNED FROM THE APG GROUPER IF AN ERROR IS
 ENCOUNTERED WHILE PROCESSING A PROCEDURE APG. THE VALUE
 CAUSES AN EDIT TO POST.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		2	0		X(02)

DataElement ID: 03550 Name: PROC-APG-FLAG Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROCEDURE APG FLAG
 SYSTEM GENERATED FIELD WHICH DEPENDS ON THE RETURN OF TWO
 VALUES RETURNED FROM THE GROUPER. (GROUPER CONSOLIDATION AND
 GROUPER PACKAGING)

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03551 Name: PROC-APG-REL-WT Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROCEDURE APG WEIGHT
 VALUE RETURNED FROM THE GROUPEP IF THE APG IS VALID.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		9	5		S9(02)V9(05)
3	N3	Numeric Comp-3		11	5		S9(04)V9(05)

DataElement ID: 03552 Name: DOSE-TYPE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DOSE TYPE
 SYSTEM GENERATED DETERMINED IF DOSAGE SUBMITTED IS CONSIDERED
 - HIGH OR MAINTANCE. THIS IS DETERMINED BY THE DOSAGE FOR
 MAINTANCE OR DOSAGE FOR HIGH ON THE DRUG RECORD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03553 Name: REPLACEMENT-DRUG-IND Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: REPLACEMENT DRUG INDICATOR
 KEYED FIELD TO INDICATE WHETHER THE DRUG IS A REPLACEMENT
 OR NORMAL.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 03554 Name: SUBMITTED-DISP-FEE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SUBMITTED DISPENSING FEE
 THE PHARMACY'S COST FOR DISPENSING THE PARTICULAR PRESCRIPTION
 AS ENTERED ON THE PHARMACY CLAIM.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		5		2	S9(03)V99
3	N3		Numeric Comp-3		5		2	S9(03)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03555 Name: ALLOWED-DISP-SOURCE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ALLOWED DISPENSING SOURCE
 THE MONEY MEDICAID WILL REIMBURSE A PHARMACY FOR A PRESCRIPTION'S
 DISPENSING FEE, WHICH IS THE LOWER OF THE DISPENSING FEE SUBMITTED
 ON THE CLAIM OR THE MAXIMUM DISPENSING FEE CONTAINED IN THAT
 PROVIDER'S RECORD ON THE PROVIDER FILE.,

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1	0		X(01)

DataElement ID: 03556 Name: SUBMITTED-ACQ-COST Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SUBMITTED ACQUISITION COST
 - THE PHARMACY'S ACQUISITION COST FOR THE DRUG AS ENTERED ON THE
 PHARMACY CLAIM. THE PHARMACY WILL SUBMIT THREE CHARGES ON A
 CLAIM FOR EACH PRESCRIPTION:
 1. SUBMITTED DISPENSING FEE
 2. SUBMITTED ACQUISITION COST
 3. AMOUNT BILLED
 THE AMOUNT BILLED IS CARRIED IN THE CLAIM AS 'TOTAL CHARGE' AND
 MUST EQUAL THE SUM OF 1 AND 2 ABOVE.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N		Numeric		7	2		S9(05)V99
3		N3		Numeric Comp-3		7	2		S9(05)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03557 Name: EAC-INDICATOR Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ESTIMATED ACQUISTION COST INDICATOR
 THE INDICATOR ON A PHARMACY CLAIM INDICATES THAT THE PHARMACY
 IS TO BE REIMBURSED BASED ON THE ESTIMATED ACQUISTION COST(EAC).

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 03559 Name: AUTO-RELATED-IND Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: AUTO RELATED INDICATOR
 INDICATES WHETHER OR NOT THE SERVICE ON THIS CLAIM MAY BE THE
 RESULT OF AN AUTOMOBILE ACCIDENT.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03560 Name: MEDICARE-ICN Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDICARE ICN IS THE TCN ON A MEDICAL CROSS OVER.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		8		0	X(08)
4		X		AlphaNumeric		17		0	X(17)

DataElement ID: 03561 Name: MSP-IND Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDICARE SECONDARY PAYER INDICATOR
 -
 INDICATOR SHOWING WHETHER OTHER INSURANCE IS INVOLVED
 ON A PART B CROSSOVER

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03562 Name: CR-BAL-TRIG-PAY-PROV Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CR-BAL-TRIG-PAY-PROV
 CREDIT BALANCE TRIGGER PROVIDER NUMBER, WHICH IS THE
 PAY-TO PROVIDER NUMBER USED IN CREDIT BALANCE OR
 ZERO BALANCE PAYMENT SITUATION IN A CYCLE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N3	Numeric Comp-3		9	0		9(09)

DataElement ID: 03563 Name: CR-BAL-TRIG-0-PAY-CD Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CREDIT BALANCE TRIGGER ZERO PAY CODE
 THIS IS OF CRITICAL IMPORTANCE TO WYMC7500 (PAYMENTS)
 SPACE = NOT ZERO PAY
 0 = YES, ITS ZERO PAY
 THIS DATA IS FOR INTERNAL USE ONLY

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03564 Name: CR-BAL-PAYEE-ID Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CR-BAL-PAYEE-ID
 THIS FIELD IS USED TO IDENTIFY A CREDIT BALANCE TRIGGER RECORD.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0	0		

DataElement ID: 03565 Name: APG-2400-REF02 Version: Subsystem: Prior
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/23/2005 Last Updated On: 3/23/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		20	0		X(20)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03570 Name: DENIED-COVERAGE-IND Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DENIED COVERAGE INDICATOR
 INDICATES WHETHER THE THIRD PARTY PAYOR PAID OR DENIED
 COVERAGE FOR THIS CLAIM.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 03571 Name: MHAP-IMSACP Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MENTAL HEALTH ACCESS PLAN AND IOWA MANAGED SUBSTANCE ABUSE CARE PL
 SYSTEM GENERATED INDICATOR WHICH INDICATES WHETHER THE RECIPIENT
 IS IN MHAP, IMSACP, BOTH OR NEITHER ON THE DATE OF SERVICE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03572 Name: MED-INST-REDUCED-IND Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDICAL INSTITUTION REDUCED INDICATOR
 THIS INDICATOR IS FROM THE HOME HEALTH CLAIM. IT INDICATES
 WHETHER THE SERVICE LISTED REDUCES OR ELIMINATES THE NEED FOR
 CARE IN A MEDICAL INSTITUTION.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1	0		X(01)

DataElement ID: 03573 Name: EPSDT-SCREEN-IND Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: EPSDT SCREENING INDICATOR
 A FIELD INDICATING EPSDT SERVICES AND RESULTS. THESE INDICATORS
 ARE COMPRESSED INTO A BIT PATTERN IN THIS FIELD AND CAN BE
 ACCESSED BY CALLING A SUBROUTINE.,

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		16	0		X(16)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03574 Name: LAB-CHARGE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LABORATORY CHARGE

-
 CHARGES FOR LABORATORY TESTS RUN WHILE CONFINED TO AN INSTITUTION.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		5	2		9(03)V99
3	N3	Numeric Comp-3		5	2		S9(03)V99
9	G	Group		0	0		

DataElement ID: 03575 Name: AMBULANCE-DATA Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: AMBULANCE DATA
 AMBULANCE DATA GROUP LEVEL.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03576 Name: LOCATION-OF-PICK-UP Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LOCATION OF PICK UP
 A CODE THAT INDICATES WHERE A RECIPIENT WAS PICKED UP FOR
 EMERGENCY TRANSPORTATION.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

DataElement ID: 03577 Name: TYPE-OF-TRIP Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TYPE OF TRIP
 A CODE THAT INDICATES WHETHER THE EMERGENCY TRANSPORTATION
 PROVIDED A RECIPIENT WAS ONE WAY OR ROUND TRIP.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03578 Name: TRANSPORTATION-DEST Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TRANSPORTATION DESTINATION
 A CODE ON AN AMBULANCE CLAIM THAT INDICATES THE RECIPIENT'S
 DESTINATION.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

DataElement ID: 03579 Name: METHOD-OF-CONVEYANCE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: METHOD OF CONVEYANCE
 A CODE INDICATING THE MODE OF EMERGENCY TRANSPORTATION PROVIDED
 A RECIPIENT.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03580 Name: PRE-OP-DAYS Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PRE OPERATION DAYS
 THE DIFFERENCE BETWEEN THE SURGERY DATE AND THE ADMISSION DATE,
 IN DAYS, FOR AN IMPATIENT CLAIM ON WHICH SURGERY IS INDICATED.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		1	0		9(01)
9	G	Group		0	0		

DataElement ID: 03581 Name: RATE-PER-MILE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RATE PER MILE
 THE RATE PER MILE TO TRANSPORT A RECIPIENT.,
 -

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		4	2		S9(02)V99
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03582 Name: GA-TITLE-19-MATCH-CD Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: GROSS ADJUSTMENT TITLE XIX MATCH CODE
 THIS DATA ELEMENT DEFINES WHETHER FEDERAL MATCHING FUNDS
 WILL OR WILL NOT BE APPLICABLE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

DataElement ID: 03583 Name: REMIT-COMMENT Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: REMITTANCE COMMENT
 THIS IS A FREE FORMAT TEXT FIELD WHICH IS KEYED ON THE GROSS
 ADJUSTMENT SCREEN WHICH WILL BE PRINTED ON THE REMITTANCE VOUCHER.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			50	0		X(50)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03584 Name: OLD-CLM-INPUT-FORM Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: OLD CLAIM INPUT FORM INDICATOR

THIS FIELD IDENTIFIES THE TYPE OF CLAIM FOR EDITING, PRICING, AND REPORTING IN THE PREVIOUS SYSTEM (UNISYS). SOME VALUES HAVE BEEN DELETED FROM THIS DATA ELEMENT IN THE NEW SYSTEM. HOWEVER, WE WILL STILL RECIEVE SOME CLAIMS FROM THE STATE WITH THESE VALUES. THESE VALUES ARE CONVERTED TO MAP TO THE CURRENT DATA ELEMENT VALUES.

NOTE: THE VALID VALUE FOR CAPITATION CLAIMS IS MISPELLED AND WILL NOT BE CHANGED AT THIS TIME. IF SOMEONE WANTS TO CORRECT THE SPELLING, THEY WILL HAVE TO ALSO MAKE SURE THAT ANY SOURCE CODE THAT REFERENCED THE INCORRECT SPELLING IS ALSO CHANGED.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03585 Name: ALLOWED-DISP-FEE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: ALLOWED DISPENSING FEE
 THE MONEY MEDICAID WILL REIMBURSE A PHARMACY FOR A PRESCRIPTION'S
 DISPENSING FEE, WHICH IS THE LOWER OF THE DISPENSING FEE
 SUBMITTED ON THE CLAIM AND THE MAXIMUM DISPENSING FEE CONTAINED
 IN THAT PROVIDER'S RECORD ON THE PROVIDER FILE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		5	2		S9(03)V99
3	N3	Numeric Comp-3		5	2		S9(03)V99

DataElement ID: 03586 Name: SUBMITTER-NAME Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: SUBMITTER NAME
 THE NAME OF THE COMPANY TRANSMITING DATA.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 03587      Name:  IFMC-PROV-NUM      Version:      Subsystem: Prior
Created By:                Last Updated By:      Release:
Created On:   8/25/2004    Last Updated On:      8/25/2004
Description: -
                IFMC PROVIDER NUMBER
                FIRST SEVEN DIGITS OF THE MEDICAID PROVIDER NUMBER RIGHT
                JUSTIFIED.,
    
```

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N		Numeric		10	0		9(10)

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DataElement ID: 03588      Name:  DIAG-PROC-CODE      Version:      Subsystem: Prior
Created By:                Last Updated By:      Release:
Created On:   8/25/2004    Last Updated On:      8/25/2004
Description: DIAGNOSIS OR PROCEDURE CODE
                ICD-9 OR CPT CODE WITH DECIMAL.,
    
```

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		7	0		X(07)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03589	Name: IFMC-LEVEL-OF-CARE	Version:	Subsystem: Prior
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: IFMC LEVEL OF CARE LEVEL OF CARE.			

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

DataElement ID: 03590	Name: PROV-NUM-IND	Version:	Subsystem: Prior
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: PROVIDER NUMBER INDICATOR THIS INDICATOR IS USED TO IDENTIFY PROVIDER NUMBERS THAT WILL OR WILL NOT BE HELD FROM PAYMENT PROCESSING.			

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03591 Name: NUM-OF-RECORDS Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF RECORDS
 -
 NUMBER OF RECORDS SUBMITTED.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 03592 Name: UR-HIST-DATA Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: UR CONDENSED HISTORY DATA
 HEADER LEVEL FOR CONDENSED HISTORY RECORDS.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03593 Name: UR-HIST-IDENT Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: UR CONDENSED HISTORY IDENTIFIER
 HEADER LEVEL FOR CONDENSED HISTORY SORT KEY.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 03594 Name: PAYMENT-METHOD Version: Subsystem: Prior
 Created By: SYSTEM Last Updated By: T474199 Release:
 Created On: 8/25/2004 Last Updated On: 2/19/2013
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03595 Name: IFMC-RECORD-CODE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: IFMC RECORD CODE
 RECORD CODES FOR THE TRANSMITTED PRIOR AUTHORIZATION RECORDS FROM
 IFMC.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2		0	X(02)

DataElement ID: 03597 Name: RESPITE-INDICATOR Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RESPITE INDICATOR
 INDICATES WHETHER THE SERVICE WAS RESPITE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03598 Name: DATE-OF-ONSET Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DATE OF ONSET
 DATE OF FIRST SYMPTOM OF ILLNESS, ACCIDENT, OR PREGNANCY.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		9(05)
5	N	Numeric		6	0		9(06)
9	G	Group		0	0		

DataElement ID: 03599 Name: DATE-OF-LAST-XRAY Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DATE OF LAST XRAY
 DATE LAST XRAY WAS TAKEN.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		9(05)
5	N	Numeric		6	0		9(06)
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03601 Name: DUP-INDEX-REC-COUNT Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DUPLICATE INDEX RECORD COUNTY. USED IN THE RECORD KEY OF THE CLAIMS PROVIDER INDEX RECORD (REN 13625) AND THE CLAIMS RECIPIENT INDEX RECORD (REN 13650) TO ALLOW UNIQUE KEY ASSIGNMENTS WHEN REMAINING PORTION OF THE RESPECTIVE RECORD KEY IS IDENTICAL

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
4	N0	Numeric Comp		4	0		S9(4)

DataElement ID: 03602 Name: CLAIM-INDEX-ENTRIES Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CLAIM INDEX ENTRIES
 A GROUP LEVEL USED IN:
 (1) CLAIMS PROVIDER INDEX RECORD (REN 13625)
 (2) CLAIMS RECIPIENT INDEX RECORD (REN 13650)

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03610 Name: MCARE-PROV-NUMBER Version: Subsystem: Prior
 Created By: SYSTEM Last Updated By: T474163 Release:
 Created On: 8/25/2004 Last Updated On: 9/22/2006
 Description: THIS FIELD IS USED TO CONTAIN THE MEDICARE PROVIDER NUMBER.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		6	0		X(06)
2		X	AlphaNumeric		10	0		X(10)

DataElement ID: 03611 Name: PERFORM-PROV-NUMBER Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PERFORMING PROVIDER
 ***** MMIS DATA ELEMENT NAME - OPERATING PHYSICIAN NUMBER:
 MMIS GSD DATA ELEMENT NUMBER - 397
 MMIS PART 11 DATA ELEMENT NUMBER -
 MMIS DEFINITION - THE PROVIDER NUMBER (DATA ELEMENT 201)
 OF THE PHYSICIAN PERFORMING SURGERY. *****
 THIS FIELD IS USED TO INDICATE THE PROVIDER NUMBER OF THE
 INDIVIDUAL PERFORMING THE SERVICE.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N	Numeric		9	0		9(9)
9		G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03612 Name: ADMISSION-DATA Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS IS A GROUP LEVEL THAT WILL CONTAIN ADMISSION DATA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 03613 Name: COVERED-DAYS Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD IS USED TO INDICATE THE NUMBER OF COVERED DAYS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		3	0		9(3)
3	N3	Numeric Comp-3		3	0		S9(3)
9	G	Group		0	0		

DataElement ID: 03614 Name: NON-COVERED-DAYS Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD IS USED TO INDICATE THE NUMBER OF NON COVERED DAYS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		3	0		9(3)
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03615 Name: CONDITION-CODE-CATG Version: Subsystem: Prior
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/8/2011 Last Updated On: 3/8/2011
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2		0	X(02)

DataElement ID: 03616 Name: SPECIAL-PROGRAM-IND Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD IS USED TO INDICATE A SPECIAL PROGRAM CLAIM.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		2		0	9(2)
9	G		Group		0		0	

DataElement ID: 03617 Name: OCCUR-SPAN-CODE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: OCCURENCE SPAN CODE
 OCCURENCE SPAN CODE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		2		0	9(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03618 Name: OCCURRENCE-DATA Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS IS A GROUP LEVEL THAT WILL CONTAIN OCCURANCE DATA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 03619 Name: OCCUR-SPAN-FROM-DATE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: OCCURENCE SPAN FROM DATE
 OCCURENCE SPAN FROM DATE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03620 Name: OCCURRENCE-CODE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD IS USED TO CONTAIN THE OCCURRENCE CODE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		2	0		X(2)
2	N	Numeric		2	0		9(2)
9	G	Group		0	0		

DataElement ID: 03621 Name: OCCURRENCE-DATE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD IS USED TO INDICATE THE OCCURENCE DATE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		6	0		9(6)
3	N3	Numeric Comp-3		5	0		S9(5)
9	G	Group		0	0		

DataElement ID: 03622 Name: CONDITION-DATA Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS IS A GROUP LEVEL THAT WILL CONTAIN CONDITION DATA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03623 Name: OCCUR-SPAN-TO-DATE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: OCCURENCE SPAN TO DATE
 OCCURENCE SPAN TO DATE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

DataElement ID: 03624 Name: CONDITION-CODE Version: Subsystem: Prior
 Created By: SYSTEM Last Updated By: T474198 Release:
 Created On: 8/25/2004 Last Updated On: 8/11/2020
 Description: CONDITION CODE
 THIS DATA ELEMENT IS USED TO INDICATE CONDITION CODE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		2	0		X(02)
2	N	Numeric		2	0		9(02)
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03625 Name: BLOOD-DATA Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS IS A GROUP LEVEL THAT WILL CONTAIN BLOOD-DATA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 03626 Name: BLOOD-FURNISHED Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: BLOOD FURNISHED

***** MMIS DATA ELEMENT NAME - BLOOD FURNISHED:
 MMIS GSD DATA ELEMENT NUMBER - 324
 MMIS PART 11 DATA ELEMENT NUMBER -
 MMIS DEFINITION - THE AMOUNT OF WHOLE BLOOD OR ITS
 EQUIVALENT FURNISHED TO A RECIPIENT. *****
 THIS FIELD CONTAINS THE TOTAL NUMBER OF PINTS OF WHOLE BLOOD OR
 UNITS OF PACKED RED CELLS FURNISHED TO THE RECIPIENT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		3	0		9(3)
3	N3	Numeric Comp-3		3	0		S9(3)
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03627 Name: BLOOD-REPLACED Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: BLOOD REPLACED

***** MMIS DATA ELEMENT NAME - BLOOD REPLACED:
 MMIS GSD DATA ELEMENT NUMBER - 325
 MMIS PART 11 DATA ELEMENT NUMBER -
 MMIS DEFINITION - THE AMOUNT OF WHOLE BLOOD OR ITS
 EQUIVALENT GIVEN BY OR FOR A RECIPIENT
 TO REPLACE BLOOD FURNISHED TO A
 RECIPIENT. *****
 THIS FIELD CONTAINS THE TOTAL NUMBER OF PINTS OF WHOLE BLOOD OR
 UNITS OF PACKED RED CELLS FURNISHED TO THE RECIPIENT THAT HAVE
 BEEN REPLACED BY OR ON BEHALF OF THE RECIPIENT.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		3	0		9(3)
3	N3		Numeric Comp-3		3	0		S9(3)
9	G		Group		0	0		

Iowa Medicaid Enterprise Data Element List

DataElement ID: 03628 Name: BLOOD-NOT-REPLACED Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: BLOOD NOT REPLACED

***** MMIS DATA ELEMENT NAME - BLOOD NOT REPLACED:
 MMIS GSD DATA ELEMENT NUMBER - 326
 MMIS PART 11 DATA ELEMENT NUMBER -
 MMIS DEFINITION - THE AMOUNT OF WHOLE BLOOD OR ITS
 EQUIVALENT FURNISHED WITHOUT REPLACEMENT
 TO A RECIPIENT AND FOR WHICH MEDICAID
 WILL PAY. *****
 THIS FIELD CONTAINS THE TOTAL NUMBER OF PINTS OF WHOLE BLOOD OR
 UNITS OF PACKED RED CELLS FURNISHED TO THE RECIPIENT THAT HAVE NOT
 BEEN REPLACED BY OR ON BEHALF OF THE RECIPIENT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		3	0		9(3)
3	N3	Numeric Comp-3		3	0		S9(3)
9	G	Group		0	0		

DataElement ID: 03629 Name: VALUE-DATA Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS IS A GROUP LEVEL THAT WILL CONTAIN VALUE DATA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03630 Name: MCARE-BLOOD-DED-AMT Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDICARE BLOOD DEDUCTIBLE AMOUNT
 ***** MMIS DATA ELEMENT NAME - MEDICARE BLOOD DEDUCTIBLE AMOUNT:
 MMIS GSD DATA ELEMENT NUMBER - 331
 MMIS PART 11 DATA ELEMENT NUMBER - 074
 MMIS DEFINITION - THE UNMET MEDICARE DEDUCTIBLE FOR BLOOD
 WHICH IS SUBJECT TO PAYMENT BY
 MEDICAID. *****
 THE MEDICARE BLOOD DEDUCTIBLE AMOUNT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	2		S9(5)V99
4	N	Numeric		6	2		S9(04)V99
5	N	Numeric		7	2		9(05)V99
9	G	Group		0	0		

DataElement ID: 03631 Name: VALUE-CODE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD CONTAINS THE VALUE CODE.
 THE FIELD IS USED FOR MEDICARE/MEDICAID CROSSOVER CLAIMS ONLY.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		2	0		X(2)
2	N	Numeric		2	0		9(2)
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03632 Name: VALUE-DOLLAR-AMOUNT Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD IS USED TO CONTAIN THE VALUE DOLLAR AMOUNT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	2		S9(5)V99
6	N	Numeric		7	2		9(05)V99
9	G	Group		0	0		

DataElement ID: 03633 Name: PAYER-DATA Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS IS A GROUP LEVEL THAT WILL CONTAIN PAYER DATA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 03635 Name: PAYER-ID Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD IS USED TO INDICATE THE PAYER IDENTIFICATION.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03636 Name: EST-RESPONSIBILITY Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ESTIMATED RESPONSIBILITY
 THIS FIELD CONTAINS THE TOTAL AMOUNT DUE FROM A THIRD PARTY.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
4	N	Numeric			8	2		9(6)V99

DataElement ID: 03644 Name: PRO-CODE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD IS USED TO CONTAIN A PRO CODE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(1)
2	N	Numeric			1	0		9(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03663 Name: DISCHARGE-HOUR Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DISCHARGE HOUR. THIS FIELD CONTAINS THE HOUR THAT THE RECIPIENT
 WAS DISCHARGED.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric			2	0		9(2)
9	G	Group			0	0		

DataElement ID: 03669 Name: INSURED-ID-NUMBER Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: INSURED ID NUMBER. THIS FIELD WILL CONTAIN THE ID NUMBER OF THE
 INSURED INDIVIDUAL.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03690 Name: FUTURE-1-PREM-DATE Version: Subsystem: Recipient
 Created By: T474349 Last Updated By: T474349 Release:
 Created On: 12/17/2018 Last Updated On: 12/17/2018
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		6	0		9(06)

DataElement ID: 03691 Name: FUTURE-1-PREM-AMT Version: Subsystem: Recipient
 Created By: T474349 Last Updated By: T474349 Release:
 Created On: 12/17/2018 Last Updated On: 12/17/2018
 Description: HAWKI
 FUTURE 1 PREMIUM AMOUNT

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		4	2		9(04)V99

DataElement ID: 03692 Name: FUTURE-2-PREM-DATE Version: Subsystem: Recipient
 Created By: T474349 Last Updated By: T474349 Release:
 Created On: 12/17/2018 Last Updated On: 12/17/2018
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		6	0		9(06)

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 03693      Name:  FUTURE-2-PREM-AMT      Version:
Created By: T474349      Last Updated By: T474349      Release:
Created On: 12/17/2018   Last Updated On: 12/17/2018
Description: HAWK-I
                FUTURE 2 PREMIUM AMOUNT
    
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Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		4	2		9(04)V99

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DataElement ID: 03694      Name:  FUTURE-3-PREM-DATE      Version:
Created By: T474349      Last Updated By: T474349      Release:
Created On: 12/17/2018   Last Updated On: 12/17/2018
Description: HAWK-I
                FUTURE 3 PREMIUM DATE
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		6	0		9(06)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03695 Name: FUTURE-3-PREM-AMT Version: Subsystem: Recipient
 Created By: T474349 Last Updated By: T474349 Release:
 Created On: 12/17/2018 Last Updated On: 12/17/2018
 Description: FUTURE 3 PREMIUM AMOUNT

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		4	2		9(04)V99

DataElement ID: 03696 Name: HAWKI-ELIG-MMY Version: Subsystem: Recipient
 Created By: T474349 Last Updated By: T474349 Release:
 Created On: 12/20/2018 Last Updated On: 12/20/2018
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		4	0		X(04)

Iowa Medicaid Enterprise

Data Element List

```

DataElement ID: 03700      Name:  TPL-SEQUENCE-NUMBER      Version:
Created By:                Last Updated By:          Release:
Created On:      8/25/2004  Last Updated On:      8/25/2004
Description: SEQUENCE NUMBER USED TO CROSS REFERENCE THE RV FOR
             TAPE CARRIERS TO THE CLAIM ON THE TPL TAPE BILLING FILE.
             FORMAT: YDDDDNNNNN WHERE Y IS THE YEAR, DDD IS THE JULIAN
             DAY AND NNNNN IS A SEQUENCE NUMBER.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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```

DataElement ID: 03701      Name:  TPL-BILLING-KEY      Version:
Created By:                Last Updated By:          Release:
Created On:      8/25/2004  Last Updated On:      8/25/2004
Description: TPL BILLING KEY
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03702 Name: TPL-CLAIM-TYPE Version: Subsystem: Prior
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: TPL CLAIM TYPE
THIS VALUE DETERMINES WHETHER THE TPL CONTROL RECORD IS FOR A
PHARMACY CLAIM OR ALL OTHER CLAIMS.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 03703 Name: LI-PER-DIEM-CHARGE Version: Subsystem: Prior
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: LINE ITEM REVENUE CHARGE
THIS FIELD IS THE PER DIEM CHARGE BILLED FOR ACCOMODATION
REVENUE CODES ON THE LINE ITEM OF AN ASAP NURSING HOME CLAIM.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03718 Name: EXCEPTION-TABLE Version: Subsystem: Prior
 Created By: MONA FICKE Last Updated By: T474069 Release:
 Created On: 3/8/2005 Last Updated On: 4/5/2005
 Description: THIS TABLE WILL BE USED TO PRODUCE REPORT 6525

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 03719 Name: EXCEPTION-ARRAY Version: Subsystem: Prior
 Created By: MONA FICKE Last Updated By: T474069 Release:
 Created On: 3/8/2005 Last Updated On: 4/5/2005
 Description: THIS ARRAY WILL BE USED TO PRODUCE REPORT IASC6525

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03720 Name: EXCEPTION-CODE Version: Subsystem: Prior
 Created By: Initial Sy Last Updated By: T474069 Release:
 Created On: 8/25/2004 Last Updated On: 4/5/2005
 Description: EXCEPTION CODE

```

***** MMIS DATA ELEMENT NAME - ERROR CODE:
MMIS GSD DATA ELEMENT NUMBER - 372
MMIS PART 11 DATA ELEMENT NUMBER - 081
MMIS DEFINITION - A CODE APPEARING IN A CLAIM TRANSACTION
INDICATING THE NATURE OF AN ERROR
CONDITION ASSOCIATED WITH THAT CLAIM
TRANSACTION. *****
***** MMIS DATA ELEMENT NAME - FIELD TO BE CHANGED
MMIS GSD DATA ELEMENT NUMBER - 382
MMIS PART 11 DATA ELEMENT NUMBER -
MMIS DEFINITION - IDENTIFICATION OF A TRANSACTION DATA
FIELDS WHICH IS TO BE CHANGED. *****
THE EXCEPTION CODE UNIQUELY IDENTIFIES AN ERROR CONDITION.
    
```

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		3	0		X(3)
2		N		Numeric		3	0		9(3)
3		N3		Numeric Comp-3		3	0		9(3)
9		G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03721 Name: EXCEP-SHORT-DESC Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: EXCEPTION CODE - SHORT DESCRIPTION

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		30		0	X(30)

DataElement ID: 03722 Name: EXCEP-DISPOSITION Version: Subsystem: Prior
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 6/24/2005
 Description: EXCEPTION CODE DISPOSITION.
 - THE DISPOSITION OF A CLAIM IS BASED ON ANY EXCEPTION CODES POSTED
 TO THE CLAIM DURING PROCESSING. EACH EXCEPTION CODE (DEN = 03720)
 HAS AN ASSOCIATED DISPOSITION CODE WHICH IS USED DURING CLAIMS
 PROCESSING TO DETERMINE THE DISPOSITION OF THE CLAIM.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03723 Name: FORCE-INDICATOR Version: Subsystem: Prior
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 6/24/2005
 Description: FORCE INDICATOR.
 THIS IS ASSOCIATED WITH AN EXCEPTION CODE (DEN = 03720) AND
 INDICATES WHETHER OR NOT THE EXCEPTION MAY BE FORCED THRU THE
 SYSTEM (OVERRIDE).

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1	0		X(1)

DataElement ID: 03725 Name: EXCEP-PRINT-CODE Version: Subsystem: Prior
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 6/24/2005
 Description: EXCEPTION PRINT CODE.
 A CODE INDICATING WHAT FORMAT IS TO BE USED WHEN PRINTING AN
 EXCEPTION DOCUMENT WHEN THE PRIMARY EXCEPTION CODE (DEN = 03720)
 IS THE ONE ASSOCIATED WITH THIS PRINT CODE.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1	0		X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03726 Name: CLAIM-LOCATION-CODE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CLAIM LOCATION CODE.

A NUMERIC CODE WHICH INDICATES WHERE THE CLAIM IS LOCATED. THE EXCEPTION DOCUMENT WILL BE ROUTED TO THIS LOCATION. WHEN MORE THAN ONE EXCEPTION IS POSTED TO A CLAIM, THE SYSTEM REVIEWS THE - LOCATION CODES ASSOCIATED WITH EACH EXCEPTION AND ASSIGNS THE CLAIM TO THE HIGHEST LOCATION CODE. THE EXCEPTION WITH THE HIGHEST LOCATION CODE VALUE TAKES PRIORITY OVER THE EXCEPTIONS. WHERE CLAIM STATUS IS SET TO: CURRENT LOCATION MUST BE SET TO:
 C - SUSPENDED 01-89 - DEPENDING UPON LOCATION
 OVERRIDE CODE AND
 EXCEPTION CONTROL FILE
 I - TO BE PAID 93
 K - TO BE DENIED 93
 N - PAID 95
 P - DENIED 95
 ALSO, IN DATA VALIDITY, SET CURRENT LOCATION TO 90 ON RECORDS SENT TO HISTORY. WHEN RECORDS ARE CREATED IN HISTORY BASED ON MASS CREDIT/ADJUSTMENT RECORDS, CURRENT LOCATION MUST BE SET TO 90.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		2		0	X(2)

Iowa Medicaid Enterprise Data Element List

DataElement ID: 03727 Name: CLAIM-LOC-CODE-OVRD Version: Subsystem: Prior
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 6/24/2005
 Description: CLAIM LOCATION CODE OVERRIDE.

THIS CODE INDICATES WHETHER OR NOT THE ASSOCIATED CLAIM LOCATION CODE (DEN = 03726) IS TO RECEIVE AN EXCEPTION DOCUMENT REGARDLESS OF THE PRIORITY RANKING OF THE LOCATION CODE. A CLAIM CONTAINING MULTIPLE EXCEPTION CODES (DEN = 03720) WILL APPEAR ON THE EXCEPTION REPORT ASSOCIATED WITH THE EXCEPTION CODE CONTAING THE HIGHEST LOCATION CODE VALUE. THE OVERRIDE CODE CAN BE USED TO FORCE THE CLAIM TO ALSO BE LISTED ON THE EXCEPTION REPORT AS INDICATED BY THE CORRESPONDING LOCATION CODE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(1)

DataElement ID: 03728 Name: DENY-INDICATOR Version: Subsystem: Prior
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 6/24/2005
 Description: DENY INDICATOR.

THIS IS ASSOCIATED WITH AN EXCEPTION CODE AND INDICATES WHETHER OR NOT THE EXCEPTION MAY BE DENIED.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03729 Name: SUSPENSE-CORR-MODE Version: Subsystem: Prior
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 6/24/2005
 Description: SUSPENSE CORRECTION MODE
 THIS CODE INDICATES WHETHER A CLAIM IN A PARTICULAR LOCATION
 SHOULD BE PRINTED ON AN EXCEPTION DOCUMENT OR QUEUED FOR ON-LINE
 CORRECTION.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(1)

DataElement ID: 03731 Name: EXCEP-LONG-DESC Version: Subsystem: Prior
 Created By: Last Updated By:
 Created On: 8/25/2004 Last Updated On: 8/25/2004 Release:
 Description: EXCEPTION CODE - LONG DESCRIPTION

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		72	0		X(72)
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03740 Name: SUSPENSE-DATE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SUSPENSE DATE

***** MMIS DATA ELEMENT NAME - DATE ENTERED SUSPENSE:
 MMIS GSD DATA ELEMENT NUMBER - 374
 MMIS PART 11 DATA ELEMENT NUMBER - 082
 MMIS DEFINITION - THE DATE ON WHICH A CLAIM TRANSACTION
 WAS INITIALLY SUSPENDED. *****
 THE DATE A CLAIM FIRST ENTERED THE SUSPENDED CLAIM FILE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5		0	S9(5)

DataElement ID: 03751 Name: TEXT-KEY-ALPHA Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TEXT KEY ALPHANUMERIC
 PROVIDES AN ALPHANUMERIC DEFINITION FOR THE KEY FOR TEXTUAL DATA,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
7	X	AlphaNumeric		5		0	X(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03752 Name: TEXT-KEY-NUMERIC Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TEXT KEY NUMERIC
 PROVIDES A NUMERIC DEFINITION FOR THE KEY FOR TEXTUAL DATA

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 03753 Name: TEXT-KEY-SEQ-NUMBER Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TEXT KEY SEQUENTIAL NUMBER
 PROVIDES A SEQUENTIAL NUMBER TO MAKE THE MULTIPLE RECORDS FOR A PARTICULAR KEY UNIQUE.

2	N	Numeric		5	0		S9(5)
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03754 Name: TEXT-DATA Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TEXT DATA
 PROVIDES A COMMON FIELD FOR TEXT REQUIRING THE MAXIMUM LENGTH
 AVAILABLE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		95	0		X(95)
9	G		Group		0	0		

DataElement ID: 03756 Name: CARRIER-ADDRESS Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CARRIER ADDRESS
 PROVIDES A FIELD OF TEXTUAL DATA SIZED SPECIFICALLY FOR THE
 CARRIER ADDRESS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		31	0		X(31)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03757 Name: LOCATION-DESC Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LOCATION DESCRIPTION
 PROVIDES A FIELD OF TEXTUAL DATA SIZED SPECIFICALLY FOR THE
 LOCATION DESCRIPTION.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		10	0		X(10)

DataElement ID: 03797 Name: PERFRM-PROV-UPIN Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PERFORMING PROVIDER UPIN
 THE UNIVERSAL PROVIDER ID NUMBER FOR THE PERFORMING PROVIDER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		6	0		X(06)
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03798 Name: OTHER-PROV-UPIN Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: OTHER PROVIDER UPIN
 THE UNIVERSAL PROVIDER ID NUMBER FOR THE OTHER PROVIDER.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		6	0		X(06)
9	G		Group		0	0		

DataElement ID: 03799 Name: ATTEND-PROV-UPIN Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ATTEND-PROV-UPIN
 THE UNIVERSAL PROVIDER ID NUMBER FOR THE ATTENDING PROVIDER.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		6	0		X(06)
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03800 Name: ATTEND-PHYS-BASE-NUM Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ATTENDING PHYSICIAN BASE NUMBER
 THIS FIELD CONTAINS THE ATTENDING PHYSICIAN BASE NUMBER.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		7	0		X(7)
2	N		Numeric		7	0		9(7)

DataElement ID: 03801 Name: ATTEND-PHYS-LOC Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ATTENDING PHYSICIAN LOCATION
 THIS FIELD CONTAINS THE ATTENDING PHYSICIAN LOCATION.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		2	0		9(2)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03802 Name: PERFRM-PROV-BASE-NUM Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PERFORMING PROVIDER BASE NUMBER
 THIS FIELD CONTAINS THE PERFORMING PROVIDER BASE NUMBER.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		7	0		X(7)
2	N		Numeric		7	0		9(7)

DataElement ID: 03803 Name: PERFRM-PROV-LOC Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PERFORMING PROVIDER LOCATION
 THIS FIELD CONTAINS THE PERFORMING PROVIDER LOCATION.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		2	0		9(2)

Iowa Medicaid Enterprise Data Element List

DataElement ID: 03804 Name: PRESC-PHYS-BASE-NUM Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PRESCRIBING PHYSICIAN BASE NUMBER
 THIS FIELD CONTAINS THE PRESCRIBING PHYSICIAN BASE NUMBER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		7	0		9(7)

DataElement ID: 03805 Name: PRESC-PHYS-LOC Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PRESCRIBING PHYSICIAN LOCATION
 THIS FIELD CONTAINS THE PRESCRIBING PHYSICIAN LOCATION.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		2	0		9(2)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03806 Name: TREAT-PROV-BASE-NUM Version: Subsystem: Prior
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: TREATING PROVIDER BASE NUMBER
THIS FIELD CONTAINS THE TREATING PROVIDER BASE NUMBER.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N		Numeric		7		0	9(7)
9		G		Group		0		0	

DataElement ID: 03807 Name: TREAT-PROV-LOC Version: Subsystem: Prior
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: TREATING PROVIDER LOCATION
- THIS FIELD CONTAINS THE TREATING PROVIDER LOCATION.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N		Numeric		2		0	9(2)
9		G		Group		0		0	

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03808 Name: PRESC-PROV-NPI Version: Subsystem: Prior
 Created By: SYSTEM Last Updated By: T474163 Release:
 Created On: 8/25/2004 Last Updated On: 9/22/2006
 Description: PRESC PROVIDER NPI
 PRESC PROVIDER NPI.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		10	0		X(10)

DataElement ID: 03809 Name: REFER-PROV-UPIN Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: REFER-PROV-UPIN
 THE UNIVERSAL PROVIDER ID NUMBER FOR THE REFERRING PROVIDER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		6	0		X(06)
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03810 Name: REFER-PROV-BASE-NUM Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: REFERRING PROVIDER BASE NUMBER
 THIS FIELD CONTAINS THE REFERRING PROVIDER BASE NUMBER.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		7	0		9(7)
9	G		Group		0	0		

DataElement ID: 03811 Name: REFER-PROV-LOC Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: REFERRING PROVIDER LOCATION
 THIS FIELD CONTAINS THE REFERRING PROVIDER LOCATION.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		2	0		9(2)
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03814 Name: PAY-TO-PROV-BASE-NUM Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PAY TO PROVIDER BASE NUMBER
 THIS FIELD CONTAINS THE PAY TO PROVIDER BASE NUMBER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		7	0		X(7)
2	N	Numeric		7	0		9(7)
9	G	Group		0	0		

DataElement ID: 03820 Name: OTHER-PROV-NUMBER Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: OTHER-PROV-NUMBER
 OTHER PROVIDER NUMBER, BESIDES ATTENDING OR PERFORMING PROVIDER

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03821 Name: OTHER-PROV-BASE-NUM Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: -
 OTHER-PROV-BASE-NUM
 OTHER PROVIDER BASE NUMBER BESIDES ATTENDING OR PERFORMING
 PROVIDER.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		7	0		X(07)
2	N		Numeric		7	0		9(07)

DataElement ID: 03822 Name: OTHER-PROV-LOC Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: OTHER-PROV-LOC
 LOC FOR OTHER PROVIDER NUMBER, - BESIDES ATTENDING OR
 PERFORMING PROVIDER.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N		Numeric		2	0		9(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03840 Name: TYPE-OF-SERVICE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: TYPE OF SERVICE
 *****MMIS DATA ELEMENT NAME - TYPE OF SERVICE:
 MMIS GDS DATA ELEMENT NUMBER - 384
 MMIS PART 11 DATA ELEMENT NUMBER -
 MMIS DEFINITION - A CODE INDICATING THE TYPE OF SERVICE
 PERFORMED BY A PRACITITIONER. *****
 THIS FIELD INDICATES THE TYPE OF SERVICE RENDERED.
 THIS DATA ELEMENT CONTAINS THE VALID VALUES FOR THE HCFA-1500
 CLAIM FORM. THE HCFA-1500 VALID VALUES ARE RESPRESENTED BY THE
 ONE CHARACTER CODES.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)
9	G		Group		0	0		

DataElement ID: 03842 Name: EXTENDED-APPR-CODE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: EXTENDED APPROVAL CODE
 THIS FIELD CONTAINS THE EXTENDED APPROVAL CODE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03843 Name: FACILITY-CODE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: FACILITY CODE
 THIS FIELD CONTAINS THE AMBULATORY SERVICE CENTER FACILITY CODE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		5	0		X(5)

DataElement ID: 03860 Name: PRESCRIPTION-NUMBER Version: Subsystem: Prior
 Created By: SYSTEM Last Updated By: T474074 Release:
 Created On: 8/25/2004 Last Updated On: 4/22/2011
 Description: PRESCRIPTION NUMBER
 ***** MMIS DATA ELEMENT NAME - PRESCRIPTION NUMBER:
 MMIS GSD DATA ELEMENT NUMBER - 386
 MMIS PART 11 DATA ELEMENT NUMBER - 086
 MMIS DEFINITION - THE NUMBER ASSIGNED BY A PHARMACIST TO A
 PRESCRIPTION AT THE TIME IT IS
 FILLED. *****
 THE PRESCRIPTION NUMBER ASSIGNED BY THE PHARMACY.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		6	0		X(6)
2	N	Numeric		6	0		9(6)
4	X	AlphaNumeric		12	0		X(12)
5	N	Numeric		12	0		9(12)
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03862 Name: MISC-DRUG-FIELDS Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MISCELLANEOUS DRUG FIELDS
 THIS GROUP LEVEL FIELD REPRESENTS MISCELLANEOUS DRUG FIELDS IN THE
 PHARMACY CLAIM LAYOUT.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 03863 Name: THERA-FST-DTE-OF-SVC Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THERAPEUTIC FIRST DATE OF SERVICE
 THIS DATE REPRESENTS THE BEGINNING DATE OF THE SPAN THAT
 - A DRUG OF A SPECIFIC THERAPEUTIC CLASS HAS BEEN PRESCRIBED FOR.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03864 Name: THERA-LST-DTE-OF-SVC Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THERAPEUTIC LAST DATE OF SERVICE
 THIS DATE REPRESENTS THE ENDING DATE OF THE SPAN THAT
 A DRUG OF A SPECIFIC THERAPEUTIC CLASS HAS BEEN PRESCRIBED FOR.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 03865 Name: THERA-DUP-CRITERIA Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THERAPEUTIC DUPLICATE CHECK CRITERIA FIELDS
 THIS FIELD REPRESENTS THE GROUP OF FIELDS USED WHEN COMPARING
 SPECIFIC THERAPEUTIC CLASSES FOR DUPLICATION.,

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03872 Name: PRIV-TRANS-LINE-DATA Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PRIVATE TRANSPORTATION LINE DATA
 THIS AREA IN THE CLAIM CONTAINS PRIVATE TRANSPORTATION
 LINE DATA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 03874 Name: PROVIDER-LINE-DATA Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER LINE DATA
 THIS FIELD CONTAINS PROVIDER LINE DATA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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9	G	Group		0	0		
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03877 Name: KEYED-CLM-TYPE Version: Subsystem: Prior
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 6/24/2005
 Description: KEYED CLAIM TYPE
 THIS FIELD IS USED TO IDENTITY THE CLAIM FORM THAT IS
 BEING PROCESSED.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2		0	X(02)

DataElement ID: 03878 Name: FISCAL-YEAR Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: WYOMING FISCAL YEAR
 - THE WYOMING FISCAL YEAR RUNS FROM JULY THROUGH JUNE. SO, IF
 A SERVICE WAS RENDERED ON OR AFTER JULY 1, THE FISCAL YEAR IS THE
 CURRENT YEAR PLUS ONE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		2		0	9(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03889 Name: CLAIM-ADJ-NUM-OF-ADJ Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CLAIM ADJUSTMENT NUMBER OF ADJUSTMENTS
 CLAIM ADJUSTMENT NUMBER OF ADJUSTMENTS.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		S9(03)

DataElement ID: 03890 Name: CLAIM-ADJ-NUM-OF-GRP Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CLAIM ADJUSTMENT NUMBER OF GROUPS
 CLAIM ADJUSTMENT NUMBER OF GROUPS.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		S9(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03891 Name: CLAIM-ADJ-NUM-OF-SEG Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CLAIM ADJUSTMENT NUMBER OF SEGMENTS
 CLAIM ADJUSTMENT NUMBER OF SEGMENTS.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		S9(03)

DataElement ID: 03892 Name: CLAIM-ADJUSTMENT Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CLAIM ADJUSTMENT
 CLAIM ADJUSTMENT.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 03893      Name: CLAIM-ADJ-GROUP      Version:      Subsystem: Prior
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: CLAIM ADJUSTMENT GROUPS
                CLAIM ADJUSTMENT GROUPS.,
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

```

DataElement ID: 03894      Name: CLAIM-ADJ-GROUP-CODE      Version:      Subsystem: Prior
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: - CLAIM ADJUSTMENT GROUP CODE
                CLAIM ADJUSTMENT GROUP CODE.,
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		2	0		X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03895 Name: CLAIM-ADJ-SEGMENT Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CLAIM ADJUSTMENT SEGMENT
 CLAIM ADJUSTMENT SEGMENT.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 03896 Name: CLAIM-ADJ-REASON-CD Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CLAIM ADJUSTMENT REASON CODE
 CLAIM ADJUSTMENT REASON CODE.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		5	0		X(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03897 Name: CLAIM-ADJ-AMOUNT Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CLAIM ADJUSTMENT AMOUNT
 CLAIM ADJUSTMENT AMOUNT.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	2		S9(07)V99

DataElement ID: 03898 Name: CLAIM-ADJ-QUANTITY Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CLAIM ADJUSTMENT QUANTITY
 CLAIM ADJUSTMENT QUANTITY.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03910 Name: FAMILY-PLANNING-CODE Version: Subsystem: Prior
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 6/24/2005
 Description: FAMILY PLANNING CODE
 ***** MMIS DATA ELEMENT NAME - FAMILY PLANNING CODE:
 MMIS GSD DATA ELEMENT NUMBER - 391
 MMIS PART 11 DATA ELEMENT NUMBER - 114
 MMIS DEFINITION - A CODE INDICATING WHETHER ANY DIAGNOSIS,
 TREATMENT, DRUGS, SUPPLIES, AND DEVICES,
 COUNSELING SERVICE, OR OTHER BILLED
 SERVICES OR MATERIALS ARE FOR THE PURPOSE
 - OF FAMILY PLANNING. *****
 INDICATES WHETHER THE SERVICE WAS RELATED TO FAMILY PLANNING.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(1)

DataElement ID: 03949 Name: SEQUENCE-CRITERIA Version: Subsystem: Prior
 Created By: Last Updated By:
 Created On: 8/25/2004 Last Updated On: 8/25/2004 Release:
 Description: SEQUENCE CRITERIA IDENTIFIES OPTIONAL SORT SEQUENCE FOR
 FULL RECIPIENT PROFILE PRINTING. IF LEFT BLANK ON THE
 ONLINE REQUEST SCREEN, THE DEFAULT WILL BE A SORT SEQUENCE
 OF RECIPIENT ID, PROVIDER NUMBER, AND FIRST DATE OF SERVICE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03950 Name: DER-INDICATOR Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DER INDICATOR
 THIS FIELD DENOTES THE TYPE OF ADJUSTMENT TO THE DRUG CAP
 REQUESTED BY THE PHARMACIST

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)
9	G		Group		0	0		

DataElement ID: 03952 Name: SPENDDOWN-AMOUNT Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SPENDDOWN AMOUNT
 ***** MMIS DATA ELEMENT NAME - MEDICAID DEDUCTIBLE AMOUNT:
 MMIS GSD DATA ELEMENT NUMBER - 392
 MMIS PART 11 DATA ELEMENT NUMBER -
 MMIS DEFINITION - THE ANNUAL (OR OTHER PERIOD) AMOUNT WHICH
 THE RECIPIENT MUST PAY TOWARD THE COST
 OF MEDICAL SERVICES BEFORE MEDICAID WILL
 BEGIN TO PAY. *****
 THE RECIPIENT SPENDDOWN AMOUNT.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		9	2		9(07)V99
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 03953      Name:  PRESC-PROV-DEA-NUM      Version:
Created By:                Last Updated By:      Release:
Created On:    8/25/2004   Last Updated On:    8/25/2004
Description: PRESCRIBING PROVIDER DEA NUMBER
                THE PRESCRIBING PROVIDER DEA NUMBER.
    
```

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		9	0		X(09)
4	X		AlphaNumeric		10	0		X(10)

```

DataElement ID: 03954      Name:  ATTEN-PROV-LICENS-NO      Version:
Created By:                Last Updated By:      Release:
Created On:    8/25/2004   Last Updated On:    8/25/2004
Description: ATTENDING PROVIDER LICENSE NUMBER
                THE ATTENDING PROVIDER LICENSE NUMBER.
    
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Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03955 Name: PAY-TO-PROV-DATA Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PAY TO PROVIDER DATA
 THE PAY TO PROVIDER DATA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 03956 Name: PAY-TO-PROV-TYPE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PAY TO PROVIDER TYPE
 THE PAY TO PROVIDER TYPE.
 SEE DED 2050 FOR A LIST OF VALID VALUES.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		2	0		X(2)
9	G	Group		0	0		

Iowa Medicaid Enterprise Data Element List

DataElement ID: 03957 Name: PERF-PROV-LICENS-NO Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: - PERFORMING PROVIDER LICENSE NUMBER
 THE PERFORMING PROVIDER LICENSE NUMBER ON A UB82 CLAIM.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 03958 Name: MCARE-PRTB-LINE-DATA Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDICARE PART B LINE DATA
 THE MEDICARE PART B LINE DATA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03970 Name: JOB-NAME Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: JOB NAME
 THE NAME OF THE JOB WHICH EXECUTED THE THE PROGRAM NEEDED FOR
 BALANCING.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		8	0		X(08)

DataElement ID: 03971 Name: PGM-NAME Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PGM NAME
 THE NAME OF THE PROGRAM WHICH WAS EXECUTED. THIS PROGRAM'S VALUES
 ARE NEEDED BALANCING.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		8	0		X(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03972 Name: FILE-ID Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: FILE ID
 THE ID OF THE FILE NEEDED FOR BALANCING.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			8	0		X(08)

DataElement ID: 03973 Name: REC-TYPE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: REC TYPE
 THE TYPE OF RECORDS BEING COUNTED.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			2	0		X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03974 Name: MONTH-END-DATE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MONTH END DATE
 DATE OF MONTH END CYCLE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		5	0		S9(05)

DataElement ID: 03975 Name: LAST-PAY-DATE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LAST PAY DATE
 DATE OF LAST PAYMENT CYCLE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03976 Name: CURR-CYCLE-DATE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CURR CYCLE DATE
 DATE OF CURRENT CYCLE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		5	0		S9(05)

DataElement ID: 03977 Name: PREV-CYCLE-DATE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PREV CYCLE DATE
 DATE OF THE PREVIOUS CYCLE CYCLE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03978 Name: PREV-ADJUD-DATE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PREV ADJUD DATE
 -
 DATE OF THE PREVIOUS ADJUDICATION CYCLE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		5		0	S9(05)

DataElement ID: 03979 Name: CYCLE-CLAIMS Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CYCLE CLAIMS
 THE COUNT OF THE NUMBER OF RECORDS FOR THIS FILE ID AND TYPE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		11		0	S9(11)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03980 Name: CYCLE-AMOUNTS Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CYCLE AMOUNTS
 THE DOLLAR AMOUNT ASSOCIATED WITH THIS FILE ID AND TYPE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		11	2		S9(09)V99

DataElement ID: 03981 Name: CURR-ADJUD-DATE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CURR ADJUD DATE
 DATE OF THE CURRENT ADJUDICATION CYCLE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03982 Name: PREV-MONTH-END-DATE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PREV-MONTH-END-DATE
 DATE OF THE PREV MONTHS END DATE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		5	0		S9(05)

DataElement ID: 03983 Name: PREV-PAY-DATE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PREV-PAY-DATE
 DATE OF THE PREV PAYMENT CYCLE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03984 Name: CURR-RECIP-MONTH-END Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CURR-RECIP-MONTH-END
 DATE OF THE CURRENT RECIPIENT MONTH END

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		5	0		S9(05)

DataElement ID: 03985 Name: PREV-RECIP-MONTH-END Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PREV-RECIP-MONTH-END
 DATE OF THE PREV RECIPIENT MONTH END

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03986 Name: RECIP-MONTH-PRC-DATE Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RECIP-MONTH-PRC-DATE
 MONTH OF WHICH RECIPIENT IS BEING PROCESSED FOR

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		5	0		S9(05)

DataElement ID: 03987 Name: CURR-MARS-MONTH-END Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CURR-MARS-MONTH-END
 DATE OF THE CURRENT MARS MONTH END

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03988 Name: PREV-MARS-MONTH-END Version: Subsystem: Prior
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PREV-MARS-MONTH-END
 DATE OF THE PREVIOUS MARS MONTH END

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 03989 Name: PA-278-IND Version: Subsystem: Prior
 Created By: SHYAM CHIL Last Updated By: T474070 Release:
 Created On: 4/18/2005 Last Updated On: 4/19/2005
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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1	X	AlphaNumeric		1	0		X(01)
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DataElement ID: 03990 Name: PA-278-SUBMITTER-ID Version: Subsystem: Prior
 Created By: STEVEN LEO Last Updated By: T474070 Release:
 Created On: 4/18/2005 Last Updated On: 4/19/2005
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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1	X	AlphaNumeric		15	0		X(15)
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 03991 Name: EDI-EDITS Version: Subsystem: Prior
 Created By: PATTY EST Last Updated By: T474095 Release:
 Created On: 6/6/2005 Last Updated On: 6/6/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)
9	G		Group		0	0		

DataElement ID: 03992 Name: REVENUE-CODE4 Version: Subsystem: Prior
 Created By: PATTY EST Last Updated By: T474095 Release:
 Created On: 6/6/2005 Last Updated On: 6/6/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		4	0		X(04)
9	G		Group		0	0		

DataElement ID: 04000 Name: CUTBACK-REASON-CODE Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474198 Release:
 Created On: 8/25/2004 Last Updated On: 7/9/2018
 Description: CUTBACK REASON CODE
 THE CLAIM CUTBACK REASON CODE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04001 Name: TAPE-RECORD-ID Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TAPE BILLING RECORD IDENTIFICATION
 THIS FIELD IS CONTAINS TO IDENTIFY THE TYPE OF RECORD ON INCOMING
 TAPE BILLED CLAIM RECORDS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 04002 Name: ALLOWED-CHRG-SOURCE Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 12/18/2012
 Description: ALLOWED CHARGE SOURCE
 INDICATES HOW THE ALLOWED CHARGE WAS DETERMINED.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)
9	G		Group		0		0	

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04003 Name: MANAGED-CARE-FEE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MANAGED-CARE-FEE
 THE MANAGED CARE FEE FIELD IS RESERVED FOR FUTURE USE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	2		S9(5)V99

DataElement ID: 04004 Name: CLAIM-PA-IND Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CLAIM PRIOR AUTHORIZATION INDICATOR
 INDICATES WHETHER A SERVICE HAS BEEN AUTHORIZED.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04005 Name: SPECIAL-INDICATOR Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SPECIAL INDICATOR

THIS INDICATOR OCCURS 4 TIMES IN THE HEADER OF EACH CLAIM AND 2 TIMES IN EACH LINE ITEM AND IS USED AS FUTURE NEEDS ARISE.
 *** IT IS IMPORTANT THAT THE DESCRIPTION OF THIS DATA ELEMENT BE CURRENT TO PREVENT TWO MODULES FROM USING THE SAME SPECIAL INDICATOR. IF YOU WANT TO USE AN INDICATOR, TAKE THE NEXT AVAILABLE OCCURRENCE BELOW AND UPDATE THAT OCCURRENCE'S DESCRIPTION TO INDICATE WHAT IT IS BEING USED FOR
 FIRST OCCURRENCE - SPECIAL PRINT INDICATOR (DED 1009) PICKED UP IN RECIPIENT ELIGIBILITY
 - SECOND OCCURRENCE - SET TO A VALUE OF 'Y' OR A BLANK BY THE CLAIMS RECIPIENT ELIGIBILITY MODULE TO INDICATE IF THERE IS A VERIFIED TPL INDICATOR IN THE RECIPIENT RECORD.
 THIRD OCCURRENCE - NOT ASSIGNED
 FOURTH OCCURRENCE - NOT ASSIGNED
 FIFTH OCCURRENCE - NOT ASSIGNED
 SIXTH OCCURRENCE - NOT ASSIGNED

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		1	0		X(1)
8		G	Group		0	0		
9		G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04006 Name: CLERK-IDENTIFICATION Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474074 Release:
 Created On: 8/25/2004 Last Updated On: 6/1/2011
 Description: CLERK IDENTIFICATION
 A NUMBER TO UNIQUELY IDENTIFY THE CLAIMS EXAMINER WHO
 AFFECTED THE CLAIM. CLERK IDENTIFICATION HAS BEEN RESERVED TO
 INDICATE THE SYSTEM, RATHER THAN A PERSON AFFECTED THE CLAIM.,

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		5	0		X(05)
2		N		Numeric		5	0		9(05)
3		N3		Numeric Comp-3		5	0		9(05)
4		N3		Numeric Comp-3		4	0		9(04)
5		X		AlphaNumeric		8	0		X(08)
6		N		Numeric		3	0		9(03)
9		G		Group		0	0		

DataElement ID: 04007 Name: CLM-DETAIL Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CLAIM DETAIL - A GROUP ITEM THAT CONTAINS A CLAIM'S LINE ITEMS.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9		G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04008 Name: HCFA-TAPE-RECORD-ID Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HCFA-1500 TAPE RECORD ID
 THIS FIELD REPRESENTS THE VARIOUS HCFA-1500 STANDARD FORMAT
 TAPE RECORD IDS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		3	0		X(03)

DataElement ID: 04009 Name: CLM-HEADER-COMMON Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CLAIM HEADER COMMON
 A GROUP ITEM CONTAINING FIELDS COMMON TO THE FOLLOWING CLAIM
 RECORDS.
 MEDICAL CLAIM
 INSTITUTIONAL CLAIM
 PHARMACY CLAIM
 CREDIT/ADJUSTMENT

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9		G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04010	Name: MCARE-A-IND	Version:	Subsystem: Claims
Created By: Initial Sy	Last Updated By: T474071	Release:	
Created On: 8/25/2004	Last Updated On: 3/3/2005		
Description: MCARE A IND			

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 04011	Name: CLAIM-CREDIT-DATA	Version:	Subsystem: Claims
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: CLAIM CREDIT DATA			
A GROUP ITEM WHOSE SUBORDINATE FIELDS CONTAIN DATA RELATED TO			
THE CLAIM BEING CREDITED OR ADJUSTED.			

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04012 Name: TCN-TO-CREDIT Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474163 Release:
 Created On: 8/25/2004 Last Updated On: 5/8/2011
 Description: TRANSACTION CONTROL NUMBER TO CREDIT
 THE TRANSACTION CONTROL NUMBER OF THE CLAIM BEING CREDITED OR
 ADJUSTED.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		17	0		X(17)
2	N	Numeric		17	0		9(17)
3	N3	Numeric Comp-3		17	0		9(17)
9	G	Group		0	0		

DataElement ID: 04013 Name: TCN-OF-CREDIT Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474071 Release:
 Created On: 8/25/2004 Last Updated On: 2/18/2010
 Description: TRANSACTION CONTROL NUMBER OF CREDIT
 THE TRANSACTION CONTROL NUMBER OF THE CLAIM THAT HAS CREDITED OR
 ADJUSTED.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		17	0		9(17)
3	N3	Numeric Comp-3		17	0		9(17)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04014 Name: CREDIT-TCN-DATA Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CREDIT-TCN-DATA
 - INFORMATION ABOUT TRANSACTION CONTROL NUMBERS THAT HAVE BEEN
 OR WILL BE CREDITED.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 04015 Name: MCARE-B-IND Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MCARE B IND

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04016 Name: PARAM-DATA Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PARAMETER DATA,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 04017 Name: LATEST-SURGERY-DATE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LATEST SURGERY DATE,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04018 Name: CLM-HEADER-VARIABLE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CLAIM HEADER VARIABLE

A GROUP ITEM WHOSE SUBORDINATE FIELDS CONTAIN NON-LINE ITEM FIELDS APPLICABLE ONLY TO THE CLAIM RECORD. FOR EXAMPLE, IF CLAIM RECORD IS INSTITUTIONAL (61), THE CLAIM HEADER VARIABLE WILL CONTAIN DATA FIELDS FOR ADMISSION DATE, PATIENT STATUS, OCCURRANCE CODES. THESE FIELDS WILL NOT APPEAR IN THE CLAIM HEADER VARIABLE OF THE MEDICAL RECORD OR THE DRUG RECORD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 04019 Name: RECORD-CODE Version: Subsystem: Claims
 Created By: Initial Sy Last Updated By: T474193 Release:
 Created On: 8/25/2004 Last Updated On: 12/13/2018
 Description: RECORD CODE

A CODE THAT IDENTIFIES THE TYPE OF RECORD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		2	0		X(02)
4	X	AlphaNumeric		1	0		X(01)
6	X	AlphaNumeric		4	0		X(04)
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04020 Name: TREATING-PROV-NUM Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TREATING PROVIDER NUMBER
 THIS FIELD CONTAINS THE PROVIDER NUMBER WHO PERFORMED THE CLAIM SERVICE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9		G	Group		0	0		

DataElement ID: 04021 Name: COMMITTED-EXCEPTION Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: COMMITTED EXCEPTION
 A GROUP ITEM WHOSE SUBORDINATE FIELDS IDENTIFY AN EXCEPTION THAT HAS BEEN COMMITTED AND NOT OVERRIDDEN BY A CLAIMS EXAMINER. THIS DATA IS RETAINED FOR AUDIT AND REPORTING PURPOSES.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise Data Element List

DataElement ID: 04022 Name: CURRENT-EXCEPTION Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CURRENT EXCEPTION

A GROUP ITEM WHOSE SUBORDINATE FIELDS ARE RELATED TO AN EXCEPTION POSTED DURING THE CURRENT CYCLE OR LAST TIME THE CLAIM WAS PROCESSED THROUGH THE ADJUDICATION CYCLE
 EXCEPTION CODE (DEN 03720)
 LINE ITEM CODE (DEN 04083)
 EXCEPTION STATUS (DEN 04028)
 CLERK IDENTIFICATION (DEN 04006)
 THE LINE ITEM CODE REFERS TO THE LINE ITEM CODE IN THE LINE ITEM, - NOT THE RELATIVE LINE ITEM. IF THE LINE ITEM CODE IS '00', THEN THE EXCEPTION APPLIES TO A NON-LINE ITEM FIELD OR TO THE CLAIM AS A WHOLE. THE EXCEPTION STATUS INDICATES THE STATUS OF THE EXCEPTION, FOR EXAMPLE, WHETHER THE EXCEPTION WILL CAUSE THE CLAIM TO BE SUSPENDED OR DENIED OR WHETHER THE EXCEPTION HAS BEEN BEEN OVERRIDDEN.
 EACH CLAIM HAS ROOM FOR UP TO TWENTY FIVE CURRENT EXCEPTIONS. IF A CLAIM HAS MORE THAN TWENTY FIVE EXCEPTIONS, THE TWENTY FIFTH EXCEPTION WILL INDICATE 'MORE THAN 25 EXCEPTIONS'.
 WHEN A CLAIM IS REMOVED FROM THE SUSPENDED CLAIMS FILE FOR PROCESSING IN THE CLAIMS PROCESSING SUBSYSTEM, THOSE CURRENT EXCEPTIONS NOT OVERRIDDEN BY THE CLAIMS EXAMINER ARE TRANSFERRED FROM THE CURRENT EXCEPTION ARRAY TO THE COMMITTED EXCEPTION ARRAY.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9		G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04023 Name: DEM-PROJ-IDENT Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/15/2011 Last Updated On: 3/15/2011
 Description:

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		2		0	X(02)

DataElement ID: 04024 Name: DATE-BILLED Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DATE BILLED

***** MMIS DATA ELEMENT NAME - BILLING DATE:
 MMIS GSD DATA ELEMENT NUMBER - 310
 MMIS PART 11 DATA ELEMENT NUMBER - 100
 MMIS DEFINITION - THE DATE A PROVIDER ENTERS ON A CLAIM
 INDICATING WHEN IT WAS PREPARED. *****
 THE DATE THE SERVICE WAS BILLED.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		N	Numeric		6		0	9(6)
3		N3	Numeric Comp-3		5		0	S9(5)
9		G	Group		0		0	

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04025 Name: DOC-CONTROL-DATA Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DOCUMENT CONTROL DATA
 THIS AREA IN THE POS DOCUMENT CONTROL RECORD CONTAINS THE NECESSAR
 DATA TO ASSIGN A TRANSACTION CONTROL NUMBER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 04026 Name: DATE-TO-HIST Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DATE TO HISTORY
 THE DATE THAT THE CLAIM WAS PLACED IN THE HISTORY FILE.

3	N3	Numeric Comp-3		5	0		S9(5)
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Iowa Medicaid Enterprise Data Element List

ND-Workbench

DataElement ID: 04027 Name: DUP-CHECK-EDIT-FLDS Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: DUPLICATE CHECK EDIT FIELDS
 THIS AREA CONTAINS MISCELLANEOUS DUPLICATE CHECK FIELDS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04028	Name: EXCEPTION-STATUS	Version:	Subsystem: Claims
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		

Description: EXCEPTION STATUS

INDICATES THE STATUS OF THE EXCEPTION.
 IF THE SYSTEM DETECTS AN ERROR CONDITION, THE EXCEPTION IS POSTED WITH AN INTERNAL STATUS OF 'COMMITTED'. THE ONLINE PROCESSOR AND ADJUDICATOR PROGRAM WILL USE THE EXCEPTION CONTROL FILE TO TRANSLATE A STATUS OF 'COMMITTED' TO A STATUS OF 'SUPER SUSPEND', 'DENY', 'SUSPEND', 'PAY, BUT REPORT', OR 'PAY'.
 IF THE CLAIM SUSPENDS, THE CLAIMS EXAMINER HAS SEVERAL OPTIONS. IT MAY ONLY BE NECESSARY TO CHANGE A FIELD IN THE CLAIM. HOWEVER, THE CLAIMS EXAMINER CAN ALSO 'FORCE' OR 'DENY' THE CLAIM BY MODIFYING THE EXCEPTION STATUS TO A 'D' OR 'F'. THE SYSTEM WILL ENSURE THAT THIS IS ACCEPTABLE BY COMPARING THE NEW EXCEPTION STATUS WITH THE EXCEPTION CONTROL FILE. FOR EXAMPLE, IT MAY BE INVALID TO 'FORCE' A PARTICULAR EXCEPTION. IF THE EXCEPTION STATUS IS NOT VALID, THE SYSTEM WILL CHANGE THE EXCEPTION STATUS TO AN 'E' TO INDICATE AN ERROR.
 THE EXAMINER MAY ALSO CLEAR ('C') THE ERROR ('E') STATUS OR CLEAR A 'D' OR 'F' CODE ENTERED BY MISTAKE.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		1	0		X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04029	Name: FIRST-DATE-OF-SVC	Version:	Subsystem: Claims
Created By: Initial Sy	Last Updated By: T474096	Release:	
Created On: 8/25/2004	Last Updated On: 11/7/2007		
Description:			

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		6	0		X(6)
2		N	Numeric		6	0		9(6)
3		N3	Numeric Comp-3		5	0		S9(5)
4		X	AlphaNumeric		8	0		X(8)
6		N	Numeric		8	0		9(08)
7		N	Numeric		5	0		9(05)
8		N3	Numeric Comp-3		5	0		9(05)
9		G	Group		0	0		

DataElement ID: 04030	Name: CMP-LAST-DATE-OF-SVC	Version:	Subsystem: Claims
Created By: SYSTEM	Last Updated By: T474096	Release:	
Created On: 8/25/2004	Last Updated On: 11/7/2007		

Description: COMPUTED LAST DATE OF SERVICE IS USED FOR DUPLICATE CHECKING AND UR CRITERIA PROCESSING. IN THE CASE WHERE THE PATIENT STATUS IS EQUAL TO CERTAIN VALUES THIS FIELD WOULD BE ONE LESS THEN THE HEADER LEVEL LAST-DOS, OTHERWISE IT WOULD EQUAL THE HEADER LEVEL LAST-DATE-OF-SERVICE.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3	Numeric Comp-3		5	0		S9(5)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04031	Name: FOLLOW-UP-DATE-LIMIT	Version:	Subsystem: Claims
Created By: SYSTEM	Last Updated By: T474096	Release:	
Created On: 8/25/2004	Last Updated On: 11/7/2007		

Description: FOLLOW-UP DATE LIMIT

CERTAIN SURGERY PROCEDURES ARE FOLLOWED BY A PERIOD OF TIME IN WHICH OFFICE VISIT EXPENSES ARE CONSIDERED TO BE A PART OF THE REIMBURSEMENT FOR THE SURGERY PROCEDURE ITSELF. THIS PERIOD OF TIME BEYOND THE DATE OF SURGERY DEFINES THE FOLLOW-UP DATE LIMIT. FOR EXAMPLE, IF SURGERY WAS PERFORMED ON JULY 1 AND THE SURGERY PROCEDURE INCLUDED ANY OFFICE VISITS FOR A PERIOD OF 5 DAYS, THEN THE FOLLOW-UP DATE LIMIT WOULD BE JULY 6. THE SURGEON WILL NOT BE REIMBURSED FOR ANY OFFICE VISIT BETWEEN JULY 2 AND JULY 6 UNLESS IT WAS NOT RELATED TO SURGERY.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3		Numeric Comp-3		5	0		S9(5)
6		N3		Numeric Comp-3		5	0		9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04032 Name: MEDICAL-RCD-NUM Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474163 Release:
 Created On: 8/25/2004 Last Updated On: 3/15/2011
 Description: MEDICAL RECORD NUMBER

***** MMIS DATA ELEMENT NAME - PATIENT NUMBER:
 MMIS GSD DATA ELEMENT NUMBER - 320
 MMIS PART 11 DATA ELEMENT NUMBER - 068
 MMIS DEFINITION - ANY NUMBER ASSIGNED BY A PROVIDER TO A
 RECIPIENT OR THEIR CLAIM FOR REFERENCE
 PURPOSES SUCH AS MEDICAL RECORD
 NUMBER. *****
 THIS NUMBER ALLOWS A PROVIDER TO IDENTIFY A CLAIM WITH HIS OWN
 NUMBER.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		13	0		X(13)
2	X		AlphaNumeric		20	0		X(20)
3	X		AlphaNumeric		24	0		X(24)
4	X		AlphaNumeric		17	0		X(17)
5	X		AlphaNumeric		30	0		X(30)
6	X		AlphaNumeric		10	0		X(10)
8	X		AlphaNumeric		6	0		X(6)
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04033	Name: LAST-CYCLE-DATE	Version:	Subsystem: Claims
Created By: Initial Sy	Last Updated By: T474100	Release:	
Created On: 8/25/2004	Last Updated On: 4/13/2005		

Description: LAST CYCLE DATE
 ***** MMIS DATA ELEMENT NAME - DATE OF TRANSACTION STATUS:
 MMIS GSD DATA ELEMENT NUMBER - 373
 MMIS PART 11 DATA ELEMENT NUMBER -
 MMIS DEFINITION - THE DATE UPON WHICH THE STATUS OF A
 CLAIM TRANSACTION LAST CHANGED. *****
 THE DATE A CLAIM WAS LAST PROCESSED.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3		Numeric Comp-3		5	0		S9(5)
5		N		Numeric		8	0		9(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04034 Name: LAST-DATE-OF-SVC Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LAST DATE OF SERVICE

***** MMIS DATA ELEMENT NAME - ENDING DATE OF SERVICE:
 MMIS GSD DATA ELEMENT NUMBER - 313
 MMIS PART 11 DATA ELEMENT NUMBER - 065
 MMIS DEFINITION - THE DATE UPON WHICH THE LAST SERVICE
 COVERED BY A CLAIM WAS RENDERED. *****
 THE LAST DATE OF SERVICE (COMMONLY REFERRED TO AS THE 'TO'
 DATE OF SERVICE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		6	0		X(6)
2	N	Numeric		6	0		9(6)
3	N3	Numeric Comp-3		5	0		S9(5)
4	X	AlphaNumeric		8	0		X(8)
7	N	Numeric		8	0		9(08)
8	N3	Numeric Comp-3		5	0		9(05)
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04035 Name: LINE-ITEM Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LINE ITEM - MEDICAL AND INSTITUTIONAL CLAIMS CONTAIN LINE ITEMS.
 EACH LINE ITEM IS A GROUP LEVEL DATA ITEM THAT CONTAINS FIELDS
 THAT DESCRIBE A SERVICE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0	0		

DataElement ID: 04036 Name: PHAR-FILL-NUMBER Version: Subsystem: Claims
 Created By: T474074 Last Updated By: T474074 Release:
 Created On: 4/22/2011 Last Updated On: 4/22/2011
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N		Numeric		2	0		9(02)
2	X		AlphaNumeric		2	0		X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04037 Name: NET-CLAIM-CHARGE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NET CLAIM CHARGE
 COMPUTED AS A DIFFERENCE BETWEEN TOTAL CLAIM CHARGES AND ALL
 NON-COVERED CHARGES

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	2		S9(7)V99
5	N	Numeric		7	2		S9(5)V99
6	N	Numeric		8	2		S9(06)V99
8	N	Numeric		6	2		S9(04)V99
9	G	Group		0	0		

DataElement ID: 04038 Name: NON-COVERED-CHARGE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NON-COVERED CHARGE
 CHARGES FOR SERVICES NOT COVERED BY MEDICAID.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		7	2		S9(5)V99
3	N3	Numeric Comp-3		9	2		S9(7)V99
7	N	Numeric		6	2		S9(04)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04039 Name: NUM-OF-LINE-ITEMS Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF LINE ITEMS
 IDENTIFIES THE NUMBER OF LINE ITEMS IN THE CLAIM.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N	Numeric		3		0	9(03)
3		N3	Numeric Comp-3		3		0	S9(03)
9		G	Group		0		0	

DataElement ID: 04040 Name: PHAR-TRANS-AUTH-NUM Version: Subsystem: Claims
 Created By: T474074 Last Updated By: T474074 Release:
 Created On: 4/22/2011 Last Updated On: 4/22/2011
 Description:

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		X	AlphaNumeric		20		0	X(20)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04041 Name: NUMBER-OF-CYCLES Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: NUMBER OF CYCLES
 ***** MMIS DATA ELEMENT NAME - NUMBER OF CORRECTION ATTEMPTS:
 MMIS GSD DATA ELEMENT NUMBER - 375
 MMIS PART 11 DATA ELEMENT NUMBER -
 MMIS DEFINITION - THE NUMBER OF TIMES CORRECTIVE ACTION HAS
 BEEN APPLIED TO A SUSPENDED CLAIM
 TRASACTION IN AN ATTEMPT TO ADJUDICATE
 - IT. *****
 THE NUMBER OF TIMES A CLAIM HAS BEEN CYCLED THROUGH THE CLAIMS
 ADJUDICATION CYCLE.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3		Numeric Comp-3		3	0		S9(3)

DataElement ID: 04042 Name: DATE-PRESCRIBED Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DATE PRESCRIBED
 THE DATE THE PRESCRIPTION WAS PRESCRIBED.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N		Numeric		6	0		9(6)
3		N3		Numeric Comp-3		5	0		S9(5)
5		N		Numeric		8	0		9(8)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04043 Name: CLAIM-NON-DISP-DATA Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/22/2011 Last Updated On: 5/8/2011
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)
9	G		Group		0	0		

DataElement ID: 04044 Name: OTHER-INSURANCE-IND Version: Subsystem: Claims
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 6/24/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(1)

DataElement ID: 04045 Name: EXPAND-AREA-ID-CODE Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474207 Release:
 Created On: 8/25/2004 Last Updated On: 7/20/2020
 Description: REQUEST TYPE
 THIS CODE IS TO IDENTIFY ANY EXPAND AREA USED IN THE CLAIM

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04046 Name: NUM-OF-MISC-PROV Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE NUMBER OF MISC PROVIDERS

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		S9(3)

DataElement ID: 04047 Name: PAYMENT-TYPE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PAYMENT-TYPE
 THIS FIELD IS USED TO CONTROL PRODUCTION AND SEQUENCING OF
 REMITTANCE ADVICES AND CHECKS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04048 Name: PAY-TO-PROV-NUM Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PAY-TO PROVIDER NUMBER
 THE NUMBER OF THE PROVIDER OR GROUP WHO IS TO RECEIVE PAYMENT.
 THE PAY-TO PROVIDER IS NOT NECESSARILY THE SAME AS THE PROVIDER
 WHO PERFORMED THE SERVICE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		9	0		X(9)
2	N		Numeric		9	0		9(9)
3	N3		Numeric Comp-3		9	0		9(9)
9	G		Group		0	0		

DataElement ID: 04049 Name: PAYTO-PROV-SORT-NAME Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: - PAY TO PROVIDER SORT NAME
 THIS FIELD IS USED TO STORE THE PAY TO PROVIDER NAME IN
 LAST NAME, FIRST NAME SEQUENCE.,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		35	0		X(35)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04050 Name: TOOTH-CHARACTER Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TOOTH NUMBER ALPHA
 THIS CODE IDENTIFIES THE BABY TOOTH THAT THE SERVICE
 WAS PERFORMED ON.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(1)

DataElement ID: 04051 Name: SORT-KEY Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SORT KEY
 A 14 TO 55 CHARACTER FIELD USED FOR SORTING FILES (USUALLY
 CONTAINING CLAIM RECORDS). IT IS THE RESPONSIBILITY OF THE
 PROGRAM CREATING THE FILE TO FORMAT THE KEY CORRECTLY AS THE
 SORT CONTROL CARD WILL SORT THE FILE IN ASCENDING SEQUENCE.,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		30	0		X(30)
2	X		AlphaNumeric		50	0		X(50)
4	X		AlphaNumeric		40	0		X(40)
5	X		AlphaNumeric		35	0		X(35)
7	X		AlphaNumeric		55	0		X(55)
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04052 Name: TOOTH-DATA Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: A GROUP LEVEL CONTAINING RELATED TOOTH DATA

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 04053 Name: TOOTH-NUMBER Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474085 Release:
 Created On: 8/25/2004 Last Updated On: 2/20/2006
 Description: TOOTH NUMBER
 THIS CODE IDENTIFIES THE ADULT & BABY TOOTH, INCLUDING SUPERNUMERARY TOOTH, THAT THE SERVICE WAS PERFORMED ON.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		2	0		X(2)
2	N	Numeric		2	0		9(2)
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04054 Name: TOOTH-SURFACE Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 11/19/2010

Description: - TOOTH SURFACE
 THIS DED CONTAINS TWO SETS OF VALID VALUES. THE SINGLE CHARACTER ENTRIES (INCLUDING SPACE) IDENTIFY THE SURFACE OF THE TOOTH ON WHICH A SERVICE WAS PROVIDED. THE TWO CHARACTER CODES (NOT INCLUDING SPACE) IDENTIFY THE MOUTH QUADRANT IN WHICH A SERVICE WAS PROVIDED.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(1)
5	X	AlphaNumeric		2	0		X(2)
9	G	Group		0	0		

DataElement ID: 04055 Name: CLAIM-PROV-DATA Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CLAIM PROVIDER DATA
 A GROUP ITEM WHOSE SUBORDINATE FIELDS CONTAIN PROVIDER RELATED DATA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04056 Name: CLAIM-DATES Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474096 Release:
 Created On: 8/25/2004 Last Updated On: 11/7/2007
 Description: CLAIM DATES
 A GROUP ITEM WHOSE SUBORDINATE FIELDS CONTAIN DATES COMMON TO ALL CLAIMS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 04057 Name: CLAIM-RECIP-DATA Version: Subsystem: Claims
 Created By: Last Updated By:
 Created On: 8/25/2004 Last Updated On: 8/25/2004 Release:
 Description: CLAIM RECIPIENT DATA
 A GROUP ITEM WHOSE SUBORDINATE FIELDS CONTAIN RECIPIENT RELATED DATA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04058 Name: REQUESTED-FORMAT Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: REQUESTED FORMAT

-
 THE PROVIDER PROFILE REQUEST RECORD STORES AN ARRAY OF
 SELECTED REPORT FORMATS FOR EACH REQUEST KEYED VIA THE
 PROVIDER PROFILE REQUEST SCREEN. A USER CAN SELECT
 UP TO 19 PROVIDER TYPE FORMATS. INDICATING THE DESIRED
 FORMATS AFFECTS BOTH THE CLAIMS SELECTION PROCESSING, AND
 PROFILE REPORT PROCESSING.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(1)
9	G	Group		0	0		

DataElement ID: 04059 Name: CLAIM-PAYMENT-DATA Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CLAIM PAYMENT DATA
 A GROUP LEVEL ITEM WHOSE SUBORDINATE FIELDS CONTAIN PAYMENT DATA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04060 Name: PROC-CODE-MODIFIER-2 Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROCEDURE CODE MODIFIER 2
 THE SECOND PROCEDURE CODE MODIFIER ON THE CLAIM.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2	0		X(2)
2	N		Numeric		2	0		9(2)

DataElement ID: 04061 Name: TOT-NON-COV-CHRG Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TOTAL NON-COVERED CLAIM CHARGE
 THE SUM OF THE CLAIM'S NON-COVERED CHARGES.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04062 Name: CLM-RECIP-PMT-AMT Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474072 Release:
 Created On: 8/25/2004 Last Updated On: 9/22/2006
 Description: CLAIM RECIPIENT PAYMENT AMOUNT
 THIS FIELD REPRESENTS THE AMOUNT THE PROVIDER HAS RECEIVED OR
 EXPECTS TO RECEIVE FROM THE RECIPIENT THAT IS IN THE NURSING HOME

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		7	2		S9(07)V99
2	N	Numeric		7	2		9(5)V99
3	N3	Numeric Comp-3		7	2		S9(5)V99
4	N	Numeric		6	2		9(4)V99
5	N	Numeric		7	2		S9(5)V99
6	N	Numeric		7	2		9(5)V99
9	G	Group		0	0		

DataElement ID: 04063 Name: CLM-INPUT-MEDIUM-IND Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CLM-INPUT-MEDIUM-IND
 INDICATES HOW THE CLAIM (OR OTHER TRANSACTION) WAS ENTERED INTO
 THE SYSTEM. THE CLAIM INPUT MEDIUM INDICATOR IS PART OF THE
 TRANSACTION CONTROL NUMBER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)
2	N	Numeric		1	0		9(01)
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04064 Name: CLM-INPUT-FORM-IND Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: CLAIM INPUT FORM INDICATOR
 THIS FIELD IDENTIFIES THE TYPE OF CLAIM FOR EDITING, PRICING, AND REPORTING. IT IS COMMONLY REFERRED TO AS "CLAIM TYPE".
 THE FOLLOWING CLAIM TYPES ARE STORED INTERNALLY AS INSTITUTIONAL RECORDS:
 1. INPATIENT
 2. OUTPATIENT
 3. LONG TERM CARE
 4. MEDICARE INPATIENT CROSSOVER
 5. MEDICARE OUTPATIENT CROSSOVER
 THE FOLLOWING CLAIM TYPES ARE STORED INTERNALLY AS PHARMACY RECORDS:
 1. PHARMACY
 THE FOLLOWING CLAIM TYPES ARE STORED INTERNALLY AS MEDICAL RECORDS:
 1. HCFA 1500
 2. MEDICARE PART B CROSSOVER
 3. DENTAL
 4. WAIVER
 THE FOLLOWING CLAIM TYPES ARE STORED INTERNALLY AS CREDIT/ADJUSTMENT RECORDS:
 1. GROSS ADJUSTMENT
 CREDIT FINDERS ARE RECORDS USED INTERNALLY IN THE MMIS AND DO NOT REFLECT DATA SUBMITTED ON CLAIMS. PRIOR AUTHORIZATIONS ARE NOT CLAIMS AT ALL, AND ONLY APPEAR IN THE LIST BECAUSE THE PRIOR AUTHORIZATION SUBSYSTEM USES CLAIM INPUT FORM INDICATOR IN POSTING EXCEPTIONS TO PRIOR AUTHORIZATION RECORDS.
 AS THE TYPE OF RECORD BEING CREDITED OR ADJUSTED.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1	0		X(01)
9		G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04065 Name: BATCH-TYPE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: BATCH TYPE
 THIS FIELD USED IN THE BATCH CONTROL RECORD TO INDICATE HOW THE CLAIMS ARE CLERICALLY BATCHED. THE MIXED-CLAIMS BATCH TYPE IS USED FOR GROUPS OF CLAIMS OF WHICH ARE TRANSMITTED TO THE MAINFRAME AND PROCESSED AS A GROUP. THESE MIXED BATCHES CAN CONTAIN PHYSICIAN, INSTITUTIONAL, AND DRUG, CLAIMS IN ANY COMBINATION. MIXED-CLAIM BATCHES CANNOT BE ENTERED USING ONLINE EXAM ENTRY.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)
9		G		Group		0		0	

DataElement ID: 04066 Name: PROC-CODE-MODIFIER Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474181 Release:
 Created On: 8/25/2004 Last Updated On: 7/6/2020

Description: PROCEDURE CODE MODIFIER
 -
 THE PROCEDURE CODE MODIFIER IS USED TO FURTHER DEFINE THE SERVICE IDENTIFIED BY THE PROCEDURE CODE. THE VALUES SHOWN BELOW ARE ACCEPTED BY THE IOWA MMIS.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		2		0	X(02)
2		N		Numeric		2		0	9(02)
9		G		Group		0		0	

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04067 Name: DISCHARGE-DATA Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: DISCHARGE DATA - A GROUP ITEM FOR INSTITUTIONAL CLAIMS THAT
CONTAINS:
DISCHARGE DATE
DISCHARGE TIME
DISCHARGE DESTINATION
DIAGNOSIS

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04068 Name: DISCHARGE-DATE Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474163 Release:
 Created On: 8/25/2004 Last Updated On: 3/9/2011

Description: DISCHARGE DATE
 ***** MMIS DATA ELEMENT NAME - DISCHARGE DATE:
 MMIS GSD DATA ELEMENT NUMBER -
 MMIS PART 11 DATA ELEMENT NUMBER - 066
 MMIS DEFINITION - THE FORMAL RELEASE OF AN INPATIENT FROM
 A HOSPITAL. *****
 THE DAY THE RECIPIENT WAS DISCHARGED FROM A MEDICAL FACILITY.
 THE PROVIDER SHOULD NOT BE PAID FOR THE DAY THE RECIPIENT WAS
 DISCHARGED UNLESS THE DATES OF ADMISSION AND DISCHARGE ARE THE
 SAME.
 THE DISCHARGE DATE FOR A INPATIENT CLAIM IS CARRIED IN THE
 DEN 04034, LAST DATE OF SERVICE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		6	0		X(6)
3	N3		Numeric Comp-3		5	0		S9(05)

DataElement ID: 04069 Name: CLM-PRIOR-AUTH-IND Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474085 Release:
 Created On: 8/25/2004 Last Updated On: 2/11/2010

Description: CLAIM PRIOR AUTHORIZATION INDICATOR
 THIS FIELD INDICATES WHETHER THE SERVICE HAS SUCCESSFULLY
 PASSED ALL PRIOR AUTHORIZATION EDITS IN PRICING.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04070	Name: FB-PROV-NUMBER	Version:	Subsystem: Claims
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: FB-PROV-NUMBER			
THIS IS THE PROVIDER NUMBER USED WHEN CREATING FIXED-BLOCK PAY/REJECT CLAIMS.			

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 04071	Name: VB-PROV-NUMBER	Version:	Subsystem: Claims
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: VB-PROV-NUMBER			
THIS IS THE PROVIDER NUMBER USED WHEN CREATING VARIABLE-BLOCK PAY/REJECT CLAIMS.			

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04072 Name: CLAIM-TYPE-DESC Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CLAIM TYPE DESCRIPTION
 CLAIM TYPE DESCRIPTION WHICH IS DERIVED FROM CLAIM INPUT FORM
 INDICATOR.,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		10	0		X(10)
4	X		AlphaNumeric		18	0		X(18)

DataElement ID: 04073 Name: TOTAL-DAYS Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474096 Release:
 Created On: 8/25/2004 Last Updated On: 11/7/2007
 Description: TOTAL DAYS
 THE NUMBER OF DAYS FOR WHICH A PROVIDER IS TO BE REIMBURSED FOR
 INPATIENT HOSPITAL AND INSTITUTIONAL CARE SERVICES.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		3	0		9(3)
3	N3		Numeric Comp-3		3	0		S9(3)
5	N3		Numeric Comp-3		5	0		S9(5)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04074 Name: OTH-INS-IND-HCFA1500 Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: OTHER INSURANCE INDICATOR HCFA 1500
 THIS CODE IDENTIFIES THE OTHER INSURANCE INDICATOR ON THE
 HCFA-1500 CLAIM FORM. SEE DED 4044 FOR A LIST OF VALID VALUES.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 04075 Name: OTH-INS-IND-PHARMACY Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: - OTHER INSURANCE INDICATOR PHARMACY
 THIS CODE IDENTIFIES THE OTHER INSURANCE INDICATOR ON THE
 PHARMACY CLAIM FORM. SEE DED 4044 FOR A LIST OF VALID VALUES.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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1	X	AlphaNumeric		1	0		X(1)
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04076 Name: REQUESTOR-NUMBER Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: REQUESTOR NUMBER
 A FIVE-DIGIT NUMBER ASSIGNED BY THE STATE WHICH ASSOICATES
 A PARTICULAR PROVIDER PROFILE REQUEST TO A REQUESTOR. THIS
 NUMBER IS USED TO DISTRIBUTE REQUESTS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3		Numeric Comp-3		5	0		9(5)

DataElement ID: 04077 Name: CLAIM-TYPE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CLAIM TYPE
 EACH CLAIM TYPE IS ASSOCIATED WITH ONE OF THE 19
 "REQUESTED FORMATS" AVAILABLE ON THE PROVIDER PROFILE
 REQUEST SCREEN. BY SELECTING A PARTICULAR FORMAT (CLAIM
 TYPE) THE USER CAN DETERMINE WHICH CLAIMS ARE TO BE PRINTED
 ON THE PROVIDER PROFILE REPORT. CLAIM TYPES ARE DERIVED FROM
 A COMBINATION OF CLAIM INPUT FORM INDICATOR AND PROVIDER TYPE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04078 Name: PROC-CODE-MODIFIER-3 Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROC CODE MODIFIER 3
 PROC CODE MODIFIER 3.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2	0		X(02)

DataElement ID: 04079 Name: WIN-PROV-NUMBER Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: WIN PROVIDER NUMBER
 THE WIN PROVIDER NUMBER.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 04080      Name:  TAPE-RV-RECORD-ID      Version:
Created By:                Last Updated By:      Release:
Created On:   8/25/2004    Last Updated On:  8/25/2004
Description: TAPE RV RECORD ID
              THE TAPE RV RECORD IDENTIFICATION NUMBER.
    
```

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2	0		X(02)
6	N		Numeric		1	0		9(01)

```

DataElement ID: 04081      Name:  PROC-CODE-MODIFIER-4      Version:
Created By:                Last Updated By:      Release:
Created On:   8/25/2004    Last Updated On:  8/25/2004
Description: PROC CODE MODIFIER 4
              PROC CODE MODIFIER 4.
    
```

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2	0		X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04082	Name: TOOTH-STATUS-CODE	Version:	Subsystem: Claims
Created By: T474163	Last Updated By: T474163	Release:	
Created On: 3/8/2011	Last Updated On: 3/8/2011		
Description:			

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

DataElement ID: 04083	Name: LINE-ITEM-CODE	Version:	Subsystem: Claims
Created By: Initial Sy	Last Updated By: T474095	Release:	
Created On: 8/25/2004	Last Updated On: 6/6/2005		
Description: LINE ITEM CODE			

A CODE THAT IDENTIFIES A LINE ITEM IN A CLAIM. THE BINARY VARIANT OF THE LINE ITEM CODE IS USED IN THE RELATED HISTORY SEGMENT OF ALL CLAIM RECORDS. THIS CODE CONTAINS THE BINARY FORMAT OF THE CLAIM LINE ITEM CODE THE RELATED HISTORY APPLIES TO AND THE LINE ITEM CODE OF THE RELATED HISTORY CLAIM. THIS CODE MUST BE TRANSLATED TO A NUMERIC FORMAT WHENEVER IT IS USED.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		2		0	X(2)
2		N		Numeric		2		0	9(2)
4		N0		Numeric Comp		4		0	9(4)
5		N		Numeric		3		0	9(3)
9		G		Group		0		0	

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04084 Name: CLAIM-EXT-FILE-IND Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/15/2011 Last Updated On: 3/15/2011
 Description: AMBLN-DROP-ZIP-CODE

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		1		0	X(01)

DataElement ID: 04085 Name: PRICING-SOURCE-CODE Version: Subsystem: Claims
 Created By: T474074 Last Updated By: T474074 Release:
 Created On: 4/26/2011 Last Updated On: 4/26/2011
 Description:

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		4		0	X(04)
9		G	Group		0		0	

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04086 Name: LI-SUBMITTED-CHARGE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LINE ITEM SUBMITTED CHARGE
 THE BILLED AMOUNT FOR THE SERVICE ON A LINE ITEM.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		7	2		S9(5)V99
2	N	Numeric		7	2		S9(05)V99
3	N3	Numeric Comp-3		7	2		S9(5)V99
5	N	Numeric		9	2		S9(7)V99
6	N	Numeric		7	2		9(5)V99
7	N	Numeric		9	2		9(7)V99
8	N3	Numeric Comp-3		9	2		S9(07)V99
9	G	Group		0	0		

DataElement ID: 04087 Name: ASST-SURG-PRIM-NPI Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/15/2011 Last Updated On: 3/15/2011
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		10	0		X(10)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04088 Name: PAT-RESP-AMT Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/15/2011 Last Updated On: 3/15/2011
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3		Numeric Comp-3		7			S9(07)V99

DataElement ID: 04089 Name: TOOTH-DATA-GRP Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 4/11/2011 Last Updated On: 4/11/2011
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1			X(01)
9	G		Group		0			

DataElement ID: 04090 Name: CRITICAL-ACCESS-IND Version: Subsystem: Claims
 Created By: T474166 Last Updated By: T474166 Release:
 Created On: 6/9/2008 Last Updated On: 6/12/2008
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1			X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04091 Name: KEYED-FAM-PLAN-CODE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: -
 KEYED-FAM-PLAN-CODE
 WHICH VALUE WAS KEYED FOR FAMILY PLANNING.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

DataElement ID: 04092 Name: KEYED-EPSDT-IND Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: KEYED-EPSDT-IND
 THIS IS THE LINE ITEM EPSDT RELATED INDICATOR FROM THE
 HCFA-1500 CLAIM FORM WHICH INDICATES THAT THE ASSOCAITED
 PROCEDURE CODE IS EPSDT RELATED.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04093 Name: KEYED-HDR-TPL-IND Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: KEYED HEADER TPL INDICATOR
 THIS FIELD INDICATES IF THE TPL AMOUNT WAS KEYED AT THE HEADER
 LEVEL AS OPPOSED TO THE LINE ITEM LEVEL.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 04094 Name: FOSTER-YTD-KEY Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: FOSTER YEAR TO DATE KEY
 KEY TO THE FOSTER YEAR TO DATE RECORD,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04095 Name: APC-CODE Version: Subsystem: Claims
 Created By: T474166 Last Updated By: T474166 Release:
 Created On: 6/8/2008 Last Updated On: 6/10/2008
 Description: APC-CODE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3		Numeric Comp-3		5		0	9(05)

DataElement ID: 04096 Name: APC-STATUS-IND Version: Subsystem: Claims
 Created By: T474166 Last Updated By: T474166 Release:
 Created On: 6/8/2008 Last Updated On: 6/8/2008
 Description: APC-STATUS-IND

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2		0	X(02)

DataElement ID: 04097 Name: APC-DISCOUNT-FORMULA Version: Subsystem: Claims
 Created By: T474166 Last Updated By: T474166 Release:
 Created On: 6/8/2008 Last Updated On: 6/8/2008
 Description: APC-DISCOUNT-FORMULA

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04098 Name: APC-WEIGHT Version: Subsystem: Claims
 Created By: T474166 Last Updated By: T474166 Release:
 Created On: 6/8/2008 Last Updated On: 6/10/2008
 Description: APC-WEIGHT

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3		Numeric Comp-3		4	5		S9(04)V9(5)

DataElement ID: 04099 Name: APC-PACKAGING-FLAG Version: Subsystem: Claims
 Created By: T474166 Last Updated By: T474166 Release:
 Created On: 6/8/2008 Last Updated On: 6/8/2008
 Description: APC-PACKAGING-FLAG

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 04100 Name: APC-OUTLIER-ALLOWANCE Version: Subsystem: Claims
 Created By: T474166 Last Updated By: T474166 Release:
 Created On: 6/8/2008 Last Updated On: 6/10/2008
 Description: APC-OUTLIER-ALLOWANCE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3		Numeric Comp-3		7	2		S9(07)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04101 Name: CERT-STATUS Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: CERTIFICATION STATUS - A CODE TO INDICATE THE CERTIFICATION
***** MMIS DATA ELEMENT NAME - CERTIFICATION STATUS:
MMIS GSD DATA ELEMENT NUMBER - 399
MMIS PART 11 DATA ELEMENT NUMBER - 117
MMIS DEFINITION - AN INDICATION OF INITIAL CERTIFICATION
STATUS OF A PATIENT IN AN INSTITUTION.****
INDICATES THE CERTIFICATION STATUS RELATED TO THE ADMISSION OF
RECIPIENT TO AN INSTITUTION.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04102 Name: DAYS-CERT-INITIALLY Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: DAYS CERTIFIED INITIALLY
 ***** MMIS DATA ELEMENT NAME - DAYS CERTIFIED INITIALLY:
 MMIS GSD DATA ELEMENT NUMBER - 402
 MMIS PART 11 DATA ELEMENT NUMBER - 119
 MMIS DEFINITION - THE NUMBER OF DAYS STAY CERTIFIED
 INITIALLY FOR A PATIENT IN AN
 INSTITUTION. *****
 ***** NOT USED IN WYOMING MMIS *****
 THE NUMBER OF DAYS A PATIENT WAS INITIALLY CERTIFIED TO STAY IN A
 HOSPITAL.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		3	0		9(3)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04103 Name: TOTAL-DAYS-CERT Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: TOTAL DAYS CERTIFIED
 ***** MMIS DATA ELEMENT NAME - TOTAL DAYS CERTIFIED:
 MMIS GSD DATA ELEMENT NUMBER - 403
 MMIS PART 11 DATA ELEMENT NUMBER - 120
 MMIS DEFINITION - THE TOTAL NUMBER OF DAYS STAY CERTIFIED
 FOR A PATIENT IN AN INSTITUTION. *****
 ***** NOT USED IN WYOMING MMIS *****
 THE TOTAL NUMBER OF DAYS THE RECIPIENT WAS CERTIFIED TO STAY IN
 THE HOSPITAL. THE TOTAL CERTIFICATION DAYS IS EQUAL TO THE SUM OF
 THE NUMBER OF DAYS INITIALLY CERTIFIED AND THE NUMBER OF
 CERTIFICATION EXTENSION DAYS.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N		Numeric		3	0		9(3)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04104 Name: NUM-EXTENSION-REQ Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: - NUMBER OF EXTENSION REQUESTS
 ***** MMIS DATA ELEMENT NAME - NUMBER OF REQUESTS FOR EXTENSION:
 MMIS GSD DATA ELEMENT NUMBER - 404
 MMIS PART 11 DATA ELEMENT NUMBER - 118
 MMIS DEFINITION - THE NUMBER OF TIMES AN EXTENSION OF
 CERTIFICATION OF STAY WAS REQUESTED FOR
 PATIENT IN AN INSTITUTION. *****
 ***** NOT USED IN FLORIDA MMIS *****
 THE NUMBER OF TIMES A PATIENT'S DAYS OF CERTIFICATION FOR A STAY
 IN A HOSPITAL WERE EXTENDED.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		2	0		9(2)

DataElement ID: 04105 Name: DRUG-QUANTITY Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DRUG QUANTITY
 THE QUANTITY OF A DRUG PRESCRIBED IN TERMS OF THE DRUG'S UNIT
 OF MEASURE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		8	0		9(08)
3	N3	Numeric Comp-3		5	0		S9(5)
6	N	Numeric		5	0		9(5)
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04106 Name: DAYS-SUPPLIED Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DAYS SUPPLIED
 THE NUMBER OF DAYS OF SUPPLY FOR A DRUG. FOR EXAMPLE, IF 100
 PILLS WERE DISPENSED TO BE TAKEN 4 TIMES A DAY, THEN 25 SHOULD
 BE ENTERED AS THE DAYS SUPPLIED ON THE DRUG CLAIM.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		3	0		S9(03)
3	N3	Numeric Comp-3		3	0		S9(03)
5	N	Numeric		3	0		9(03)
6	N3	Numeric Comp-3		5	0		9(05)
7	N	Numeric		5	0		9(05)
9	G	Group		0	0		

DataElement ID: 04107 Name: DRUG-QUANTITY-DEC Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474074 Release:
 Created On: 8/25/2004 Last Updated On: 4/22/2011
 Description: DRUG QUANTITY DECIMAL
 THE QUANTITY OF A DRUG PRESCRIBED.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	3		S9(07)V999
4	N3	Numeric Comp-3		12	3		S9(09)V999

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04108 Name: LIM-VISION-EXAM Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LIMIT VISION EXAM.
 THIS IS A TYPE OF SERVICE FOR A RECIPIENT THAT HAS LIMITS.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 04109 Name: LIM-VISION-FRAMES Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: -
 LIMIT VISION FRAMES.
 THIS IS A TYPE OF SERVICE FOR A RECIPIENT THAT HAS LIMITS.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 04110      Name:  LIM-VISION-LENSES      Version:      Subsystem: Claims
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: LIMIT VISION LENSES.
                THIS IS A TYPE OF SERVICE FOR A RECIPIENT THAT HAS LIMITS.,
    
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Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

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DataElement ID: 04111      Name:  LIM-ULTRASOUND      Version:      Subsystem: Claims
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: LIMIT ULTRASOUND.
                THIS IS A TYPE OF SERVICE FOR A RECIPIENT THAT HAS LIMITS.,
    
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Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04112 Name: LIM-DENTAL-XRAY-12 Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LIMIT DENTAL XRAY 12 MONTHS.
 THIS IS A TYPE OF SERVICE FOR A RECIPIENT THAT HAS LIMITS.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 04113 Name: LIM-DENTAL-XRAY-5 Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LIMIT DENTAL XRAY 5 YEARS.
 THIS IS A TYPE OF SERVICE FOR A RECIPIENT THAT HAS LIMITS.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04114 Name: LIM-DEN-DENTURE-LOW Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LIMIT DENTAL DENTURES LOW.
 THIS IS A TYPE OF SERVICE FOR A RECIPIENT THAT HAS LIMITS.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 04115 Name: LIM-DENTAL-PROPHY Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LIMIT DENTAL PROPHYLAXIS.
 THIS IS A TYPE OF SERVICE FOR A RECIPIENT THAT HAS LIMITS.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04116 Name: LIM-DENTAL-EXAM-6 Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LIMIT DENTAL EXAM 6 MONTHS.
 THIS IS A TYPE OF SERVICE FOR A RECIPIENT THAT HAS LIMITS.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 04117 Name: LIM-DENTAL-PROVIDER Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LIMIT DENTAL PROVIDER.
 THIS IS A TYPE OF SERVICE FOR A RECIPIENT THAT HAS LIMITS.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04118 Name: NUM-OF-COMMENT-TEXT Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF COMMENT TEXT
 THIS FIELD DENOTES THE NUMBER OF COMMENT TEXT LINES.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 04119 Name: LIM-HEAR-AIDS-4 Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LIMIT HEARING AIDS 4 YEARS.
 THIS IS A TYPE OF SERVICE FOR A RECIPIENT THAT HAS LIMITS.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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9	G	Group		0	0		
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04120 Name: LIM-DEN-DENTURE-HIGH Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LIMIT DENTAL DENTURES HIGH.
 THIS IS A TYPE OF SERVICE FOR A RECIPIENT THAT HAS LIMITS.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 04121 Name: MISC-PROVIDERS Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MISCELLANEOUS PROVIDERS
 THIS IS THE GROUP ITEM FOR THE MISCELLANEOUS PROVIDERS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04122 Name: MISC-PROV-IND Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474193 Release:
 Created On: 8/25/2004 Last Updated On: 11/18/2013
 Description: MISCELLANEOUS PROVIDER INDICATOR
 THIS FIELD INDICATES THE TYPE OF PROVIDER (OR TYPE OF SERVICE PERFORMED BY THE PROVIDER) IN THE MISC PROVIDER NUMBER FIELD.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		1		0	X(01)

DataElement ID: 04123 Name: MISC-PROV-NUMBER Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MISCELLANEOUS PROVIDER NUMBER
 THIS FIELD CONTAINS A PROVIDER NUMBER THAT IS ASSOCIATED WITH THE CLAIM. THIS PROVIDER NUMBER IS USED IN PROVIDER ELIGIBILITY TO DETERMINE IF THE PROVIDER SHOULD HAVE PROVIDED A PARTICULAR SERVICE FOR THE BILLING PROVIDER OR THE RECIPIENT. SEE DEN 04122 MISC-PROV-IND FOR THE VARIOUS TYPES OF PROVIDER NUMBERS CARRIED IN THIS FIELD.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3	Numeric Comp-3		9		0	9(9)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04124 Name: E-POA-IND-9 Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/9/2011 Last Updated On: 3/9/2011
 Description:

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		1		0	X(01)

DataElement ID: 04126 Name: LIM-VISION-SAFE-FRAM Version: Subsystem: Claims
 Created By: Last Updated By:
 Created On: 8/25/2004 Last Updated On: 8/25/2004 Release:
 Description: LIMIT VISION SAFETY GLASS FRAME
 THIS IS A TYPE OF SERVICE FOR A RECIPIENT THAT HAS LIMITS.,

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9		G	Group		0		0	

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04127 Name: AMT-PAID-BY-MCARE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: - AMOUNT PAID BY MEDICARE
 THE AMOUNT PAID BY MEDICARE ON A MEDICARE CROSSOVER CLAIM.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		7	2		S9(05)V99
2	N	Numeric		7	2		9(5)V99
3	N3	Numeric Comp-3		9	2		S9(7)V99
4	N3	Numeric Comp-3		7	2		S9(5)V99
5	N	Numeric		9	2		9(07)V99
9	G	Group		0	0		

DataElement ID: 04128 Name: DATE-PAID-BY-MCARE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DATE PAID BY MEDICARE
 IN A MEDICARE CROSSOVER CLAIM, THE DATE THAT MEDICARE REIMBURSED
 THE PROVIDER FOR MEDICARE SERVICES.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		6	0		9(6)
3	N3	Numeric Comp-3		5	0		S9(5)
6	X	AlphaNumeric		8	0		X(08)
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04129	Name: MEDICARE-STATUS	Version:	Subsystem: Claims
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: MEDICARE STATUS			

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

DataElement ID: 04130	Name: ADMIT-SOURCE	Version:	Subsystem: Claims
Created By: SYSTEM	Last Updated By: T474198	Release:	
Created On: 8/25/2004	Last Updated On: 3/27/2015		
Description: SOURCE OF ADMISSION			
A CODE INDICATING THE SOURCE OF THE ADMISSION.			
VALUES 1, 2, 3, AND 4 HAVE SPECIAL MEANINGS FOR NEWBORN			
ADMISSIONS (SEE DED 04131, TYPE OF ADMISSION). THE VALID			
VALUES FOR THESE CODES SHOW THE MAIN USE FOLLOWED BY THE USE FOR			
NEWBORN ADMISSIONS.			

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)
2		N		Numeric		1		0	9(01)
9		G		Group		0		0	

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04131 Name: ADMIT-TYPE Version: Subsystem: Claims
 Created By: Initial Sy Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 10/18/2006

Description: TYPE OF ADMISSION
 ***** MMIS DATA ELEMENT NAME - NATURE OF ADMISSION:
 MMIS GSD DATA ELEMENT NUMBER - 398
 MMIS PART 11 DATA ELEMENT NUMBER -
 MMIS DEFINITION - A CODE CHARACTERIZING THE NECESSITY FOR A
 ADMISSION TO THE HOSPITAL. *****
 A CODE DESCRIBING THE ADMISSION OF THE RECIPIENT TO AN
 INSTITUTION.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1	0		X(01)
2		N		Numeric		1	0		9(01)
9		G		Group		0	0		

DataElement ID: 04132 Name: EMPLOY-ST-CD Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: EMPLOYMENT STATUS CODE
 A CODE USED TO DEFINE THE EMPLOYMENT
 STATUS OF THE INDIVIDUAL.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1	0		X(1)
2		N		Numeric		1	0		9(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04133 Name: EMPLOY-DATA-IND Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: EMPLOYMENT DATA INDICATOR
 THIS FIELD WILL INIDICATE IF EMPLOYMENT DATA IS PRESENT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

DataElement ID: 04134 Name: ADMIT-DIAG-CD-ICD-9 Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474163 Release:
 Created On: 8/25/2004 Last Updated On: 3/9/2011
 Description: ADMIT-DIAG-CD-ICD-9
 THE ADMITTING DIAGNOSIS CODE FOR AN INPATIENT STAY.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		6	0		X(6)
4	X	AlphaNumeric		5	0		X(05)
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04135 Name: ADMIT-DIAG-CD-ICD-10 Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/9/2011 Last Updated On: 3/9/2011
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		8	0		X(08)
9	G		Group		0	0		

DataElement ID: 04136 Name: PRV-DIAG-CODE-9 Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/9/2011 Last Updated On: 3/9/2011
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		6	0		X(06)
9	G		Group		0	0		

DataElement ID: 04137 Name: PRV-DIAG-CODE-10 Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/9/2011 Last Updated On: 3/9/2011
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		8	0		X(08)
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04138 Name: POA-IND-ICD-9 Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474074 Release:
 Created On: 3/9/2011 Last Updated On: 5/5/2011
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

DataElement ID: 04139 Name: POA-IND-ICD-10 Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474074 Release:
 Created On: 3/9/2011 Last Updated On: 5/5/2011
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

DataElement ID: 04140 Name: TRANSPORT-RSN-CD Version: Subsystem:
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/8/2011 Last Updated On: 3/8/2011
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04141 Name: TRANSPORT-DISTANCE Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474166 Release:
 Created On: 3/8/2011 Last Updated On: 4/27/2011
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3		Numeric Comp-3		3			9(03)V99

DataElement ID: 04142 Name: THIRD-PARTY-DATA Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/8/2011 Last Updated On: 3/8/2011
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0			

DataElement ID: 04143 Name: THIRD-PARTY-PAYOR Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/8/2011 Last Updated On: 3/8/2011
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		21			X(21)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04144	Name: MCARE-CLAIM-CTRL-NUM	Version:	Subsystem: Claims
Created By: T474163	Last Updated By: T474163	Release:	
Created On: 3/8/2011	Last Updated On: 3/8/2011		
Description:			

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		20		0	X(20)

DataElement ID: 04145	Name: RECORD-COUNT	Version:	Subsystem: Claims
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: RECORD COUNT			

THE NUMBER OF PHYSICAL RECORDS ON A FILE, AS CARRIED IN THE FILE'S TRAILER RECORD. THIS COUNT INCLUDES THE TRAILER RECORD. FOR EXAMPLE, IF A CLAIMS WORK FILE CONTAINED A DATE HEADER RECORD, FOUR PHARMACY RECORDS AND A TRAILER RECORD, THEN THE RECORD COUNT WOULD BE 6.,

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3		Numeric Comp-3		7		0	9(07)
7		N		Numeric		6		0	9(06)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04146 Name: COBA-ID Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/14/2011 Last Updated On: 3/14/2011
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		5	0		X(05)
2	N		Numeric		5	0		9(05)

DataElement ID: 04147 Name: MCARE-PAYOR-NUM Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/14/2011 Last Updated On: 3/15/2011
 Description: MCARE PAYOR ID

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		5	0		X(05)

DataElement ID: 04148 Name: EDI-ICN-TO-CREDIT Version: Subsystem:
 Created By: T474104 Last Updated By: T474104 Release:
 Created On: 3/6/2012 Last Updated On: 3/6/2012
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		22	0		X(22)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04150 Name: NUM-OF-APPRO-TYPES Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: NUMBER OF APPROPRIATION TYPES
THE NUMBER OF APPROPRIATION RECORD TYPES CURRENTLY USED ON THE
APPROPRIATION RECORD FILE. THE APPROPRIATION TYPE TABLE OCCURS
DEPENDING ON THE NUMBER OF APPROPRIATION TYPES.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 04151 Name: APPRO-TYPE-TABLE Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: APPROPRIATION TYPE TABLE
THE APPROPRIATION TYPE TABLE HOLDS THE TOTALS GENERATED BY THE
PAYMENT PROGRAM FOR PRINTING BY THE APPROPRIATION REPORT PROGRAM.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04152 Name: CLAIM-MISC-DENT-DATA Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/8/2011 Last Updated On: 3/8/2011
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9		G		Group		0		0	

DataElement ID: 04153 Name: CLAIM-ORTHO-DATA Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/8/2011 Last Updated On: 3/8/2011
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9		G		Group		0		0	

DataElement ID: 04154 Name: ORTHO-BNDNG-DATE Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/8/2011 Last Updated On: 3/9/2011
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3		Numeric Comp-3		5		0	S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04155 Name: ORTHO-TRTMNT-MONTHS Version: Subsystem:
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/8/2011 Last Updated On: 3/8/2011
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		2	0		9(02)

DataElement ID: 04156 Name: ORTHO-REMNT-TRT-MNTHS Version: Subsystem:
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/8/2011 Last Updated On: 3/8/2011
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		2	0		9(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04157 Name: APPRO-COST-CATEGORY Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: APPROPRIATION COST CATEGORY TYPE
 THE CATEGORY TYPE CODE FOR WHICH THE TOTALS HAVE BEEN
 ACCUMULATED. THESE TOTALS BY CATEGORY CODE ARE THE LINE ITEMS
 ON THE PAYMENT APPROPRIATION REPORT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 04158 Name: PROVIDER-SIGN-IND Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/15/2011 Last Updated On: 3/15/2011
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04159 Name: REL-INFO-IND Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/15/2011 Last Updated On: 3/15/2011
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 04160 Name: PAT-SIGN-SRC-CODE Version: Subsystem:
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/15/2011 Last Updated On: 3/15/2011
 Description: PAT-SIGN-SRC-CODE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 04161 Name: AUTO-ACCD-STATE-CD Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/15/2011 Last Updated On: 3/15/2011
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2		0	X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04162 Name: PAT-SIGN-SRC-CODE Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/15/2011 Last Updated On: 3/15/2011
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

DataElement ID: 04163 Name: DISABLTY-FROM-DATE Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/15/2011 Last Updated On: 3/15/2011
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3		Numeric Comp-3		5		0	S9(05)

DataElement ID: 04164 Name: LAST-WORK-DATE Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/15/2011 Last Updated On: 3/15/2011
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3		Numeric Comp-3		5		0	S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04165 Name: WORK-RETURN-DATE Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/15/2011 Last Updated On: 3/15/2011
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3		Numeric Comp-3		5		0	S9(05)

DataElement ID: 04166 Name: AMBLNC-PICK-ADDR-1 Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/15/2011 Last Updated On: 3/15/2011
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		30		0	X(30)

DataElement ID: 04167 Name: AMBLNC-PICK-ADDR-2 Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/15/2011 Last Updated On: 3/15/2011
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		30		0	X(30)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04168	Name: AMBLNC-PICK-CITY	Version:	Subsystem: Claims
Created By: T474163	Last Updated By: T474163	Release:	
Created On: 3/15/2011	Last Updated On: 3/15/2011		
Description:			

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			20	0		X(20)

DataElement ID: 04169	Name: CYCLE-DATE	Version:	Subsystem: Claims
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: CYCLE DATE	- THE DATE THAT IDENTIFIES THE DAY OF THE CYCLE.		

VARIANT	DESCRIPTION
1	MMDDYY
2	MMDDYY
3	CENTURY
5	MM/DD/YY
6	JULIAN

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			6	0		X(6)
2	N	Numeric			6	0		9(6)
3	N3	Numeric Comp-3			5	0		S9(5)
4	N	Numeric			4	0		9(4)
5	X	AlphaNumeric			8	0		X(8)
6	N3	Numeric Comp-3			5	0		9(5)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04170 Name: AMBLNC-PICK-STATE Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/15/2011 Last Updated On: 3/15/2011
 Description: AMBLNC-PICK-STATE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2		0	X(02)

DataElement ID: 04171 Name: AMBLNC-PICK-ZIP-CODE Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/15/2011 Last Updated On: 3/15/2011
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		9		0	9(09)

DataElement ID: 04172 Name: ASST-SURG-PRIM-NPI Version: Subsystem:
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/15/2011 Last Updated On: 3/15/2011
 Description: ASST-SURG-PRIM-NPI

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		10		0	X(10)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04173	Name: NUM-OF-IMD-DAYS	Version:	Subsystem: Claims
Created By: T474186	Last Updated By: T474186	Release:	
Created On: 4/25/2018	Last Updated On: 4/25/2018		
Description:			

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			2	0		X(02)

DataElement ID: 04174	Name: CLAIM-CREDIT-IND	Version:	Subsystem: Claims
Created By: Initial Sy	Last Updated By: T474070	Release:	
Created On: 8/25/2004	Last Updated On: 6/24/2005		
Description: CLAIM CREDIT INDICATOR INDICATES WHETHER THIS CLAIM HAS BEEN CREDITED OR ADJUSTED.			

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04175	Name: MCARE-COINS-AMT	Version:	Subsystem: Claims
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		

Description: MEDICARE COINSURANCE AMOUNT
 ***** MMIS DATA ELEMENT NAME - MEDICARE COINSURANCE CHARGE:
 MMIS GSD DATA ELEMENT NUMBER - 332
 MMIS PART 11 DATA ELEMENT NUMBER - 075
 MMIS DEFINITION - THE MEDICARE COINSURANCE AMOUNT WHICH IS
 SUBJECT TO PAYMENT BY MEDICAID. *****
 MEDICARE COINSURANCE AMOUNT - THE AMOUNT OF MONEY MEDICAID WILL
 PAY FOR SERVICES ONLY PARTIALLY COVERED BY MEDICARE.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N		Numeric		7	2		9(5)V99
3		N3		Numeric Comp-3		7	2		S9(5)V99
6		N		Numeric		7	2		S9(05)V99
9		G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04176 Name: MCARE-DEDUCTIBLE-AMT Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: MEDICARE DEDUCTIBLE AMOUNT
 ***** MMIS DATA ELEMENT NAME - MEDICARE CASH DEDUCTIBLE AMOUNT:
 MMIS GSD DATA ELEMENT NUMBER - 330
 MMIS PART 11 DATA ELEMENT NUMBER - 073
 MMIS DEFINITION - THE UNMET MEDICARE DEDUCTIBLE WHICH IS
 SUBJECT TO PAYMENT BY MEDICAID. *****
 THE AMOUNT MEDICAID WILL PAY FOR THE MEDICARE DEDUCTIBLE FOR AN
 ELIGIBLE RECIPIENT WHEN BILLED ON A MEDICARE CROSSOVER CLAIM.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		7	2		S9(05)V99
2	N	Numeric		7	2		9(5)V99
3	N3	Numeric Comp-3		7	2		S9(5)V99
6	N	Numeric		7	2		9(5)V99
9	G	Group		0	0		

DataElement ID: 04177 Name: MCARE-DEDUCTIBLE-AMT Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: MEDICARE DEDUCTIBLE AMOUNT
 THE AMOUNT MEDICAID WILL PAY FOR THE MEDICARE DEDUCTIBLE FOR AN
 ELIGIBLE RECIPIENT WHEN BILLED ON A MEDICARE CROSSOVER CLAIM.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04178 Name: ADJUSTMENT-REASON Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474369 Release:
 Created On: 8/25/2004 Last Updated On: 2/7/2022
 Description: REASONS FOR ADJUSTMENTS CARRIED ON THE CLAIM.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		2	0		X(02)
9		G		Group		0	0		

DataElement ID: 04179 Name: EXTRACTION-REASON Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: EXTRACTION REASON
 A CODE INDICATING THE REASON FOR RETRIEVING A CLAIM FROM
 ARCHIVE HISTORY.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		2	0		X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04180 Name: MCARE-COINS-AMT Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDICARE COINSURANCE AMOUNT
 THE AMOUNT OF MONEY MEDICAID WILL PAY FOR SERVICES ONLY
 PARTIALLY COVERED BY MEDICARE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		9	2		S9(7)V99

DataElement ID: 04181 Name: AMT-PAID-BY-MCARE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: AMOUNT PAID BY MEDICARE
 THE AMOUNT OF PAID BY MEDICARE ON A MEDICARE CROSSOVER CLAIM.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		9	2		S9(7)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04182	Name: DATE-PAID	Version:	Subsystem: Claims
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		

Description: DATE PAID
 ***** MMIS DATA ELEMENT NAME - PAYMENT DATE:
 MMIS GSD DATA ELEMENT NUMBER - 376
 MMIS PART 11 DATA ELEMENT NUMBER - 083
 MMIS DEFINITION - THE DATE ON WHICH A PAYMENT INSTRUMENT
 WAS GENERATED FOR A CLAIM
 TRANSACTION. *****
 THE DATE A CLAIM WAS PROCESSED THROUGH THE PAYMENT CYCLE.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		6	0		X(6)
2		N		Numeric		5	0		9(05)
3		N3		Numeric Comp-3		5	0		S9(5)
4		X		AlphaNumeric		5	0		X(05)
5		N		Numeric		6	0		9(6)
7		X		AlphaNumeric		8	0		X(08)
8		N		Numeric		8	0		9(08)
9		G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04183 Name: ORIG-PAYMENT-DATE Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: ORIGINAL PAYMENT DATE
THIS FIELD WILL CONTAIN A DATE WHENEVER THE CLAIM IS A CREDIT OR
AN ADJUSTMENT. THE DATE WILL BE THE DATE PAID OF THE CLAIM BEING
ADJUSTED.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3	Numeric Comp-3		5	0		S9(5)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04184	Name: ATTENDING-PHYSICIAN	Version:	Subsystem: Claims
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		

Description: ATTENDING PHYSICIAN

***** MMIS DATA ELEMENT NAME - PHYSICIAN IDENTIFICATION:

MMIS GSD DATA ELEMENT NUMBER - 303

MMIS PART 11 DATA ELEMENT NUMBER - 058

MMIS DEFINITION - A. ATTENDING PHYSICIAN NUMBER

THE PROVIDER NUMBER OF THE PHYSICIAN

ATTENDING AN INPATIENT IN A HOSPITAL,

NURSING HOME, OR OTHER INSTITUTION.

THIS IS THE PHYSICIAN PRIMARILY

RESPONSIBLE FOR THE CARE OF THE PATIENT

FROM THE BEGINNING OF THIS HOSPITAL

EPISODE.

B. OPERATING PHYSICIAN

THIS IS THE PHYSICIAN WHO PERFORMED THE

PRINCIPAL PROCEDURE. SEE DE 87 BELOW,

FOR DEFINITION OF PRINCIPAL PROCEDURE.

UHDDS ONLY *****

THE PROVIDER NUMBER OF THE ATTENDING PHYSICIAN.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		9	0		X(9)
2	N	Numeric		9	0		9(9)
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04185 Name: REMITTANCE-ADVICE-NO Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: REMITTANCE ADVICE NUMBER
 THE REMITTANCE ADVICE NUMBER UNIQUELY IDENTIFIES A REMITTANCE
 - ADVICE FOR A GIVEN PAYMENT CYCLE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		6	0		9(6)
3	N3	Numeric Comp-3		6	0		9(6)
4	N3	Numeric Comp-3		7	0		S9(7)
7	X	AlphaNumeric		7	0		X(07)
8	N	Numeric		7	0		9(07)
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04186 Name: DATE-OF-SURGERY Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DATE OF SURGERY

***** MMIS DATA ELEMENT NAME - DATE OF SURGERY:
 MMIS GSD DATA ELEMENT NUMBER - 378
 MMIS PART 11 DATA ELEMENT NUMBER - 105
 MMIS DEFINITION - THE DATE ON WHICH A SURGICAL PROCEDURE(S)
 WAS PERFORMED ON AN INPATIENT. *****
 THE DAY SURGERY WAS PERFORMED.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		6	0		X(6)
2	N	Numeric		6	0		9(6)
3	N3	Numeric Comp-3		5	0		S9(5)
6	N3	Numeric Comp-3		5	0		9(05)
9	G	Group		0	0		

DataElement ID: 04187 Name: TOTAL-CLAIM-CHARGE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TOTAL CLAIM CHARGE
 THE SUM OF THE CLAIMS BILLED CHARGES.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		9	2		S9(7)V99
2	N	Numeric		7	2		S9(05)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04188 Name: MCARE-PSYCH-DDUC-AMT Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MCARE-PSYCH-DDUC-AMT
 THE PSYCH DEDUCTIBLE AMOUNT FOR A MEDICARE CROSSOVER CLAIM.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		7	2		9(05)V99
3	N3	Numeric Comp-3		7	2		S9(5)V99
9	G	Group		0	0		

DataElement ID: 04189 Name: MCARE-PSYCH-PAID-AMT Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MCARE-PSYCH--PAID-AMT
 THE PSYCH PAID AMOUNT FOR A MEDICARE CROSSOVER CLAIM

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		9	2		S9(07)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04190 Name: TYPE-OF-ACTION Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TYPE OF ACTION. THIS FIELD CONTAINS THE TYPE OF ACTION THAT WAS
 TAKEN ON THE PRIOR AUTHORIZATION RECORD.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(1)

DataElement ID: 04199 Name: LIMIT-TYPE-CODE Version: Subsystem: Claims
 Created By: T474070 Last Updated By: T474070 Release:
 Created On: 3/22/2006 Last Updated On: 3/22/2006
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2		0	X(02)
9	G		Group		0		0	

Report:ND-001

Iowa Medicaid Enterprise

Data Element List

ND-Workbench

DataElement ID: 04201 Name: 366-DAY-RX-CRITERIA Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: 366 DAY PRESCRIPTION CRITERIA
THIS AREA CONTAINS PRESCRIPTION COUNTER INFORMATION
USED IN THE DUPLICATE CHECK PROGRAM.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04204 Name: PRIMARY-DIAG-CODE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: PRIMARY DIAGNOSIS CODE
 ***** MMIS DATA ELEMENT NAME - PRINCIPAL DIAGNOSIS CODE:
 MMIS GSD DATA ELEMENT NUMBER - 306
 MMIS PART 11 DATA ELEMENT NUMBER - 061
 MMIS DEFINITION - A. THE DIAGNOSIS CODE FOR THE PRINCIPAL
 CONDITION REQUIRING MEDICAL ATTENTION.
 B. THE CONDITION ESTABLISHED AFTER STUDY
 TO BE CHIEFLY RESPONSIBLE FOR
 OCCASIONING THE ADMISSION OF THE
 PATIENT TO THE HOSPITAL FOR CARE FOR
 THE CURRENT HOSPITAL STAY. (HCFA
 RECOMMENDS THE USE OF THE FULL FIVE
 DIGIT ICD-9-CM CODING.)
 UHDDS ONLY *****
 THIS DATA ELEMENT REPRESENTS THE PRIMARY DIAGNOSIS OF THE
 RECIPIENT. THIS DIAGNOSIS IS ICD-9-CM.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		7	0		X(7)
4	X		AlphaNumeric		5	0		X(5)
7	X		AlphaNumeric		4	0		X(04)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04205	Name: SECONDARY-DIAGNOSIS	Version:	Subsystem: Claims
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		

Description: SECONDARY DIAGNOSIS CODE

***** MMIS DATA ELEMENT NAME - OTHER DIAGNOSIS CODE

MMIS GSD DATA ELEMENT NUMBER - 307

MMIS PART 11 DATA ELEMENT NUMBER 062

MMIS DEFINITION - A. THE DIAGNOSIS CODE OF ANY CONDITION OTHER THAN THE PRINCIPAL CONDITION WHICH REQUIRES TREATMENT.

B. CONDITIONS (UP TO FOUR) OTHER THAN THE RPINCIPAL CONDITION THAT COEXIST AT THE TIME OF ADMISSION, OR DEVELOP SUBSEQUENTLY, WHICH AFFECT THE TREATMENT RECEIVED AND/OR THE LENGTH OF STAY. DIAGNOSES THAT RELATE TO AN EARLIER EPISODE WHICH HAVE NO BEARING ON THIS HOSPITAL STAY ARE TO BE EXCLUDED.

- THE SECONDARY DIAGNOSIS IS AN ICD-9-CM DIAGNOSIS CODE.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		7	0		X(7)
5		X		AlphaNumeric		5	0		X(5)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04206	Name: LI-MISC-PROF-DATA	Version:	Subsystem:
Created By: T474163	Last Updated By: T474163	Release:	
Created On: 3/8/2011	Last Updated On: 3/8/2011		
Description:			

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 04207	Name: DME-SERVICE-DATA	Version:	Subsystem:
Created By: T474163	Last Updated By: T474163	Release:	
Created On: 3/8/2011	Last Updated On: 3/8/2011		
Description:			

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 04209	Name: DME-RNTL-PRICE	Version:	Subsystem:
Created By: T474163	Last Updated By: T474163	Release:	
Created On: 3/8/2011	Last Updated On: 3/8/2011		
Description:			

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	2		9(05)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04210 Name: COVERAGE-TYPE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS IS RECIPIENT IN EMC BC BS PART B XOVER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 04213 Name: PRIOR-AUTH-LINE-NO Version: Subsystem: Claims
 Created By: Initial Sy Last Updated By: T474075 Release:
 Created On: 8/25/2004 Last Updated On: 3/21/2005
 Description: PRIOR AUTHORIZATION LINE NUMBER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		2	0		X(02)
2	N	Numeric		3	0		9(03)

DataElement ID: 04220 Name: SVC-LOOP-2400 Version: Subsystem: Claims
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/21/2005 Last Updated On: 3/21/2005
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04221 Name: SVC-LINE-2400 Version: Subsystem: Claims
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/21/2005 Last Updated On: 3/21/2005
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9		G		Group		0	0		

DataElement ID: 04222 Name: PROC-ID Version: Subsystem: Claims
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/21/2005 Last Updated On: 3/21/2005
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		3	0		X(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04231 Name: REQUEST-TYPE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: REQUEST TYPE
 THIS FIELD IDENTIFIES A MASS REQUEST AS A TRANSACTION CONTROL
 REQUEST, RECIPIENT REQUEST, PAYTO PROVIDER REQUEST, TREATING
 PROVIDER, AND GENERAL REQUEST.
 THE MASS REQUEST UPDATE PROGRAM (WYMC9000) EXPECTS
 THE INCOMING REQUEST FILE TO BE SORTED BY REQUEST TYPE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

DataElement ID: 04232 Name: REQUEST-NUMBER Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: REQUEST NUMBER
 THIS FIELD IDENTIFIES INDIVIDUAL REQUESTS, MAINTAINING CONTINUITY
 OF VARIOUS ELEMENTS CHOSEN AS SELECTION CRITERIA. THIS FIELD TAKE
 THE FORM OF X(04), 9(03), OR X(05) BASED ON INDIVIDUAL STATE
 REQUIREMENTS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3			3	0		9(03)
4	X	AlphaNumeric			5	0		X(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04233 Name: BATCH-INFO Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: BATCH INFORMATION
 THIS ELEMENT IS ON REQUESTS FOR MASS CREDITS OR MASS ADJUSTMENTS.
 IT IS USED TO BUILD TCNS FOR THE REVERSED CLAIMS. IT IS MADE UP
 OF BATCH-DATE (DEN 03001) AND BATCH-NUMBER (DEN 03008).

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9			G	Group		0	0		

DataElement ID: 04234 Name: REQUEST-PRINT-SEQ Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: REQUEST PRINT SEQUENCE
 IDENTIFIES THE SEQUENCE IN WHICH THE CLAIMS MEETING THE SELECT
 CRITERIA WILL BE SORTED.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04235 Name: REQUEST-SELECT-FIELD Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: REQUEST SELECT FIELD
 A GROUP ITEM WHICH CONTAINS THE DATA ELEMENT AND ITS LIMITS
 WHICH MAKE UP THE SELECTION CRITERIA FOR THIS REQUEST.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 04236 Name: REQUEST-DATA-ELEMENT Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: REQUEST DATA ELEMENT
 THE DATA ELEMENT NUMBER (DEN) WHICH IDENTIFIES A FIELD ON A CLAIM
 THAT WILL BE EXAMINED TO SEE IF IT FALLS WITHIN THE LIMITS
 WHICH WOULD QUALIFY THE CLAIM FOR SELECTION.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		5	0		9(5)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04237 Name: REQUEST-LOWER-LIMIT Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474096 Release:
 Created On: 8/25/2004 Last Updated On: 11/7/2007
 Description: REQUEST LOW LIMIT
 THE VALUE WHICH THE DATA ELEMENT ON THE CLAIM MUST BE EQUAL TO OR
 GREATER THAN IN ORDER FOR THE CLAIM TO BE SELECTED. THE LIMIT IS
 LEFT JUSTIFIED BLANK FILLED.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		30	0		X(30)
9	G	Group		0	0		

DataElement ID: 04238 Name: REQUEST-UPPER-LIMIT Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: REQUEST UPPER LIMIT
 THE VALUE WHICH THE DATA ELEMENT ON THE CLAIM MUST BE EQUAL TO OR
 LESS THAN IN ORDER FOR THE CLAIM TO BE SELECTED. THE LIMIT IS
 LEFT JUSTIFIED BLANK FILLED.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		30	0		X(30)
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04239 Name: REQ-MASS-TRANS-DATA Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: REQUEST MASS TRANSACTION DATA
 A GROUP ITEM, WHICH CONTAINS THE INFORMATION NECESSARY FOR THE
 PROPER DISPOSITION OF A MASS CREDIT OR MASS ADJUSTMENT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 04240 Name: REQ-AFFECT-CREDIT Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: REQUEST AFFECT CREDIT
 INDICATES WHETHER THE CREDITED CLAIM CREATED FROM A MASS CREDIT
 OR MASS ADJUSTMENT IS TO AFFECT PAYMENT OR BE FOR HISTORY ONLY.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04241 Name: REQ-AFFECT-ADJUST Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: REQUEST AFFECT ADJUSTEMENT
 INDICATES WHETHER THE ADJUSTED CLAIM CREATED FROM A MASS CREDIT
 OR MASS ADJUSTMENT IS TO AFFECT PAYMENT OR BE FOR HISTORY ONLY.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(1)

DataElement ID: 04242 Name: REQ-NEW-NH-PER-DIEM Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: REQUEST NEW NURSING HOME PER DIEM
 FOR MASS ADJUSTMENT CLAIMS FOR INSTITUTIONAL CARE RETRO RATE
 ADJUSTMENT, THE NEW PER DIEM THAT CLAIMS MEETING THE MASS
 ADJUSTMENT CRITERIA WILL BE REPRICED AT.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		7	2		9(5)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04249 Name: CURR-HISTORY-YR-MO Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CURRENT YEAR/MONTH OF HISTORY INDICATOR.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		2	0		X(02)

DataElement ID: 04250 Name: YR-MO-OF-HISTORY Version: Subsystem: Claims
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 6/24/2005
 Description: YEAR-MONTH OF HISTORY.
 THIS FIELD INDICATES WHICH CLAIM HISTORY FILE THE DATA APPLIES TO.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		2	0		X(02)
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04252 Name: CLAIM-FILE-KEY Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CLAIM FILE KEY.
 THIS IS A GROUP ITEM CONTAINING THE KEY TO THE CLAIM FILE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 04253 Name: TOTAL-PAID-CLAIMS Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TOTAL PAID CLAIMS. THIS FIELD CONTAINS THE TOTAL PAID CLAIMS FOR
 THE SUMMARY MONTH-TO-DATE HISTORY RECORD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		11	0		S9(11)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04254 Name: TOTAL-PAID-AMOUNT Version: Subsystem: Claims
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 4/21/2005
 Description: TOTAL PAID AMOUNT. THIS FIELD CONTAINS THE TOTAL PAID AMOUNT FOR
 THE SUMMARY MONTH-TO-DATE HISTORY RECORD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		13	2		S9(13)V99
3	N3	Numeric Comp-3		15	2		S9(13)V99
4	N3	Numeric Comp-3		9	2		S9(7)V99
5	N	Numeric		13	2		9(13)V99

DataElement ID: 04255 Name: TOTAL-DENIED-CLAIMS Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TOTAL DENIED CLAIMS. THIS FIELD CONTAINS THE TOTAL DENIED CLAIMS
 FOR THE SUMMARY MONTH-TO-DATE HISTORY RECORD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04256 Name: TOTAL-CLAIMS Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TOTAL CLAIMS. THIS FIELD CONTAINS THE TOTAL CLAIMS FOR THE
 SUMMARY ADJUDICATED SUSPENSE RECORD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		3	0		9(03)
3	N3	Numeric Comp-3		11	0		S9(11)
6	N3	Numeric Comp-3		7	0		S9(07)
8	N	Numeric		5	0		9(5)

DataElement ID: 04257 Name: TOTAL-AMOUNT Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TOTAL AMOUNT. THIS FIELD CONTAINS THE TOTAL AMOUNT FOR THE
 SUMMARY ADJUDICATED SUSPENSE RECORD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04258 Name: TOTAL-DENIED-AMOUNT Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TOTAL DENIED AMOUNT FOR PROVIDER SUMMARY
 TOTAL OF SUBMITTED CHARGES FOR DENIED CLAIMS FOR PROVIDER SUMMARY
 PURPOSES FOR THE CURRENT FISCAL YEAR. TOTAL OF THE REIMBURSEMENT
 AMOUNTS FOR DENIED CLAIMS WOULD EQUAL ZERO.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 04260 Name: PROV-2010AA-REF Version: Subsystem: Claims
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/21/2005 Last Updated On: 3/21/2005
 Description:

9	G	Group		0	0		
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04261 Name: PROV-2010AA-REF01 Version: Subsystem: Claims
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/21/2005 Last Updated On: 3/21/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2		0	X(02)

DataElement ID: 04262 Name: PROV-2010AA-REF02 Version: Subsystem: Claims
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/21/2005 Last Updated On: 3/21/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N		Numeric		9		0	9(09)

DataElement ID: 04263 Name: INST-2300-CLM05 Version: Subsystem: Claims
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/21/2005 Last Updated On: 3/21/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0		0	

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04264 Name: FAC-TYPE-CLM05-1 Version: Subsystem: Claims
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/21/2005 Last Updated On: 3/21/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2		0	X(02)

DataElement ID: 04265 Name: FRE-CODE-CLM05-3 Version: Subsystem: Claims
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/21/2005 Last Updated On: 3/21/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 04266 Name: PROF-DENT-1200-CLM05 Version: Subsystem: Claims
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/21/2005 Last Updated On: 3/21/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0		0	

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04267 Name: PLACE-SVC-CLM05-1 Version: Subsystem: Claims
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/21/2005 Last Updated On: 3/21/2005
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		2		0	X(02)

DataElement ID: 04268 Name: SVC-TYPE-CLM05-3 Version: Subsystem: Claims
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 3/21/2005 Last Updated On: 3/21/2005
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

DataElement ID: 04269 Name: 835-CREATED-DATE Version: Subsystem: Claims
 Created By: JIM SANBOR Last Updated By: T474075 Release:
 Created On: 3/22/2005 Last Updated On: 3/22/2005
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		N		Numeric		5		0	9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04270 Name: TOTAL-ADJUST-CLAIMS Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TOTAL NUMBER OF ADJUSTMENT CLAIMS FOR PROVIDER SUMMARY
 TOTAL OF NUMBER OF ADJUSTMENT CLAIMS FOR PROVIDER SUMMARY
 PURPOSES FOR THE CURRENT FISCAL YEAR.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 04271 Name: TOTAL-ADJUST-AMOUNT Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TOTAL ADJUSTMENTS AMOUNT FOR PROVIDER SUMMARY
 TOTAL OF REIMBURSEMENT AMOUNTS FOR ADJUSTMENT CLAIMS FOR
 PROVIDER SUMMARY PURPOSES FOR THE CURRENT FISCAL YEAR.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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3	N3	Numeric Comp-3		15	2		S9(13)V99
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Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 04272      Name:  TOTAL-ADJ-CLM-PRIOR      Version:      Subsystem: Claims
Created By:                Last Updated By:      Release:
Created On:   8/25/2004    Last Updated On:   8/25/2004
Description: TOTAL NUMBER OF ADJUSTMENT CLAIMS FOR PROVIDER SUMMARY
              TOTAL OF NUMBER OF ADJUSTMENT CLAIMS FOR PROVIDER SUMMARY
              PURPOSES FOR THE PREVIOUS FISCAL YEAR.
    
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Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 04273      Name:  TOTAL-ADJ-AMT-PRIOR      Version:      Subsystem: Claims
Created By:                Last Updated By:      Release:
Created On:   8/25/2004    Last Updated On:   8/25/2004
Description: TOTAL ADJUSTMENTS AMOUNT FOR PROVIDER SUMMARY
              TOTAL OF REIMBURSEMENT AMOUNTS FOR ADJUSTMENT CLAIMS FOR PROVIDER
              SUMMARY PURPOSES FOR THE PREVIOUS FISCAL YEAR.
    
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Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04274 Name: TOTAL-PD-CLM-PRIOR Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TOTAL NUMBER OF NON-ADJUSTMENT PAID CLAIMS FOR PROVIDER SUMMARY
 TOTAL NUMBER OF NON-ADJUSTMENT PAID CLAIMS FOR PROVIDER
 SUMMARY PURPOSES FOR PREVIOUS FISCAL YEAR.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 04275 Name: TOTAL-PD-AMT-PRIOR Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TOTAL OF REIMBURSEMENT AMOUNTS FOR NON-ADJUSTMENT PAID
 CLAIMS FOR THE PREVIOUS FISCAL YEAR.
 TOTAL OF REIMBURSEMENT AMOUNTS FOR PAID REGULAR CLAIMS FOR
 PROVIDER SUMMARY PURPOSES FOR THE PREVIOUS FISCAL YEAR.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04276 Name: BEG-THERAPHY-DATE Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/15/2011 Last Updated On: 3/15/2011
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

DataElement ID: 04277 Name: LAST-CERT-DATE Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/15/2011 Last Updated On: 3/15/2011
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

DataElement ID: 04278 Name: TEST-PERFORM-DATE Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/15/2011 Last Updated On: 3/15/2011
 Description: TEST-PERFORM-DATE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04279 Name: INIT-TRTMNT-DATE Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/15/2011 Last Updated On: 3/15/2011
 Description: INIT-TRTMNT-DATE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

DataElement ID: 04280 Name: WIN-WARRANT-NUMBER Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: WIN WARRANT NUMBER.
 WIN WARRANT NUMBER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		7	0		9(07)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04281 Name: WIN-WARRANT-DATE Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: WIN WARRANT DATE.
THE DATE THE WARRANT WAS ISSUED.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N		Numeric		6	0		9(06)

DataElement ID: 04282 Name: WIN-PAYMENT-AMOUNT Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: WIN PAYMENT AMOUNT.
THE WIN PAYMENT AMOUNT TO BE CHARGED TO THE ACCOUNTING
CODE.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Report:ND-001

Iowa Medicaid Enterprise

ND-Workbench

Data Element List

DataElement ID: 04283 Name: WIN-BUDGET-YEAR Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: WIN BUDGET YEAR.
 THE WIN BUDGET FISCAL YEAR.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 04284 Name: WIN-AGENCY Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: WIN AGENCY.
 THE WIN HCF AGENCY NUMBER.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04285 Name: WIN-REPORT-CATEGORY Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: -
 WIN REPORT CATEGORY.
 FEDERAL FUNDING SOURCE IF NOT STATE ONLY BUDGET CODE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 04286 Name: WIN-APPROP-UNIT Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: WIN APPROPRIATION UNIT.
 WIN APPROPRIATION CODE FOR BUDGET DRAWDOWN.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04287 Name: WIN-1099-IND Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: WIN 1099 INDICATOR.
 THE WIN 1099 INDICATOR.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)
9	G		Group		0	0		

DataElement ID: 04289 Name: HOSP-TAX-IND Version: Subsystem: Claims
 Created By: T474186 Last Updated By: T474085 Release:
 Created On: 4/19/2011 Last Updated On: 4/19/2011
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04290 Name: WARRANT-NUMBER Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: WARRANT NUMBER
 THE WARRANT NUMBER UNIQUELY IDENTIFIES A PAYMENT TO A PROVIDER
 FOR A GIVEN PAYMENT CYCLE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	0		S9(07)
4	N	Numeric		7	0		9(07)
7	X	AlphaNumeric		7	0		X(07)

DataElement ID: 04291 Name: ORDER-NUMBER Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ORDER NUMBER
 THIS FIELD IS SENT TO US BY WORKERS COMP ON THE CLAIM FILE.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04292 Name: AMOUNT-SUBMITTED Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: AMOUNT SUBMITTED
 THIS IS THE DOLLAR AMOUNT SUBMITTED BY A PROVIDER ON A CLAIM.,
 -

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	2		S9(07)V99

DataElement ID: 04295 Name: WORK-COMP-CASE-NUM Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: WORKERS COMP CASE NUMBER
 CASE NUMBER ASSIGNED BY WORKERS COMP FOR A RECIPIENTS INJURY.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		10	0		X(10)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04296 Name: WC-CLAIM-DATA Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: WORKERS COMP CLAIM DATA
 WORKERS COMP CLAIMS DATA THAT IS CARRIED ON THE WORKERS
 COMP DATA MATCH REPORT RECORD

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 04297 Name: VENDOR-NUMBER Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: VENDOR NUMBER
 NUMBER ASSIGNED TO A VENDOR. USED FOR WORKERS COMP CLAIMS FILE
 AND IT INCLUDES THE VENDORS FEDERAL TAX ID AND THE VENDOR SUFFIX.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04298 Name: VENDOR-FED-TAX-NBR Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: VENDOR FEDERAL TAX NUMBER
 FEDERAL TAX NUMBER ASSIGNED TO THE VENDOR. IT IS PART OF THE
 VENDOR NUMBER ON THE WORKERS COMP CLAIM FILE.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	0		9(09)

DataElement ID: 04299 Name: VENDOR-SUFFIX Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: VENDOR SUFFIX
 IT IS PART OF THE
 VENDOR NUMBER ON THE WORKERS COMP CLAIM FILE.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		9(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04300 Name: CARRIER-NUMBER Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: -
MEDICARE REMITTANCE CARRIER NUMBER
CARRIER NUMBER FOUND ON THE REVERSE CROSSOVER MEDICARE REMITTANCE
TAPE.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 04301 Name: CARRIER-RUN-DATE Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: MEDICARE REMITTANCE CARRIER RUN DATE
CARRIER RUN DATE FOUND ON THE REVERSE CROSSOVER MEDICARE
REMITTANCE TAPE.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

```

DataElement ID: 04302      Name:  TYPE-CLAIM      Version:      Subsystem: Claims
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description:  MEDICARE REMITTANCE TYPE CLAIM
              TYPE CLAIM FOUND ON THE REVERSE CROSSOVER MEDICARE REMITTANCE
              TAPE.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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```

DataElement ID: 04303      Name:  COMP-INS-FLAG      Version:      Subsystem: Claims
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description:  MEDICARE REMITTANCE COMPLEMENTARY INSURANCE FLAG
              COMPLEMENTARY INSURANCE FLAG FOUND ON THE REVERSE CROSSOVER
              REMITTANCE TAPE.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04304 Name: COMP-INS-ID Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: MEDICARE REMITTANCE COMPLEMENTARY INSURER IDENTIFICATION
COMPLEMENTARY INSURER IDENTIFICATION FOUND ON THE REVERSE
CROSSOVER REMITTANCE TAPE.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 04305 Name: COMP-INS-ID2 Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: MEDICARE REMITTANCE COMPLEMENTARY INSURER IDENTIFICATION
COMPLEMENTARY INSURER IDENTIFICATION FOUND ON THE REVERSE
CROSSOVER REMITTANCE TAPE.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04306 Name: SEQUENCE-NUMBER Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDICARE REMITTANCE SEQUENCE NUMBER
 SEQUENCE NUMBER FOUND ON THE REVERSE CROSSOVER REMITTANCE TAPE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		5	0		9(05)

DataElement ID: 04307 Name: INTERNAL-CLM-NUM Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDICARE REMITTANCE INTERNAL CLAIM NUMBER
 INTERNAL CLAIM NUMBER FOUND ON THE REVERSE CROSSOVER REMITTANCE
 TAPE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		13	0		9(13)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04308 Name: SERVICE-DATES Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474096 Release:
 Created On: 8/25/2004 Last Updated On: 11/7/2007
 Description: MEDICARE REMITTANCE SERVICE DATES
 SERVICE DATES FOUND ON THE REVERSE CROSSOVER REMITTANCE TAPE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		10	0		9(10)

DataElement ID: 04309 Name: MCARE-XFER-NUM Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDICARE TRANSFER NUMBER
 MEDICARE CARRIER NUMBER WHERE CLAIM TRANSFERRED FOUND ON THE
 REVERSE CROSSOVER REMITTANCE TAPE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		5	0		X(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04310 Name: TYPE-OF-SVC Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDICARE REMITTANCE MEDICARE TRANSFER NUMBER
 MEDICARE REMITTANCE TRANSFER NUMBER FOUND ON THE REVERSE
 CROSSOVER REMITTANCE TAPE

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N		Numeric		2	0		9(02)

DataElement ID: 04311 Name: NUM-OF-SVCS Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDICARE REMITTANCE NUMBER OF SERVICES
 MEDICARE REMITTANCE NUMBER OF SERVICES ALLOWED FOUND ON THE
 REVERSE CROSSOVER REMITTANCE TAPE

DataElement ID: 04311 Name: NUM-OF-SVCS Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDICARE REMITTANCE NUMBER OF SERVICES
 MEDICARE REMITTANCE NUMBER OF SERVICES ALLOWED FOUND ON THE
 REVERSE CROSSOVER REMITTANCE TAPE

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		5	0		X(05)
1		X		AlphaNumeric		5	0		X(05)
2		N3		Numeric Comp-3		2	0		S9(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04312 Name: DEDUCT-APPLIED Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDICARE REMITTANCE DEDUCTIBLE APPLIED
 MEDICARE REMITTANCE DEDUCTIBLE APPLIED FOUND ON THE REVERSE
 CROSSOVER REMITTANCE TAPE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
4		N	Numeric		5	2		9(03)V99

DataElement ID: 04313 Name: ACTION-CODE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ACTION CODE
 INDICATES THE TYPE OF SUSPENSE TRANSACTION BEING INPUT TO THE
 DATA VALIDITY PROGRAM (FLMC2000) TO AFFECT RECORDS ON THE CLAIMS
 SUSPENSE FILE.
 A - RELEASE ALL RECORDS
 B - RELEASE THIS BATCH
 D - DELETE THIS BATCH
 E - RELEASE THIS EXCEPTION
 L - RELEASE THIS LOCATION
 P - RELEASE THIS PROVIDER
 R - RELEASE THIS RECIPIENT
 T - RELEASE THIS CLAIM TYPE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		1	0		X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04314 Name: AMT-PD-TO-BENE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDICARE REMITTANCE AMOUNT PAID TO BENEFICIARY
 MEDICARE REMITTANCE AMOUNT PAID TO BENEFICIARY FOUND ON THE
 REVERSE CROSSOVER REMITTANCE TAPE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		6		2	9(04)V99

DataElement ID: 04315 Name: COINS-AMT Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDICARE REMITTANCE COINSURANCE AMOUNT
 MEDICARE REMITTANCE COINSURANCE AMOUNT FOUND ON THE REVERSE
 CROSSOVER REMITTANCE TAPE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		6		2	9(04)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04316 Name: BILLING-CODE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDICARE REMITTANCE BILLING CODE
 MEDICARE REMITTANCE BILLING CODE FOUND ON THE REVERSE CROSSOVER
 REMITTANCE TAPE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		10	0		X(10)

DataElement ID: 04317 Name: PERF-PROVIDER Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDICARE REMITTANCE PERFORMING PROVIDER CODE
 MEDICARE REMITTANCE PERFORMING PROVIDER CODE FOUND ON THE REVERSE
 CROSSOVER REMITTANCE TAPE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		10	0		X(10)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04318 Name: NUM-BENE-RECS Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDICARE REMITTANCE NUMBER OF BENEFICIARY RECORDS
 MEDICARE REMITTANCE NUMBER OF BENEFICIARY RECORDS FOUND ON THE
 REVERSE CROSSOVER REMITTANCE TAPE

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 04319 Name: NUM-SVC-RECS Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDICARE REMITTANCE NUMBER OF SERVICE RECORDS
 MEDICARE REMITTANCE NUMBER OF SERVICE RECORDS FOUND ON THE
 REVERSE CROSSOVER REMITTANCE TAPE

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04320 Name: TOT-AMT-PD Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: MEDICARE REMITTANCE TOTAL AMOUNT PAID
MEDICARE REMITTANCE TOTAL AMOUNT PAID FOUND ON THE REVERSE
CROSSOVER REMITTANCE TAPE

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 04321 Name: NUM-MED-B-1490 Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: NUMBER OF MEDICARE B 1490 REMITTANCES
NUMBER OF MEDICARE B 1490 REMITTANCES

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04322 Name: AMT-MED-B-1490 Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: DOLLAR AMOUNT FOR MEDICARE B 1490 REMITTANCES
DOLLAR AMOUNT FOR MEDICARE B 1490 REMITTANCES

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 04323 Name: NUM-MED-B-1554 Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: NUMBER OF MEDICARE B 1554 REMITTANCES
NUMBER OF MEDICARE B 1554 REMITTANCES

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04324 Name: AMT-MED-B-1554 Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DOLLAR AMOUNT FOR MEDICARE B 1554 REMITTANCES
 DOLLAR AMOUNT FOR MEDICARE B 1554 REMITTANCES

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 04325 Name: PLACE-OF-SVC Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDICARE REMITTANCE PLACE OF SERVICE
 PLACE OF SERVICE FOUND ON THE REVERSE CROSSOVER MEDICARE
 REMITTANCE TAPE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		2	0		X(02)
2	N	Numeric		2	0		9(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04326 Name: CLM-HEADER-MISC-DATA Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CLAIM HEADER MISCELLANEOUS DATA
 THIS AREA IN THE CLAIM CONTAINS ALL THE MISCELLANEOUS CLAIM
 HEADER DATA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 04327 Name: CHECK-NUMBER Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDICARE REMITTANCE CHECK NUMBER
 CHECK NUMBER FOUND ON THE REVERSE CROSSOVER MEDICARE REMITTANCE
 TAPE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04328 Name: CHECK-DATE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: -
 CHECK DATE
 DATE PRINTED ON CHECK. THIS FIELD IS BEING ORIGINALLY DEFINED
 AS PART OF THE BANK RECONCILIATION TAPE FOR CHECKS WRITTEN TO
 PROVIDERS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric			6	0		9(06)

DataElement ID: 04329 Name: CHECK-AMOUNT Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CHECK AMOUNT
 AMOUNT OF CHECK. THIS FIELD IS BEING ORIGINALLY DEFINED AS PART
 OF THE BANK RECONCILIATION TAPE FOR CHECKS WRITTEN TO PROVIDERS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric			10	2		9(08)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04330 Name: EFT-RECORD-TYPE Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 7/26/2010
 Description: EFT RECORD TYPE
 THIS FIELD CONTAINS THE EFT RECORD TYPE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

DataElement ID: 04331 Name: EFT-PRIORITY-CODE Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 7/14/2010
 Description: EFT PRIORITY CODE
 THIS FIELD CONTAINS THE EFT PRIORITY CODE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		2	0		X(02)
2	N	Numeric		2	0		9(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04332 Name: EFT-IMMEDIATE-DEST Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 7/14/2010
 Description: EFT IMMEDIATE DESTINATION
 THIS FIELD CONTAINS THE EFT IMMEDIATE DESTINATION.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		10	0		X(10)

DataElement ID: 04333 Name: EFT-IMMEDIATE-ORIGIN Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 7/14/2010
 Description: -
 EFT IMMEDIATE ORIGIN
 THIS FIELD CONTAINS THE EFT IMMEDIATE ORIGIN.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		10	0		X(10)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04334 Name: EFT-TRANS-DATE Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 7/14/2010
 Description: EFT TRANSMISSION DATE
 THIS FIELD CONTAINS THE EFT TRANSMISSION DATE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		6	0		X(06)
2	N	Numeric		6	0		9(06)

DataElement ID: 04335 Name: EFT-TRANS-TIME Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 7/14/2010
 Description: EFT TRANSMISSION TIME
 THIS FIELD CONTAINS THE EFT TRANSMISSION TIME.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		4	0		X(04)
2	N	Numeric		4	0		9(04)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04336 Name: EFT-FILE-ID-MOD Version: Subsystem: Claims
 Created By: Initial Sy Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 7/14/2010
 Description: EFT FILE ID MODIFIER
 THIS FIELD CONTAINS THE EFT FILE ID MODIFIER.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

DataElement ID: 04337 Name: EFT-RECORD-SIZE Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 7/14/2010
 Description: EFT RECORD SIZE
 THIS FIELD CONTAINS THE EFT RECORD SIZE.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		3		0	X(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04338 Name: EFT-BLOCK-SIZE Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 7/14/2010
 Description: EFT BLOCK SIZE
 THIS FIELD CONTAINS THE EFT FILE BLOCK SIZE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		2	0		X(02)

DataElement ID: 04339 Name: EFT-FORMAT-CODE Version: Subsystem: Claims
 Created By: Initial Sy Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 7/14/2010
 Description: EFT FORMAT CODE
 THIS FIELD CONTAINS THE EFT FORMAT CODE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)
2	N	Numeric		1	0		9(01)

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 04340      Name:  EFT-DESTINATION-NAME      Version:
Created By:  SYSTEM      Last Updated By: T474166      Release:
Created On:   8/25/2004   Last Updated On:   7/14/2010
Description:  EFT DESTINATION NAME
              THIS FIELD CONTAINS THE EFT DESTINATION NAME.
    
```

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		23	0		X(23)

```

DataElement ID: 04341      Name:  EFT-ORIGIN-NAME      Version:
Created By:  SYSTEM      Last Updated By: T474166      Release:
Created On:   8/25/2004   Last Updated On:   7/14/2010
Description:  EFT ORIGIN NAME
              THIS FIELD CONTAINS THE EFT ORIGIN NAME.
    
```

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		23	0		X(23)

Iowa Medicaid Enterprise

Data Element List

```

DataElement ID: 04342      Name:  EFT-REFERENCE-CODE      Version:      Subsystem: Claims
Created By:  SYSTEM      Last Updated By: T474166      Release:
Created On:  8/25/2004   Last Updated On:  7/14/2010
Description: EFT REFERENCE CODE
              THIS FIELD CONTAINS THE EFT REFERENCE CODE.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		8	0		X(08)

```

DataElement ID: 04343      Name:  EFT-SVC-CLASS-CODE      Version:      Subsystem: Claims
Created By:  SYSTEM      Last Updated By: T474166      Release:
Created On:  8/25/2004   Last Updated On:  7/14/2010
Description: EFT SERVICE CLASS CODE
              THIS FIELD CONTAINS THE EFT SERVICE CLASS CODE.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		3	0		X(03)
2	N	Numeric		3	0		9(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04344 Name: EFT-COMPANY-NAME Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 7/14/2010
 Description: EFT COMPANY NAME
 THIS FIELD CONTAINS THE EFT COMPANY NAME.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		16	0		X(16)

DataElement ID: 04345 Name: EFT-COMPANY-DATA Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 7/14/2010
 Description: EFT COMPANY DATA
 THIS FIELD CONTAINS THE EFT COMPANY DATA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		20	0		X(20)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04346 Name: EFT-COMPANY-IDENT Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 7/14/2010
 Description: EFT COMPANY IDENTIFICATION
 - THIS FIELD CONTAINS THE EFT COMPANY IDENTIFICATION.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		10	0		X(10)

DataElement ID: 04347 Name: EFT-ENTRY-CLASS-CODE Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 7/14/2010
 Description: EFT ENTRY CLASS CODE
 THIS FIELD CONTAINS THE EFT ENTRY CLASS CODE.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		3	0		X(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04348 Name: EFT-ENTRY-DESC Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 7/14/2010
 Description: EFT ENTRY DESCRIPTION
 THIS FIELD CONTAINS THE EFT ENTRY DESCRIPTION.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		10	0		X(10)

DataElement ID: 04349 Name: EFT-ENTRY-DATE Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 7/14/2010
 Description: EFT ENTRY DATE
 THIS FIELD CONTAINS THE EFT ENTRY DATE.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		6	0		X(06)
2		N	Numeric		6	0		9(06)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04350 Name: HISTORY-FILE-IND Version: Subsystem: Claims
 Created By: Initial Sy Last Updated By: T474095 Release:
 Created On: 8/25/2004 Last Updated On: 2/18/2005
 Description: HISTORY FILE INDICATOR
 THIS FIELD INDICATES WHICH MONTHLY HISTORY FILE A CLAIM IS ON.
 THIS FIELD IS FOR INTERNAL USE ONLY

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)
9	G		Group		0	0		

DataElement ID: 04351 Name: EFT-SETTLEMENT-DATE Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 7/14/2010
 Description: EFT SETTLEMENT DATE
 THIS FIELD CONTAINS THE EFT SETTLEMENT DATE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		6	0		X(06)
2	N		Numeric		6	0		9(06)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04352 Name: EFT-ORIGIN-STATUS Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 7/14/2010
 Description: EFT ORIGINATOR STATUS CODE
 THIS FIELD CONTAINS THE EFT ORIGINATOR STATUS CODE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 04353 Name: EFT-ORIGIN-DFI-ID Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 7/14/2010
 Description: -
 EFT ORIGINATING DFI ID
 THIS FIELD CONTAINS THE EFT ORIGINATING DFI ID.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		8	0		X(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04354 Name: EFT-BATCH-NUMBER Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 7/14/2010
 Description: EFT BATCH NUMBER
 THIS FIELD CONTAINS THE EFT BATCH NUMBER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		7	0		X(07)
2	N	Numeric		7	0		9(07)

DataElement ID: 04355 Name: EFT-TRANS-CODE Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 7/14/2010
 Description: EFT TRANSACTION CODE
 THIS FIELD CONTAINS THE EFT TRANSACTION CODE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		2	0		X(02)
2	N	Numeric		2	0		9(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04356 Name: EFT-DFI-ROUTE-ID Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 7/14/2010
 Description: EFT RECEIVING DFI ID
 THIS FIELD CONTAINS THE EFT RECEIVING DFI ID.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		8	0		X(08)
2		N		Numeric		8	0		9(08)
9		G		Group		0	0		

DataElement ID: 04357 Name: EFT-ROUTE-CHK-DIGIT Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 7/14/2010
 Description: EFT CHECK DIGIT
 THIS FIELD CONTAINS THE EFT CHECK DIGIT.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1	0		X(01)
2		N		Numeric		1	0		9(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04358 Name: EFT-DFI-ACCT-NUMBER Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 7/14/2010
 Description: EFT DFI ACCOUNT NUMBER
 THIS FIELD CONTAINS THE EFT DFI ACCOUNT NUMBER.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		17	0		X(17)

DataElement ID: 04359 Name: EFT-AMOUNT Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 7/14/2010
 Description: EFT AMOUNT
 THIS FIELD CONTAINS THE EFT AMOUNT.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		10	0		X(10)
2		N		Numeric		8	2		9(08)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04360 Name: EFT-INDIVIDUAL-ID Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 7/14/2010
 Description: EFT INDIVIDUAL ID NUMBER
 THIS FIELD CONTAINS THE EFT INDIVIDUAL ID NUMBER.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		15	0		X(15)

DataElement ID: 04361 Name: EFT-INDIVIDUAL-NAME Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 7/14/2010
 Description: EFT INDIVIDUAL NAME
 THIS FIELD CONTAINS THE EFT INDIVIDUAL NAME.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		22	0		X(22)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04362 Name: EFT-DISCRETE-DATA Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 7/14/2010
 Description: EFT DISCRETIONARY DATA
 THIS FIELD CONTAINS THE EFT DISCRETIONARY DATA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		2	0		X(02)

DataElement ID: 04363 Name: EFT-ADDENDA-REC-IND Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 7/14/2010
 Description: EFT ADDENDA RECORD INDICATOR
 THIS FIELD CONTAINS THE EFT ADDENDA RECORD INDICATOR.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)
2	N	Numeric		1	0		9(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04364 Name: EFT-TRACE-NUMBER Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 7/14/2010
 Description: EFT TRACE NUMBER
 THIS FIELD CONTAINS THE EFT TRACE NUMBER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		15	0		X(15)
2	N	Numeric		15	0		9(15)

DataElement ID: 04365 Name: EFT-ADDENDA-TYPE Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 7/14/2010
 Description: EFT ADDENDA TYPE CODE
 - THIS FIELD CONTAINS THE EFT ADDENDA TYPE CODE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		2	0		X(02)
2	N	Numeric		2	0		9(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04366 Name: EFT-ADDENDA-RTN-RSN Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 7/14/2010
 Description: EFT ADDENDA RETURN REASON CODE
 THIS FIELD CONTAINS THE EFT ADDENDA RETURN REASON CODE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		3	0		X(03)

DataElement ID: 04367 Name: EFT-ADD-ORIG-TRACE Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 7/14/2010
 Description: EFT ADDENDA ORIGINAL TRACE NUMBER
 THIS FIELD CONTAINS THE EFT ADDENDA ORIGINAL TRACE NUMBER.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		15	0		X(15)
2	N		Numeric		15	0		9(15)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04368 Name: EFT-ADD-EXCHG-DATE Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 7/14/2010
 Description: EFT ADDENDA EXCHANGE DATE
 THIS FIELD CONTAINS THE EFT ADDENDA EXCHANGE DATE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		6	0		X(06)
2	N	Numeric		6	0		9(06)

DataElement ID: 04369 Name: EFT-ADD-ROUTE-NUM Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 7/14/2010
 Description: EFT ADDENDA ROUTING NUMBER
 THIS FIELD CONTAINS THE EFT ADDENDA ROUTING NUMBER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		8	0		X(08)
2	N	Numeric		8	0		9(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04370 Name: EFT-ADD-INFORMATION Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 7/14/2010
 Description: EFT ADDENDA INFORMATION
 THIS FIELD CONTAINS THE EFT ADDENDA INFORMATION.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		44	0		X(44)

DataElement ID: 04371 Name: EFT-ENTRY-ADD-COUNT Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 7/14/2010
 Description: EFT ENTRY ADDENDA COUNT
 THIS FIELD CONTAINS THE EFT ENTRY/ADDENDA COUNT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		6	0		X(06)
2	N	Numeric		6	0		9(06)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04372 Name: EFT-ENTRY-HASH Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 7/14/2010
 Description: -
 EFT ENTRY HASH
 THIS FIELD CONTAINS THE EFT ENTRY HASH.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		10	0		X(10)
2	N		Numeric		10	0		9(10)

DataElement ID: 04373 Name: EFT-BATCH-DEBIT-AMT Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 7/14/2010
 Description: EFT BATCH DEBIT AMOUNT
 THIS FIELD CONTAINS THE EFT BATCH DEBIT AMOUNT.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		12	0		X(12)
2	N		Numeric		10	2		9(10)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04374 Name: EFT-BATCH-CREDIT-AMT Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 7/14/2010
 Description: EFT BATCH CREDIT AMOUNT
 THIS FIELD CONTAINS THE EFT BATCH CREDIT AMOUNT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		12	0		X(12)
2	N	Numeric		10	2		9(10)V99

DataElement ID: 04375 Name: EFT-TOTAL-BATCHES Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 7/14/2010
 Description: EFT TOTAL BATCHES
 THIS FIELD CONTAINS THE EFT TOTAL BATCHES.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		6	0		X(06)
2	N	Numeric		6	0		9(06)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04376 Name: EFT-TOTAL-BLOCKS Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 7/14/2010
 Description: EFT TOTAL BLOCKS
 THIS FIELD CONTAINS THE EFT TOTAL BLOCKS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		6	0		X(06)
2	N		Numeric		6	0		9(06)

DataElement ID: 04377 Name: EFT-TOTAL-ENTRIES Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 7/14/2010
 Description: EFT TOTAL ENTRIES
 THIS FIELD CONTAINS THE EFT TOTAL ENTRIES.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		8	0		X(08)
2	N		Numeric		8	0		9(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04378 Name: EFT-TOTAL-HASH Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 7/14/2010
 Description: EFT TOTAL HASH
 THIS FIELD CONTAINS THE EFT TOTAL HASH.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		10	0		X(10)
2	N	Numeric		10	0		9(10)

DataElement ID: 04379 Name: EFT-TOTAL-DEBIT-AMT Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 7/14/2010
 Description: EFT TOTAL DEBIT AMOUNT
 THIS FIELD CONTAINS THE EFT TOTAL DEBIT AMOUNT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		12	0		X(12)
2	N	Numeric		10	2		9(10)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04380 Name: EFT-TOTAL-CREDIT-AMT Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 7/14/2010
 Description: EFT TOTAL CREDIT AMOUNT
 THIS FIELD CONTAINS THE EFT TOTAL CREDIT AMOUNT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		12	0		X(12)
2	N	Numeric		10	2		9(10)V99

DataElement ID: 04381 Name: EFT-PRENOTE-DATE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: EFT PRENOTE DATE
 THE DATE THAT THE FIRST PRENOTE TRANSACTION WAS ISSUED FOR A PROVIDER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(5)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04382 Name: EFT-EFFECTIVE-DATE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: EFT EFFECTIVE DATE
 THE DATE THAT THE FIRST EFT DEPOSIT TRANSACTION WAS ISSUED FOR
 A PROVIDER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5		0	S9(5)

DataElement ID: 04383 Name: EFT-OR-CHECK-IND Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: EFT OR CHECK INDICATOR
 DEFINES WHETHER OR NOT THE RECONCILIATION RECORD REPRESENTS A
 PAPER CHECK OR AN EFT TRANSACTION. THIS FIELD WAS ORIGINALLY
 DEFINED AS PART OF THE BANK RECONCILIATION TAPE FOR CHECKS
 WRITTEN TO PROVIDERS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04384 Name: DEBIT-CARD-STATUS Version: Subsystem: Claims
 Created By: T474166 Last Updated By: T474166 Release:
 Created On: 5/20/2010 Last Updated On: 7/29/2010
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

DataElement ID: 04385 Name: DEBIT-CARD-DATE Version: Subsystem: Claims
 Created By: T474166 Last Updated By: T474166 Release:
 Created On: 5/20/2010 Last Updated On: 5/20/2010
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		N		Numeric		8		0	9(08)

DataElement ID: 04386 Name: DEBIT-REJECT-CODE Version: Subsystem: Claims
 Created By: T474166 Last Updated By: T474166 Release:
 Created On: 6/17/2010 Last Updated On: 6/17/2010
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		4		0	X(04)

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 04387      Name:  SVC-LN-CNTL-NMBR      Version:
Created By: JIM SANBOR      Last Updated By: T474074      Release:
Created On: 3/23/2005      Last Updated On: 12/28/2010
Description:
    
```

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		50		0	X(50)

```

DataElement ID: 04388      Name:  DAW-CODE      Version:
Created By:                Last Updated By:      Release:
Created On: 8/25/2004      Last Updated On: 8/25/2004
Description: -
    DAW-CODE
    THE DISPENSE AS WRITTEN CODE INDICATES HOW THE DRUG WAS DISPENSED
    IN RELATION TO THE METHOD PRESCRIBED.
    
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Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04389 Name: DRUG-CERT-CODE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DRUG CERTIFICATION CODE
 THIS FIELD INDICATES CERTAIN TYPES OF SPECIAL DRUG BILLING.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(1)

DataElement ID: 04390 Name: LI-THIRD-PARTY-AMT Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474072 Release:
 Created On: 8/25/2004 Last Updated On: 9/22/2006
 Description: LINE ITEM THIRD PARTY PAYMENT AMOUNT
 THIS IS THE THIRD PARTY PAYMENT AMOUNT THAT APPLIES TO THE PARTICULAR LINE TIME.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		7	2		S9(07)V99
2	N	Numeric		7	2		9(5)V99
3	N3	Numeric Comp-3		7	2		S9(5)V99
4	N	Numeric		9	2		9(07)V99
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04391 Name: LI-LAST-DATE-OF-SVC Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474190 Release:
 Created On: 8/25/2004 Last Updated On: 12/23/2015
 Description: LINE ITEM LAST DATE OF SERVICE
 THIS THE LAST DATE OF SERVICE FOR THE PARTICULAR LINE ITEM.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		8	0		9(08)
2	N	Numeric		6	0		9(06)
3	N3	Numeric Comp-3		5	0		S9(5)
9	G	Group		0	0		

DataElement ID: 04392 Name: LI-FIRST-DATE-OF-SVC Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474190 Release:
 Created On: 8/25/2004 Last Updated On: 12/23/2015
 Description: LINE ITEM FIRST DATE OF SERVICE
 THIS THE FIRST OF DATE SERVICE FOR THE PARTICULAR LINE ITEM.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		8	0		9(08)
2	N	Numeric		6	0		9(06)
3	N3	Numeric Comp-3		5	0		S9(5)
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04393 Name: OVERRIDE-EXCEP-DATA Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: OVERRIDE EXCEPTION DATA
 THIS IS THE GROUP ITEM THAT CONTAINS THE OVERRIDE EXCEPTION DATA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 04394 Name: OVERRIDE-EXCEP-CLERK Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 2/17/2011
 Description: OVERRIDE EXCEPTION CLERK
 THE FIELD CONTAINS THE ID OF THE CLECK WHO ENTERED THE OVERRIDE EXCEPTION CODE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		5	0		9(05)
3	N3	Numeric Comp-3		5	0		9(05)
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04395 Name: LI-COPAY Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474072 Release:
 Created On: 8/25/2004 Last Updated On: 9/22/2006
 Description: LI-COPAY
 THE COPAYMENT AMOUNT APPLIED TO THE CLAIM LINE ITEM.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		7	2		S9(07)V99
2	N	Numeric		7	2		9(05)V99
3	N3	Numeric Comp-3		7	2		S9(5)V99
9	G	Group		0	0		

DataElement ID: 04396 Name: LI-NON-COVERED-CHG Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474072 Release:
 Created On: 8/25/2004 Last Updated On: 9/22/2006
 Description: LI-NON-COVERED-CHG
 THE AMOUNT OF A LINE-ITEM CHARGE THAT IS NOT COVERED BY MEDICAID.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		7	2		S9(07)V99
2	N	Numeric		7	2		9(05)V99
3	N3	Numeric Comp-3		7	2		S9(5)V99
4	N	Numeric		9	2		9(07)V99
5	N	Numeric		7	2		S9(05)V99
9	G	Group		0	0		

Iowa Medicaid Enterprise**Data Element List**

DataElement ID: 04397 Name: LI-APPLIED-TPL-AMT Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474072 Release:
 Created On: 8/25/2004 Last Updated On: 9/22/2006
 Description: LINE ITEM APPLIED THIRD PARTY PAYMENT AMOUNT.
 THE LINE ITEM THIRD PARTY PAYMENT AMOUNT APPLIED.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		7	2		S9(07)V99
3	N3	Numeric Comp-3		7	2		S9(5)V99

DataElement ID: 04398 Name: LI-REIMBURSEMENT-AMT Version: Subsystem: Claims
 Created By: Last Updated By:
 Created On: 8/25/2004 Last Updated On: 8/25/2004 Release:
 Description: LINE ITEM REIMBURSEMENT AMOUNT.
 LINE ITEM REIMBURSEMENT AMOUNT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	2		S9(7)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04399 Name: LI-COPAY-STATUS-CD Version: Subsystem:
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/8/2011 Last Updated On: 3/8/2011
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

DataElement ID: 04400 Name: NUM-OF-RELATED-HIST Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF RELATED HISTORY
 THIS FIELD CONTAINS THE NUMBER OF RELATED HISTORY OCCURRENCES
 IN THE CLAIM RECORD.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3		Numeric Comp-3		3		0	S9(3)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04401 Name: NUM-OF-CURR-EXCEP Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF CURRENT EXCEPTIONS
 IDENTIFIES THE NUMBER OF CURRENT EXCEPTION ARRAYS IN THE CLAIM.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		S9(3)

DataElement ID: 04402 Name: NUM-OF-COMM-EXCEP Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF COMMITTED EXCEPTIONS
 IDENTIFIES THE NUMBER OF COMMITTED EXCEPTION ARRAYS IN THE CLAIM.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04403 Name: NUM-OF-EXPANDS Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF EXPANDED AREAS
 IDENTIFIES THE NUMBER OF EXPANDED AREAS IN THE CLAIM RECORD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		S9(3)

DataElement ID: 04404 Name: NUM-OF-TPL-SEGMENTS Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF TPL SEGMENTS
 IDENTIFIES THE NUMBER OF TPL SEGMENTS IN THE CLAIM.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		S9(3)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04405 Name: CURR-LOCATION-DATA Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CURRENT LOCATION DATA
 THIS IS A GROUP ITEM THAT CONTAINS DATA RELATED TO A CLAIM'S
 CURRENT LOCATION.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 04406 Name: PREV-LOCATION-DATA Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PREVIOUS LOCATION DATA.
 THIS IS A GROUP ITEM THAT CONTAINS DATA RELATED TO A CLAIM'S
 PREVIOUS LOCATION.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04407 Name: UNUSED-COUNTER Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: UNUSED-COUNTER
 THIS COUNTER FIELD IS RESERVED FOR FUTURE USE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 04408 Name: COMPUTED-RECIP-PMT Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: COMPUTED RECIPIENT PAYMENT
 ***** MMIS DATA ELEMENT NAME - MEDICAID CO-PAYMENT AMOUNT:
 MMIS GSD DATA ELEMENT NUMBER - 393
 MMIS PART 11 DATA ELEMENT NUMBER - 077
 MMIS DEFINITION - THE PORTION OF THE CLAIM CHARGE WHICH
 THE RECIPIENT MUST PAY, NORMALLY CALLED
 COINSURANCE WHEN EXPRESSED AS A PERCENTAGE
 OF PAYMENT AMOUNT. *****
 ***** NOT USED IN WYOMING *****
 THE RECIPIENT PAYMENT AMOUNT COMPUTED BY THE SYSTEM.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04409 Name: NUM-OF-TPL-BILL Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF TPL BILLING SEGMENTS
 IDENTIFIES THE NUMBER OF TPL BILLING SEGMENTS IN THE CLAIM.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		S9(3)

DataElement ID: 04411 Name: EOMB-PRINT-LIMIT Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: EOMB PRINT LIMIT. THIS FIELD WILL CONTAIN THE MAXIMUM NUMBER OF
 EOMB'S TO PRINT FOR TARGETED PROVIDERS OR RANDOMLY SELECTED
 PROVIDERS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
6	N3	Numeric Comp-3		7	0		9(07)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04412 Name: EXTENSION-DAYS Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: EXTENSION DAYS
 THE NUMBER OF DAYS WHICH THE ALLOWABLE LENGTH OF STAY FOR THIS
 ILLNESS SHOULD BE EXTENDED.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 04413 Name: EOB-CODE Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474163 Release:
 Created On: 8/25/2004 Last Updated On: 4/20/2011
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N3	Numeric Comp-3		3	0		9(03)
3	N	Numeric		3	0		9(03)
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04414 Name: OVERRIDE-EXCEP-CODE Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474163 Release:
 Created On: 8/25/2004 Last Updated On: 3/8/2011

Description: OVERRIDE EXCEPTION CODE
 ***** MMIS DATA ELEMENT NAME - OVERRIDE CODE:
 MMIS GSD DATA ELEMENT NUMBER - 377
 MMIS PART 11 DATA ELEMENT NUMBER -
 MMIS DEFINITION - A CODE (DATA ELEMENT 372,QQ.V.) TO
 INDICATE WHICH ERROR CONDITION TO IGNORE
 DURING PROCESSING. *****
 ***** MMIS DATA ELEMENT NAME - ERROR CODE TO BE OVERRIDEN
 MMIS GSD DATA ELEMENT NUMBER - 339
 MMIS PART 11 DATA ELEMENT NUMBER -
 MMIS DEFINITION - A CODE IDENTIFYING AN ERROR CONDITION
 WHICH IS TO BE OVERRIDEN. *****
 THE OVERRIDE EXCEPTION CODE IS INPUT BY A CLAIMS EXAMINER WHEN
 TRYING TO PRE-FORCE OR OVERRIDE AN EXCEPTION NOT YET POSTED TO
 THE CLAIM. DURING DISPOSITION PROCESSING, THE SYSTEM WILL
 MATCH THE OVERRIDE EXCEPTION CODE AGAINST ALL EXCEPTION CODES
 THAT HAVE BEEN POSTED TO THE CLAIM. IF THE OVERRIDE EXCEPTION
 MATCHES AN EXCEPTION CODE THAT HAS BEEN POSTED, THEN THE SYSTEM
 SET THE DISPOSITION STATUS OF THE POSTED EXCEPTION CODE TO
 "FORCE" ("F") AND DELETE THE OVERRRIDE EXCEPTION CODE. IF THE
 OVERRRIDE EXCEPTON CODE DOES NOT MATCH AN POSTED EXCEPTON CODE
 THEN THE OVERRIDE EXCEPTION CODE IS NOT DELETED.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		3	0		X(03)
2		N		Numeric		3	0		9(3)
3		N3		Numeric Comp-3		3	0		9(3)
9		G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04415 Name: OVERRIDE-LOC-CODE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: OVERRIDE LOCATION CODE
 THE OVERRIDE LOCATION CODE IS INPUT BY A CLAIMS EXAMINER TO
 OVERRIDE THE CLAIM'S LOCATION CODE TO BE ASSIGNED BY THE SYSTEM.,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2	0		X(2)

DataElement ID: 04416 Name: LMC-APPROVAL-IND Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LOCAL MEDICAL CONSULTANT APPROVAL INDICATOR
 ***** MMIS DATA ELEMENT NAME - CERTIFICATION REVIEW INDICATOR:
 MMIS GSD DATA ELEMENT NUMBER - 401
 - MMIS PART 11 DATA ELEMENT NUMBER - 115
 MMIS DEFINITION - INDICATOR SHOWING THAT REVIEW WAS MADE OF
 CERTIFICATION OF RECIPIENT WHO HAS BEEN
 ADMITTED TO INSTITUTIONAL CARE INCLUDING
 APPROVAL STATUS. *****
 ***** NOT USED IN FLORIDA MMIS *****
 INDICATES WHETHER OR NOT THE LOCAL MEDICAL CONSULTANT HAS
 APPROVED THE CLAIM.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04417	Name: EOB-CODE-A	Version:	Subsystem: Claims
Created By: T474163	Last Updated By: T474163	Release:	
Created On: 4/20/2011	Last Updated On: 4/20/2011		
Description: EOB-CODE-A			

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		3	0		X(03)
9		G		Group		0	0		

DataElement ID: 04418	Name: EOMB-RECIP-LIMIT	Version:	Subsystem: Claims
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: EOMB-RECIP-LIMIT	THIS FIELD IS USED TO INDICATE THE MAXIMUM NUMBER OF RECIPIENTS TO SELECT EOMBS FOR THE TARGETED PROVIDER.		

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
6		N3		Numeric Comp-3		4	0		9(04)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04419 Name: EFT-RID Version: Subsystem: Claims
 Created By: T474166 Last Updated By: T474166 Release:
 Created On: 7/15/2010 Last Updated On: 8/2/2010
 Description: WELLS FARGO REMOTE ID - RID

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		8	0		X(08)

DataElement ID: 04420 Name: EFT-BID Version: Subsystem: Claims
 Created By: T474166 Last Updated By: T474166 Release:
 Created On: 7/15/2010 Last Updated On: 7/14/2010
 Description: WELLS FARGO BATCH IDENTIFIER - BID

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		14	0		X(14)

DataElement ID: 04421 Name: COMMENT-TEXT Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: COMMENT TEXT. THIS FIELD IS USED FOR FURTHER COMMENTS ABOUT THE
 PRIOR AUTHORIZATION REQUEST. UP TO TWO LINES MAY BE ENTERED.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04422 Name: ACA-REIMBURSE-AMT Version: Subsystem: Claims
 Created By: T474193 Last Updated By: T474193 Release:
 Created On: 12/6/2012 Last Updated On: 12/6/2012
 Description: ACA REIMBURSEMENTAMOUNT

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	2		S9(07)V99

DataElement ID: 04423 Name: ACA-LI-REIMBURSE-AMT Version: Subsystem: Claims
 Created By: T474193 Last Updated By: T474193 Release:
 Created On: 12/6/2012 Last Updated On: 12/6/2012
 Description: ACA LINE REIMBURSEMENT AMT

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	2		S9(07)V99

DataElement ID: 04424 Name: ACA-IND Version: Subsystem: Claims
 Created By: T474193 Last Updated By: T474193 Release:
 Created On: 12/28/2012 Last Updated On: 1/31/2013
 Description: ACA INDICATOR

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04425 Name: CURR-FMAP-RPT-IND Version: Subsystem: Claims
 Created By: T474193 Last Updated By: T474193 Release:
 Created On: 9/2/2016 Last Updated On: 9/2/2016
 Description: CURRENT FMAP REPORT INDICATOR

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

DataElement ID: 04426 Name: AMOUNT-REQUESTED Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: AMOUNT REQUESTED.
 THIS FIELD CONTAINS THE AMOUNT ORIGINALLY REQUESTED ON PRIOR
 AUTHORIZATION.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3		Numeric Comp-3		9		2	S9(7)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04427 Name: UNITS-REQUESTED Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474190 Release:
 Created On: 8/25/2004 Last Updated On: 12/23/2015
 Description: UNITS REQUESTED
 THIS FIELD CONTAINS THE UNITS ORIGINALLY REQUESTED.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		4	0		X(4)
2	N	Numeric		6	0		9(06)
3	N3	Numeric Comp-3		5	0		S9(5)

DataElement ID: 04428 Name: AMOUNT-APPROVED Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: AMOUNT APPROVED.
 -
 THIS FIELD CONTAINS THE AMOUNT APPROVED FOR A PRIOR AUTHORIZATION.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	2		S9(7)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04429 Name: UNITS-APPROVED Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474190 Release:
 Created On: 8/25/2004 Last Updated On: 12/23/2015
 Description: UNITS APPROVED.
 THIS FIELD CONTAINS THE UNITS APPROVED FOR A PRIOR AUTHORIZATION.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		6	0		9(06)
3	N3	Numeric Comp-3		5	0		S9(5)

DataElement ID: 04430 Name: AMOUNT-USED Version: Subsystem: Claims
 Created By: Last Updated By:
 Created On: 8/25/2004 Last Updated On: 8/25/2004 Release:
 Description: AMOUNT USED.
 THIS FIELD CONTAINS TOTAL PAYMENTS MADE FOR THIS PRIOR AUTHORIZATION.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	2		S9(7)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04431 Name: UNITS-USED Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474190 Release:
 Created On: 8/25/2004 Last Updated On: 12/23/2015
 Description: UNITS USED.
 THIS FIELD CONTAINS THE UNITS OF SERVICE FOR WHICH PAYMENT HAS
 BEEN MADE FOR THIS PRIOR AUTHORIZATION.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		6	0		9(06)
3	N3	Numeric Comp-3		5	0		S9(5)

DataElement ID: 04432 Name: APPROVED-UNIT-PRICE Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474190 Release:
 Created On: 8/25/2004 Last Updated On: 12/23/2015
 Description: APPROVED UNIT PRICE
 THIS FIELD IS COMPUTED BY THE SYSTEM TO ENSURE THAT A PROVIDER DOES
 NOT GET PAID AN AMOUNT GREATER THAN THE ORIGINAL UNIT PRICE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		9	0		X(09)
3	N3	Numeric Comp-3		7	2		S9(05)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04433 Name: EFT-INFO-GRP Version: Subsystem:
Created By: T474202 Last Updated By: T474202 Release:
Created On: 11/5/2013 Last Updated On: 11/5/2013
Description: EFT ADDENDA INFORMATION GROUP

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		G		Group		0		0	

DataElement ID: 04434 Name: EFT-REASS-DATA Version: Subsystem: Claims
Created By: T474202 Last Updated By: T474202 Release:
Created On: 11/5/2013 Last Updated On: 11/6/2013
Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		91		0	X(91)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04435 Name: REVENUE-CODE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: REVENUE CODE
 THE REVENUE CODE UNIQUELY IDENTIFIES THE SERVICE RENDERED THE PATIENT ON AN INPATIENT HOSPITAL, OUTPATIENT HOSPITAL, OR HOSPICE CLAIM.
 REVENUE CODE DESCRIPTIONS ARE FOUND WITH THEIR CORRESPONDING TYPE OF PROCEDURE CODE IN A PROCEDURE RECORD ON THE PROCEDURE, DRUG, AND DIAGNOSIS FILE.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		3	0		X(3)
2		N		Numeric		3	0		9(3)
4		X		AlphaNumeric		5	0		X(5)
9		G		Group		0	0		

DataElement ID: 04436 Name: REVENUE-CODE4 Version: Subsystem: Claims
 Created By: T474070 Last Updated By: T474070 Release:
 Created On: 10/19/2006 Last Updated On: 10/19/2006

Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		4	0		X(04)
9		G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04440 Name: NH-HOSP-LEAVE-DAYS Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF BILLED HOSPITAL LEAVE DAYS ON N/H CLAIM
 -
 THE NUMBER OF BILLED HOSPITAL LEAVE DAYS ON A NURSING HOME CLAIM
 WHICH CONTRIBUTES TOWARD THE RESERVE BED DAY TOTAL.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 04441 Name: NH-HOME-LEAVE-DAYS Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF BILLED HOME LEAVE DAYS ON N/H CLAIM
 THE NUMBER OF BILLED HOME LEAVE DAYS ON A NURSING HOME CLAIM
 WHICH CONTRIBUTES TOWARD THE RESERVE BED DAY TOTAL.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04442 Name: NH-NON-COVRD-DAYS Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF NON-COVERED DAYS ON N/H CLAIM
 THE NUMBER OF NON-COVERED DAYS DAYS ON A NURSING HOME CLAIM.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 04444 Name: PATIENT-COUNT Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/8/2011 Last Updated On: 3/8/2011
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		9(03)

DataElement ID: 04445 Name: OBSTRCT-UNITS Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/8/2011 Last Updated On: 3/8/2011
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		9(05)

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 04446      Name:  MEA-TEST-RSLT      Version:      Subsystem:
Created By: T474163      Last Updated By: T474163      Release:
Created On: 3/8/2011      Last Updated On: 3/8/2011
Description:
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

```

DataElement ID: 04447      Name:  MEA-TEST-RSLT      Version:      Subsystem: Claims
Created By: T474163      Last Updated By: T474163      Release:
Created On: 3/8/2011      Last Updated On: 3/8/2011
Description:
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

```

DataElement ID: 04448      Name:  MEA-MEASR-ID-CODE      Version:      Subsystem: Claims
Created By: T474163      Last Updated By: T474163      Release:
Created On: 3/8/2011      Last Updated On: 3/8/2011
Description:
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		2	0		X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04449 Name: MEA-MEASR-QUALIFIER Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/8/2011 Last Updated On: 3/8/2011
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2			X(02)

DataElement ID: 04450 Name: MEA-TEST-RESULT Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/8/2011 Last Updated On: 3/8/2011
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3		Numeric Comp-3		3			9(03)V99

DataElement ID: 04451 Name: TYPE-OF-CLAIM Version: Subsystem: Claims
 Created By: Last Updated By:
 Created On: 8/25/2004 Last Updated On: 8/25/2004 Release:
 Description: TYPE OF CLAIM (USED ONLY AS A GROUP FIELD)

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0			

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04452 Name: EXCEPTION-IND Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: EXCEPTION INDICATORS (USED ONLY AS A GROUP FIELD)

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 04453 Name: ADJUDICATION-EOB Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ADJUDICATION EOB CODE
 AN EOB CODE WHICH WILL APPEAR ON THE REMITTANCE ADVICE ONLY FOR
 FINALIZED CLAIMS (PAID OR DENIED).

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		9(3)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04454 Name: SUSPENSE-EOB Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SUSPENSE EOB CODE
 AN EOB CODE WHICH WILL APPEAR ON THE REMITTANCE ADVICE ONLY FOR
 CLAIMS STILL IN PROCESS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3		0	9(3)

DataElement ID: 04455 Name: DATE-ENTERED-LOC Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474096 Release:
 Created On: 8/25/2004 Last Updated On: 11/7/2007
 Description: DATE ENTERED LOCATION
 THE DATE THE CLAIM ENTERED THIS LOCATION.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5		0	S9(5)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04456 Name: DATE-ENTERED Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474190 Release:
 Created On: 8/25/2004 Last Updated On: 12/23/2015
 Description: DATE ENTERED.
 THIS FIELD CONTAINS THE DATE THE PRIOR AUTHORIZATION RECORD WAS
 INITIALLY ENTERED IN THE SYSTEM.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(5)
4	X	AlphaNumeric		8	0		X(08)

DataElement ID: 04457 Name: EXPIRATION-DATE Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474190 Release:
 Created On: 8/25/2004 Last Updated On: 12/23/2015
 Description: EXPIRATION DATE. THIS FIELD CONTAINS THE DATE THE PRIOR
 AUTHORIZATION CAN NO LONGER BE USED REGARDLESS OF THE EFFECTIVE
 DATES OF THE PRIOR AUTHORIZATION LINE ITEMS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		8	0		X(08)
3	N3	Numeric Comp-3		5	0		S9(5)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04458	Name: LI-MISC-DNTL-DATA	Version:	Subsystem: Claims
Created By: T474163	Last Updated By: T474163	Release:	
Created On: 3/9/2011	Last Updated On: 3/9/2011		
Description:			

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9		G		Group		0		0	

DataElement ID: 04460	Name: MCARE-APPROVED-AMT	Version:	Subsystem: Claims
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: MEDICARE APPROVED AMT			
-			
THIS IS THE AMOUNT ON A CROSSOVER CLAIM THAT WAS APPROVED FOR			
PAYMENT BY MEDICARE.			

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N		Numeric		7		2	S9(5)V99
3		N3		Numeric Comp-3		7		2	S9(5)V99
9		G		Group		0		0	

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04461 Name: MCARE-COMPUTED-DED Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDICARE COMPUTED DEDUCTIBLE
 THE MEDICARE DEDUCTIBLE COMPUTED BY MEDICAID.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
6	N3	Numeric Comp-3		11	2		S9(9)V99

DataElement ID: 04462 Name: MCARE-COMPUTED-COINS Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDICARE COMPUTED COINSURANCE
 THE MEDICARE COINSURANCE COMPUTED BY MEDICAID.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
6	N3	Numeric Comp-3		11	2		S9(9)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04463 Name: PRIOR-PLCMT-DATE Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/9/2011 Last Updated On: 3/9/2011
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3		Numeric Comp-3		5		0	S9(05)

DataElement ID: 04464 Name: RPLCMNT-DATE Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/9/2011 Last Updated On: 3/9/2011
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3		Numeric Comp-3		5		0	S9(05)

DataElement ID: 04465 Name: TRTMNT-END-DATE Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/9/2011 Last Updated On: 3/9/2011
 Description: TRTMNT-END-DATE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3		Numeric Comp-3		5		0	S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04466 Name: MCARE-PART-B-DATA Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDICARE PART B DATA
 THIS IS A GROUP ITEM THAT CONTAINS DATA RELATING TO MEDICARE
 PART B.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group			0	0		

DataElement ID: 04467 Name: ORAL-CVTY-DESIG-CODE Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/9/2011 Last Updated On: 3/9/2011
 Description: ORAL-CVTY-DESIG-CODE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			2	0		X(02)
9	G	Group			0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04468 Name: PROS-CRWN-INLAY-CODE Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/9/2011 Last Updated On: 3/9/2011
 Description: PROS-CRWN-INLAY-CDOE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2		0	X(02)

DataElement ID: 04469 Name: PRIOR-PLCMT-DATE Version: Subsystem:
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/9/2011 Last Updated On: 3/9/2011
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3		Numeric Comp-3		5		0	S9(05)

DataElement ID: 04470 Name: RPLCMNT-DAT Version: Subsystem:
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/9/2011 Last Updated On: 3/9/2011
 Description: RPLCMNT-DATE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3		Numeric Comp-3		5		0	S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04471	Name: TRTMNT-BEGIN-DATE	Version:	Subsystem: Claims
Created By: T474163	Last Updated By: T474163	Release:	
Created On: 3/9/2011	Last Updated On: 3/9/2011		
Description:			

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3	Numeric Comp-3		5		0	S9(05)

DataElement ID: 04472	Name: TRAUMA-REL-IND	Version:	Subsystem: Claims
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: TRAUMA RELATED INDICATOR			
THIS FIELDS INDICATES THE CLAIM IS RELATED TO AN ACCIDENT.			

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		1		0	X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04473 Name: PDD-EPSDT-IND Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PDD-EPSDT-IND
 PROCEDURE DIAGNOSIS - EARLY PERIODIC SCREENING AND DETECTION
 INDICATOR REFLECTS WHETHER THE PROCEDURE OR DRUG IS FOR EPSDT.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 04474 Name: ORTHO-TREAT-IND Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/9/2011 Last Updated On: 3/9/2011
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04476 Name: TYPE-BILL Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474193 Release:
 Created On: 8/25/2004 Last Updated On: 2/10/2020
 Description: TYPE-BILL

THIS FIELD CONTAINS THE TYPE OF BILL FIELD FROM THE UB-82 CLAIM FORM. IT IS COMPRISED OF TYPE-OF-FACILITY, CLASS, AND FREQUENCY. THIS FIELD AND ITS SUBFIELDS ARE USED TO DETERMINE THE CLAIM INPUT FORM INDICATOR FOR SERVICES BILLED ON THE UB-82 CLAIM FORM. IN WYOMING THE THIRD DIGIT (FREQUENCY) IS NOT USED TO DETERMINE THE CLAIM INPUT FORM INDICATOR. THEREFORE THE VALID VALUES CONTAIN AN X IN THE THIRD DIGIT, INDICATING ALL VALUES.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		3	0		X(03)
4	N		Numeric		3	0		9(03)
9	G		Group		0	0		

DataElement ID: 04477 Name: TYPE-OF-FACILITY Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS IS THE FACILITY TYPE, WHICH IS THE FIRST DIGIT OF THE UB-82 TYPE OF BILL FIELD.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		1	0		9(1)
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04478 Name: CLASS Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD IS THE SECOND DIGIT OF THE UB-82 TYPE OF BILL, AND
 INDICATES INPATIENT OR OUTPATIENT SERVICES.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric			1	0		9(1)
9	G	Group			0	0		

DataElement ID: 04479 Name: FREQUENCY Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD IS THE THIRD DIGIT OF THE UB-82 TYPE OF BILL FIELD,
 AND INDICATES THE FREQUENCY OF THE CLAIM.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04480 Name: ADMISSION-HOUR Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS IS THE HOUR OF ADMISSION.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N	Numeric		2	0		9(2)
9		G	Group		0	0		

DataElement ID: 04481 Name: NH-LEVEL-OF-CARE Version: Subsystem: Claims
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 6/24/2005
 Description: NURSING HOME LEVEL OF CARE
 THIS IS THE TYPE OF CARE THAT THE RECIPIENT HAS BEEN DETERMINED TO REQUIRE.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		1	0		X(1)
9		G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04482 Name: PRO-DATA Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: GROUP LEVEL FOR PRO DATA.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9		G	Group		0	0		

DataElement ID: 04483 Name: CERT-BEGIN-DATE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ***** MMIS DATA ELEMENT NAME - CERTIFICATION/RECERTIFICATION DATE
 MMIS GSD DATA ELEMENT NUMBER - 400
 MMIS PART 11 DATA ELEMENT NUMBER -
 MMIS DEFINITION - THE DATE OF CERTIFICATION/RECERTIFICATION
 OF RECIPIENT WHO HAS BEEN ADMITTED TO
 INSTITUTIONAL CARE. *****
 CERTIFICATION BEGIN DATE FOR PRO.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
4		N	Numeric		6	0		9(6)
9		G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04484 Name: CERT-END-DATE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CERTIFICATION END DATE
 CERTIFICATION END DATE FOR PRO.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
4	N	Numeric			6	0		9(6)
9	G	Group			0	0		

DataElement ID: 04485 Name: HOSPITAL-MCARE-DATA Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDICARE PART A DATA
 GROUP LEVEL FOR MEDICARE PART A DATA.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group			0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04486 Name: NON-COVRD-LEAVE-DAYS Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NURSING HOME LEAVE DAYS WHICH ARE NOT COVERED.
 THE NUMBER OF DAYS THE RECIPIENT WAS NOT IN THE HOSPITAL
 WHICH ARE NOT COVERED.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		3	0		9(3)
3	N3	Numeric Comp-3		3	0		S9(3)
9	G	Group		0	0		

DataElement ID: 04487 Name: BILLED-LEAVE-DAYS Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NURSING HOME LEAVE DAYS WHICH ARE COVERED.
 THE NUMBER OF DAYS THE RECIPIENT WAS NOT IN THE HOSPITAL
 WHICH ARE COVERED.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04488 Name: LEAVE-DAYS-YTD Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: - NURSING HOME LEAVE DAYS USED FOR THE YEAR.
 THE NUMBER OF DAYS THE RECIPIENT WAS NOT IN THE HOSPITAL
 FOR THE YEAR.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 04489 Name: NURSING-HOME-DATA Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NURSING HOME DATA
 THIS FIELD IS A GROUP LEVEL CONTAINING DATA PERTAINING TO
 INSTITUTIONAL CARE CLAIMS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04490 Name: NH-HOSP-DAYS-MONTH Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NURSING HOME HOSPITAL DAYS THIS MONTH
 THE NUMBER OF DAYS THE RECIPIENT WAS ACTUALLY IN THE HOSPITAL
 DURING THE MONTH BEING BILLED.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		3	0		9(3)
3	N3	Numeric Comp-3		3	0		S9(3)
9	G	Group		0	0		

DataElement ID: 04491 Name: NH-HOSP-DAYS-FYTD Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NURSING HOME HOSPITAL DAYS FISCAL YEAR-TO-DATE
 THE NUMBER OF DAYS DURING THE CURRENT FISCAL YEAR THAT THE
 RECIPIENT WAS IN THE HOSPITAL.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04492 Name: NH-TERMINATION-CODE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NURSING HOME TERMINATION CODE
 THIS FIELD INDICATES THE RECIPIENT TYPE OF TERMINATION FROM THE
 NURSING HOME.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(1)

DataElement ID: 04493 Name: NH-HOME-DAYS-MONTH Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NURSING HOME DAYS THIS MONTH
 THIS FIELD CONTAINS THE NUMBER OF HOME VISIT DAYS THE RECIPIENT
 HAD DURING THE MONTH BEING BILLED.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		3	0		9(03)
3	N3		Numeric Comp-3		3	0		S9(3)
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04494 Name: NH-HOME-DAYS-FYTD Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NURSING HOME DAYS FISCAL YEAR TO DATE
 THIS FIELD CONTAINS THE FISCAL YEAR TO DATE TOTAL NUMBER OF
 HOME VISIT DAYS THE RECIPIENT HAS HAD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 04495 Name: NH-ACTION-CODE Version: Subsystem: Claims
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 6/24/2005
 Description: NURSING HOME ACTION CODE
 THIS CODE IDENTIFIES THE TYPE OF NURSING HOME TRANSACTION.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04496 Name: NH-DISCHARGE-DATE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NURSING HOME DISCHARGE DATE
 THE DATE THE RECIPIENT WAS DISCHARGED FROM THE NURSING HOME.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(5)
4	N	Numeric		6	0		9(06)
9	G	Group		0	0		

DataElement ID: 04497 Name: NH-KEYED-MCARE-IND Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NURSING HOME KEYED MEDICARE INDICATOR
 THIS FIELD INDICATES WHETHER THE NURSING HOME RECIPIENT
 WAS COVERED BY MEDICARE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04498 Name: NH-KEYED-PAT-RESP Version: Subsystem: Claims
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 6/24/2005
 Description: NURSING HOME KEYED PATIENT RESPONSIBILITY
 THIS FIELD INDICATES WHETHER THE PATIENT RESPONSIBILITY FIELD
 HAS BEEN ENTERED.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 04501 Name: SYSTEM-PARAMETER-NUM Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SYSTEM PARAMETER NUMBER - UNIQUELY IDENTIFIES A SYSTEM PARAMETER
 RECORD ON THE CLAIMS CONTROL FILE.
 REFER TO THE CLAIMS CONTROL FILE LISTING

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		4	0		9(4)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04502 Name: SYSTEM-PARAM-DESC Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SYSTEM PARAMETER DESCRIPTION.
 THE DESCRIPTION OF THE ASSOCIATED SYSTEM PARAMETER (DEN = 04503).

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		40	0		X(40)

DataElement ID: 04503 Name: SYSTEM-PARAMETER Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SYSTEM PARAMETER.
 THE PARAMETER ASSOCIATED WITH THE SYSTEM PARAMETER NUMBER
 (DEN = 04501). THE CONTENTS OF THIS DATA ELEMENT VARY DEPENDING
 ON THE SPECIFIC NEED OF THE PROGRAMS REQUIRING THE PARAMETER.
 THIS DATA ELEMENT IS REDEFINED BY THE FOLLOWING DATA ELEMENTS
 AND THE SYSTEM PARAMETER TYPE (DEN = 04504).
 DEN = 04505 - SYSTEM PARAMETER DOLLAR
 DEN = 04506 - SYSTEM PARAMETER PERCENT
 DEN = 04507 - SYSTEM PARAMETER DATE
 DEN = 04508 - SYSTEM PARAMETER VALUE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		9	0		X(9)
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04504 Name: SYSTEM-PARAM-TYPE Version: Subsystem: Claims
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 6/24/2005
 Description: SYSTEM PARAMETER TYPE
 A CODE IDENTIFYING THE TYPE OF SYSTEM PARAMETER (DEN = 04503).

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 04505 Name: SYSTEM-PARAM-DOLLAR Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SYSTEM PARAMETER DOLLAR.
 THIS DATA ELEMENT REDEFINES SYSTEM PARAMETER (DEN = 04503) TO
 REPRESENT A DOLLAR VALUE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		9	2		9(7)V99
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04506 Name: SYSTEM-PARAM-PERCENT Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SYSTEM PARAMETER PERCENT.
 THIS DATA ELEMENT REDEFINES SYSTEM PARAMETER (DEN = 04503) TO
 REPRESENT A PERCENTAGE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		0	4		9v9999
9	G	Group		0	0		

DataElement ID: 04507 Name: SYSTEM-PARAM-DATE Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474096 Release:
 Created On: 8/25/2004 Last Updated On: 11/7/2007
 Description: SYSTEM PARAMETER DATE.
 THIS DATA ELEMENT REDEFINES SYSTEM PARAMETER (DEN = 04503) TO
 REPRESENT A DATE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		6	0		X(6)
2	N	Numeric		6	0		9(6)
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04508 Name: SYSTEM-PARAM-VALUE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SYSTEM PARAMETER VALUE.
 THIS DATA ELEMENT REDEFINES SYSTEM PARAMETER (DEN = 04503) TO REPRESENT A NUMERIC VALUE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		9	0		9(9)
9	G		Group		0	0		

DataElement ID: 04509 Name: SYSTEM-PARAM-EFF-DTE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SYSTEM PARAMETER EFFECTIVE DATE.
 THE EFFECTIVE DATE OF THE ASSOCIATED SYSTEM PARAMETER (DEN=04503)

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3		Numeric Comp-3		5	0		S9(5)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04510 Name: H1500-ACCIDENT-IND Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HCFA1500 CLAIM FORM ACCIDENT INDICATOR
 THIS FIELD IS USED TO INDICATE WHETHER THE CLAIM WAS RELATED
 TO AN ACCIDENT.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(1)

DataElement ID: 04511 Name: SYSTEM-PARAM-SIGN Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SYSTEM PARAMETER SIGN.
 THIS FIELD CARRIES EITHER A + OR - TO INDICATE THE SIGN OF THE
 ASSOCIATED SYSTEM PARAMETER (DEN = 04503).

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04512 Name: SYSTEM-PARAM-EFF-DT2 Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SYSTEM PARAMETER EFFECTIVE DATE - 1.
 THIS DATE IS THE GREGORIAN COUNTERPART OF THE SYSTEM PARAMETER
 EFFECTIVE DATE (DEN = 04509).

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		6	0		9(6)

DataElement ID: 04513 Name: SYSTEM-PARAM-NUM-N Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 6/25/2010 Last Updated On: 6/25/2010
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	G	Group		0	0		
2	N	Numeric		8	1		9(08)V9

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04514 Name: SYSTEM-PARAM-DOL-N Version: Subsystem:
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 6/25/2010 Last Updated On: 6/25/2010
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 04515 Name: SYSTEM-PARAM-DOL-N Version: Subsystem:
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 6/25/2010 Last Updated On: 6/25/2010
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		8	1		9(08)V9
9	G		Group		0	0		

DataElement ID: 04521 Name: BEG-DOCUMENT-NUM Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: BEGINNING DOCUMENT NUMBER.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3		Numeric Comp-3		7	0		9(7)
8	N		Numeric		4	0		9(04)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04522 Name: END-DOCUMENT-NUM Version: Subsystem: Claims
 Created By: Initial Sy Last Updated By: T474072 Release:
 Created On: 8/25/2004 Last Updated On: 6/9/2005
 Description: ENDING DOCUMENT NUMBER.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3	Numeric Comp-3		7		0	9(7)
8		N	Numeric		4		0	9(04)

DataElement ID: 04523 Name: NUM-OF-DOCUMENTS Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF DOCUMENTS.

***** MMIS DATA ELEMENT NAME - NUMBER OF TRANSACTIONS IN BATCH
 MMIS GSD DATA ELEMENT NUMBER - 309
 MMIS PART 11 DATA ELEMENT NAME -
 MMIS DEFINITION - A COUNT OF THE TRANSACTIONS IN AN
 INDIVIDUAL BATCH. *****
 THIS FIELD CONTAINS THE NUMBER DOCUMENTS (CLAIMS) REPRESENTED
 BY THE BATCH RECORD.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3	Numeric Comp-3		8		0	9(8)

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Iowa Medicaid Enterprise

Data Element List

ND-Workbench

DataElement ID: 04524 Name: BATCH-ENTRY-DATE Version: Subsystem: Claims
Created By: SYSTEM Last Updated By: T474096 Release:
Created On: 8/25/2004 Last Updated On: 11/7/2007
Description: BATCH ENTRY DATE.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3	Numeric Comp-3		5	0		S9(5)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04525 Name: BATCH-STATUS Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: - BATCH STATUS

THE BATCH STATUS FIELD IN THE BATCH CONTROL RECORD INDICATES WHERE THE CLAIMS IN A BATCH RESIDE. THE FOLLOWING DESCRIBES HOW THE SYSTEM UPDATES THE BATCH STATUS.

BATCH STATUS	DESCRIPTION
ACTIVE	(EXAM ENTRY)
INACTIVE	A BATCH CAN BE SET TO 'INACTIVE' BY A CLAIMS EXAMINER THROUGH THE ON-LINE SYSTEM. AN INACTIVE STATUS INDICATES THAT THE CLAIMS IN THE BATCH WILL NOT BE ENTERED INTO THE SYSTEM. BEING KEYED THE ON-LINE SYSTEM WILL CHANGE BATCH STATUS FROM 'ACTIVE' TO 'BEING KEYED' WHEN THE CLAIMS IN THE BATCH ARE BEING EXAM ENTERED INTO THE SYSTEM.
KEYED	NOT USED.
ACCEPTED	THE MEDICARE PART A AND B PREPROCESSORS, KEY-TO-DISK/SCANNER PREPROCESSOR, AND THE TAPE-TO-TAPE PROGRAMS WILL CHANGE THE BATCH STATUS FROM 'ACTIVE' OR 'REJECTED' TO 'ACCEPTED' IF THE BATCH HAS PASSED THE TAPE-TO-TAPE EDITS. EXAM ENTRY WILL CHANGE THE STATUS FROM 'ACTIVE' TO 'ACCEPTED' AFTER ALL CLAIMS IN THE BATCH HAVE BEEN KEYED.
REJECTED	THE MEDICARE PART A AND B PREPROCESSORS, KEY-TO-DISK/SCANNER PREPROCESSOR, AND THE TAPE-TO-TAPE PROGRAMS WILL CHANGE THE BATCH STATUS FROM 'ACTIVE' OR 'REJECTED' TO 'REJECTED' IF THE BATCH FAILS ANY OF THE EDITS.
USED	THE BATCH STATUS IS SET TO 'USED' BY THE

Iowa Medicaid Enterprise

Data Element List

DATA VALIDITY PROGRAM TO INDICATE THE BATCH IS IN THE ADJUDICATION CYCLE. HEREAFTER, THE SYSTEM CONTROLS INDIVIDUAL CLAIMS RATHER THAN BATCHES OF CLAIMS.
 DATA ENTRY THE BATCH STATUS IS SET TO ONE OF THESE OTHER DATA ENTRY 1 STATUSES PRIOR TO ENTRY BY THE ONLINE SYSTEM

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(1)

DataElement ID: 04526 Name: BATCH-STATUS-DATE Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474096 Release:
 Created On: 8/25/2004 Last Updated On: 11/7/2007
 Description: BATCH STATUS DATE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3		Numeric Comp-3		5	0		S9(5)

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Data Element List

DataElement ID: 04527 Name: ONLINE-DOCS-TOTAL Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE TOTAL NUMBER OF DOCUMENTS ENTERED ONLINE FOR THE BATCH

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		6		0	S9(6)

DataElement ID: 04528 Name: RELEASE-YEAR-MONTH Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RELEASE YEAR MONTH
 THIS FIELD CONTAINS THE YEAR AND MONTH VALUE FOR INSTITUTIONAL
 CARE CLAIMS WHICH ARE TO BE RELEASED INTO THE SYSTEM.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		4		0	9(04)

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Data Element List

DataElement ID: 04530 Name: DRUG-CD-DIGITS-1-5 Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DRUG CODE DIGITS 1 THRU 5
 THIS CODE IDENTIFIES THE FIRST FIVE DIGITS OF THE DRUG CODE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		5	0		X(5)
2	N	Numeric		5	0		9(5)

DataElement ID: 04531 Name: DRUG-CD-DIGITS-6-9 Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DRUG CODE DIGITS 6 THRU 9
 THIS CODE IDENTIFIES DIGITS 6 THRU 9 OF THE DRUG CODE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		4	0		X(4)
2	N	Numeric		4	0		9(4)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04532 Name: DRUG-CD-DIGITS-10-11 Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DRUG CODE DIGITS 10 AND 11
 THIS CODE IDENTIFIES THE LAST TWO DIGITS OF THE DRUG CODE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		2	0		X(2)
2	N	Numeric		2	0		9(2)

DataElement ID: 04533 Name: LI-COPAY-STATUS-CD Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/8/2011 Last Updated On: 3/8/2011
 Description: COPAY STATUS IND

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)
9	G	Group		0	0		

DataElement ID: 04534 Name: LI-MISC-PROF-DATA Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/8/2011 Last Updated On: 3/8/2011
 Description: LINE MISC PROFILE DATA

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04535 Name: DME-SERVICE-DATA Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/8/2011 Last Updated On: 3/8/2011
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 04536 Name: LEN-MDCL-NECSSTY Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/8/2011 Last Updated On: 3/8/2011
 Description: MEDICAL NECESSITY

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		3	0		9(03)

DataElement ID: 04537 Name: DME-RNTL-PRICE Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/8/2011 Last Updated On: 3/8/2011
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	2		S9(05)V99

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Data Element List

DataElement ID: 04538 Name: DME-PRCHS-PRICE Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/8/2011 Last Updated On: 3/8/2011
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3		Numeric Comp-3		5			S9(05)V99

DataElement ID: 04539 Name: RNTL-UNIT-PRICE-IND Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/8/2011 Last Updated On: 3/8/2011
 Description: RENTAL UNIT PRICE IND

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1			X(01)

DataElement ID: 04540 Name: PATIENT-WEIGHT Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/8/2011 Last Updated On: 3/8/2011
 Description: PATIENT WEIGHT

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		3			X(03)

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Data Element List

DataElement ID: 04541 Name: AMBULANCE-DATA Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/8/2011 Last Updated On: 3/8/2011
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 04542 Name: DME-CERT-DATA Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/8/2011 Last Updated On: 3/8/2011
 Description: DME CERT DATA

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 04543 Name: CERT-TYPE-CODE Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/8/2011 Last Updated On: 3/8/2011
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

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Data Element List

DataElement ID: 04544 Name: DME-DURATION Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/8/2011 Last Updated On: 3/8/2011
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		2	0		9(02)

DataElement ID: 04545 Name: OTH-CLAIM-DATES Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/8/2011 Last Updated On: 3/8/2011
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 04546 Name: CERT-RVSN-DATE Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/8/2011 Last Updated On: 3/8/2011
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

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Data Element List

DataElement ID: 04547 Name: TRTMT-THRPY-DATE Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/8/2011 Last Updated On: 3/8/2011
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

DataElement ID: 04548 Name: DATE-OF-LAST-XRAY Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/8/2011 Last Updated On: 3/8/2011
 Description: DATE OF LAST XRAY

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04551 Name: CLAIM-STATUS Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474202 Release:
 Created On: 8/25/2004 Last Updated On: 12/23/2016
 Description: CLAIM STATUS

***** MMIS DATA ELEMENT NAME - ADJUDICATION STATUS:
 MMIS GSD DATA ELEMENT NUMBER - 351
 MMIS PART 11 DATA ELEMENT NUMBER -
 MMIS DEFINITION - A CODE INDICATING WHETHER THE ADJUDICATION
 OF A CLAIM TRANSACTION WAS "PAYMENT" OR
 "DISALLOWED." *****
 ***** MMIS DATA ELEMENT NAME - TRANSACTION STATUS:
 MMIS GSD DATA ELEMENT NUMBER - 353
 MMIS PART 11 DATA ELEMENT NUMBER -
 MMIS DEFINITION - A CODE INDICATING THE CURRENT STATUS
 OF A CLAIM TRANSACTION. *****
 INDICATES THE STATUS OF A CLAIM (ORIGINAL, REVERSED, OR ADJUSTED).

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(1)
9	G	Group		0	0		

DataElement ID: 04552 Name: DENTAL-LINE-DATA Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/15/2011 Last Updated On: 3/15/2011
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04553	Name: INST-LINE-DATA	Version:	Subsystem: Claims
Created By: T474163	Last Updated By: T474163	Release:	
Created On: 3/15/2011	Last Updated On: 3/15/2011		
Description:			

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9		G	Group		0	0		

DataElement ID: 04556	Name: WARRANT-COUNT	Version:	Subsystem: Claims
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: WARRANT COUNT FOR LAST WARRANT WRITTEN			
THIS FIELD CONTAINS THE COUNT OF CHECKS ISSUED DURING A			
PAYMENT RUN. THERE IS ALSO A CORRESPONDING AMOUNT FIELD			
DEFINED IN MMIS AS WELL.			

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04557 Name: WARRANT-TOTAL-AMOUNT Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: WARRANT TOTAL AMOUNT. THIS FIELD CONTAINS THE TOTAL WARRANT
 AMOUNT FOR EACH THOUSANDTH WARRANT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		11	2		9(9)V99

DataElement ID: 04558 Name: EPSDT-HEADER-DATA Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: GROUP LEVEL FOR EPSDT RELATED DATA IN VARIABLE HEADER OF COMMON

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 04559 Name: EPSDT-LINE-DATA Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: GROUP LEVEL FOR EPSDT RELATED DATA IN LINE ITEM OF COMMON CLAIM

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04560 Name: EPSDT-IND Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: EPSDT INDICATOR
 ***** THIS DATA ELEMENT IS NOT USED IN WYOMING *****
 ***** MMIS DATA ELEMENT NAME - SCREENING RELATED TREATMENT:
 MMIS GSD DATA ELEMENT NUMBER - 390
 MMIS PART 11 DATA ELEMENT NUMBER - 113
 MMIS DEFINITION - A CODE WHICH IDENTIFIES PROCEDURES OR
 SERVICES RECEIVED AS A RESULT OF
 SCREENING. *****
 INDICATES IF A CLAIM IS RELATED TO AN EPSDT SCREENING.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(1)
2	N	Numeric		2	0		9(02)

DataElement ID: 04561 Name: MAMGRPHY-CERT-NUMBER Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/15/2011 Last Updated On: 3/15/2011
 Description: MAMGRPHY-CERT-NUMBER

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		30	0		X(30)

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Data Element List

DataElement ID: 04562 Name: IMMUNE-BATCH-NUM Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/15/2011 Last Updated On: 3/15/2011
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		30	0		X(30)

DataElement ID: 04563 Name: NAT-DRUG-UNIT-COUNT Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/15/2011 Last Updated On: 3/15/2011
 Description: NAT-DRUG-UNIT-COUNT

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		15	0		9(15)

DataElement ID: 04564 Name: MEDICAL-DATA Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/15/2011 Last Updated On: 3/15/2011
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04565 Name: DENTAL-DATA Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/15/2011 Last Updated On: 3/15/2011
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 04566 Name: AMBLN-DROP-ZIP-CODE Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/22/2011 Last Updated On: 3/22/2011
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		9	0		9(09)

DataElement ID: 04567 Name: MEDICAL-LINE-DATA Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/15/2011 Last Updated On: 3/15/2011
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise Data Element List

DataElement ID: 04568 Name: EPSDT-REFERRAL-CODE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: EPSDT REFERRAL CODE
 ***** MMIS DATA ELEMENT NAME - SCREENING REFERRAL CODE:
 MMIS GSD DATA ELEMENT NUMBER - 389
 MMIS PART 11 DATA ELEMENT NUMBER - 112
 MMIS DEFINITION - A CODE WHICH INDICATES THE NATURE OF
 ANY REFERRALS MADE AS A RESULT OF
 EPSDT SCREENING *****
 - THE TYPE OF PROVIDER THE RECIPIENT WAS REFERRED TO IF THE EPSDT
 EXAMINATION INDICATED ABNORMAL RESULTS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		1		0	X(1)

DataElement ID: 04569 Name: LEAD-POISONING-IND Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: EPSDT LEAD POISONING INDICATOR
 A YES/NO INDICATOR FOR LEAD POISONING SCREENING OF EPSDT PATIENTS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		1		0	X(1)

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Data Element List

DataElement ID: 04570 Name: HGB-HCT-IND Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: EPSDT HEMOGLOBIN/HEMATOCRIT INDICATOR
 A YES/NO INDICATOR FOR HEMOGLOBIN/HEMATOCRIT SCREENING OF EPSDT PATIENTS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(1)

DataElement ID: 04571 Name: URINALYSIS-IND Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: EPSDT URINALYSIS INDICATOR
 A YES/NO INDICATOR FOR URINALYSIS SCREENING OF EPSDT PATIENTS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04573 Name: TUBERCULIN-SKIN-IND Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: EPSDT TUBERCULIN SKIN INDICATOR
 A YES/NO INDICATOR FOR TUBERCULIN SKIN SCREENING OF EPSDT PATIENTS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1		0	X(1)

DataElement ID: 04575 Name: GENERIC-PRODUCT-IND Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474217 Release:
 Created On: 8/25/2004 Last Updated On: 10/13/2017
 Description: GENERIC-PRODUCT-IND
 DISTINGUISHES A PRODUCT AS EITHER GENERIC OR BRANDED

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1		0	X(01)
2	N	Numeric		1		0	9(01)
9	G	Group		0		0	

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Data Element List

DataElement ID: 04576 Name: ROUTE-OF-ADMIN Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ROUTE OF ADMIN
 THE METHOD OF PHARMACEUTICAL ADMINISTRATION.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 04577 Name: PHAR-REJECT-COUNT Version: Subsystem: Claims
 Created By: T474074 Last Updated By: T474074 Release:
 Created On: 4/27/2011 Last Updated On: 4/27/2011
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		1	0		9(01)

DataElement ID: 04578 Name: PHAR-REJECT-CODE Version: Subsystem: Claims
 Created By: T474074 Last Updated By: T474074 Release:
 Created On: 4/27/2011 Last Updated On: 4/27/2011
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		3	0		X(03)
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04579 Name: PHAR-REJECT-FOI Version: Subsystem: Claims
 Created By: T474074 Last Updated By: T474074 Release:
 Created On: 4/27/2011 Last Updated On: 4/27/2011
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		2	0		9(02)

DataElement ID: 04580 Name: IMMUNIZATION-IND Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: A YES/NO INDICATOR FOR IMMUNIZATION OF EPSDT SCREENING PATIENTS

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(1)

DataElement ID: 04581 Name: SICKLE-CELL-IND Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: A YES/NO INDICATOR FOR SICKLE CELL TESTING OF EPSDT PATIENTS

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(1)

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DataElement ID: 04582 Name: CLAIM-MISC-PROF-DATA Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/8/2011 Last Updated On: 3/8/2011
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 04583 Name: DATE-ACUTE-MANIFEST Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/8/2011 Last Updated On: 3/9/2011
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

DataElement ID: 04584 Name: DATE-LMP Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/8/2011 Last Updated On: 3/9/2011
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

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Data Element List

DataElement ID: 04585 Name: DATE-PRESCRIBED Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/8/2011 Last Updated On: 3/8/2011
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		9(05)

DataElement ID: 04586 Name: ASSUMED-CARE-DATE Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/8/2011 Last Updated On: 3/9/2011
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

DataElement ID: 04587 Name: RELNQ-CARE-DATE Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/8/2011 Last Updated On: 3/9/2011
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

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Data Element List

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DataElement ID: 04588      Name: CLAIM-PATIENT-DATA      Version:
Created By: T474163      Last Updated By: T474163      Release:
Created On: 3/8/2011      Last Updated On: 3/8/2011
Description:
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

```

DataElement ID: 04589      Name: PATIENT-WEIGHT      Version:
Created By: T474163      Last Updated By: T474163      Release:
Created On: 3/8/2011      Last Updated On: 3/8/2011
Description:
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		3	0		X(03)

```

DataElement ID: 04590      Name: PATIENT-DEATH-DATE      Version:
Created By: T474163      Last Updated By: T474163      Release:
Created On: 3/8/2011      Last Updated On: 3/9/2011
Description:
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		8	0		S9(08)

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Data Element List

DataElement ID: 04591 Name: SPNL-MNPL-COND-CODE Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/8/2011 Last Updated On: 3/8/2011
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

DataElement ID: 04592 Name: ORIG-CLM-STAT-IND Version: Subsystem: Claims
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 5/4/2015 Last Updated On: 8/23/2017
 Description: ORIGINAL CLAIM STATUS INDICATOR.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

DataElement ID: 04593 Name: CCI-EDIT-TEMP-IND Version: Subsystem: Claims
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 5/6/2015 Last Updated On: 5/6/2015
 Description: CCI EDI TEMP INDICATOR.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04595 Name: CURRENT-DATE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CURRENT DATE
 CURRENT DATE. THIS FIELD WILL CONTAIN THE CURRENT DATE THAT THIS
 RECORD WAS CREATED OR UPDATED.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		6	0		9(06)
3	N3	Numeric Comp-3		6	0		9(06)
4	N	Numeric		8	0		9(08)

DataElement ID: 04596 Name: WARRANT-TYPE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: WARRANT TYPE. THIS FIELD WILL CONTAIN THE WARRANT TYPE WHICH WILL
 BE A CONSTANT 'H' IN THE RECORD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04600 Name: RELATED-HISTORY Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RELATED HISTORY
 THIS FIELD CONTAINS DUPLICATE CHECK RELATED HISTORY INFORMATION.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 04601 Name: NUM-OF-INST-PAYOR Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUM-OF-INST-PAYOR
 NUMBER OF OCCURRENCES OF ALTERNATE PAYORS FOR A CLAIM.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		S9(3)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04602 Name: PAYOR-CODE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: - PAYOR CODE
 IDENTIFIES THE SOURCE OF OTHER PAYMENTS IN ADDITION TO
 MEDICAID ON A UB92.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(1)

DataElement ID: 04603 Name: PAYOR-NAME Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PAYOR-NAME
 THE NAME OF ANY TPL OR MEDICARE PAYOR IN ADDITION TO
 MEDICAID ON A UB92.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		21		0	X(21)
2	X		AlphaNumeric		20		0	X(20)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04604 Name: PAYOR-PROV-NUMBER Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PAYOR PROVIDER NUMBER
 THIS FIELD IDENTIFIES THE PROVIDER ASSOCIATED WITH AN
 OCCURRENCE OF PAYOR DATA ON THE ASAP INSTITUTIONAL CLAIM.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N	Numeric		9	0		9(09)

DataElement ID: 04605 Name: TEST-PROD-IND Version: Subsystem: Claims
 Created By: Initial Sy Last Updated By: T474181 Release:
 Created On: 8/25/2004 Last Updated On: 1/18/2019
 Description: TEST PRODUCTION INDICATOR
 THIS FIELD IS USED TO INDICATE WHETHER THE CLAIM IS A TEST CLAIM
 OR A PRODUCTION CLAIM.
 NOW THIS BEING USED TO IDENTIFY MCO ENCOUNTER .
 A - AMERIGROUP
 U - UNITED HEALTH
 H - AMERIHEALTH

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		1	0		X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04608 Name: PAYOR-PRIOR-PMT Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PAYOR-PRIOR-PMT
 THE AMOUNT PAID BY TPL OR MEDICARE ON A UB92.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		9	2		9(07)V99
3	N3	Numeric Comp-3		9	2		S9(7)V99
4	N	Numeric		9	2		9(07)V99
9	G	Group		0	0		

DataElement ID: 04609 Name: INST-PAYOR-DATA Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: INST-PAYOR-DATA
 INFORMATION ABOUT A PAYOR OF AN INSTITUTIONAL CLAIM

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04610 Name: PAY-TO-PROV-LOC Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PAY-TO PROVIDER LOCATION
 THIS FIELD IS USED TO INDICATE THE LOCATION OF THE PROVIDER WHO
 RECEIVED THE CLAIM CHECK.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2	0		X(2)
2	N		Numeric		2	0		9(2)
9	G		Group		0	0		

DataElement ID: 04611 Name: EPSDT-CONDITION-DATA Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/8/2011 Last Updated On: 3/8/2011
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04612	Name: EPSDT-CONDITION-IND	Version:	Subsystem: Claims
Created By: T474163	Last Updated By: T474163	Release:	
Created On: 3/8/2011	Last Updated On: 3/8/2011		
Description:			

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2		0	X(02)

DataElement ID: 04613	Name: CLAIM-MISC-DENT-DATA	Version:	Subsystem:
Created By: T474163	Last Updated By: T474163	Release:	
Created On: 3/8/2011	Last Updated On: 3/8/2011		
Description:			

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0		0	

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04615 Name: FINANCIAL-CLASS Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: FINANCIAL CLASS
 THIS FIELD IDENTIFIES THE RELATIONSHIP OF THE PAYORS INDICATED ON
 ON THE CLAIM TO THE RECIPIENT.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		3		0	X(3)

DataElement ID: 04616 Name: PRIMARY-PAYOR-CODE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PRIMARY PAYOR CODE
 THIS FIELD INDICATES THE RELATIONSHIP OF THE PRIMARY PAYOR
 TO THE RECIPIENT.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04617 Name: SECONDARY-PAYOR-CODE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SECONDARY PAYOR CODE
 THIS FIELD INDICATES THE RELATIONSHIP OF THE SECONDARY PAYOR
 - TO THE RECIPIENT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 04618 Name: TERTIARY-PAYOR-CODE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TERTIARY PAYOR CODE
 THIS FIELD INDICATES THE RELATIONSHIP OF THE TERTIARY PAYOR
 TO THE RECIPIENT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04620 Name: EMPLOYMENT-REL-IND Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: EMPLOYMENT RELATED INDICATOR
 THIS FIELD INDICATES WHETHER THE CLAIM WAS RELATED TO THE
 RECIPIENT'S EMPLOYMENT.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(1)

DataElement ID: 04621 Name: EMERGENCY-IND Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: EMERGENCY INDICATOR
 THIS FIELD INIDICATES WHETHER THE CLAIM SERVICE WAS AN EMERGENCY.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04622 Name: INJURY-CODE Version: Subsystem: Claims
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 6/24/2005
 Description: INJURY CODE
 THIS FIELD INDICATES THE TYPE OF INJURY AND IS BILLED ON THE
 NON-INSTITUTIONAL CLAIM FORM ONLY.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(1)

DataElement ID: 04623 Name: DIAG-RELATED-CODE Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474163 Release:
 Created On: 8/25/2004 Last Updated On: 3/8/2011
 Description: DIAGNOSIS RELATED CODE
 THIS FIELD IS USED AT THE LINE ITEM LEVEL OF A HCFA-1500 CLAIM
 TO RELATE THE LINE ITEM TO ONE OF THE FOUR HEADER DIAGNOSIS
 CODES.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2		0	X(02)
9	G		Group		0		0	

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04625 Name: INJURY-AREA-DESC Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: -
 INJURY AREA DESCRIPTION
 DESCRIPTION OF THE BODY AREA THAT WAS INJURED.,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		30	0		X(30)

DataElement ID: 04626 Name: AREA-INJURY-CODE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: AREA INJURY CODE
 CODE TO IDENTIFY THE AREA OF THE BODY THAT WAS INJURED.,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2	0		X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04627 Name: OSHA-INJURY-CODE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: OSHA INJURY CODE
 CODE ASSIGNED BY OSHA TO IDENTIFY THE TYPE OF INJURY.,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2	0		X(02)
9	G		Group		0	0		

DataElement ID: 04631 Name: CONSENT-IND Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CONSENT INDICATOR
 THIS FIELD INDICATES WHETHER CONSENT WAS GIVEN TO PERFORM
 THE CLAIM SERVICE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04632 Name: DOC-IND Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DOCUMENTATION INDICATOR
 THIS FIELD IS USED TO INDICATE WHETHER A SPECIAL FORM IS
 ATTACHED TO THE CLAIM.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(1)

DataElement ID: 04641 Name: RPT-SELECT-CRITERIA Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: REPORT SELECTION CRITERIA FIELD USED IN SELECTION OF
 PAID CLAIM SERVICES REPORTS
 THIS FIELD WILL BE SET "ON" IF THE CRITERIA FOR A PAID CLAIM
 SERVICES REPORT IS TO BE USED FOR THE MOST CURRENT RUN
 REQUESTED BY THE DEPARTMENT FOR THE CURRENT PERIOD.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(1)
9	G	Group			0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04642 Name: CON-MGMT-CLM-COUNT Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CONTRACT MANAGEMENT PASSED TOTALS ARRAY CLAIM COUNTS (BY CLAIM TYPE AND CLAIM INPUT MEDIUM) ARE CARRIED IN THIS FIELD, WHICH IS USED IN CONTRACT MANAGEMENT REPORTING IN THE DETERMINATION OF PERCENTS OF NUMBERS OF DENIED CLAIMS FOR ALL PAID AND DENIED CLAIM TYPES.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3	Numeric Comp-3		9		0	S9(9)

DataElement ID: 04643 Name: CON-MGMT-ADJ-COUNT Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CONTRACT MANAGEMENT PASSED TOTALS ARRAY CLAIM COUNTS (BY CLAIM TYPE AND CLAIM INPUT MEDIUM) ARE CARRIED IN THIS FIELD, WHICH IS USED IN CONTRACT MANAGEMENT REPORTING IN THE DETERMINATION OF PERCENTS OF NUMBERS OF DENIED CLAIMS FOR ADJUSTMENT CLAIMS.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3	Numeric Comp-3		9		0	S9(9)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04650 Name: PRIV-TRANS-PAT-STAT Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PRIVATE TRANSPORTATION PATIENT STATUS
 THE PRIVATE TRANSPORTATION PATIENT STATUS.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 04651 Name: PRIV-TRANS-STOP-CD Version: Subsystem: Claims
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 6/24/2005
 Description: PRIVATE TRANSPORTATION STOP CODE
 THIS FIELD IS USED TO INDICATE WHEN THE STOP TIME OCCURED.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Report:ND-001

Iowa Medicaid Enterprise

ND-Workbench

Data Element List

DataElement ID: 04660 Name: PRIV-TRANS-STRT-TIME Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: PRIVATE TRANSPORTATION START TIME
THE PRIVATE TRANSPORTATION START TIME.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 04661 Name: TRANS-HEADER-DATA Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: GROUP LEVEL FOR TRANSPORTATION HEADER DATA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04663 Name: PRIV-TRANS-TRIP-CODE Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: PRIVATE TRANSPORTATION TRIP CODE
THIS DATA ELEMENT IS USED TO INDICATE THE PRIVATE TRANSPORTATION
TYPE OF TRIP.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 04664 Name: PRIV-TRANS-START-CD Version: Subsystem: Claims
Created By: Initial Sy Last Updated By: T474070 Release:
Created On: 8/25/2004 Last Updated On: 6/24/2005
Description: PRIVATE TRANSPORTATION START CODE
THIS FIELD IS USED TO INDICATE WHEN THE START TIME OCCURED.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04665 Name: PRIV-TRANS-STOP-TIME Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PRIVATE TRANSPORTATION STOP TIME
 THE PRIVATE TRANSPORTATION STOP TIME.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 04666 Name: PUB-TRANS-TRIP-CODE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PUBLIC TRANSPORTATION TRIP CODE
 THIS DATA ELEMENT IS USED TO INDICATE THE PUBLIC TRANSPORTATION
 TYPE OF TRIP.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04667 Name: MILITARY-START-TIME Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: MILITARY START TIME
THIS FIELD IS USED IN DUPLICATE CHECK TO HOLD THE MILITARY
START TIME.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 04668 Name: MILITARY-STOP-TIME Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: MILITARY STOP TIME
THIS FIELD IS USED IN DUPLICATE CHECK TO HOLD THE MILITARY
STOP TIME.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04670 Name: PRIV-TRANS-STRT-HOUR Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PRIVATE TRANSPORTATION START HOUR
 - THE PRIVATE TRANSPORTATION START HOUR.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 04671 Name: PUB-TRANS-DESTINATON Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PUB-TRANS-DESTINATON
 THE DESTINATION CODE FOR A PUBLIC TRANSPORTATION CLAIM.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		3	0		X(03)
2	N	Numeric		3	0		9(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04672 Name: PUB-TRANS-NUM-MILES Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PUBLIC TRANSPORTATION NUMBER OF MILES
 THIS FIELD IDENTIFIES THE NUMBER OF MILES BILLED ON A PUBLIC
 TRANSPORTATION CLAIM.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		5	0		9(05)

DataElement ID: 04673 Name: PUB-TRANS-FACILITY Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PUB-TRANS-FACILITY
 THE DESTINATION FACILITY CODE FOR A PUBLIC TRANSPORTATION CLAIM.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04674 Name: PUB-TRANS-DATA Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PUB-TRANS-DATA
 GROUP LEVEL ELEMENT STORING DATA ABOUT A PUBLIC TRANSPORTATION CLA

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 04675 Name: PRIV-TRANS-STRT-MIN Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PRIVATE TRANSPORTATION START MINUTE
 THE PRIVATE TRANSPORTATION START MINUTE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04676 Name: AMBLNC-DROP-ADDR-1 Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/15/2011 Last Updated On: 3/15/2011
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		30		0	X(30)

DataElement ID: 04677 Name: AMBLNC-DROP-ADDR-2 Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/15/2011 Last Updated On: 3/15/2011
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		30		0	X(30)

DataElement ID: 04678 Name: AMBLNC-DROP-CITY Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/15/2011 Last Updated On: 3/15/2011
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		20		0	X(20)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04679 Name: AMBLNC-DROP-STATE Version: Subsystem: Claims
Created By: T474163 Last Updated By: T474163 Release:
Created On: 3/15/2011 Last Updated On: 3/15/2011
Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		2		0	X(02)

DataElement ID: 04680 Name: PRIV-TRANS-STOP-HOUR Version: Subsystem: Claims
Created By: Last Updated By:
Created On: 8/25/2004 Last Updated On: 8/25/2004 Release:
Description: PRIVATE TRANSPORTATION STOP HOUR
THE PRIVATE TRANSPORTATION STOP HOUR.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 04681      Name:  AMBLNC-DROP-ZIP-CODE      Version:      Subsystem:
  Created By: T474163      Last Updated By: T474163      Release:
  Created On:   3/15/2011   Last Updated On:   3/15/2011
  Description: AMBLNC-DROP-ZIP-CODE
DataElement ID: 04681      Name:  AMBLN-DROP-ZIP-CODE      Version:      Subsystem:
  Created By: T474163      Last Updated By: T474163      Release:
  Created On:   3/15/2011   Last Updated On:   3/15/2011
  Description: AMBLNC-DROP-ZIP-CODE
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		9	0		9(09)

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DataElement ID: 04681      Name:  AMBLNC-DROP-ZIP-CODE      Version:      Subsystem:
  Created By: T474163      Last Updated By: T474163      Release:
  Created On:   3/15/2011   Last Updated On:   3/15/2011
  Description: AMBLNC-DROP-ZIP-CODE
DataElement ID: 04681      Name:  AMBLN-DROP-ZIP-CODE      Version:      Subsystem:
  Created By: T474163      Last Updated By: T474163      Release:
  Created On:   3/15/2011   Last Updated On:   3/15/2011
  Description: AMBLNC-DROP-ZIP-CODE
    
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Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		9	0		9(09)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04682 Name: INST-DATA Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/15/2011 Last Updated On: 3/15/2011
 Description: AMBLN-DROP-ZIP-CODE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		9	0		9(09)

DataElement ID: 04683 Name: YR-MO-OF-HIST-UPDT Version: Subsystem: Claims
 Created By: T474202 Last Updated By: T474202 Release:
 Created On: 3/22/2017 Last Updated On: 3/23/2017
 Description: YEAR MONTH OF HISTORY UPDATE INDICATOR
 THIS FIELD INDICATES WHETHER MONTHLY HISTORY FILE INDICATOR IS UPDATED FOR ITS MONTH BEFORE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		2	0		X(02)
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04684 Name: HIST-FILE-UPDT-IND Version: Subsystem: Claims
 Created By: T474202 Last Updated By: T474202 Release:
 Created On: 3/23/2017 Last Updated On: 3/23/2017
 Description: HISTORY FILE UPDATE INDICATOR
 THIS FIELD INDICATES WHETHER MONTHLY HISTORY FILE INDICATOR IS UPDATED FOR ITS MONTH BEFORE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)
9	G		Group		0	0		

DataElement ID: 04685 Name: PRIV-TRANS-STOP-MIN Version: Subsystem: Claims
 Created By: Last Updated By:
 Created On: 8/25/2004 Last Updated On: 8/25/2004 Release:
 Description: PRIVATE TRANSPORTATION STOP MINUTE
 - THE PRIVATE TRANSPORTATION STOP MINUTE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04687 Name: PRIV-TRANS-RATE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PRIVATE TRANSPORTATION RATE
 WHEN BILLING FOR MILES, THIS IS THE RATE PER MILE.
 WHEN BILLING FOR OXYGEN SERVICES, THIS IS THE RATE
 PER MINUTE.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
5		N		Numeric		5	2		9(03)V99

DataElement ID: 04688 Name: PRIV-TRANS-TYPE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PRIVATE TRANSPORTATION TYPE
 THIS FIELD INDICATES THE TYPE OF PRIVATE TRANSPORTATION FORM
 THE CLAIM WAS SUBMITTED ON.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Report:ND-001

Iowa Medicaid Enterprise

ND-Workbench

Data Element List

DataElement ID: 04689 Name: FIELD-SEPARATOR-FO Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: NCPDP FIELD SEPARATOR FO,

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 04690 Name: FIELD-SEPARATOR-FC Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: NCPDP FIELD SEPARATOR FC,

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 04691 Name: FIELD-SEPARATOR-FD Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: NCPDP FIELD SEPARATOR FD,

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Report:ND-001

Iowa Medicaid Enterprise

Data Element List

ND-Workbench

DataElement ID: 04692 Name: FIELD-SEPARATOR-FE Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: NCPDP FIELD SEPARATOR FE,

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 04693 Name: FIELD-SEPARATOR-FH Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: NCPDP FIELD SEPARATOR FH,

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 04694 Name: FIELD-SEPARATOR-FI Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: NCPDP FIELD SEPARATOR FI,

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Report:ND-001

Iowa Medicaid Enterprise

ND-Workbench

Data Element List

DataElement ID: 04695 Name: FIELD-SEPARATOR-FJ Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: NCPDP FIELD SEPARATOR FJ,

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 04696 Name: FIELD-SEPARATOR-FK Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: NCPDP FIELD SEPARATOR FK,

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 04697 Name: FIELD-SEPARATOR-FL Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: NCPDP FIELD SEPARATOR FL,

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04698 Name: FIELD-SEPARATOR-FM Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NCPDP FIELD SEPARATOR FM,

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 04699 Name: FIELD-SEPARATOR-FN Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NCPDP FIELD SEPARATOR FN,

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 04700 Name: FIELD-SEPARATOR-FP Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NCPDP FIELD SEPARATOR FP,

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04701 Name: PRESC-PHYS-PROV-NUM Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PRESCRIBING PHYSICIAN'S PROVIDER NUMBER.
 ***** MMIS DATA ELEMENT NAME - PRESCRIBING PHYSICIAN NUMBER:
 MMIS GSD DATA ELEMENT NUMBER - 305
 MMIS PART 11 DATA ELEMENT NUMBER - 060
 MMIS DEFINITION - THE PROVIDER NUMBER OF THE PHYSICIAN
 ISSUING A PRESCRIPTION. *****

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		9	0		X(9)
2	N	Numeric		9	0		9(9)
3	N3	Numeric Comp-3		9	0		9(9)
7	X	AlphaNumeric		10	0		X(10)
9	G	Group		0	0		

DataElement ID: 04702 Name: FIELD-SEPARATOR-FQ Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NCPDP FIELD SEPARATOR FQ,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04703 Name: PRESC-PROV-DEA-NUM Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PRESC-PROV-DEA-NUM
 PRESCRIBING PROVIDERS DEA NUMBER

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		9	0		X(09)

DataElement ID: 04704 Name: NUM-OF-ACCOUNT-INFO Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF ACCOUNT INFORMATION SEGMENTS.
 NUMBER OF ACCOUNT INFORMATION SEGMENTS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3		Numeric Comp-3		3	0		S9(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04705 Name: ACCOUNTING-INFO Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474146 Release:
 Created On: 8/25/2004 Last Updated On: 2/12/2007
 Description: ACCOUNTING-INFO
 ACCOUNTING CODES TO IDENTIFY WHICH BUDGET TO CHARGE THE
 EXPENDITURE TO.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 04706 Name: FUND Version: Subsystem: Claims
 Created By: Last Updated By:
 Created On: 8/25/2004 Last Updated On: 8/25/2004 Release:
 Description: FUND
 THE FUND CODE OF A CLAIM USED FOR MANAGERIAL ACCOUNTING

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
4	X	AlphaNumeric		3	0		X(03)
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04707 Name: REPORT-CODE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: REPORT-CODE
 THE REPORT-CODE OF A CLAIM. USED FOR MANAGERIAL ACCOUNTING

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		4	0		X(04)

DataElement ID: 04708 Name: 1099-IND Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: 1099-IND
 THE 1099 INDICATOR TELL WHETHER 1099 REPORTING IS REQUIRED
 FOR THE PROVIDER.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04709 Name: WIN-PROV-NUMBER Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: WIN-PROV-NUMBER
 WYOMING INFO NETWORK PROVIDER NUMBER

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
5	X		AlphaNumeric		11	0		X(11)

DataElement ID: 04710 Name: WIN-DATE-PAID Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: WIN-DATE-PAID
 THE DATE A CLAIM WAS PAID BY THE WYOMING INFO NETWORK.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04712 Name: OBJECT-SUB-OBJ Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: OBJECT-SUB-OBJ
 THE ACCOUNTING OBJECT CODE AND SUB-OBJECT CODE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		6	0		X(06)
9	G		Group		0	0		

DataElement ID: 04713 Name: TYPE-FINDER-REC-IND Version: Subsystem: Claims
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 6/24/2005
 Description: TYPE FINDER RECORD INDICATOR - INDITIFIES THE FINDER RECORD
 AS BEING ASSOCIATED WITH A
 PARTICULAR RECORD ON THE PDD
 FILE AS FOLLOWS:
 -
 A - DRUG
 B - PROCEDURE
 C - DIAGNOSIS

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04714 Name: ACCUMULATOR Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ACCUMULATOR - A NINE-DIGIT ACCUMULATOR USED IN THE PPD FINDER
 RECORD TO INDICATE A PROCEDURE, DRUG OR DIAGNOSIS CODE FREQUENCY
 OF USE IN A GIVEN CYCLE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	0		S9(9)

DataElement ID: 04715 Name: APPROPRIATION-CODE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: APPROPRIATION CODE
 THE CLAIM APPROPRIATION CODE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04716 Name: BUDGET Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: BUDGET
 THE CLAIM BUDGET CODE FOR FINANCIAL ACCOUNTING

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		4	0		X(04)
9	G		Group		0	0		

DataElement ID: 04717 Name: OBJECT Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: OBJECT
 THE CLAIM OBJECT CODE FOR FINANCIAL ACCOUNTING

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		4	0		X(04)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04718 Name: SUB-OBJECT Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SUB OBJECT
 THE CLAIM SUB OBJECT CODE FOR FINANCIAL ACCOUNTING

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2	0		X(02)

DataElement ID: 04719 Name: NCPDP-RESP-DATA-ACC Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NCPDP RESPONSE DATA - ACCEPTED
 THE RESPONSE DATA ASSOCIATED WITH AN ACCEPTED NCPDP
 ELIGIBILITY VERIFICATION TRANSACTION
 NCPDP FIELD NUMBER 502

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04720 Name: POS-ERROR-PROGRAM-ID Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: POINT OF SALE ERROR PROGRAM ID
 THE ID OF THE PROGRAM PRODUCING AN ERROR CONDITION IN THE
 POINT OF SALE SYSTEM

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 04721 Name: POS-ERROR-PARAGRAPH Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: POINT OF SALE ERROR PARAGRAPH ID
 THE ID OF THE PARAGRAPH IN WHICH AN ERROR CONDITION HAS OCCURRED
 IN THE POINT OF SALE SYSTEM

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04722 Name: POS-ERROR-RETURN-CD Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: POINT OF SALE ERROR RETURN CODE
 THE RETURN CODE ASSOCIATED WITH AN ERROR CONDITION IN THE
 POINT OF SALE SYSTEM

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 04723 Name: POS-NCPDP-TRAN-CODE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: POINT OF SALE NCPDP TRANSACTION CODE
 THE NCPDP STANDARD TRANSACTION CODE FOR POINT OF SALE DRUG
 CLAIMS

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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1	X	AlphaNumeric		2	0		X(02)
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Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 04724      Name:  POS-ERROR-MESSAGE      Version:      Subsystem: Claims
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: POINT OF SALE ERROR MESSAGE
                ERROR MESSAGE PRODUCED BY THE POINT OF SALE SYSTEM
    
```

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 04725      Name:  POS-ERROR-FILE-NAME      Version:      Subsystem: Claims
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: POINT OF SALE ERROR FILE NAME
                THE ID OF THE FILE PRODUCING AN ERROR CONDITION IN THE
                POINT OF SALE SYSTEM
    
```

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04726 Name: POS-ERROR-FUNCTION Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: POINT OF SALE ERROR FUNCTION CODE
 THE I/O FUNCTION CODE FOR WHICH AN ERROR CONDITION HAS OCCURRED
 IN THE POINT OF SALE SYSTEM

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 04727 Name: POS-ERROR-IO-KEY Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: POINT OF SALE ERROR I/O KEY
 THE I/O KEY FOR WHICH AN ERROR CONDITION HAS OCCURRED
 IN THE POINT OF SALE SYSTEM

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04728 Name: POS-ERROR-CICS-RESP Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: POINT OF SALE ERROR CICS RESPONSE
 THE COMMAREA CICS RESPONSE FIELD FROM AN ERROR CONDITION
 IN THE POINT OF SALE SYSTEM

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 04729 Name: POS-CONVERSION-IND Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: POINT OF SALE CONVERSION INDICATOR
 INDICATES WHETHER A CLAIM WAS CONVERTED FROM THE POINT OF SALE
 SYSTEM OR WAS CREATED BY THE MMIS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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1	X	AlphaNumeric		1	0		X(01)
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04731 Name: TAPE-BATCH-NUMBER Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TAPE BATCH NUMBER
 THIS FIELD IS PRESENT ON INCOMING TAPE BILLS TO IDENTIFY INTERNAL
 BATCHES PRODUCED BY THE PROCESSOR/SUBMITTER OF THE TAPE. IT IS
 NOT RELATED TO THE MMIS BATCH NUMBER.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N		Numeric		5	0		9(05)

DataElement ID: 04733 Name: XOVER-MCARE-DED-AMT Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: XOVER MEDICARE DEDUCTIBLE AMOUNT
 THE MEDICARE DEDUCTIBLE AMOUNT BILLED ON A TAPE MEDICARE PART
 B CROSSOVER CLAIM.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3		Numeric Comp-3		5	2		S9(03)V99
4		N		Numeric		9	2		S9(07)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04735 Name: ASAP-FILE-NAME Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ASAP FILE NAME
 THIS IDENTIFIES THE INTERNAL NAME OF A TRANSMITTED ASAP FILE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		20	0		X(20)

DataElement ID: 04736 Name: TOTAL-CLM-CHARGE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TOTAL CLAIM CHARGE
 THIS FIELD IS THE TOTAL CLAIM CHARGE FOR THE HCFA-1500 TAPE
 FILE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04738 Name: TYPE-OF-CLAIM Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: -
 TYPE OF CLAIM
 A CODE WHICH INDICATES THE TYPE OF CLAIM WITHIN
 THE BATCH

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 04739 Name: PAT-CONTROL-NO Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PATIENT CONTROL NUMBER
 THIS FIELD IS THE THE IDENTIFICATION NUMBER ASSIGNED TO THE
 PATIENT BY THE PROVIDER TO IDENTIFY THE PATIENT

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		17	0		X(17)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04740 Name: PAYABLE-RESPONSE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NCPDP PAYABLE RESPONSE DATA

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 04741 Name: CAPTURED-RESPONSE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NCPDP CAPTURED RESPONSE DATA

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 04742 Name: REJECTED-RESPONSE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NCPDP REJECTED RESPONSE DATA

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04743 Name: ACCEPTED-RESPONSE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NCPDP ACCEPTED RESPONSE DATA

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 04744 Name: NCPDP-DATA Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NCPDP-DATA
 THE NCPDP FIELDS ARE RESERVED FOR FUTURE USE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04745 Name: PROCESSING-FEE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROCESSING-FEE
 THE NCPDP PROCESSING FEE. RESERVED FOR FUTURE USE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		0	2		S9V99

DataElement ID: 04746 Name: DISCOUNT-RATE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DISCOUNT-RATE
 THE NCPDP DISCOUNT RATE. RESERVED FOR FUTURE USE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		5	4		S9V9(4)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04747 Name: PROV-NABP-NUM Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROV-NABP-NUM
 THIS NCPDP FIELD IS RESERVED FOR FUTURE USE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		7	0		9(7)

DataElement ID: 04748 Name: RX-DENIAL-OVERRIDE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RX-DENIAL-OVERRIDE
 THE NCPDP CODE FOR RX DENIAL OVERRIDE. RESERVED FOR FUTURE USE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		2	0		9(2)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04749 Name: ELIG-DENIAL-OVERRIDE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ELIG-DENIAL-OVERRIDE
 THE NCPDP CODE FOR OVERRIDING DENIAL OF NCPDP ELIGIBILITY.
 RESERVED FOR FUTURE USE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		1	0		9(1)

DataElement ID: 04750 Name: NCPDP-BIN-NUMBER Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NCPDP BIN NUMBER
 IDENTIFICATION NUMBER ASSIGNED BY ANSI FOR NETWORK ROUTING
 CONSULTEC'S BIN NUMBER IS 610084

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		6	0		9(06)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04751 Name: NCPDP-VERS-REL-NO Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NCPDP VERSION/RELEASE NUMBER
 IDENTIFIES THE FORMAT OF THE NCPDP TRANSACTION SENT OR RECEIVED.
 THE ONLY VERSION/RELEASE ACCEPTED BY CONSULTEC IS 3C WHICH IS THE
 MEDICAID RECOMMENDED TRANSACTION DATA SET FOR RELEASE 3.2

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		2	0		X(02)

DataElement ID: 04752 Name: NCPDP-PROC-CTL-NUM Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: - NCPDP PROCESSOR CONTROL NUMBER
 A CONTROL ID ASSIGNED BY THE PROCESSOR TO DISTINGUISH AMONG
 THE SOFTWARE THAT CREATED THE TRANSACTION OR THE DIFFERENT
 PLAN SPONSORS' DATA RECEIVED BY THE PROCESSOR

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		10	0		X(10)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04753 Name: NCPDP-GROUP-NUMBER Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NCPDP GROUP NUMBER
 ID ASSIGNED TO A CARDHOLDER'S GROUP.
 NOT APPLICABLE TO MEDICAID.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		15	0		X(15)

DataElement ID: 04754 Name: NCPDP-PERSON-CODE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NCPDP PERSON CODE
 ID ASSIGNED TO FAMILY MEMBER.
 NOT APPLICABLE TO MEDICAID.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		3	0		X(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04755 Name: NCPDP-SEX-CODE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NCPDP SEX CODE
 IDENTIFIES THE SEX OF THE PATIENT

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 04756 Name: NCPDP-RELATION-CODE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NCPDP RELATIONSHIP CODE
 CODE INDICATING RELATIONSHIP OF PATIENT TO CARDHOLDER.
 NOT APPLICABLE TO MEDICAID.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04757 Name: NCPDP-OTHER-COV-CODE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NCPDP OTHER COVERAGE CODE

-
 CODE INDICATING WHETHER THE PATIENT HAS OTHER INSURANCE COVERAGE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		1	0		9(01)

DataElement ID: 04758 Name: NCPDP-DATE-FILLED Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NCPDP DATE PRESCRIPTION FILLED

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		8	0		9(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04759 Name: NCPDP-CUSTOMER-LOC Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NCPDP CUSTOMER LOCATION
 CODE INDICATING THE LOCATION OF A PATIENT

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		2	0		9(02)

DataElement ID: 04760 Name: ELIG-CLARIF-CODE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ELIGIBILITY CLARIFICATION CODE
 CODE INDICATING THAT THE PHARMACY IS OVERRIDING AN
 ELIGIBILITY BASED DENIAL

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		1	0		9(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04761 Name: GROUP-SEPARATOR Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NCPDP GROUP SEPARATOR
 A FIELD USED TO SEPARATE GROUPS OF DATA WITHIN THE NCPDP
 TRANSACTION.
 THE GROUP SEPARATOR CHARACTER IS DECIMAL 29, HEXADECIMAL ID

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 04762 Name: NCPDP-NEW-REFILL-CD Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NCPDP NEW REFILL CODE
 CODE INDICATING WHETHER THE PRESCRIPTION IS NEW OR REFILL
 00 IS NEW, 01-99 IS REFILL

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		2	0		9(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04763 Name: NCPDP-COMPOUND-CODE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NCPDP COMPOUND CODE
 CODE INDICATING WHETHER THE PRESCRIPTION IS A COMPOUND

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)
2	N		Numeric		1	0		9(01)

DataElement ID: 04764 Name: NCPDP-DISP-AS-WRIT Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NCPDP DISPENSE AS WRITTEN (DAW) CODE
 CODE INDICATING WHETHER THE PRESCRIPTION'S INSTRUCTIONS
 REGARDING GENERIC SUBSTITUTION WERE FOLLOWED

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04765 Name: NCPDP-INGRED-COST Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NCPDP INGREDIENT COST
 COST OF THE DRUG DISPENSED

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		8	2		S9(04)V9(02)

DataElement ID: 04766 Name: NCPDP-DATE-RX-WRIT Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NCPDP DATE PRESCRIPTION WRITTEN
 THE DATE ON WHICH THE PRESCRIPTION WAS WRITTEN

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		8	0		9(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04767 Name: NCPDP-U-AND-C-CHARGE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NCPDP USUAL AND CUSTOMARY CHARGE
 THE AMOUNT CHARGED CASH CUSTOMERS FOR THE PRESCRIPTION,
 EXCLUSIVE OF SALES TAX, POSTAGE, OR OTHER FEES

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		8	2		S9(04)V9(02)

DataElement ID: 04768 Name: NCPDP-PA-MC-CODE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NCPDP PRIOR AUTHORIZATION/MEDICAL CERTIFICATION CODE
 CODE INDICATING PRIOR AUTHORIZATION OR MEDICAL CERTIFICATION
 OCCURRED

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)
2	N	Numeric		1	0		9(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04769 Name: NCPDP-PA-MC-NUMBER Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NCPDP PRIOR AUTHORIZATION/MEDICAL CERTIFICATION NUMBER
 NUMBER ASSOCIATED WITH THE NCPDP PRIOR AUTHORIZATION/
 MEDICAL CERTIFICATION CODE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		11	0		9(11)

DataElement ID: 04770 Name: LEVEL-OF-SERVICE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NCPDP LEVEL OF SERVICE
 CODE INDICATING THE TYPE OF SERVICE THE PHARMACIST RENDERED.
 THIS CODE MAY ENTITLE PHARMACY TO INCENTIVE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		2	0		9(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04771 Name: INCENTIVE-AMT-SUBMIT Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NCPDP INCENTIVE AMOUNT SUBMITTED
 THIS AMOUNT REPRESENTS THE INCENTIVE FEE THAT IS SUBMITTED
 BY THE PHARMACY.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		8	2		S9(04)V9(02)

DataElement ID: 04772 Name: DUR-CONFLICT-CODE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NCPDP DUR CONFLICT CODE
 REPRESENTS THE SUGGESTED SOURCE CODE THAT SHOULD BE GENERATED AND
 SNET BACK TO THE PHARMACY WHEN CONFLICT DETECTED.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		2	0		X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04773 Name: DUR-INTERVENTION Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: NCPDP DUR INTERVENTION CODE
PHARMACIST INTERACTION WHEN A CONFLICT CODE
HAS BEEN IDENTIFIED.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2	0		X(02)

DataElement ID: 04774 Name: DUR-OUTCOME-CODE Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: NCPDP DUR OUTCOME CODE
ACTION TAKEN BY PHARMACIST

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2	0		X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04775 Name: PRIM-PAY-DENIAL-DATE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NCPDP PRIMARY PAYOR DENIAL DATE
 DENIAL DATE OF CLAIM PREVIOUSLY SUBMITTED TO PRIMARY PAYOR.
 USED FOR THIRD PARTY LIABILITY REQUIREMENTS FOR STATE
 MEDICAID PROGRAMS.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		8	0		X(08)

DataElement ID: 04776 Name: CARDHOLDER-ID-NUMBER Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NCPDP CARDHOLDER ID NUMBER
 THIS FIELD IS MADE UP OF THE CARD CONTROL NUMBER AND THE
 RECIPIENT ID NUMBER.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9		G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04777 Name: PA-MC-CODE-NUMBER Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NCPDP PRIOR AUTHORIZATION/MEDICAL CERTIFICATION CODE AND NUMBER

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 04778 Name: RESPONSE-STATUS Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NCPDP RESPONSE STATUS
 CODE INDICATING THE STATUS OF THE TRANSACTION TRANSMITTED
 NCPDP FIELD NUMBER 501.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04779 Name: NCPDP-PLAN-ID Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NCPDP PLAN IDENTIFICATION
 FIELD IS DEFINED BY THE PROCESSOR. IT IS USED TO
 IDENTIFY BENEFITS OR PLAN DESIGN SPECIFICATIONS.
 NCPDP FIELD NUMBER 524.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 04780 Name: PATIENT-PAY-AMOUNT Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NCPDP PATIENT PAY AMOUNT
 AMOUNT TO BE COLLECTED FROM THE PATIENT. THIS FIELD
 INCLUDES CO-PAY AMOUNTS, ANY REDUCTIONS FOR DEDUCTIBLES, ETC.
 NCPDP FIELD NUMBER 505.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04781 Name: INGREDIENT-COST-PAID Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NCPDP INGREDIENT COST PAID
 DRUG INGREDIENT COST PAID INCLUDED IN THE TOTAL AMOUNT PAID
 NCPDP FIELD NUMBER 506.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 04782 Name: CONTRACT-FEE-PAID Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NCPDP CONTRACT FEE PAID
 CONTRACTED DISPENSING FEE PAID INCLUDED IN THE TOTAL AMOUNT
 PAID. THIS FIELD IS THE TOTAL OF ALL DISPENSING FEES AND
 INCENTIVE FEES, THAT MAY BE A PART OF THEPLAN DESIGN.
 NCPDP FIELD NUMBER 507.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04783 Name: SALES-TAX-PAID Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NCPDP SALES TAX PAID
 SALES TAX PAID INCLUDED IN THE TOTAL AMOUNT.
 NCPDP FIELD NUMBER 508.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 04784 Name: TOTAL-AMOUNT-PAID Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NCPDP TOTAL AMOUNT PAID
 TOTAL AMOUNT TO BE PAID BY THE CLAIM PROCESSOR
 (I.E., PHARMACY RECEIVABLE). THIS FIELD REPRESENTS
 A SUM OF PATIENT PAY AMOUNT, INGREDIENT COST PAID,
 CONTRACT FEE PAID, SALES TAX PAID AND POSTAGE AMOUNT PAID.
 NCPDP FIELD NUMBER 509.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04785 Name: AUTHORIZATION-NUMBER Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: NCPDP AUTHORIZATION NUMBER
NUMBER ASSIGNED BY PROCESSOR TO IDENTIFY TRANSACTION SENT.
NCPDP FIELD NUMBER 503.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 04786 Name: NCPDP-MESSAGE Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: NCPDP MESSAGE
FREE FORM TEXT
NCPDP FIELD NUMBER 504.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04787 Name: ACCUM-DEDUCTIBLE-AMT Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: NCPDP ACCUMULATED DEDUCTIBLE AMOUNT
THE AMOUNT IN DOLLARS MET BY THE PATIENT/FAMILY
IN A DEDUCTIBLE PLAN.
NCPDP FIELD NUMBER 512.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 04788 Name: REMAIN-DEDUCT-AMT Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: NCPDP REMAINING DEDUCTIBLE AMOUNT
THE AMOUNT IN DOLLARS NOT MET BY THE PATIENT/FAMILY
IN THE DEDUCTIBLE PLAN.
NCPDP FIELD NUMBER 513.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 04789      Name:  REMAIN-BENEFIT-AMT      Version:
Created By:                Last Updated By:      Release:
Created On:    8/25/2004   Last Updated On:    8/25/2004
Description: -    NCPDP REMAINING BENEFIT AMOUNT
                  THE AMOUNT IN DOLLARS FOR A PATIENT/FAMILY
                  IN A PLAN WITH A PERIODIC MAXIMUM BENEFIT.
                  DEFAULT VALUE OF ALL '9'S MEANS THAT THERE IS
                  NO REMAINING BENEFIT.
                  NCPDP FIELD NUMBER 514.
    
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Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 04790      Name:  AMT-APPL-PD-DEDUCT      Version:
Created By:                Last Updated By:      Release:
Created On:    8/25/2004   Last Updated On:    8/25/2004
Description: NCPDP AMOUNT APPLIED TO PERIODIC DEDUCTIBLE
                  AMOUNT APPLIED TO PERIODIC DEDUCTIBLE.  AMOUNT TO BE
                  COLLECTED FROM A PATIENT THAT IS INCLUDED IN PATIENT
                  PAY AMOUNT THAT IS DUE TO MEETING A PERIODIC DEDUCTIBLE.
                  NCPDP FIELD NUMBER 517.
    
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Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 04791      Name:  COPAY-CONSURANCE-AMT      Version:
Created By:                Last Updated By:          Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: NCPDP AMOUNT OF COPAY/COINSURANCE
              AMOUNT TO BE COLLECTED FROM A PATIENT THAT IS INCLUDED IN PATIENT
              PAY AMOUNT THAT IS DUE TO A PER PRESCRIPTION CO-PAY OR
              CO-INSURANCE.
              NCPDP FIELD NUMBER 518.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 04792      Name:  PROD-SELECT-AMOUNT      Version:
Created By:                Last Updated By:          Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: NCPDP AMOUNT ATTRIB. TO PROD. SELECTION
              AMOUNT TO BE COLLECTED FROM A PATIENT THAT IS INCLUDED IN PATIENT
              PAY AMOUNT THAT IS DUE TO THE PATIENT'S SELECTION DRUG PRODUCT.
              NCPDP FIELD NUMBER 519.
    
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Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04793 Name: EXCEED-BENEFIT-AMT Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NCPDP AMOUNT EXCEED. PERIODIC BENEFIT MAX
 AMOUNT TO BE COLLECTED FROM A PATIENT THAT IS INCLUDED IN PATIENT
 PAY AMOUNT THAT IS DUE TO THE PATIENT'S EXCEEDING A
 PERIODIC BENEFIT MAXIMUM.
 NCPDP FIELD NUMBER 520.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 04794 Name: INCENTIVE-FEE-PAID Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NCPDP INCENTIVE FEE PAID
 INCENTIVE DISPENSING FEE PAID INCLUDED IN THE TOTAL AMOUNT PAID.
 NCPDP FIELD NUMBER 521.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04795 Name: BASIS-OF-REIMBURSMNT Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NCPDP BASIS OF REIMBURSEMENT DETERMINATION
 THIS FIELD PROVIDES THE PHARMACY WITH INFORMATION ON
 HOW THE REIMBURSEMENT AMOUNT WAS CALCULATED.
 NCPDP FIELD NUMBER 522.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 04796 Name: AMT-ATTRIB-SALES-TAX Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NCPDP AMOUNT ATTRIBUTED TO SALES TAX
 AMOUNT TO BE COLLECTED FROM A PATIENT THAT IS INCLUDED IN PATIENT
 PAY AMOUNT THAT IS DUE TO SALES TAX PAID.
 PERIODIC BENEFIT MAXIMUM.
 NCPDP FIELD NUMBER 523.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04797 Name: DUR-RESPONSE-DATA Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: NCPDP DUR RESPONSE DATA
THIS FIELD IS FOR INFORMATIONAL USE ONLY.
NCPDP FIELD NUMBER 525.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 04798 Name: NCPDP-REJECT-COUNT Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: NCPDP REJECT COUNT
NUMBER OF REJECT REASONS IDENTIFIED.
NCPDP FIELD NUMBER 510.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04799 Name: NCPDP-REJECT-CODE Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: NCPDP REJECT CODE
CODE INDICATING THE ERROR FOUND.
NCPDP FIELD NUMBER 511.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 04800 Name: NCPDP-RESP-DATA-REJ Version: Subsystem: Claims
Created By: SYSTEM Last Updated By: T474096 Release:
Created On: 8/25/2004 Last Updated On: 11/7/2007
Description: NCPDP RESPONSE DATA - REJECTED
THE RESPONSE DATA ASSOCIATED WITH A REJECTED NCPDP
ELIGIBILITY VERIFICATION TRANSACTION
NCPDP FIELD NUMBER 502

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04801 Name: SAME-DIFF-PROV-TYPE Version: Subsystem: Claims
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 6/24/2005
 Description: SAME VS DIFFERENT PROVIDER TYPE

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(1)

DataElement ID: 04802 Name: UR-CURR-TCN Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: UTILIZATION REVIEW CURRENT TCN
 THE TCN OF THE CURRENT CLAIM FOR WHICH RELATED HISTORY APPLIES

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04803 Name: UR-HIST-STATUS-IND Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: UTILIZATION REVIEW HISTORY STATUS INDICATOR
INDICATES WHETHER THIS RECORD IS A CONDENSED VERSION OF A HISTORY
RECORD OR A CONDENSED VERSION OF A CURRENT CLAIM.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 04804 Name: UR-HIST-DATA Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: UTILIZATION REVIEW HISTORY DATA
THE DATA THAT RELATES TO A CURRENT CLAIM'S POSSIBLE FAILURE OF A
HISTORY RELATED AUDIT.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04806 Name: SAME-DIFF-PROV-SPEC Version: Subsystem: Claims
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 6/24/2005
 Description: SAME VS DIFFERENT PROVIDER SPECIALTY

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(1)

DataElement ID: 04808 Name: TYPE-OF-TIME-PERIOD Version: Subsystem: Claims
 Created By: Last Updated By:
 Created On: 8/25/2004 Last Updated On: 8/25/2004 Release:
 Description: TYPE OF TIME PERIOD

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04809 Name: NDC-MESSAGE-TYPE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NDC MESSAGE TYPE
 NDC MESSAGE TYPE IDENTIFIES THE NDC TRANSACTION
 AS A PHARMACY CLAIM OR AS A REPLY TO A PHARMACY CLAIM

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		3		0	X(03)

DataElement ID: 04810 Name: NDC-REFERENCE-NUMBER Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NDC REFERENCE NUMBER,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		6		0	X(06)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04811 Name: NDC-RESERVE-AREA Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NDC RESERVE AREA,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2		0	X(02)

DataElement ID: 04813 Name: SAME-DIFF-ANES-IND Version: Subsystem: Claims
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 6/24/2005
 Description: SAME VS DIFFERENT ANES/ASSISTANT SURG/OTHER INDICATOR.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 04815 Name: TOTAL-CLAIM-CHARGE Version: Subsystem: Claims
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 4/20/2005
 Description: NCPDP TOTAL CLAIM CHARGE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
4	N		Numeric		8		2	S9(04)V9(02)
7	N		Numeric		7		2	9(07)V99
8	N		Numeric		7		2	S9(07)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04816 Name: THIRD-PARTY-PMT-AMT Version: Subsystem: Claims
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 6/24/2005
 Description: NCPDP THIRD PARTY PAYMENT AMOUNT

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
4	N	Numeric		8	2		S9(04)V9(02)

DataElement ID: 04817 Name: CLM-RECIP-PMT-AMT Version: Subsystem: Claims
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 6/24/2005
 Description: NCPDP CLAIM RECIP PAYMENT AMOUNT

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
4	N	Numeric		8	2		S9(04)V9(02)

DataElement ID: 04818 Name: I-E-OTHER-SVC-IND Version: Subsystem: Claims
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 6/24/2005
 Description: INCLUSIVE OR EXCLUSIVE INDICATOR FOR OTHER SERVICES

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04819 Name: FROM-REVENUE-CODE Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 2/25/2011
 Description: FROM REVENUE CODE IN A RANGE

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		3	0		X(03)

DataElement ID: 04820 Name: TO-REVENUE-CODE Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 2/25/2011
 Description: TO REVENUE CODE IN A RANGE

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		3	0		X(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04821 Name: START-CHARS Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: RVRSE XOVERS START CHARACTERS
THIS FIELD CONTAINS START CHARACTERS USED IN REVERSE CROSSOVER
BILLING.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 04822 Name: RECORD-TYPE Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: RVRSE XOVERS RECORD TYPE
THIS FIELD CONTAINS THE RECORD TYPE USED IN REVERSE CROSSOVER
BILLING.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04823 Name: SERIAL-NUMBER Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: RVRSE XOVERS SERIAL NUMBER
THIS FIELD CONTAINS THE SERIAL NUMBER USED IN REVERSE CROSSOVER
BILLING.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 04824 Name: SENDER-CODE Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: RVRSE XOVERS SENDER CODE
THIS FIELD CONTAINS THE SENDER CODE USED IN REVERSE CROSSOVER
BILLING.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04825 Name: TYPE-BATCH Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: RVRSE XOVERS BATCH TYPE

-
THIS FIELD CONTAINS THE BATCH TYPE USED IN REVERSE CROSSOVER BILLING.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 04826 Name: SENDER-NAME Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: RVRSE XOVERS SENDER NAME

THIS FIELD CONTAINS THE SENDER NAME USED IN REVERSE CROSSOVER BILLING.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04827 Name: SENDER-STREET-ADDR Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: RVRSE XOVERS SENDER STREET ADDRESS
THIS FIELD CONTAINS THE SENDER STREET ADDRESS USED IN REVERSE
CROSSOVER BILLING.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 04828 Name: HEADER-VERSION Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: RVRSE XOVERS HEADER VERSION CODE
THIS FIELD CONTAINS THE HEADER VERSION CODE USED IN REVERSE
CROSSOVER BILLING.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04829 Name: SENDER-CITY Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: RVRSE XOVERS SENDER CITY
THIS FIELD CONTAINS THE SENDER CITY USED IN REVERSE
CROSSOVER BILLING.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 04830 Name: SENDER-STATE Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: RVRSE XOVERS SENDER STATE
THIS FIELD CONTAINS THE SENDER STATE USED IN REVERSE
CROSSOVER BILLING.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04831 Name: SENDER-ZIP Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: - RVRSE XOVERS SENDER ZIP CODE
 THIS FIELD CONTAINS THE SENDER ZIP CODE USED IN REVERSE
 CROSSOVER BILLING.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 04832 Name: CREATION-DATE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RVRSE XOVERS CREATION DATE
 THIS FIELD CONTAINS THE TAPE FILE CREATION DATE USED IN REVERSE
 CROSSOVER BILLING.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 04833      Name:  BLOCKING-FACTOR      Version:      Subsystem: Claims
Created By:                Last Updated By:      Release:
Created On:      8/25/2004  Last Updated On:      8/25/2004
Description: RVRSE XOVERS BLOCKING FACTOR
              THIS FIELD CONTAINS THE TAPE BLOCKING FACTOR  USED IN REVERSE
              CROSSOVER BILLING.
    
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Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 04834      Name:  CERTIFICATION      Version:      Subsystem: Claims
Created By:                Last Updated By:      Release:
Created On:      8/25/2004  Last Updated On:      8/25/2004
Description: RVRSE XOVERS CERTIFICATION NAME
              THIS FIELD CONTAINS THE PERSON'S NAME WHO IS AUTHORIZED TO SUBMIT
              CLAIMS FOR REVERSE CROSSOVER BILLING.
    
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Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04835 Name: STOP-CHARS Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: RVRSE XOVERS STOP CHARACTERS
THIS FIELD CONTAINS THE TAPE FILE STOP CHARACTERS USED IN
REVERSE CROSSOVER BILLING.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 04836 Name: REC-CODE-NUM Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: RVRSE XOVERS RECORD CODE NUMBER
THIS FIELD CONTAINS THE RECORD CODE NUMBER USED IN REVERSE
CROSSOVER BILLING.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04837 Name: CLAIM-CNTL-NUM Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: -
 RVRSE XOVERS CLAIM CONTROL NUMBER
 THIS FIELD CONTAINS THE CLAIM CONTROL NUMBER USED IN REVERSE
 CROSSOVER BILLING.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N		Numeric		8	0		9(08)
9		G		Group		0	0		

DataElement ID: 04838 Name: RECIP-2ND-STREET Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RVRSE XOVERS RECIPIENT SECOND STREET ADDRESS
 THIS FIELD CONTAINS THE RECIPIENT'S SECOND STREET ADDRESS USED
 IN REVERSE CROSSOVER BILLING.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04839 Name: REC-CODE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RVRSE XOVERS RECORD CODE
 THIS FIELD CONTAINS THE RECORD CODE USED IN REVERSE CROSSOVER BILLING.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 04840 Name: WK-REL-INDIC Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RVRSE XOVERS WORK RELATED INDICATOR
 THIS FIELD CONTAINS THE WORK RELATED INDICATOR USED IN REVERSE CROSSOVER BILLING.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04841 Name: SIGNAT-IND Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: RVRSE XOVERS SIGNATURE INDICATOR
 THIS FIELD CONTAINS THE SIGNATURE INDICATOR USED IN REVERSE
 CROSSOVER BILLING.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 04842 Name: COMP-COV-IND Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: RVRSE XOVERS COMPLEMENTARY COVERAGE INDICATOR
 THIS FIELD CONTAINS THE COMPLEMENTARY COVERAGE INDICATOR USED
 IN REVERSE CROSSOVER BILLING.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04843 Name: ASSIGN-CODE Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: RVRSE XOVERS ASSIGNMENT CODE
THIS FIELD CONTAINS THE ASSIGNMENT CODE USED IN REVERSE CROSSOVER BILLING.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 04844 Name: COMP-COV-NUM Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: RVRSE XOVERS COMPLEMENTARY COVERAGE NUMBER
THIS FIELD CONTAINS THE COMPLEMENTARY COVERAGE NUMBER USED IN REVERSE CROSSOVER BILLING.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04845 Name: MEDIGAP-NUM Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: RVRSE XOVERS MEDIGAP NUMBER
THIS FIELD CONTAINS THE MEDIGAP NUMBER USED IN REVERSE CROSSOVER BILLING.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 04846 Name: PA-GROUP-NUM Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: RVRSE XOVERS PA GROUP NUMBER
THIS FIELD CONTAINS THE PA GROUP NUMBER USED IN REVERSE CROSSOVER BILLING.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04847 Name: PA-GROUP-SUFFIX Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RVRSE XOVERS PA GROUP SUFFIX NUMBER
 THIS FIELD CONTAINS THE PA GROUP SUFFIX NUMBER USED IN REVERSE
 CROSSOVER BILLING.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 04848 Name: DIAG Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RVRSE XOVERS HEADER DIAGNOSIS CODE
 THIS FIELD CONTAINS THE HEADER DIAGNOSIS CODE USED IN REVERSE
 CROSSOVER BILLING.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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9	G	Group		0	0		
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04849 Name: BILLING-BATCH-NUM Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: RVRSE XOVERS BILLING BATCH NUMBER
THIS FIELD CONTAINS THE BILLING BATCH NUMBER USED IN REVERSE
CROSSOVER BILLING.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 04850 Name: FUNCT-STAT Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: RVRSE XOVERS FUNCTIONAL STATUS
THIS FIELD CONTAINS THE FUNCTIONAL STATUS USED IN REVERSE
CROSSOVER BILLING.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04851 Name: ADMIT-EMERGENCY-IND Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ADMIT-EMERGENCY-IND
 INDICATES WHETHER ADMISSION WAS FOR AN EMERGENCY

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 04852 Name: DATE-OF-SVC Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RVRSE XOVERS DATE OF SERVICE
 THIS FIELD CONTAINS THE DATE OF SERVICE USED IN REVERSE
 CROSSOVER BILLING.

2	N	Numeric		9	0		9(09)
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04853 Name: PLACE-OF-SVC Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: RVRSE XOVERS PLACE OF SERVICE
THIS FIELD CONTAINS THE PLACE OF SERVICE USED IN REVERSE
CROSSOVER BILLING.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 04854 Name: PROC-INDIC Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: RVRSE XOVERS PROCEDURE INDICATOR
THIS FIELD CONTAINS THE PROCEDURE INDICATOR USED IN REVERSE
CROSSOVER BILLING.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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2	N	Numeric		1	0		9(01)
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04855 Name: ANESTH-TIME Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RVRSE XOVERS ANESTHESIA TIME
 THIS FIELD CONTAINS THE ANESTHESIA TIME USED IN REVERSE
 CROSSOVER BILLING.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		3	0		9(03)

DataElement ID: 04856 Name: SEQUENCE-NUMBER Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SEQUENCE NUMBER
 THE SEQUENCE NUMBER IS USED TO DIFFERENTIATE BETWEEN RECORDS
 WITH THE SAME RECORD CODE ON A TAPE BILLING FILE.
 VALID SEQUENCE NUMBERS ARE DESCRIBED BELOW.

RECORD DESCRIPTION	RECORD CODE	SEQUENCE NUMBER
MEDICAL CLAIM HEADER	HM	00
MEDICAL CLAIM DETAIL	DM	00 THRU 21
DRUG CLAIM HEADER	HD	00
DRUG CLAIM HEADER	DD	01

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		2	0		9(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04857 Name: PRO-AUTH-NUM Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RVRSE XOVERS PRO AUTHORIZATION NUMBER
 THIS FIELD CONTAINS THE PRO AUTHORIZATION NUMBER USED IN
 REVERSE CROSSOVER BILLING.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		10	0		X(10)

DataElement ID: 04858 Name: NUM-OF-UNITS Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RVRSE XOVERS NUMBER OF UNITS
 THIS FIELD CONTAINS THE NUMBER OF UNITS USED IN REVERSE
 CROSSOVER BILLING.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		3	1		9(2)V9

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04859 Name: REF-PHYSICIAN Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RVRSE XOVERS REFERRING PHYSICIAN
 THIS FIELD CONTAINS THE REFERRING PHYSICIAN USED IN REVERSE
 CROSSOVER BILLING.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		24	0		X(24)

DataElement ID: 04860 Name: LAB-CHRGs Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RVRSE XOVERS LAB CHARGES
 THIS FIELD CONTAINS THE LAB CHARGES USED IN REVERSE
 CROSSOVER BILLING.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04861 Name: REF-PHYS-ID Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RVRSE XOVERS REFERRING PHYSICIAN ID
 THIS FIELD CONTAINS THE REFERRING PHYSICIAN ID USED IN REVERSE
 CROSSOVER BILLING.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 04862 Name: REF-PHYS-STATE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RVRSE XOVERS REFERRING PHYSICIAN STATE
 THIS FIELD CONTAINS THE REFERRING PHYSICIAN STATE USED IN REVERSE
 CROSSOVER BILLING.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04863 Name: CHARGE Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: RVRSE XOVERS LINE ITEM CHARGE
THIS FIELD CONTAINS THE LINE ITEM CHARGE AMOUNT USED IN REVERSE
CROSSOVER BILLING.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N	Numeric		6			9(04)V99

DataElement ID: 04864 Name: PAID-BY-BENE Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: RVRSE XOVERS AMOUNT PAID BY BENEFICIARY
THIS FIELD CONTAINS THE AMOUNT PAID BY THE BENEFICIARY
USED IN REVERSE CROSSOVER BILLING.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04865 Name: TREAT-PHYS-MCARE-NUM Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: RVRSE XOVERS TREATING PHYSICIAN MEDICARE NUMBER
THIS FIELD CONTAINS THE TREATING PHYSICIAN MEDICARE NUMBER
USED IN REVERSE CROSSOVER BILLING.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 04867 Name: DOCTOR-SUFFIX-CD Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: RVRSE XOVERS DOCTOR'S SUFFIX CODE
THIS FIELD CONTAINS THE DOCTOR SUFFIX CODE USED IN REVERSE
CROSSOVER BILLING.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04868 Name: FACILITY-NUM Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: RVRSE XOVERS FACILITY NUMBER
THIS FIELD CONTAINS THE FACILITY NUMBER USED IN REVERSE
CROSSOVER BILLING.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 04869 Name: TOTAL-INDIC Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: RVRSE XOVERS TOTAL INDICATOR
THIS FIELD CONTAINS THE TOTAL INDICATOR USED IN REVERSE
CROSSOVER BILLING.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04870 Name: TOT-CLM-CHRG Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: RVRSE XOVERS TOTAL CLAIM CHARGE
THIS FIELD CONTAINS THE TOTAL CLAIM CHARGE USED IN REVERSE
CROSSOVER BILLING.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 04871 Name: MEDIGAP-NAME Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: RVRSE XOVERS MEDIGAP NAME
THIS FIELD CONTAINS THE MEDIGAP NAME USED IN REVERSE CROSSOVER
BILLING.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04872 Name: MEDIGAP-ADDR Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RVRSE XOVERS MEDIGAP ADDRESS
 THIS FIELD CONTAINS THE MEDIGAP ADDRESS USED IN REVERSE CROSSOVER BILLING.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 04873 Name: MEDIGAP-CITY Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RVRSE XOVERS MEDIGAP CITY
 THIS FIELD CONTAINS THE MEDIGAP CITY USED IN REVERSE CROSSOVER BILLING.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04874 Name: MEDIGAP-STATE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RVRSE XOVERS MEDIGAP STATE
 THIS FIELD CONTAINS THE MEDIGAP STATE USED IN REVERSE CROSSOVER
 BILLING.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 04875 Name: MEDIGAP-ZIP Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RVRSE XOVERS MEDIGAP ZIP CODE
 THIS FIELD CONTAINS THE MEDIGAP ZIP CODE USED IN REVERSE
 CROSSOVER BILLING.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04876 Name: SERIAL-NUMBER Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RVRSE XOVERS SERIAL NUMBER
 THIS FIELD CONTAINS THE SERIAL NUMBER USED IN REVERSE
 CROSSOVER BILLING.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 04877 Name: I-E-ANESTHESIA-IND Version: Subsystem: Claims
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 6/24/2005
 Description: INCLUSIVE/EXCLUSIVE ANESTHESIA INDICATOR

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04878 Name: I-E-ASST-SURGERY Version: Subsystem: Claims
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 6/24/2005
 Description: INCLUSIVE/EXCLUSIVE ASSISTANT SURGERY

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(1)

DataElement ID: 04879 Name: TOTAL-RECORDS Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TOTAL RECORDS

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
4	N	Numeric		9	0		9(09)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04880 Name: TOTAL-CHARGES Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: RVRSE XOVERS TOTAL CHARGES
THIS FIELD CONTAINS THE TOTAL CHARGES USED IN REVERSE CROSSOVER BILLING.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 04881 Name: TOT-MED-A-IP-CLAIMS Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: RVRSE XOVERS TOTAL MEDICARE A INPATIENT CLAIMS
THIS FIELD CONTAINS THE TOTAL MEDICARE A INPATIENT CLAIMS USED IN REVERSE CROSSOVER BILLING.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 04882      Name:  TOT-CHRG-MED-A-IP      Version:      Subsystem: Claims
Created By:                Last Updated By:      Release:
Created On:   8/25/2004    Last Updated On:   8/25/2004
Description: RVRSE XOVERS TOTAL CHARGES FOR MEDICARE A INPATIENT CLAIMS
              THIS FIELD CONTAINS THE TOTAL CHARGES FOR MEDICARE A INPATIENT
              CLAIMS USED IN REVERSE CROSSOVER BILLING.
    
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Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 04883      Name:  TOT-MED-A-OP-CLAIMS      Version:      Subsystem: Claims
Created By:                Last Updated By:      Release:
Created On:   8/25/2004    Last Updated On:   8/25/2004
Description: RVRSE XOVERS TOTAL MEDICARE A OUTPATIENT CLAIMS
              THIS FIELD CONTAINS THE TOTAL MEDICARE A OUTPATIENT CLAIMS USED
              IN REVERSE CROSSOVER BILLING.
    
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Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 04884      Name:  TOT-CHRG-MED-A-OP      Version:      Subsystem: Claims
Created By:                Last Updated By:      Release:
Created On:   8/25/2004    Last Updated On:   8/25/2004
Description: -   RVRSE XOVERS TOTAL CHARGES MEDICARE A OUTPATIENT CLAIMS
                THIS FIELD CONTAINS THE TOTAL CHARGES FOR MEDICARE A OUTPATIENT
                CLAIMS USED IN REVERSE CROSSOVER BILLING.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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```

DataElement ID: 04885      Name:  TOT-BC-IP-CLAIMS      Version:      Subsystem: Claims
Created By:                Last Updated By:      Release:
Created On:   8/25/2004    Last Updated On:   8/25/2004
Description: RVRSE XOVERS TOTAL BLUE CROSS INPATIENT CLAIMS
                THIS FIELD CONTAINS THE TOTAL BLUE CROSS INPATIENT CLAIMS USED
                IN REVERSE CROSSOVER BILLING.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 04886      Name:  TOT-CHRG-BC-IP      Version:      Subsystem: Claims
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: RVRSE XOVERS TOTAL CHARGES FOR BLUE CROSS INPATIENT CLAIMS
              THIS FIELD CONTAINS THE TOTAL CHARGES FOR BLUE CROSS INPATIENT
              CLAIMS USED IN REVERSE CROSSOVER BILLING.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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```

DataElement ID: 04887      Name:  TOT-BC-OUTP-CLAIMS      Version:      Subsystem: Claims
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: RVRSE XOVERS TOTAL BLUE CROSS OUTPATIENT CLAIMS
              THIS FIELD CONTAINS THE TOTAL BLUE CROSS OUTPATIENT CLAIMS USED
              IN REVERSE CROSSOVER BILLING.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04888 Name: TOT-CHRG-BC-OUTP Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RVRSE XOVERS TOTAL CHARGES FOR BLUE CROSS OUTPATIENT CLAIMS
 THIS FIELD CONTAINS THE TOTAL CHARGES FOR BLUE CROSS OUTPATIENT
 CLAIMS USED IN REVERSE CROSSOVER BILLING.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 04889 Name: TOT-MED-B-CLAIMS Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RVRSE XOVERS TOTAL MEDICARE B CLAIMS
 THIS FIELD CONTAINS THE TOTAL MEDICARE B CLAIMS USED IN REVERSE
 CROSSOVER BILLING.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04890 Name: TOT-CHRG-MED-B Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: -
 RVRSE XOVERS TOTAL CHARGES FOR MEDICARE B CLAIMS
 THIS FIELD CONTAINS THE TOTAL CHARGES FOR MEDICARE B CLAIMS USED
 IN REVERSE CROSSOVER BILLING.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 04891 Name: ZERO-FIELD Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RVRSE XOVERS ZERO FIELD
 THIS FIELD CONTAINS A DUMMY ZERO FIELD USED IN REVERSE CROSSOVER
 BILLING.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04893 Name: TOT-BS-CLAIMS Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: RVRSE XOVERS TOTAL BLUE SHIELD CLAIMS
THIS FIELD CONTAINS THE TOTAL BLUE SHIELD CLAIMS USED IN REVERSE
CROSSOVER BILLING.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 04894 Name: TOT-CHRGs-BS Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: RVRSE XOVERS TOTAL CHARGES FOR BLUE SHIELD CLAIMS
THIS FIELD CONTAINS THE TOTAL CHARGES FOR BLUE SHIELD CLAIMS USED
IN REVERSE CROSSOVER BILLING.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04895 Name: OUTLIER-AMT Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: OUTLIER AMOUNT
 THE OUTLIER AMOUNT ASSOCIATED WITH AN INSTITUTIONAL CLAIM, USED IN
 LEVEL OF CARE REPORTING.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9		2	S9(07)V99

DataElement ID: 04896 Name: DIRECT-MEDICAL-EDUC Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DIRECT MEDICAL EDUCATION FEE
 THE DIRECT MEDICAL EDUCATION FEE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7		2	S9(5)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04897 Name: INPAT-LEVEL-OF-CARE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: -
 INPATIENT LEVEL OF CARE
 THESE VALUES ARE SUBMITTED ON THE CLAIM.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)
9	G		Group		0	0		

DataElement ID: 04898 Name: CAPITAL-REIMB-FEE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CAPITAL REIMBURSEMENT FEE
 THE CAPITAL REIMBURSEMENT FEE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3		Numeric Comp-3		7	2		S9(5)V99

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 04899      Name:  LOC-DATA      Version:      Subsystem: Claims
Created By:  SYSTEM      Last Updated By: T474096      Release:
Created On:  8/25/2004      Last Updated On:  11/7/2007
Description: LOC-DATA
                GROUP LEVEL FOR FIELDS RELATED TO LEVEL OF CARE FOR A CLAIM.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

```

DataElement ID: 04900      Name:  ORIG-HEADER-INFO      Version:      Subsystem: Claims
Created By:  Last Updated By:      Release:
Created On:  8/25/2004      Last Updated On:  8/25/2004
Description: CONTROL FILE ORIGINAL HEADER INFORMATION
                THIS FIELD CONTAINS ORIGINAL HEADER INFORMATION FOR THE CONTROL
                FILE.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04901 Name: UR-MAX-ENTRIES Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DED ELEMENT FOR TESTING
 THE MAXIMUM NUMBER OF CLAIMS THAT ARE TABLED.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
4	NO		Numeric Comp		8	0		S9(8)

DataElement ID: 04902 Name: UR-NUM-OF-ENTRIES Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: UTILIZATION REVIEW NUMBER OF ENTRIES
 NUMBER OF UR PARAMETERS THAT HAVE BEEN TABLED.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
4	NO		Numeric Comp		8	0		S9(8)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04903 Name: INDEX-IS-ZERO Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: INDEX IS ZERO
 INDEX IS ZERO - CORRESPONDS TO ZERO OCCURRENCES IN A TABLE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
4	NO	Numeric Comp		8	0		S9(8)

DataElement ID: 04904 Name: SAVE-INDEX Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SAVE INDEX
 SAVE INDEX - USED AS A SAVE AREA FOR AN INDEX.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
4	NO	Numeric Comp		8	0		S9(8)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04905 Name: UR-TABLE-ENTRY Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: UTILIZATION REVIEW TABLE ENTRY
 UR TABLE ENTRY.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 04906 Name: STATUS Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CONTROL FILE STATUS
 THIS FIELD CONTAINS THE CLAIM STATUS FOUND ON THE CONTROL
 FILE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		2	0		9(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04907 Name: RECEIPT-DATE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RECEIPT DATE
 THIS FIELD CONTAINS THE REVERSE CROSSOVERS REMITTANCE MEDICARE
 RECEIPT DATE (DATE THE BILLING TAPE WAS RECEIVED)

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N	Numeric			4	0		9(04)
4	N	Numeric			8	0		9(08)

DataElement ID: 04908 Name: REJECT-CODE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: - REJECT CODE
 REJECT CODE FOUND ON THE REVERSE CROSSOVER MEDICARE REMITTANCE
 TAPE FILE AND CONTROL FILE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			4	0		X(04)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04909 Name: ADJUSTMENT-TCN Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: ADJUSTMENT TCN
THIS FIELD CONTAINS THE GROSS ADJUSTMENT TCN FOUND ON THE CONTROL FILE.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 04910 Name: MCARE-HEADER-INFO Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: CONTROL FILE MEDICARE HEADER INFORMATION
THIS FIELD CONTAINS MEDICARE HEADER INFORMATION FOR THE CONTROL FILE.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04911 Name: UR-PARAM-ACCUMULATOR Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: UR PARAMETER ACCUMULATOR.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(5)
9	G	Group		0	0		

DataElement ID: 04912 Name: UR-NUM-OF-PARAMS Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: UR NUMBER OF PARAMETERS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
4	N0	Numeric Comp		8	0		S9(8)

DataElement ID: 04913 Name: UR-CLAIM-PARM-FIELDS Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: UR CLAIM PARAMETER FIELDS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04914 Name: UR-PARAM-NUM Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: UR PARAMETER NUMBER

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		4	0		9(4)
4	N0	Numeric Comp		4	0		S9(4)
9	G	Group		0	0		

DataElement ID: 04915 Name: UR-MCH-FIRST-MLI-PTR Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: UR MEDICAL BILL HEADER'S FIRST LINE ITEM POINTER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
4	N0	Numeric Comp		8	0		S9(8)

DataElement ID: 04916 Name: UR-MCH-LAST-MLI-PTR Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: UR MEDICAL BILL HEADER'S LAST LINE ITEM POINTER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
4	N0	Numeric Comp		8	0		S9(8)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04917 Name: UR-MLI-MAX-LI Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: UR MEDICAL LINE ITEM TABLE'S MAXIMUM NUMBER OF LINE ITEMS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
4	N0	Numeric Comp		8		0	S9(8)

DataElement ID: 04918 Name: UR-MLI-NUM-OF-LI Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: UR MEDICAL LINE ITEM TABLE'S NUMBER OF LINE ITEM ENTRIES.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
4	N0	Numeric Comp		8		0	S9(8)

DataElement ID: 04919 Name: UR-MLI Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: UR MEDICAL LINE ITEM DATA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0		0	

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04920 Name: REMIT-PROCESS-DATE Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474096 Release:
 Created On: 8/25/2004 Last Updated On: 11/7/2007
 Description: REMITTANCE PROCESS DATE
 THIS FIELD CONTAINS THE REVERSE CROSSOVERS REMITTANCE PROCESS
 DATE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 04921 Name: UR-MCH-TABLE-PTR Version: Subsystem: Claims
 Created By: Last Updated By:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: UR MEDICAL BILL HEADER TABLE POINTER

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
4	NO	Numeric Comp		8	0		S9(8)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04922 Name: ORIG-LI-INFO Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CONTROL FILE ORIGINAL LINE ITEM INFORMATION
 THIS FIELD CONTAINS ORIGINAL LINE ITEM INFORMATION FOR THE
 CONTROL FILE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 04923 Name: UR-MLI-PARM-FIELDS Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: UR MEDICAL LINE ITEM PARAMETER FIELDS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04924 Name: UR-MLI-PARM-FIELD Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: UR MEDICAL LINE ITEM PARAMETER FIELD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 04925 Name: UR-LIST-NUM Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: UR LIST NUMBER

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		4	0		9(4)

DataElement ID: 04926 Name: LIST-TYPE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LIST TYPE
 THIS FIELD INDENTIFIES THE TYPE OF LIST RECORD IN THE TABLE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04927 Name: LAST-UPDATE-DATE Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474096 Release:
 Created On: 8/25/2004 Last Updated On: 11/7/2007
 Description: LAST UPDATE DATE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(5)

DataElement ID: 04928 Name: NUM-OF-RANGES Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF RANGES

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		S9(3)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04929 Name: MCARE-LI-INFO Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CONTROL FILE MEDICARE LINE ITEM INFORMATION
 THIS FIELD CONTAINS MEDICARE LINE ITEM INFORMATION FOR THE
 CONTROL FILE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 04930 Name: REIMB-AMT Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CONTROL FILE REIMBURSEMENT AMOUNT
 THIS FIELD CONTAINS THE REIMBURSEMENT AMOUNT FOUND ON THE
 CONTROL FILE.

2	N	Numeric		6	2		9(04)V99
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04931 Name: RANGE-OF-CODES Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RANGE OF CODES

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 04934 Name: PARAM-TYPE Version: Subsystem: Claims
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 6/24/2005
 Description: PARAMETER TYPE
 THIS FIELD IDENTIFIES THE TYPE OF PARAMETER RECORD IN THE TABLE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(1)

DataElement ID: 04935 Name: UR-EFF-BEG-DATE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: UR PARAMETER EFFECTIVE BEGINNING DATE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(5)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04936 Name: UR-EFF-END-DATE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: UR PARAMETER EFFECTIVE ENDING DATE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5		0	S9(5)

DataElement ID: 04937 Name: I-E-PLACE-OF-SVC-IND Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: INCLUSIVE/EXCLUSIVE PLACE OF SERVICE INDICATOR

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1		0	X(1)

DataElement ID: 04938 Name: PARAM-DIAG-DATA Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PARAMETER DIAGNOSIS DATA

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group				0	

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04939 Name: I-E-DIAGNOSIS-IND Version: Subsystem: Claims
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 6/24/2005
 Description: INCLUSIVE/EXCLUSIVE DIAGNOSIS INDICATOR
 THIS FIELD IDENTIFIES IF THE DIAGNOSIS CODE(S) IS TO BE COMPARED
 INCLUSIVELY OR EXCLUSIVELY.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(1)

DataElement ID: 04941 Name: FIRST-DIAG-IN-RANGE Version: Subsystem: Claims
 Created By: Last Updated By:
 Created On: 8/25/2004 Last Updated On: 8/25/2004 Release:
 Description: - FIRST DIAGNOSIS IN RANGE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		6		0	X(06)
2	X		AlphaNumeric		8		0	X(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04942 Name: LAST-DIAG-IN-RANGE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LAST DIAGNOSIS IN RANGE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		6	0		X(06)
2	X		AlphaNumeric		8	0		X(08)

DataElement ID: 04943 Name: UR-DIAG-LIST-NUM Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: UR DIAGNOSIS LIST NUMBER

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		4	0		9(4)

DataElement ID: 04944 Name: PARAM-PROC-DATA Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PARAMETER PROCEDURE DATA

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04945 Name: FIRST-PROC-IN-RANGE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: FIRST PROCEDURE IN RANGE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		5		0	X(5)

DataElement ID: 04946 Name: LAST-PROC-IN-RANGE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LAST PROCEDURE IN RANGE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		5		0	X(5)

DataElement ID: 04947 Name: UR-PROC-LIST-NUM Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: UR PROCEDURE LIST NUMBER

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		4		0	9(4)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04948 Name: SAME-DIFF-TOOTH-SUR Version: Subsystem: Claims
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 6/24/2005
 Description: SAME VS DIFFERENT TOOTH SURFACE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(1)

DataElement ID: 04949 Name: UR-TIME-PERIOD Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: UR TIME PERIOD

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3		Numeric Comp-3		5	0		9(05)

DataElement ID: 04951 Name: UR-TYPE-OF-LIMIT Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TYPE OF LIMIT

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04952 Name: UR-LIMIT-QTY Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: UR LIMIT QUANTITY

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3		Numeric Comp-3		5		0	S9(5)

DataElement ID: 04953 Name: ELECTRONIC-ATT-IND Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/9/2011 Last Updated On: 3/9/2011
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 04954 Name: ELECTRONIC-ATT-NUM Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/9/2011 Last Updated On: 3/9/2011
 Description: ELECTRONIC-ATT-NUM

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		20		0	X(20)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04955 Name: DESCRIPTION Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: UR PARAMETER DESCRIPTION

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		30		0	X(30)
4	X		AlphaNumeric		118		0	X(118)

DataElement ID: 04956 Name: BEFORE-AFTER-HISTORY Version: Subsystem: Claims
 Created By: SYSTEM Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 2/25/2011
 Description: BEFORE-AFTER-HISTORY

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 04957 Name: SAME-DIFF-PROVIDER Version: Subsystem: Claims
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 6/24/2005
 Description: SAME/DIFFERENT PROVIDER INDICATOR FOR UTILIZATION REVIEW.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04958 Name: SAME-DIFF-DIAG Version: Subsystem: Claims
 Created By: Initial Sy Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 2/25/2011
 Description: SAME/DIFFERENT DIAGNOSIS INDICATOR FOR UTILIZATION REVIEW.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

DataElement ID: 04959 Name: SAME-DIFF-DATE-SVC Version: Subsystem: Claims
 Created By: Initial Sy Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 2/25/2011
 Description: SAME/DIFFERENT DATE OF SERVICE INDICATOR FOR UTILIZATION REVIEW.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

DataElement ID: 04961 Name: SAME-DIFF-TOOTH-IND Version: Subsystem: Claims
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 6/24/2005
 Description: SAME/DIFFERENT TOOTH INDICATOR FOR UTILIZATION REVIEW.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04962 Name: SAME-DIFF-SVC-IND Version: Subsystem: Claims
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 6/24/2005
 Description: SAME/DIFFERENT SERVICE INDICATOR FOR UTILIZATION REVIEW.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(1)

DataElement ID: 04964 Name: SAME-DIFF-PROCEDURE Version: Subsystem: Claims
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 6/24/2005
 Description: SAME VS DIFFERENT PROCEDURE CODE.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 04965      Name:  PROC-CODE-AND-MOD      Version:      Subsystem: Claims
Created By:                Last Updated By:      Release:
Created On:   8/25/2004    Last Updated On:   8/25/2004
Description: PROCEDURE CODE AND MODIFIER 1
-   CONTAINS THE PROCEDURE CODE AND MODIFIER 1 DATA TO BE USED FOR THE
    ANCILLARY PHYSICIANS REPORT RECORD.,
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

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DataElement ID: 04966      Name:  REVENUE-AND-PROC-CD      Version:      Subsystem: Claims
Created By:                Last Updated By:      Release:
Created On:   8/25/2004    Last Updated On:   8/25/2004
Description: REVENUE AND PROC CODES
    CONTAINS THE REVENUE AND PROCEDURE CODE DATA TO BE USED FOR THE
    ANCILLARY OUTPATIENT REPORT RECORD.,
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04972 Name: TYPE-OF-FACILITY Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TYPE OF FACILITY
 INDICATES THE TYPE OF FACILITY THE RECIPIENT USED. THE TYPE
 OF FACILITY IS USED TO DIFFERENTIATE BETWEEN THE VARIOUS TYPES
 OF FACILITIES WHEN ESTABLISHING INSTITUTIONAL CRITERIA FOR
 DIAGNOSIS RELATED AUDITS.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(1)

DataElement ID: 04975 Name: PAS-LOS-PERCENTILE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PAS LENGTH-OF-STAY PERCENTILE

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3		Numeric Comp-3		3		0	9(3)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04976 Name: LOS-CRITERIA Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LENGTH-OF-STAY CRITERIA

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 04977 Name: SINGLE-OR-MULT-DIAG Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SINGLE OR MULTIPLE DIAGNOSIS

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04978 Name: SURG-OR-NOT Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SURGERY OR NOT
 THIS FIELD INDICATES THE LENGTH OF STAY IS FOR A SURGERY OR THE
 LENGTH OF STAY IS NOT FOR SURGERY.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 04979 Name: AGE-RANGE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: AGE RANGE
 THIS FIELD INDICATES THE AGE RANGE FOR THE LENGTH OF STAY.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04981 Name: LENGTH-OF-STAY Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LENGTH-OF-STAY
 THIS FIELD INDICATES THE NUMBERS DAYS ALLOWED IN A HOSPITAL FOR
 A PARTICULAR DIAGNOSIS CODE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		9(3)

DataElement ID: 04982 Name: TRGT-CAT-SVC-CODE Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TARGETED CATEGORY OF SERVICE CODE
 SEE DED FOR PROV-CAT-OF-SVC-CODE (DED 3010) FOR DESCRIPTION AND
 VALUES AND MEANINGS.
 COMPRISED OF THE TARGETED CATEGORY OF SERVICE.
 ENTERED ON THE MISCELLANEOUS TRANSACTIONS SCREEN, STORED IN THE
 EOMB-RECORD AND USED TO SELECT EOMB RECIPIENTS BY THE
 EXPLANATION OF MEDICAL BENEFITS PROCESSOR.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		2	0		9(02)
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04983 Name: CLM-RECIP-LINE-DATA Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/22/2011 Last Updated On: 3/22/2011
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	G	Group		0	0		

DataElement ID: 04984 Name: ICD10-IND-GRP Version: Subsystem: Claims
 Created By: T474200 Last Updated By: T474200 Release:
 Created On: 8/15/2012 Last Updated On: 8/15/2012
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	G	Group		0	0		

DataElement ID: 04985 Name: BANK-CHECK-NUMBER Version: Subsystem: Claims
 Created By: Last Updated By:
 Created On: 8/25/2004 Last Updated On: 8/25/2004 Release:
 Description: BANK CHECK NUMBER
 A UNIQUE NUMBER ASSIGNED TO THE CHECK

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Report:ND-001

Iowa Medicaid Enterprise

Data Element List

ND-Workbench

DataElement ID: 04986 Name: BANK-ISSUE-DATE Version: Subsystem: Claims
Created By: SYSTEM Last Updated By: T474096 Release:
Created On: 8/25/2004 Last Updated On: 11/7/2007
Description: BANK ISSUE DATE
THE DATE THAT THE CHECK WAS ISSUED

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 04987 Name: BANK-CHECK-AMOUNT Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: BANK CHECK AMOUNT
THE AMOUNT PAYABLE ON THE CHECK

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04988 Name: BANK-VOID-INDICATOR Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: BANK VOID INDICATOR
AN INDICATOR SPECIFYING IF THE CHECK IS VOID

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 04989 Name: BANK-ACCOUNT-NUMBER Version: Subsystem: Claims
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: BANK ACCOUNT NUMBER
THE ACCOUNT NUMBER ON THE CHECK

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04990 Name: EDI-BILL-PROV-NUM Version: Subsystem: Claims
 Created By: T474070 Last Updated By: T474070 Release:
 Created On: 3/14/2005 Last Updated On: 3/14/2005
 Description: Edi billing

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		13	0		X(13)
9	G		Group		0	0		

DataElement ID: 04991 Name: EDI-PAY-TO-PROV-NUM Version: Subsystem: Claims
 Created By: T474070 Last Updated By: T474070 Release:
 Created On: 3/14/2005 Last Updated On: 3/14/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		13	0		X(13)
9	G		Group		0	0		

DataElement ID: 04992 Name: ATTEND-PROV-NPI Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 9/21/2006 Last Updated On: 9/22/2006
 Description: ATTENDING PROVIDER NPI

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		10	0		X(10)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04993 Name: PERFORM-PROV-NPI Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474096 Release:
 Created On: 9/21/2006 Last Updated On: 11/7/2007
 Description: PERFORMING PROVIDER NPI

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		10	0		X(10)

DataElement ID: 04994 Name: OTHER-PROV-NPI Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 9/21/2006 Last Updated On: 9/22/2006
 Description: OTHER PROVIDER NPI

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		10	0		X(10)

DataElement ID: 04995 Name: REFER-PROV-NPI Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 9/21/2006 Last Updated On: 9/22/2006
 Description: REFERRING PROVIDER NPI

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		10	0		X(10)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04996 Name: RENDER-PROV-NPI Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 9/21/2006 Last Updated On: 9/22/2006
 Description: RENDERING PROVIDER NPI

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		10	0		X(10)

DataElement ID: 04997 Name: RECIP-MCARE-IND Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RECIPIENT MEDICARE INDICATOR
 INDICATES WHAT, IF ANY, MEDICARE COVERAGE THIS RECIPIENT IS
 ELIGIBLE FOR.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 04998 Name: MEDIPASS-PROV-NPI Version: Subsystem: Claims
 Created By: T474070 Last Updated By: T474070 Release:
 Created On: 1/15/2007 Last Updated On: 1/15/2007
 Description: THIS DATA ELEMENT STROSE THE NPI FOR THE MEDIPASS PROVIDER

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		10	0		X(10)
9		G		Group		0	0		

DataElement ID: 04999 Name: ASAP-SEQUENCE-NUMBER Version: Subsystem: Claims
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ASAP SEQUENCE NUMBER
 THIS FIELD IS A USER-ASSIGNED CLAIM NUMBER THAT UNIQUELY
 DEFINES THE CLAIM TO ASAP.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N		Numeric		6	0		9(06)

Report:ND-001

Iowa Medicaid Enterprise

Data Element List

ND-Workbench

DataElement ID: 05000 Name: PROC-CODE Version: Subsystem: Reference
Created By: SYSTEM Last Updated By: T474074 Release:
Created On: 8/25/2004 Last Updated On: 2/7/2011

Description: PROCEDURE CODE.

***** MMIS DATA ELEMENT NAME - PROCEDURE CODES:
MMIS GSD DATA ELEMENT NUMBER - 500
MMIS PART 11 DATA ELEMENT NUMBER - 087
- MMIS DEFINITION - CODES IDENTIFYING MEDICAL PROCEDURES
(E.G. HCPC).
A. PRINCIPAL SIGNIFICANT PROCEDURES:
WHEN MORE THAN ONE PROCEDURE IS
REPORTED THE PRINCIPAL PROCEDURE IS TO
BE DESIGNATED. IN DETERMINING WHICH
OF SEVERAL PROCEDURES IS THE
PRINCIPAL, THE FOLLOWING CRITERIA
APPLY:
(1) THE PRINCIPAL PROCEDURE IS ONE
WHICH WAS PERFORMED FOR DEFINITIVE
TREATMENT RATHER THAN ONE
PERFORMED FOR DIAGNOSITC OR
EXPLORATORY PURPOSES, OR WAS
NECESSARY TO TAKE CARE OF A
COMPLICATION.
(2) THE PRINCIPAL PROCEDURE IS THAT
PROCEDURE MOST RELATED TO THE
PRINCIPAL DIAGNOSIS.
B. OTHER SIGNIFICANT PROCEDURES:
(1) ONE WHICH CARRIES AN OPERATIVE
OR ANESTHETIC RISK OR REQUIRES
HIGHLY TRAINED PERSONNEL OR
REQUIRES SPECIAL FACILITIES OR
EQUIPMENT.
(2) UP TO FOUR SIGNIFICANT PROCEDURES
CAN BE REPORTED. UHDDS ONLY *****
THE CURRENT PROCEDURAL TERMINOLOGY, CURRENT HCPC OR STATE SUPPLY
CODE, IS USED TO IDENTIFY THE SERVICE PERFORMED OR THE SUPPLY
GIVEN TO THE RECIPIENT.

Iowa Medicaid Enterprise

Data Element List

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		5	0		X(5)
2	N	Numeric		5	0		9(5)
4	X	AlphaNumeric		4	0		X(4)
5	X	AlphaNumeric		7	0		X(07)
9	G	Group		0	0		

DataElement ID: 05001 Name: ORIG-QTR-COVERED Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE ORIGINAL CALENDAR QUARTER AND YEAR COVERED.
 NUMERIC 3-DIGIT FIELD, QYY
 VALID VALUES FOR Q:
 1 = JANUARY 1 - MARCH 31
 2 = APRIL 1 - JUNE 30
 3 = JULY 1 - SEPTEMBER 30
 4 = OCTOBER 1 - DECEMBER 31

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
4	X	AlphaNumeric		5	0		X(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05002 Name: REBATE-AMT-PER-UNIT Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HCFA-CALCULATED REBATE AMOUNT PER UNIT TYPE.
 IF NOT AVAILABLE THIS FIELD WILL APPEAR AS ALL
 ZEROES.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		13	6		9(05)V9(06)
3	N3	Numeric Comp-3		13	6		S9(05)V9(06)

DataElement ID: 05003 Name: TOTAL-UNITS-REIMB Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE TOTAL NUMBER OF UNITS PER NDC, OF THE DRUG
 REIMBURSED BY THE STATE DURING THE PERIOD COVERED.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		15	3		9(09)V9(03)
3	N3	Numeric Comp-3		15	3		S9(09)V9(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05004 Name: TOTAL-REBATE-AMT Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE TOTAL REBATE AMOUNT PER NDC THAT THE STATE AGENCY CLAIMS IT IS OWED BY THE LABELER FOR THE QUARTER COVERED. IT IS CALCULATED BY MULTIPLYING THE TOTAL UNITS REIMBURSED BY THE REBATE AMOUNT PER UNIT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		11	2		9(07)V9(02)
3	N3	Numeric Comp-3		15	6		S9(07)V9(06)
4	N3	Numeric Comp-3		11	2		S9(07)V9(02)
5	N	Numeric		14	2		9(10)V9(02)

DataElement ID: 05005 Name: NUM-OF-SCRIPTS Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF PRESCRIPTIONS REIMBURSED PER NDC DURING THE QUARTER COVERED.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		6	0		9(06)
3	N3	Numeric Comp-3		6	0		S9(06)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05006 Name: NUM-DRUG-REBATE-AMT Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: IDENTIFIES THE NUMBER OF DRUG REBATE AMOUNT ARRAYS
 ON THE RECORD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		9(03)

DataElement ID: 05007 Name: NUM-DRUG-UTIL Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: IDENTIFIES THE NUMBER OF DRUG UTILIZATION ARRAYS
 ON THE RECORD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		9(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05008 Name: REBATE-AMOUNTS Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: A GROUP LEVEL DATA ITEM THAT CONTAINS FIELDS
 THAT DESCRIBE A DRUG REBATE AMOUNT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 05009 Name: UNIT-CONV-FACTOR Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE UNIT CONVERSION FACTOR IS USED TO CONVERT THE MMIS
 UNIT MEASURE TO THE HCFA UNIT TYPE WHEN THEY ARE
 INCOMPATIBLE. THIS UNIT CONVERSION FACTOR IS MULTIPLIED
 BY THE UNITS ON A CLAIM TO OBTAIN THE HCFA UNIT EQUIVALENT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		13	6		S9(05)V9(6)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05010 Name: DRUG-CODE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DRUG CODE.

***** MMIS DATA ELEMENT NAME - DRUG CODE:
 MMIS GSD DATA ELEMENT NUMBER - 501
 - MMIS PART 11 DATA ELEMENT NUMBER - 088
 MMIS DEFINITION - CODES IDENTIFYING PARTICULAR DRUGS; E.G.
 NATIONAL DRUG CODE, TABLES OF DRUGS. *****
 THE NATIONAL DRUG CODE (NDC) IDENTIFYING THE DRUG.
 THE FORMAT OF THE DRUG CODE IN THE MMIS CONSISTS OF A TEN DIGIT
 CODE.
 1) THE NDC CODE MAY BE IN ONE OF THREE FORMATS:
 A. 5 - 3 - 2
 B. 4 - 4 - 2
 C. 5 - 4 - 1
 2) A CONFIGURATION CODE IS USED TO INDICATE THE DRUG CODE'S
 CONFIGURATION.
 3) THE LAST TWO DIGITS OF THE NDC CODE INDICATES THE CODE'S
 PACKAGE SIZE. NDC CODES ARE PRICED USING THE FULL TEN DIGIT
 CODE.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		11	0		X(11)
2		N		Numeric		11	0		9(11)
6		X		AlphaNumeric		11	0		X(11)
9		G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05011 Name: UTILIZATION-DATA Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: A GROUP LEVEL DATA ITEM THAT CONTAINS FIELDS
 THAT DESCRIBE THE DRUG UTILIZATION DATA PER QUARTER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 05012 Name: UNIT-DOSE-INDICATOR Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: UNIT DOSE INDICATOR
 INDICATES WHETHER THE DRUG IS A UNIT DOSE DRUG.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)
2	N	Numeric		1	0		9(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05013 Name: TOTAL-REIMB-AMT Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TOTAL AMOUNT THE STATE REIMBURSED PER NDC TO
 PHARMACISTS FOR THE QUARTER COVERED. INCLUDES
 INGREDIENT AMOUNT AND DISPENSING FEE(S). EXCLUDES
 CO-PAYMENTS AND THIRD PARTY REIMBURSEMENT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		10	2		9(08)V99
3	N3	Numeric Comp-3		11	2		S9(09)V99

DataElement ID: 05014 Name: ADJUSTMENT-IND Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ADJUSTMENT INDICATOR.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05015 Name: LABELER-ALT-IND Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: - THE LABELER ALTERNATE INDEX IS A GROUP LEVEL DATA
 ITEM MADE UP OF TWO FIELDS: THE LABELER NAME AND
 LABELER CODE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 05016 Name: UTIL-ADDRESS-IND Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ADDRESS TO WHICH THE UTILIZATION DATA IS SENT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05017 Name: INVOICE-ADDRESS-IND Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ADDRESS TO WHICH THE INVOICE IS SENT.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 05018 Name: OUTPUT-MEDIA-IND Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: OUPUT MEDIA USED FOR THE UTILIZATION DATA

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 05019 Name: NUM-OF-INVOICE-DATA Version: Subsystem: Reference
 Created By: SYSTEM Last Updated By: T474093 Release:
 Created On: 8/25/2004 Last Updated On: 9/29/2006
 Description: IDENTIFIES THE NUMBER OF INVOICE DATA ARRAYS ON THE RECORD.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3		Numeric Comp-3		3		0	9(03)

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 05020      Name:  PROC-EPSDT-IND      Version:      Subsystem: Reference
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: PROC EPSDT INDICATOR
                PROCEDURE EPSDT INDICATOR
    
```

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

```

DataElement ID: 05021      Name:  INVOICE-DATA      Version:      Subsystem: Reference
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: A GROUP LEVEL DATA ITEM THAT CONTAINS FIELDS
                THAT DESCRIBE THE INVOICE DATA FOR A GIVEN LABELER.
    
```

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05022 Name: DIAG-CODE-ICD-9 Version: Subsystem: Reference
 Created By: SYSTEM Last Updated By: T474190 Release:
 Created On: 8/25/2004 Last Updated On: 4/24/2013

Description: DIAGNOSIS CODE ICD-9-CM
 ***** MMIS DATA ELEMENT NAME - DIAGNOSIS CODE:
 MMIS GSD DATA ELEMENT NUMBER - 502
 MMIS PART 11 DATA ELEMENT NUMBER - 089
 MMIS DEFINITION - A TABLE OF CODES IDENTIFYING MEDICAL
 CONDITIONS; E.G., ICD-9-CM.
 (HCFA RECOMMENDS THE USE OF THE FULL FIVE
 DIGIT ICD-9-CM CODING). *****
 THIS DATA ELEMENT REPRESENTS THE DIAGNOSIS CODE AS PRESENTED BY
 INTERNATIONAL CLASSIFICATION OF DISEASES 9TH REVISION CLINICAL
 MODIFICATION.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		6	0		X(06)
4	X		AlphaNumeric		5	0		X(5)
7	X		AlphaNumeric		7	0		X(07)
8	X		AlphaNumeric		8	0		X(08)
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05023 Name: ICD-9-CM-CODE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ICD-9-CM CODE
 THIS FIELD WILL CONTAIN DIAGNOSIS CODES OR SURGICAL PROCEDURE
 CODES.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 05024 Name: INVOICE-NUMBER Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: A NUMBER USED TO UNIQUELY IDENTIFY EACH INVOICE THAT
 IS MAILED TO THE MANUFACTURER.

3	N3	Numeric Comp-3		5	0		9(05)
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05025 Name: NUM-OF-DATE-SEGMENTS Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: IDENTIFIES THE NUMBER OF DATE SEGMENT ARRAYS ON THE RECORD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		9(03)

DataElement ID: 05026 Name: WASH-PROV-NUMBER Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: WASHINGTON PROVIDER NUMBER
 WASHINGTON PROVIDER NUMBER TO BE USED IN THE ADD TESTING SYSTEM.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05027 Name: WASH-PROV-NAME Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: WASHINGTON PROVIDER NAME
 WASHINGTON PROVIDER NAME TO BE USED IN THE ADD TESTING
 SYSTEM.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 05028 Name: DRUG-AWP-PRICE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DRUG AVERAGE WHOLESALE UNIT PRICE
 THIS IS THE AVERAGE WHOLESALE UNIT PRICE RECIEVED FROM FIRST
 DATA BANK.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05029 Name: DATE-SEGMENTS Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: A GROUP LEVEL DATA ITEM THAT CONTAINS FIELDS
 THAT DESCRIBE THE DATE SEGMENTS FOR A GIVEN LABELER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 05030 Name: DRUG-MAX-SUPPLY Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DRUG MAXIMUM SUPPLY
 ***** MMIS DATA ELEMENT NAME - MAXIMUM DAYS SUPPLY OF DRUGS:
 MMIS GSD DATA ELEMENT NUMBER - 503
 MMIS PART 11 DATA ELEMENT NUMBER - 093
 MMIS DEFINITION - THE MAXIMUM UNITS OF A DRUG PRESCRIPTION
 ELIGIBLE FOR A PARTICULAR DRUG. *****
 THE MAXIMUM NUMBER OF UNITS (DEN = 05130) OF A DRUG THAT IS
 ALLOWED FOR THIS DRUG (DEFAULT IS 99999).

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		9(5)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05031 Name: NDC-FEE-PER-UNIT Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NDC FEE PER UNIT
 THE NDC FEE PER UNIT IS A CALCULATED FIELD THAN IS USED FOR
 - THE DRUG CODE EXTRACT RECORD.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		4	5		9(04)V9(5)

DataElement ID: 05032 Name: PROC-DATA-ICD-10 Version: Subsystem: Reference
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/9/2011 Last Updated On: 3/9/2011
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05033 Name: PROC-CODE-ICD-10 Version: Subsystem: Reference
 Created By: T474163 Last Updated By: T474200 Release:
 Created On: 3/9/2011 Last Updated On: 8/19/2013
 Description:

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		7		0	X(07)
9		G	Group		0		0	

DataElement ID: 05034 Name: DATE-OF-SURG-ICD-10 Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/9/2011 Last Updated On: 3/9/2011
 Description: DATE-OF-SURGERY-ICD-10

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3	Numeric Comp-3		5		0	S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05035 Name: DRUG-DESI-INDIC Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: A DESI (DRUG EFFICIENCY STUDY IMPLEMENTATION) DRUG IS ANY DRUG THAT LACKS SUBSTANTIAL EVIDENCE OF EFFECTIVENESS AND IS SUBJECT TO THE FDA TO A NOTICE OF OPPORTUNITY FOR HEARING (NOH). THIS INCLUDES DRUGS WHICH ARE IDENTICAL, RELATED, OR SIMILAR TO DESI DRUGS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 05036 Name: DRUG-EPSDT-IND Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DRUG EPSDT INDICATOR
 DRUG EPSDT INDICATOR

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05037 Name: DRUG-AWP-EFF-DATE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DRUG AVERAGE WHOLESAL UNIT PRICE EFFECTIVE DATE
 THIS IS THE AVERAGE WHOLESAL UNIT PRICE EFFECTIVE DATE RECEIVED
 FROM FIRST DATA BANK.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 05038 Name: DRUG-DEA-CODE Version: Subsystem: Reference
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 6/24/2005
 Description: THE DRUG ENFORCEMENT ADMINISTRATION CODE DENOTES THE DEGREE OF
 POTENTIAL ABUSE AND FEDERAL CONTROL OF A DRUG.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05039 Name: PROC-EFF-DATE Version: Subsystem: Reference
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/23/2011 Last Updated On: 3/23/2011
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

DataElement ID: 05040 Name: DRUG-CLASS Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS CODE CLASSIFIES A DRUG ACCORDING TO ITS AVAILABILITY TO THE CONSUMER PER FEDERAL SPECIFICATIONS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)
9	G	Group		0	0		

DataElement ID: 05041 Name: DRUG-OTC-MIN-UNITS Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MINIMUM OVER-THE-COUNTER UNITS PAYABLE FOR THE DRUG.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05042 Name: DRUG-CONTROL-CODE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: A CODE USED TO CONTROL PROCESSING OF THE DRUG

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 05043 Name: DRUG-CC-EFFECT-DATE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DRUG CONTROL CODE EFFECTIVE DATE
 THIS IS THE DATE THAT THE CONTROL CODE IS EFFECTIVE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 05044 Name: DRUG-ACT-COUNTER Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: UNKNOWN.,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3		Numeric Comp-3		3	0		S9(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05045 Name: DRUG-OCT92-PA-IND Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PRIOR AUTHORIZATION INDICATOR. APPROVAL PARAMETERS WERE UPDATED I
 - OCTOBER OF 1992.
 Y = PRIOR AUTHORIZATION IS REQUIRED FOR THIS PRESCRIPTION
 N = NO PRIOR AUTHORIZATION IS REQUIRED TO PRESCRIBE THIS DRUG.,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 05046 Name: REQUIRE-PA-HIGH-DOSE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: Y = A HIGH DOSAGE OF THIS DRUG REQUIRES PRIOR AUTHORIZATION
 N = HIGH DOSES FOLLOW THE SAME RULES AS STANDARD DOSES OF THIS DRU

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05047 Name: REQUIRE-PA-MAINT-DOS Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: Y = A PRIOR AUTHORIZATION IS REQUIRED TO PRESCRIBE MAINTENANCE DOS
 OF THIS DRUG
 N = MAINTENANCE DOSES FOLLOW THE SAME RULES AS STANDARD DOSES OF T
 DRUG.,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 05048 Name: HI-DOSE-EXEMPT-PERD Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF DAYS HIGH DOSE OF DRUG IS EXEMPT FROM PRIOR AUTHORIZATIO

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2	0		X(02)
3	N3		Numeric Comp-3		3	0		S9(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05049 Name: DOSAGE-FOR-MAINT Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF DAYS MAINTENANCE DOSAGES ARE EXEMPT FROM PRIOR AUTHORIZATION??,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		S9(03)

DataElement ID: 05050 Name: DRUG-NAME Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DRUG NAME.
 ***** MMIS DATA ELEMENT NAME - DRUG NAME:
 MMIS GSD DATA ELEMENT NUMBER - 505
 MMIS PART 11 DATA ELEMENT NUMBER - 090
 MMIS DEFINITION - THE GENERALLLY ACCEPTED NOMENCLATURE FOR A PARTICULAR DRUG. *****
 THE OFFICIAL NOMENCLATURE FOR A DRUG ACCEPTED BY THE STATE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	X	AlphaNumeric		23	0		X(23)
5	X	AlphaNumeric		30	0		X(30)
6	X	AlphaNumeric		10	0		X(10)
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05051 Name: DRUG-GENERIC-NAME Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: - THIS FIELD CONTAINS THE DRUG INGREDIENT NAMES RECOGNIZED BY USP, NF, OR ADOPTED BY USAN. THE CHEMICAL NAME IS USED WHEN ONE OF THE ABOVE IS NOT AVAILABLE. FOR MULTI-INGREDIENT PRODUCTS ABBREVIATIONS MAY BE USED, E.G. HCTZ (HYDROCHLOROTHIAZIDE), PP (PHENYL-PROPANOLAMINE), CPM (CHLORPHENIRAMINE MALEATE), ETC. THIS FIELD IS FREE FORMAT, HOWEVER, THE DATA HAS BEEN GENERATED FROM A TABLE TO PROVIDE CONSISTENT SPELLING.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		30	0		X(30)

DataElement ID: 05052 Name: DRUG-CATLG-PRICE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PACKAGE PRICE AS REPORTED BY THE NATIONAL DATA BANK.,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3		Numeric Comp-3		7	2		S9(05)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05053 Name: DRUG-MAC Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MAXIMUM ALLOWABLE COST, FEDERALLY IMPOSED UPPER LIMIT.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	4		S9(03)V9(04)

DataElement ID: 05054 Name: DRUG-30-DAY-POLICY Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: BINARY FIELD, CURRENTLY NOT USED.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

DataElement ID: 05055 Name: DRUG-DISP-FEE-IND Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DRUG DISPENSING FEE INDICATOR.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05056 Name: DRUG-OVR-COUNTER-IND Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: OVER THE COUNTER INDICATOR
 Y = THE DRUG IS AVAILABLE WITHOUT PRESCRIPTION.
 N = THE DRUG IS NOT AVAILABLE WITHOUT PRESCRIPTION.,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 05057 Name: PKG-SIZE-PRICE-IND Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PACKAGE SIZE PRICE INDICATOR.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05058 Name: UNIT-DOSE-PKG-SIZE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: UNIT DOSE PACKAGE SIZE IS CONTAINED IN THE LAST TWO DIGITS
 OF THE NATIONAL DRUG CODES.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		2	0		X(02)
9	G	Group		0	0		

DataElement ID: 05059 Name: DRUG-GULP-EFF-DATE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DRUG GULP EFFECTIVE DATE RECEIVED FROM BLUE BOOK

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05060 Name: DRUG-MIN-SUPPLY Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DRUG MINIMUM SUPPLY.

***** MMIS DATA ELEMENT NAME - MINIMUM DAYS SUPPLY OF DRUGS:
 MMIS GSD DATA ELEMENT NUMBER - 506
 MMIS PART 11 DATA ELEMENT NUMBER - 092
 MMIS DEFINITION - THE MINIMUM UNITS OF A DRUG PRESCRIPTION
 ELIGIBLE FOR PAYMENT. *****
 THE MINIMUM NUMBER OF UNITS (DEN = 05130) OF A DRUG THAT IS
 ALLOWED FOR THIS DRUG (DEFAULT IS ZERO).

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5		0	9(5)

DataElement ID: 05061 Name: DRUG-GULP-PRICE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DRUG GULP PRICE RECEIVED FROM BLUE BOOK

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05062 Name: NEW-USE-APPROVAL-IND Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: Y = THE DRUG HAS BEEN APPROVED FOR AN ADDITIONAL USE
 N = NO ADDITIONAL USAGE HAS BEEN APPROVED.,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 05063 Name: NEW-USE-APPROVAL-DTE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DATE THAT THE ADDITIONAL USE WAS APPROVED.,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3		Numeric Comp-3		5		0	S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05064 Name: 6MO-DRUG-APPR-DATE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE DATE SIX MONTHS AFTER THE DRUG BECAME AVAILABLE. CAN BE
 CRITERIA FOR PA REQUIREMENT.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

DataElement ID: 05065 Name: MAT-DRUG-IND Version: Subsystem: Reference
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 10/7/2019 Last Updated On: 10/9/2019
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05070 Name: GULP-OVERRIDE-IND Version: Subsystem: Reference
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 6/24/2005
 Description: INDICATES WHETHER GULP PRICE SHOULD BE OVERRIDDEN WHEN CERT
 CODE EQUALS 1.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 05071 Name: DIAG-CODE-ICD-10 Version: Subsystem: Reference
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/8/2011 Last Updated On: 3/8/2011
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		8	0		X(08)
9	G	Group		0	0		

DataElement ID: 05072 Name: ANES-PROC-DATA Version: Subsystem: Reference
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/8/2011 Last Updated On: 3/9/2011
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05073 Name: ANES-PROC-CODE-1 Version: Subsystem: Reference
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/8/2011 Last Updated On: 3/8/2011
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		5		0	X(05)

DataElement ID: 05074 Name: E-DIAG-CODE-10 Version: Subsystem: Reference
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/10/2011 Last Updated On: 3/10/2011
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		8		0	X(08)
9	G		Group		0		0	

DataElement ID: 05075 Name: ANES-PROC-CODE-2 Version: Subsystem: Reference
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/8/2011 Last Updated On: 3/8/2011
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		5		0	X(05)

Report:ND-001

Iowa Medicaid Enterprise

Data Element List

ND-Workbench

DataElement ID: 05076 Name: E-POA-IND-10 Version: Subsystem: Reference
Created By: T474163 Last Updated By: T474163 Release:
Created On: 3/10/2011 Last Updated On: 3/10/2011
Description:

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		1	0		X(01)
2		N	Numeric		1	0		9(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05080 Name: DRUG-EAC Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: DRUG ESTIMATED ACQUISITION COST.
 ***** MMIS DATA ELEMENT NAME - ALLOWABLE PROCEDURE PAYMENT:
 MMIS GSD DATA ELEMENT NUMBER - 380
 MMIS PART 11 DATA ELEMENT NUMBER - 084
 MMIS DEFINITION - THE MAXIMUM ALLOWED AMOUNT PAYABLE FOR A PARTICULAR MEDICAL PROCEDURE, TREATMENT, OR SERVICE ITEM. *****
 ***** MMIS DATA ELEMENT NAME - MEDICAID REASONABLE CHARGE:
 MMIS GSD DATA ELEMENT NUMBER - 529
 MMIS PART 11 DATA ELEMENT NUMBER - 098
 MMIS DEFINITION - PAYMENT AMOUNT RECOGNIZED AS THE REASONABLE CHARGE FOR MEDICAID. *****
 ***** MMIS DATA ELEMENT NAME - MAXIMUM ALLOWED PRICE:
 MMIS GSD DATA ELEMENT NUMBER - 508
 MMIS PART 11 DATA ELEMENT NUMBER - 107
 MMIS DEFINITION - THE MAXIMUM AMOUNT THAT WILL BE PAID FOR A PROCEDURE, TREATMENT, OR SERVICE ITEM.*****
 ***** MMIS DATA ELEMENT NAME - DRUG WHOLESALE COST:
 MMIS GSD DATA ELEMENT NUMBER - 507
 MMIS PART 11 DATA ELEMENT NUMBER - 106
 MMIS DEFINITION - THE DEFINITION OF DRUG COST ESTABLISHED BY STATE PLAN AS A BASIS FOR PAYMENT.*****
 THE MAXIMUM PRICE ALLOWED FOR A GIVEN DRUG AS DETERMINED BY THE STATE. THIS PRICE IS THE PRICE USED WHEN DETERMINING THE ALLOWED CHARGE/PRICE FOR A DRUG CLAIM. PRICE IS EXPRESSED AS PRICE PER UNIT OF MEASURE (DEN = 05130).

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	4		9(3)V9999

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05081 Name: DRUG-AWP Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS IS THE DRUG AVERAGE WHOLESAL PRICE DATA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	4		S9(03)V9(04)

DataElement ID: 05090 Name: DRUG-THERA-CLASS Version: Subsystem: Reference
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 6/24/2005
 Description: DRUG THERAPUTIC CLASS

***** MMIS DATA ELEMENT NAME - DRUG CLASSIFICATION:
 MMIS GSD DATA ELEMENT NUMBER - 509
 MMIS PART 11 DATA ELEMENT NUMBER - 091
 MMIS DEFINITION - THE THERAPEUTIC GROUP IN WHICH A DRUG
 IS CATEGORIZED. *****
 A CODE USED TO CLASSIFY DRUGS ACCORDING TO THEIR INTENDED USE.
 THIS INDICATOR DETERMINES HOW THE DRUG IS PRICED.
 THE THERAPUTIC CLASS COPYBOOK IS WK590050.
 IT MUST BE MAINTAINED BY HAND SINCE THE VALUES ARE X(06).

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		6	0		X(06)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05091 Name: SPECIFIC-THERA-CLASS Version: Subsystem: Reference
 Created By: SYSTEM Last Updated By: T474104 Release:
 Created On: 8/25/2004 Last Updated On: 6/25/2008
 Description: THERAPEUTIC CLASS CODE, SPECIFIC
 THIS THERAPEUTIC CLASS CODING SCHEME IS THE MOST SPECIFIC OFFERED
 BY FIRST DATABANK AND IS INTENDED FOR USERS WHO NEED A VERY
 DEFINITIVE THERAPEUTIC CLASSIFICATION SYSTEM.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		3	0		X(03)
9		G		Group		0	0		

DataElement ID: 05098 Name: PROC-OR-DIAG-CODE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROC OR DIAG CODE
 HOLDING AREA FOR INFORMATION ON AN IFMC REVIEW TRANSACTION TAPE
 THAT IS FED INTO THE IOWA MMIS. AT THIS TIME, THE INFORMATION
 IS SAVED, BUT NOT USED IN ANY DOWNSTREAM APPLICATION.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05100 Name: PROC-NAME Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROCEDURE NAME
 THE GENERALLY ACCEPTED NOMENCLATURE FOR A MEDICAL, SURGICAL,
 DENTAL, ETC. PROCEDURE OR FOR A SUPPLY PRODUCT.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		40	0		X(40)
3	X		AlphaNumeric		60	0		X(60)
5	X		AlphaNumeric		28	0		X(28)
8	X		AlphaNumeric		80	0		X(80)

DataElement ID: 05101 Name: PROC-LONG-NAME Version: Subsystem: Reference
 Created By: SYSTEM Last Updated By: T474163 Release:
 Created On: 8/25/2004 Last Updated On: 1/16/2012
 Description: PROCEDURE LONG NAME
 THIS FIELD IS USED ON THE PROCEDURE RECORD TO HOLD THE LONG NAME
 WHICH IS PRINTED IN THE PROVIDER HANDBOOKS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		75	0		X(75)
2	X		AlphaNumeric		60	0		X(60)
4	X		AlphaNumeric		129	0		X(129)
5	X		AlphaNumeric		500	0		X(500)
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05102 Name: PROCEDURE-TEXT Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD IS USED ON THE PROCEDURE TEXT RECORD TO HOLD ONE
 LINE OF PROCEDURE TEXT FROM THE HCPCS TAPE FILE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 05103 Name: NUM-OF-TEXT-LINES Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD IS USED ON THE ONLINE PROCEDURE TEXT RECORD TO
 INDICATE THE NUMBER OF TEXT LINES FOR A PARTICULAR ONLINEURE
 PROCEDURE TEXT RECORD.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05104 Name: PAGE-COUNTER Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD IS USED ON THE ONLINE PROCEDURE TEXT RECORD TO INDICATE THE NUMBER OF PAGES OF ONLINE PROCEDURE TEXT FOR A PARTICULAR PROCEDURE CODE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 05110 Name: DIAG-NAME Version: Subsystem: Reference
 Created By: SYSTEM Last Updated By: T474163 Release:
 Created On: 8/25/2004 Last Updated On: 1/17/2012
 Description: DIAGNOSIS NAME.
 ***** MMIS DATA ELEMENT NAME - DIAGNOSIS NAME:
 MMIS GSD DATA ELEMENT NUMBER - 511
 MMIS PART 11 DATA ELEMENT NUMBER - 095
 MMIS DEFINITION - THE GENERALLY ACCEPTED NOMENCLATURE FOR A DIAGNOSIS. NAME IS REQUIRED ONLY IF NOT ENCODED BY PROVIDER (SEE DE #61).*****
 THE GENERALLY ACCEPTED NOMENCLATURE FOR A DIAGNOSIS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		40	0		X(40)
3	X	AlphaNumeric		60	0		X(60)
5	X	AlphaNumeric		24	0		X(24)
6	X	AlphaNumeric		80	0		X(80)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05111 Name: DIAG-BEGIN-EFF-DATE Version: Subsystem: Reference
 Created By: SYSTEM Last Updated By: T474181 Release:
 Created On: 8/25/2004 Last Updated On: 11/20/2018
 Description: DATE THE DIAGNOSIS BECAME VALID.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		5	0		S9(05)
3	N3	Numeric Comp-3		5	0		S9(05)

DataElement ID: 05112 Name: DIAG-END-EFF-DATE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DATE THE DIAGNOSIS WAS NO LONGER VALID.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05113 Name: PRIOR-AUTH-DATA Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: GROUP DATA ITEM, REFER TO DEDS NUMBERED 05672, 05114
 AND 05115 FOR AN EXPLANATION OF THE ELEMENTARY DATA
 CONTAINED WITHIN.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 05114 Name: PRIOR-BEGIN-EFF-DATE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DATE THE PRIOR AUTHORIZATION BECAME EFFECTIVE.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05115 Name: PRIOR-END-EFF-DATE Version: Subsystem: Reference
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: DATE THE PRIOR AUTHORIZATION WAS NO LONGER EFFECTIVE.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5		0	S9(05)

DataElement ID: 05116 Name: PRE-PROC-REVIEW-IND Version: Subsystem: Reference
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: Y = THE DIAGNOSIS REQUIRES A PREPROCEDURE REVIEW
N = NO PREPROCEDURE REVIEW IS REQUIRED.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05117 Name: DIAG-XREF-IND Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD IS USED TO INDICATE WHETHER THE APG CODE IS
 ASSIGN BY THE CROSS REFERENCE CODE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 05118 Name: DIAG-XREF-CODE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: 01 - 99 THE VALID MDC'S FOR THE PROCEDURE.,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		7	0		X(07)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05119 Name: MDC-INDICATOR Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: - MAJOR DIAGNOSIS CATEGORY CODE INDICATOR
 INDICATES WHETHER A VALID MDC HAS BEEN LOADED TO THE RECORD.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 05120 Name: MDC-GROUP Version: Subsystem: Reference
 Created By: SYSTEM Last Updated By: T474093 Release:
 Created On: 8/25/2004 Last Updated On: 9/29/2006
 Description: MAJOR DIAGNOSIS CATEGORY GROUP LEVEL
 REFER TO DED 05121 FOR AN EXPLANATION OF THE ELEMENTARY
 DATA CONTAINED WITHIN.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05121 Name: MDC-CODE Version: Subsystem: Reference
 Created By: SYSTEM Last Updated By: T474093 Release:
 Created On: 8/25/2004 Last Updated On: 9/29/2006
 Description: MAJOR DIAGNOSIS CATEGORY
 THE MAJOR DIAGNOSIS CATEGORY IN WHICH THE DIAGNOSIS OR PROCEDURE
 CODE FALL WITHIN.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			3	0		X(03)

DataElement ID: 05130 Name: DRUG-UNIT-MEASURE Version: Subsystem: Reference
 Created By: Last Updated By:
 Created On: 8/25/2004 Last Updated On: 8/25/2004 Release:
 Description: DRUG UNIT OF MEASURE
 THIS IS THE DRUG FORM CODE RECEIVED FROM FIRST DATA BANK.
 THE DRUG FORM CODE INDICATES THE BASIC DRUG MEASUREMENT UNIT
 FOR PERFORMING PRICE CALCULATIONS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			2	0		X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05135 Name: REBATE-CONTRACT-DATA Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DATA USED TO INDICATE CONTRACT AGREEMENT STATUS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group			0	0		

DataElement ID: 05136 Name: REBATE-EFFECTIVE-DTE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: EFFECTIVE DATE OF THE REBATE INDICATOR.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3			5	0		S9(05)

DataElement ID: 05137 Name: REBATE-INDICATOR Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: REBATE INDICATOR.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 05140      Name:  DRUG-PACKAGE-SIZE      Version:      Subsystem: Reference
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: DRUG PACKAGE SIZE.
              THE QUANTITY OF A DRUG CONTAINED IN A PACKAGE EXPESSED IN UNITS
              OF MEASURE (DEN = 05130).
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		13	3		9(08)V9(03)

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DataElement ID: 05142      Name:  DRUG-UNIT-QUANTITY      Version:      Subsystem: Reference
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: UNITS IN WHICH DRUG QUANTITY IS CALCULATED.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		2	0		X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05143 Name: DRUG-UNIT-COUNT Version: Subsystem: Reference
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/9/2011 Last Updated On: 3/9/2011
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		5		0	X(05)

DataElement ID: 05144 Name: DRUG-CODE-QUAL Version: Subsystem: Reference
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/9/2011 Last Updated On: 3/9/2011
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		2		0	X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05200 Name: PROV-CHG-TYPE-MOD Version: Subsystem: Reference
 Created By: SYSTEM Last Updated By: T474217 Release:
 Created On: 8/25/2004 Last Updated On: 7/26/2017
 Description: PROVIDER CHARGE TYPE MODIFIER
 THIS FIELD INDICATES WHAT TYPE OF MODIFIER IS ATTACHED TO THE
 PROVIDER CHARGE RECORD.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		1		0	X(01)

DataElement ID: 05201 Name: PROV-CHG-MODIFIER Version: Subsystem: Reference
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 6/24/2005
 Description: PROVIDER CHARGE MODIFIER
 THIS FIELD INDICATES WHAT MODIFIER IS ATTACHED TO THE
 - PROVIDER CHARGE RECORD. THE FOLLOWING VALID VALUES ARE USED
 WHEN READING THE PROVIDER CHARGE FILE USING A PROVIDER CHARGE
 TYPE OF OTHER.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		2		0	X(2)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05202 Name: PROV-CHG-COS-IND Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER CHARGE CATEGORY OF SERVICE INDICATOR
 THIS FIELD INDICATES IF THIS PROCEDURE RECORD HAS A PROVIDER
 CHARGE RECORD WITH A CATEGORY OF SERVICE MODIFIER ATTACHED.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 05203 Name: PRV-CHG-PR-TYP-IND Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER CHARGE PROVIDER TYPE INDICATOR
 THIS FIELD INDICATES IF THIS PROCEDURE RECORD HAS A PROVIDER
 CHARGE RECORD WITH A PROVIDER TYPE MODIFIER ATTACHED.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05204 Name: PRV-CHG-PROV-IND Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PRV-CHG-PROV-IND
 PROVIDER CHARGE PROVIDER INDICATOR. INDICATES IF THIS PROCEDURE
 HAS A PROVIDER-SPECIFIC CHARGE RECORD ATTACHED.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 05205 Name: ELE-SURG-IND Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ELECTIVE SURGERY INDICATOR
 THIS FIELD DETERMINES IF A PROCEDURE IS ELECTIVE OR NOT

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05206 Name: VISIT-SURG-IND Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: OFFICE VISIT SURGERY INDICATOR
 THIS FIELD DETERMINES IF AN OFFICE VISIT IS ALLOWED ON THE DAY
 OF SURGERY.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 05207 Name: MAX-UNITS Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MAXIMUM UNITS
 THIS IS THE MAXIMUM UNITS THAT WILL BE PAID FOR.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3		Numeric Comp-3		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05208 Name: PROV-SPEC-IND Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER SPECIALTY INDICATOR
 THIS INDICATOR DETERMINES IS A PROVIDER SPECIALTY IS VALID
 OF INVALID

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 05209 Name: ASC-IND Version: Subsystem: Reference
 Created By: SYSTEM Last Updated By: T474101 Release:
 Created On: 8/25/2004 Last Updated On: 6/2/2006
 Description: AMBULATORY SURGICAL CENTER
 THIS FIELD INDICATES THE LEVEL OF SERVICE FOR PAYMENT.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05210 Name: DIAG-REQUIRED Version: Subsystem: Reference
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 6/24/2005
 Description: DIAGNOSIS REQUIRED
 THIS FIELD DETERMINES IF A DIAGNOSIS IS REQUIRED WITH A MEDICAL
 CRITERIA RECORD

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 05211 Name: BYPASS-PA Version: Subsystem: Reference
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 6/24/2005
 Description: BYPASS PA
 THIS FIELD DETERMINES IF A CLAIM THAT HAS A PA IS TO BYPASS THE
 MEDICAL CRITERIA CONTROLS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05240 Name: VALID-SEX-INDIC Version: Subsystem: Reference
 Created By: SYSTEM Last Updated By: T474093 Release:
 Created On: 8/25/2004 Last Updated On: 10/25/2005
 Description: VALID SEX INDICATOR.

***** MMIS DATA ELEMENT NAME - VALID SEX INDICATOR:
 MMIS GSD DATA ELEMENT NUMBER - 524
 MMIS PART 11 DATA ELEMENT NUMBER - 108
 MMIS DEFINITION - A CODE WHICH INDICATES WHEN A PROCEDURE
 OR DIAGNOSIS IS LIMITED TO ONE SEX
 ONLY. *****
 INDICATES WHICH SEX THE RECIPIENT MUST BE FOR THIS SERVICE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 05241 Name: DIAG-CHIRO-IND Version: Subsystem: Reference
 Created By: T474199 Last Updated By: T474085 Release:
 Created On: 7/16/2012 Last Updated On: 7/17/2012
 Description: DIAG-CHIRO-IND

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0 N	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05242 Name: PRG-INDICATOR Version: Subsystem: Reference
 Created By: T474199 Last Updated By: T474200 Release:
 Created On: 7/16/2012 Last Updated On: 5/15/2013
 Description: PRG-INDICATOR

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0	N	X(01)

DataElement ID: 05243 Name: DIAG-MANFEST-CODE Version: Subsystem: Reference
 Created By: T474199 Last Updated By: T474085 Release:
 Created On: 7/16/2012 Last Updated On: 7/17/2012
 Description: DIAG-MANFEST-CODE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 05244 Name: DIAG-EXCLUDES-CODE Version: Subsystem: Reference
 Created By: T474199 Last Updated By: T474085 Release:
 Created On: 7/16/2012 Last Updated On: 7/17/2012
 Description: DIAG-EXCLUDES-CODE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0	N	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05245 Name: DIAG-HACS-IND Version: Subsystem: Reference
 Created By: T474199 Last Updated By: T474085 Release:
 Created On: 7/16/2012 Last Updated On: 7/17/2012
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 05246 Name: DIAG-CMSEEDIT-IND Version: Subsystem: Reference
 Created By: T474199 Last Updated By: T474085 Release:
 Created On: 7/16/2012 Last Updated On: 7/17/2012
 Description: DIAG-CMSEEDIT-IND

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 05247 Name: PRE-PROC-REVIEW-IND Version: Subsystem: Reference
 Created By: T474199 Last Updated By: T474085 Release:
 Created On: 7/16/2012 Last Updated On: 7/17/2012
 Description: PRE-PROC-REVIEW-IND

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 05250      Name:  AGE-RANGE-INDIC      Version:      Subsystem: Reference
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: AGE RANGE INDICATOR
                A MINIMUM AND MAXIMUM AGE RANGE FOR A SERVICE.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

```

DataElement ID: 05251      Name:  MINIMUM-AGE      Version:      Subsystem: Reference
Created By: SYSTEM        Last Updated By: T474093      Release:
Created On:      8/25/2004      Last Updated On:      10/25/2005
Description: MINIMUM AGE
                ***** MMIS DATA ELEMENT NAME - AGE RANGE INDICATOR:
                MMIS GSD DATA ELEMENT NUMBER - 525
                MMIS PART 11 DATA ELEMENT NUMBER - 109
                MMIS DEFINITION - A CODE WHICH SPECIFIES AN AGE RANGE WHEN
                A PROCEDURE OF DIAGNOSIS IS LIMITED TO A
                - PARTICULAR AGE GROUP. *****
                THE MINIMUM ALLOWED AGE FOR THIS SERVICE (DEFAULT IS 000).
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		9(3)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05252 Name: MAXIMUM-AGE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MAXIMUM AGE

***** MMIS DATA ELEMENT NAME - AGE RANGE INDICATOR:
 MMIS GSD DATA ELEMENT NUMBER - 525
 MMIS PART 11 DATA ELEMENT NUMBER - 109
 MMIS DEFINITION - A CODE WHICH SPECIFIES AN AGE RANGE WHEN
 A PROCEDURE OF DIAGNOSIS IS LIMITED TO A
 PARTICULAR AGE GROUP. *****
 THE MAXIMUM ALLOWED AGE FOR THIS SERVICE (DEFAULT IS 999).

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3		0	9(3)

DataElement ID: 05253 Name: CAP-AGE-IND Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CAPITATION RATE AGE INDICATOR
 INDICATES MEASURE OF AGE ON THE HMO/PHP PLAN RECORD

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05290 Name: ALLOWED-CHARGE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ALLOWED CHARGE
 THE PAYMENT RECOGNIZED AS THE REASONABLE CHARGE FOR THIS SERVICE.
 THE ALLOWED CHARGE IS NORMALLY THE LESSER OF THE BILLED AMOUNT
 AND THE ALLOWED AMOUNT IN THE FEE SCHEDULE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		7	2		9(5)V99
3	N3	Numeric Comp-3		7	2		S9(5)V99
4	N3	Numeric Comp-3		9	2		S9(7)V99
7	N	Numeric		6	2		9(04)V99
8	N	Numeric		7	2		S9(05)V99

DataElement ID: 05310 Name: AUTHORIZATION-ID Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: AUTHORIZATION-ID
 THE ID NUMBER OF HCF STAFF MEMBER WHO AUTHORIZED A
 CHANGE ONLINE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		2	0		X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05312 Name: HCPCS-UPDATE-IND Version: Subsystem: Reference
 Created By: SYSTEM Last Updated By: T474096 Release:
 Created On: 8/25/2004 Last Updated On: 6/14/2007
 Description: HCPCS-UPDATE-IND
 HCPCS UPDATE INDICATOR REFLECTS WHETHER OR NOT THE HCPCS
 PROCEDURE SHOULD BE UPDATED THROUGH THE HCPCS UPDATE PROCESS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 05314 Name: PROC-VALUE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROC-VALUE
 THE VALUE CAN CONTAIN RELATIVE VALUE UNITS, ANESTHESIA BASE
 UNITS, AND PERCENT OF CHARGES FOR A PROCEDURE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05316	Name: NUM-REBATE-ENTRIES	Version:	Subsystem: Reference
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: NUM-REBATE-ENTRIES			
THE NUMBER OF REBATE ENTRIES			

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		S9(03)

DataElement ID: 05318	Name: NUM-INDIC-ENTRIES	Version:	Subsystem: Reference
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: NUM-INDIC-ENTRIES			
THE NUMBER OF DRUG INDICATOR ENTRIES			

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		S9(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05319 Name: NUM-INTRACT-ENTRIES Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DRG-INTRACT-ENTRIES
 THE NUMBER OF DRUG-INTERACTION CODE ENTRIES ON THE DRUG
 MASTER RECORD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		S9(03)

DataElement ID: 05320 Name: DRUG-CATEGORY-CODE Version: Subsystem: Reference
 Created By: SYSTEM Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 1/29/2008
 Description: DRUG-CATEGORY-CODE
 -
 WHICH TPL EXCEPTION CATEGORY A DRUG FALLS INTO

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05322 Name: TERMINATION-DATE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TERMINATION-DATE
 THE DATE THAT THE SHELF LIFE ENDS FOR A DRUG.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N		Numeric		8		0	9(08)
3	N3		Numeric Comp-3		5		0	S9(05)

DataElement ID: 05324 Name: REBATE-AMT Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: REBATE-AMT
 THE AMOUNT OF REBATE GIVEN BY THE DRUG MANUFACTURER.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		13		6	9(05)V9(06)
3	N3		Numeric Comp-3		13		6	S9(05)V9(06)

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 05326      Name:  INDICATOR-ENTRIES      Version:
Created By:                Last Updated By:      Release:
Created On:      8/25/2004  Last Updated On:    8/25/2004
Description: INDICATOR-ENTRIES
- THE NUMBER OF OCCURRENCES OF CERTAIN DRUG-RELATED INDICATORS
AND THEIR DATES.
    
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Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 05328      Name:  INDICATOR-DATA      Version:
Created By:                Last Updated By:      Release:
Created On:      8/25/2004  Last Updated On:    8/25/2004
Description: INDICATOR-DATA
DATA RELATED TO CERTAIN DRUG-RELATED INDICATORS
AND THEIR DATES.
    
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Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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9	G	Group		0	0		
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05330 Name: INDICATOR-BEGIN-DATE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: INDICATOR-BEGIN-DATE
 THE BEGINNING DATE FOR DRUG-RELATED INDICATORS

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

DataElement ID: 05332 Name: INDICATOR-END-DATE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: INDICATOR-END-DATE
 THE ENDING DATE FOR DRUG-RELATED INDICATORS

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05334 Name: DESI-IND Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DESI-IND
 DRUG EFFICACY STUDY AND IMPLEMENTATION INDICATOR TO REFLECT
 LEVELS OF SAFETY AND EFFECTIVENESS

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 05335 Name: DESI-EFFECT-DATE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DESI EFFECTIVE DATE
 - THIS IS THE DATE THAT THE DESI INDICATOR IS EFFECTIVE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05336 Name: DIAG-LONG-NAME Version: Subsystem: Reference
 Created By: SYSTEM Last Updated By: T474163 Release:
 Created On: 8/25/2004 Last Updated On: 1/17/2012
 Description: DIAG-LONG-NAME
 THE LONG NAME FOR THE DIAGNOSIS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		68	0		X(68)
2	X		AlphaNumeric		500	0		X(500)
3	X		AlphaNumeric		300	0		X(300)
6	X		AlphaNumeric		60	0		X(60)

DataElement ID: 05340 Name: LABELER-CODE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LABELER-CODE
 THE LABELER CODE IDENTIFIES A LABELER RECORD ON THE
 HCFA LABELER FILE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		5	0		X(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05341 Name: LABELER-NAME Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LABELER-NAME
 THE NAME OF A LABELER ON THE HCFA LABELER FILE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		39	0		X(39)

DataElement ID: 05342 Name: END-EFF-DATE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: END-EFF-DATE
 THE DATE THAT A LABELER CEASES BEING IN EFFECT.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
4	N		Numeric		8	0		9(08)
5	X		AlphaNumeric		8	0		X(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05343 Name: LABELER-NAME-DATA Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LABELER-NAME-DATA
 THE NAME AND ADDRESS THAT GO ON A LABELER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 05344 Name: CONTACT-NAME Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CONTACT-NAME
 THE NAME OF THE CONTACT AT THE CORPORATION WHICH WILL
 GO ON A LABEL.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		39	0		X(39)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05345 Name: CORPORATION Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CORPORATION
 THE CORPORATION NAME THAT GOES ON A LABELER.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			39	0		X(39)

DataElement ID: 05346 Name: STREET-1 Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: STREET-1
 THE FIRST LINE OF THE STREET ADDRESS ON A LABEL.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			39	0		X(39)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05347 Name: STREET-2 Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: STREET-2
 THE SECOND LINE OF THE STREET ADDRESS ON A LABEL.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			39	0		X(39)

DataElement ID: 05348 Name: STREET-3 Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: STREET-3
 THE THIRD LINE OF THE STREET ADDRESS ON A LABEL.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			39	0		X(39)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05349 Name: LABELER-CITY Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LABELER-CITY
 THE CITY OF THE MAILING ADDRESS ON A LABELER.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			27	0		X(27)

DataElement ID: 05350 Name: LABELER-STATE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LABELER-STATE
 THE STATE OF THE MAILING ADDRESS ON A LABELER.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			2	0		X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05351 Name: LABELER-ZIP Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LABELER-ZIP
 - THE ZIP CODE ON A LABELER.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		9	0		X(09)

DataElement ID: 05352 Name: LABELER-PHONE-NUM Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LABELER-PHONE-NUM
 THE PHONE NUMBER ON A LABELER.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		14	0		X(14)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05360	Name: ICD-9-RECORD-TYPE	Version:	Subsystem: Reference
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: ICD-9-RECORD-TYPE DIAGNOSIS OR PROCEDURE RECORD TYPE			

Variant ID	Data	Type Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 05361	Name: ICD-9-CM-CODE-PREFIX	Version:	Subsystem: Reference
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: ICD-9-CM-CODE-PREFIX THE PREFIX OF AN ICD-9-CM CODE			

Variant ID	Data	Type Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05362 Name: ICD-9-SUBDIVIDE-CODE Version: Subsystem: Reference
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: ICD-9-SUBDIVIDE-CODE
INDICATES WHETHER THE ICD-9-CM-CODE IS FURTHER SUBDIVIDED OR
INCOMPLETE

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 05363 Name: ICD-9-REC-SEQUENCE Version: Subsystem: Reference
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: ICD-9-REC-SEQUENCE
INDICATES WHETHER THE ICD-9 RECORD IS AN ABBREVIATION
OR FILL-TITLE RECORD.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05364 Name: ICD-9-CATEGORY Version: Subsystem: Reference
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: ICD-9-CATEGORY
INDICATES TYPE, (DISEASE OR PROC) AND LENGTH OF AN ICD-9-CM CODE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 05365 Name: ICD-9-SEX-SPEC-IND Version: Subsystem: Reference
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: ICD-9-SEX-SPEC-IND
INDICATES WHETHER ICD-9-CM CODE IS SEX-SPECIFIC.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05366 Name: ICD-9-ABBREV-TITLE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ICD-9-ABBREV-TITLE
 THE ABBREVIATED TITLE FOR THE ICD-9-CM CODE.,

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 05367 Name: ICD-9-FULL-TITLE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ICD-9-FULL-TITLE
 THE FULL TITLE FOR THE ICD-9-CM CODE.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05368 Name: ICD-9-PROC-CLASS Version: Subsystem: Reference
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: ICD-9-PROC-CLASS
A CLASS INDICATES THE RELATIVE RISK OF A PROCEDURE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 05369 Name: ICD-9-MDC Version: Subsystem: Reference
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: ICD-9-MDC
MAJOR DIAGNOSTIC CATEGORY FOR AN ICD PROCEDURE.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05370 Name: ICD-9-COMORBID-FLAG Version: Subsystem: Reference
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: ICD-9-COMORBID-FLAG
INDICATES WHETHER ANOTHER CONDITION COULD COMPLICATE THE PRIMARY
DIAGNOSIS AND POSSIBLY CAUSE AN INCREASED LENGTH OF STAY.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 05371 Name: ICD-9-COMORBID-CHECK Version: Subsystem: Reference
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: ICD-9-COMORBID-CHECK
-
INDICATES IF THIS IS THE PRINCIPAL DIAGNOSIS, AND CONSEQUENTLY
WHETHER COMORBIDITY FLAG SHOULD BE EXAMINED.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05372 Name: ICD-9-AGE-SPEC-IND Version: Subsystem: Reference
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: ICD-9-AGE-SPEC-IND
INDICATES WHICH AGE GROUP A PROCEDURE IS LIMITED TO.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 05373 Name: ICD-9-EDIT-FLAG Version: Subsystem: Reference
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: ICD-9-EDIT-FLAG
INDICATES A CONDITION THAT MAY CAUSE THE CLAIM TO BE FURTHER
REVIEWED OR REJECTED.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Report:ND-001

Iowa Medicaid Enterprise

ND-Workbench

Data Element List

DataElement ID: 05374 Name: ICD-9-OPER-PROCEDURE Version: Subsystem: Reference
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: ICD-9-OPER-PROCEDURE
INDICATES IF THIS IS A HCFA-DEFINED OPERATING ROOM PROCEDURE

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 05375 Name: ICD-9-LIST-GROUP-NUM Version: Subsystem: Reference
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: ICD-9-LIST-GROUP-NUM
INDICATES WHICH CPHA STATISTICAL GROUP AN ICD-9-CM CODE
BELONGS TO.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05380 Name: DRG-CODE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DRG CODE
 A CODE ASSIGNED BY THE DRG GROUPER BASED ON THE DIAGNOSIS CODES,
 ANY SURGICAL PROCEDURE CODES, RECIPIENT SEX AND AGE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		3	0		X(03)
2	N		Numeric		4	0		9(04)

DataElement ID: 05381 Name: DRG-UNIT-CODE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: UNIT CODE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05382 Name: DRG-AGE-CODE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE 'C' WILL BE USED FOR SUBSTANCE ABUSE AND PSYCHIATRIC DRG'S
 WHEN AGE IS LESS THAN 18.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 05383 Name: DRG-MAJOR-DIAG-CAT Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MAJOR DIAGNOSIS CATEGORY
 THE MAJOR DIAGNOSIS CATEGORY THE DRG FALLS WITHIN.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2	0		X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05384 Name: DRG-MED-SURG-IND Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NO DESCRIPTION FOUND FOR THIS ELEMENT

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 05385 Name: DRG-DESCRIPTION Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CONTAINS A TEXT DESCRIPTION OF THE DRG.,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		70		0	X(70)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05386 Name: DRG-PRICE-DATA Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: GROUP DATA ITEM, REFER TO DEDS NUMBERED 05387 THRU
 05394 FOR AN EXPLANATION OF THE ELEMENTARY DATA
 CONTAINED WITHIN.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 05387 Name: DRG-EFFECT-BEG-DATE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS ELEMENT WILL CONTAIN THE DATE WHEN THE DRG
 WAS CONSIDERED EFFECTIVE.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

```

DataElement ID: 05388      Name:  DRG-EFFECT-END-DATE      Version:
Created By:                Last Updated By:          Release:
Created On:   8/25/2004    Last Updated On:   8/25/2004
Description: IN THE EVENT THE DRG IS NO LONGER EFFECTIVE
              THIS ELEMENT WILL CONTAIN THE DATE WHEN THE DRG
              WAS NO LONGER CONSIDERED EFFECTIVE.,
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5		0	S9(05)

```

DataElement ID: 05389      Name:  DRG-AVG-LENG-STAY      Version:
Created By:                Last Updated By:          Release:
Created On:   8/25/2004    Last Updated On:   8/25/2004
Description: AVERAGE LENGTH OF STAY FOR DRG.,
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		4		1	S9(03)V9

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05390 Name: DRG-INLIER-END-DAY Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE INLIER THRESHOLD FOR THE DRG.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3		0	S9(03)

DataElement ID: 05391 Name: DRG-OUTLIER-BEG-DAY Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE DATE THAT DAY OUTLIERS BEGIN FOR THE DRG.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3		0	S9(03)

DataElement ID: 05392 Name: DRG-WEIGHT Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: WEIGHT OF THE DRG.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		6		4	S99V9(04)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05393 Name: DRG-MEAN-LOG-LOS Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEAN LOGARITHMIC LENGTH OF STAY. (NOT USED FOR PRICING)..

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7		6	S9V9(06)

DataElement ID: 05394 Name: DRG-STD-DEV-LOG-LOS Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: STANDARD DEVIATION OF THE LENGTH OF STAY. (NOT USED FOR PRICING)..

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7		6	S9V9(06)

DataElement ID: 05395 Name: DRG-CONTROL-CODE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NO DESCRIPTION FOUND FOR THIS ELEMENT

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05400 Name: DPR-LICENSE-NUMBER Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: DPR LICENSE NUMBER
 THIS IS THE DEPARTMENT OF PROFESSIONAL REGULATION'S PROFESSIONAL LICENSE NUMBER.
 IT IS MADE UP OF TWO FIELDS. THE FIRST IS THE "OCCUPATION CODE"; IT HAS TWO BYTES WHICH ARE ALPHABETIC AND DENOTES THE OCCUPATION OF THE LICENSEE. THE OTHER IS THE "LICENSE NUM"; IT HAS SEVEN BYTES WHICH ARE NUMERIC AND UNIQUE TO EACH LICENSEE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 05401 Name: OCCUPATION-CODE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: OCCUPATION CODE
 THIS IS THE FIRST OF TWO FIELDS THAT MAKES UP THE DPR LICENSE NUMBER ON THE DPR FILE. IT HAS TWO BYTES WHICH ARE ALPHABETIC AND ARE UNIQUE TO EACH LICENSEE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		2	0		X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05402 Name: DPR-LICENSE-NUM Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LICENSE NUM

THIS IS THE SECOND OF TWO FIELDS THAT MAKES UP THE DPR LICENSE NUMBER ON THE DPR FILE. IT HAS SEVEN BYTES WHICH ARE ALPHABETIC AND ARE UNIQUE TO EACH LICENSEE.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		7	0		X(07)

DataElement ID: 05403 Name: STATUS-CODE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: STATUS CODE

THIS INDICATES THE STATUS OF THE LICENSEE ON THE DPR FILE.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		N		Numeric		2	0		9(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05404 Name: CLASS-CODE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CLASS CODE

-
 THIS INDICATES THE CLASS OF THE LICENSEE ON THE DPR FILE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		3	0		9(03)

DataElement ID: 05405 Name: PROV-BUSINESS-NAME Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROV BUSINESS NAME

THIS IS THE BUSINESS NAME OF THE LICENSEE ON THE DPR FILE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		30	0		X(30)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05406 Name: DISCIPLINE-CODE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DISCIPLINE CODE
 THIS IS THE DISCIPLINE CODE OF THE LICENSEE ON THE DPR FILE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 05424 Name: ROUTE-CODE Version: Subsystem: Reference
 Created By: SYSTEM Last Updated By: T474096 Release:
 Created On: 8/25/2004 Last Updated On: 11/8/2007
 Description: ROUTE CODE
 THE ROUTE CODE REPRESENTS THE NORMAL METHOD BY WHICH A DRUG IS
 ADMINISTERED.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05427 Name: DRUG-RANK Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NO DESCRIPTION FOUND FOR THIS ELEMENT

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 05450 Name: APG-CODE Version: Subsystem: Reference
 Created By: SYSTEM Last Updated By: T474071 Release:
 Created On: 8/25/2004 Last Updated On: 1/28/2008
 Description: THIS ELEMENT CONTAINS THE THREE DIGIT CODE THAT WAS
 ASSIGNED TO THE APG.,

1		X		AlphaNumeric		3	0		X(03)
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05451 Name: APG-DESCRIPTION Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS ELEMENT CONTAINS THE TEXT DESCRIPTION OF THE
 AMBULATORY PATIENT GROUPING.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		75		0	X(75)

DataElement ID: 05452 Name: APG-PRICE-DATA Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: GROUP DATA ITEM
 REFER TO DATA ELEMENTS NUMBERED 5453, 5454 & 5455
 FOR A COMPLETE DESCRIPTION.,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group				0	

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05453 Name: APG-EFFECT-BEG-DATE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS ELEMENT IS USED TO INDICATE THE DATE WHEN
 THE APG BECAME EFFECTIVE.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

DataElement ID: 05454 Name: APG-EFFECT-END-DATE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS ELEMENT IS USED TO INDICATE THE DATE WHEN
 THE APG WAS NO LONGER EFFECTIVE.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05455 Name: APG-WEIGHT Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE WEIGHT (VALUE) OF THE APG.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		11	5		S9(04)V9(05)

DataElement ID: 05456 Name: APG-BATCH-BILL-FLAG Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS ELEMENT IS USED TO INDICATE WHETHER AN APG
 IS BILLABLE IN BATCH MODE OR NOT.
 Y = THIS APG CAN BE BATCH BILLED
 N = THE APG CANNOT BE BATCH BILLED.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05457 Name: APG-NON-COVERED-FLAG Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS ELEMENT IS USED TO INDICATE WHETHER AN APG
 IS COVERED OR NOT.
 Y = APG HAS BEEN FLAGGED AS NON COVERABLE
 N = THE APG IS CONSIDERED COVERABLE.,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 05458 Name: APG-CONDITION-FLAG Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: UNKNOWN.,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05459 Name: APG-VERSION-CODE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: APG VERSION CODE
 THE VERSION OF THE APG WHICH REFLECTS THE DESCRIPTION AND WEIGHT
 FOR THE APG CODE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		3	0		X(03)

DataElement ID: 05460 Name: APC-CODE Version: Subsystem: Reference
 Created By: T474071 Last Updated By: T474071 Release:
 Created On: 1/28/2008 Last Updated On: 1/28/2008
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		5	0		X(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05461 Name: APC-DESCRIPTION Version: Subsystem: Reference
 Created By: T474071 Last Updated By: T474071 Release:
 Created On: 1/28/2008 Last Updated On: 1/28/2008
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		75			X(75)

DataElement ID: 05462 Name: APC-NUM-PRICE-DATA Version: Subsystem: Reference
 Created By: T474071 Last Updated By: T474071 Release:
 Created On: 1/28/2008 Last Updated On: 1/28/2008
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3		Numeric Comp-3		3			S9(03)

DataElement ID: 05463 Name: APC-PRICE-DATA Version: Subsystem: Reference
 Created By: T474071 Last Updated By: T474071 Release:
 Created On: 1/28/2008 Last Updated On: 1/28/2008
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group					

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05464 Name: APC-EFFECT-BEG-DATE Version: Subsystem: Reference
 Created By: T474071 Last Updated By: T474071 Release:
 Created On: 1/28/2008 Last Updated On: 1/28/2008
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

DataElement ID: 05465 Name: APC-EFFECT-END-DATE Version: Subsystem: Reference
 Created By: T474071 Last Updated By: T474071 Release:
 Created On: 1/28/2008 Last Updated On: 1/29/2008
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

DataElement ID: 05466 Name: APC-WEIGHT Version: Subsystem: Reference
 Created By: T474071 Last Updated By: T474071 Release:
 Created On: 1/28/2008 Last Updated On: 1/28/2008
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		4	5		S9(04)V9(5)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05501 Name: DRUG-NOTE-AREA Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: FIELD USED FOR MISCELLANEOUS COMMENTS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		72		0	X(72)

DataElement ID: 05502 Name: DRUG-GENERIC-CODE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DRUG GENERIC CODE
 A CODE IDENTIFYING THE GENERIC GROUP TO WHICH A DRUG BELONGS.,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		5		0	X(05)
2	X		AlphaNumeric		4		0	X(04)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05503 Name: DRUG-STRENGTH-DESC Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DRUG STRENGTH DESCRIPTION.
 - A DESCRIPTION OF THE STRENGTH OF A DRUG FORMULARY.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		10	0		X(10)
2	X		AlphaNumeric		7	0		X(7)

DataElement ID: 05504 Name: DRUG-MANUFACT-NAME Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DRUG MANUFACTURER NAME.
 THE NAME OF THE COMPANY PRODUCING THE DRUG.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		17	0		X(17)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05505 Name: DRUG-SOURCE-IND Version: Subsystem: Reference
 Created By: T474085 Last Updated By: T474085 Release:
 Created On: 10/23/2008 Last Updated On: 12/30/2008
 Description: DRUG SOURCE INDICATOR

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

DataElement ID: 05506 Name: DRUG-TOP20-IND Version: Subsystem: Reference
 Created By: T474085 Last Updated By: T474085 Release:
 Created On: 10/23/2008 Last Updated On: 12/30/2008
 Description: DRUG TOP 20 LIST INDICATOR

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05512 Name: DRUG-MAX-DAYS Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DRUG MAXIMUM DAYS.
 THIS IS THE MAXIMUM NUMBER OF DAYS THAT THE PHARMACIST MAY
 DISPENSE THIS DRUG (DEFAULT IS 99999).

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		9(5)

DataElement ID: 05513 Name: DRUG-PRICE-BEG-DATE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DRUG PRICE BEGIN DATE.
 ***** MMIS DATA ELEMENT NAME - ALLOWABLE PROCEDURE PAYMENT:
 MMIS GSD DATA ELEMENT NUMBER - 380
 MMIS PART 11 DATA ELEMENT NUMBER - 084
 MMIS DEFINITION - THE MAXIMUM ALLOWED AMOUNT PAYABLE FOR A
 PARTICULAR MEDICAL PROCEDURE, TREATMENT,
 OR SERVICE ITEM. *****
 THE BEGINNING EFFECTIVE DATE OF THE DRUG PRICE DATA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)
6	X	AlphaNumeric		8	0		X(08)

Iowa Medicaid Enterprise Data Element List

DataElement ID: 05514 Name: DRUG-PRICE-END-DATE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: DRUG PRICE END DATE.
 ***** MMIS DATA ELEMENT NAME - DRUG CANCELLATION DATE:
 MMIS GSD DATA ELEMENT NUMBER - 528
 MMIS PART 11 DATA ELEMENT NUMBER - 097
 MMIS DEFINITION - THE DATE FROM WHICH A PARTICULAR DRUG IS
 NO LONGER COVERED UNDER THE STATE
 MEDICAID PROGRAM. *****
 THE ENDING EFFECTIVE DATE OF THE DRUG PRICE DATA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5		0	S9(05)

DataElement ID: 05515 Name: DRUG-PRICE-ENTRIES Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: DRUG PRICE ENTRIES.
 A COUNT OF THE NUMBER OF ENTRIES OF DRUG PRICE DATA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3		0	S9(03)

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 05516      Name:  DRUG-PRICE-DATA      Version:
Created By:                Last Updated By:      Release:
Created On:      8/25/2004  Last Updated On:   8/25/2004
Description: DRUG-PRICE DATA.
              A GROUP LEVEL ENTRY FOR PRICING A DRUG CLAIM.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

```

DataElement ID: 05520      Name:  DRUG-DISPENSING-FEE      Version:
Created By:                Last Updated By:      Release:
Created On:      8/25/2004  Last Updated On:   8/25/2004
Description: DRUG DISPENSING FEE
              ***** MMIS DATA ELEMENT NAME - PROFESSIONAL FEE:
              MMIS GSD DATA ELEMENT NUMBER - 381
              MMIS PART 11 DATA ELEMENT NUMBER - 085
              MMIS DEFINITION - THE AMOUNT ALLOWED TO A DISPENSER OF
              DRUGS AS COMPENSATION FOR HIS PROFESSIONAL
              SERVICES. *****
              THE FEE ASSOCIATED WITH THE COST OF DISPENSING A DRUG. SEVERAL
              DIFFERENT DISPENSING FEES HAVE BEEN ESTABLISHED IN ASSOCIATION
              WITH DED 02312.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	2		S9(3)V99
4	N	Numeric		6	2		S9(4)V99
5	N3	Numeric Comp-3		11	2		S9(9)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05522 Name: DRUG-INTERACT-CODE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DRUG INTERACTION CODES
 THIS INFORMATION COMES FROM BLUEBOOK, IT IS NUMERIC CODES THAT
 IF TWO ADDED TOGETHER FROM DIFFERENT RECORDS TOTAL 1000
 THEN THE DRUGS INTERACT.
 ANY RECORD MAY HAVE UP TO 26 INTERACTION CODES.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		3	0		X(03)
9	G	Group		0	0		

DataElement ID: 05523 Name: DRUG-SAFE-DURATION Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DRUG SAFE DURATION
 THIS FIELDS SPECIFIES THE SAFE LENGTH OF TIME THAT A DRUG MAY BE
 TAKEN.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		S9(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05524 Name: DRUG-MIN-DAYS Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DRUG MINIMUM DAYS
 THIS IS THE MINIMUM NUMBER OF DAYS THAT THE PHARMACIST MAY DISPENS
 THIS DRUG FOR.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 05525 Name: DRUG-MAINT-IND Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DRUG MAINTENANCE INDICATOR
 THIS FIELD INDICATES THAT THE DRUG WILL BE PRESCRIBED ON AN
 ON-GOING BASIS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05526 Name: DRUG-DIALYSIS-IND Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DRUG DIALYSIS INDICATOR
 THIS FIELD IS A YES OR NO INDICATOR WHICH TELLS IF THIS DRUG IS
 RELATED TO THE DIALYSIS PROCEDURE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 05527 Name: FROM-THRU-IND Version: Subsystem: Reference
 Created By: SYSTEM Last Updated By: T474085 Release:
 Created On: 8/25/2004 Last Updated On: 10/15/2010
 Description: FROM THRU INDICATOR
 THIS INDICATOR IS USED WHEN A PROVIDER MAY GROUP CLAIMS FOR SEVERA
 DAYS UNDER THE ONE CLAIM.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05528 Name: CO-INS-IND Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CO-INSURANCE INDICATOR
 THIS INDICATOR IS USED TO INDICATE THAT THE RECIPIENT IS
 RESPONSIBLE FOR PARTIAL PAYMENT OF THE SERVICE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 05529 Name: PREV-NDC-CODE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PREVIOUS NDC CODE
 THIS FIELD CONTAINS THE PREVIOUS NDC CODE FOR A DRUG IF THERE IS
 ONE. IT IS UPDATED BY BLUEBOOK.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		11	0		X(11)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05530 Name: DRUG-OBSOLETE-DATE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DRUG OBSOLETE DATE
 THIS IS THE OBSOLETE DATE OF A DRUG AS CARRIED BY BLUEBOOK

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

DataElement ID: 05531 Name: FAMILY-PLAN-IND Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: FAMILY PLANNING INDICATOR
 INDICATES WHETHER A DRUG IS FAMILY PLANNING DRUG.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

```
DataElement ID: 05533      Name:  DRUG-DOSE-FORM      Version:      Subsystem: Reference
  Created By:              Last Updated By:      Release:
  Created On:      8/25/2004      Last Updated On:      8/25/2004
  Description: DRUG DOSE FORM
                THIS IS THE FORM OF THE DRUG
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		2	0		X(2)

```
DataElement ID: 05534      Name:  GULP-PRICE      Version:      Subsystem: Reference
  Created By:              Last Updated By:      Release:
  Created On:      8/25/2004      Last Updated On:      8/25/2004
  Description: GENERIC UPPER LIMIT PRICE
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Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05550 Name: INDENT-CODE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: INDENT CODE
 INDENT CODE IDENTIFIES THE TYPE OF RECORD

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 05551 Name: SEQUENCE-NUMBER Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SEQUENCE NUMBER
 THIS FIELD IS IN INCREMENTS OF 100. IT GROUPS PROCEDURE CODES TOGETHER.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		5	0		9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05552 Name: RPT-CARRIAGE-CNTL Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: REPORT CARRIAGE CONTROL
 THIS CARRIAGE CONTROL IS USED TO CONTROL SPACING OF REPORTS

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 05553 Name: VAR-PRE-POS-OPER-SVC Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: VAR POST PRE OPERATIVE
 THIS FIELD INDICATES IF TA PROCEDURE INCLUDES VARIABLE POST AND
 PREOPERATIVE SERICES

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05554 Name: COVERAGE-MANUAL-REF Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: COVERAGE-MANUAL-REF
 THIS FIELD CONTAINS A NUMBER CONSISTING OF THE CHAPTER AND SECTION
 REFERENCING THE COVERAGE ISSUE MANUAL.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		5		0	X(05)

DataElement ID: 05555 Name: COVERAGE-INDICATOR Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: COVERAGE-INDICATOR
 THIS FIELD CONTAINS AN INDICATOR SPECIFYING COVERAGE INFORMATION

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05556 Name: INDIV-CONSIDER-TAG Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: INDIVIDUAL CONSIDER TAG
 THIS FIELD CONTAINS A TAG INDICATING THE REASON FOR SUSPENSION AND
 TYPE OF REVIEW.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 05557 Name: REIMBURSE-INFO Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: -
 REIMBURSEMENT INFORMATION
 THIS FIELD CONTAINS INFORMATION ABOUT DRUG AND PROCEDURE REIMBURSE
 MENTS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05558 Name: RELATIVE-VALUE-UNITS Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RELATIVE VALUE UNITS
 THIS FIELD CONTAINS UNIT VALUES FOR PROCEDURES OR SERVICES. IT
 MAY CONTAIN A CODE IF A VALUE IS NOT PRESENT.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		5	0		X(05)
2	N		Numeric		0	2		999V99
9	G		Group		0	0		

DataElement ID: 05559 Name: CROSS-REF-CPT-4-CODE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CROSS REF TO CPT-4 CODE
 THIS FIELD CONTAINS GROUPS IDENTIFYING A CROSS REFERENCE TO
 A CPT-4 CODE TO RELATE SERVICES PREVIOUSLY OR CURRENTLY CODED
 IN HCPCS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		5	0		X(05)
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05560 Name: MCARE-CARRIER-REF Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MCARE CARRIER MAN REFERENCE
 THIS FIELD CONTAINS A NUMBER CONSISTING OF THE CHAPTER AND SECTION
 REFERENCING THE MEDICARE CARRIER MANUAL.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		6	0		X(06)

DataElement ID: 05561 Name: ANESTHESIA-VALUE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ANESTHESIA VALUE
 -
 THIS FIELD CONTAINS THE ANESTHESIA BASE VALUES.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		3	0		X(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05562 Name: SEX-LIFE-IND Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SEX LIFE INDICATOR
 THIS FIELD IS AN INDICATOR CONTAINING INFO REGARDING SEX/LIFE,
 PROCEDURE/HISTORY, AND PROCEDURE/AGE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 05563 Name: SURGICAL-ASSIST-IND Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SURGICAL ASSIST INDICATOR
 THIS FIELD INDICATES PROCEDURES FOR WHICH A SURGICAL ASSISTANT MAY
 BE REIMBURSED.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05564 Name: FOLLOW-UP-DAYS Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: FOLLOW UP DAYS
 THIS FIELD CONTAINS THE NUMBER OF DAYS FOR NORMAL UNCOMPLICATED
 FOLLOW-UP CARE THAT WILL BE COVERED BY THE SURGICAL PROCEDURE
 REIMBURSEMENT.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		3	0		X(03)
2	N		Numeric		3	0		9(03)

DataElement ID: 05565 Name: CONTROL-STATEMENT Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CONTROL STATMENT
 THIS FIELD OCNTOSL A 4-DIGIT NUMBER TO FOOTNOTE COMMENTS AT THE
 END OF THE ALPHA NUMBEIC SECTION.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		4	0		X(04)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05566 Name: MAINT-DATE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MAINTENANCE DATE
 THSI FIELD CONTAINS THE MONTH AND YEAR AN ACTION IS TAKEN ON THE CODING SYSTEM.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		4	0		X(04)

DataElement ID: 05567 Name: ACTION-CODE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ACTION CODE
 THIS FIELD CONTAINS THE TYPE OF ACTION TAKEN ON THE CODING SYSTEM.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)
2	X		AlphaNumeric		4	0		X(04)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05568 Name: SPECIALTY-PROCS Version: Subsystem: Reference
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: SPECIALTY PROCEDURES
A CODE INDICATING WHETHER A PROCEDURE IS LIMITED TO A PROVIDER
WITH A CERTAIN SPECIALTY

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 05569 Name: YEAR-ADDED Version: Subsystem: Reference
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: YEAR ADDED
THE LAST TWO DIGITS OF THE YEAR IN WHICH HCFA ADDED A
PROCEDURE CODE TO THE HCPCS FILE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N		Numeric		2		0	9(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05570	Name: STATUTE	Version:	Subsystem: Reference
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: STATUTE STATUTE FOR HCPCS			

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		8	0		X(08)

DataElement ID: 05580	Name: MGH-SURGERY-IND	Version:	Subsystem: Reference
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: MGH-SURGERY-IND ON THE MCGRAW HILL HCPCS RECORD, INDICATES WHETHER THE PROCEDURE IS SURGERY.			

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05581 Name: MGH-CODE-TYPE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MGH-CODE-TYPE
 ON THE MCGRAW HILL HCPCS RECORD, INDICATES
 WHETHER THE PROCEDURE IS FROM AMA OR MCGRAW-HILL.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 05582 Name: MGH-REFER-CODE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MGH-REFER-CODE
 ON THE MCGRAW HILL HCPCS RECORD, INDICATES
 A REFERRAL FOR A DELETED CODE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		8	0		X(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05583 Name: MGH-CURRENT-UPDT Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MGH CURRENT UPDATE
 ON THE MCGRAW HILL HCPCS RECORD, INDICATES THE TYPE
 OF CURRENT CHANGE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 05584 Name: MGH-PREVIOUS-UPDT Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MGH-PREVIOUS-UPDT
 ON THE MCGRAW HILL HCPCS RECORD, INDICATES
 THE TYPE OF PREVIOUS CHANGE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05585 Name: MGH-VALUE-FLAG Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MGH VALUE FLAG
 ON THE MCGRAW HILL HCPCS RECORD, DESCRIBES RV VALUE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		3	0		X(03)

DataElement ID: 05586 Name: MGH-ANESTH-UNITS Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MGH-ANESTH-UNITS
 ON THE MCGRAW HILL HCPCS RECORD, INDICATES
 THE NUMBER OF ANESTHESIA UNITS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		3	0		X(03)
2	N	Numeric		3	0		9(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05602 Name: PROC-CONTROL-CODE Version: Subsystem: Reference
 Created By: SYSTEM Last Updated By: T474100 Release:
 Created On: 8/25/2004 Last Updated On: 12/31/2007
 Description: PROCEDURE CONTROL CODE.
 A CODE USED TO CONTROL PROCESSING OF THIS SERVICE.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

DataElement ID: 05603 Name: PROC-FACTOR-CODE Version: Subsystem: Reference
 Created By: SYSTEM Last Updated By: T474193 Release:
 Created On: 8/25/2004 Last Updated On: 12/17/2012
 Description: A CODE IDENTIFYING THE PRICING FACTOR FOR THIS SERVICE.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise Data Element List

DataElement ID: 05604 Name: PROC-FACTOR Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROCEDURE FACTOR.

***** MMIS DATA ELEMENT NAME - ALLOWABLE PROCEDURE PAYMENT:
 MMIS GSD DATA ELEMENT NUMBER - 380
 MMIS PART 11 DATA ELEMENT NUMBER - 084
 MMIS DEFINITION - THE MAXIMUM ALLOWED AMOUNT PAYABLE FOR A
 PARTICULAR MEDICAL PROCEDURE, TREATMENT,
 OR SERVICE ITEM. *****
 ***** MMIS DATA ELEMENT NAME - MEDICAID REASONABLE CHARGE:
 MMIS GSD DATA ELEMENT NUMBER - 529
 MMIS PART 11 DATA ELEMENT NUMBER - 098
 MMIS DEFINITION - PAYMENT AMOUNT RECOGNIZED AS THE
 REASONABLE CHARGE FOR MEDICAID. *****
 ***** MMIS DATA ELEMENT NAME - MAXIMUM ALLOWED PRICE:
 MMIS GSD DATA ELEMENT NUMBER - 508
 MMIS PART 11 DATA ELEMENT NUMBER - 107
 MMIS DEFINITION - THE MAXIMUM AMOUNT THAT WILL BE PAID FOR A
 PROCEDURE, TREATMENT, OR SERVICE ITEM.*****
 THE PRICING FACTOR FOR THE PROCEDURE (SEE PROCEDURE FACTOR CODE).

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	2		S9(05)V99

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 05605      Name:  PROC-PRICE-BEG-DATE      Version:
Created By:                Last Updated By:          Release:
Created On:   8/25/2004    Last Updated On:   8/25/2004
Description: PROCEDURE PRICE BEGIN DATE.
              - THE BEGINNING EFFECTIVE DATE OF THIS PRICE DATA.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5		0	S9(05)

```

DataElement ID: 05606      Name:  PROC-PRICE-END-DATE      Version:
Created By:                Last Updated By:          Release:
Created On:   8/25/2004    Last Updated On:   8/25/2004
Description: PROCEDURE PRICE END DATE.
              THE ENDING EFFECTIVE DATE OF THIS PRICE DATE.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5		0	S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05607 Name: PROC-POST-OP-DAYS Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROCEDURE POST OPERATIVE DAYS.
 THE NUMBER OF DAYS FOLLOWING THE SURGICAL PROCEDURE WITHIN WHICH
 OFFICE VISITS TO THE SAME PROVIDER SHOULD BE CONSIDERED AS PART
 OF THE ORIGINAL SURGICAL FEE (DEFAULT IS ZERO).

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3		Numeric Comp-3		3	0		S9(03)

DataElement ID: 05608 Name: PROC-PRICE-ENTRIES Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROCEDURE PRICE ENTRIES.
 THE NUMBER OF ENTRIES OF PROCEDURE PRICE DATA.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3		Numeric Comp-3		3	0		S9(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05609 Name: PROC-PRICE-DATA Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROCEDURE PRICE DATA.
 A GROUP LEVEL ENTRY FOR PROCEDURE PRICING ENTRIES.
 ENTRIES ARE ARRANGED IN DECENDING PROCEDURE PRICE BEGIN/END
 DATE SEQUENCE.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9			G	Group		0	0		

DataElement ID: 05613 Name: PROC-PROV-TYPE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROCEDURE PROVIDER TYPE.
 THE PROVIDER TYPE CODE (DEN = 02050) WHICH IDENTIFIES PROVIDERS
 EITHER ALLOWED OR NOT ALLOWED TO PERFORM AND BILL THIS
 PROCEDURE, DEPENDING ON PROC-PROV-TYPE-IND (DEN = 05614)

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05614 Name: PROC-PROV-TYPE-IND Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROCEDURE PROVIDER TYPE INDICATOR.
 - THIS INDICATOR IS USED TO IDENTIFY PROVIDER TYPES THAT MAY OR
 MAY NOT PERFORM AND BILL THE SPECIFIED PROCEDURE.
 IT IS AN OPTIONAL FIELD WHICH MAY BE USED ONLY FOR THOSE
 PROCEDURES WHICH PRESENT SUCH PROBLEMS.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1	0		X(01)

DataElement ID: 05615 Name: PROC-PL-OF-SVC-IND Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROCEDURE PLACE OF SERVICE INDICATOR
 THIS INDICATOR IS USED TO IDENTIFY PLACE OF SERVICES WHERE THIS
 PROCEDURE CODE MAY OR MAY NOT BE PERFORMED. IT IS OPTIONAL.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05620 Name: PROC-MODF-IND Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD IS USED ON THE PROCEDURE RECORD TO INDICATE WHETHER A
 PROCEDURE MODIFIER CODE IS VALID OR INVALID FOR THE CURRENT PROCED

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 05621 Name: CLM-TYPE-IND Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD IS USED ON THE PROCEDURE RECORD TO INDICATE WHETHER A
 CLAIM INPUT FORM IND IS VALID OR INVALID FOR THE CURRENT PROCEDURE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05622 Name: CONVERSION-IND Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CONVERSION INDICATOR

THIS FIELD IS USED ON THE PROCEDURE RECORD TO INDICATE WHETHER A HCPCS CONVERSION HAS CHANGED THE MEANING OF A PROCEDURE CODE.
 'Y' IF THE SAME PROCEDURE CODE REPRESENTS TWO DIFFERENT PROCEDURES BEFORE AND AFTER CONVERSION.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

DataElement ID: 05623 Name: SCRATCHPAD-IND Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SCRATCHPAD INDICATOR

THIS FIELD IS USED ON THE PROCEDURE RECORD TO INDICATE WHETHER SCRATCHPAD INFORMATION HAS BEEN KEYED ON PROCEDURE SCREEN 4. TYPICALLY, INFORMATION ON SCREEN 4 IS USED TO TRACK PROCEDURE CODE CONVERSIONS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05629 Name: PROC-UNUSED-PRE-OP Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: Y = PRE OPERATIVE DAYS HAVE NOT BEEN USED FOR THIS PROCEDURE
 N = ALL PRE OPERATIVE DAYS HAVE BEEN USED FOR THIS PROCEDURE.,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

DataElement ID: 05630 Name: PROC-PRE-OP-DAYS Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF DAYS PRIOR TO SURGERY THAT ARE CONSIDERED
 PRE OPERATIVE CARE.,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3			3	0		S9(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05631 Name: PROC-PRES-PROV-IND Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: - PRESCRIBING PROVIDER INDICATOR.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 05632 Name: PROC-CLIN-LAB-IND Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CLINICAL LAB INDICATOR.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 05633 Name: PROC-XREF-IND Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CROSS REVERENCE INDICATOR.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05634 Name: PROC-XREF-CODE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE FIVE DIGIT HCPCS OR CPT-4 CODE USED TO ASSIGN AN APG.,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			5	0		X(05)

DataElement ID: 05635 Name: PROC-XREF-TYP-OF-SVC Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CODE FOR TYPE OF SERVICE RENDERED.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

DataElement ID: 05636 Name: PROC-OXY-RULE-IND Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: UNKNOWN.,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05637 Name: PROC-SURG-TRAY-IND Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: USED TO FLAG IF SURGICAL TRAY PAYMENT IS BEING USED

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

DataElement ID: 05638 Name: PROC-SURG-TRAY-DATE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE EFFECTIVE DATE OF SURGICAL TRAY PAYMENT.,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3			5	0		S9(05)

DataElement ID: 05642 Name: PROC-MPASS-OVERRIDE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS OVERRIDE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05650 Name: PROC-SCRATCHPAD Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD IS USED ON THE PROCEDURE RECORD TO PROVIDE FREE-FORM
 NOTES REGARDING A PROCEDURE. THIS INFORMATION IS DISPLAYED ON
 PROCEDURE DISPLAY SCREEN 4.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		75	0		X(75)
9	G		Group		0	0		

DataElement ID: 05651 Name: PROC-NUM-MDC Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS WILL CONTAIN THE NUMBER OF OCCURENCES OF THE GROUP LEVEL
 PROC-MDC.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3		Numeric Comp-3		3	0		S9(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05652 Name: DRG-NUM-PRICE-DATA Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS WILL CONTAIN THE NUMBER OF OCCURENCES OF THE GROUP LEVEL
 - DRG-PRICE-DATA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		S9(03)

DataElement ID: 05653 Name: DIAG-NUM-MDC Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS WILL CONTAIN THE NUMBER OF OCCURENCES OF THE GROUP LEVEL
 DIAG-MDC-GROUP.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05654 Name: PROC-REF-PROV-IND Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: INDICATES WHETHER A REFERRING PROVIDER IS REQUIRED

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		1		0	X(01)

DataElement ID: 05656 Name: APG-NUM-PRICE-DATA Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS WILL CONTAIN THE NUMBER OF OCCURENCES OF THE GROUP LEVEL
 APG-PRICE-DATA.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3	Numeric Comp-3		3		0	S9(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05657 Name: DIAG-NUM-PA-DATA Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF OCCURENCES OF THE GROUP PRIOR-AUTH-DATA
 IN THIS RECORD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		S9(03)

DataElement ID: 05670 Name: EMERG-TRMNT-IND Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: EMERGENCY TREATMENT INDICATOR
 A CODE IDENTIFYING THIS DIAGNOSIS AS A TYPE NORMALLY RELATED
 TO AN EMERGENCY OR ACCIDENT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05671 Name: DIAG-ACCID-INDIC Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DIAGNOSIS ACCIDENT INDICATOR.
 A CODE IDENTIFYING THIS DIAGNOSIS AS A TRAUMATIC TYPE NORMALLY
 DUE TO AN ACCIDENT. IF INDICATED, THE CLAIM WILL BE CHECKED TO
 - INSURE THAT THE ACCIDENT RELATED BOX/FIELD HAS BEEN CODED.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 05672 Name: PRIOR-AUTH-IND Version: Subsystem: Reference
 Created By: SYSTEM Last Updated By: T474104 Release:
 Created On: 8/25/2004 Last Updated On: 10/29/2010
 Description: PRIOR AUTHORIZATION INDICATOR.
 THIS FIELD IS CARRIED ON THE PROCEDURE AND DRUG AND
 DIAGNOSIS MASTER RECORDS TO INDICATE WHETHER OR NOT THE
 SERVICE REQUIRES AUTHORIZATION.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05673 Name: DIAG-SCHEME-CODE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DIAGNOSIS SCHEME CODE-

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 05674 Name: MCARE-COVERAGE-IND Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDICARE COVERAGE INDICATOR.
 THIS FIELD IS FOUND ON THE PROCEDURE MASTER RECORD TO INDICATE
 WHETHER OR NOT THE SERVICE IS COVERED BY MEDICARE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05675 Name: DUP-CHECK-IND Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: - DUPLICATE CHECK INDICATOR.
 THIS FIELD INDICATES WHAT, IF ANY, DUPLICATE EXCEPTION IS TO BE
 POSTED WHEN THIS PROCEDURE IS DUPLICATED WITHIN THE SAME CLAIM

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 05676 Name: DIAG-CONTROL-CODE Version: Subsystem: Reference
 Created By: SYSTEM Last Updated By: T474104 Release:
 Created On: 8/25/2004 Last Updated On: 2/15/2013
 Description: DIAGNOSIS CONTROL CODE-

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05677 Name: MAJOR-SURGERY-IND Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MAJOR SURGERY INDICATOR
 THIS FIELD INDICATES IF A PROCEDURE IS A MAJOR SURGERY PROCEDURE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 05678 Name: DIAG-SCHEME-CODE-10 Version: Subsystem: Reference
 Created By: T474104 Last Updated By: T474104 Release:
 Created On: 1/31/2013 Last Updated On: 1/31/2013
 Description: DIAGNOSIS SCHEME CODE ICD 10

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05701 Name: MCAID-CUST-CHRG-DATA Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDICAID CUSTOMARY CHARGE DATA.
 A GROUP LEVEL OF PRICING ENTRIES.
 ENTRIES ARE ARRANGED IN DESCENDING BEGINNING/END DATE SEQUENCE.
 OVERLAPPING DATES ARE NOT PERMITTED.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9		G		Group		0	0		

DataElement ID: 05702 Name: MEDICAID-CUST-CHRG Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDICAID CUSTOMARY CHARGE.
 THE PROVIDER'S MEDIAN CHARGE FOR A SERVICE BASED ON HISTORICAL
 - MEDICARE, TITLE XIX, AND BLUE SHIELD CLAIM DATA.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3		Numeric Comp-3		9	2		S9(05)V9(2)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05703 Name: MCAID-CUST-BEGIN-DTE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDICAID CUSTOMARY CHARGE BEGIN DATE.
 THE BEGINNING EFFECTIVE DATE OF THE ASSOCIATED MEDICAID
 CUSTOMARY CHARGE (DEN 05702).

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5		0	S9(05)

DataElement ID: 05704 Name: MCAID-CUST-END-DATE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDICAID CUSTOMARY CHARGE END DATE.
 THE ENDING EFFECTIVE DATE OF THE ASSOCIATED MEDICAID CUSTOMARY
 CHARGE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5		0	S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05710 Name: NOTICE-OF-DECISION Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NOTICE OF DECISION
 INDICATOR OF FINAL DENIAL FOR AMBULANCE AND REHABILITATION CLAIMS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

DataElement ID: 05711 Name: MINIMUM-LOS Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MINIMUM LENGTH OF STAY
 THE MINIMUM NUMBER OF DAY ALLOWED FOR TREATMENT OF
 A SPECIFIC DIAGNOSIS.,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05712 Name: MAXIMUM-POST-OP-LOS Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MAXIMUM POST OPERATION LENGTH OF STAY
 THE MAXIMUM NUMBER OF DAYS OF STAY ALLOWED FOLLOWING A
 SURGICAL PROCEDURE.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3		0	S9(03)

DataElement ID: 05713 Name: UR-SPEC-CODE-1 Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: UTILIZATION REVIEW SPECIALITY CODE ONE
 ONE OF TWO SPECIALITY CODES USED FOR MEDICAL CRITERIA.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 05714      Name:  UR-SPEC-CODE-2      Version:      Subsystem: Reference
Created By:                Last Updated By:      Release:
Created On:   8/25/2004    Last Updated On:   8/25/2004
Description: UTILIZATION REVIEW SPECIALITY CODE TWO
              THE SECOND SPECIALITY CODES USED FOR MEDICAL CRITERIA.,
    
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Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 05715      Name:  I-E-PROC-MOD-IND      Version:      Subsystem: Reference
Created By:                Last Updated By:      Release:
Created On:   8/25/2004    Last Updated On:   8/25/2004
Description: INCLUSIVE, EXCLUSIVE PROCEDURE MODIFER INDICATOR
              I  INCLUSIVE PROCEDURE MODIFIER
              E  EXCLUSIVE PROCEDURE MODIFIER.,
    
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Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05716 Name: UR-PARAM-DISPOSITION Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: UTILIZATION REVIEW PARAMETER DISPOSITION.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 05717 Name: ANCILLARY-CODE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: UTILIZATION REVIEW ANCILLARY CODE.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 05718 Name: PERC-OF-POV-SP Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PERCENT OF POVERTY.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05719 Name: SPCL-PGM-IND Version: Subsystem: Reference
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 3/8/2011 Last Updated On: 3/8/2011
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 05720 Name: ICD-10-IND Version: Subsystem: Reference
 Created By: T474163 Last Updated By: T474104 Release:
 Created On: 3/8/2011 Last Updated On: 6/3/2013
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 05721 Name: DIAG-FAMP-WAIV-IND Version: Subsystem: Reference
 Created By: T474199 Last Updated By: T474104 Release:
 Created On: 8/14/2012 Last Updated On: 10/11/2012
 Description: THIS CODE INDICATES WHETHER OR NOT A PARTICULAR DIAGNOSIS IS FOR FAMILY PLANNING WAIVER

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05722 Name: DIAG-NON-PRINCIPAL Version: Subsystem: Reference
 Created By: T474199 Last Updated By: T474104 Release:
 Created On: 8/14/2012 Last Updated On: 10/11/2012
 Description: THIS CODE INDICATES WHETHER OR NOT A PARTICULAR DIAGNOSIS IS FOR NON PRINCIPAL

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

DataElement ID: 05723 Name: PROV-SUB-ICD10-IND Version: Subsystem: Reference
 Created By: T474199 Last Updated By: T474104 Release:
 Created On: 8/14/2012 Last Updated On: 11/30/2012
 Description: THIS CODE INDICATES WHETHER THE PROVIDER SUBMITTED AN ICD09 OR ICD10 DIAGNOSIS CODE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

DataElement ID: 05724 Name: DIAG-MNTL-HLTH-IND Version: Subsystem: Reference
 Created By: T474199 Last Updated By: T474104 Release:
 Created On: 8/14/2012 Last Updated On: 10/22/2012
 Description: THIS CODE INDICATES WHETHER OR NOT A PARTICULAR DIAGNOSIS IS FOR MENTAL HEALTH

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05725 Name: DIAG-SCHZPHNIA-IND Version: Subsystem: Reference
 Created By: T474199 Last Updated By: T474104 Release:
 Created On: 8/14/2012 Last Updated On: 10/22/2012
 Description: THIS CODE INDICATES WHETHER OR NOT A PARTICULAR DIAGNOSIS IS FOR SCHZPHNIA

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 05726 Name: DIAG-DEVP-DISORD-IND Version: Subsystem: Reference
 Created By: T474199 Last Updated By: T474104 Release:
 Created On: 8/14/2012 Last Updated On: 10/22/2012
 Description: THIS CODE INDICATES WHETHER OR NOT A PARTICULAR DIAGNOSIS IS FOR DEVELOP DISORDER

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 05727 Name: DIAG-AMBULANCE-IND Version: Subsystem: Reference
 Created By: T474199 Last Updated By: T474104 Release:
 Created On: 8/14/2012 Last Updated On: 10/22/2012
 Description: THIS CODE INDICATES WHETHER OR NOT A PARTICULAR DIAGNOSIS IS FOR AMBULANCE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05728 Name: DIAG-BOTOX-IND Version: Subsystem: Reference
 Created By: T474199 Last Updated By: T474104 Release:
 Created On: 8/14/2012 Last Updated On: 10/22/2012
 Description: THIS CODE INDICATES WHETHER OR NOT A PARTICULAR DIAGNOSIS IS FOR BOTOX

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

DataElement ID: 05729 Name: DIAG-DENTAL-IND Version: Subsystem: Reference
 Created By: T474199 Last Updated By: T474104 Release:
 Created On: 8/14/2012 Last Updated On: 10/22/2012
 Description: THIS CODE INDICATES WHETHER OR NOT A PARTICULAR DIAGNOSIS IS FOR DENTAL

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

DataElement ID: 05730 Name: DIAG-ROUT-GENL-IND Version: Subsystem: Reference
 Created By: T474199 Last Updated By: T474104 Release:
 Created On: 8/14/2012 Last Updated On: 10/22/2012
 Description: THIS CODE INDICATES WHETHER OR NOT A PARTICULAR DIAGNOSIS IS FOR ROUTINE GENERAL

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05731 Name: DIAG-ICARE-PREG-IND Version: Subsystem: Reference
 Created By: T474199 Last Updated By: T474104 Release:
 Created On: 8/14/2012 Last Updated On: 10/22/2012
 Description: THIS CODE INDICATES WHETHER OR NOT A PARTICULAR DIAGNOSIS IS FOR IOWACARE PREGNANCY

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

DataElement ID: 05732 Name: DIAG-PREG-ENDING-IND Version: Subsystem: Reference
 Created By: T474199 Last Updated By: T474104 Release:
 Created On: 8/14/2012 Last Updated On: 10/22/2012
 Description: THIS CODE INDICATES WHETHER OR NOT A PARTICULAR DIAGNOSIS IS FOR PREGNANCY ENDING

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

DataElement ID: 05733 Name: DIAG-SUBST-ABUSE-IND Version: Subsystem: Reference
 Created By: T474199 Last Updated By: T474104 Release:
 Created On: 10/1/2012 Last Updated On: 10/22/2012
 Description: THIS CODE INDICATES WHETHER OR NOT A PARTICULAR DIAGNOSIS IS FOR SUBSTANCE ABUSE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0	N	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05734 Name: DIAG-LIVE-BIRTH-IND Version: Subsystem: Reference
 Created By: T474199 Last Updated By: T474104 Release:
 Created On: 10/1/2012 Last Updated On: 10/22/2012
 Description: THIS CODE INDICATES WHETHER OR NOT A PARTICULAR DIAGNOSIS IS FOR LIVE BIRTH

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0	N	X(01)

DataElement ID: 05735 Name: DIAG-LTC-1-IND Version: Subsystem: Reference
 Created By: T474199 Last Updated By: T474104 Release:
 Created On: 10/1/2012 Last Updated On: 10/22/2012
 Description: ICD10 LTC

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

DataElement ID: 05736 Name: DIAG-ROUT-VISION-IND Version: Subsystem: Reference
 Created By: T474199 Last Updated By: T474104 Release:
 Created On: 10/1/2012 Last Updated On: 10/22/2012
 Description: THIS CODE INDICATES WHETHER OR NOT A PARTICULAR DIAGNOSIS IS FOR ROUTINE VISION

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05737 Name: DIAG-CONTRACEPT-IND Version: Subsystem: Reference
 Created By: T474104 Last Updated By: T474104 Release:
 Created On: 10/8/2012 Last Updated On: 10/22/2012
 Description: THIS CODE INDICATES WHETHER OR NOT A PARTICULAR DIAGNOSIS IS FOR CONTRACEPTIVE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 05738 Name: DIAG-SURVEIL-IND Version: Subsystem: Reference
 Created By: T474104 Last Updated By: T474104 Release:
 Created On: 10/8/2012 Last Updated On: 10/22/2012
 Description: THIS CODE INDICATES WHETHER OR NOT A PARTICULAR DIAGNOSIS IS FOR SERVEILANCE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 05739 Name: DIAG-FFP90-ADD-IND Version: Subsystem: Reference
 Created By: T474104 Last Updated By: T474104 Release:
 Created On: 10/8/2012 Last Updated On: 10/22/2012
 Description: THIS CODE INDICATES WHETHER OR NOT A PARTICULAR DIAGNOSIS IS FOR FEDERAL FUND PERECNTAGE (FFP) 90 ADDITIONAL

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05740 Name: DIAG-EPSDT-SCRN-IND Version: Subsystem: Reference
 Created By: T474104 Last Updated By: T474104 Release:
 Created On: 12/5/2012 Last Updated On: 12/10/2012
 Description: ICD-10 DIAGNOSIS CODE WHICH BELONG TO IMAG CATEGORY A0120

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

DataElement ID: 05741 Name: DIAG-EPSDT-SCRN-L6 Version: Subsystem: Reference
 Created By: T474104 Last Updated By: T474104 Release:
 Created On: 12/5/2012 Last Updated On: 12/10/2012
 Description: ICD-10 DIAGNOSIS CODE WHICH BELONG TO IMAG CATEGORY A0121

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

DataElement ID: 05742 Name: DIAG-BLOOD-LEADX-IND Version: Subsystem: Reference
 Created By: T474104 Last Updated By: T474104 Release:
 Created On: 12/5/2012 Last Updated On: 12/10/2012
 Description: ICD-10 DIAGNOSIS CODE WHICH BELONG TO IMAG CATEGORY A0122

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05743 Name: DIAG-APG702-CD-IND Version: Subsystem: Reference
 Created By: T474104 Last Updated By: T474104 Release:
 Created On: 12/5/2012 Last Updated On: 12/10/2012
 Description: ICD-10 DIAGNOSIS CODE WHICH BELONG TO IMAG CATEGORY A0123

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 05744 Name: DIAG-DRG790-CD-IND Version: Subsystem: Reference
 Created By: T474104 Last Updated By: T474104 Release:
 Created On: 12/5/2012 Last Updated On: 12/10/2012
 Description: ICD-10 DIAGNOSIS CODE WHICH BELONG TO IMAG CATEGORY A0124

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 05745 Name: DIAG-DRG792-CD-IND Version: Subsystem: Reference
 Created By: T474104 Last Updated By: T474104 Release:
 Created On: 12/5/2012 Last Updated On: 12/10/2012
 Description: ICD-10 DIAGNOSIS CODE WHICH BELONG TO IMAG CATEGORY A0125

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05746 Name: DIAG-DRG793-CD-IND Version: Subsystem: Reference
 Created By: T474104 Last Updated By: T474104 Release:
 Created On: 12/5/2012 Last Updated On: 12/10/2012
 Description: ICD-10 DIAGNOSIS CODE WHICH BELONG TO IMAG CATEGORY A0126

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 05747 Name: DIAG-DRG795-CD-IND Version: Subsystem: Reference
 Created By: T474104 Last Updated By: T474198 Release:
 Created On: 12/5/2012 Last Updated On: 2/4/2019
 Description: ICD-10 DIAGNOSIS CODE WHICH BELONG TO IMAG CATEGORY A0127

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 05748 Name: DIAG-EVAL-MGMT-IND Version: Subsystem: Reference
 Created By: T474104 Last Updated By: T474104 Release:
 Created On: 12/5/2012 Last Updated On: 12/10/2012
 Description: ICD-10 DIAGNOSIS CODE WHICH BELONG TO IMAG CATEGORY A0128

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05749 Name: DIAG-HMO-SCRN-IND Version: Subsystem: Reference
 Created By: T474104 Last Updated By: T474104 Release:
 Created On: 12/5/2012 Last Updated On: 12/10/2012
 Description: ICD-10 DIAGNOSIS CODE WHICH BELONG TO IMAG CATEGORY A0129

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 05750 Name: DIAG-PED-PAYC-IND Version: Subsystem: Reference
 Created By: T474104 Last Updated By: T474104 Release:
 Created On: 12/5/2012 Last Updated On: 12/10/2012
 Description: ICD-10 DIAGNOSIS CODE WHICH BELONG TO IMAG CATEGORY A0130

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 05751 Name: DIAG-AIDS-HIV-IND Version: Subsystem: Reference
 Created By: T474104 Last Updated By: T474104 Release:
 Created On: 12/5/2012 Last Updated On: 12/10/2012
 Description: ICD-10 DIAGNOSIS CODE BELONGS TO IMAG CATEGORY A0019

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05752 Name: DIAG-FLAT-FOOT-IND Version: Subsystem: Reference
 Created By: T474104 Last Updated By: T474104 Release:
 Created On: 12/5/2012 Last Updated On: 12/10/2012
 Description: ICD-10 DIAGNOSIS CODE BELONG TO IMAG CATEGORY A0149

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 05753 Name: DIAG-POA-EXEMPT-IND Version: Subsystem: Reference
 Created By: T474104 Last Updated By: T474104 Release:
 Created On: 12/5/2012 Last Updated On: 12/10/2012
 Description: ICD-10 DIAGNOSIS CODE BELONGING TO IMAG CATEGORY AXXXX

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 05754 Name: DIAG-MARS-ABORT-IND Version: Subsystem: Reference
 Created By: T474104 Last Updated By: T474104 Release:
 Created On: 12/6/2012 Last Updated On: 12/10/2012
 Description: ABORTION-REPORT INDICATOR OF ICD-10 DIAGNOSIS CODES IN MMIS REFERENCE FILE WHEN THE ABORTION
 DIAGNOSIS CODE BELONGS TO THE IMAG CATEGORY A0152.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05755 Name: DIAG-CHIRO-CAT-IND Version: Subsystem: Reference
 Created By: T474104 Last Updated By: T474104 Release:
 Created On: 12/6/2012 Last Updated On: 1/15/2013
 Description: ICD-10 DIAG CODES FOR CHIRO AND DETERMINE ASSOCIATED RULES

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

DataElement ID: 05756 Name: PLANNED-RE-ADMIT Version: Subsystem:
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 2/1/2019 Last Updated On: 2/1/2019
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

DataElement ID: 05757 Name: PLAN-RE-ADMIT Version: Subsystem: Reference
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 2/1/2019 Last Updated On: 2/4/2019
 Description: PLANNED RE-ADMIT.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05758 Name: MPASS-OVER-RIDE Version: Subsystem: Reference
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 2/1/2019 Last Updated On: 2/4/2019
 Description: MPASS-OVERRIDE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

DataElement ID: 05759 Name: DIAG-PRENATAL-IND Version: Subsystem: Reference
 Created By: T474347 Last Updated By: T474347 Release:
 Created On: 8/27/2019 Last Updated On: 8/27/2019
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05840 Name: PROC-TYPE-OF-SERVICE Version: Subsystem: Reference
 Created By: SYSTEM Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 1/22/2010
 Description: PROCEDURE TYPE OF SERVICE (TYPE OF PROCEDURE CODE)
 - IDENTIFIES THE CODE AS AN INPATIENT, OUTPATIENT, HOME HEALTH,
 OR SNF REVENUE CODE, AN ICD-9-CM SURGICAL PROCEDURE CODE,
 OR A HCPCS, DENTAL, OR DME RENTAL PROCEDURE CODE.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1	0		X(01)

DataElement ID: 05850 Name: PROC-INCENTIVE-IND Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROC-INCENTIVE-IND
 PROCEDURE INCENTIVE PAYMENT INDICATOR. THIS FIELD INDICATES
 WHETHER THE PROCEDURE CAN BE REIMBURSED AT A HIGHER RATE FOR
 PROVIDERS PARTICIPATING IN THE INCENTIVE PROGRAM.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05901 Name: REFE-RPT-REQ-PROC Version: Subsystem: Reference
 Created By: SYSTEM Last Updated By: T474085 Release:
 Created On: 8/25/2004 Last Updated On: 1/30/2007

Description: REFERENCE REPORT REQUEST FOR PROCEDURE CODE REPORT.
 ***** MMIS DATA ELEMENT NAME - PROCEDURE INDICATOR:
 MMIS GSD DATA ELEMENT NUMBER - 516
 MMIS PART 11 DATA ELEMENT NUMBER -
 MMIS DEFINITION - INDICATES A LISTING OF THE "PROCEDURE SECTION" OF THE PROCEDURE, DIAGNOSIS, AND FORMULARY FILE IS TO BE PRODUCED. *****
 ***** MMIS DATA ELEMENT NAME - PROCEDURE FORMAT:
 MMIS GSD DATA ELEMENT NUMBER - 517
 MMIS PART 11 DATA ELEMENT NUMBER -
 MMIS DEFINITION - INDICATES THE FORMAT IN WHICH A PROCEDURE LISTING IS TO BE PRODUCED. *****
 - THIS IS A ONE CHARACTER FIELD ON THE REFERENCE REPORT REQUEST RECORD INDICATING BY A NON-BLANK CHARACTER THAT THE USER IS REQUESTING THE PRCEDURE CODE REPORT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05902 Name: REFE-RPT-REQ-DIAG Version: Subsystem: Reference
 Created By: SYSTEM Last Updated By: T474085 Release:
 Created On: 8/25/2004 Last Updated On: 1/30/2007

Description: REFERENCE REPORT REQUEST FOR DIAGNOSIS CODE REPORT.
 ***** MMIS DATA ELEMENT NAME - DIAGNOSIS INDICATOR:
 MMIS GSD DATA ELEMENT NUMBER - 518
 MMIS PART 11 DATA ELEMENT NUMBER -
 MMIS DEFINITION - INDICATES A LISTING OF THE "DIAGNOSIS SECTION" OF THE PROCEDURE, DIAGNOSIS, AND FORMULARY FILE IS TO BE PRODUCED. *****
 ***** MMIS DATA ELEMENT NAME - DIAGNOSIS FORMAT:
 MMIS GSD DATA ELEMENT NUMBER - 519
 MMIS PART 11 DATA ELEMENT NUMBER -
 MMIS DEFINITION - INDICATES THE FORMAT IN WHICH A DIAGNOSIS LISTING IS TO BE PRODUCED. *****
 THIS IS A ONE CHARACTER FIELD ON THE REFERENCE REPORT REQUEST RECORD INDICATING BY A NON-BLANK FIELD THAT THE USER IS REQUESTING THE DIAGNOSIS CODE REPORT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise Data Element List

DataElement ID: 05903 Name: REFE-RPT-REQ-DRUG Version: Subsystem: Reference

Created By: SYSTEM Last Updated By: T474085 Release:

Created On: 8/25/2004 Last Updated On: 1/30/2007

Description: REFERENCE REPORT REQUEST FOR DRUG CODE REPORT.

***** MMIS DATA ELEMENT NAME - FORMULARY INDICATOR:

MMIS GSD DATA ELEMENT NUMBER - 520

MMIS PART 11 DATA ELEMENT NUMBER -

MMIS DEFINITION - INDICATES A LISTING OF THE "FORMULARY

SECTION" OF THE PROCEDURE, DIAGNOSIS,

AND FORMULARY FILE IS TO BE

PRODUCED. *****

***** MMIS DATA ELEMENT NAME - FORMULARY FORMAT:

MMIS GSD DATA ELEMENT NUMBER - 521

MMIS PART 11 DATA ELEMENT NUMBER -

MMIS DEFINITION - INDICATES THE FORMAT IN WHICH A FORMULARY

LISTING IS TO BE PRODUCED. *****

THIS IS A ONE CHARACTER FIELD ON THE REFERENCE REPORT REQUEST

RECORD INDICATING BY A NON-BLANK CHARACTER THAT THE USER IS

REQUESTING THE DRUG CODE REPORT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05904 Name: REFE-RPT-REQ-DRG Version: Subsystem: Reference
 Created By: SYSTEM Last Updated By: T474085 Release:
 Created On: 8/25/2004 Last Updated On: 1/30/2007
 Description: -

REFERENCE REPORT REQUEST FOR DRG CODE REPORT.
 THIS IS A ONE CHARACTER FIELD ON THE REFERENCE REPORT REQUEST
 RECORD INDICATING BY A NON-BLANK CHARACTER THAT THE USER IS
 REQUESTING THE DRG CODE REPORT.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1	0		X(01)

DataElement ID: 05905 Name: REFE-RPT-REQ-APG Version: Subsystem: Reference
 Created By: SYSTEM Last Updated By: T474085 Release:
 Created On: 8/25/2004 Last Updated On: 1/30/2007

Description: REFERENCE REPORT REQUEST FOR APG CODE REPORT.
 THIS IS A ONE CHARACTER FIELD ON THE REFERENCE REPORT REQUEST
 RECORD INDICATING BY A NON-BLANK CHARACTER THAT THE USER IS
 REQUESTING THE APG CODE REPORT.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05908 Name: LIFETIME-SERVICE-IND Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LIFETIME SERVICE INDICATOR
 THIS CODE DESCRIBES THE TIME PERIOD A PROCEDURE OR SERVICE
 REMAINS ON THE HISTORY FILE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 05909 Name: SURG-FAMP-WAIV-IND Version: Subsystem: Reference
 Created By: T474104 Last Updated By: T474104 Release:
 Created On: 12/4/2012 Last Updated On: 12/10/2012
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05910 Name: TOOTH-NO-IND Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROCEDURE TOOTH NUMBER INDICATOR
 THIS CODE INDICATES WHETHER OR NOT A PARTICULAR PROCEDURE
 REQUIRES THAT A TOOTH NUMBER BE ENTERED ON THE CLAIM.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

DataElement ID: 05911 Name: TOOTH-SURFACE-IND Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROCEDURE TOOTH SURFACE INDICATOR
 THIS CODE INDICATES WHETHER OR NOT A PARTICULAR PROCEDURE
 REQUIRES THAT A TOOTH SURFACE BE ENTERED ON THE CLAIM.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05912 Name: TOOTH-QUAD-IND Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD IS USED ON THE PROCEDURE RECORD TO INDICATE WHETHER A
 TOOTH QUADRANT CODE IS REQUIRED OR NOT FOR THE CURRENT PROCEDURE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 05915 Name: DIAGNOSIS-DATA Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DIAGNOSIS DATA

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05916 Name: DIAG-EPSDT-IND Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DIAG EPSDT INDICATOR
 DIAGNOSIS EPSDT INDICATOR

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 05917 Name: PROC-STERIL-IND Version: Subsystem: Reference
 Created By: SYSTEM Last Updated By: T474104 Release:
 Created On: 8/25/2004 Last Updated On: 2/5/2013
 Description: PROCEDURE STERILIZATION INDICATOR
 THIS CODE INDICATES WHETHER OR NOT A PARTICULAR PROCEDURE IS FOR
 A STERILIZATION.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05918 Name: PROC-ABORT-IND Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROCEDURE ABORTION INDICATOR
 THIS CODE INDICATES WHETHER OR NOT A PARTICULAR PROCEDURE IS FOR
 AN ABORTION.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 05919 Name: PROC-FAM-PLAN-IND Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROCEDURE FAMILY PLANNING INDICATOR
 THIS CODE INDICATES WHETHER OR NOT A PARTICULAR PROCEDURE IS FOR
 FAMILY PLANNING.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05920 Name: DIAG-STERL-IND Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DIAGNOSIS STERILIZATION INDICATOR
 THIS CODE INDICATES WHETHER OR NOT A PARTICULAR DIAGNOSIS IS FOR
 A STERILIZATION.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 05921 Name: DIAG-ABORT-IND Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: - DIAGNOSIS ABORTION INDICATOR
 THIS CODE INDICATES WHETHER OR NOT A PARTICULAR DIAGNOSIS IS FOR
 AN ABORTION.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05922 Name: DIAG-FAM-PLAN-IND Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DIAGNOSIS FAMILY PLANNING INDICATOR
 THIS CODE INDICATES WHETHER OR NOT A PARTICULAR DIAGNOSIS IS FOR
 FAMILY PLANNING.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

DataElement ID: 05923 Name: REFE-RPT-REQ-EX-TXT Version: Subsystem: Reference
 Created By: SYSTEM Last Updated By: T474085 Release:
 Created On: 8/25/2004 Last Updated On: 1/30/2007
 Description: REFERENCE REPORT REQUEST EXCEPTION CODE TEXT.
 THIS INDICATOR IS USED TO INDICATE THAT THE USER IS
 REQUESTING THE TEXT FILE LISTING REPORT
 FOR EXCEPTION CODES.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05924 Name: REFE-RPT-REQ-CHRG Version: Subsystem: Reference
 Created By: SYSTEM Last Updated By: T474085 Release:
 Created On: 8/25/2004 Last Updated On: 1/30/2007
 Description: REFERENCE REPORT REQUEST CHARGE.
 THIS INDICATOR IS USED TO INDICATE THAT THE USER IS
 REQUESTING THE PROVIDER CHARGE REPORT FROM BWMF5800.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 05925 Name: REFE-RPT-REQ-EXCEP Version: Subsystem: Reference
 Created By: SYSTEM Last Updated By: T474085 Release:
 Created On: 8/25/2004 Last Updated On: 1/30/2007
 Description: REFERENCE REPORT REQUEST EXCEPTION.
 THIS INDICATOR IS USED TO INDICATE THAT THE USER IS
 REQUESTING THE EXCEPTION CONTROL FILE LISTING.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05926 Name: REFE-RPT-REQ-PR-TXT Version: Subsystem: Reference
 Created By: SYSTEM Last Updated By: T474085 Release:
 Created On: 8/25/2004 Last Updated On: 1/30/2007
 Description: REFERENCE REPORT REQUEST PROVIDER NOTES TEXT.
 THIS INDICATOR IS USED TO INDICATE THAT THE USER IS
 REQUESTING THE TEXT FILE LISTING FOR PROVIDER
 - NOTES.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 05927 Name: REFE-RPT-REQ-RA-TXT Version: Subsystem: Reference
 Created By: SYSTEM Last Updated By: T474085 Release:
 Created On: 8/25/2004 Last Updated On: 1/30/2007
 Description: REFERENCE REPORT REQUEST FOR THE REMITTANCE ADVICE NEWS LETTER
 REPORT.
 THIS IS A ONE CHARACTER FIELD ON THE REFERENCE REPORT REQUEST
 RECORD INDICATING BY A NON-BLANK CHARACTER THAT THE USER IS
 REQUESTING A PRINT OF ALL THE REMITTANCE ADVICE NEWS LETTERS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05928 Name: REFE-RPT-REQ-EOB-TXT Version: Subsystem: Reference
 Created By: SYSTEM Last Updated By: T474085 Release:
 Created On: 8/25/2004 Last Updated On: 1/30/2007
 Description: REFERENCE REPORT REQUEST FOR EOB DESCRIPTIONS.
 THIS INDICATOR IS USED TO INDICATE THAT THE USER IS
 REQUESTING THE TEXT FILE LISTING FOR EOB DESCRIPTIONS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 05929 Name: REFE-RPT-REQ-LOC-TXT Version: Subsystem: Reference
 Created By: SYSTEM Last Updated By: T474085 Release:
 Created On: 8/25/2004 Last Updated On: 1/30/2007
 Description: REFERENCE REPORT REQUEST FOR LOCATION CODE TEXT.
 THIS INDICATOR IS USED TO INDICATE THAT THE USER IS
 REQUESTING THE TEXT FILE LISTING FOR LOCATION CODES.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05930 Name: REFE-RPT-REQ-CAR-TXT Version: Subsystem: Reference
 Created By: SYSTEM Last Updated By: T474085 Release:
 Created On: 8/25/2004 Last Updated On: 1/30/2007
 Description: REFERENCE REPORT REQUEST FOR CARRIER TEXT.
 THIS INDICATOR IS USED TO INDICATE THAT THE USER IS
 REQUESTING THE TEXT FILE LISTING FOR CARRIER TEXT.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 05931 Name: REFE-RPT-REQ-PRC-TXT Version: Subsystem: Reference
 Created By: SYSTEM Last Updated By: T474085 Release:
 Created On: 8/25/2004 Last Updated On: 1/30/2007
 Description: REFERENCE REPORT REQUEST FOR PROCEDURE CODE RANGE TEXT.
 THIS INDICATOR IS USED TO INDICATE THAT THE USER IS
 REQUESTING THE TEXT FILE LISTING FOR PROCEDURE CODE
 RANGE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 05932      Name:  REFE-RPT-REQ-PROC-A      Version:
Created By:  SYSTEM      Last Updated By:  T474085      Release:
Created On:   8/25/2004      Last Updated On:   1/30/2007
Description:  REFERENCE SYSTEM REPORT REQUEST INDICATOR FOR PROCEDURE CODE
              DESCRIPTION REPORT.
              ***** MMIS DATA ELEMENT NAME - PROCEDURE FORMAT:
              MMIS GSD DATA ELEMENT NUMBER - 517
              MMIS PART 11 DATA ELEMENT NUMBER -
              MMIS DEFINITION - INDICATES THE FORMAT IN WHICH A PROCEDURE
              LISTING IS TO BE PRODUCED. *****
              IF THIS INDICATOR IS NON-BLANK, THE USER IS INDICATING
              - THAT HE WOULD LIKE A PDD FILE LISTING FOR THE PROCEDURE CODE
              BY DESCRIPTION IN ALPHABETIC (PROCEDURE DESCRIPTION) SEQUENCE.
    
```

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

```

DataElement ID: 05933      Name:  PROC-HYSTER-IND      Version:
Created By:                Last Updated By:                Release:
Created On:   8/25/2004      Last Updated On:   8/25/2004
Description:  THIS CODE INDICATES WHER OR NOT A SPECIFIC PROCEDURE IS FOR A
              HYSTERECTOMY. IT DIFFERS FROM PROC-STERIL-IND (DED# 05917)
              IN THAT IT INDICATES A HYSTERECTOMY REGARDLESS IF THE HYSTERECTOMY
              WAS PERFORMED SPECIFICALLY FOR STERILIZATION.
    
```

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05934 Name: REFE-RPT-REQ-PA-TXT Version: Subsystem: Reference
 Created By: SYSTEM Last Updated By: T474085 Release:
 Created On: 8/25/2004 Last Updated On: 1/30/2007

Description: REFERENCE REPORT REQUEST FOR THE PRIOR ATHORIZATION REASON REPORT.
 THIS IS A ONE CHARACTER FIELD ON THE REFERENCE REPORT REQUEST RECORD INDICATING BY A NON-BLANK CHARACTER THAT THE USER IS REQUESTING A PRINT OF ALL THE PRIOR ATHORIZATION REASONS THAT ARE USED ON THE PRIOR ATHORIZATION LETTERS

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

DataElement ID: 05935 Name: PROC-MULT-SURG-IND Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: THIS INDICATOR DETERMINES WHETHER THE PROCEDURE IS PART OF A MULTIPLE SURGERY PROCEDURE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05936 Name: 1099-EXEMPT-IND Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: 1099-EXEMPT-IND
 1099 EXEMPT INDICATOR. THIS FIELD INDICATES WHETHER THE
 PROVIDER IS EXEMPT FROM 1099 REPORTING.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 05937 Name: PROC-1099-EXEMPT-IND Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROC-1099-EXEMPT-IND
 PROCEDURE 1099 EXEMPT INDICATOR. INDICATES WHETHER THIS PROCEDURE
 PRECLUDES 1099 REPORTING.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05938 Name: REFE-RPT-REQ-DEA Version: Subsystem: Reference
 Created By: SYSTEM Last Updated By: T474085 Release:
 Created On: 8/25/2004 Last Updated On: 1/30/2007
 Description: REFERENCE REPORT REQUEST FOR THE DRUG CODE REPORT BY DEA CODE.
 ***** MMIS DATA ELEMENT NAME - FORMULARY FORMAT:
 MMIS GSD DATA ELEMENT NUMBER - 521
 MMIS PART 11 DATA ELEMENT NUMBER -
 MMIS DEFINITION - INDICATES THE FORMAT IN WHICH A FORMULARY
 LISTING IS TO BE PRODUCED. *****
 THIS IS A ONE CHARACTER FIELD ON THE REFERENCE REPORT REQUEST
 RECORD INDICATING BY A NON-BLANK CHARACTER THAT THE USER IS
 REQUESTING THE DRUG CODE REPORT BY DEA CODE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise Data Element List

DataElement ID: 05939 Name: REFE-RPT-REQ-THERA Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: REFERENCE REPORT REQUEST FOR THE DRUG CODE REPORT BY THERAPEUTIC CLASS.
 ***** MMIS DATA ELEMENT NAME - FORMULARY FORMAT:
 MMIS GSD DATA ELEMENT NUMBER - 521
 MMIS PART 11 DATA ELEMENT NUMBER -
 MMIS DEFINITION - INDICATES THE FORMAT IN WHICH A FORMULARY LISTING IS TO BE PRODUCED. *****
 THIS IS A ONE CHARACTER FIELD ON THE REFERENCE REPORT REQUEST RECORD INDICATING BY A NON-BLANK CHARACTER THAT THE USER IS REQUESTING THE DRUG CODE REPORT BY THERAPEUTIC CLASS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 05940 Name: REFE-RPT-REQ-EXC-LST Version: Subsystem: Reference
 Created By: SYSTEM Last Updated By: T474085 Release:
 Created On: 8/25/2004 Last Updated On: 1/30/2007
 Description: - THIS SWITCH IS USED TO INDICATE WHETHER OR NOT TO PRINT THE EXCEPTION CONTROL SUMMARY LISTING REPORT.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05941 Name: REFE-RPT-REQ-EXC-DSC Version: Subsystem: Reference
 Created By: SYSTEM Last Updated By: T474085 Release:
 Created On: 8/25/2004 Last Updated On: 1/30/2007
 Description: THIS SWITCH IS USED TO INDICATE WHETHER OR NOT TO PRINT THE
 EXCEPTION CONTROL SUMMARY BY DESCRIPTION REPORT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

DataElement ID: 05942 Name: REFE-RPT-REQ-DRUG-A Version: Subsystem: Reference
 Created By: SYSTEM Last Updated By: T474085 Release:
 Created On: 8/25/2004 Last Updated On: 1/30/2007
 Description: REFERENCE REPORT REQUEST FOR THE DRUG CODE REPORT BY DESCRIPTION.
 ***** MMIS DATA ELEMENT NAME - FORMULARY FORMAT:
 MMIS GSD DATA ELEMENT NUMBER - 521
 MMIS PART 11 DATA ELEMENT NUMBER -
 MMIS DEFINITION - INDICATES THE FORMAT IN WHICH A FORMULARY
 LISTING IS TO BE PRODUCED. *****
 THIS IS A ONE CHARACTER FIELD ON THE REFERENCE REPORT REQUEST
 RECORD INDICATING BY A NON-BLANK CHARACTER THAT THE USER IS
 REQUESTING THE DRUG CODE REPORT BY DESCRIPTION.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 05944      Name:  REFE-RPT-REQ-CRITERA      Version:
Created By:  SYSTEM      Last Updated By:  T474085      Release:
Created On:   8/25/2004      Last Updated On:   1/30/2007
Description:  REFERENCE REPORT REQUEST FOR THE UR CRITERIA FILE REPORT.
              THIS IS A ONE CHARACTER FIELD ON THE REFERENCE REPORT REQUEST
              RECORD INDICATING BY A NON-BLANK CHARACTER THAT THE USER IS
              REQUESTING THE UR CRITERIA FILE REPORT.
    
```

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

```

DataElement ID: 05945      Name:  REFE-RPT-REQ-GENERIC      Version:
Created By:  SYSTEM      Last Updated By:  T474085      Release:
Created On:   8/25/2004      Last Updated On:   1/30/2007
Description:  REFERENCE REPORT REQUEST FOR THE DRUG CODE REPORT BY GENERIC
              CODE.
              ***** MMIS DATA ELEMENT NAME - FORMULARY FORMAT:
              MMIS GSD DATA ELEMENT NUMBER - 521
              MMIS PART 11 DATA ELEMENT NUMBER -
              MMIS DEFINITION - INDICATES THE FORMAT IN WHICH A FORMULARY
              LISTING IS TO BE PRODUCED. *****
              THIS IS A ONE CHARACTER FIELD ON THE REFERENCE REPORT REQUEST
              RECORD INDICATING BY A NON-BLANK CHARACTER THAT THE USER IS
              REQUESTING THE DRUG CODE REPORT BY GENERIC CODE.
    
```

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise Data Element List

DataElement ID: 05946 Name: REFE-RPT-REQ-MANUF Version: Subsystem: Reference
 Created By: SYSTEM Last Updated By: T474085 Release:
 Created On: 8/25/2004 Last Updated On: 1/30/2007
 Description: REFERENCE REPORT REQUEST FOR THE DRUG CODE REPORT BY MANUFACTURER
 NAME.

-
 ***** MMIS DATA ELEMENT NAME - FORMULARY FORMAT:
 MMIS GSD DATA ELEMENT NUMBER - 521
 MMIS PART 11 DATA ELEMENT NUMBER -
 MMIS DEFINITION - INDICATES THE FORMAT IN WHICH A FORMULARY
 LISTING IS TO BE PRODUCED. *****
 THIS IS A ONE CHARACTER FIELD ON THE REFERENCE REPORT REQUEST
 RECORD INDICATING BY A NON-BLANK CHARACTER THAT THE USER IS
 REQUESTING THE DRUG CODE REPORT BY MANUFACTURER NAME.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

DataElement ID: 05947 Name: REFE-RPT-REQ-BEG-DT Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS IS A DATE IN THE FORMAT OF MMDDYY. THE DATE IS USED TO
 DETERMINE THE BEGINNING TIME PERIOD FOR EXTRACTING CICS
 LOG RECORDS THAT ARE USED TO CREATE THE REFERENCE REPORTS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			6	0		X(6)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05948 Name: REFE-RPT-REQ-END-DT Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS IS A DATE IN THE FORMAT OF MMDDYY. THE DATE IS USED TO
 DETERMINE THE END OF THE TIME PERIOD FOR EXTRACTING CICS
 LOG RECORDS THAT ARE USED TO CREATE THE REFERENCE REPORTS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		6	0		X(6)

DataElement ID: 05949 Name: REFE-RPT-REQ-CAR-NME Version: Subsystem: Reference
 Created By: SYSTEM Last Updated By: T474085 Release:
 Created On: 8/25/2004 Last Updated On: 1/30/2007
 Description: REFERENCE REPORT REQUEST FOR CARRIER TEXT RECORDS IN NAME SEQUENCE
 THIS IS A ONE CHARACTER FIELD ON THE REFERENCE REPORT REQUEST
 RECORD INDICATING BY A NON-BLANK CHARACTER THAT THE USER IS
 REQUESTING THE CARRIER TEXT BY NAME REPORT.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05950 Name: PROC-NURSE-HOME-IND Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROCEDURE RECORD NURSING HOME INDICATOR

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

DataElement ID: 05951 Name: PROC-REFERRAL-IND Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROCEDURE REFERRAL INDICATOR

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05952 Name: REFE-RPT-REQ-SP-THER Version: Subsystem: Reference
 Created By: SYSTEM Last Updated By: T474085 Release:
 Created On: 8/25/2004 Last Updated On: 1/30/2007
 Description: REFERENCE RPT REQUEST FOR DRUG CODE BY SPECIFIC THERA CLASS RPT
 THIS IS A ONE BYTE CHARACTER FIELD ON THE REFERENCE REPORT
 REQUEST RECORD INDICATING BY A NON-BLANK CHARACTER THAT THE USER
 IS REQUESTING THE DRUG CODE BY SPECIFIC THERAPEUTIC CLASS RPT.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 05954 Name: DRUG-N-H-IND Version: Subsystem: Reference
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 6/24/2005
 Description: DRUG NURSING HOME INDICATOR
 THIS INDICATOR TELLS WHETHER OR NOT THIS DRUG IS
 FOR NURSING HOMES.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05955 Name: QTR-BILLED Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CALENDAR QUARTER AND YEAR IN WHICH THE
 MANUFACTURER WAS BILLED FOR REIMBURSEMENT.
 NUMERIC 3-DIGIT FIELD, QYY

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
4	X		AlphaNumeric		5		0	X(05)

DataElement ID: 05956 Name: DRUG-CATEGORY Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CLASSIFICATION OF DRUG FOR PURPOSES OF REBATE CALCULATIONS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05957 Name: REFE-RPT-REQ-CAR-ADD Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NO DESCRIPTION FOUND FOR THIS ELEMENT

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 05958 Name: LABELER-END-DATE Version: Subsystem: Reference
 Created By: T474198 Last Updated By: T474181 Release:
 Created On: 2/19/2018 Last Updated On: 2/19/2018
 Description: LABELER-END-DATE

1	N3	Numeric Comp-3		5	0		S9(05)
2	X	AlphaNumeric		10	0		X(10)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05960 Name: LOCATION-CODE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LOCATION CODE
 THIS CODE IDENTIFIES THE LOCATION TO WHICH CLAIM
 EXCEPTION REPORTS ARE TO BE ROUTED.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		2		0	9(2)

DataElement ID: 05961 Name: REFE-SORT-KEY Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: REFERENCE REPORT RECORD SORT KEY.
 THIS IS A GROUP LEVEL DATA ELEMENT FOR DESCRIBING A SORT FIELD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0		0	

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 05962      Name:  SORT-KEY-SUBMOD-NAME      Version:
Created By:                Last Updated By:          Release:
Created On:      8/25/2004  Last Updated On:   8/25/2004
Description: REFERENCE REPORT RECORD SORT KEY'S SUBMODULE NAME
              THIS IS THE SPECIFIC REPORTING SUBMODULE NAME THAT SHOULD BE CALL
              ED BY THE REFERENCE FILE REPORT GENERATOR. THIS FIELD IS ALSO PART
              OF THE RECORD'S SORT KEY SO THAT RECORDS USING SAME SUBMODULE WILL
              BE GROUPED TOGETHER.
    
```

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			8	0		X(08)

```

DataElement ID: 05963      Name:  SORT-KEY-DESCRIPTION      Version:
Created By:                Last Updated By:          Release:
Created On:      8/25/2004  Last Updated On:   8/25/2004
Description: REFERENCE REPORT RECORD SORT KEY'S DESCRIPTION
              THIS IS THE DESCRIPTION OF THE RECORD THAT WILL BE PASSED TO A
              REPORTING SUBMODULE IF A REPORT IS REQUESTED THAT SORTS RECORDS BY
              THEIR DESCRIPTION FIELDS.
    
```

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			40	0		X(40)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05964 Name: REFE-RPT-REC-FIELD Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: REFERENCE REPORT RECORD HOLDING AREA.
 THIS IS THE HOLDING AREA FOR THE RECORD THAT WILL BE PASSED TO A
 REPORTING SUBMODULE FROM THE REFERENCE FILE REPORT GENERATOR.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1238		0	X(1238)

DataElement ID: 05965 Name: DIAG-PLAN-RE-ADMIT Version: Subsystem: Reference
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 1/29/2019 Last Updated On: 1/29/2019
 Description: DIAGNOSIS PLANNED RE-ADMISSION

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05966 Name: PROC-PLAN-RE-ADMIT Version: Subsystem: Reference
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 1/29/2019 Last Updated On: 1/29/2019
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

DataElement ID: 05968 Name: EQUIV-CODE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THERAPEUTIC EQUIVALENCE EXPLANATION CODE
 THE CLASSIFICATION AS CONTAINED IN THE FDA PUBLICATION "APPROVED
 DRUG PRODUCTS WITH THERAPEUTIC EQUIVALENCE EVALUATIONS" (THE FDA
 ORANGE BOOK) FOR THE LAST DAY OF THE CALENDAR QUARTER FOR WHICH
 THE REBATE PAYMENT IS BEING MADE.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		2		0	X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05969 Name: DRUG-TYPE-IND Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: INDICATOR TO SHOW WHETHER THIS DRUG PRODUCT CAN BE ACQUIRED ONLY
 BY PRESCRIPTION OR CAN BE ACQUIRED OVER-THE-COUNTER (OTC).

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

DataElement ID: 05970 Name: UNIT-TYPE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: BASIC MEASUREMENT THAT REPRESENTS THE SMALLEST UNIT BY WHICH THE
 DRUG IS NORMALLY MEASURED. THE REBATE AMOUNT WILL BE CALCULATED
 PER UNIT.
 EXAMPLE: FOR DRUGS THAT ARE DISPENSED IN CAPSULES OR TABLETS,
 THE UNIT TYPES WOULD BE A CAPSULE OR TABLET. THE REBATE AMOUNT
 WOULD BE CALCULATED PER CAPSULE OR TABLET. FOR LIQUIDS, THE
 UNIT TYPE WOULD BE A MILLILITER. THE REBATE AMOUNT WOULD BE
 CALCULATED PER MILLILITER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		3	0		X(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05971 Name: UNITS-PER-PKG-SIZE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF UNITS PER PACKAGE OF A DRUG.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		12	3		9(07)V9(03)
3	N3	Numeric Comp-3		12	3		S9(07)V9(03)

DataElement ID: 05972 Name: FDA-APPROVAL-DTE Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: FDA-APPROVAL-DTE
 DATE OF FDA APPROVAL

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		8	0		9(08)
3	N3	Numeric Comp-3		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05973	Name: DATE-ENTERED-MKT	Version:	Subsystem: Reference
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: DATE-ENTERED-MKT DATE THE DRUG WAS AVAILABLE IN THE MARKET			

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		8	0		9(08)
3	N3	Numeric Comp-3		5	0		S9(05)

DataElement ID: 05974	Name: QTR-COVERED	Version:	Subsystem: Reference
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: CALENDAR QUARTER AND YEAR COVERED. NUMERIC 3-DIGIT FIELD, QYY VALID VALUES FOR Q: 1 = JANUARY 1 - MARCH 31 2 = APRIL 1 - JUNE 30 3 = JULY 1 - SEPTEMBER 30 4 = OCTOBER 1 - DECEMBER 31			

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	X	AlphaNumeric		5	0		X(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05975 Name: CORRECTION-FLAG Version: Subsystem: Reference
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: INDICATOR THAT THIS RECORD CORRECTS AND REPLACES A RECORD ALREADY
 SUBMITTED FOR THE INITIAL SUBMISSION.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 05976 Name: NDC-CODE Version: Subsystem: Reference
 Created By: T474170 Last Updated By: T474181 Release:
 Created On: 12/4/2006 Last Updated On: 2/19/2018
 Description: THE NATIONAL DRUG CODE IS AN IDENTIFIER FOR HUMAN DRUGS AND BIOLOGICS. THE 1ST 5 CHARACTERS ARE
 THE LABELER CODE (MANUFACTURER/REPACKER/DISTRIBUTER). THE NEXT 4 CHARACTERS ARE THE PRODUCT CODE
 IDENTIFYING STRENGTH, DOSAGE AND FORMULATION. THE LAST 2 CHARACTERS ARE THE PACKAGE CODE,
 IDENTIFYING PACKAGE SIZE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		11	0		X(11)
2	X		AlphaNumeric		13	0		X(13)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05977 Name: NDC-MOD Version: Subsystem: Reference
 Created By: T474170 Last Updated By: T474170 Release:
 Created On: 12/4/2006 Last Updated On: 12/4/2006
 Description: THE NDC MODIFIER IS USED TO FURTHER DEFINE THE SERVICE IDENTIFIED BY THE NDC PRODUCT CODE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2	0		X(02)

DataElement ID: 05978 Name: NCD-HCPCS-CODE Version: Subsystem: Reference
 Created By: T474170 Last Updated By: T474170 Release:
 Created On: 12/4/2006 Last Updated On: 12/4/2006
 Description: HEALTHCARE COMMON PROCEDURE CODING SYSTEM ALSO KNOWN AS LEVEL II HCPCS NATIONAL CODES. THIS IS A STANDARD CODE SET FOR CLASSIFYING MEDICAL SUPPLIES, EQUIPMENT OUTPATIENT PROCEDURES, DRUGS AND BIOLOGICS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		5	0		X(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05979 Name: NDC-HCPCS-MODIFIER Version: Subsystem: Reference
 Created By: T474170 Last Updated By: T474170 Release:
 Created On: 12/4/2006 Last Updated On: 12/4/2006
 Description: THE HCPCS MODIFIER IS USED TO FURTHER DEFINE THE SERVICE IDENTIFIED BY THE HCPCS PROCEDURE CODE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2		0	X(02)

DataElement ID: 05980 Name: NDC-START-DATE Version: Subsystem: Reference
 Created By: T474170 Last Updated By: T474198 Release:
 Created On: 12/4/2006 Last Updated On: 2/19/2018
 Description: CONTAINS START DATE OF NDC TO HCPCS PROCEDURE CODE RELATIONSHIP.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3		Numeric Comp-3		5		0	S9(05)
2	X		AlphaNumeric		10		0	X(10)

DataElement ID: 05981 Name: NDC-END-DATE Version: Subsystem: Reference
 Created By: T474170 Last Updated By: T474071 Release:
 Created On: 12/4/2006 Last Updated On: 4/9/2007
 Description: CONTAINS END DATE OF NDC TO HCPCS PROCEDURE CODE RELATIONSHIP.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3		Numeric Comp-3		5		0	S9(05)
2	X		AlphaNumeric		10		0	X(10)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05982 Name: NDC-HCPCS-DESC-AREA Version: Subsystem: Reference
 Created By: T474170 Last Updated By: T474170 Release:
 Created On: 12/4/2006 Last Updated On: 12/5/2006
 Description: HCPCS PROCEDURE CODE DESCRIPTION AREA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	G	Group		0	0		

DataElement ID: 05983 Name: NDC-PKG-QTY Version: Subsystem: Reference
 Created By: T474170 Last Updated By: T474170 Release:
 Created On: 12/4/2006 Last Updated On: 12/5/2006
 Description: NDC PROCEDURE CODE PACKAGE SIZE QUANTITY.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		5	4		9(05)V9999
2	X	AlphaNumeric		10	0		X(10)

DataElement ID: 05984 Name: NDC-LABEL Version: Subsystem: Reference
 Created By: T474170 Last Updated By: T474170 Release:
 Created On: 12/4/2006 Last Updated On: 12/4/2006
 Description: NDC PROCEDURE CODE LABEL INFORMATION.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		65	0		X(65)
2	X	AlphaNumeric		75	0		X(75)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05985 Name: NDC-PKG-MEAS Version: Subsystem: Reference
 Created By: T474170 Last Updated By: T474170 Release:
 Created On: 12/4/2006 Last Updated On: 12/4/2006
 Description: NDC PROCEDURE CODE PACKAGE SIZE MEASURE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2		0	X(02)

DataElement ID: 05986 Name: NDC-AMOUNT Version: Subsystem: Reference
 Created By: T474170 Last Updated By: T474170 Release:
 Created On: 12/4/2006 Last Updated On: 12/5/2006
 Description: NDC PROCEDURE CODE UNIT AMOUNT.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3		Numeric Comp-3		8		9	9(08)V9(9)
2	X		AlphaNumeric		18		0	X(18)

DataElement ID: 05987 Name: NDC-UNIT-MEAS Version: Subsystem: Reference
 Created By: T474170 Last Updated By: T474170 Release:
 Created On: 12/4/2006 Last Updated On: 12/4/2006
 Description: NDC PROCEDURE CODE UNIT OF MEASURE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		10		0	X(10)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05988 Name: NDC-BILL-UNITS-PKG Version: Subsystem: Reference
 Created By: T474170 Last Updated By: T474166 Release:
 Created On: 12/4/2006 Last Updated On: 12/8/2006
 Description: NDC BILLABLE UNITS PER PACKAGE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3		Numeric Comp-3		8		7	9(08)V9(7)
2	X		AlphaNumeric		16		0	X(16)

DataElement ID: 05989 Name: NDC-BILL-UNITS Version: Subsystem: Reference
 Created By: T474170 Last Updated By: T474170 Release:
 Created On: 12/4/2006 Last Updated On: 12/4/2006
 Description: NDC PROCEDURE CODE BILLING UNITS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2		0	X(02)

DataElement ID: 05990 Name: NDC-FORM Version: Subsystem: Reference
 Created By: T474170 Last Updated By: T474170 Release:
 Created On: 12/4/2006 Last Updated On: 12/4/2006
 Description: NDC PROCEDURE CODE FORM OF DRUG OR BIOLOGIC.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		3		0	X(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05991 Name: NDC-HCPCS-AMOUNT Version: Subsystem: Reference
 Created By: T474170 Last Updated By: T474166 Release:
 Created On: 12/4/2006 Last Updated On: 12/8/2006
 Description: HCPCS PROCEDURE CODE UNIT AMOUNT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		8	9		9(08)V9(9)
2	X	AlphaNumeric		18	0		X(18)

DataElement ID: 05992 Name: NDC-HCPCS-MEASURE Version: Subsystem: Reference
 Created By: T474170 Last Updated By: T474170 Release:
 Created On: 12/4/2006 Last Updated On: 12/4/2006
 Description: HCPCS PROCEDURE CODE UNIT OF MEASURE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		12	0		X(12)

DataElement ID: 05993 Name: NDC-HCPCS-CONV-FACT Version: Subsystem: Reference
 Created By: T474170 Last Updated By: T474170 Release:
 Created On: 12/4/2006 Last Updated On: 12/6/2006
 Description: CONVERSION FACTOR USED TO CONVERT NDC PROCEDURE CODES TO HCPCS PROCEDURE CODES.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		7	6		9(07)V9(6)
2	X	AlphaNumeric		14	0		X(14)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05994 Name: NDC-SEQUENCE Version: Subsystem: Reference
 Created By: T474170 Last Updated By: T474170 Release:
 Created On: 12/4/2006 Last Updated On: 12/4/2006
 Description: SEQUENCE NUMBER OF RECORD PER DATE RANGE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3		Numeric Comp-3		3		0	9(03)

DataElement ID: 05995 Name: NDC-HCPCS-DESC Version: Subsystem: Reference
 Created By: T474170 Last Updated By: T474170 Release:
 Created On: 12/5/2006 Last Updated On: 12/5/2006
 Description: HCPCS PROCEDURE CODE DESCRIPTION.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		78		0	X(78)

DataElement ID: 05996 Name: NDC-JCODE-SOURCE Version: Subsystem: Reference
 Created By: T474207 Last Updated By: T474207 Release:
 Created On: 7/16/2015 Last Updated On: 7/16/2015
 Description: INDICATES SOURCE OF J-CODE NDC CROSSWALK DATA.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		3		0	X(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 05997 Name: JCODE-NDC-UPDATE Version: Subsystem: Reference
 Created By: T474207 Last Updated By: T474207 Release:
 Created On: 7/16/2015 Last Updated On: 7/16/2015
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		5	0		S9(05)

DataElement ID: 05998 Name: LABELER-CODE Version: Subsystem: Reference
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 2/19/2018 Last Updated On: 2/19/2018
 Description: ABC

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		5	0		X(05)

DataElement ID: 05999 Name: LABELER-START-DATE Version: Subsystem: Reference
 Created By: T474198 Last Updated By: T474181 Release:
 Created On: 2/19/2018 Last Updated On: 2/19/2018
 Description: LABELER-START-DATE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		5	0		S9(05)
2	X	AlphaNumeric		10	0		X(10)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06000	Name: HCFA2082-LI-FEDC-SVC	Version:	Subsystem: MARS
Created By: T474163	Last Updated By: T474163	Release:	
Created On: 4/11/2011	Last Updated On: 4/11/2011		
Description:			

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		2		0	X(02)

DataElement ID: 06001	Name: MARS-CLM-IND	Version:	Subsystem: MARS
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: MARS-CLM-IND, MARS CLAIM INDICATOR - A COUNTER INDICATING HOW TO COUNT A RECORD WHEN COUNTING CLAIMS. VALUES ARE: +1 = ADD A CLAIM 0 = NOT A CLAIM A CREDITED OR ADJUSTED CLAIM OR A GROSS ADJUSTMENT ARE NOT COUNTED AS CLAIMS IN MARS.			

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N	Numeric		1		0	S9(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06002 Name: SPLIT-CLAIM-IND Version: Subsystem: MARS
 Created By: SYSTEM Last Updated By: T474347 Release:
 Created On: 8/25/2004 Last Updated On: 10/12/2021
 Description: SPLIT CLAIMS INDICATOR. USED TO INDICATE THAT A PARTICULAR CLAIM RECORD IS NOT UNIQUE BUT EITHER A DUPLICATE OR A SPLIT OF A UNIQUE CLAIM RECORD. RECORDS WITH THIS INDICATOR NON-BLANK ARE USED FOR SPECIAL MARS PROCESSING AND CARE SHOULD BE USED NOT TO DUPLICATE COUNT THE DATA IN THESE RECORDS. THE VALUES ARE:
 BLANK = A UNIQUE CLAIM RECORD
 A = FAMILY PLANNING SPLIT CLAIM RECORD
 B = ABORTION SPLIT CLAIM RECORD
 D = LABORATORY OR RADIOLOGY SPLIT CLAIM RECORD
 E = OTHER PORTION OF SPLIT CLAIM RECORD

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06003 Name: MARS-CODES Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MARS CODES. A GROUP NAME FOR CODES THAT ARE UNIQUE TO MARS AND NOT USED BY OTHER SUBSYSTEMS, AND ARE SORTED ON THE CLAIM RECORD.
 ADD
 MARS-CLM-IND (06001)
 SPLIT-CLAIM-IND (06002)
 FFP-FUND-CD (06009)
 FED-CAT-SVC (06013)
 FED-MAINT-ASST-CD (06014)
 PD-UNIT-SVC (06102)
 TO THE DESCRIPTION OF 06003 MARS CODES. THESE ARE NOT VALID VALUES & SHOULD NOT BE IN A VALID VALUES TABLE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 06004 Name: BENEFIT-USAGE-LINES Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: GROUPS DATA RELATING TO EACH BENEFIT WHICH HAS LIMITATIONS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06005 Name: MSIS-TYPE-OF-SERVICE Version: Subsystem: MARS
 Created By: SYSTEM Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 5/7/2013
 Description: MSIS TYPE OF SERVICE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		2	0		9(02)
2	N	Numeric		2	0		9(02)

DataElement ID: 06006 Name: HCFA2082-FED-CAT-SVC Version: Subsystem: MARS
 Created By: SYSTEM Last Updated By: T474104 Release:
 Created On: 8/25/2004 Last Updated On: 7/31/2009
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		2	0		X(02)
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06007 Name: HEAVY-CARE-IND Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HEAVY CARE INDICATOR
 AN INDICATOR USED ON TO TELL IF THE RECIPIENT
 HAS RECEIVED HEAVY CARE SERVICES.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 06008 Name: BU-100-PERCENT Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: BENEFIT USAGE 100 PERCENT - THE PERCENTAGE OF ELIGIBLES
 RECEIVING 100 PERCENT OF THEIR BENEFITS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06009 Name: FFP-FUND-CODE Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: FEDERAL FUNDING PERCENTAGE FUNDING CODE

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

DataElement ID: 06010 Name: BU-75-PERCENT Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: BENEFIT USAGE 75 PERCENT - THE PERCENTAGE OF ELIGIBLES
 RECEIVING 75 PERCENT OF THEIR BENEFITS.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 06011      Name:  BU-50-PERCENT      Version:      Subsystem: MARS
Created By:                Last Updated By:      Release:
Created On:   8/25/2004    Last Updated On:   8/25/2004
Description: BENEFIT USAGE 50 PERCENT - THE PERCENTAGE OF ELIGIBLES
              RECEIVING 50 PERCENT OF THEIR BENEFITS.
    
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Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 06012      Name:  COMPUTED-COPAY-AMT      Version:      Subsystem: MARS
Created By:                Last Updated By:      Release:
Created On:   8/25/2004    Last Updated On:   8/25/2004
Description: COMPUTED COPAYMENT AMOUNT.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		11	2		S9(9)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06013 Name: FED-CAT-SVC Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS CODE IS CALCULATED IN THE MARS PAID EDIT PROGRAM FROM
 THE PROVIDER'S CATEGORY OF SERVICE USING MARS EXHIBIT B.
 THESE ARE THE HCFA 64 CATEGORIES OF SERVICE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2	0		X(02)
2	N		Numeric		2	0		9(02)

DataElement ID: 06014 Name: FED-MAINT-ASST-CD Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: FEDERAL MAINTENANCE ASSISTANCE STATUS CODE
 - THIS FIELD CONTAINS THE 2082 MSIS FEDERAL
 MAINTENANCE ASSISTANCE STATUS CODE USED IN
 MAR REPORTING.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06015 Name: FED-AID-CAT Version: Subsystem: MARS
 Created By: SYSTEM Last Updated By: T474104 Release:
 Created On: 8/25/2004 Last Updated On: 11/10/2008
 Description: FEDERAL AID CATEGORY CODE (BASIS OF ELIGIBILITY)
 THIS FIELD CONTAINS THE 2082 MSIS FEDERAL
 AID CATEGORY CODE USED IN MAR REPORTING.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)
9	G		Group		0	0		

DataElement ID: 06016 Name: NON-TITLE-XIX Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MARS FIELD INDICATING NON-TITLE-XIX FUNDING.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 06017      Name:  PREMIUM                      Version:                Subsystem: MARS
Created By:                Last Updated By:      Release:
Created On:   8/25/2004    Last Updated On:      8/25/2004
Description: PREMIUM - THIS IS AN AMOUNT PAID TO THE PROVIDER TO COVER
                GENERAL SERVICES.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

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DataElement ID: 06018      Name:  BU-25-PERCENT                      Version:                Subsystem: MARS
Created By:                Last Updated By:      Release:
Created On:   8/25/2004    Last Updated On:      8/25/2004
Description: BENEFIT USAGE 25 PERCENT - THE PERCENTAGE OF ELIGIBLES
                RECEIVING 25 PERCENT OF THEIR BENEFITS.
    
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Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06019	Name: BU-0-PERCENT	Version:	Subsystem: MARS
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: BENEFIT USAGE 0 PERCENT - THE PERCENTAGE OF ELIGIBLES RECEIVING 0 PERCENT OF THEIR BENEFITS.			

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 06020	Name: BU-TOTAL-DOLLARS	Version:	Subsystem: MARS
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: THE TOTAL DOLLAR AMOUNT PAID FOR A LIMITED BENEFIT DURING ONE YEAR.			

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06021 Name: PART-A-DATA Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PART A DATA. MEDICARE PART A (HOSPITAL) DATA FROM CROSSOVER CLAIMS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 06022 Name: PART-B-DATA Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PART B DATA. MEDICARE PART B (PHYSICIAN) DATA FROM CROSSOVER CLAIMS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06023 Name: MCARE-PMT-AMT Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDICARE PAYMENT AMOUNT. THE AMOUNT MEDICARE PAID ON A MEDICARE CROSSOVER CLAIM.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
6	N3	Numeric Comp-3		11	2		S9(9)V99

DataElement ID: 06024 Name: INPATIENT-LIMIT Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE NUMBER OF DAYS OF INPATIENT CARE ALLOWED DURING ONE YEAR.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06025	Name: OUTPAT-OFF-VISIT-LIM	Version:	Subsystem: MARS
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: OUTPATIENT OFFICE VISIT LIMIT			
THE NUMBER OF OUTPATIENT OFFICE VISITS ALLOWED			
DURING ONE YEAR.			

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 06026	Name: PHYSICAL-THERAPY-LIM	Version:	Subsystem: MARS
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: PHYSICAL THERAPY LIMIT			
THE NUMBER OF PHYSICAL THERAPY SERVICES ALLOWED			
DURING ONE YEAR.			

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06027 Name: BUY-IN-B-PREM-AMT Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE AMOUNT OF MONEY THE STATE PAYS TO SSA EACH MONTH
 PER RECIPIENT FOR BUY-IN COVERAGE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
4	N3	Numeric Comp-3		11	2		S9(09)V99
6	N3	Numeric Comp-3		5	2		S9(03)V99

DataElement ID: 06028 Name: PHARMACY-LIMIT Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PHARMACY-LIMIT
 THE NUMBER OF PHARMACY SERVICES ALLOWED
 DURING ONE YEAR.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06029 Name: SUMMARY-GROUP Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE SUMMARY GROUP USED BY THE STATE TO REPORT ELIGIBILITY
 COUNTS. IT BASED ON RECIPIENT PROGRAM CODE. REFER TO
 MARS EXHIBIT D FOR GROUPINGS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		2	0		9(02)

DataElement ID: 06030 Name: BUDGET-AMOUNT Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ***** MMIS DATA ELEMENT NAME - BUDGETED AMOUNT:
 MMIS GSD DATA ELEMENT NUMBER - 603
 MMIS PART 11 DATA ELEMENT NUMBER - 110
 MMIS DEFINITION - THE PLANNED EXPENDITURES FOR VARIOUS
 MEDICAID SERVICES OVER A GIVEN PERIOD OF
 TIME. *****
 THE AMOUNT APPROPRIATED FOR A PARTICULAR CATEGORY OF SERVICE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		11	0		S9(11)
5	N3	Numeric Comp-3		11	0		S9(11)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06031 Name: MARS-RECIP-AID-CAT-A Version: Subsystem: MARS
 Created By: SYSTEM Last Updated By: T474198 Release:
 Created On: 8/25/2004 Last Updated On: 2/27/2020
 Description: MARS RECIPIENT AID CATEGORY LEVEL A
 THIS DATA ELEMENT REPRESENTS THE MARS RECIPIENT
 AID CATEGORY PART A CODES.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		3	0		X(03)
4	X	AlphaNumeric		3	0		X(03)
9	G	Group		0	0		

DataElement ID: 06032 Name: MARS-RECIP-AID-CAT-B Version: Subsystem: MARS
 Created By: SYSTEM Last Updated By: T474193 Release:
 Created On: 8/25/2004 Last Updated On: 2/26/2014
 Description: MARS RECIPIENT AID CATEGORY LEVEL B
 THIS FIELD REPRESENTS THE MARS RECIPIENT AID
 CATEGORY PART B CODES.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		3	0		X(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06033 Name: INPATIENT-DATA Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE GROUP LEVEL ON THE FEDERAL-YTD-RED FOR THE FEDERAL CATEGORY OF SERVICE OF INPATIENT HOSPITAL. THE GROUP LEVEL CONTAINS PARTICIPATION AND PAYMENT DATA FOR HCFA-2082 REPORTING.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 06034 Name: MH-AGED-AGED Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE GROUP LEVEL ON THE FEDERAL-YTD-RED FOR THE FEDERAL CATEGORY OF SERVICE OF MENTAL HEALTH AGED. THE GROUP LEVEL CONTAINS PARTICIPATION AND PAYMENT DATA FOR HCFA-2082 REPORTING.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06035 Name: NH-AGED-DATA Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE GROUP LEVEL ON THE FEDERAL-YTD-RED FOR THE FEDERAL CATEGORY OF SERVICE OF NURSING HOME AGED. THE GROUP LEVEL CONTAINS PARTICIPATION AND PAYMENT DATA FOR HCFA-2082 REPORTING.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 06036 Name: LAST-CLM-PMT-DATE Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LAST CLAIM PAYMENT DATE. THE DATE OF THE LAST CLAIMS PAYMENT CYCLE IN MARS PAYMENT MONTH. FOR A CYCLE TO BE CONSIDERED, THE CHECKS FROM THE CYCLE MUST BE DATED IN THE MARS PAYMENT MONTH. THIS DATE IS USED TO ENABLE MARS TO COUNT CLAIMS RECEIVED DURING THE MONTH. CENTURY FORMAT OR MMDDYY.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06037 Name: PREV-MO-LST-CLM-PMT Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PREVIOUS MONTH LAST CLAIM PAYMENT DATE. THE LAST CLAIM PAYMENT
 DATE (SEE DED 06036) FOR THE PREVIOUS PAYMENT MONTH.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 06038 Name: NUM-PRESC Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF PRESCRIPTIONS
 NUMBER OF PRESCRIPTIONS

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06039 Name: RECIPIENT-GROUP Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RECIPIENT GROUP
 RECIPIENT GROUP

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 06040 Name: INP-PSY-22-DATA Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE GROUP LEVEL ON THE FEDERAL-YTD-RED FOR THE FEDERAL CATEGORY OF
 SERVICE OF INPATIENT PSYCH UNDER 22. THE GROUP LEVEL CONTAINS
 PARTICIPATION AND PAYMENT DATA FOR HCFA-2082 REPORTING.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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9	G	Group		0	0		
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Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 06041      Name:  ST-FIS-YR-BEGIN      Version:
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: ***** MMIS DATA ELEMENT NAME - FISCAL YEAR
                   MMIS GSD DATA ELEMENT NUMBER - 601
                   MMIS DEFINITION - THE TWELVE MONTH PERIOD BETWEEN
                   SETTLEMENTS OF FINANCIAL ACCOUNTS. *****
                   ***** MMIS DATA ELEMENT NAME - FISCAL MONTH
                   MMIS GSD DATA ELEMENT NUMBER - 602
                   MMIS DEFINITION - THE MONTHLY TIME INTERVAL IN A
                   FISCAL YEAR. *****
                   STATE FISCAL YEAR BEGIN DATE IS CARRIED IN BOTH MMY AND CENTURY
                   FORMAT. THIS DATE TOGETHER WITH THE MARS CYCLE DATE IS USED
                   TO DERIVE THE STATE FISCAL MONTH.
    
```

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9		G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 06042      Name:  ST-FIS-YR-END      Version:      Subsystem: MARS
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: ***** MMIS DATA ELEMENT NAME - FISCAL YEAR
                   MMIS GSD DATA ELEMENT NUMBER - 601
                   MMIS DEFINITION - THE TWELVE MONTH PERIOD BETWEEN
                   SETTLEMENTS OF FINANCIAL ACCOUNTS. *****
                   STATE FISCAL YEAR END DATE IS CARRIED IN BOTH MMY AND CENTURY
                   FORMAT.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

```

DataElement ID: 06043      Name:  REGION      Version:      Subsystem: MARS
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: STATE REGION
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		2	0		X(02)

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 06044      Name:  FED-FIS-YR-BEGIN      Version:
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: ***** MMIS DATA ELEMENT NAME - FISCAL YEAR
                   MMIS GSD DATA ELEMENT NUMBER - 601
                   MMIS DEFINITION - THE TWELVE MONTH PERIOD BETWEEN
                   SETTLEMENTS OF FINANCIAL ACCOUNTS. *****
                   ***** MMIS DATA ELEMENT NAME - FISCAL MONTH
                   MMIS GSD DATA ELEMENT NUMBER - 602
                   MMIS DEFINITION - THE MONTHLY TIME INTERVAL IN A
                   FISCAL YEAR. *****
                   THE FEDERAL FISCAL YEAR BEGIN DATE IS CARRIED IN EITHER MMY OR
                   CENTURY FORMAT. THIS DATE TOGETHER WITH THE MARS CYCLE DATE
                   IS USED TO DERIVE THE FEDERAL FISCAL MONTH.
    
```

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9		G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06045 Name: FED-FIS-YR-END Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ***** MMIS DATA ELEMENT NAME - FISCAL YEAR
 MMIS GSD DATA ELEMENT NUMBER - 601
 MMIS DEFINITION - THE TWELVE MONTH PERIOD BETWEEN
 SETTLEMENTS OF FINANCIAL ACCOUNTS. *****
 THE FEDERAL FISCAL YEAR END DATE IS CARRIED IN EITHER MMY OR
 CENTURY DATE FORMAT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 06046 Name: HMO-RECIP-REINST Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HMO RECIP REINST
 HMO RECIPIENTS REINSTATED. THE COUNT OF ELIGIBLE HMO RECIPIENTS
 REINSTATED DURING A MONTH.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	0		S9(7)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06047 Name: ICF-MR-DATA Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE GROUP LEVEL ON THE FEDERAL-YTD-RED FOR THE FEDERAL CATEGORY OF
 SERVICE OF ICF-MENTAL. THE GROUP LEVEL CONTAINS PARTICIPATION AND
 PAYMENT DATA FOR HCFA-2082 REPORTING.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 06048 Name: RECIP-AGE-GRP Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RECIPIENT AGE GROUP

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06049 Name: PMT-MON Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE MONTH IN WHICH THE CLAIMS WERE PAID.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		4	0		9(4)
9	G	Group		0	0		

DataElement ID: 06050 Name: MONTH-OF-HIST Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MONTH OF HISTORY - USED TO DETERMINE IF THE CORRECT MONTHS
 HISTORY (YTD FILE) IS BEING USED AS INPUT IN THE UPDATE PROGRAMS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		2	0		9(2)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06051 Name: CENTURY Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CENTURY
 THE TWO DIGIT CENTURY.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		2	0		X(02)
2	N	Numeric		2	0		9(02)

DataElement ID: 06052 Name: YEAR Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: YEAR. THE TWO DIGIT YEAR. VALUES ARE 00-99.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		2	0		X(2)
2	N	Numeric		2	0		9(2)

DataElement ID: 06053 Name: MONTH Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MONTH. THE 2 DIGIT MONTH. VALUES ARE 01-12.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		2	0		X(2)
2	N	Numeric		2	0		9(2)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06054 Name: M2082-ADJUSTMENT-IND Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: M2082 ADJUSTMENT INDICATOR
 MEDSTAT FIELD INDICATING THE ADJUSTMENT INDICATOR

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		1	0		9(01)

DataElement ID: 06055 Name: QTR-END-DT Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: QUARTER END DATE. THE ENDING MONTH OF THE QUARTER. MMY

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(5)
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06056 Name: M2082-PROGRAM-TYPE Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: M2082 PROGRAM TYPE
 MEDSTAT FIELD INDICATING THE PROGRAM TYPE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		1	0		9(01)

DataElement ID: 06057 Name: CYCLE-DATE Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CYCLE DATE - DATE OF THE MARS CYCLE THAT CONTAINS DATA THEREOF
 SINCE THE LAST MARS CYCLE. FORMAT: MM/DD/YY.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		8	0		X(8)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06058 Name: M2082-PLAN-ID-NUMBER Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: M2082 PLAN ID NUMBER
 MEDSTAT FIELD INDICATING THE PLAN ID NUMBER

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		12	0		X(12)
2	N	Numeric		12	0		9(12)

DataElement ID: 06059 Name: LYTD-DATA Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: GROUP LEVEL FOR LAST YEAR TO DATE DATA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06060 Name: YR-OF-HIST Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: YEAR OF HISTORY USED TO DETERMINE IF CORRECT HISTORY FILE
 (YTD FILE) IS BEING USED AS INPUT IN THE JOB STREAM IN THE
 UPDATE PROGRAMS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		2	0		9(2)

DataElement ID: 06061 Name: YTD-DATA Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: YEAR-TO-DATE DATA A GROUP NAME FOR DATA RELATING TO THE FISCAL
 YEAR.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06062 Name: DENTAL-PARTIC Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE NUMBER OF DENTAL RECIPIENTS PARTICIPANTING DURING
 THE MONTH.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	0		S9(07)

DataElement ID: 06063 Name: NON-TL19-PARTIC Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE NUMBER OF NON-TITLE XIX RECIPIENTS PARTICIPATING
 DURING THE MONTH.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	0		S9(07)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06064 Name: GROSS-ADJ-PARTIC Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE NUMBER OF GROSS ADJUSTMENT RECIPIENTS PARTICIPATING
 DURING THE MONTH.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	0		S9(07)

DataElement ID: 06065 Name: UNDUPL-RECIP Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE TOTAL NUMBER OF UNDUPLICATED RECIPIENTS FOR EACH MONTH.
 VARIANT 4 WAS ADDED FOR USE IN THE MONTHLY STATE MEDICAL
 ASSISTANCE FISCAL REPORTS (IAMM6000).

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	0		S9(07)
4	N3	Numeric Comp-3		9	0		S9(09)

Iowa Medicaid Enterprise Data Element List

DataElement ID: 06066 Name: M2082-CLAIM-TYPE99 Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: M2082 CLAIM TYPE FOR FSY99.
 THE CODE INDICATING THE TYPE OF PAYMENT INCLUDED IN THIS CLAIM.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric			1	0		9(01)

DataElement ID: 06067 Name: CUR-YTD-DATA Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CURRENT YEAR-TO-DATE DATA. A GROUP NAME FOR DATA RELATING TO
 THE CURRENT STATE FISCAL YEAR.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group			0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06068 Name: DRUG-CD-DIGITS-1-6 Version: Subsystem: MARS
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: DRUG CODE DIGITS 1 THRU 6
THIS CODE IDENTIFIES THE FIRST FIVE DIGITS OF THE DRUG CODE.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 06069 Name: DRUG-CD-DIGITS-7-11 Version: Subsystem: MARS
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: DRUG CODE DIGITS 7 THRU 11
THIS CODE IDENTIFIES DIGITS 7 THRU 11 OF THE DRUG CODE.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06070 Name: WAIVER-ELIG-ENROLL Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: WAIVER ELIG ENROLL
 WAIVER ELIGIBLE ENROLLEES. THE NUMBER OF ELIGIBLE RECIPIENTS
 ENROLLED IN A WAIVER GROUP.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(5)

DataElement ID: 06071 Name: M2082-TYPE-OF-SVC99 Version: Subsystem: MARS
 Created By: SYSTEM Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 5/7/2013
 Description: MSIS 2082 TYPE OF SERVICE FSY99
 THIS FIELD CONTAINS A TWO DIGIT CODE
 FOR THE MSIS 2082 TYPE OF SERVICE FIELD.
 FOR FSY97 THE VALID VALUES ARE DIFFERENT - SEE DED 06510.
 FOR FSY98 THE VALID VALUES ARE DIFFERENT - SEE DED 06502.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		2	0		9(02)
2	N	Numeric		2	0		9(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06072 Name: DAYS-SVC-TO-BATCH Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF DAYS FROM SERVICE DATE TO BATCH DATE. THE NUMBER OF
 DAYS FROM THE LAST DATE OF SERVICE TO THE DATE THE CLAIM IS
 BATCHED FOR PROCESSING.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9		0	S9(9)

DataElement ID: 06073 Name: CURR-CLAIM-PAYMENT Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CURR CLAIM PAYMENT
 CURRENT CLAIM PAYMENT. THE TOTAL PAYMENT AMOUNT FOR HMO CLAIMS
 WITH SERVICE DATES IN THE CURRENT MONTH.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		10		2	S9(8)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06074 Name: REINST-CLAIM-PAYMENT Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: REINST CLAIM PAYMENT
 REINSTATED CLAIM PAYMENT. THE TOTAL PAYMENT AMOUNT FOR HMO CLAIMS
 WITH SERVICE DATES IN PRIOR MONTHS FOR INDIVIDUALS REINSTATED TO
 HMO COVERAGE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		10	2		S9(8)V99

DataElement ID: 06075 Name: DAYS-BATCH-TO-PMT Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF DAYS FROM BATCH DATE TO PAYMENT DATE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	0		S9(9)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06076 Name: PRESCRIPTION-FILL-DT Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DATE PRESCRIPTION FILLED
 THE DATE THE PRESCRIPTION WAS FILLED.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
5	N		Numeric		8	0		9(8)

DataElement ID: 06077 Name: HEAVY-CARE-IND Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: AN INDICATOR USED TO TELL IF THE RECIPIENT
 HAS RECEIVED HEAVY CARE SERVICES.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06078 Name: RECIP-BOUGHT-IN-A Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE COUNT OF RECIPIENTS BOUGHT-IN FOR PART A MEDICARE. THE
 RECIPIENT HAS A BUY-IN PREMIUM AMOUNT PAID AS SHOWN ON THE
 RECIPIENT ELIGIBILITY FILE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 06079 Name: TOT-DAYS Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TOTAL DAYS. THE TOTAL DAYS BILLED ON NURSING HOME CLAIMS.

3	N3	Numeric Comp-3	Signed	9	0	S9(09)	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06080 Name: CLMS-WKS-WRK-ON-HAND Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CLAIMS WEEKS WORK ON HAND.
 THIS IS THE TOTAL NUMBER OF CLAIMS IN SUSPENSE DIVIDED BY THE
 AVERAGE WORK (WHICH IS AN AVERAGE OF TOTAL CLAIMS RECEIVED PER
 MONTH). THIS NUMBER IS STORED ON THE OPERATIONS YEAR TO DATE REC.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3		Numeric Comp-3		3		0	S9(03)

DataElement ID: 06081 Name: M2082-PRESC-PHYS-NUM Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PRESCRIBING PHYSICIAN PROVIDER NUMBER
 THE PROVIDER NUMBER OF THE PRESCRIBING PHYSICIAN.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		12		0	X(12)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06082 Name: M2082-FIRST-DT-SVC Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: -
 M2082 FIRST DATE OF SERVICE
 THE FIRST DATE THAT SERVICES WERE PROVIDED FOR THIS CLAIM

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		8	0		9(8)

DataElement ID: 06083 Name: M2082-LAST-DT-SVC Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: M2082 LAST DATE OF SERVICE
 THE LAST DATE THAT SERVICES WERE PROVIDED FOR THIS CLAIM

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		8	0		9(8)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06084	Name: M2082-NURSE-FAC-DAYS	Version:	Subsystem: MARS
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: MEDSTAT FIELD CONTAINING THE SKILLED CARE DAYS			

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
5	N	Numeric		5	0		S9(05)

DataElement ID: 06086	Name: M2082-UB-92-REV-CODE	Version:	Subsystem: MARS
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: UB 92 REVENUE CODE UB 92 REVENUE CODE.			

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		4	0		9(4)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06087 Name: M2082-PROV-NUM-SVC Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: M2082 PROVIDER ID NUMBER SERVICING
 ID NUMBER USED TO IDENTIFY THE PROVIDER WHO TREATED THE RECIPIENT

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		12	0		X(12)

DataElement ID: 06088 Name: NUM-WRK-DAYS-MO Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF WORKING DAYS IN THE MONTH.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		2	0		9(2)

DataElement ID: 06089 Name: DAY Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DAY. THE DAY OF THE MONTH. MUST BE NUMERIC, 01-31.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		2	0		X(2)
2	N	Numeric		2	0		9(2)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06090 Name: ICF-OTHER-DATA Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE GROUP LEVEL ON THE FEDERAL-YTD-RED FOR THE FEDERAL CATEGORY OF
 SERVICE OF ICF OTHER. THE GROUP LEVEL CONTAINS PARTICIPATION AND
 PAYMENT DATA FOR HCFA-2082 REPORTING.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 06091 Name: M2082-PROV-NUM-BILL Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: M2082 PROVIDER ID NUMBER BILLING
 ID NUMBER USED TO IDENTIFY THE PROVIDER WHO BILLED FOR THE SERVICE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		12	0		X(12)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06092 Name: M2082-PAT-LIABILITY Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: M2082 PATIENT LIABILITY
 MEDSTAT FIELD CONTAINING THE TOTAL AMOUNT PAID BY THE RECIPIENT
 FOR SERVICES WHERE THEY ARE REQUIRED TO USE THEIR PERSONAL FUNDS
 TO COVER PART OF THEIR CARE BEFORE MEDICAID FUNDS CAN BE UTILIZED.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		6	0		S9(06)

DataElement ID: 06093 Name: DRG-IND Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DIAGNOSIS RELATED GROUP INDICATOR
 AN INDICATOR IDENTIFYING THE GROUPING ALGORITHM USED TO ASSIGN
 DRG VALUES.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		4	0		X(4)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06094 Name: PROC-DATE-PRINCIPAL Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROCEDURE DATE PRINCIPAL
 THE DATE ON WHICH THE PRINCIPAL PROCEDURE WAS PERFORMED.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		8	0		9(8)

DataElement ID: 06095 Name: UB-92-REV-DATA Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: UB-92 REVENUE DATA
 A GROUP OF DATA ELEMENTS CONTAINING RELATED INFORMATION ABOUT
 UB-92 REVENUE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06096 Name: UB-92-REV-CODE Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: UB-92 REV CODE
 A CODE WHICH IDENTIFIES A SPECIFIC ACCOMODATION, ANCILLARY
 CHARGE OR BILLING CALCULATION AS DEFINED BY UB-92 BILLING MANUAL

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		4	0		9(4)

DataElement ID: 06097 Name: UB-92-REV-UNITS Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: UB-92 REV UNITS
 A QUANTITATIVE MEASURE OF SERVICES RENDERED BY REVENUE CATEGORY
 TO OR FOR THE PATIENT TO INCLUDE SUCH ITEMS AS NUMBER OF
 ACCOMODATION DAYS, PINTS OF BLOOD, OR RENAL DIALYSIS TREATMENTS,
 ETC.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		7	0		S9(7)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06098 Name: SNF-DATA Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE GROUP LEVEL ON THE FEDERAL-YTD-RED FOR THE FEDERAL CATEGORY OF SERVICE OF SKILLED NURSING FACILITY. THE GROUP LEVEL CONTAINS PARTICIPATION AND PAYMENT DATA FOR HCFA-2082 REPORTING.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 06099 Name: PHYSICIAN-DATA Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE GROUP LEVEL ON THE FEDERAL-YTD-RED FOR THE FEDERAL CATEGORY OF SERVICE OF PHYSICIAN. THE GROUP LEVEL CONTAINS PARTICIPATION AND PAYMENT DATA FOR HCFA-2082 REPORTING.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06100 Name: DENTAL-DATA Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE GROUP LEVEL ON THE FEDERAL-YTD-RED FOR THE FEDERAL CATEGORY OF SERVICE OF DENTAL. THE GROUP LEVEL CONTAINS PARTICIPATION AND PAYMENT DATA FOR HCFA-2082 REPORTING.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 06101 Name: PD-DOLLAR-AMT Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DOLLAR AMOUNT PAID ON A LIMITED BENEFIT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	2		S9(05)V99
4	N3	Numeric Comp-3		9	2		S9(07)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06102 Name: PD-UNIT-SVC Version: Subsystem: MARS
 Created By: SYSTEM Last Updated By: T474193 Release:
 Created On: 8/25/2004 Last Updated On: 3/24/2015
 Description: PAID UNITS OF SERVICE. UNITS OF SERVICE FOR WHICH PAYMENT WAS APPROVED.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N3	Numeric Comp-3		3	0		S9(03)
3	N3	Numeric Comp-3		5	0		S9(05)
4	N3	Numeric Comp-3		7	0		S9(07)
5	N3	Numeric Comp-3		9	0		S9(09)
6	N3	Numeric Comp-3		5	2		S9(05)V99
7	N3	Numeric Comp-3		11	0		S9(11)

DataElement ID: 06103 Name: OTH-PRACT-DATA Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE GROUP LEVEL ON THE FEDERAL-YTD-RED FOR THE FEDERAL CATEGORY OF SERVICE OF OTHER PRACTITIONER. GROUP LEVEL CONTAINS PARTICIPATION AND PAYMENT DATA FOR HCFA-2082 REPORTING.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06104 Name: APG-PAY-LVL-SEPRATOR Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: -
 APG PAY LEVEL SEPARATOR
 THIS FIELD IS ONLY USED AS A GROUP LEVEL SEPARATOR
 FOR THE APG YEAR-TO-DATE RECORD (RED 16190).

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9		G		Group		0	0		

DataElement ID: 06105 Name: OUTPATIENT-DATA Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE GROUP LEVEL ON THE FEDERAL-YTD-RED FOR THE FEDERAL CATEGORY OF
 SERVICE OF OUTPATIENT. GROUP LEVEL CONTAINS PARTICIPATION AND
 PAYMENT DATA FOR HCFA-2082 REPORTING.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9		G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06106 Name: CLINIC-DATA Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE GROUP LEVEL ON THE FEDERAL-YTD-RED FOR THE FEDERAL CATEGORY OF SERVICE OF CLINIC. GROUP LEVEL CONTAINS PARTICIPATION AND PAYMENT DATA FOR HCFA-2082 REPORTING.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 06107 Name: LAB-XRAY-DATA Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE GROUP LEVEL ON THE FEDERAL-YTD-RED FOR THE FEDERAL CATEGORY OF SERVICE OF CLINIC. GROUP LEVEL CONTAINS PARTICIPATION AND PAYMENT DATA FOR HCFA-2082 REPORTING.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06108 Name: LAB-CLAIMS Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LAB CLAIMS
 THIS FIELD IS A TOTAL COUNT OF LAB CLAIMS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	0		S9(7)

DataElement ID: 06109 Name: NON-LAB-CLAIMS Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NON-LAB-CLAIMS
 THIS FIELD IS USED TO ACCUMULATE THE NUMBER OF OUTPATIENT CLAIMS
 THAT DO NO HAVE LAB AND PATHOLOGY PROCEDURE CODES.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	0		S9(7)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06110 Name: HOME-HEALTH-DATA Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: FEDERAL CATEGORY OF SERVICE GROUP LEVEL FOR THE FEDERAL YTD
 RECORD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 06111 Name: LAB-PATH-DATA Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LAB-PATH-DATA
 THIS FIELD IS USED AS A GROUP LEVEL IN RECORDS CONTAINING
 LAB AND PATHOLOGY.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06112 Name: APG-MONTHLY-UNITS Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE MONTHLY NUMBER OF UNITS FOR OUTPATIENT APG CLAIMS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9		0	S9(9)

DataElement ID: 06113 Name: APG-MONTHLY-CHARGES Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE MONTHLY CHARGES AMOUNT FOR OUTPATIENT APG CLAIMS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		13		2	S9(11)V99

DataElement ID: 06114 Name: APG-MONTHLY-TPL-AMT Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE MONTHLY THIRD PARTY LIABILITY AMOUNTS FOR OUTPATIENT APG CLAIMS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		13		2	S9(11)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06115 Name: DRUG-DATA Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE GROUP LEVEL ON THE FEDERAL-YTD-RED FOR THE FEDERAL CATEGORY OF
 SERVICE OF DRUGS. GROUP LEVEL CONTAINS PARTICIPATION AND PAYMENT
 DATA FOR HCFA-2082 REPORTING.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 06117 Name: UB-92-REV-CHARGE Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: UB-92 REV CHARGE
 THE TOTAL CHARGE FOR EACH UB-92 REVENUE CODE FOR THE BILLING
 PERIOD. TOTAL CHARGE CHARGES INCLUDE BOTH COVERED AND NON-COVERED
 CHARGES.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		8	0		S9(8)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06118 Name: M2082-PROV-SPEC-CODE Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: M2082 PROVIDER SPECIALTY CODE
 CODE WHICH DESCRIBES THE AREA OF SPECIALTY FOR THE INDIVIDUAL
 PROVIDING THE SERVICE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		4		0	X(4)

DataElement ID: 06120 Name: FAM-PLAN-DATA Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE GROUP LEVEL ON THE FEDERAL-YTD-RED FOR THE FEDERAL CATEGORY OF
 SERVICE OF FAMILY PLANNING. GROUP LEVEL CONTAINS PARTICPATION AND
 PAYMENT DATA FOR HCFA-2082 REPORTING.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group				0	

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06122 Name: SPLIT-CLAIM-REASON Version: Subsystem: MARS
 Created By: T474163 Last Updated By: T474104 Release:
 Created On: 7/21/2008 Last Updated On: 11/13/2009
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 06124 Name: OTH-CARE-DATA Version: Subsystem: MARS
 Created By: Last Updated By:
 Created On: 8/25/2004 Last Updated On: 8/25/2004 Release:
 Description: THE GROUP LEVEL ON THE FEDERAL-YTD-RED FOR THE FEDERAL CATEGORY OF
 SERVICE OF OTHER CARE. GROUP LEVEL CONTAINS PARTICPATION AND
 PAYMENT DATA FOR HCFA-2082 REPORTING.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0		0	

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06125 Name: EPSDT-DATA Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE GROUP LEVEL ON THE FEDERAL-YTD-RED FOR THE FEDERAL CATEGORY OF
 SERVICE OF EPSDT. GROUP LEVEL CONTAINS PARTICPATION AND PAYMENT
 DATA FOR HCFA-2082 REPORTING.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 06126 Name: RURAL-HEALTH-DATA Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE GROUP LEVEL ON THE FEDERAL-YTD-RED FOR THE FEDERAL CATEGORY OF
 SERVICE OF RURAL HEALTH. GROUP LEVEL CONTAINS PARTICIPATION AND
 PAYMENT DATA FOR HCFA-2082 REPORTING.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06131 Name: AMT-PD Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: AMOUNT PAID. THE TOTAL REIMBURSEMENT AMOUNT IN THE CLAIMS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		11	2		S9(9)V99
5	N	Numeric		7	2		9(05)V99

DataElement ID: 06132 Name: AMT-PD-LY Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: AMOUNT PAID LAST YEAR
 THIS IS THE TOTAL AMOUNT PAID FOR MEDICAID SERVICES,
 THE SAME MONTH LAST YEAR.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06139 Name: RECIP-PMT Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RECIPIENT PAYMENT. THE AMOUNT THE RECIPIENT PAID FOR HIS MEDICAL BENEFITS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		11	2		S9(9)V99
4	N	Numeric		6	2		S9(04)V99

DataElement ID: 06140 Name: CURR-FYTD-EXPEND Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CURRENT FISCAL YTD EXPENDITURES
 THIS IS THE CURRENT FISCAL YEAR TO DATE EXPENDITURES FOR MEDICAID SERVICES.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06141 Name: PRIOR-FYTD-EXPEND Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: - PRIOR FISCAL YTD EXPENDITURES
 THIS IS THE PRIOR FISCAL YEAR TO DATE EXPENDITURES
 FOR MEDICAID SERVICES.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 06146 Name: CR-AND-ADJ Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: GROUP LEVEL FOR CREDIT AND ADJUSTMENT FIELDS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06148 Name: EST-AMT-SUSP Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ESTIMATED AMOUNT IN SUSPENSE. THE ESTIMATED DOLLAR AMOUNT OF THE
 SUSPENSE FILE AT MONTH END. IF REIMBURSEMENT AMOUNT IS ZERO, USE
 NET CLAIM CHARGE, ELSE USE REIMBURSEMENT AMOUNT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		13	2		S9(11)V99
6	N3	Numeric Comp-3		9	2		S9(7)V99

DataElement ID: 06149 Name: CLMS-IN-SUSP Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CLMS-IN-SUSP - CLAIMS IN SUSPENSE, THE NUMBER OF CLAIMS ON THE
 MARS SUSPENSE FILE FOR A GIVEN MONTH.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	0		S9(9)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06159 Name: TOTAL-DISCHARGES Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TOTAL DISCHARGES OF A PATIENT FROM A HOSPITAL.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5		0	S9(5)

DataElement ID: 06162 Name: PROC-CLMS Version: Subsystem: MARS
 Created By: SYSTEM Last Updated By: T474206 Release:
 Created On: 8/25/2004 Last Updated On: 9/20/2012
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7		0	S9(7)
4	N3	Numeric Comp-3		9		0	S9(09)

DataElement ID: 06164 Name: SUSP-CLMS Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SUSPENDED CLAIMS. THOSE CLAIMS ON THE SUSPENSE FILE AT THE END OF THE MONTH.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7		0	S9(7)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06167 Name: SUSP-CLM-CUR-MON Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SUSPENDED CLAIMS CURRENT MONTH. THE COUNT OF CLAIMS ON THE
 SUSPENSE FILE AT THE END OF THE CURRENT MARS CYCLE MONTH.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	0		S9(7)

DataElement ID: 06171 Name: ADJUD-CLMS Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: - ADJUDICATED CLAIMS. A COUNT OF CLAIMS WITH A FINAL DISPOSITION.
 THESE ARE CLAIMS EITHER PAID OR DENIED.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	0		S9(7)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06172 Name: NUM-PRESC-CD-CLS Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF PRESCRIPTIONS FOR CODE WITHIN CLASS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9		0	S9(9)

DataElement ID: 06173 Name: PAID-CLMS Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: COUNT OF PAID CLAIMS FOR A PROVIDER. USED IN MARS

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		7		0	S9(07)

DataElement ID: 06174 Name: NO-ERROR-CLMS Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: COUNT OF CLAIMS WITH NO EXCEPTIONS FOR A PROVIDER. USED IN MARS

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06175 Name: TOTAL-PROV-ERRORS Version: Subsystem: MARS
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: COUNT OF ERRORS FOR A PROVIDER. USED IN MARS

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 06176 Name: RANK-DENIED-CLMS Version: Subsystem: MARS
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: RANK DENIED CLAIMS
A RANK ASSIGNED BY THE REPORT PROGRAM FOR PROVIDERS
WITH THE HIGHEST PERCENTAGE OF DENIED CLAIMS.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06177 Name: RANK-TOTAL-ERRORS Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: A RANK ASSIGNED BY THE REPORT PROGRAM FOR PROVIDERS WITH THE
 HIGHEST PERCENTAGE OF ERRORS WITHIN HIS TYPE CATEGORY.
 USED IN MARS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 06178 Name: ERROR-1 Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ERROR CODE ONE
 - THIS FIELD CONTAINS THE EXCEPTION CODE THAT OCCURED THE MOST
 TO A PROVIDERS CLAIMS. USED IN MARS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06179 Name: ERROR-2 Version: Subsystem: MARS
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: ERROR CODE TWO
THIS FIELD CONTAINS THE EXCEPTION CODE THAT OCCURED THE MOST
TO A PROVIDERS CLAIMS. USED IN MARS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 06180 Name: ERROR-3 Version: Subsystem: MARS
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: ERROR CODE THREE
THIS FIELD CONTAINS THE EXCEPTION CODE THAT OCCURED THE MOST
TO A PROVIDERS CLAIMS. USED IN MARS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06181 Name: DENIED-CLMS Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DENIED CLAIMS. CLAIMS WITH A STATUS CODE OF DENIED (P) OR
 RETURNED (R).

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	0		S9(7)

DataElement ID: 06182 Name: ERROR-4 Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ERROR CODE FOUR
 THIS FIELD CONTAINS THE EXCEPTION CODE THAT OCCURED THE MOST
 TO A PROVIDERS CLAIMS. USED IN MARS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06183 Name: CLMS-RECVD Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CLAIMS RECEIVED. CLAIMS RECEIVED FOR PROCESSING DURING THE
 CURRENT MARS CYCLE MONTH. ENTRY DATE MUST BE GREATER THAN THE
 LAST CLAIM PAYMENT DATE OF LAST CYCLE. THESE CAN BE SUSPENDED
 DENIED, AND PAID CLAIMS.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3	Numeric Comp-3		7	0		S9(7)
9		G	Group		0	0		

DataElement ID: 06184 Name: CLMS-PROCESSED Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CLAIMS PROCESSED
 THE NUMBER OF CLAIMS PROCESSED IS EQUAL TO THE NUMBER OF
 CLAIMS ADJUDICATED + THE NUMBER OF CLAIMS SUSPENDED FOR A GIVEN
 PERIOD OF TIME.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3	Numeric Comp-3		7	0		S9(7)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06185 Name: PAPER-CLAIMS Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PAPER CLAIMS
 THIS FIELD IS USED IN THE PROV-COUNTY-SUM-REC (16304).
 IT IS A TOTAL NUMBER OF PAPER CLAIMS FOR A GIVEN PROVIDERS

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		11	0		S9(11)

DataElement ID: 06186 Name: EMS-CLAIMS Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: EMS CLAIMS
 THIS FIELD IS USED IN THE PROV-COUNTY-SUM-REC (16304). IT IS
 A TOTAL NUMBER OF EMS CLAIMS FOR A GIVEN PROVIDER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		11	0		S9(11)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06187 Name: ERROR-5 Version: Subsystem: MARS
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: ERROR CODE FIVE
THIS FIELD CONTAINS THE EXCEPTION CODE THAT OCCURED THE MOST
TO A PROVIDERS CLAIMS. USED IN MARS.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 06188 Name: ERROR-PCT-1 Version: Subsystem: MARS
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: ERROR CODE PERCENTAGE ONE
THIS FIELD CONTAINS THE PERCENTAGE THAT AN ERROR CODE OCCURED
TO A PROVIDERS TOTAL CLAIMS. USED IN MARS.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06189 Name: ERROR-PCT-2 Version: Subsystem: MARS
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: ERROR CODE PERCENTAGE TWO
THIS FIELD CONTAINS THE PERCENTAGE THAT AN ERROR CODE OCCURED
TO A PROVIDERS TOTAL CLAIMS. USED IN MARS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 06190 Name: ERROR-PCT-3 Version: Subsystem: MARS
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: ERROR CODE PERCENTAGE THREE
THIS FIELD CONTAINS THE PERCENTAGE THAT AN ERROR CODE OCCURED
TO A PROVIDERS TOTAL CLAIMS. USED IN MARS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06191 Name: 3RD-PTY-CLMS Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIRD PARTY CLAIMS. THE NUMBER OF CLAIMS WITH THIRD PARTY
 - PAYMENT AMOUNT NON-ZERO.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	0		S9(7)
6	N3	Numeric Comp-3		11	0		S9(11)

DataElement ID: 06192 Name: PAGE4-AMT Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PAGE4-AMT,
 PAGE 4 AMOUNT - USED TO PRODUCE THE HCFA 64.9 WORKSHEET PAGE 4.
 THIS FIELD OCCURS 4 TIMES TO CONTAIN THE FOLLOWING AMOUNTS --
 DOCUMENTED REDUCTIONS
 CLAIMS DENIED IN FULL
 FRAUD AND ABUSE
 MEDICARE TITLE XVIII

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise Data Element List

DataElement ID: 06193 Name: PAGE5-AMT Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PAGE5-AMT,
 PAGE 5 AMOUNT - USED TO PRODUCE PAGE 5 OF THE HCFA 64.9 WORKSHEET.
 THIS FIELD OCCURS 5 TIMES TO CONTAIN THE FOLLOWING AMOUNTS--
 MEDICARE TITLE XVIII
 HEALTH INSURANCE
 CASUALTY INSURANCE
 PATERNITY
 OTHER THIRD PARTY COLLECTIONS

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		13	2		S9(11)V99

DataElement ID: 06194 Name: MARS-FUND-AMT Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MARS-FUND-AMT,
 MARS FUND AMOUNT - USED TO PRODUCE THE HCFA 64.9 WORKSHEET, THIS
 FIELD CONTAINS THE AMOUNT FOR THE FUND OR INDICATES TO WHICH FUND
 THE AMOUNT BELONGS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06195 Name: ERROR-PCT-4 Version: Subsystem: MARS
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: - ERROR CODE PERCENTAGE FOUR
THIS FIELD CONTAINS THE PERCENTAGE THAT AN ERROR CODE OCCURED
TO A PROVIDERS TOTAL CLAIMS. USED IN MARS.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 06196 Name: ERROR-PCT-5 Version: Subsystem: MARS
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: ERROR CODE PERCENTAGE FIVE
THIS FIELD CONTAINS THE PERCENTAGE THAT AN ERROR CODE OCCURED
TO A PROVIDERS TOTAL CLAIMS. USED IN MARS.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Report:ND-001

Iowa Medicaid Enterprise

ND-Workbench

Data Element List

DataElement ID: 06197 Name: PCT-DENIED-CLMS Version: Subsystem: MARS
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: PERCENTAGE DENIED CLAIMS
THIS FIELD CONTAINS THE PERCENTAGE OF DENIED CLAIMS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 06198 Name: NUM-PRESC-CODE Version: Subsystem: MARS
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: NUMBER OF PRESCRIPTIONS WITHIN A DRUG CLASS
NUMBER OF PRESCRIPTIONS WITHIN A DRUG CLASS.
USED IN DRUG REPORTING.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06201 Name: PD-CLMS Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PAID CLAIMS. THOSE CLAIMS WITH A STATUS
 OF PAID (N).

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	0		S9(07)
5	N3	Numeric Comp-3		9	0		S9(09)
6	N3	Numeric Comp-3		11	0		S9(11)
7	N3	Numeric Comp-3		3	0		S9(03)

DataElement ID: 06202 Name: NH-PD-CLMS Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD IS A COUNTER FOR NURSING HOME CLAIMS. IT IS USED
 TO REPORT COST AVOIDANCE SUMMARY INFORMATION ON THE QUARTERLY
 TPL COLLECTION REPORT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	0		S9(07)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06203 Name: MCARE-CLMS Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD IS A COUNTER FOR MEDICARE DENIED CLAIMS. IT IS USED
 TO REPORT COST AVOIDANCE SUMMARY INFORMATION ON THE QUARTERLY
 TPL COLLECTION REPORT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7		0	S9(07)

DataElement ID: 06204 Name: TPL-CLMS Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD IS A COUNTER FOR TPL COVERED CLAIMS. IT IS USED
 TO REPORT COST AVOIDANCE SUMMARY INFORMATION ON THE QUARTERLY
 TPL COLLECTION REPORT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7		0	S9(07)

Iowa Medicaid Enterprise Data Element List

DataElement ID: 06205 Name: NH-PMT-AMOUNT Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD IS A TOTAL AMOUNT FOR THIRD PARTY PAYMENT AMOUNTS AND
 RECIPIENT COPAYMENT AMOUNTS ON NURSING HOME CLAIMS. THIS FIELD IS
 USED TO REPORT COST AVOIDANCE DATA ON THE QUARTERLY TPL COLLECTION
 REPORT.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3		Numeric Comp-3		13	2		S9(11)V99

DataElement ID: 06206 Name: MCARE-DENIED-AMT Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD IS A TOTAL AMOUNT FOR MEDICARE DENIED AMOUNTS. THIS
 FIELD IS USED TO REPORT COST AVOIDANCE DATA ON THE QUARTERLY
 TPL COLLECTION REPORT.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3		Numeric Comp-3		13	2		S9(11)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06207 Name: TPL-COVERED-AMT Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD IS A TOTAL AMOUNT FOR TPL COVERED AMOUNTS. THIS
 FIELD IS USED TO REPORT COST AVOIDANCE DATA ON THE QUARTERLY
 TPL COLLECTION REPORT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		13	2		S9(11)V99

DataElement ID: 06210 Name: FED-FUND-PCT Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: FED FUND PCT
 FEDERAL FUNDING PERCENTAGE. THE RATE AT WHICH THE FEDERAL
 GOVERNMENT FUNDS MEDICAID. USED TO CALCULATE THE STATE AND
 COUNTY SHARE OF SUPPORT FOR MEDICAID.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		0	4		9V9999
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06211 Name: COST-SETTLE-REQ-ID Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: COST SETTLEMENT REPORT REQUESTOR-ID

USER KEYS IN A REQUESTOR-ID THROUGH ON-LINE REPORT REQUEST APPLICATION AND IT IS STORED IN THIS FIELD ON THE COST PARAMETER FILE RECORD AS A REQUEST. THE RECORD REQUESTS GET RETRIEVED THROUGH A BATCH SYSTEM, ONCE A DAY AND PROCESSED. THE REQUESTOR-ID IS PRINTED ON THE REPORT - AS IT IS GENERATED, IN THE HEADER SECTION OF THE REPORT. THIS IDENTIFIES THE RECIEVER WHEN THE REPORT GETS PRINTED.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric			0	0		XXX

DataElement ID: 06212 Name: COST-SETTLE-RPT-IND Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: COST SETTLEMENT REPORT INDICATOR.

COST SETTLEMENT REPORT INDICATOR SPECIFIES WHETHER THE REQUESTOR WANTS A DETAIL REPORT, SUMMARY REPORT OR BOTH. THE FIELD IS ENTERED BY THE USER VIA ONLINE APPLICATION REPORT REQUEST AND PASSED TO THE BATCH REPORTING SYSTEM THRU THE COST SETTLEMENT PARAMETER.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric			1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06213 Name: COST-SETTLE-RPT-TYPE Version: Subsystem: MARS
 Created By: SYSTEM Last Updated By: T474100 Release:
 Created On: 8/25/2004 Last Updated On: 2/14/2007

Description: COST SETTLEMENT REPORT TYPE.
 COST SETTLEMENT REPORT TYPE SPECIFIES WHICH REPORT THE REQUESTOR WANTS PRINTED, THERE ARE SEVERAL POSSIBLE. THE FIELD IS ENTERED BY THE USER VIA ONLINE APPLICATION REPORT REQUEST AND PASSED TO THE BATCH REPORTING SYSTEM THRU THE COST SETTLEMENT PARAMETER FILE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			2	0		X(02)
2	N	Numeric			2	0		9(02)

DataElement ID: 06214 Name: COST-SETTLE-RPT-SEQ Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: COST SETTLEMENT REPORT SEQUENCE
 COST SETTLEMENT REPORT SEQUENCE SPECIFIES THE ORDER THE REQUESTOR WANTS RPT PRINTED, BY SERVICE DATE OR PAID DATE. THE FIELD IS ENTERED BY THE USER VIA ONLINE APPLICATION REPORT REQUEST AND PASSED TO THE BATCH REPORTING SYSTEM THRU THE COST SETTLEMENT PARAMETER FILE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06215 Name: COST-SETTLE-REBASE Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: COST SETTLEMENT REBASE FLAG.
 COST SETTLEMENT REBASE FLAG SPECIFIES WHICH SEGMENT OF CODE TO
 PROCESS. THE FIELD IS ENTERED BY THE USER VIA ONLINE APPLICATION
 AND PASSED TO THE BATCH REPORTING SYSTEM THRU THE COST SETTLEMENT
 PARAMETER FILE.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1	0		X(01)

DataElement ID: 06221 Name: PROV-ENROL Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: AN UNDUPLICATED COUNT OF THE NUMBER OF PROVIDERS ENROLLED IN
 MEDICAID TO PERFORM MEDICAL SERVICES.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3			N3	Numeric Comp-3		5	0		S9(5)
4			N3	Numeric Comp-3		7	0		S9(7)

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 06222      Name:  PROV-ENROL-FLAG      Version:      Subsystem: MARS
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: A CODE DESIGNATING IF A PROVIDER IS ENROLLED TO GIVE SERVICE. IT
              IS USED FOR COUNTING PROVIDERS.
              VALUES ARE:
              0 - NOT ENROLLED
              1 - ENROLLED
    
```

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N		Numeric		1	0		9(1)

```

DataElement ID: 06224      Name:  SVC-IND      Version:      Subsystem: MARS
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: CATEGORY OF SERVICE INDICATOR
    
```

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N		Numeric		1	0		9(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06225 Name: QTR-IND Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: QUARTER INDICATOR - GROUP LEVEL WHICH WILL INDICATE THE QUARTER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 06226 Name: PROV-PART Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDERS PARTICIPATING.
 AN UNDUPLICATED COUNT OF THOSE PROVIDERS RENDERING SERVICE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(5)
4	N3	Numeric Comp-3		7	0		S9(7)

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 06227      Name:  PROV-PART-FLAG      Version:      Subsystem: MARS
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description:  A FLAG WHICH INDICATES THAT A PROVIDER RENDERED ONE OR MORE
SERVICES DURING AN INDICATED PERIOD. THE FLAG IS USED FOR
COUNTING.
VALUES ARE:
0 - DID NOT PARTICIPATE      -
1 - DID PARTICIPATE
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		1	0		9(1)

```

DataElement ID: 06235      Name:  CLMS-DENIED-TPL      Version:      Subsystem: MARS
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description:  CLAIMS DENIED FOR TPL - THIS FIELD CONTAINS THE NUMBER OF CLAIMS
DENIED FOR TPL REASON.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	0		S9(9)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06236 Name: DENIED-DOLLARS-TPL Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DENIED DOLLARS TPL - THIS FIELD CONTAINS THE SUM OF MONEY
 THAT WAS DENIED FOR TPL REASON.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		13	2		S9(11)V99

DataElement ID: 06243 Name: PROV-DATA Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER DATA. A GROUP NAME FOR DATA RELATING TO PROVIDERS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06245 Name: RECIP-DAYS-DISC-FED Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RECIPIENT OR DAYS OR DISCHARGE COUNT IN FEDERAL FISCAL YEAR.
 A MULTIPURPOSE DATA ELEMENT WHICH HOLDS EITHER RECIPIENTS SERVED
 OR DAYS OR DISCHARGES DURING THE FEDERAL FISCAL YEAR.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	0		S9(9)

DataElement ID: 06246 Name: RECIP-ELIG-FULL Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: - RECIPIENT ELIGIBILITY FULL IS USED TO COUNT THE NUMBER OF
 RECIPIENTS ELIGIBILE FOR FULL BENEFITS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	0		S9(7)

Report:ND-001

Iowa Medicaid Enterprise

Data Element List

ND-Workbench

DataElement ID: 06247 Name: MONTHS-ELIG Version: Subsystem: MARS
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: MONTHS ELIGIBLE FOR FULL BENEFITS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N3	Numeric Comp-3		9	0		S9(9)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06250 Name: RECIP-2082-RPT-CD Version: Subsystem: MARS
Created By: SYSTEM Last Updated By: T474163 Release:
Created On: 8/25/2004 Last Updated On: 3/2/2010

Description: RECIPIENT 2082 REPORT CODE
THIS FIELD CONTAINS THE RECIPIENT 2082
ELIGIBILITY REPORT CODE. IT IS A TWO
POSITION CODE FIELD USED TO DETERMINE THE
MAINTENANCE ASSISTANCE STATUS AND THE FEDERAL
AID CATEGORY FOR USE IN MAR. FOR RECIPIENT
ELIGIBILITY SPANS WHICH PRECEED IMPLEMENTATION
BY 24 MONTH (BEFORE 7/1/95) THE 2082 CODE WILL
BE IN THE OLD FORMAT LISTED BELOW IN THE SECOND
BYTE OF THE 2 BYTE FIELD.

- A AGED-RECVG-ASST AGED ASST AGED RECEIVING ASSISTANCE
- B BLIND-RECVG-ASST BLIND ASST BLIND RECEIVING ASSISTANCE
- C DISABLED-RECVG-ASST DSBLD ASST DISABLED RECEIVING ASSISTANCE
- D ADC-CHILD-RECVG-ASST CHILD ASST ADC CHILD RECEIVING ASSISTANCE
- E ADC-ADULT-RECVG-ASST ADULT ASST ADC ADULT RECEIVING ASSISTANCE
- F AGED-NEEDY-NO-ASST AGED NOAST AGED NEEDY RECEIVING NO ASSIST
- G BLIND-NO-ASST BLND NOAST BLIND RECEIVING NO ASSIST
- H DISABLED-NO-ASST DSBD NOAST DISALBED RECEIVING NO ASSIST
- I ADC-CHILD-NO-ASST CHLD NOAST ADC CHILD RECEIVING NO ASSIST
- J ADC-ADULT-NO-ASST ADLT NOAST ADC ADULT RECEIVING NO ASSIST
- K OTHER-UNDR21-NO-ASST UN21 NOAST OTHR UNDR 21 RECEIVE NO ASSIST
- L AGED-MED-NEEDY AGE MEDNDY AGED MEDICALLY NEEDY
- M BLIND-MED-NEEDY BLD MEDNDY BLIND MEDICALLY NEEDY
- N DISABLED-MED-NEEDY DSBLD MNDY DISABLED MEDICALLY NEEDY
- O ADC-CHILD-MED-NEEDY CHLD MDNDY ADC CHILD MEDICALLY NEEDY
- P ADC-ADULT-MED-NEEDY ADLT MDNDY ADC ADULT MEDICALLY NEEDY
- Q OTHER-MED-NEEDY OTH MEDNDY OTHER MEDICALLY NEEDY
- R R-2082-CODE R 2082 CD R 2082 CODE
- S S-2082-CODE S 2082 CD S 2082 CODE
- T T-2082-CODE T 2082 CD T 2082 CODE
- U U-2082-CODE U 2082 CD U 2082 CODE
- V V-2082-CODE V 2082 CD V 2082 CODE
- W W-2082-CODE W 2082 CD W 2082 CODE
- X UNDEFINED UNDEFINED UNDEFINED
- Y Y-2082-CODE Y 2082 CD Y 2082 CODE
- Z Z-2082-CODE Z 2082 CD Z 2082 CODE
- 1 1-2082-CODE 1 2082 CD 1 2082 CODE

Iowa Medicaid Enterprise

Data Element List

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		2	0		X(02)

DataElement ID: 06251 Name: RECIP-ELIG Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: AN UNDUPLICATED COUNT OF RECIPIENTS WHO ARE ELGIIBLE FOR MEDICAL SERVICES. DETERMINED FORM THE RECIPIENT MASTER FILE BY A RECIPIENT'S ELIGIBILITY DATES.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	0		S9(7)
4	N3	Numeric Comp-3		9	0		S9(09)
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06252 Name: RECIP-ELIG-FLAG Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: A CODE USED IN COUNTING ELIGIBLE RECIPIENTS.
 VALUES ARE:
 0 - NOT ELIGIBLE
 1 - ELIGIBLE

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N		Numeric		1		0	9(1)

DataElement ID: 06253 Name: RECIP-PART-MED-NEEDY Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF PARTICIPATING RECIPIENTS WHO ARE MEDICALLY NEEDY.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3		Numeric Comp-3		7		0	S9(7)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06254 Name: RECIP-PART Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: AN UNDUPLICATED COUNT OF RECIPIENTS WHO PARTICIPATED IN THE
 MEDICAID PROGRAM. THESE RECIPIENTS HAD AT LEAST ONE CLAIM,
 CREDIT, OR ADJUSTMENT PAID ON THEIR BEHALF.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	0		S9(7)
4	N3	Numeric Comp-3		5	0		S9(5)
5	N3	Numeric Comp-3		9	0		S9(09)

DataElement ID: 06255 Name: RECIP-PART-FLAG Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: A CODE USED IN COUNTING RECIPIENTS PARTICIPATING.
 VALUES ARE:
 0 - DID NOT PARTICIPATE
 1 - DID PARTICIPATE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		1	0		9(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06256 Name: MEMBER-NUMBER-FLAG Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FLAG IS SET BASED ON THE RECIPIENTS CURRENT MEMBER NUMBER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 06257 Name: RECIPI-ELIG-LY Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RECIPIENTS ELIGIBLE LAST YEAR
 THIS IS AN UNDUPLICATED COUNT OF RECIPIENTS WHO WERE ELIGIBLE
 FOR SERVICES, THE SAME MONTH LAST YEAR.

3	N3	Numeric Comp-3		7	0		S9(07)
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06258 Name: HLTH-INSUR-PLAN Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HEALTH INSURANCE PLAN.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 06259 Name: HMO-PREMIUM Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HMO PREMIUM - THIS IS THE PREMIUM PAID TO HMO'S MONTHLY FOR
 RECIPIENTS WHO PARTICIPATE IN THE PLAN.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06260 Name: RECIP-PART-LY Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RECIPIENTS PARTICIPATING LAST YEAR
 THIS IS AN UNDUPLICATED COUNT OF RECIPIENTS WHO PARTICIPATED
 - IN MEDICAID, THE SAME MONTH LAST YEAR.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7		0	S9(07)

DataElement ID: 06261 Name: OVERALL-RECIP Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: OVERALL RECIPIENT TOTALS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0		0	

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06262 Name: CAPITATION Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CAPITATION - THESE ARE PAYMENTS MADE TO THE PROVIDER
 ON BEHALF OF RECIPIENTS WHO ARE PARTICIPATING IN THE PLAN.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 06263 Name: MEDICARE-PREM Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDICARE PREMIUM - THIS IS THE AMOUNT PAID BY MEDICAID TO
 MEDICARE FOR PART B SERVICES.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		11	2		S9(9)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06264 Name: HLTH-INSUR-PREM Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HEALTH INSURANCE PREMIUM - THIS IS PAYMENT BY THIRD PARTY.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3	Numeric Comp-3		11			S9(9)V99

DataElement ID: 06265 Name: HMO-PREMIUM-AMT Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HMO PREMIUM AMOUNT - THIS IS THE AMOUNT MADE TO HMO PROVIDERS
 ON BEHALF OF RECIPIENTS WHO ARE PARTICIPATING IN THE PLAN.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3	Numeric Comp-3		11			S9(09)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06267 Name: CAPITATION-PMT Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CAPITATION PAYMENT - THIS IS THE AMOUNT MADE TO HMO PROVIDERS
 ON BEHALF OF RECIPIENTS WHO ARE PARTICIPATING IN THE PLAN.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		11	2		S9(09)V99

DataElement ID: 06268 Name: TOTAL-VISITS Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TOTAL VISITS - THIS THE TOTAL AMOUNT OF VISITS MADE BY
 RECIPIENTS FOR PROVIDER CARE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	0		S9(9)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06269 Name: COST-PER-VISIT Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: COST PER VISIT - THIS IS THE PAYMENT AMOUNT PAID PER VISIT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		15	2		S9(13)V99

DataElement ID: 06270 Name: AID-INDIC Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: - AID-INDICATOR - THIS FIELD INDICATES THE AID CATEGORY
 BREAKDOWNS IN MARS REPORTING.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		1	0		9(1)

DataElement ID: 06271 Name: RESOURCES Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RESOURCES - THESE ARE PAYMENTS FROM OTHER SOURCES.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06272 Name: DAYS-BTCH-TO-ADJ Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD IS THE NUMBER OF DAYS FROM BATCH DATE TO DATE OF
 ADJUDICATION.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	0		S9(09)

DataElement ID: 06273 Name: XOVER-PAYMENTS Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CROSSOVER PAYMENTS - THESE ARE PAYMENTS PAID BY MEDICARE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		13	2		S9(11)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06274 Name: XOVER-DATA Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: XOVER-DATA
 THIS FIELD IS USED AS A GROUP LEVEL IN RECORDS CONTAINING
 CROSSOVER PAYMENTS AND CLAIMS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 06275 Name: RECIP-OVER-65 Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: AN UNDUPLICATED COUNT OF THOSE RECIPIENTS OVER AGE 65. DETERMINED
 FROM THE RECIPIENT MASTER FILE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	0		S9(7)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06276 Name: RECIP-NOT-ACCRET Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: AN UNDUPLICATED COUNT OF RECIPIENTS (OVER AGE 65) ELIGIBLE FOR
 MEDICARE PART B BUT ACCRETION HAS NOT BEEN COMPLETED. THIS IS
 DETERMINED FROM THE RECIPIENT MASTER FILE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		1	0		9(1)
3	N3	Numeric Comp-3		7	0		S9(7)

DataElement ID: 06277 Name: RECIP-INELIG-PART-A Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: AN UNDUPLICATED COUNT OF RECIPIENTS WHO ARE OVER 65 BUT NOT ON
 MEDICARE PART A. THIS IS ALWAYS EQUAL TO ZERO.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		1	0		9(1)
3	N3	Numeric Comp-3		7	0		S9(7)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06278 Name: RECIP-BOUGHT-IN-A Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: COUNT OF RECIPIENTS BOUGHT IN FOR PART A MEDICARE. THE RECIPIENT
 HAS A BUY IN PREMIUM AMOUNT PAID AS SHOWN ON THE RECIPIENT
 ELIGIBILITY FILE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		1	0		9(01)
3	N3	Numeric Comp-3		7	0		S9(07)

DataElement ID: 06279 Name: RECIP-BOUGHT-IN-B Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: COUNT OF RECIPIENTS BOUGHT-IN FOR PART B MEDICARE. THE RECIPIENT
 HAS A BUY-IN PREMIUM AMOUNT APID AS SHOWN ON THE RECIPIENT
 ELIGIBILITY FILE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		1	0		9(1)
3	N3	Numeric Comp-3		7	0		S9(7)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06280 Name: GROUPA Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: GROUPA - THIS FIELD IS USED AS A MISCELLANEOUS GROUP FIELD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 06281 Name: GROUPB Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: GROUPB - THIS FIELD IS USED AS A MISCELLANEOUS GROUP FIELD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 06282 Name: GROUPC Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: GROUPC - THIS FIELD IS USED AS A MISCELLANEOUS GROUP FIELD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06283 Name: GROUP Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: GROUP - THIS FIELD IS USED AS A MISCELLANEOUS GROUP FIELD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 06284 Name: HGCARE-RECIP-PART Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HOSP GEN CARE RECIP PART FLAG
 THIS FIELD ON THE MARS RECIPIENT YTD FILE
 INDICATES IF THE RECIPIENT RECIEVED A PAID
 HOSPITAL GENERAL CARE CLAIM IN THE MARS
 REPORTING MONTH.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		1	0		9(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06285 Name: UNDER-TWENTY-ONE-IND Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: UNDER TWENTY ONE IND
 THE UNDER TWENTY-ONE INDICATOR IS TURNED ON FOR RECIPIENTS
 UNDER THE AGE OF TWENTY-ONE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		1	0		9(1)

DataElement ID: 06286 Name: SMA-GRPD-RECIP-PART Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SMA GROUP RECIP PART FLAG
 - THIS FIELD ON THE MARS RECIPIENT YTD FILE
 INDICATES IF RECIPIENT RECEIVED A SERVICE
 IN EACH OF THE FOUR GROUPS REPORTED ON THE
 STATE MEDICAL ASSISTANCE REPORT-SECTION D
 IN THE MARS REPORTING MONTH.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		1	0		9(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06287 Name: RECIP-DATA Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DATA RELATING TO RECIPIENTS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 06288 Name: RECIP-COINS-PART Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RECIP COINSURANCE PART FLAG
 THIS FIELD ON THE MARS RECIPIENT YTD FILE
 INDICATES IF RECIPIENT HAS HAD A CLAIM PAID
 IN THE MARS REPORTING MONTH WHERE THE RECIPIENT
 CLAIM CONTAINED A COINSURANCE AMOUNT.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		1	0		9(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06289	Name: RECIP-DED-PART	Version:	Subsystem: MARS
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		

Description: RECIP DEDUCTIBLE PART FLAG
 THIS FIELD ON THE MARS RECIPIENT YTD FILE
 INDICATES IF RECIPIENT HAS HAD A CLAIM PAID
 IN THE MARS REPORTING MONTH WHERE THE RECIPIENT
 CLAIM CONTAINED A DEDUCTIBLE AMOUNT.,

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N		Numeric		1	0		9(01)

DataElement ID: 06311	Name: RPT-NUM	Version:	Subsystem: MARS
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		

Description: THE USER ASSIGNED REPORT NUMBER. THE UNIQUE IDENTIFIER FOR A
 GIVEN REPORT. IT IS THE LAST 3 POSITIONS OF THE REPORT ID.
 THIS IS USED IN SUR REPORTING.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		3	0		X(3)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06312 Name: RPT-FAMILY Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: A CODE FOR A FAMILY OF REPORTS. THESE REPORTS ARE RELATED BY
 GENERAL SEQUENCE AND MASTER FILES ACCESSED. THIS IS USED IN
 SUR REPORTING.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 06330 Name: YTD-KEY Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: - YEAR-TO-DATE KEY - CONTAINS THE KEY FIELDS IN THE YTD FILES
 IN MARS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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9	G	Group		0	0		
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06339 Name: VARIABLE-FIELD Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: A GROUP NAME FOR A VARIABLE FIELD DEFINITION.
 THIS IS USED FOR SUR REPORTING.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 06340 Name: RPT-PARAM-TYPE-CD Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SUR PARAM TYPE
 SUR REPORT PARAMETER TYPE CODE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Report:ND-001

Iowa Medicaid Enterprise

Data Element List

ND-Workbench

DataElement ID: 06342 Name: RPT-LIST-FLAG Version: Subsystem: MARS
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: SUR LISTING FLAG
SUR REPORT LISTING FLAG

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 06343 Name: DELETE-CD Version: Subsystem: MARS
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: SUR DELETION CODE
SUR DELETION CODE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06344	Name: COND-EXIT-KEY	Version:	Subsystem: MARS
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: SUR EXIT KEY			
SUR CONDITION EXIT KEY			

Variant ID	Data	Type Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 06345	Name: NUM-MOS-SINCE-BEG	Version:	Subsystem: MARS
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: NUMBER OF MONTHS SINCE BEGINNING OF MARS PRODUCTION			

Variant ID	Data	Type Description	Signed	Length	Precision	DefaultValue	Picture
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1	X	AlphaNumeric		2	0		X(2)
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Report:ND-001

Iowa Medicaid Enterprise

ND-Workbench

Data Element List

DataElement ID: 06346 Name: COND-EXIT-DATA Version: Subsystem: MARS
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: SUR EXIT DATA
SUR CONDITION EXIT DATA

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 06351 Name: SORT-FIELDS Version: Subsystem: MARS
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: A GROUP NAME FOR SORT FIELDS USED IN DETAIL REPORT -
GENERATION.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06352 Name: SORT-FIELD Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SORT FIELD
 HOLDS VALUES THAT WILL BE USED FOR EXTERNAL SORTING.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	X		AlphaNumeric		17	0		X(17)
5	X		AlphaNumeric		10	0		X(10)
9	G		Group		0	0		

DataElement ID: 06354 Name: YTD-TOTALS Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: YEAR TO DATE TOTALS - CONTAINS CURRENT YEAR TO DATE TOTALS

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06355 Name: LYTD-TOTALS Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LAST YEAR TO DATE TOTALS - CONTAIN LAST YEAR'S YTD TOTALS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 06379 Name: FIRST-PAY-DATE-SELCT Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: IN A PROVIDER SELECTION PARAMETER, THIS FIELD WILL CONTAIN THE
 EARLIEST PAYMENT DATE TO BE USED IN SELECTING CLAIM RECORDS TO
 PRINT ON A COST SETTLEMENT DETAIL REPORT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06380 Name: LAST-PAY-DATE-SELCT Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: IN A PROVIDER SELECTION PARAMETER, THIS FIELD WILL CONTAIN THE
 LATEST PAYMENT DATE TO BE USED IN SELECTING CLAIM RECORDS TO
 PRINT ON A COST SETTLEMENT DETAIL REPORT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 06381 Name: BENEFITS Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: BENEFIT OCCURRENCES FOR THE BENEFIT USAGE REPORT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06386 Name: FIRST-SVC-DATE-SELCT Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS ELEMENT CONTAINS THE EARLIEST SERVICE DATE TO BE USED IN
 SELECTING CLAIM RECORDS TO PRINT ON A COST SETTLEMENT DETAIL
 REPORT.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0	0		

DataElement ID: 06387 Name: LAST-SVC-DATE-SELCT Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS ELEMENT CONTAINS THE LATEST SERVICE DATE TO BE USED IN
 - SELECTING CLAIM RECORDS TO PRINT ON A COST SETTLEMENT DETAIL
 REPORT.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06391 Name: REC-KEY Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE SEQUENTIAL KEY OF A RECORD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 06392 Name: REC-DATA Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE DATA PORTION OF A RECORD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
7	G	Group		0	0		
8	G	Group		0	0		
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06393 Name: REC-CODE Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: A UNIQUE CODE ASSIGNED TO A RECORD IN A FILE TO IDENTIFY THAT
 RECORD WITHIN A GIVEN FILE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 06402 Name: QUARTERLY-DATA Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: GROUP LEVEL RELATING TO QUARTERLY HMO DATA FOR HCFA 2082 K(3).

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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9	G	Group		0	0		
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DataElement ID: 06407 Name: DATE-CREATED Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE DATE THE FILE WAS CREATED. FORMAT MMDDYY.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06410 Name: SVC-CAT-RPT-CLS Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SERVICE CATEGORY REPORTING CLASS
 THE REPORTING CLASSIFICATION USED BY THE MARS SERVICE EXPENDITURE
 REPORT (WYMM4150-R001). THE REPORT CLASS IS BASED ON THE
 COMBINATION OF PROVIDER CATEGORY OF SERVICE, BUDGET CODE, OBJECT
 AND SUB-OBJECT.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			2	0		X(02)

DataElement ID: 06412 Name: SVC-CAT-AGE-GRP-DATA Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SERVICE CATEGORY AGE GROUP DATA
 THE SERVICE CATEGORY AGE GROUP DATA IS A GROUP LEVEL ITEM
 CONTAINING CLAIM AND EXPENDITURE SUMMARY DATA FOR AGES 21
 AND OVER AND AGES LESS THAN 21.,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group			0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06413 Name: SVC-TYPE-IND Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SERVICE TYPE INDICATOR
 THIS INDICATOR HOLDS VALUES FOR SERVICE TYPE STATUS FOR RECIPIENTS
 -

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 06501 Name: M2082-TEST-INDICATOR Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDSTAT FIELD INDICATING WHERE A TAPE IS A PRODUCTION OR
 A TEST TAPE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

```

DataElement ID: 06502      Name:  M2082-TYPE-OF-SVC98      Version:
Created By:  Initial Sy    Last Updated By: T474070      Release:
Created On:   8/25/2004    Last Updated On:   6/24/2005
Description:  MSIS 2082 TYPE OF SERVICE FSY98
              THIS FIELD CONTAINS A TWO DIGIT CODE
              FOR THE MSIS 2082 TYPE OF SERVICE FIELD.
              FOR FSY97 THE VALID VALUES ARE DIFFERENT.
              SEE DED 06510
    
```

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N		Numeric		2	0		9(02)

```

DataElement ID: 06503      Name:  M2082-STATE-ABBR      Version:
Created By:                Last Updated By:                Release:
Created On:   8/25/2004    Last Updated On:   8/25/2004
Description:  MSIS FIELD CONTAINING STANDARD POST OFFICE OR SSA CODE
    
```

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		2	0		X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06504 Name: M2082-START-DATE Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: M2082 START DATE
 MEDSTAT FIELD CONTAINING START DATE OF QUARTER COVERED BY FILE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
5	N	Numeric		8	0		9(8)

DataElement ID: 06505 Name: M2082-END-DATE Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: M2082 END DATE
 MEDSTAT FIELD CONTAINING END DATE OF QUARTER COVERED BY FILE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
5	N	Numeric		8	0		9(8)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06506 Name: M2082-RECIP-ID Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDSTAT FIELD CONTAINING ORIGINAL RECIPIENT ID PADDED WITH SPACES.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		20	0		X(20)

DataElement ID: 06507 Name: M2082-BIRTH-DATE Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDSTAT FIELD CONTAINING THE RECIPIENT'S BIRTH DATE
 IN MMDDYY FORMAT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		8	0		9(08)

DataElement ID: 06508 Name: M2082-SEX-CODE Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDSTAT FIELD CONTAINING THE RECIPIENT'S SEX CODE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		1	0		9(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06509 Name: M2082-COVER-TYPE Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDSTAT FIELD CONTAINING THE TYPE OF COVERAGE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		1	0		9(01)

DataElement ID: 06510 Name: M2082-TYPE-OF-SVC Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDSTAT FIELD CONTAINING THE TYPE OF SERVICE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		2	0		9(02)

DataElement ID: 06511 Name: M2082-CLAIM-TYPE Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDSTAT FIELD CONTAINING THE TYPE OF CLAIM

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		1	0		9(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06512 Name: M2082-AMT-PAID Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: M2082 AMOUNT PAID
 MEDSTAT FIELD INDICATING THE AMOUNT PAID

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		6	0		S9(06)
5	N	Numeric		8	0		S9(08)

DataElement ID: 06513 Name: M2082-AMT-CHARGED Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: M2082 AMOUNT CHARGED
 MEDSTAT FIELD CONTAINING THE AMOUNT CHARGED

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		6	0		S9(06)
5	N	Numeric		8	0		S9(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06514 Name: M2082-OTP-PAYMENT Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDSTAT FIELD CONTAINING THE OTHER THIRD PARTY PAYMENT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		6	0		S9(06)

DataElement ID: 06515 Name: M2082-MCARE-DED Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDSTAT FIELD CONTAINING THE MEDICARE DEDUCTIBLE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		5	0		S9(05)

DataElement ID: 06516 Name: M2082-MCARE-COINS Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDSTAT FIELD CONTAINING THE MEDICARE COINSURANCE PAYMENT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06517 Name: M2082-PLACE-OF-SVC Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDSTAT FIELD CONTAINING THE PLACE OF SERVICE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		1	0		9(01)

DataElement ID: 06518 Name: M2082-DISCHARGE-STAT Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDSTAT FIELD CONTAINING THE PATIENT'S DISCHARGE STATUS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		1	0		9(01)

DataElement ID: 06519 Name: M2082-PROC-CAT Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDSTAT FIELD CONTAINING THE PRINCIPLE PROCEDURE CODE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		3	0		9(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06520 Name: M2082-SS-PROC-FLAG Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MSIS FIELD CONTAINING THE STATE SPECIFIC PROC FLAG.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		2	0		9(02)

DataElement ID: 06521 Name: M2082-ACCOM-CHRG Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDSTAT FIELD CONTAINING THE ACCOMMODATION CHARGE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		6	0		S9(06)

DataElement ID: 06522 Name: M2082-ANCIL-CHRG Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDSTAT FIELD CONTAINING THE ANCILLARY CHARGES.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		6	0		S9(06)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06523 Name: M2082-S-CARE-DAYS Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDSTAT FIELD CONTAINING THE SKILLED CARE DAYS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		3	0		S9(03)

DataElement ID: 06524 Name: M2082-I-CARE-DAYS Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDSTAT FIELD CONTAINING THE INTERMEDIATE CARE DAYS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		3	0		S9(03)
5	N	Numeric		5	0		S9(05)

DataElement ID: 06525 Name: M2082-LEAVE-DAYS Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDSTAT FIELD CONTAINING THE LEAVE DAYS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		3	0		S9(03)
5	N	Numeric		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06526 Name: M2082-DENY-REASON Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDSTAT FIELD CONTAINING THE REASON FOR DENIAL OF A CLAIM.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

DataElement ID: 06527 Name: M2082-DENY-DATE Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDSTAT FIELD CONTAINING THE DENIAL DATE IN MMDDYY FORMAT.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture

DataElement ID: 06528 Name: M2082-RECEIPT-DATE Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDSTAT FIELD CONTAINING THE RECEIPT DATE IN MMDDYY FORMAT.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric			6	0		9(06)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06529 Name: M2082-SEC-PROC-CD Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: - MEDSTAT FIELD CONTAINING THE SECONDARY PROCEDURE CODE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		6	0		X(06)

DataElement ID: 06530 Name: M2082-SEC-PROC-FLAG Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MSIS FIELD CONTAINING THE STATE SPECIFIC SECONDARY PROC CODE FLAG.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		2	0		9(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06531 Name: M2082-SEC-PROC-MOD Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDSTAT FIELD CONTAINING THE FILE'S CREATION DATE IN
 MMDDYY FORMAT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		2	0		X(02)

DataElement ID: 06532 Name: M2082-SEC-DIAG-CD Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDSTAT FIELD CONTAINING THE SECONDARY DIAGNOSIS CODE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		5	0		X(05)

DataElement ID: 06533 Name: M2082-MCAID-DAYS Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDSTAT FIELD CONTAINING THE MEDICAID COVERED DAYS.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		4	0		S9(04)
5	N	Numeric		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06534 Name: M2082-DUAL-ELIG Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDSTAT FIELD CONTAINING DUAL ELIGIBILITY INDICATOR.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		1	0		9(01)

DataElement ID: 06535 Name: M2082-DAYS-OF-ELIG Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDSTAT FIELD CONTAINING THE DAYS OF ELIGIBILITY.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		2	0		9(02)

DataElement ID: 06536 Name: M2082-ELIG-GRP Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDSTAT FIELD CONTAINING THE STATE-SPECIFIED ELIGIBILITY GROUP.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		4	0		X(04)
4	X	AlphaNumeric		6	0		X(6)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06537 Name: M2082-MAINT-ASST Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: M2082 MAINTENANCE ASSISTANCE STATUS.
 MEDSTAT FIELD CONTAINING THE MAINTENANCE ASSISTANCE STATUS.,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(1)
2	N		Numeric		1	0		9(01)

DataElement ID: 06538 Name: M2082-ELIG-BASIS Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: M2082 BASIS OF ELIGIBILITY.
 MEDSTAT FIELD CONTAINING THE ELIGIBILITY BASIS (FED AID CAT).,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(1)
2	N		Numeric		1	0		9(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06539 Name: M2082-HLTH-INS Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDSTAT FIELD CONTAINING THE HEALTH INSURANCE COVERAGE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric			1	0		9(01)

DataElement ID: 06540 Name: M2082-HMO-CAP Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NO DESCRIPTION FOUND FOR THIS ELEMENT

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric			3	0		9(03)

DataElement ID: 06541 Name: M2082-EPSDT-FLAG Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDSTAT FIELD CONTAINING THE EPSDT FLAG.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06542 Name: M2082-DATE-OF-DEATH Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDSTAT FIELD CONTAINING THE RECIP DATE OF DEATH.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		8	0		9(08)

DataElement ID: 06543 Name: M2082-RACE-ETHN-CODE Version: Subsystem: MARS
 Created By: SYSTEM Last Updated By: T474074 Release:
 Created On: 8/25/2004 Last Updated On: 6/1/2006
 Description: M2082 RACE CODE
 MEDSTAT FIELD CONTAINING RACE CODE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		1	0		9(01)

DataElement ID: 06544 Name: M2082-COUNTY-CODE Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDSTAT FIELD CONTAINING THE RECIP COUNTY CODE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		3	0		9(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06545 Name: M2082-TYPE-OF-REC Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NO DESCRIPTION FOUND FOR THIS ELEMENT

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		1	0		9(01)

DataElement ID: 06546 Name: M2082-RECIPI-CODES Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDSTAT FIELD CONTAINING VARIOUS RECIPIENT CODES.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 06547 Name: M2082-FISCAL-YR-QTR Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDSTAT FIELD CONTAINING THE FISCAL YEAR QUARTER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		3	0		9(03)
5	N	Numeric		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06548 Name: M2082-FILE-ID Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDSTAT FIELD CONTAINING THE FILE'S RECORD TYPE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		8	0		X(08)

DataElement ID: 06549 Name: M2082-FL-CREATE-DATE Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: M2082 FL CREATE DATE
 MEDSTAT FIELD CONTAINING THE FILE'S CREATION DATE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
5	N	Numeric		8	0		9(8)

DataElement ID: 06550 Name: M2082-PROV-NUMBER Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDSTAT FIELD CONTAINING THE PROVIDER NUMBER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		12	0		X(12)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06551 Name: M2082-PROC-CODE Version: Subsystem: MARS
 Created By: SYSTEM Last Updated By: T474190 Release:
 Created On: 8/25/2004 Last Updated On: 4/25/2013
 Description: MEDSTAT FIELD CONTAINING THE PROC CODE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		6	0		X(06)
4	X		AlphaNumeric		8	0		X(08)
6	X		AlphaNumeric		7	0		X(07)
8	X		AlphaNumeric		8	0		X(08)

DataElement ID: 06552 Name: M2082-ZIP-CODE Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDSTAT FIELD CONTAINING THE RECIP ZIP CODE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		5	0		9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06553 Name: M2082-SSN-INDICATOR Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDSTAT 2082 SSN INDICATOR
 INDICATES WHETHER THE STATE USES ELIGIBLES' SOCIAL SECURITY
 NUMBERS AS MEDSTAT-IDENTIFICATION-NUMBERS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		1	0		9(01)

DataElement ID: 06554 Name: M2082-UNITS-OF-SVC Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: M2082 UNITS OF SERVICE
 MEDSTAT FIELD INDICATING THE UNITS OF SERVICE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		4	0		S9(04)
5	N	Numeric		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 06555      Name: M2082-HMO-ENROLL      Version:      Subsystem: MARS
Created By: Initial Sy      Last Updated By: T474070      Release:
Created On: 8/25/2004      Last Updated On: 6/24/2005
Description: RECIPIENT 2082 HMO ENROLLMENT
              THIS FIELD CONTAINS A THREE DIGIT CODE
              INDICATING WHICH TYPES OF PLANS THE
              RECIPIENT WAS ENROLLED IN DURING THE
              MONTH. NOTE: THIS FIELD IS FOR FSY98
              MSIS FILE GENERATION. FOR FSY97 MSIS
              USES DED 6540 HMO-CAP.
    
```

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N		Numeric		3	0		9(03)

```

DataElement ID: 06556      Name: M2082-DRUG-CODE      Version:      Subsystem: MARS
Created By:                Last Updated By:          Release:
Created On: 8/25/2004      Last Updated On: 8/25/2004
Description: MEDSTAT FIELD INDICATING THE DRUG CODE.
    
```

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		12	0		X(12)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06557 Name: H-ENCTR-GENDER Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HMO ENCOUNTER GENDER

-
 THIS FIELD IS PART OF THE HMO ENCOUNTER RECORD.
 IT IS USED TO INDICATE THE SEX OF THE RECIPIENT
 OF THE HMO SERVICES.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N		Numeric		1	0		9(01)

DataElement ID: 06558 Name: H-ENCTR-HMO-MCAID-NO Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HMO ENCOUNTER SUBMITTING HMO MEDICAID PROVIDER NUMBER
 THIS FIELD IS PART OF THE HMO ENCOUNTER RECORD.
 IT STORES THE IOWA MEDICAID HMO/PHP PROVIDER NUMBER
 ASSIGNED FOR THE COUNTY IN WHICH THE SERVICE WAS PROVIDED.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		8	0		X(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06559 Name: H-ENCTR-RDR-PROV-NUM Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HMO ENCOUNTER RENDERING PROVIDER ID NUMBER
 THIS FIELD IS PART OF THE HMO ENCOUNTER RECORD.
 IT IS USED TO INDICATE THE PROVIDER NUMBER FOR THE
 RENDERING PROVIDER OF THE SERVICE.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		12	0		X(12)

DataElement ID: 06560 Name: H-ENCTR-RDR-PROV-TYP Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HMO ENCOUNTER RENDERING PROVIDER TYPE
 THIS FIELD IS PART OF THE HMO ENCOUNTER RECORD.
 IT IS USED TO INDICATE THE PROVIDER TYPE FOR THE
 RENDERING PROVIDER OF THE SERVICE.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N		Numeric		2	0		9(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06561 Name: H-ENCTR-AMT-CHARGED Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HMO ENCOUNTER AMOUNT CHARGED
 - THIS FIELD IS PART OF THE HMO ENCOUNTER RECORD.
 THIS IS THE TOTAL PROVIDER CHARGE FOR THE SERVICES
 ON THE CLAIM - THE AMOUNT THAT WOULD HAVE BEEN BILLED
 TO THE RECIPIENT IF THEY HAD NO INSURANCE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		7	0		S9(07)

DataElement ID: 06562 Name: H-ENCTR-MCAID-AMT-PD Version: Subsystem: MARS
 Created By: SYSTEM Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 9/13/2010
 Description: HMO ENCOUNTER MEDICAID HMO AMOUNT PAID
 THIS FIELD IS PART OF THE HMO ENCOUNTER RECORD.
 THIS IS THE AMOUNT PAID BY THE MEDICAID HMO ON THIS CLAIM
 OR ADJUSTMENT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N	Numeric		8	0		S9(08)

Iowa Medicaid Enterprise

Data Element List

```

DataElement ID: 06563      Name:  H-ENCTR-OTP-PAYMENT      Version:
Created By:  SYSTEM      Last Updated By:  T474166      Release:
Created On:  8/25/2004      Last Updated On:  9/13/2010
Description:  HMO ENCOUNTER OTHER THIRD PARTY PAYMENT
              THIS FIELD IS PART OF THE HMO ENCOUNTER RECORD.
              THIS IS THE TOTAL AMOUNT PAID BY ALL OTHER THIRD PARTY PAYORS
              OTHER THAN MEDICAID OR MEDICARE.
    
```

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		6	0		S9(06)

```

DataElement ID: 06564      Name:  H-ENCTR-MCRE-DED-PMT      Version:
Created By:  SYSTEM      Last Updated By:  T474166      Release:
Created On:  8/25/2004      Last Updated On:  9/13/2010
Description:
    
```

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N		Numeric		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

```

DataElement ID: 06565      Name:  H-ENCTR-MCRE-COINPMT      Version:
Created By:                Last Updated By:          Release:
Created On:   8/25/2004    Last Updated On:   8/25/2004
Description: HMO ENCOUNTER MEDICARE COINSURANCE PAYMENT
              THIS FIELD IS PART OF THE HMO ENCOUNTER RECORD.
              THIS IS THE TOTAL AMOUNT PAID BY MEDICAID ON THIS CLAIM
              TOWARD THE RECIPIENT'S MEDICARE DEDUCTIBLE.
    
```

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N		Numeric		5	0		S9(05)

```

DataElement ID: 06567      Name:  H-ENCTR-TYPE-COVERGE      Version:
Created By: SYSTEM        Last Updated By: T474166      Release:
Created On:   8/25/2004    Last Updated On:   9/13/2010
Description: HMO ENCOUNTER TYPE OF COVERAGE
              THIS FIELD IS PART OF THE HMO ENCOUNTER RECORD.
              IT IS USED TO INDICATE THAT THIS IS A CLAIM/ADJUSTMENT
              -   FOR A SERVICE COVERED UNDER A CAPITATION PROGRAM.
    
```

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		N		Numeric		1	0		9(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06568 Name: H-ENCTR-TYPE-OF-SERV Version: Subsystem: MARS
 Created By: SYSTEM Last Updated By: T474104 Release:
 Created On: 8/25/2004 Last Updated On: 10/4/2010
 Description: HMO ENCOUNTER TYPE OF SERVICE
 THIS FIELD IS PART OF THE HMO ENCOUNTER RECORD.
 IT IS USED TO INDICATE THE TYPE OF SERVICE BILLED.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2	0		X(02)
2	N		Numeric		2	0		9(02)

DataElement ID: 06569 Name: H-ENCTR-TYPE-CLAIM Version: Subsystem: MARS
 Created By: SYSTEM Last Updated By: T474166 Release:
 Created On: 8/25/2004 Last Updated On: 9/13/2010
 Description: HMO ENCOUNTER TYPE OF CLAIM
 THIS FIELD IS PART OF THE HMO ENCOUNTER RECORD.
 IT IS USED TO INDICATE WHAT KIND OF PAYMENT IS COVERED
 IN THIS CLAIM.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)
2	N		Numeric		1	0		9(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06570 Name: H-ENCTR-SERV-PROC-CD Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: HMO ENCOUNTER SERVICE PROCEDURE CODE
 THIS FIELD IS PART OF THE HMO ENCOUNTER RECORD.
 IT IS USED TO INDICATE THE CODE RECOGNIZED BY THE STATE
 TO INDICATE THE SERVICE PROVIDED DURING THE PERIOD
 COVERED BY THE CLAIM. THESE MAY BE HCPCS CODES OR
 REVENUE CODES, DEPENDING ON THE TYPE OF SERVICE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			5	0		X(05)

DataElement ID: 06571 Name: H-ENCTR-SRV-PROC-FLG Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: HMO ENCOUNTER SERVICE PROCEDURE FLAG
 THIS FIELD IS PART OF THE HMO ENCOUNTER RECORD.
 IT IS USED TO INDICATE THE CODING SYSTEM USED
 FOR THE SERVICE/PROCEDURE CODE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			2	0		X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06572 Name: H-ENCTR-PR-PROC-FLAG Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HMO ENCOUNTER PRINCIPAL PROCEDURE FLAG
 THIS FIELD IS PART OF THE HMO ENCOUNTER RECORD.
 IT IS USED TO INDICATE THE CODING SYSTEM USED
 FOR THE PRINCIPAL PROCEDURE CODE.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N		Numeric		2	0		9(02)

DataElement ID: 06573 Name: H-ENCTR-PRIN-PROC-DT Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HMO ENCOUNTER PRINCIPAL PROCEDURE DATE
 THIS FIELD IS PART OF THE HMO ENCOUNTER RECORD.
 IT IS USED TO INDICATE THE DATE ON WHICH THE PRINCIPAL
 PROCEDURE WAS PERFORMED.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N		Numeric		8	0		9(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06574 Name: H-ENCTR-SEC-PROC-CD Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HMO ENCOUNTER SECONDARY PROCEDURE CODE
 THIS FIELD IS PART OF THE HMO ENCOUNTER RECORD.
 IT IS USED TO STORE AN ICD-9-CM CODE RECOGNIZED BY THE
 STATE TO IDENTIFY THE SECONDARY PROCEDURE PERFORMED
 DURING THE HOSPITAL STAY.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		4	0		X(04)

DataElement ID: 06575 Name: H-ENCTR-SEC-PROC-FLG Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HMO ENCOUNTER SECONDARY PROCEDURE FLAG
 THIS FIELD IS PART OF THE HMO ENCOUNTER RECORD.
 IT IS USED TO INDICATE THE CODING SYSTEM USED
 FOR THE SECONDARY PROCEDURE CODE.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N		Numeric		2	0		9(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06576 Name: H-ENCTR-MCAID-IP-DAY Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HMO ENCOUNTER MEDICAID-COVERED INPATIENT DAYS
 THIS FIELD IS PART OF THE HMO ENCOUNTER RECORD.
 IT IS USED TO INDICATE THE NUMBER OF INPATIENT DAYS
 COVERED BY MEDICAID ON THIS CLAIM. THE DISCHARGE DAY
 SHOULD NOT BE INCLUDED.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		4	0		S9(04)

DataElement ID: 06577 Name: H-ENCTR-DISCH-STATUS Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HMO ENCOUNTER DISCHARGE STATUS
 -
 THIS FIELD IS PART OF THE HMO ENCOUNTER RECORD.
 IT IS USED TO INDICATE THE PATIENT STATUS AS OF THE END
 DATE OF SERVICE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		2	0		9(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06578 Name: H-ENCTR-QUANT-OF-SRV Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HMO ENCOUNTER QUANTITY OF SERVICE
 THIS FIELD IS PART OF THE HMO ENCOUNTER RECORD.
 IT IS USED TO INDICATE THE NUMBER OF UNITS OF SERVICE
 RECEIVED BY THE RECIPIENT.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
4		N		Numeric		4	0		S9(04)

DataElement ID: 06579 Name: H-ENCTR-DRUG-CODE Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HMO ENCOUNTER DRUG CODE
 THIS FIELD IS PART OF THE HMO ENCOUNTER RECORD.
 IT STORES THE CODE INDICATING THE DRUG OR MEDICAL SUPPLY
 COVERED BY THE CLAIM IN NATIONAL DRUG CODE (NDC) FORMAT.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		12	0		X(12)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06580 Name: H-ENCTR-TST-PROD-IND Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HMO ENCOUNTER TEST OR PRODUCTION INDICATOR
 THIS FIELD IS PART OF THE HMO ENCOUNTER HEADER RECORD.
 IT IS USED TO INDICATE WHETHER THE FILE CONTAINS TEST DATA
 OR PRODUCTION DATA.
 -

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1	0		X(01)

DataElement ID: 06581 Name: H-ENCTR-INP-OTHR-IND Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HMO ENCOUNTER INPATIENT OR OTHER CLAIM INDICATOR
 THIS FIELD IS PART OF THE HMO ENCOUNTER HEADER RECORD.
 IT IS USED TO INDICATE WHETHER THE FILE CONTAINS INPATIENT
 DATA OR OTHER CLAIM DATA.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		2	0		X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06582 Name: H-ENCTR-RPT-END-MM Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HMO ENCOUNTER REPORT ENDING MONTH
 THIS FIELD IS PART OF THE HMO ENCOUNTER HEADER RECORD.
 IT IS USED TO INDICATE A MONTH, WHICH IN CONJUNCTION
 WITH THE YEAR, DEFINES THE PERIOD FOR WHICH THE DATA
 IS BEING REPORTED.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		2	0		9(02)

DataElement ID: 06583 Name: H-ENCTR-RPT-END-YY Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HMO ENCOUNTER REPORT ENDING YEAR
 THIS FIELD IS PART OF THE HMO ENCOUNTER HEADER RECORD.
 IT IS USED TO INDICATE A YEAR, WHICH IN CONJUNCTION
 WITH THE MONTH, DEFINES THE PERIOD FOR WHICH THE DATA
 IS BEING REPORTED.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		2	0		9(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06584 Name: H-ENCTR-NUM-OF-RECS Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HMO ENCOUNTER NUMBER OF RECORDS ON FILE
 - THIS FIELD IS PART OF THE HMO ENCOUNTER HEADER RECORD.
 IT IS USED TO INDICATE THE TOTAL NUMBER OF HMO ENCOUNTER
 RECORDS WHICH ARE INCLUDED ON THE DATA FILE.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N		Numeric		7	0		9(07)

DataElement ID: 06585 Name: H-ENCTR-HMO-NME-ABBR Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HMO ENCOUNTER HMO NAME ABBREVIATION
 THIS FIELD IS PART OF THE HMO ENCOUNTER HEADER RECORD.
 IT IS USED TO INDICATE THE ABBREVIATED NAME OF THE HMO
 WHICH IS SUBMITTING THE DATA. THIS SHOULD BE THE SAME
 NAME AS IS USED ON THE HMO ENCOUNTER TAPE'S EXTERNAL LABEL
 AND IN THE THIRD NODE OF THE TAPE'S DATASET NAME.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		8	0		X(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06586 Name: H-ENCTR-ACC-ERR-PCT Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: HMO ENCOUNTER ACCEPTABLE ERROR PERCENTAGE
 THIS FIELD IS PART OF THE HMO ENCOUNTER HEADER RECORD.
 IT INDICATES TO WHAT LEVEL OF ACCURACY THE FILE WAS INITIALLY
 EDITED. IT IS USED DURING THE EDITING OF HMO ENCOUNTER
 DATA (PASSED VIA A JCL PARAMETER) TO ESTABLISH THE HIGHEST
 ALLOWABLE PERCENTAGE OF ERROR RECORDS IN THE FILE FOR IT
 TO BE ACCEPTED FOR HCFA MSIS.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N		Numeric		3	0		9(03)

DataElement ID: 06587 Name: H-ENCTR-FILE-ERR-PCT Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: HMO ENCOUNTER FILE ERROR PERCENTAGE
 THIS FIELD IS PART OF THE HMO ENCOUNTER HEADER RECORD.
 IT INDICATES THE LEVEL OF ACCURACY OF THE DATA IN THE FILE.
 THIS PERCENTAGE IS DETERMINED BY DIVIDING THE TOTAL NUMBER
 OF RECORDS IN ERROR ON THE FILE BY THE TOTAL NUMBER OF RECORDS
 IN THE FILE.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N		Numeric		4	1		9(03)V9

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06588 Name: M2082-TYPE-OF-COV98 Version: Subsystem: MARS
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 6/24/2005
 Description: MSIS 2082 TYPE OF COVERAGE FSY98.
 THIS FIELD CONTAINS A ONE DIGIT CODE
 INDICATING WHETHER THIS IS A CLAIM OR
 ADJUSTMENT COVERED UNDER THE STANDARD
 FEE FOR SERVICE MEDICAID, OR A CAPITATION
 PAYMENT. FOR FSY97 USE DED 06509.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N	Numeric		1	0		9(01)

DataElement ID: 06589 Name: H-ENCTR-ATT-PROV-NUM Version: Subsystem: MARS
 Created By: Last Updated By:
 Created On: 8/25/2004 Last Updated On: 8/25/2004 Release:
 Description: HMO ENCOUNTER ATTENDING PROVIDER ID NUMBER
 THIS FIELD IS PART OF THE HMO ENCOUNTER RECORD.
 IT IS USED TO INDICATE THE PROVIDER NUMBER FOR THE
 ATTENDING PROVIDER.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		12	0		X(12)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06590 Name: HCFA2082-LI-FED-CS Version: Subsystem: Claims
 Created By: T474163 Last Updated By: T474163 Release:
 Created On: 4/11/2011 Last Updated On: 4/11/2011
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		2		0	X(02)

DataElement ID: 06600 Name: PROV-1099-DEPT-OR-AG Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DEPARTMENT-OR-AGENCY-NUMBER. A CONSTANT VALUE OF '400' ON THE
 FEDERAL 1099 RECORD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 06601 Name: PROV-1099-OBJ-OF-EXP Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: OBJECT-OF-EXPENSE. A CONSTANT ON THE FEDERAL 1099 RECORD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06602 Name: PROV-1099-REC-TYP-CD Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RECORD-TYPE-CODE. A CONSTANT 'V' ON THE FEDERAL 1099 RECORD.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 06603 Name: PROV-1099-REC-INDIC Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RECORD-INDICATOR. A CONSTANT 'A' ON THE FEDERAL 1099 RECORD.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 06604 Name: PROV-1099-AMOUNT Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS IS THE PROVIDER'S TOTAL REIMBURSEMENT AMOUNT AS REPORTED
 ON THE ANNUAL FEDERAL 1099 FILE.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06605	Name: PROV-1099-SSN-OR-TIN	Version:	Subsystem: MARS
Created By: SYSTEM	Last Updated By: T474070	Release:	
Created On: 8/25/2004	Last Updated On: 12/21/2005		
Description:			

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		9	0		X(09)
9	G		Group		0	0		

DataElement ID: 06606	Name: M2082-CLAIM-TYPE99	Version:	Subsystem: MARS
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: M2082 CLAIM TYPE FOR FSY99.			
THE CODE INDICATING THE TYPE OF PAYMENT INCLUDED IN THIS CLAIM.			

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06607 Name: PROV-1099-ADD-LINE-1 Version: Subsystem: MARS
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: THIS IS THE PROVIDER'S FIRST ADDRESS LINE AS REPORTED
ON THE FEDERAL 1099 FILE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 06608 Name: PROV-1099-ADD-LINE-2 Version: Subsystem: MARS
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: THIS IS THE PROVIDER'S SECOND ADDRESS LINE AS REPORTED
ON THE FEDERAL 1099 FILE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Report:ND-001

Iowa Medicaid Enterprise

ND-Workbench

Data Element List

DataElement ID: 06609 Name: PROV-1099-ADD-LINE-3 Version: Subsystem: MARS
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: THIS IS THE PROVIDER'S THIRD ADDRESS LINE AS REPORTED
ON THE FEDERAL 1099 FILE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 06610 Name: PROV-1099-ADD-LINE-4 Version: Subsystem: MARS
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: THIS IS THE PROVIDER'S FOURTH ADDRESS LINE AS REPORTED
ON THE FEDERAL 1099 FILE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06611 Name: PROV-1099-PROC-DATE Version: Subsystem: MARS
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: THIS IS THE TRANSACTION PROCESSING DATE REPORTED ON THE
FEDERAL 1099 FILE. THIS DATE IS IN MMDDYY FORMAT AND IS
ALWAYS 1231YY, WHERE YY IS THE YEAR THE DATA REPORTED COVERS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 06612 Name: PROV-1099-PROC-MM Version: Subsystem: MARS
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: THIS IS THE MONTH OF THE 1099 TRANSACTION PROCESS DATE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06613 Name: PROV-1099-PROC-DD Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS IS THE DAY OF THE 1099 TRANSACTION PROCESS DATE.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 06614 Name: PROV-1099-PROC-YY Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS IS THE YEAR OF THE 1099 TRANSACTION PROCESS DATE.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 06615 Name: PROV-1099-CONSTANT-V Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CONSTANT-V. A CONSTANT 'V' ON THE FEDERAL 1099 RECORD.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06616	Name: PLAN-ID	Version:	Subsystem: MARS
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: M2082 PLAN ID			
ELIGIBILITY RECORD FIELD INDICATING PLAN ID			

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		12		0	X(12)

DataElement ID: 06617	Name: PLAN-TYPE	Version:	Subsystem: MARS
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: M2082 PLAN TYPE			
ELIGIBILITY RECORD MONTHLY PLAN TYPE, 1-4 OF 4.			

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N	Numeric		2		0	9(2)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06618 Name: MONTHLY-PLAN-DATA Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: M2082 PLAN DATA
 A GROUP OF DATA ELEMENTS CONTAINING MONTHLY PLAN DATA FOR THE
 - ELIGIBILITY RECORD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 06619 Name: DUAL-ELIG-FLAG Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: M2082 DUAL ELIGIBILITY FLAG
 MEDSTAT FIELD CONTAINING DUAL ELIGIBILITY FLAG.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		2	0		9(2)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06620 Name: NH-INDICATOR Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD IS AN INDICATOR TO SHOW WHETHER A RECIPIENT IS CONSIDER
 AS A NURSING HOME RECIPIENT FOR THE WAIVER YEAR.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

DataElement ID: 06621 Name: WAIVER-IND Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD IS AN INDICATOR TO SHOW WHETHER A RECIPIENT IS CONSIDER
 A WAIVER RECIPIENT FOR HCFA 372 REPORT PROCESSING.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06622 Name: FACILITY-TYPE Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD IS AN INDICATOR FOR NURSING HOME RECIPIENTS TO SHOW
 WHAT TYPE OF FACILITY THE RECIPIENT PARTICIPATED IN.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 06623 Name: INVOICE-TYPE Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: INVOICE TYPE
 - INVOICE TYPE CATEGORIZES THE CLAIMS INTO INSTITUTIONAL
 CARE, MEDICAID AND OTHER CLAIM TYPES.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2	0		X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06624 Name: PRIOR-DOS-IND Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PRIOR DATE OF SERVICE IND
 THIS FIELD INDICATES IF A RECIPIENT HAS RECEIVED NH SERVICES PRIOR
 TO A WAIVER YEAR.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 06625 Name: WAIVER-RECIP-IND Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: WAIVER RECIPIENT INDICATOR
 THIS FIELD INDICATES WHETHER A RECIPIENT IS ELIGIBLE FOR A PARTICU
 WAIVER.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06626 Name: WAIVER-CLAIM-IND Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: WAIVER CLAIM INDICATOR
 THIS FIELD INDICATES WHETHER A CLAIM IS A WAIVER CLAIM.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 06627 Name: TYPE-OF-WAIVER Version: Subsystem: Recipient
 Created By: Initial Sy Last Updated By: T474167 Release:
 Created On: 8/25/2004 Last Updated On: 4/17/2019
 Description: TYPE OF WAIVER
 THIS INDICATOR IS USED TO DETERMINE WHICH WAIVER PROGRAM THE
 THE RECIPIENT IS ENROLLED IN.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)
4	X		AlphaNumeric		1	0		X(01)
5	X		AlphaNumeric		1	0		X(01)
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06628 Name: PRIOR-TO-WAIVER Version: Subsystem: Recipient
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PRIOR TO WAIVER CODE
 THIS FIELD CONTAINS THE LEVEL OF CARE
 CODE TO DENOTE INSTITUTIONAL CARE FOR A
 RECIPIENT IN A PRIOR PERIOD. IT IS
 BEING USED ON THE HCFA 372 REPORTING TO
 DETERMINE IF THE RECIPIENT SHOULD BE
 COUNTED AS DEINSTITUTIONALIZED OR
 DIVERTED ON THE REPORT.,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 06629 Name: WAIVER-LEVEL-OF-CARE Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: WAIVER LEVEL OF CARE
 USED FOR MARS REPORTING.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06630 Name: NH-ADMIT-PERIODS Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD IS A GROUP CONTAINING THE FIRST AND LAST DATES OF SERVI
 PLUS THE FACILITY TYPE FOR UP TO 50 OCCURENCES OF CLAIMS DATA FOR
 EACH NURSING HOME RECIPIENT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 06631 Name: NH-NH-IND Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD IS AN INDICATOR TO SHOW WHETHER A RECIPIENT IS A NURSIN
 HOME RECIPIENT OR NOT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06632 Name: NH-WAIV-IND Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD IS AN INDICATOR TO SHOW WHETHER OR NOT A RECIPIENT HAS
 PARTICIPATED IN A WAIVER SERVICE DURING THE CURRENT WAIVER YEAR.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 06633 Name: WAIV-WAIV-IND Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: -
 THIS FIELD IS AN INDICATOR FOR WAIVER RECIPIENTS TO SHOW
 WHETHER OR NOT THEY ALSO PARTICIPATED IN A WAIVER SERVICE FOR
 THE CURRENT WAIVER YEAR.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06634 Name: WAIV-NH-IND Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD IS AN INDICATOR FOR WAIVER RECIPIENTS TO SHOW WHETHER
 OR NOT THEY ALSO PARTICIPATED IN A NURSING HOME FOR THE CURRENT
 WAIVER YEAR.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

DataElement ID: 06635 Name: PRIOR-NH-IND Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NO DESCRIPTION FOUND FOR THIS ELEMENT

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06636 Name: WAIVER-CLAIM-TYPE Version: Subsystem: Claims
 Created By: Initial Sy Last Updated By: T474167 Release:
 Created On: 8/25/2004 Last Updated On: 4/17/2019
 Description: IDENTIFIES THE TYPE OF WAIVER THE WAIVER CLAIM IS FOR

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

DataElement ID: 06637 Name: TANF-CASH-FLAG Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MONTHLY FIELD ON ELIGIBLE FILE. A FLAG THAT INDICATES WHETHER THE ELIGIBLE RECEIVED TEMPORARY ASSISTANCE FOR NEEDY FAMILIES(TANF) BENEFITS DURING THE MONTH.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		1	0		9(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06638 Name: RESTRICTD-BENES-FLAG Version: Subsystem: MARS
 Created By: SYSTEM Last Updated By: T474193 Release:
 Created On: 8/25/2004 Last Updated On: 7/8/2020
 Description: MONTHLY FIELD ON ELIGIBLE FILE. A FLAG THAT INDICATES THE SCOPE OF MEDICAID BENEFITS TO WHICH AN ELIGIBLE IS ENTITLED DURING EACH MONTH.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		1	0		9(01)
2	N	Numeric		1	0		9(01)
3	X	AlphaNumeric		1	0		X(01)

DataElement ID: 06639 Name: CHIP-FLAG Version: Subsystem: MARS
 Created By: Last Updated By:
 Created On: 8/25/2004 Last Updated On: 8/25/2004 Release:
 Description: MONTHLY FIELD ON ELIGIBLE FILE. FLAG INDICATING INDIVIDUALS INCLUSION IN THE CHIP PROGRAM FOR THE MONTH.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		1	0		9(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06640	Name: PHARMACY-GROUP-NUM	Version:	Subsystem: Recipient
Created By: T474100	Last Updated By: T474100	Release:	
Created On: 6/25/2008	Last Updated On: 6/25/2008		
Description:			

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		11		0	X(11)

DataElement ID: 06641	Name: M2082-TYPE-OF-SVC99	Version:	Subsystem: MARS
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: MSIS 2082 TYPE OF SERVICE FSY99			
THIS FIELD CONTAINS A TWO DIGIT CODE			
FOR THE MSIS 2082 TYPE OF SERVICE FIELD.			
FOR FSY97 THE VALID VALUES ARE DIFFERENT - SEE DED 06510.			
- FOR FSY98 THE VALID VALUES ARE DIFFERENT - SEE DED 06502.			

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N		Numeric		2		0	9(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06642 Name: BIN Version: Subsystem: Recipient
 Created By: T474100 Last Updated By: T474100 Release:
 Created On: 6/25/2008 Last Updated On: 6/25/2008
 Description: BIN(BENEFIT IDENTIFICATION NUMBER)

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		6	0		X(06)

DataElement ID: 06643 Name: TOTAL-WAIV-DAYS Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE TOTAL NUMBER OF WAIVER DAYS FOR A GIVEN LEVEL OF CARE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		9	0		S9(09)

DataElement ID: 06644 Name: PCN Version: Subsystem: Recipient
 Created By: T474100 Last Updated By: T474100 Release:
 Created On: 6/25/2008 Last Updated On: 6/25/2008
 Description: PCN(PRESCRIPTION CONTROL NUMBER)

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		10	0		X(10)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06645 Name: WDAY-ICFMR Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: WAIVER DAYS FOR ICFMR
 WAIVER DAYS FOR ICFMR FACILITY

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 06646 Name: WDAY-NONNH Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: WAIVER DAYS FOR NON NH
 WAIVER DAYS FOR NON NURSING HOME FACILITY

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 06647      Name:  DEINST-WAIV-DAYS      Version:      Subsystem: MARS
Created By:                Last Updated By:      Release:
Created On:   8/25/2004    Last Updated On:   8/25/2004
Description: - THE NUMBER OF DEINSTITUTIONALIZED WAIVER DAYS FOR A GIVEN
                LEVEL OF CARE.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		9	0		S9(09)

```

DataElement ID: 06648      Name:  INCARCE-BEG-DATE      Version:      Subsystem: Recipient
Created By: T474186        Last Updated By: T474186    Release:
Created On:   4/17/2012    Last Updated On:   4/17/2012
Description: INCARCERATION BEGIN DATE
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
4	N	Numeric		8	0	9(08)	9(08)

Iowa Medicaid Enterprise

Data Element List

```
DataElement ID: 06649      Name:  D-WDAYS-ICFMR      Version:      Subsystem: MARS
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: WAIVER DAYS FOR ICFMR
              WAIVER DAYS FOR ICFMR FACILITY
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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```
DataElement ID: 06650      Name:  INST-WAIV-DAYS      Version:      Subsystem: MARS
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: THE NUMBER OF INSTITUTIONALIZED DAYS FOR A GIVEN
              LEVEL OF CARE.
```

2	N	Numeric	Signed	9	0	DefaultValue	S9(09)
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Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 06651      Name:  INCARCE-END-DATE      Version:      Subsystem: Recipient
Created By: T474186      Last Updated By: T474190      Release:
Created On: 4/17/2012      Last Updated On: 12/1/2016
Description: INCARECERATION END DATE
                THE END DATE A RECIPIENT IS INCARCERATION ELIGIBLE
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
4	N	Numeric		8		0 9(08)	9(08)

```

DataElement ID: 06652      Name:  IDAYS-ICFMR      Version:      Subsystem: MARS
Created By:      Last Updated By:      Release:
Created On: 8/25/2004      Last Updated On: 8/25/2004
Description: WAIVER DAYS FOR ICFMR
                WAIVER DAYS FOR ICFMR FACILITY
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06653 Name: NON-WAIV-NH-DAYS Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE NUMBER OF NON-WAIVERED DAYS FOR A GIVEN
 LEVEL OF CARE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		9	0		S9(09)

DataElement ID: 06654 Name: INCARCE-DATA Version: Subsystem: Recipient
 Created By: T474186 Last Updated By: T474190 Release:
 Created On: 4/17/2012 Last Updated On: 12/1/2016
 Description: INCARCERATION DATA
 THIS IS THE GROUP LEVEL FOR GROUP INCARCERATION DATA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Report:ND-001

Iowa Medicaid Enterprise

ND-Workbench

Data Element List

```

DataElement ID: 06655      Name: N-IDAYS-ICFMR      Version:
Created By:                Last Updated By:    Release:
Created On:      8/25/2004  Last Updated On:   8/25/2004
Description: WAIVER DAYS FOR ICFMR
              WAIVER DAYS FOR ICFMR FACILITY
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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```

DataElement ID: 06656      Name: WAIV-NH-DAYS      Version:
Created By:                Last Updated By:    Release:
Created On:      8/25/2004  Last Updated On:   8/25/2004
Description: THE NUMBER OF WAIVERED DAYS FOR A GIVEN
              LEVEL OF CARE.
    
```

2	N	Numeric		9	0		S9(09)
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06657	Name: INCARCE-BEG-DATE	Version:	Subsystem: Recipient
Created By: T474186	Last Updated By: T474186	Release:	
Created On: 4/17/2012	Last Updated On: 4/17/2012		
Description:			

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
4	N	Numeric		8		0 9(08)	9(08)

DataElement ID: 06658	Name: W-IDAYS-ICFMR	Version:	Subsystem: MARS
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: WAIVER DAYS FOR ICFMR			
-			
WAIVER DAYS FOR ICFMR FACILITY			

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06659 Name: IRECIPS-SNF Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF RECIPIENTS FOR SNF FACILITY

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 06660 Name: INCARCE-END-DATE Version: Subsystem: Recipient
 Created By: T474186 Last Updated By: T474186 Release:
 Created On: 4/17/2012 Last Updated On: 4/17/2012
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
4	N	Numeric		8		0 9(08)	9(08)

DataElement ID: 06661 Name: IRECIPS-ICFMR Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF RECIPIENTS FOR ICFMR

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06662 Name: NRECIPS-NONINST Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF NON NURSING HOME RECIPIENTS

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 06663 Name: TOT-WAIV-DAYS Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TOTAL WAIVER DAYS

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 06664 Name: INST-RECIPS Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF INSTITUTIONAL RECIPIENTS

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06665 Name: INST-DOLLARS Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF INSTITUTIONAL DOLLARS

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 06666 Name: ACUTE-RECIPS Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF ACUTE RECIPIENTS

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 06667 Name: ACUTE-DOLLARS Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF ACUTE DOLLARS

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06668 Name: WAIVER-RECIPS Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF WAIVER RECIPIENTS

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 06669 Name: WAIVER-DOLLARS Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF WAIVER DOLLARS

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 06670 Name: D-WDAYS-NONNH Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF WAIVER DAYS FOR NON INSTITUTIONAL RECIPIENTS

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06671 Name: M2082-RACE-CODE-1 Version: Subsystem: MARS
 Created By: T474074 Last Updated By: T474104 Release:
 Created On: 6/1/2006 Last Updated On: 11/20/2007
 Description: M2082 RACE CODE 1
 ELIGIBILITY RECORD RACE CODE 1 FOR WHITES.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		1	0		9(01)

DataElement ID: 06672 Name: M2082-RACE-CODE-2 Version: Subsystem: MARS
 Created By: T474074 Last Updated By: T474104 Release:
 Created On: 6/1/2006 Last Updated On: 11/20/2007
 Description: M2082 RACE CODE 2
 ELIGIBILITY RECORD RACE CODE 2 FOR BLACKS OR AFRICAN AMERICANS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		1	0		9(01)

Iowa Medicaid Enterprise

Data Element List

```

DataElement ID: 06673      Name:  M2082-RACE-CODE-3      Version:      Subsystem: MARS
Created By: T474074      Last Updated By: T474104      Release:
Created On: 6/1/2006      Last Updated On: 11/20/2007
Description: M2082 RACE CODE 3
                ELIGIBILITY RECORD RACE CODE 3 FOR AMERICAN INDIANS OR ALASKA NATIVE.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		1	0		9(01)

```

DataElement ID: 06674      Name:  M2082-RACE-CODE-4      Version:      Subsystem: MARS
Created By: T474074      Last Updated By: T474104      Release:
Created On: 6/1/2006      Last Updated On: 11/20/2007
Description: M2082 RACE CODE 4
                ELIGIBILITY RECORD RACE CODE 4 FOR ASIAN.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		1	0		9(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06675 Name: M2082-RACE-CODE-5 Version: Subsystem: MARS
 Created By: T474074 Last Updated By: T474104 Release:
 Created On: 6/1/2006 Last Updated On: 11/20/2007
 Description: M2082 RACE CODE 5
 ELIGIBILITY RECORD RACE CODE 5 FOR HAWAIIAN OR PACIFIC ISLANDER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		1	0		9(01)

DataElement ID: 06676 Name: M2082-ETHNICITY-CODE Version: Subsystem: MARS
 Created By: T474074 Last Updated By: T474104 Release:
 Created On: 6/1/2006 Last Updated On: 11/20/2007
 Description: M2082 ETHNICITY CODE
 ELIGIBILITY RECORD ETHNICITY CODE FOR HISPANIC OR LATINO.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		1	0		9(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06677 Name: M2082-WAIVER-DATA Version: Subsystem: MARS
 Created By: T474070 Last Updated By: T474070 Release:
 Created On: 4/28/2006 Last Updated On: 4/28/2006
 Description: A GROUP OF DATA ELEMENTS CONTAINING MONTHLY WAIVER DATA FOR THE ELIGIBILITY RECORD.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group			0	0		

DataElement ID: 06678 Name: M2082-WAIVER-TYPE Version: Subsystem: MARS
 Created By: T474070 Last Updated By: T474166 Release:
 Created On: 4/28/2006 Last Updated On: 8/19/2008
 Description: ELIGIBILITY RECORD MONTHLY WAIVER TYPE, 1-3 OF 3.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

DataElement ID: 06679 Name: M2082-WAIVER-ID Version: Subsystem: MARS
 Created By: T474070 Last Updated By: T474166 Release:
 Created On: 4/28/2006 Last Updated On: 8/19/2008
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			2	0		X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06680 Name: M2082-ICN-ORIG Version: Subsystem: MARS
 Created By: T474104 Last Updated By: T474163 Release:
 Created On: 8/13/2008 Last Updated On: 1/2/2009
 Description: MSIS INTERNAL CONTROL NUMBER ORIGINAL

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		21			X(21)

DataElement ID: 06681 Name: M2082-ICN-ORIG-LI Version: Subsystem: MARS
 Created By: T474104 Last Updated By: T474163 Release:
 Created On: 8/13/2008 Last Updated On: 1/2/2009
 Description: MSIS INTERNAL ORIGINAL LINE NUMBER

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N		Numeric		3			9(03)

DataElement ID: 06682 Name: M2082-ICN-ADJ Version: Subsystem: MARS
 Created By: T474104 Last Updated By: T474163 Release:
 Created On: 8/13/2008 Last Updated On: 1/2/2009
 Description: MSIS INTERNAL CONTROL NUMBER ADJUSTMENT

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		21			X(21)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06683 Name: M2082-ICN-ADJ-LI Version: Subsystem: MARS
 Created By: T474104 Last Updated By: T474163 Release:
 Created On: 8/13/2008 Last Updated On: 1/2/2009
 Description: MSIS INTERNAL ADJUSTMENT LINE ITEM

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric			3	0		9(03)

DataElement ID: 06684 Name: MFP-TYPE-OF-FMAP Version: Subsystem: MARS
 Created By: T474104 Last Updated By: T474104 Release:
 Created On: 9/15/2008 Last Updated On: 10/24/2008
 Description: TYPE OF FMAP PAID

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

DataElement ID: 06685 Name: TMSIS-ELIG-GRP Version: Subsystem:
 Created By: T474186 Last Updated By: T474186 Release:
 Created On: 1/13/2015 Last Updated On: 1/13/2015
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric			2	0		9(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06686	Name: TMSIS-ELIG-GRP	Version:	Subsystem:
Created By: T474186	Last Updated By: T474186	Release:	
Created On: 1/13/2015	Last Updated On: 1/13/2015		
Description:			

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N		Numeric		2		0	9(02)

DataElement ID: 06687	Name: RECIP-ELIG-PERIOD	Version:	Subsystem: Recipient
Created By: T474193	Last Updated By: T474193	Release:	
Created On: 7/11/2018	Last Updated On: 7/13/2018		
Description:			

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		6		0	X(06)

DataElement ID: 06688	Name: RECIP-STATUS	Version:	Subsystem: Recipient
Created By: T474193	Last Updated By: T474193	Release:	
Created On: 7/11/2018	Last Updated On: 7/11/2018		
Description:			

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06689 Name: RECIP-ASSGN-PROV Version: Subsystem: Recipient
 Created By: T474193 Last Updated By: T474193 Release:
 Created On: 7/11/2018 Last Updated On: 7/11/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		7		0	X(07)

DataElement ID: 06690 Name: RECIP-BNFT-PLAN-IND Version: Subsystem: Recipient
 Created By: T474193 Last Updated By: T474193 Release:
 Created On: 7/11/2018 Last Updated On: 7/11/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 06691 Name: RECIP-MED-FRAIL-IND Version: Subsystem: Recipient
 Created By: T474193 Last Updated By: T474193 Release:
 Created On: 7/11/2018 Last Updated On: 7/11/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06692 Name: RECIP-UPDATE-DATE Version: Subsystem: Recipient
 Created By: T474193 Last Updated By: T474193 Release:
 Created On: 7/11/2018 Last Updated On: 7/11/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		8		0	X(08)

DataElement ID: 06693 Name: RECIP-ID Version: Subsystem: Recipient
 Created By: T474193 Last Updated By: T474193 Release:
 Created On: 7/11/2018 Last Updated On: 7/11/2018
 Description: RECIP-ID

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		8		0	X(08)

DataElement ID: 06694 Name: MHC-ENROLL-DATA Version: Subsystem: Recipient
 Created By: T474193 Last Updated By: T474193 Release:
 Created On: 7/11/2018 Last Updated On: 7/11/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0		0	

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06695 Name: TMSIS-ELIGIBLE-GROUP Version: Subsystem: Not Defined
 Created By: T474186 Last Updated By: T474186 Release:
 Created On: 1/13/2015 Last Updated On: 1/13/2015
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		2	0		9(02)

DataElement ID: 06696 Name: RECIP-CAP-AMOUNT Version: Subsystem: Not Defined
 Created By: T474186 Last Updated By: T474186 Release:
 Created On: 1/29/2015 Last Updated On: 1/29/2015
 Description: RECIPIENT CAPITATION AMOUNT

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		6	2		S9(06)V99

DataElement ID: 06697 Name: TMSIS-ELIGIBLE-GRP Version: Subsystem:
 Created By: T474186 Last Updated By: T474186 Release:
 Created On: 1/13/2015 Last Updated On: 1/13/2015
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		2	0		9(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06698 Name: TMSIS-ELIGIBLE-GROUP Version: Subsystem:
 Created By: T474186 Last Updated By: T474186 Release:
 Created On: 1/13/2015 Last Updated On: 1/13/2015
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		2	0		9(02)

DataElement ID: 06699 Name: Version: Subsystem:
 Created By: T474186 Last Updated By: T474186 Release:
 Created On: 1/29/2015 Last Updated On: 1/29/2015
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		6	2		S9(06)V99

DataElement ID: 06700 Name: NUM-OF-SPEC-CODES Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: USED TO COUNT THE NUMBER OF SPECIALTY CODES ASSOCIATED
 WITH A PROVIDER TYPE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		S9(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06701 Name: RECIP-820-AMOUNT Version: Subsystem:
 Created By: T474186 Last Updated By: T474186 Release:
 Created On: 1/29/2015 Last Updated On: 1/29/2015
 Description:

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		N3	Numeric Comp-3		6			S9(06)V99

DataElement ID: 06702 Name: RECIP-820-AMOUNT Version: Subsystem: Not Defined
 Created By: T474186 Last Updated By: T474186 Release:
 Created On: 1/29/2015 Last Updated On: 1/29/2015
 Description: RECIPIENT 820 AMOUNT

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		N3	Numeric Comp-3		6			S9(06)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06705 Name: NUM-OF-CASE-MONTHS Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE NUMBER OF CASE MONTHS IS THE SUM OF MONTHS FOR WHICH
 A RECIPIENT IS ELIGIBLE, EITHER FOR THE ENTIRE MONTH OR
 A PORTION OF THE MONTH.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 06710 Name: CAT-SVC-GROUP Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE CATEGORY OF SERVICE GROUP IS ESSENTIALLY AN INDEX OF THE
 PROVIDER CATEGORY OF SERVICE CODE USED IN THE MEDICAID ANNUAL
 REPORT SERIES. THE CATEGORY OF SERVICE GROUP IS NUMBERED FROM
 1 TO 99 FOR 98 CATEGORIES OF SERVICE PLUS A TOTAL.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06711 Name: CAT-SVC-TOTAL-PART Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE CATEGORY OF SERVICE TOTAL PARTICIPATION COUNT IS THE SUM
 OF ALL RECIPIENTS PARTICIPATING IN A PARTICULAR CATEGORY OF
 SERVICE FOR THE PREVIOUS FISCAL YEAR BASED ON DATE OF SERVICE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9		0	S9(09)

DataElement ID: 06712 Name: CAT-SVC-MCAID-PART Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE CATEGORY OF SERVICE MEDICAID PARTICIPATION COUNT IS THE
 SUM OF MEDICAID RECIPIENTS PARTICIPATING IN A PARTICULAR CATEGORY
 OF SERVICE FOR THE PREVIOUS FISCAL YEAR BASED ON DATE OF SERVICE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9		0	S9(09)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06713 Name: CAT-SVC-MCARE-PART Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE CATEGORY OF SERVICE MEDICARE PARTICIPATION COUNT IS THE
 SUM OF MEDICARE RECIPIENTS PARTICIPATING IN A PARTICULAR
 CATEGORY OF SERVICE FOR THE PREVIOUS FISCAL YEAR BASED ON DATE
 OF SERVICE.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3		Numeric Comp-3		9	0		S9(09)

DataElement ID: 06720 Name: AID-CAT-GROUP Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE AID CATEGORY GROUP IS AN INDEX OF THE CONVERTED FEDERAL
 AID CATEGORY CODES. THE MEDICAID ANNUAL REPORT SERIES USES
 11 AID CATEGORIES PLUS A TOTAL.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N		Numeric		2	0		S9(02)
9		G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06721 Name: AID-CAT-TOTAL-PART Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE AID CATEGORY TOTAL PARTICIPATION COUNT IS THE SUM OF ALL
 RECIPIENTS PARTICIPATING IN A PARTICULAR AID CATEGORY FOR THE
 PREVIOUS FISCAL YEAR BASED ON DATE OF SERVICE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	0		S9(09)

DataElement ID: 06722 Name: AID-CAT-MCAID-PART Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE AID CATEGORY MEDICAID PARTICIPATION COUNT IS THE SUM OF
 MEDICAID RECIPIENTS PARTICIPATING IN A PARTICULAR AID CATEGORY
 FOR THE PREVIOUS FISCAL YEAR BASED ON DATE OF SERVICE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	0		S9(09)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06723 Name: AID-CAT-MCARE-PART Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE AID CATEGORY MEDICARE PARTICIPATION COUNT IS THE SUM OF
 MEDICARE RECIPIENTS PARTICIPATING IN A PARTICULAR AID CATEGORY
 FOR THE PREVIOUS FISCAL YEAR BASED ON DATE OF SERVICE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	0		S9(09)

DataElement ID: 06724 Name: AID-CAT-TOTAL-ELIGS Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE AID CATEGORY TOTAL ELIGIBILITY COUNT IS THE SUM OF ALL
 RECIPIENTS ELIGIBLE IN A PARTICULAR AID CATEGORY FOR THE
 PREVIOUS FISCAL YEAR BASED ON DATE OF SERVICE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	0		S9(09)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06725 Name: AID-CAT-MCAID-ELIGS Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE AID CATEGORY MEDICAID ELIGIBILITY COUNT IS THE SUM OF
 MEDICAID RECIPIENTS ELIGIBLE IN A PARTICULAR AID CATEGORY
 FOR THE PREVIOUS FISCAL YEAR BASED ON DATE OF SERVICE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	0		S9(09)

DataElement ID: 06726 Name: AID-CAT-MCARE-ELIGS Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: - THE AID CATEGORY MEDICARE ELIGIBILITY COUNT IS THE SUM OF
 MEDICARE RECIPIENTS ELIGIBLE IN A PARTICULAR AID CATEGORY
 FOR THE PREVIOUS FISCAL YEAR BASED ON DATE OF SERVICE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	0		S9(09)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06727 Name: AID-CAT-TOTAL-CASES Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE AID CATEGORY TOTAL CASES COUNT IS THE SUM OF ALL
 CASE MONTHS IN A PARTICULAR AID CATEGORY FOR THE
 PREVIOUS FISCAL YEAR BASED ON DATE OF SERVICE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9		0	S9(09)

DataElement ID: 06728 Name: AID-CAT-MCAID-CASES Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE AID CATEGORY MEDICAID CASES COUNT IS THE SUM OF
 MEDICAID CASE MONTHS IN A PARTICULAR AID CATEGORY
 FOR THE PREVIOUS FISCAL YEAR BASED ON DATE OF SERVICE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9		0	S9(09)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06729 Name: AID-CAT-MCARE-CASES Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE AID CATEGORY MEDICARE CASES COUNT IS THE SUM OF
 MEDICARE CASE MONTHS IN A PARTICULAR AID CATEGORY
 FOR THE PREVIOUS FISCAL YEAR BASED ON DATE OF SERVICE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	0		S9(09)

DataElement ID: 06730 Name: RACE-SEX-GROUP Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE RACE/SEX GROUP IS AN INDEX OF THREE RACE/SEX GROUPINGS AND
 A TOTAL FOR EACH. MALE AND FEMALE SEXES FOR WHITE, BLACK, AND
 OTHER RACES PLUS A TOTAL FOR EACH RACE AND A TOTAL FOR ALL GROUPS
 ARE IDENTIFIED BY RACE/SEX GROUPS 1 THROUGH 12.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		2	0		S9(02)
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06731 Name: RACE-SEX-TOTAL-PART Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE RACE/SEX TOTAL PARTICIPATION COUNT IS THE SUM OF ALL
 RECIPIENTS PARTICIPATING IN A PARTICULAR RACE/SEX GROUP FOR
 THE PREVIOUS FISCAL YEAR BASED ON DATE OF SERVICE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	0		S9(09)

DataElement ID: 06732 Name: RACE-SEX-MCAID-PART Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE RACE/SEX MEDICAID PARTICIPATION COUNT IS THE SUM OF
 MEDICAID RECIPIENTS PARTICIPATING IN A PARTICULAR RACE/SEX
 GROUP FOR THE PREVIOUS FISCAL YEAR BASED ON DATE OF SERVICE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	0		S9(09)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06733 Name: RACE-SEX-MCARE-PART Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE RACE/SEX MEDICARE PARTICIPATION COUNT IS THE SUM OF
 MEDICARE RECIPIENTS PARTICIPATING IN A PARTICULAR RACE/SEX
 GROUP FOR THE PREVIOUS FISCAL YEAR BASED ON DATE OF SERVICE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	0		S9(09)

DataElement ID: 06734 Name: RACE-SEX-TOTAL-ELIGS Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE RACE/SEX TOTAL ELIGIBILITY COUNT IS THE SUM OF ALL
 RECIPIENTS ELIGIBLE IN A PARTICULAR RACE/SEX GROUP FOR THE
 PREVIOUS FISCAL YEAR BASED ON DATE OF SERVICE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	0		S9(09)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06735 Name: RACE-SEX-MCAID-ELIGS Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE RACE/SEX MEDICAID ELIGIBILITY COUNT IS THE SUM OF
 MEDICAID RECIPIENTS ELIGIBLE IN A PARTICULAR RACE/SEX GROUP
 FOR THE PREVIOUS FISCAL YEAR BASED ON DATE OF SERVICE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	0		S9(09)

DataElement ID: 06736 Name: RACE-SEX-MCARE-ELIGS Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE RACE/SEX MEDICARE ELIGIBILITY COUNT IS THE SUM OF
 MEDICARE RECIPIENTS ELIGIBLE IN A PARTICULAR RACE/SEX GROUP
 FOR THE PREVIOUS FISCAL YEAR BASED ON DATE OF SERVICE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	0		S9(09)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06737 Name: RACE-SEX-TOTAL-CASES Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE RACE/SEX TOTAL CASES COUNT IS THE SUM OF ALL
 CASE MONTHS IN A PARTICULAR RACE/SEX GROUP FOR THE
 PREVIOUS FISCAL YEAR BASED ON DATE OF SERVICE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9		0	S9(09)

DataElement ID: 06738 Name: RACE-SEX-MCAID-CASES Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE RACE/SEX MEDICAID CASES COUNT IS THE SUM OF
 MEDICAID CASE MONTHS IN A PARTICULAR RACE/SEX GROUP
 FOR THE PREVIOUS FISCAL YEAR BASED ON DATE OF SERVICE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9		0	S9(09)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06739 Name: RACE-SEX-MCARE-CASES Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE RACE/SEX MEDICARE CASES COUNT IS THE SUM OF
 MEDICARE CASE MONTHS IN A PARTICULAR RACE/SEX GROUP
 FOR THE PREVIOUS FISCAL YEAR BASED ON DATE OF SERVICE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	0		S9(09)

DataElement ID: 06740 Name: AGE-GROUP Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE AGE GROUP IS AN INDEX OF 10 AGE GROUPS WITH A TOTAL FOR
 ALL GROUPS. THIS AGE GROUPING IS USED IN THE MEDICAID ANNUAL
 REPORT SERIES.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		2	0		S9(02)
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 06741      Name:  AGE-TOTAL-PART      Version:      Subsystem: MARS
Created By:                Last Updated By:      Release:
Created On:   8/25/2004    Last Updated On:   8/25/2004
Description: THE AGE GROUP TOTAL PARTICIPATION COUNT IS THE SUM OF ALL
              RECIPIENTS PARTICIPATING IN A PARTICULAR AGE GROUP FOR THE
              - PREVIOUS FISCAL YEAR BASED ON DATE OF SERVICE.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	0		S9(09)

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DataElement ID: 06742      Name:  AGE-MCAID-PART      Version:      Subsystem: MARS
Created By:                Last Updated By:      Release:
Created On:   8/25/2004    Last Updated On:   8/25/2004
Description: THE AGE GROUP MEDICAID PARTICIPATION COUNT IS THE SUM OF
              MEDICAID RECIPIENTS PARTICIPATING IN A PARTICULAR AGE GROUP
              FOR THE PREVIOUS FISCAL YEAR BASED ON DATE OF SERVICE.
    
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Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	0		S9(09)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06743 Name: AGE-MCARE-PART Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE AGE GROUP MEDICARE PARTICIPATION COUNT IS THE SUM OF
 MEDICARE RECIPIENTS PARTICIPATING IN A PARTICULAR AGE GROUP
 FOR THE PREVIOUS FISCAL YEAR BASED ON DATE OF SERVICE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	0		S9(09)

DataElement ID: 06744 Name: AGE-TOTAL-ELIGS Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE AGE TOTAL ELIGIBILITY COUNT IS THE SUM OF ALL
 RECIPIENTS ELIGIBLE IN A PARTICULAR AGE GROUP FOR THE
 PREVIOUS FISCAL YEAR BASED ON DATE OF SERVICE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	0		S9(09)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06745 Name: AGE-MCAID-ELIGS Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE AGE MEDICAID ELIGIBILITY COUNT IS THE SUM OF
 MEDICAID RECIPIENTS ELIGIBLE IN A PARTICULAR AGE GROUP
 FOR THE PREVIOUS FISCAL YEAR BASED ON DATE OF SERVICE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9		0	S9(09)

DataElement ID: 06746 Name: AGE-MCARE-ELIGS Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE AGE MEDICARE ELIGIBILITY COUNT IS THE SUM OF
 MEDICARE RECIPIENTS ELIGIBLE IN A PARTICULAR AGE GROUP
 FOR THE PREVIOUS FISCAL YEAR BASED ON DATE OF SERVICE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9		0	S9(09)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06747 Name: AGE-TOTAL-CASES Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE AGE TOTAL CASES COUNT IS THE SUM OF ALL
 CASE MONTHS IN A PARTICULAR AGE GROUP FOR THE
 PREVIOUS FISCAL YEAR BASED ON DATE OF SERVICE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9		0	S9(09)

DataElement ID: 06748 Name: AGE-MCAID-CASES Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE AGE MEDICAID CASES COUNT IS THE SUM OF
 MEDICAID CASE MONTHS IN A PARTICULAR AGE GROUP
 FOR THE PREVIOUS FISCAL YEAR BASED ON DATE OF SERVICE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9		0	S9(09)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06749 Name: AGE-MCARE-CASES Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE AGE MEDICARE CASES COUNT IS THE SUM OF
 MEDICARE CASE MONTHS IN A PARTICULAR AGE GROUP
 FOR THE PREVIOUS FISCAL YEAR BASED ON DATE OF SERVICE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	0		S9(09)

DataElement ID: 06750 Name: RECIP-XOVER-ELIG Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD IS A GROUP LEVEL FOR CROSSOVER DATA TO CONTAIN THE
 NUMBER OF RECIPIENTS ELIGIBLE FOR MEDICARE PART A OR MEDICARE
 PART B.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06751 Name: RECIP-XOVER-AMOUNT Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS IS THE TOTAL REIMBURSEMENT AMOUNT FOR THOSE RECIPIENTS WHO
 ARE ELIGIBLE FOR MEDICARE PART A OR MEDICARE PART B.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
7	N3	Numeric Comp-3		13	2		S9(11)V99

DataElement ID: 06752 Name: RECIP-XOVER-FLAG Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD IS A FLAG USED IN THE MARS RECIPIENT YTD FILE TO
 INDICATE WHETHER A RECIPIENT IS ELIGIBLE FOR CROSSOVER CLAIMS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06753 Name: GROSS-ADJ-REIMB-AMT Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD CONTAINS THE TOTAL REIMBURSEMENT AMOUNT FOR GROSS
 ADJUSTMENT CLAIMS FOR THE PROCESSING MONTH.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
7	N3	Numeric Comp-3		13	2		S9(11)V99

DataElement ID: 06754 Name: RECIP-XOVER-ELIG Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD CONTAINS THE TOTAL NUMBER OF CROSSOVER RECIPIENTS
 PARTICIPATING IN MEDICARE PART A OR MEDICARE PART B.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	0		S9(07)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06755 Name: REQUESTOR-LAST-NAME Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: REQUESTOR LAST NAME,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		17		0	X(17)

DataElement ID: 06756 Name: REQUESTOR-FIRST-NAME Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: - REQUESTOR FIRST NAME,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		12		0	X(12)

DataElement ID: 06757 Name: REQUESTOR-MID-INIT Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: REQUESTOR MIDDLE INITIAL,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06758	Name: M2082-DIAG-CODE-FLAG	Version:	Subsystem: MARS
Created By: T474190	Last Updated By: T474190	Release:	
Created On: 4/24/2013	Last Updated On: 4/24/2013		
Description:			

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

DataElement ID: 06777	Name: ERROR-MESSAGE	Version:	Subsystem: Recipient
Created By: T474198	Last Updated By: T474198	Release:	
Created On: 9/7/2018	Last Updated On: 9/7/2018		
Description:			

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		100		0	X(100)

DataElement ID: 06778	Name: COBA-ERF-REJ-REC	Version:	Subsystem: Recipient
Created By: T474198	Last Updated By: T474198	Release:	
Created On: 9/7/2018	Last Updated On: 9/7/2018		
Description:			

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		G		Group		0		0	

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06779 Name: FILE-UPDATE-IND Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 9/4/2018 Last Updated On: 9/4/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 06789 Name: CORRECTED-HIC-NUMBER Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 9/4/2018 Last Updated On: 9/4/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		12		0	X(12)

DataElement ID: 06790 Name: BO-ERROR-CODE Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 9/4/2018 Last Updated On: 9/7/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		4		0	X(04)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06791 Name: CWF-DISP-DATE Version: Subsystem:
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 9/4/2018 Last Updated On: 9/4/2018
 Description: CWF-DISP-DATE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		8			X(08)

DataElement ID: 06792 Name: CWF-DISP-CODE Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 9/4/2018 Last Updated On: 9/4/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2			X(02)

DataElement ID: 06793 Name: DET-FILLER Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 9/4/2018 Last Updated On: 9/4/2018
 Description: DET-FILLER

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		64			X(64)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06794 Name: SUPP-ID-NUM Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 9/4/2018 Last Updated On: 9/4/2018
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		25		0	X(25)

DataElement ID: 06795 Name: COBA-SEND-RECORD Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 9/4/2018 Last Updated On: 9/4/2018
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		G		Group		0		0	

DataElement ID: 06796 Name: SUPP-ID-NUM Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 8/31/2018 Last Updated On: 8/31/2018
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		G		Group		0		0	

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06797 Name: BIRTH-DATE Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 8/31/2018 Last Updated On: 8/31/2018
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		G		Group		0		0	

DataElement ID: 06798 Name: BEN-NAME Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 8/31/2018 Last Updated On: 8/31/2018
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		G		Group		0		0	

DataElement ID: 06799 Name: COBA-RECORD Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 8/31/2018 Last Updated On: 8/31/2018
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		G		Group		0		0	

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06800 Name: HEAD-REC-ID Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 8/30/2018 Last Updated On: 8/30/2018
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		3		0	X(03)

DataElement ID: 06801 Name: COMP-INS-ID Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 8/30/2018 Last Updated On: 8/30/2018
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		9		0	X(09)

DataElement ID: 06802 Name: CREATE-DATE Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 8/30/2018 Last Updated On: 8/30/2018
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		8		0	X(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06803 Name: BEN-STATE-CODE Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 8/30/2018 Last Updated On: 8/31/2018
 Description: BEN-STATE-CODE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2		0	X(02)

DataElement ID: 06804 Name: FILLER-NATIONAL Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 8/30/2018 Last Updated On: 8/30/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		178		0	X(178)

DataElement ID: 06805 Name: RECORD-ID Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 8/30/2018 Last Updated On: 8/30/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		3		0	X(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06806 Name: INS-ID Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 8/30/2018 Last Updated On: 8/30/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		9			X(09)

DataElement ID: 06807 Name: FILE-EFF-DATE Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 8/30/2018 Last Updated On: 8/30/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		8			X(08)

DataElement ID: 06808 Name: FILE-UPDATE-IND Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 8/30/2018 Last Updated On: 8/30/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1			X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06809 Name: BEN-SURNAME Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 8/30/2018 Last Updated On: 9/4/2018
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		20	0		X(20)
2		X		AlphaNumeric		24	0		X(24)

DataElement ID: 06810 Name: FIRST-NAME Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 8/30/2018 Last Updated On: 8/30/2018
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		12	0		X(12)

DataElement ID: 06811 Name: MIDDLE-INT Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 8/30/2018 Last Updated On: 8/30/2018
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06812 Name: BIRTH-CC Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 8/30/2018 Last Updated On: 8/30/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2		0	X(02)

DataElement ID: 06813 Name: BIRTH-YY Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 8/30/2018 Last Updated On: 8/30/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2		0	X(02)

DataElement ID: 06814 Name: BIRTH-MM Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 8/30/2018 Last Updated On: 8/30/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2		0	X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06815 Name: BIRTH-DD Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 8/30/2018 Last Updated On: 8/30/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2		0	X(02)

DataElement ID: 06816 Name: SEX-CODE Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 8/30/2018 Last Updated On: 8/30/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 06817 Name: CARRIER-ID Version: Subsystem: MARS
 Created By: SYSTEM Last Updated By: T474104 Release:
 Created On: 8/25/2004 Last Updated On: 10/3/2008
 Description: THIS IS A UNIQUE NUMBER IDENTIFYING EACH THIRD PARTY CARRIER.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		6		0	X(6)
4	X		AlphaNumeric		6		0	X(6)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06818 Name: HIC-NUMBER Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 8/30/2018 Last Updated On: 8/30/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		12		0	X(12)

DataElement ID: 06819 Name: STATE-ID Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 8/30/2018 Last Updated On: 8/30/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		8		0	X(08)

DataElement ID: 06820 Name: MATCH-LEVEL Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 8/30/2018 Last Updated On: 8/30/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06821 Name: MCARE-UPDATE-DATE Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 8/30/2018 Last Updated On: 8/30/2018
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		8		0	X(08)

DataElement ID: 06822 Name: GROUP-POL-NUM Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 8/30/2018 Last Updated On: 8/30/2018
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		20		0	X(20)

DataElement ID: 06823 Name: SUPP-ELIG-DATES Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474181 Release:
 Created On: 8/30/2018 Last Updated On: 9/4/2018
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9		G		Group		0		0	

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06824 Name: ELIG-FROM-DATE Version: Subsystem:
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 8/30/2018 Last Updated On: 8/30/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric			8	0		9(08)

DataElement ID: 06826 Name: ELIG-TO-DATE Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 8/30/2018 Last Updated On: 8/30/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric			8	0		9(08)

DataElement ID: 06827 Name: TRAIL-REC-ID Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 8/30/2018 Last Updated On: 8/30/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			3	0		X(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06828 Name: NUM-OF-RECORDS Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 8/30/2018 Last Updated On: 8/30/2018
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		7	0		9(07)

DataElement ID: 06829 Name: FILLER Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 8/30/2018 Last Updated On: 8/30/2018
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		190	0		X(190)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06830 Name: ADJ-NOT-INCL Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THESE ARE CLAIM ADJUSTMENTS WHICH ARE NOT INCLUDED IN THE
 FEDERAL 2082 REPORTS BECAUSE OF INVALID DATA, ETC.
 THIS FIELD IS DISPLAYED AS A FOOTNOTE ON SEVERAL 2082'S.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		15	2		S9(13)V99

DataElement ID: 06831 Name: ADJ-INCL Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS IS A TOTAL OF ALL ADJUSTMENTS INCLUDED IN THE
 FEDERAL 2082 REPORTS. THIS FIELD IS DISPLAYED AS A FOOTNOTE
 ON SEVERAL 2082'S.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		15	2		S9(13)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06832 Name: INST-ADJ-NOT-INCL Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THESE ARE INSTITUTIONAL CLAIM ADJUSTMENTS WHICH ARE NOT INCLUDED IN THE FEDERAL 2082 REPORTS BECAUSE OF INVALID DATA, ETC. THIS FIELD IS DISPLAYED AS A FOOTNOTE ON REPORT WYMM6000-R019.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		15	2		S9(13)V99

DataElement ID: 06833 Name: INST-ADJ-INCL Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS IS A TOTAL OF ALL INSTITUTIONAL ADJUSTMENTS INCLUDED IN THE FEDERAL 2082 REPORTS. THIS FIELD IS DISPLAYED AS A FOOTNOTE ON REPORT WYMM6000-R019.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		15	2		S9(13)V99

Report:ND-001

Iowa Medicaid Enterprise

ND-Workbench

Data Element List

DataElement ID: 06834 Name: REPORT-23-INFO Version: Subsystem: MARS
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: THIS IS INFORMATION ACCUMULATED FOR REPORT WYMM6000-R023.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9		G	Group		0		0	

DataElement ID: 06835 Name: STATE-PAYMENTS Version: Subsystem: MARS
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: THIS IS THE AMOUNT OF STATE ASSISTANCE PAYMENTS. THIS VALUE
IS REPORTED ON WYMM6000-R023.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3	Numeric Comp-3		13		2	S9(11)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06836 Name: REFUGEE-PAYMENTS Version: Subsystem: MARS
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: THIS IS THE AMOUNT OF PAYMENTS FOR REFUGEE PROGRAMS. THIS
VALUE IS REPORTED ON WYMM6000-R023.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		13	2		S9(11)V99

DataElement ID: 06837 Name: OTHER-PAYMENTS Version: Subsystem: MARS
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: THIS IS THE AMOUNT OF PAYMENTS FOR OTHER PROGRAMS. THIS
VALUE IS REPORTED ON WYMM6000-R023.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		13	2		S9(11)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06838 Name: PREMIUM-COUNT Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE NUMBER OF MONTHS A RECIPIENT WAS BOUGHT IN.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		8		0	S9(08)

DataElement ID: 06900 Name: DENTAL-REIMB-AMT Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE TOTAL EXPENDITURE AMOUNT FOR DENTAL CLAIMS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		13		2	S9(11)V99

Iowa Medicaid Enterprise

Data Element List

```

DataElement ID: 06901      Name:  MARS-RECIP-AID-CAT-C      Version:
Created By:  SYSTEM      Last Updated By: T474193      Release:
Created On:   8/25/2004      Last Updated On:   2/26/2014
Description:  MARS RECIPIENT AID CATEGORY LEVEL C
              THIS FIELD REPRESENTS THE MARS LEVEL C
              RECIPIENT AID CATEGORY.
    
```

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		3	0		X(03)

```

DataElement ID: 06902      Name:  MARS-RECIP-AID-CAT-D      Version:
Created By:  SYSTEM      Last Updated By: T474193      Release:
Created On:   8/25/2004      Last Updated On:   2/26/2014
Description:  MARS RECIPIENT AID CATEGORY LEVEL D
              THIS FIELD REPRESENTS THE MARS LEVEL D
              RECIPIENT AID CATEGORY.
    
```

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		3	0		X(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06903 Name: SUB-CAT-OF-SVC-CODE Version: Subsystem: MARS
 Created By: Initial Sy Last Updated By: T474104 Release:
 Created On: 8/25/2004 Last Updated On: 12/29/2010

Description: *****IMPORTANT*****
 PLEASE KEEP IN SYNC WITH DED 02050 PROVIDER TYPE.
 SUB CATEGORY TYPE OF SERVICE CODE.
 THIS FIELD REPRESENTS THE SUB-CATEGORY TYPE CODE WITHIN
 PROVIDER CATEGORY OF SERVICE CODE.
 THIS IS ALSO KNOWN AS THE PROVIDER TYPE FIELD FOR IOWA

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		2	0		X(02)
2	N	Numeric		2	0		9(02)
9	G	Group		0	0		

DataElement ID: 06904 Name: MED-ASSIST-RPT-RECCD Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: MEDICAL ASSISTANCE FISCAL REPORTS RECORD CODE
 THIS FIELD IS USED TO IDENTIFY THE REPORT
 WITHIN THE MEDICAL ASSISTANCE FISCAL REPORT
 SERIES FOR WHICH THE DATA IS USED (IAMM6000).

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		3	0		X(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06905 Name: MED-ASSIST-RPT-GROUP Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDICAL ASSISTANCE FISCAL REPORTS GROUP CODE

-
 THIS FIELD IS USED TO IDENTIFY AGE, SEX, AND RACE GROUPINGS FOR THE SECTION B AND SECTION F MEDICAL ASSISTANCE FISCAL REPORTS (IAMM6000).

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			3	0		X(03)

DataElement ID: 06906 Name: UNDUP-DED-RECIPS-CNT Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: UNDUPLICATED DEDUCTIBLE RECIPIENT COUNT

THIS FIELD TALLIES THE TOTAL UNDUPLICATED NUMBER OF RECIPIENTS WHO HAD PAID FEDERALLY FUNDABLE CROSSOVER CLAIMS WITH MEDICARE DEDUCTIBLE AMOUNTS FOR THE SECTION E MEDICAL ASSISTANCE FISCAL REPORT (IAMM6000)..

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3			9	0		S9(09)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06907 Name: UNDUP-COIN-RECIP-CNT Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: UNDUPLICATED COINSURANCE RECIPIENT COUNT
 - THIS FIELD TALLIES THE TOTAL UNDUPLICATED
 NUMBER OF RECIPIENTS WHO HAD PAID FEDERALLY
 FUNDABLE CROSSOVER CLAIMS WITH MEDICARE
 COINSURANCE AMOUNTS FOR THE SECTION E
 MEDICAL ASSISTANCE FISCAL REPORT (IAMM6000)..

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	0		S9(09)

DataElement ID: 06908 Name: ELIGIBLE-RECIPS-CNT Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ELIGIBLE RECIPIENTS COUNT
 THIS FIELD TALLIES THE TOTAL NUMBER OF
 ELIGIBLES, REGARDLESS OF WHEN OR HOW LONG
 DURING THE YEAR THEY WERE ELIGIBLE FOR THE
 SECTION F MEDICAL ASSISTANCE FISCAL REPORT (IAMM6000)..

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	0		S9(09)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06909 Name: MED-ASST-DUR-GROUP Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDICAL ASSISTANCE FISCAL REPORTS DURATION GROUPINGS
 THIS FIELD IS USED TO IDENTIFY THE DURATION OF STAYS
 AS AN INPATIENT. DURATIONS OF 1-20 DAYS ARE NEEDED,
 AS WELL AS A 21 DAYS AND OVER GROUP. ANOTHER GROUP
 IS USED FOR ADJUSTMENT TOTALS, REGARDLESS OF DURATION.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		3	0		X(03)

DataElement ID: 06910 Name: NON-TL19-REIMB-AMT Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE TOTAL EXPENDITURE AMOUNT FOR NON-TITLE XIX
 CLAIMS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		13	2		S9(11)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06920 Name: GROSS-ADJ-REIMB-AMT Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE TOTAL EXPENDITURE AMOUNT FOR GROSS ADJUSTMENTS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		13		2	S9(11)V99

DataElement ID: 06930 Name: MED-ASST-REIMB-AMT Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDICAL ASSISTANCE FISCAL REPORTS REIMBURSEMENT AMOUNT
 THIS FIELD TALLIES THE TOTAL AMOUNT PAID EACH MONTH
 FOR THE MEDICAL ASSISTANCE FISCAL REPORTS (IAMM6000).

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		13		2	S9(11)V99

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 06931      Name:  MED-ASST-ADJUST-AMT      Version:
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: MEDICAL ASSISTANCE FISCAL REPORTS ADJUSTMENTS AMOUNT
              THIS FIELD TALLIES THE TOTAL AMOUNT OF ADJUSTMENTS
              FOR THE MONTH FOR THE MEDICAL ASSISTANCE FISCAL
              REPORTS (IAMM6000).
    
```

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3	Numeric Comp-3		13	2		S9(11)V99

```

DataElement ID: 06932      Name:  MED-ASST-MISC-QUANT      Version:
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: MEDICAL ASSISTANCE FISCAL REPORTS STATE FISCAL QUANTITY
              THIS FIELD TALLIES THE TOTAL NUMBER OF SERVED RECIPIENTS,
              THE TOTAL NUMBER OF DAYS, OR THE TOTAL NUMBER OF DISCHARGES,
              DEPENDING ON THE GROUPING (DED 6909) ASSOCIATED WITH IT
              ON THE RECORD.  USED IN THE MEDICAL ASSISTANCE FISCAL RPTS,
              SECTIONS C AND G (IAMM6000).
    
```

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3	Numeric Comp-3		9	0		S9(09)

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 06933      Name:  MED-ASST-TOTAL-DAYS      Version:      Subsystem: MARS
Created By:                Last Updated By:      Release:
Created On:   8/25/2004    Last Updated On:   8/25/2004
Description: MEDICAL ASSISTANCE FISCAL REPORTS MONTHLY TOTAL DAYS
              THIS FIELD TALLIES THE TOTAL NUMBER OF DAYS SPENT
              IN A HOSPITAL, SNF, OR ICF FACILITY FOR THE STATE
              MEDICAL ASSISTANCE FISCAL REPORTS (IAMM6000).
    
```

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3	Numeric Comp-3		9	0		S9(09)

```

DataElement ID: 06934      Name:  MED-ASST-DEDUCT-AMT      Version:      Subsystem: MARS
Created By:                Last Updated By:      Release:
Created On:   8/25/2004    Last Updated On:   8/25/2004
Description: MEDICAL ASSISTANCE FISCAL REPORTS DEDUCTIBLE AMOUNT
              THIS FIELD TALLIES THE TOTAL AMOUNT OF DEDUCTIBLE
              FOR THE MONTH THE MEDICAL ASSISTANCE FISCAL REPORT
              SECTION E (IAMM6000).
    
```

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3	Numeric Comp-3		13	2		S9(11)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06935 Name: MED-ASST-COIN-AMOUNT Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDICAL ASSISTANCE FISCAL REPORTS COINSURANCE AMOUNT
 THIS FIELD TALLIES THE TOTAL AMOUNT OF COINSURANCE
 FOR THE MONTH FOR THE MEDICAL ASSISTANCE FISCAL REPORT
 SECTION E (IAMM6000).

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		13	2		S9(11)V99

DataElement ID: 06936 Name: MED-ASST-FED-CAT-GRP Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDICAL ASSISTANCE FISCAL REPORTS FEDERAL CATEGORY GROUP
 THIS FIELD IS USED TO GROUP MULTIPLE FEDERAL CATEGORIES
 OF SERVICE INTO ONE GROUP FOR THE PURPOSE OF ACCUMULATING
 UNDUPLICATED RECIPIENT COUNTS. USED FOR THE MEDICAL
 ASSISTANCE FISCAL REPORT SECTION D REPORT (IAMM6000).

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		3	0		X(03)

Iowa Medicaid Enterprise

Data Element List

```

DataElement ID: 06937      Name:  MED-ASST-FED-AID-GRP      Version:      Subsystem: MARS
Created By:                Last Updated By:      Release:
Created On: 8/25/2004      Last Updated On: 8/25/2004
Description: - MEDICAL ASSISTANCE FISCAL REPORTS FEDERAL AID CAT GROUP
THIS FIELD IS USED TO GROUP MULTIPLE FEDERAL AID CATEGORIES
INTO ONE GROUP FOR THE PURPOSE OF ACCUMULATING
UNDUPLICATED RECIPIENT COUNTS.  USED FOR THE MEDICAL
ASSISTANCE FISCAL REPORT SECTION E REPORT (IAMM6000).
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		3	0		X(03)

```

DataElement ID: 06941      Name:  DATE-OF-SERVICE      Version:      Subsystem: MARS
Created By:                Last Updated By:      Release:
Created On: 8/25/2004      Last Updated On: 8/25/2004
Description: GROUP LEVEL YEAR AND MONTH OF SERVICE.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06942 Name: DATE-OF-SVC-YY Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: YEAR OF SERVICE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 06943 Name: DATE-OF-SVC-MM Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MONTH OF SERVICE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 06944 Name: H-MARS-REC-AID-CAT-A Version: Subsystem: MARS
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 2/27/2020 Last Updated On: 2/27/2020
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		3	0		X(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06971 Name: NUMBER-OF-RX Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF PRESCRIPTIONS
 NUMBER OF PRESCRIPTIONS. USED IN DRUG REPORTING.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		6	0		9(06)

DataElement ID: 06972 Name: NDC-AMOUNT-PAID Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NDC AMOUNT PAID
 AMOUNT PAID FOR PRESCRIPTIONS. USED IN DRUG REPORTING.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		13	2		S9(11)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06981 Name: DRG-CASES Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DRG CASES
 THE NUMBER OF DRG CASES FOR THE REPORTING PERIOD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

DataElement ID: 06982 Name: DRG-DAYS Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DRG DAYS
 THE NUMBER OF DRG DAYS OF CARE FOR THE REPORTING PERIOD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06983 Name: DRG-PAYMENT Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DRG PAYMENT
 THE REIMBURSEMENT AMOUNT FOR DRG CASES FOR THE REPORTING PERIOD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		11	2		S9(09)V99

DataElement ID: 06984 Name: PROV-DRG-COST Version: Subsystem: MARS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROV DRG COST
 THE PROVIDERS COST OF SERVICES.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		11	2		S9(09)V99

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 06985      Name:   DRG-DISP-SHR      Version:      Subsystem: MARS
Created By:                Last Updated By:      Release:
Created On:   8/25/2004    Last Updated On:      8/25/2004
Description: DRG DISP SHR
              THE PROVIDER DRG DISPROPORTIONATE SHARE
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	2		S9(07)V99

```

DataElement ID: 06986      Name:   EPSDT-EXCEPTION-IND      Version:      Subsystem: MARS
Created By:                Last Updated By:      Release:
Created On:   8/25/2004    Last Updated On:      8/25/2004
Description: MARS EPSDT EXCEPTION SCREENING INDICATOR
              MARS EPSDT EXCEPTION SCREENING INDICATOR - CREATED IN IAMM0100 A
              USED IN IAMM1700.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06987 Name: RECIP-HH-DATA Version: Subsystem: Recipient
 Created By: T474190 Last Updated By: T474190 Release:
 Created On: 5/31/2012 Last Updated On: 6/1/2012
 Description: RECIPIENT HEALTH HOME DATA
 GROUP LEVEL ITEM WILL FOR MEMBER HEALTH HOME DATA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 06988 Name: HH-TIER Version: Subsystem: Recipient
 Created By: T474190 Last Updated By: T474190 Release:
 Created On: 5/31/2012 Last Updated On: 6/1/2012
 Description: RECIPIENT HEALTH HOME RISK TIER
 THIS ITEM WILL BE USED TO DETERMINE THE RISK TIER FOR NUMBER OF CHRONIC CONDITIONS A MEMBER MAY
 HAVE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06989 Name: HH-LOCK-IN Version: Subsystem: Recipient
 Created By: T474190 Last Updated By: T474190 Release:
 Created On: 5/31/2012 Last Updated On: 6/1/2012
 Description: RECIPIENT HEALTH HOME LOCKIN-INDICATOR
 THIS WILL BE USED TO DETERMINE WHETHER A HEALTH HOME MEMBER IS IN LOCKIN OR NOT FOR A HEALTH HOME PROVIDER.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 06990 Name: PROV-IHIN Version: Subsystem: Recipient
 Created By: T474186 Last Updated By: T474186 Release:
 Created On: 4/4/2013 Last Updated On: 4/4/2013
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06991 Name: PROV-IHIN-EFF-DATE Version: Subsystem:
 Created By: T474186 Last Updated By: T474186 Release:
 Created On: 4/4/2013 Last Updated On: 4/4/2013
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5		0	S9(05)

DataElement ID: 06992 Name: PROV-IHIN-EFF-DATE Version: Subsystem: Recipient
 Created By: T474186 Last Updated By: T474186 Release:
 Created On: 4/4/2013 Last Updated On: 4/4/2013
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5		0	S9(05)

DataElement ID: 06993 Name: BENEFIT-PLAN-IND Version: Subsystem: Recipient
 Created By: T474199 Last Updated By: T474350 Release:
 Created On: 7/23/2013 Last Updated On: 2/12/2019
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1		0	X(01)
4	X	AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06994 Name: PREG-FAM-IND Version: Subsystem: Recipient
 Created By: T474199 Last Updated By: T474199 Release:
 Created On: 7/23/2013 Last Updated On: 8/5/2013
 Description: PREGNANCY/POSTPARTUM - DETERMINED BY TXIX

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 06995 Name: MEDID-SYS-DATE Version: Subsystem: Recipient
 Created By: T474199 Last Updated By: T474199 Release:
 Created On: 7/23/2013 Last Updated On: 7/23/2013
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	G		Group		0		0	

DataElement ID: 06996 Name: MED-FRAIL-IND Version: Subsystem: Recipient
 Created By: T474199 Last Updated By: T474199 Release:
 Created On: 7/23/2013 Last Updated On: 8/12/2015
 Description: MEDICALLY FRAIL QUESTIONS ANSWER, OR MMIS CONFIRMED, DEPENDING ON THE VALUE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)
4	X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 06997 Name: NEWLY-ELIG-IND Version: Subsystem: Recipient
 Created By: T474199 Last Updated By: T474166 Release:
 Created On: 7/23/2013 Last Updated On: 10/1/2013
 Description: NEWLY ELIGIBLE OR NOT - PASSED FROM ELIAS

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 06998 Name: ELIAS-AID-CODE Version: Subsystem: Recipient
 Created By: T474199 Last Updated By: T474199 Release:
 Created On: 7/23/2013 Last Updated On: 7/23/2013
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		3		0	X(03)

DataElement ID: 06999 Name: MEDID-SYS-YY Version: Subsystem: Recipient
 Created By: T474199 Last Updated By: T474199 Release:
 Created On: 7/23/2013 Last Updated On: 7/23/2013
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2		0	X(02)

Iowa Medicaid Enterprise Data Element List

DataElement ID: 07000 Name: PARM-TRANS-CD-SUR Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ***** MMIS DATA ELEMENT NAME - PARAMETER TRANSACTION CODE
 MMIS GSD DATA ELEMENT NUMBER - 700
 MMIS DEFINITION - A TWO DIGIT CODE, THE FIRST DIGIT OF WHICH
 IDENTIFIES THE TYPE OF PARAMETER TRANSAC-
 TION, AND THE SECOND DIGIT OF WHICH TELLS
 WHETHER IT IS AN ADDITION, DELETION, OR
 CHANGE. *****
 THIS CODE IS THE SECOND DIGIT OF THE GSD DATA ELEMENT NUMBER 700.
 -
 ALLOWABLE VALUES: A = ADD
 D = DELETE
 R = REPLACE
 REFER TO DED 07364 FOR THE DEFINITION OF THE FIRST DIGIT.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 07001 Name: MEDID-SYS-MM Version: Subsystem: Recipient
 Created By: T474199 Last Updated By: T474199 Release:
 Created On: 7/23/2013 Last Updated On: 7/23/2013
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2	0		X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07002 Name: IHAWP-ELIG-DATA Version: Subsystem: Recipient
 Created By: T474199 Last Updated By: T474199 Release:
 Created On: 7/24/2013 Last Updated On: 7/24/2013
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	G		Group		0		0	

DataElement ID: 07003 Name: IHAWP-ELIG-BEG-DATE Version: Subsystem: Recipient
 Created By: T474199 Last Updated By: T474193 Release:
 Created On: 7/24/2013 Last Updated On: 8/5/2013
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		8		0	X(08)
2	N3		Numeric Comp-3		5		0	S9(05)

DataElement ID: 07004 Name: IHAWP-ELIG-END-DATE Version: Subsystem: Recipient
 Created By: T474199 Last Updated By: T474193 Release:
 Created On: 7/24/2013 Last Updated On: 8/5/2013
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		8		0	X(08)
2	N3		Numeric Comp-3		5		0	S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07006 Name: IHAWP-LAST-TRANS-DT Version: Subsystem: Recipient
 Created By: T474199 Last Updated By: T474193 Release:
 Created On: 7/24/2013 Last Updated On: 8/5/2013
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		8		0	X(08)
2	N3		Numeric Comp-3		5		0	S9(05)

DataElement ID: 07007 Name: CONFIDENTIAL-IND Version: Subsystem: Recipient
 Created By: T474195 Last Updated By: T474195 Release:
 Created On: 10/30/2013 Last Updated On: 10/30/2013
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 07008 Name: IHAWP-DENTAL-IND Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474199 Release:
 Created On: 4/8/2014 Last Updated On: 4/14/2015
 Description: IHAWP DELTA DENTAL INDICATOR

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07009 Name: IHAWP-DISENRL-REQ Version: Subsystem: SURS
 Created By: T474190 Last Updated By: T474166 Release:
 Created On: 4/9/2014 Last Updated On: 4/10/2014
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 07010 Name: PREMIUM-EXEMP-VALUE Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 7/17/2014 Last Updated On: 10/10/2014
 Description: THIS CONTAINS THE PREMIUM EXEMPTIONS VALID VALUES FOR IHAWP MEMBERS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2		0	X(02)
2	N		Numeric		2		0	9(02)

DataElement ID: 07011 Name: USER-ID Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 7/28/2014 Last Updated On: 7/28/2014
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		8		0	X(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07012 Name: RETURN-REASON-CODE Version: Subsystem: Recipient
 Created By: T474190 Last Updated By: T474190 Release:
 Created On: 9/24/2014 Last Updated On: 9/24/2014
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		4		0	X(04)

DataElement ID: 07013 Name: RETURN-REASON-DESC Version: Subsystem: Recipient
 Created By: T474190 Last Updated By: T474190 Release:
 Created On: 9/24/2014 Last Updated On: 9/24/2014
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		20		0	X(20)

DataElement ID: 07014 Name: PREMIUM-MONTH Version: Subsystem: Recipient
 Created By: T474190 Last Updated By: T474190 Release:
 Created On: 9/25/2014 Last Updated On: 9/25/2014
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		7		0	X(07)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07015 Name: SRC-OF-BILLING-DEF Version: Subsystem: Recipient
 Created By: T474190 Last Updated By: T474190 Release:
 Created On: 9/25/2014 Last Updated On: 9/26/2014
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		32		0	X(32)

DataElement ID: 07016 Name: LAST-CLM-DATE Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 11/6/2014 Last Updated On: 11/17/2014
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		10		0	X(10)
2	N3		Numeric Comp-3		5		0	S9(05)

DataElement ID: 07017 Name: INVOICE-FLAG Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 11/10/2014 Last Updated On: 11/10/2014
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07018 Name: RECIP-834-SENT-DATE Version: Subsystem: Recipient
 Created By: T474186 Last Updated By: T474186 Release:
 Created On: 1/23/2015 Last Updated On: 1/23/2015
 Description: RECIPIENT 834 SENT DATE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

DataElement ID: 07019 Name: RECIP-CAP-DATE Version: Subsystem:
 Created By: T474186 Last Updated By: T474186 Release:
 Created On: 1/23/2015 Last Updated On: 1/23/2015
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07020 Name: CLS-GRP-CD Version: Subsystem: SURS
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: ***** MMIS DATA ELEMENT NAME - CLASS GROUP CODE
MMIS GSD DATA ELEMENT NUMBER - 702
MMIS DEFINITION - A TWO DIGIT USER ASSIGNED CODE WHICH IDENTIFIES A CLASSIFICATION OF PROVIDERS WITHIN A CATEGORY OF SERVICE OR A CLASSIFICATION OF RECIPIENTS. USED TO ESTABLISH PEER GROUPS FOR PURPOSES OF EXCEPTION REPORTING. *****
***** MMIS DATA ELEMENT NAME - TYPE GROUP CODE
MMIS GSD DATA ELEMENT NUMBER - 703
MMIS DEFINITION - A TWO DIGIT USER ASSIGNED CODE USED TO GROUP TOGETHER PROVIDER TYPE CODES FOR PURPOSES OF EXCEPTION PROCESSING. *****
***** MMIS DATA ELEMENT NAME - LOCATION GROUP CODE
MMIS GSD DATA ELEMENT NUMBER - 704
MMIS DEFINITION - A TWO DIGIT USER ASSIGNED CODE USED TO GROUP LOCATION CODES OF PROVIDERS OR RECIPIENTS FOR PURPOSES OF EXCEPTION PROCESSING. *****
***** MMIS DATA ELEMENT NAME - SPECIALTY GROUP CODE
MMIS GSD DATA ELEMENT NUMBER - 705
MMIS DEFINITION - A TWO DIGIT USER ASSIGNED CODE USED TO GROUP TOGETHER PROVIDER SPECIALTY CODES FOR PURPOSES OF EXCEPTION PROCESSING. *****
***** MMIS DATA ELEMENT NAME - AGE GROUP CODE -
MMIS GSD DATA ELEMENT NUMBER - 706
MMIS DEFINITION - A TWO DIGIT USER ASSIGNED CODE USED FOR ESTABLISHING AGE RANGES FOR PURPOSES OF EXCEPTION PROCESSING. *****
***** MMIS DATA ELEMENT NAME - AID GROUP CODE -
MMIS GSD DATA ELEMENT NUMBER - 707
MMIS DEFINITION - A TWO DIGIT USER ASSIGNED CODE USED TO GROUP RECIPIENT AID CATEGORIES FOR PURPOSES OF EXCEPTION PROCESSING. *****
PROVIDER RECORD EDITS...
1. DEFAULT VALUE IS SPACE
- 2. IF SUPPLIED, MUST BE NUMERIC.

Iowa Medicaid Enterprise

Data Element List

3. RELATES TO THE 1ST OCCURRENCE OF CAT-OF-SVC-DATA

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		2	0		X(02)
2	N	Numeric		2	0		9(02)
9	G	Group		0	0		

DataElement ID: 07021 Name: RECIP-CAP-AMOUNT Version: Subsystem:
 Created By: T474186 Last Updated By: T474186 Release:
 Created On: 1/23/2015 Last Updated On: 1/23/2015
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	0		S9(07)

DataElement ID: 07022 Name: RECIP-820-SENT-DATE Version: Subsystem:
 Created By: T474186 Last Updated By: T474186 Release:
 Created On: 1/23/2015 Last Updated On: 1/23/2015
 Description: RECIPIENT 820 SENT DATE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07023 Name: RECIP-820-AMT Version: Subsystem:
 Created By: T474186 Last Updated By: T474186 Release:
 Created On: 1/23/2015 Last Updated On: 1/23/2015
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		7	0		S9(07)

DataElement ID: 07024 Name: INCAR-BEGIN-DATE Version: Subsystem: Recipient
 Created By: T474190 Last Updated By: T474219 Release:
 Created On: 5/15/2015 Last Updated On: 5/19/2015
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

DataElement ID: 07025 Name: NUM-INCAR-DATA Version: Subsystem: Recipient
 Created By: T474219 Last Updated By: T474219 Release:
 Created On: 5/15/2015 Last Updated On: 5/15/2015
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		3	0		S9(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07026 Name: INCAR-DATA Version: Subsystem: Recipient
 Created By: T474219 Last Updated By: T474219 Release:
 Created On: 5/15/2015 Last Updated On: 5/15/2015
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 07027 Name: INCAR-END-DATE Version: Subsystem: Recipient
 Created By: T474219 Last Updated By: T474219 Release:
 Created On: 5/15/2015 Last Updated On: 5/15/2015
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

DataElement ID: 07028 Name: LAST-UPDATE-DATE Version: Subsystem: Recipient
 Created By: T474219 Last Updated By: T474219 Release:
 Created On: 5/15/2015 Last Updated On: 5/15/2015
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07029 Name: UPDATE-SOURCE-CD Version: Subsystem: Recipient
 Created By: T474219 Last Updated By: T474219 Release:
 Created On: 5/15/2015 Last Updated On: 5/15/2015
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

DataElement ID: 07030 Name: RECORD-SOURCE-CODE Version: Subsystem: Recipient
 Created By: T474219 Last Updated By: T474219 Release:
 Created On: 5/26/2015 Last Updated On: 5/26/2015
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

DataElement ID: 07031 Name: MEDICARE-ELIG-IND Version: Subsystem: Recipient
 Created By: T474199 Last Updated By: T474199 Release:
 Created On: 8/12/2015 Last Updated On: 9/2/2015
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07032 Name: MCO-LTC-BLEND Version: Subsystem: Recipient
 Created By: T474199 Last Updated By: T474199 Release:
 Created On: 8/12/2015 Last Updated On: 8/12/2015
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 07033 Name: RECIP-820-AMOUNT Version: Subsystem:
 Created By: T474186 Last Updated By: T474186 Release:
 Created On: 1/23/2015 Last Updated On: 1/23/2015
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3		Numeric Comp-3		7		0	S9(07)

DataElement ID: 07034 Name: FACS-ID-NBR Version: Subsystem: Recipient
 Created By: T474190 Last Updated By: T474190 Release:
 Created On: 9/14/2015 Last Updated On: 9/14/2015
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N		Numeric		7		0	9(07)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07035 Name: HKI-MEM-STATE-ID Version: Subsystem: Recipient
 Created By: T474218 Last Updated By: T474218 Release:
 Created On: 12/9/2015 Last Updated On: 12/9/2015
 Description: HKI-MEMBER-STATE-ID

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		8	0		X(08)

DataElement ID: 07036 Name: LAST-UPDATE-DATE Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 8/1/2018 Last Updated On: 8/1/2018
 Description: COBA-LAST-UPDATE-DATE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N		Numeric		8	0		9(08)

DataElement ID: 07037 Name: HKI-POL-HOLDER-ID Version: Subsystem: Recipient
 Created By: T474218 Last Updated By: T474198 Release:
 Created On: 12/9/2015 Last Updated On: 12/10/2015
 Description: HAWKI POLICY HOLDER ID (HAWKI SYSTEM UNIQUE ID).

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		9	0		X(09)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07038 Name: HKI-MEM-SSN Version: Subsystem: Recipient
 Created By: T474218 Last Updated By: T474198 Release:
 Created On: 12/9/2015 Last Updated On: 12/10/2015
 Description: HKI-MEM-SSN.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		9		0	X(09)

DataElement ID: 07039 Name: HKI-MEM-LNAME Version: Subsystem: Recipient
 Created By: T474218 Last Updated By: T474198 Release:
 Created On: 12/9/2015 Last Updated On: 12/10/2015
 Description: HKI-MEM-LNAME.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		17		0	X(17)

DataElement ID: 07040 Name: HKI-MEM-FNAME Version: Subsystem: Recipient
 Created By: T474218 Last Updated By: T474198 Release:
 Created On: 12/9/2015 Last Updated On: 12/10/2015
 Description: HKI-MEM-FNAME.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		12		0	X(12)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07041 Name: HKI-MEM-COUNTY Version: Subsystem: Recipient
 Created By: T474218 Last Updated By: T474198 Release:
 Created On: 12/9/2015 Last Updated On: 12/10/2015
 Description: HKI-MEM-COUNTY.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		3		0	X(03)

DataElement ID: 07042 Name: HKI-REC-INS-DATE Version: Subsystem: Recipient
 Created By: T474218 Last Updated By: T474198 Release:
 Created On: 12/9/2015 Last Updated On: 12/10/2015
 Description: HKI-REC-INS-DATE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		6		0	X(06)

DataElement ID: 07043 Name: HKI-REC-UPD-DATE Version: Subsystem: Recipient
 Created By: T474218 Last Updated By: T474198 Release:
 Created On: 12/9/2015 Last Updated On: 12/10/2015
 Description: HKI-REC-UPD-DATE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		6		0	X(06)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07044 Name: HKI-MEM-LST-MCO-CHG Version: Subsystem: Recipient
 Created By: T474218 Last Updated By: T474218 Release:
 Created On: 12/9/2015 Last Updated On: 3/11/2016
 Description: HAWKI MEMBER MCO CHANGE FROM LAST MONTH.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 07045 Name: HKI-MEM-LST-MCO-PLID Version: Subsystem: Recipient
 Created By: T474218 Last Updated By: T474218 Release:
 Created On: 12/9/2015 Last Updated On: 3/11/2016
 Description: HAWKI MEMBER CURRENT MCO PLAN ID.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		6		0	X(06)

DataElement ID: 07046 Name: HKI-MEM-NUM-MCO-MNTS Version: Subsystem: Recipient
 Created By: T474218 Last Updated By: T474198 Release:
 Created On: 12/9/2015 Last Updated On: 12/10/2015
 Description: HAWKI MEMBER NUMBER OF MCO MONTHS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N		Numeric		2		0	9(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07047 Name: HKI-MEM-MCO-DATA Version: Subsystem: Recipient
 Created By: T474218 Last Updated By: T474342 Release:
 Created On: 12/9/2015 Last Updated On: 10/21/2016
 Description: HKI-MEM-MCO-DATA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	G	Group		0	0		

DataElement ID: 07048 Name: HKI-MEM-MON-MCO-DATA Version: Subsystem: Recipient
 Created By: T474218 Last Updated By: T474198 Release:
 Created On: 12/9/2015 Last Updated On: 12/10/2015
 Description: HKI-MEM-MON-MCO-DATA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	G	Group		0	0		

DataElement ID: 07049 Name: HKI-MCO-SERV-MONTH Version: Subsystem: Recipient
 Created By: T474218 Last Updated By: T474198 Release:
 Created On: 12/9/2015 Last Updated On: 12/10/2015
 Description: HKI-MCO-SERV-MONTH.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		6	0		X(06)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07050 Name: HKI-MCO-PLAN-ID Version: Subsystem: Recipient
 Created By: T474218 Last Updated By: T474198 Release:
 Created On: 12/9/2015 Last Updated On: 12/10/2015
 Description: HAWKI MONTHLY MCO PLAN ID.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		6	0		X(06)

DataElement ID: 07051 Name: HKI-MCO-NAME Version: Subsystem: Recipient
 Created By: T474218 Last Updated By: T474342 Release:
 Created On: 12/9/2015 Last Updated On: 10/24/2016
 Description: HAWKI MONTHLY MCO NAME.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		25	0		X(25)

DataElement ID: 07052 Name: HKI-MON-DATA-UPD-DT Version: Subsystem: Recipient
 Created By: T474218 Last Updated By: T474342 Release:
 Created On: 12/9/2015 Last Updated On: 10/26/2016
 Description: HKI-MON-DATA-UPD-DT.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		6	0		X(06)
2	X		AlphaNumeric		6	0		X(06)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07053 Name: HKI-MEM-LST-MCO-STDT Version: Subsystem: Recipient
 Created By: T474218 Last Updated By: T474218 Release:
 Created On: 12/16/2015 Last Updated On: 3/11/2016
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		8		0	X(08)

DataElement ID: 07054 Name: FILE-SOURCE Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 8/30/2016 Last Updated On: 8/30/2016
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		3		0	X(03)

DataElement ID: 07055 Name: ANSI-CODES Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 10/19/2016 Last Updated On: 10/19/2016
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2		0	X(02)
2	N		Numeric		2		0	9(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07056 Name: ACTION-CODE Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 10/20/2016 Last Updated On: 10/20/2016
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 07057 Name: ACTION-CODE1 Version: Subsystem: Recipient
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 10/20/2016 Last Updated On: 10/20/2016
 Description: ACTION-CODE1

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 07058 Name: HKI-MEM-CASE-ID Version: Subsystem: Recipient
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 10/20/2016 Last Updated On: 10/21/2016
 Description: CASE-ID

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		10		0	X(10)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07059	Name: HKI-MEM-PART-ID	Version:	Subsystem: Recipient
Created By: T474342	Last Updated By: T474342	Release:	
Created On: 10/20/2016	Last Updated On: 10/21/2016		
Description: HKI-MEM-PART-ID			

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		16		0	X(16)

DataElement ID: 07060	Name: AGE-GRP-CD	Version:	Subsystem: SURS
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: AGE GROUP CODE			
A ONE DIGIT USER ASSIGNED CODE USED FOR ESTABLISHING AGE RANGES			
FOR PURPOSES OF EXCEPTION PROCESSING.			
ALLOWABLE VALUES ARE: 1-4			

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07061 Name: HKI-MEMBER-LNAME Version: Subsystem: Recipient
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 10/20/2016 Last Updated On: 10/21/2016
 Description: MEMBER-LNAME

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		25		0	X(25)

DataElement ID: 07062 Name: HKI-MEMBER-FNAME Version: Subsystem: Recipient
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 10/21/2016 Last Updated On: 10/21/2016
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		20		0	X(20)

DataElement ID: 07063 Name: HKI-MEMBER-INITIAL Version: Subsystem:
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 10/21/2016 Last Updated On: 10/21/2016
 Description: HKI-MEMBER-INITIAL

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07064 Name: HKI-MEMBER-TITLE Version: Subsystem: Recipient
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 10/21/2016 Last Updated On: 10/21/2016
 Description: HKI-MEMBER-TITLE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			2	0		X(02)

DataElement ID: 07065 Name: EXTRACT-DATE Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 8/1/2018 Last Updated On: 8/1/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric			8	0		9(08)

DataElement ID: 07066 Name: HKI-MEMBER-GENDER Version: Subsystem:
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 10/21/2016 Last Updated On: 10/21/2016
 Description: HKI-MEMBER-GENDER

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07067 Name: HKI-MEM-ADDR-LINE1 Version: Subsystem: Recipient
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 10/21/2016 Last Updated On: 10/21/2016
 Description: HKI-MEM-ADDR-LINE1

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		30	0		X(30)

DataElement ID: 07068 Name: HKI-MEM-ADDR-LINE2 Version: Subsystem: Recipient
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 10/21/2016 Last Updated On: 10/21/2016
 Description: HKI-MEM-ADDR-LINE2

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		30	0		X(30)

DataElement ID: 07069 Name: HKI-MEM-HOHLD-CITY Version: Subsystem: Recipient
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 10/21/2016 Last Updated On: 10/21/2016
 Description: HKI-MEM-HOHLD-CITY

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		20	0		X(20)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07070 Name: HKI-MEM-HOHLD-STATE Version: Subsystem: Recipient
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 10/21/2016 Last Updated On: 10/21/2016
 Description: HKI-MEM-HOHLD-STATE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2		0	X(02)

DataElement ID: 07071 Name: HKI-MEM-HOHLD-ZIP-CD Version: Subsystem: Recipient
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 10/21/2016 Last Updated On: 10/21/2016
 Description: HKI-MEM-HOHLD-ZIP-CD

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		5		0	X(05)

DataElement ID: 07072 Name: HKI-MEM-HOHLD-ZIP-EX Version: Subsystem: Recipient
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 10/21/2016 Last Updated On: 10/21/2016
 Description: HKI-MEM-HOHLD-ZIP-EX

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		4		0	X(04)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07073 Name: HKI-MEM-HOHLD-COUNTY Version: Subsystem: Recipient
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 10/21/2016 Last Updated On: 10/21/2016
 Description: HKI-MEM-HOHLD-COUNTY

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2	0		X(02)

DataElement ID: 07074 Name: HKI-MEM-HOHLD-PHONE Version: Subsystem: Recipient
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 10/21/2016 Last Updated On: 10/21/2016
 Description: HKI-MEM-HOHLD-PHONE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		10	0		X(10)

DataElement ID: 07075 Name: HKI-MEM-RELAT-CD Version: Subsystem: Recipient
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 10/21/2016 Last Updated On: 10/21/2016
 Description: HKI-MEM-RELAT-CD

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07076 Name: HKI-MEM-LANGUAGE-CD Version: Subsystem: Recipient
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 10/21/2016 Last Updated On: 10/21/2016
 Description: HKI-MEM-LANGUAGE-CD

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 07077 Name: HKI-MEM-HOH-LNAME Version: Subsystem: Recipient
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 10/21/2016 Last Updated On: 10/21/2016
 Description: HKI-MEM-HOH-LNAME

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		25		0	X(25)

DataElement ID: 07078 Name: HKI-MEM-HOH-FNAME Version: Subsystem: Recipient
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 10/21/2016 Last Updated On: 10/21/2016
 Description: HKI-MEM-HOH-FNAME

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		20		0	X(20)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07079	Name: HKI-HOH-MID-INIT	Version:	Subsystem: Recipient
Created By: T474342	Last Updated By: T474342	Release:	
Created On: 10/21/2016	Last Updated On: 10/21/2016		
Description: HKI-HOH-MID-INIT			

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		1		0	X(01)

DataElement ID: 07080	Name: RPT-SEC-CD	Version:	Subsystem: SURS
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: ***** MMIS DATA ELEMENT NAME - REPORT SECTION CODE MMIS GSD DATA ELEMENT NUMBER - 708 MMIS DEFINITION - AN ALPHANUMERIC CODE USED TO IDENTIFY SECTIONS WITHIN S/UR REPORTS. *****			

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		2		0	X(2)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07081 Name: HKI-HOH-ADDR-LINE1 Version: Subsystem: Recipient
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 10/21/2016 Last Updated On: 10/21/2016
 Description: HKI-HOH-ADDR-LINE1

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		30	0		X(30)

DataElement ID: 07082 Name: HKI-HOH-ADDR-LINE2 Version: Subsystem: Recipient
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 10/21/2016 Last Updated On: 10/21/2016
 Description: HKI-HOH-ADDR-LINE2

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		30	0		X(30)

DataElement ID: 07083 Name: HKI-HOH-CITY Version: Subsystem: Recipient
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 10/21/2016 Last Updated On: 10/21/2016
 Description: HKI-HOH-CITY

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		20	0		X(20)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07084 Name: HKI-HOH-STATE Version: Subsystem: Recipient
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 10/21/2016 Last Updated On: 10/21/2016
 Description: HKI-HOH-STATE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2	0		X(02)

DataElement ID: 07085 Name: HKI-HOH-ZIP-CD Version: Subsystem: Recipient
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 10/21/2016 Last Updated On: 10/21/2016
 Description: HKI-HOH-ZIP-CD

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		5	0		X(05)

DataElement ID: 07086 Name: HKI-HOH-ZIP-EXT Version: Subsystem: Recipient
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 10/21/2016 Last Updated On: 10/21/2016
 Description: HKI-HOH-ZIP-EXT

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		4	0		X(04)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07087 Name: HKI-HOH-COUNTY Version: Subsystem: Recipient
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 10/21/2016 Last Updated On: 10/21/2016
 Description: HKI-HOH-COUNTY

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		3			X(03)

DataElement ID: 07088 Name: HKI-HOH-PHONE Version: Subsystem: Recipient
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 10/21/2016 Last Updated On: 10/21/2016
 Description: HKI-HOH-PHONE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		10			X(10)

DataElement ID: 07089 Name: HKI-MAILNG-ADDR-LIN1 Version: Subsystem: Recipient
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 10/21/2016 Last Updated On: 10/21/2016
 Description: HKI-MAILNG-ADDR-LIN1

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		30			X(30)

Iowa Medicaid Enterprise

Data Element List

```

DataElement ID: 07090      Name:  RPT-ITM-CD      Version:      Subsystem: SURS
Created By:                Last Updated By:      Release:
Created On: 8/25/2004      Last Updated On: 8/25/2004
Description: ***** MMIS DATA ELEMENT NAME - REPORT ITEM CODE
MMIS GSD DATA ELEMENT NUMBER - 709
MMIS DEFINITION - A TWO DIGIT CODE USED TO IDENTIFY ITEMS
OF DATA APPEARING ON S/UR REPORTS. THIS
CODE IS UNIQUE ONLY WITHIN REPORT
SECTIONS. *****
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		2	0		X(2)

```

DataElement ID: 07091      Name:  TRT-CLS-CNTL-REC-NO      Version:      Subsystem: SURS
Created By:                Last Updated By:      Release:
Created On: 8/25/2004      Last Updated On: 8/25/2004
Description: RECORD IDENTIFIER FOR THE RECORDS ON THE TREATMENT CLASS GROUP
CONTROL FILE. 1 = CAT SVC HDR 2 = CLS GRP CNTL REC
RECORD IDENTIFIER FOR THE TRT REPORT CONTROL FILE
1 = PHYS RCD 2 = INSTIT RCD
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		0	0		X

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07092 Name: REC-USAGE-IND Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RECORD USAGE INDICATOR
 AN INDICATOR THAT SPECIFIES WHETHER DIAGNOSIS EXCEPTION CRITERIA
 IS AVAILABLE OR NOT.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(1)

DataElement ID: 07093 Name: AGE-GROUP-USG-IND Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: - AGE GROUP USAGE INDICATOR
 AN INDICATOR THAT SPECIFIES WHETHER DATA IS AVAILABLE FOR A
 SPECIFIC AGE GROUP.SP = NO DATA AVAILABLE FOR AGE
 0 = ONLY THIS AGE OCCURENCE CAN HAVE DATA
 1 = SOME OTHER OCCURENCE FOR AGE CAN HAVE DATA

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		0	0		X

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07094 Name: DIAG-STRA-EXC-CTL Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DIAGNOSIS STRATA EXCEPTION CONTROL GROUP IN THE PHYS AND INST EXC
 CRITERIA RCD ON THE TREATMENT REPORT CONTROL FILE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 07095 Name: AVG-PROC-TYCD Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TYPE OF EXCEPTION CRITERIA CARRIED
 0 = STANDARD DEVIATION 1 = VALUE RANGES

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		0	0		9

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07096 Name: DIFF-PROC-TYCD Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TYPE OF EXCEPTION CRITERIA CARRIED
 0 = STANDARD DEVIATION 1 = VALUE RANGES

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		0	0		9

DataElement ID: 07097 Name: AVG-RX-TYCD Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TYPE OF EXCEPTION CRITERIA CARRIED
 0 = STANDARD DEVIATION 1 = VALUE RANGES

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		0	0		9

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07098 Name: DIFF-RX-TYCD Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TYPE OF EXCEPTION CRITERIA CARRIED
 0 = STANDARD DEVIATION 1 = VALUE RANGES

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		0	0		9

DataElement ID: 07099 Name: AVG-DSCH-TYCD Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TYPE EXCEPTION CRITERIA CARRIED
 0 = STANDARD DEVIATION 1 = VALUE RANGES

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		0	0		9

Iowa Medicaid Enterprise

Data Element List

```

DataElement ID: 07100      Name:  DSPLY-INTVL-CD      Version:      Subsystem: SURS
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: ***** MMIS DATA ELEMENT NAME - DISPLAY INTERVAL CODE
MMIS GSD DATA ELEMENT NUMBER - 710
MMIS DEFINITION - A CODE SPECIFYING THE TIME INTERVAL AT
WHICH AN INDIVIDUAL S/UR REPORT ITEM IS
DISPLAYED IN THE S/UR REPORT TO WHICH IT
IS ASSIGNED. *****
-      ALLOWABLE VALUES ARE:
"0" - PRINT IF LINE HAS EXCEPTION(S) OR SUBJECT OF REPORT
IS BEING FORCED.
"1" - PRINT QUARTERLY UNLESS ALL DATA ON LINE IS ZERO.
DEFAULT IS "0".
    
```

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(1)

```

DataElement ID: 07101      Name:  AVG-LOS-TYCD      Version:      Subsystem: SURS
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: TYPE EXCEPTION CRITERIA CARRIED
0 = STANDARD DEVIATION      1 = VALUE RANGES
    
```

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		0	0		9

Iowa Medicaid Enterprise

Data Element List

```

DataElement ID: 07102      Name:  AVG-ANCL-CHG-TYCD      Version:
Created By:                Last Updated By:      Release:
Created On:      8/25/2004  Last Updated On:  8/25/2004
Description: TYPE EXCEPTION CRITERIA CARRIED
                0 = STANDARD DEVIATION  1 = VALUE RANGES
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		0	0		9

```

DataElement ID: 07103      Name:  LOS-LOW-RNG-LIM-TYCD      Version:
Created By:                Last Updated By:      Release:
Created On:      8/25/2004  Last Updated On:  8/25/2004
Description: TYPE DATA CARRIED  1 = PERCENTILE  2 = VALUE RANGE.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		0	0		9

```

DataElement ID: 07104      Name:  LOW-UP-RNG-LIM-TYCD      Version:
Created By:                Last Updated By:      Release:
Created On:      8/25/2004  Last Updated On:  8/25/2004
Description: TYPE DATA CARRIED  1 = PERCENTILE  2 = VALUE RANGE
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		0	0		9

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07105 Name: ANCL-LOW-RNG-TYCD Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TYPE DATA CARRIED 1 = PERCENTILE 2 = VALUE RANGE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric			0	0		9

DataElement ID: 07106 Name: ANCL-UP-RNG-TYCD Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TYPE DATA CARRIED 1 = PERCENTILE 2 = VALUE RANGE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric			0	0		9

DataElement ID: 07107 Name: RECIP-CAP-AMOUNT Version: Subsystem:
 Created By: T474186 Last Updated By: T474186 Release:
 Created On: 1/29/2015 Last Updated On: 1/29/2015
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric	Comp-3		6		2 S9(06)V99	S9(06)V99

Iowa Medicaid Enterprise

Data Element List

```

DataElement ID: 07110      Name:  ZERO-SUPRS-CD      Version:      Subsystem: SURS
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: ***** MMIS DATA ELEMENT NAME - ZERO SUPPRESS CODE
MMIS GSD DATA ELEMENT NUMBER - 711
MMIS DEFINITION - A CODE WHICH WILL ALLOW THE USER TO
SUPPRESS DISPLAY OF ANY S/UR REPORT ITEM
HAVING A VALUE OF ZERO. THIS CODE WILL
OVERRIDE THE DISPLAY INTERVAL CODE BUT
WILL NOT OVERRIDE THE EXCEPTION INTERVAL
CODE. *****
ALLOWABLE VALUES ARE:
-                                "0" - PRINT THE LINE EVEN IF ALL ZERO
"1" - DO NOT PRINT THE LINE IF ALL ZERO
DEFAULT IS "1".
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(1)

```

DataElement ID: 07111      Name:  PHYS-THER-CHRG      Version:      Subsystem: SURS
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: PHYSICAL THERAPY CHARGE
THE AMOUNT CHARGED FOR PHYSICAL THERAPY
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(5)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07112 Name: TRMT-RPT-NUM Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TREATMENT REPORT NUMBER
 A ONE DIGIT NUMBER IDENTIFYING WHETHER A PHYSICIAN OR INSTITUTION
 RECORD IS CREATED.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(1)

DataElement ID: 07113 Name: AVG-ANCL-CHG-DSCH Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: AVERAGE ANCILLARY CHARGE DISCHARGE
 THE AVERAGE ANCILLARY CHARGE FOR DISCHARGES. IT IS CALCULATED
 FROM THE TOTAL ANCILLARY CHARGES DIVIDED BY THE NUMBER OF
 DISCHARGES.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3		Numeric Comp-3		5	0		S9(5)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07114 Name: NUM-OF-PROV Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF PROVIDERS
 A TOTAL OF THE NUMBER OF PROVIDERS IN A PARTICULAR STRATIFICATION
 USED IN TREATMENT ANALYSIS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5		0	S9(5)

DataElement ID: 07115 Name: INHAL-THER-CHRG Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: INHALATION THERAPY CHARGE
 THE AMOUNT CHARGED FOR INHALATION THERAPY

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5		0	S9(5)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07116 Name: SPCH-THER-CHRG Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SPEECH THERAPY CHARGE
 THE AMOUNT CHARGED FOR SPEECH THERAPY

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(5)

DataElement ID: 07117 Name: LOS-PERCENTILE Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LENGTH OF STAY PERCENTILE
 THIS FIELD REPRESENTS THE LENGTH OF STAY IN AN INSTITUTION FOR A
 SPECIFIC PERCENTILE. THE PERCENTILE IS BASED ON THE NUMBER OF
 DISCHARGES FROM THE INSTITUTION.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		S9(3)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07118 Name: ANCL-CHRG-PCT Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ANCILLARY CHARGE PERCENTILE
 THIS FIELD REPRESENTS THE ANCILLARY CHARGE FOR A SPECIFIC
 PERCENTILE. THE PERCENTILE IS BASED ON THE NUMBER OF DISCHARGES
 FROM THE INSTITUTION.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	0		S9(7)

DataElement ID: 07120 Name: PRFL-VAL-RNG Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ***** MMIS DATA ELEMENT NAME - MONTHLY PROFILE VALUE RANGE
 MMIS GSD DATA ELEMENT NUMBER - 712
 MMIS DEFINITION - A RANGE OF VALUES DEFINED BY AN UPPER
 EXCEPTION CONTROL LIMIT AND A LOWER
 EXCEPTION CONTROL LIMIT WHICH INDICATES
 THE RANGE WITHIN WHICH THE VALUE OF A
 PROFILE REPORT ITEM MUST FALL TO AVOID
 EXCEPTION. *****
 THE DEFAULT IS "0000000.00-9999999.99".

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07121 Name: INST-DIAG-STRATA Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: INSTITUTION DIAGNOSIS STRATIFICATION
 A GROUP OF DATA ELEMENTS DEFINING A STRATIFICATION OF
 INSTITUTIONAL DIAGNOSIS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 07122 Name: PROV-DIAG-STRATA Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER DIAGNOSIS STRATIFICATION
 A GROUP OF DATA ELEMENTS DEFINING A STRATIFICATION OF
 INSTITUTIONAL DIAGNOSIS WITH PROVIDER NUMBERS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07123 Name: DIAG-AGE-SGL-DATA Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DIAGNOSIS AGE SINGLE DATA
 A GROUP OF DATA ELEMENTS DEFINING DIAGNOSIS BY AGE AND SINGLE
 MULTIPLE DIAGNOSIS CODES.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 07124 Name: DRUG-DATA Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DRUG DATA
 A GROUP OF DATA ELEMENTS CONTAINING RELATED INFORMATION ABOUT
 DRUGS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

```

DataElement ID: 07125      Name:  PROCEDURE-DATA      Version:      Subsystem: SURS
Created By:                Last Updated By:      Release:
Created On:   8/25/2004    Last Updated On:   8/25/2004
Description: -  PROCEDURE DATA
                A GROUP OF DATA ELEMENTS CONTAINING RELATED INFORMATION ABOUT
                PROCEDURES.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

```

DataElement ID: 07126      Name:  TRMT-PERCENTILES      Version:      Subsystem: SURS
Created By:                Last Updated By:      Release:
Created On:   8/25/2004    Last Updated On:   8/25/2004
Description: TREATMENT PERCENTILES
                A GROUP OF DATA ELEMENTS CONTAINING TREATMENT VALUES
                ASSOCIATED WITH A SPECIFIC STRATIFICATION (PERCENTILE).
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

```

DataElement ID: 07127      Name:  PHYS-STRATA      Version:      Subsystem: SURS
Created By:                Last Updated By:      Release:
Created On:   8/25/2004    Last Updated On:   8/25/2004
Description: PHYSICIAN STRATIFICATION
              A GROUP OF DATA ELEMENTS CONTAINING PHYSICIAN INFORMATION
              ASSOCIATED WITH A SPECIFIC STRATIFICATION (PERCENTILE).
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

```

DataElement ID: 07128      Name:  DIAG-STRATA      Version:      Subsystem: SURS
Created By:                Last Updated By:      Release:
Created On:   8/25/2004    Last Updated On:   8/25/2004
Description: DIAGNOSIS STRATIFICATION
              A GROUP OF DATA ELEMENTS CONTAINING DIAGNOSIS INFORMATION
              ASSOCIATED WITH A SPECIFIC STRATIFICATION (PERCENTILE).
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07129 Name: SGL-MED-CDS Version: Subsystem: SURS
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: SINGLE MEDICAL CODE
A CODE INDICATING WHETHER SINGLE OR MULTIPLE DIAGNOSIS HAVE BEEN
USED.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise Data Element List

DataElement ID: 07130 Name: MNL-OVRD-CD Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ***** MMIS DATA ELEMENT NAME - PROFILE MANUAL OVERRIDE CODE

MMIS GSD DATA ELEMENT NUMBER - 713
 MMIS DEFINITION - A CODE WHICH ALLOWS THE USER TO OVERRIDE,
 EITHER ON A PERMANENT OR TEMPORARY BASIS,
 THE MONTHLY PROFILE VALUE RANGE GENERATED
 BY THE S/UR SUBSYSTEM FOR AN INDIVIDUAL
 REPORT ITEM. *****
 MANUAL OVERRIDE CODE
 A CODE INDICATING WHETHER SYSTEM-GENERATED EXCEPTION CRITERIA (VIA
 STANDARD DEVIATIONS) OR USER SPECIFIED CRITERIA (VIA VALUE RANGES
 OR PERCENTILES) ARE TO BE USED IN DETERMINING THE LOWER AND UPPER
 UPPER EXCEPTION LIMIT FOR AN ITEM, INCLUDING TREND.
 ALLOWABLE VALUES ARE:
 "0" - USE SYSTEM GENERATED CRITERIA
 "1" - USE DESIGNATED VALUE RANGE
 -
 DEFAULT IS "0".

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		0	0		X
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07131 Name: REPORT-DATA Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: REPORT DATA
 A GROUP ITEM CONTAINING INFORMATION FOR REPORTING PHYSICIAN
 PROFILES.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 07132 Name: LOS-ANCL-EXC-PCT Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LENGTH OF STAY ANCILLARY EXCEPTION PERCENT
 A GROUPING OF DATA ELEMENTS THAT CONTAIN BOUNDARIES FOR ANCILLARY
 CHARGES AND LENGTH OF STAYS FOR EXCEPTION PROCESSING.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07133 Name: TRMT-CAT-CLS-DATA Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TREATMENT CATAGORY OF SERVICE AND CLASS GROUP DATA
 A GROUPING OF DATA ELEMENTS THAT CONTAIN CATEGORY OF SERVICE AND
 CLASS GROUP CODE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 07134 Name: PR-IDENT Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROCEDURE IDENTIFICATION
 A GROUPING OF DATA ELEMENTS THAT CONTAIN INFORMATION ABOUT
 SPECIFIC PROCEDURES.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07135 Name: DATA Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DATA
 A GROUPING OF MISCELLANEOUS DATA ELEMENTS USED IN VARIOUS
 RECORDS FOR TREATMENT PROCESSING.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0	0		

DataElement ID: 07136 Name: TRMT-CAT-HDR-INFO Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TREATMENT CATEGORY HEADER INFORMATION
 A GROUP OF DATA ELEMENTS CONTAINING COS AND VARIOUS CODES FOR
 USE IN EXCEPTION PROCESSING.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 07140      Name:  EXCEP-INTVL-CD      Version:
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: ***** MMIS DATA ELEMENT NAME - PROFILE EXCEPTION INTERVAL CODE
MMIS GSD DATA ELEMENT NUMBER - 714
MMIS DEFINITION - A CODE SPECIFYING THE TIME INTERVAL AT
WHICH AN INDIVIDUAL S/UR REPORT ITEM IS
-
SUBJECTED TO EXCEPTION PROCESSING BY THE
S/UR SUBSYSTEM. *****
***** MMIS DATA ELEMENT NAME - TREND LINE EXCEPTION INTERVAL CODE
MMIS GSD DATA ELEMENT NUMBER - 717
MMIS DEFINITION - A CODE SPECIFYING THE TIME INTERVAL AT
WHICH AN INDIVIDUAL S/UR REPORT ITEM TREND
LINE RATE IS SUBJECTED TO EXCEPTION
PROCESSING. *****
ALLOWABLE VALUES ARE:
"0" - NO EXCEPTION PROCESSING
"1" - EXCEPTION PROCESSING QUARTERL
DEFAULT IS "0".
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(1)
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07141 Name: AUTO-REL-IND Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: AUTO RELATED INDICATOR
 THIS FIELD IS AN INDICATOR SPECIFYING WHETHER THE ACCIDENT WAS
 AUTO RELATED OR NOT.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 07142 Name: TYPE-OF-TRIP Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PRIVATE TRANSPORTATION TRIP CODE
 THIS FIELD CONTAINS A CODE SPECIFYING WHETHER THE ACCIDENT WAS
 AUTO RELATED OR NOT.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07143 Name: RECIPIENT-DRUG-CAP Version: Subsystem: SURS
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: - RECIPIENT DRUG CAPITATION
THIS FIELD CONTAINS A UNITS OR DOLLARS OF THE DRUG CAP FOR THE MON
IN THE FIRST DATE OF SERVICE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 07150      Name: TRND-VAL-RNG      Version:      Subsystem: SURS
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: ***** MMIS DATA ELEMENT NAME - TREND LINE VALUE RANGE
MMIS GSD DATA ELEMENT NUMBER - 715
MMIS DEFINITION - A RANGE OF VALUES DEFINED BY AN UPPER
EXCEPTION CONTROL LIMIT AND A LOWER
EXCEPTION CONTROL LIMIT WHICH INDICATE
THE RANGE WITHIN WHICH THE VALUE OF A
S/UR TREND LINE RATE REPORT ITEM MUST
FALL TO AVOID EXCEPTION. *****
DEFAULT IS "-999.9-+999.9".
***** MMIS DATA ELEMENT NAME - TREND LINE MANUAL OVERRIDE CODE
MMIS GSD DATA ELEMENT NUMBER - 716
MMIS DEFINITION - A CODE WHICH ALLOWS THE USER TO OVERRIDE,
EITHER ON A PERMANENT OR TEMPORARY BASIS,
THE TREND LINE VALUE RANGE GENERATED BY
THE S/UR SUBSYSTEM FOR AN INDIVIDUAL RPORT
ITEM TREND LINE RATE. *****
DEFAULT IS "-999.9-+999.9".
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07151 Name: RPT-CAT-CLS Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: REPORT CATEGORY CLASS GROUP
 A GROUP OF DATA ELEMENTS CONTAINING COS AND CLASS GROUP CODE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 07152 Name: RPT-DESC-EXCP Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: REPORT DESCRIPTION EXCEPTION
 A GROUP OF DATA ELEMENTS USED TO DESCRIBE DIAGNOSIS FOR
 REPORTING PURPOSES.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07153 Name: AVG-PROC-EXC-IND Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: AVERAGE PROCEDURE EXCEPTION INDICATOR
 AN INDICATOR SPECIFYING IF ANY DIAGNOSIS DESCRIPTION RECORDS
 WITH THE SAME COS, CLASS, PROV AND DIAG HAVE DATA BEYOND THE
 EXCEPTION BOUNDARIES.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1	0		X(1)

DataElement ID: 07154 Name: DIFF-PROC-EXC-IND Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DIFFERENT PROCEDURE EXCEPTION INDICATOR
 AN INDICATOR SPECIFYING IF ANY DIFFERENT PROCEDURES USED
 EXCEED THE EXCEPTION BOUNDARIES.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1	0		X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07155 Name: AVG-RX-EXC-IND Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: AVERAGE RX EXCEPTION INDICATOR
 AN INDICATOR SPECIFYING WHETHER DRUGS DIAGNOSED EXCEED THE
 EXCEPTION BOUNDARIES.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(1)

DataElement ID: 07156 Name: DIFF-DRUG-EXC-IND Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DIFFERENT DRUG EXCEPTION INDICATOR
 AN INDICATOR SPECIFYING IF THE NUMBER OF DIFFERENT DRUGS
 DIAGNOSED EXCEEDS THE EXCEPTION BOUNDARIES.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07157 Name: AVG-DSCH-PER-RECIP Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: AVERAGE DISCHARGE PER RECIPIENT
 THIS FIELD CONTAINS THE AVERAGE NUMBER OF DISCHARGES PER
 RECIPIENT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	2		S9(3)V99

DataElement ID: 07158 Name: AVG-DSCH-EXC-IND Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: AVERAGE DISCHARGE EXCEPTION INDICATOR
 AN INDICATOR SPECIFYING IF THE AVERAGE NUMBER OF DISCHARGES
 FOR A RECIPIENT EXCEEDS THE EXCEPTION BOUNDARIES.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07159 Name: AVG-LOS-EXC-IND Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: AVERAGE LENGTH OF STAY EXCEPTION INDICATOR
 AN INDICATOR SPECIFYING IF THE AVERAGE LENGTH OF STAY
 FOR A RECIPIENT EXCEEDS THE EXCEPTION BOUNDARIES.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(1)

DataElement ID: 07161 Name: AVG-DEV Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: AVERAGE STANDARD DEVIATION
 THIS FIELD CONTAINS THE AVERAGE STANDARD DEVIATION FOR
 ANCILLARY SUMMARY RECORDS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3		Numeric Comp-3		3		1	S9(2)V9

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07164 Name: EXC-DSCH-PCT-HI Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: EXCEPTION DISCHARGE PERCENT HIGH
 THIS FIELD CONTAINS PERCENTAGE OF DISCHARGE RECORDS THAT ARE
 HIGHER THAN THE EXCEPTION BOUNDARIES.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3	Numeric Comp-3		3		0	S9(3)

DataElement ID: 07165 Name: EXC-DSCH-HI-IND Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: EXCEPTION DISCHARGE HIGH INDICATOR
 AN INDICATOR SPECIFYING IF THE NUMBER OF DISCHARGES
 ARE HIGHER THAN THE EXCEPTION BOUNDARIES.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		1		0	X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07166 Name: EXC-DSCH-TOT-PCT Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: EXCEPTION DISCHARGE TOTAL PERCENT
 THIS FIELD CONTAINS THE TOTAL PERCENTAGE OF DISCHARGE RECORDS
 ABOVE OR BELOW THE EXCEPTION BOUNDARIES.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		S9(3)
5	N3	Numeric Comp-3		4	1		S9(3)V9

DataElement ID: 07167 Name: EXC-DSCH-TOT-IND Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: EXCEPTION DISCHARGE TOTAL INDICATOR
 AN INDICATOR SPECIFYING IF THE TOTAL PERCENTAGE OF DISCHARGE
 RECORDS EXCEED THE EXCEPTION BOUNDARIES.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07168 Name: NO-EXC-DSCH Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF EXCEPTION DISCHARGES
 THIS FIELD CONTAINS THE NUMBER OF DISCHARGE RECORDS EXCEEDING
 THE EXCEPTION BOUNDARIES.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5		0	S9(5)

DataElement ID: 07169 Name: LOS-RANK Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LENGTH OF STAY RANK
 THIS FIELD CONTAINS A RANKING FOR A GIVEN RECORD BASED ON THE
 LENGTH OF STAY.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		3		0	9(3)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07171 Name: NO-PROV-FAC Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF PROVIDER FACILITIES
 THIS FIELD CONTAINS THE NUMBER OF FACILITIES USED BY A PROVIDER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(5)

DataElement ID: 07172 Name: NO-EXC-DY Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF EXCEPTION DAYS
 THIS FIELD CONTAINS THE NUMBER OF DAYS IN A LENGTH OF STAY
 EXCEEDING THE EXCEPTION BOUNDARIES.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(5)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07173 Name: AVG-ANCL-EXC-IND Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: AVERAGE ANCILLARY EXCEPTION INDICATOR
 AN INDICATOR SPECIFYING IF THE ANCILLARY CHARGES EXCEEDING
 THE EXCEPTION BOUNDARIES.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(1)

DataElement ID: 07174 Name: EXC-DSCH Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: EXCEPTION DISCHARGE
 A GROUP OF DATA ELEMENTS DESCRIBING THE UPPER AND LOWER
 BOUNDARIES AND THEIR CORRESPONDING INDICATORS FOR DISCHARGES.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07175 Name: ANCL-RANK Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ANCILLARY RANK
 THIS FIELD CONTAINS A RANKING FOR A GIVEN RECORD BASED ON THE
 ANCILLARY CHARGE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		3	0		9(3)

DataElement ID: 07176 Name: EXC-CHG Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: EXCEPTION CHARGE
 THIS FIELD CONTAINS THE TOTAL AMOUNT OF ANCILLARY CHARGES OUTSIDE
 THE EXCEPTION BOUNDARIES.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	0		S9(7)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07177 Name: PCT-1-2-LOS Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PERCENT 1-2 DAYS LENGTH OF STAY
 THIS FIELD CONTAINS PERCENTAGE OF DISCHARGES WITH LENGTH OF STAY
 LESS THAN THREE DAYS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	1		S9(2)V9

DataElement ID: 07178 Name: AVG-ANCL-CHG Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: AVERAGE ANCILLARY CHARGE
 THIS FIELD CONTAINS THE AVERAGE ANCILLARY CHARGE PER NUMBER OF
 DISCHARGES.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07181 Name: AVG-SUPPLY Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: AVERAGE SUPPLY
 THIS FIELD CONTAINS THE AVERAGE SUPPLY PER NUMBER OF DISCHARGES.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(5)

DataElement ID: 07182 Name: AVG-XRAY Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: AVERAGE XRAY
 THIS FIELD CONTAINS THE AVERAGE XRAYS PER NUMBER OF DISCHARGES.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(5)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07183 Name: AVG-LAB Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: AVERAGE LAB USES
 THIS FIELD CONTAINS THE AVERAGE LAB USES PER NUMBER OF DISCHARGES.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5		0	S9(5)

DataElement ID: 07184 Name: AVG-DRUG Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: AVERAGE DRUG DIAGNOSIS
 THIS FIELD CONTAINS THE AVERAGE DRUG DIAGNOSIS PER NUMBER OF DISCHARGES.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5		0	S9(5)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07185 Name: AVG-PHY-THER Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: AVERAGE PHYSICAL THERAPY USES
 THIS FIELD CONTAINS THE AVERAGE PHYSICAL THERAPY USES PER NUMBER
 OF DISCHARGES.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(5)

DataElement ID: 07186 Name: AVG-SPCH-THER Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: AVERAGE SPEECH THERAPY USES
 THIS FIELD CONTAINS THE AVERAGE SPEECH THERAPY USES PER NUMBER
 OF DISCHARGES.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(5)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07187 Name: AVG-INHAL-THER Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: AVERAGE INHALATION THERAPY USES
 THIS FIELD CONTAINS THE AVERAGE INHALATION THERAPY USES PER NUMBER
 OF DISCHARGES.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(5)

DataElement ID: 07188 Name: AVG-MISC Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: AVERAGE MISCELLANEOUS THERAPY USES
 THIS FIELD CONTAINS THE AVERAGE MISCELLANEOUS THERAPY USES PER
 NUMBER OF DISCHARGES.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(5)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07189 Name: RPT-KEY Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: REPORT KEY
 A GROUP OF DATA ELEMENTS DESCRIBING THE REPORT KEY FOR
 REPORTS PRODUCED DURING TREATMENT PROCESSING.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 07190 Name: PROC-DSPLY-FREQ-LMT Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ***** MMIS DATA ELEMENT NAME - PROCEDURE/ANCILLARY DISPLAY
 FREQUENCY
 MMIS GSD DATA ELEMENT NUMBER - 719
 MMIS DEFINITION - A MINIMUM FREQUENCY OF OCCURRENCE OF A
 PROCEDURE OR ANCILLARY SERVICE WITH
 RESPECT TO A PARTICULAR DIAGNOSIS. ANY
 PROCEDURE OR ANCILLARY SERVICE WITH A
 FREQUENCY OF OCCURRENCE LESS THAN THE
 SPECIFIED VALUE WILL NOT BE DISPLAYED ON
 THE TREATMENT ANALYSIS REPORT CONCERNED.

 DEFAULT IS 999999.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		6	0		S9(6)

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 07200      Name:  PROC-DSPLY-INTVL-CD      Version:
Created By:                Last Updated By:          Release:
Created On:      8/25/2004  Last Updated On:   8/25/2004
Description: ***** MMIS DATA ELEMENT NAME - PROCEDURE/ANCILLARY DISPLAY
                   INTERVAL CODE
                   MMIS GSD DATA ELEMENT NUMBER - 720
                   MMIS DEFINITION - A CODE SPECIFYING THE TIME INTERVAL AT
                   WHICH INDIVIDUAL PROCEDURE OR ANCILLARY
                   SERVICE CODES ARE TO BE DISPLAYED ON THE
                   TREATMENT ANALYSIS REPORT CONCERNED. *****
                   ALLOWABLE VALUES ARE:
                   "0" - DO NOT PRINT PROCEDURE DETAIL
                   "1" - PRINT PROCEDURE DETAIL
                   DEFAULT VALUE IS "0".
    
```

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		0	0		9

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DataElement ID: 07201      Name:  HKI-REC-TYPE      Version:
Created By: T474207        Last Updated By: T474207  Release:
Created On:   3/20/2018    Last Updated On:   3/20/2018
Description:
    
```

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		3	0		X(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07202 Name: HKI-CAP-PAY-DATE-1 Version: Subsystem: Claims
 Created By: T474207 Last Updated By: T474207 Release:
 Created On: 3/20/2018 Last Updated On: 3/20/2018
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		8	0		9(08)

DataElement ID: 07203 Name: HKI-CAP-PAY-DATE-2 Version: Subsystem:
 Created By: T474207 Last Updated By: T474207 Release:
 Created On: 3/20/2018 Last Updated On: 3/20/2018
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		8	0		9(08)

DataElement ID: 07204 Name: HKI-CAP-LNAME Version: Subsystem: Claims
 Created By: T474207 Last Updated By: T474207 Release:
 Created On: 3/20/2018 Last Updated On: 3/20/2018
 Description: HKI-CAP-LNAME

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		17	0		X(17)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07205 Name: HKI-CAP-MEM-FNAME Version: Subsystem: Claims
 Created By: T474207 Last Updated By: T474207 Release:
 Created On: 3/20/2018 Last Updated On: 3/20/2018
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		12		0	X(12)

DataElement ID: 07206 Name: HKI-CAP-CUR-OR-PRV Version: Subsystem: Claims
 Created By: T474207 Last Updated By: T474207 Release:
 Created On: 3/20/2018 Last Updated On: 3/20/2018
 Description: HKI-CAP-CUR-OR-PRV

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		2		0	X(02)

DataElement ID: 07207 Name: HKI-CAP-BEG-DT Version: Subsystem: Claims
 Created By: T474207 Last Updated By: T474207 Release:
 Created On: 3/20/2018 Last Updated On: 3/20/2018
 Description: HKI-CAP-BEG-DT

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		N		Numeric		8		0	9(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07208 Name: HKI-CAP-END-DT Version: Subsystem: Claims
 Created By: T474207 Last Updated By: T474207 Release:
 Created On: 3/20/2018 Last Updated On: 3/20/2018
 Description: HKI-CAP-END-DT

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		8	0		9(08)

DataElement ID: 07209 Name: HKI-CAP-PAID Version: Subsystem: Claims
 Created By: T474207 Last Updated By: T474207 Release:
 Created On: 3/20/2018 Last Updated On: 3/20/2018
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 07210      Name:  DRUG-DSPLY-FREQ-LMT      Version:      Subsystem: SURS
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: ***** MMIS DATA ELEMENT NAME - DRUG DISPLAY FREQUENCY LIMIT
MMIS GSD DATA ELEMENT NUMBER - 721
MMIS DEFINITION - A MINIMUM FREQUENCY OF OCCURRENCE OF A
SPECIFIC DRUG WITH RESPECT TO A PARTICULAR
DIAGNOSIS. ANY DRUG WITH A FREQUENCY OF
OCCURRENCE LESS THAN THE SPECIFIED VALUE
WILL NOT BE DISPLAYED ON THE TREATMENT
- ANALYSIS REPORT CONCERNED. *****
DEFAULT IS 999999.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		6	0		S9(6)

```

DataElement ID: 07211      Name:  HKI-CAP-PAID-SIGN      Version:      Subsystem: Claims
Created By: T474207        Last Updated By: T474207      Release:
Created On:      3/20/2018      Last Updated On:      3/20/2018
Description:
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07212 Name: HKI-CAP-PAID-AMT Version: Subsystem: Claims
 Created By: T474207 Last Updated By: T474207 Release:
 Created On: 3/20/2018 Last Updated On: 3/20/2018
 Description: HKI-CAP-PAID-AMT

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric			4	2		9(04)V99

DataElement ID: 07213 Name: HKI-CAP-POL-HOLD-ID Version: Subsystem: Claims
 Created By: T474207 Last Updated By: T474207 Release:
 Created On: 3/20/2018 Last Updated On: 3/20/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			9	0		X(09)

DataElement ID: 07214 Name: HKI-CAP-MEM-CNTY Version: Subsystem: Claims
 Created By: T474207 Last Updated By: T474207 Release:
 Created On: 3/20/2018 Last Updated On: 3/20/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			3	0		X(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07215 Name: HKI-CAP-GRP-NUM Version: Subsystem: Claims
 Created By: T474207 Last Updated By: T474207 Release:
 Created On: 3/20/2018 Last Updated On: 3/20/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		9	0		X(09)

DataElement ID: 07216 Name: HKI-CAP-SEC-NUM Version: Subsystem: Claims
 Created By: T474207 Last Updated By: T474207 Release:
 Created On: 3/20/2018 Last Updated On: 3/20/2018
 Description: HKI-CAP-SEC-NUM

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		4	0		X(04)

DataElement ID: 07217 Name: HKI-CAP-PAY-DATE-2 Version: Subsystem: Claims
 Created By: T474207 Last Updated By: T474207 Release:
 Created On: 3/20/2018 Last Updated On: 3/20/2018
 Description: HKI-CAP-PAY-DATE-2

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N		Numeric		8	0		9(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07218 Name: DRUG-QUNTY-460ET-DEC Version: Subsystem: Claims
 Created By: T474346 Last Updated By: T474346 Release:
 Created On: 9/15/2020 Last Updated On: 9/15/2020
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		7	3		S9(07)V999

DataElement ID: 07219 Name: DRUG-QUNTY-460ET Version: Subsystem: Claims
 Created By: T474346 Last Updated By: T474346 Release:
 Created On: 9/15/2020 Last Updated On: 9/15/2020
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 07220      Name:  DRUG-DSPLY-INTVL-CD      Version:
Created By:                Last Updated By:          Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: ***** MMIS DATA ELEMENT NAME - DRUG DISPLAY INTERVAL CODE
                   MMIS GSD DATA ELEMENT NUMBER - 722
                   MMIS DEFINITION - A CODE SPECIFYING THE TIME INTERVAL AT
                   WHICH INDIVIDUAL DRUG CODES ARE TO BE
                   DISPLAYED ON THE TREATMENT ANALYSIS
                   REPORT CONCERNED. *****
                   ALLOWABLE VALUES ARE:
                   "0" - DO NOT PRINT DRUG DETAIL
                   "1" - PRINT DRUG DETAIL
                   DEFAULT VALUE IS "0".
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		0	0		9

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07250 Name: EXCEP-MODE-CD Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: ***** MMIS DATA ELEMENT NAME - EXCEPTION MODE CODE
 MMIS GSD DATA ELEMENT NUMBER - 725
 MMIS DEFINITION - A CODE SPECIFYING TO THE S/UR SUBSYSTEM
 WHETHER TREATMENT ANALYSIS REPORTS WILL
 BE PRODUCED ON A NORMAL EXCEPTION
 PROCESSING BASIS, ON A FORCED EXCEPTION
 (SELECTION) PROCESSING BASES, OR BOTH. ***
 EXCEPTION MODE CODE
 A CODE SPECIFYING TO THE SUR SUBSYSTEM WHETHER PROVIDER OR
 RECIPIENT SUMMARY PROFILE REPORTS ARE TO BE PRODUCED ON A
 NORMAL EXCEPTION PROCESSING BASIS OR A FORCED EXCEPTION
 (SELECTION) PROCESSING BASIS.
 ALLOWABLE VALUES ARE:
 "1" - NORMAL PROCESSING
 "2" - FORCED PROCESSING ONLY
 DEFAULT VALUE IS "1".

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		0	0		X

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07260 Name: ROW-INDEX Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ROW INDEX - USED TO INDEX SUMMARY MATRIX

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
4	N0	Numeric Comp		3		0	S9(3)

DataElement ID: 07261 Name: COLUMN-INDEX Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: COLUMN INDEX - USED TO INDEX SUMMARY MATRIX

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
4	N0	Numeric Comp		1		0	S9(1)

DataElement ID: 07262 Name: INDEX-VALUE Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: INDEX VALUE - THIS FIELD CONTAINS THE VALUE OF THE SUMMARY MATRIX

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
4	N0	Numeric Comp		9		0	S9(9)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07280 Name: DUR-NUM-OF-PROFILES Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DUR NUMBER OF PROFILES
 USER DEFINED NUMBER OF RECIPIENT EXCEPTION PROFILES TO
 BE PRINTED.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		5	0		9(05)

DataElement ID: 07281 Name: DUR-DRUG-CODE-TYPE Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DUR DRUG CODE TYPE
 INDICATES THE FIELD TO BE USED IN DRUG GROUPING.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07282 Name: DUR-NUM-RECIP-EXCEPT Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DUR NUMBER OF RECIPIENTS EXCEPTED
 NUMBER OF RECIPIENTS THAT MEET THE DUR
 EXCEPTION CRITERIA.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N	Numeric		7	0		9(07)

DataElement ID: 07283 Name: DUR-DRUG-GROUP Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DUR NUMBER OF PROFILES
 NUMBER ASSIGNED TO A GROUP OF SPECIFIC DRUGS WITHIN
 EACH DRUG CLASS, TO BE USED IN TESTING IF
 DIAGNOSIS OR CONCOMITANT DRUG USE EXCEPTION CRITERIA EXISTS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		5	0		X(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07284 Name: DUR-DIAG-GROUPS Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DUR DIAGNOSIS GROUPS
 GROUPS OF RELATED DIAGNOSES.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 07285 Name: DUR-DIAG-GROUP Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DUR DIAGNOSIS GROUP
 GROUP NUMBER ASSIGNED TO RELATED DIAGNOSES

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		5	0		X(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07286 Name: DUR-DIAG-NUM-DAYS Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DUR DIAGNOSIS NUMBER OF DAYS
 NUMBER OF DAYS FOR WHICH A DIAGNOSIS ONCE DISCERNED
 SHOULD BE COMPARED AGAINST THE EXCEPTION CRITERIA.
 IF ZERO, IT SHOULD ALWAYS BE TESTED AGAINST
 DRUG/DIAGNOSUS EXCEPTION CRITERIA.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		3	0		X(3)

DataElement ID: 07290 Name: DUR-EXCEPTION-IND Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DUR EXCEPTION INDICATOR
 INDICATOR ASSOCIATED WITH EACH OF FOUR EXCEPTIONS
 POSTED BY CLAIM SUBSYSTEM FOR UNDERUTILIZATION OR
 OVERUTILIZATION OF A DRUG.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1	0		X(01)
9		G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07292 Name: DUR-EXCEPT-CRITERIA Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DUR EXCEPTION CRITERIA
 DESCRIPTION OF EXCEPTION CRITERIA.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		30	0		X(30)
9	G		Group		0	0		

DataElement ID: 07313 Name: RPT-COPIES Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: -
 REPORT COPIES
 -
 THE NUMBER OF COPIES DESIRED OF THE REPORT. USED TO ROUTE THE
 REPORT TO A CERTAIN PRINT FILE FOR A CERTAIN PART PAPER FORM.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07314 Name: RPT-REQ-FLAG Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: -
 REPORT REQUEST FLAG
 -
 A CODE USED TO CONTROL THE GENERATION OF 'ON REQUEST' REPORTS.
 ALLOWABLE VALUES: Y = PRINT REPORT
 SPACES = DO NOT PRINT REPORT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 07315 Name: RPT-FREQ Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: -
 REPORT FREQUENCY
 -
 A CODE INDICATING HOW OFTEN A REPORT IS TO BE PRINTED.
 ALLOWABLE VALUES: M = MONTHLY
 Q = QUARTERLY
 A = CALENDAR YEAR END
 S = STATE YEAR END
 F = FEDERAL YEAR END
 R = ON REQUEST.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07321	Name: EXIT-NUMBER	Version:	Subsystem: SURS
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: -			
EXIT NUMBER			
-			
THE USER EXIT NUMBER WHICH INDICATES A LOGICAL DATA ACCESS POINT AT WHICH THE REPORT GENERATOR PROGRAM PROCESSES REPORT PARAMETERS, AND BASED ON THE PARAMETERS PERFORMS COMPUTATIONS AND PRINTS LINES.			

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 07322	Name: EXIT-SEQ-NUM	Version:	Subsystem: SURS
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: -			
EXIT SEQUENCE NUMBER			
-			
THE SEQUENCE OF ACTIONS TAKEN AT A PARTICULAR EXIT.			

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Report:ND-001

Iowa Medicaid Enterprise

Data Element List

ND-Workbench

DataElement ID: 07323 Name: COL-NUM Version: Subsystem: SURS
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: ***** MMIS DATA ELEMENT NAME - START COLUMN
MMIS GSD DATA ELEMENT NUMBER - 737
MMIS DEFINITION - A CODE USED BY THE SPECIAL REPORT WRITER
MODULE TO SPECIFY THE STARTING PRINT
COLUMN FOR A DATA FIELD TO BE PRINTED. ***

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07324	Name: EDIT-PRINT-CD	Version:	Subsystem: SURS
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		

Description: ***** MMIS DATA ELEMENT NAME - FIELD WIDTH

MMIS GSD DATA ELEMENT NUMBER - 736

MMIS DEFINITION - A CODE USED TO SPECIFY TO THE SPECIAL REPORT WRITER THE SIZE OF A DATA FIELD TO BE PRINTED. *****

***** MMIS DATA ELEMENT NAME - EDIT MASK

- MMIS GSD DATA ELEMENT NUMBER - 738

MMIS DEFINITION - A SERIES OF CODES USED BY THE SPECIAL REPORT WRITER MODULE TO DETERMINE THE FORMAT IN WHICH TO PRINT A GIVEN DATA FIELD. *****

A CODE INDICATING THE SIZE OF THE SOURCE FIELD AND THE TYPE OF EDITTING TO BE DONE TO THE FIELD FOR PRINTING. -

VALUES ARE. SOURCE FIELD EDIT

A	S9 (3)	---9
B	S9 (5)	---,--9
C		-----9
D	S9 (7)	--,---,--9
E		-----9
F	S9 (9)	----,---,--9
G		-----9
H	S9 (3)V99	---9.99
I		\$\$\$9.99-
J		---9.9 (ROUND)
K	S9 (5)V99	---,--9.99
L		\$\$\$,\$\$9.99-
M		-----9.99
N		---,--9 (ROUND)
O	S9 (7)V99	--,---,--9.99
P		\$\$,\$\$\$,\$\$9.99-
Q		-----9.99
R		--,---,--9 (ROUND)
S	S9 (9)V99	----,---,--9.99
U		\$\$\$,\$\$\$,\$\$9.99-
V		-----9.99
W		----,---,--9 (ROUND)
Y	S9 (2)V9 (3)	---.999

Iowa Medicaid Enterprise

Data Element List

X X(99) X(99)

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID:	07325	Name:	OPERAND	Version:		Subsystem:	SURS
Created By:		Last Updated By:		Release:			
Created On:	8/25/2004	Last Updated On:	8/25/2004				
Description:	***** MMIS DATA ELEMENT NAME - PSEUDO DATA ELEMENT NUMBER MMIS GSD DATA ELEMENT NUMBER - 734 MMIS DEFINITION - A UNIQUE NUMBER ASSIGNED BY THE USER TO A DATA ELEMENT CREATED BY COMPUTATION IN THE SPECIAL REPORT WRITER MODULE. ***** ***** MMIS DATA ELEMENT NAME - LITERAL VALUE MMIS GSD DATA ELEMENT NUMBER - 739 MMIS DEFINITION - A NUMERIC LITERAL VALUE USED IN ARITHMETIC EXPRESSIONS WHICH CREATE PSEUDO DATA ELEMENTS. ***** - A VARIABLE FIELD IN A REPORT DEFINITION PARAMETER CONTAINING EITHER A SEGMENT/FIELD, A CONSTANT OR AN ACCUMULATOR TO BE USED IN A COMPUTATION.						

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07326 Name: SOURCE-FIELD Version: Subsystem: SURS
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: -
SOURCE FIELD
-
A GROUP NAME FOR THE SOURCE OF THE DATA. CONSISTS OF 2 FIELDS:
RECORD-ID DED 07328
FIELD-NUM DED 07329.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07327	Name: OPERATOR	Version:	Subsystem: SURS
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		

Description: ***** MMIS DATA ELEMENT NAME - ARITHMETIC OPERATOR
MMIS GSD DATA ELEMENT NUMBER - 735
MMIS DEFINITION - A SYMBOL USED TO SPECIFY COMPUTATIONS
NECESSARY TO CREATE PSEUDO DATA ELEMENTS.

THE ARITHMETIC OPERATOR USED IN COMPUTATIONS.
ALLOWABLE VALUES ARE:
'+' - ADDITION
'-' - SUBTRACTION
'/' - DIVISION
'*' - MULTIPLICATION
'=' - EQUALITY
'>' - GREATER THAN
'<' - LESS THAN
'O' - OR
'A' - AND.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07328 Name: RECORD-ID Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: -

RECORD IDENTIFIER
 -
 THE 5 POSITION SYNBOLIC NAME ASSIGNED TO EACH S/UR FILE RECORD
 ACCESSED BY THE SPECIAL REPORT WRITER. EACH RECORD TYPE WILL
 HAVE A UNIQUE IDENTIFIER. REFER TO THE USERS MANUAL FOR A LIST
 OF THESE IDENTIFIERS.

Variant ID	Data	Type Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 07329 Name: FIELD-NUM Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: -

FIELD NUMBER
 -
 - THE UNIQUE NUMBER ASSIGNED TO EACH FIELD IN A RECORD ON THE S/UR
 FILES. SEE USERS MANUAL FOR THESE NUMBERS.

Variant ID	Data	Type Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07331 Name: TABLE-ID Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: -
 TABLE IDENTIFIER
 -
 THE SYMBOLIC NAME OF A TRANSLATE TABLE USED IN GENERATING A
 REPORT. USER ASSIGNED.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 07332 Name: TABLE-KEY Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: -
 TABLE KEY
 -
 THE KEY ASSIGNED TO A PARTICULAR TRANSLATE TABLE ENTRY. FROM
 1 - 8 NONBLANK CHARACTERS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07333 Name: TABLE-DESC Version: Subsystem: SURS
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: -
TABLE DESCRIPTION
-
THE DESCRIPTION FOR AN ENTRY IN THE TRANSLATE TABLE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 07334 Name: TABLE-ENTRIES Version: Subsystem: SURS
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: -
TABLE ENTRIES
-
THE NUMBER OF ENTRIES IN THE TRANSLATE TABLE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07335 Name: TABLE-KEY-LENGTH Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: -
 TABLE KEY LENGTH
 -
 THE LENGTH OF THE KEY TO A GIVEN TABLE.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 07337 Name: TABLE-DESC-LENGTH Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: -
 TABLE DESCRIPTION LENGTH
 -
 THE LENGTH OF THE ENTRY DESCRIPTION IN A TABLE.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 07338      Name:  PARAM-SEQ-NUM      Version:      Subsystem: SURS
Created By:                Last Updated By:      Release:
Created On:   8/25/2004    Last Updated On:      8/25/2004
Description: -
PARAMETER SEQUENCE NUMBER
-
A SEQUENTIAL NUMBER ASSIGNED BY THE USER TO SEQUENCE CONDITIONS
FOR A USER EXIT ON A CONDITIONAL USER EXIT FORM.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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```

DataElement ID: 07341      Name:  ARITH-EXPRES      Version:      Subsystem: SURS
Created By:                Last Updated By:      Release:
Created On:   8/25/2004    Last Updated On:      8/25/2004
Description: -
ARITHMETIC EXPRESSION
-
A GROUP NAME FOR OPERATOR DED 07327 AND OPERAND DED 07325.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07345 Name: LINE-PRT-FLAG Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ***** MMIS DATA ELEMENT NAME - PRINT CONTROL CODE
 MMIS GSD DATA ELEMENT NUMBER - 733
 MMIS DEFINITION - A CODE USED BY THE SPECIAL REPORT WRITER
 MODULE TO DETERMINE WHICH LEVELS OF TOTALS
 AND DETAIL ARE TO BE PRINTED. *****
 A CODE INDICATING THE CLEARING AND PRINTING OF LINES.
 ALLOWABLE VALUES ARE:
 P - PRINT THE LINE AND CLEAR
 S - CLEAR THE LINE
 Q - PRINT THE LINE
 T - NO ACTION.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 07346 Name: SPACE-CNTRL Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: -
 SPACE CONTROL
 -
 A GROUP NAME FOR LINE SPACING ON THE PAGE. CONSISTS OF
 SPACE-BEFORE-CD DED 07347 AND SPACE-AFTER-CD DED 07348.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07347	Name: SPACE-BEFORE-CD	Version:	Subsystem: SURS
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: -			

SPACE BEFORE CODE
 -
 THE NUMBER OF LINES TO SKIP BEFORE PRINTING THE LINE.
 ALLOWABLE VALUES: BLANK - NO SPACING
 0 - TOP OF NEW PAGE BEFORE PRINTING
 1-9 - SPACE DOWN NUMBER OF LINES
 BEFORE PRINTING.

Variant ID	Data	Type Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 07348	Name: SPACE-AFTER-CD	Version:	Subsystem: SURS
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: -			

SPACE AFTER CODE
 -
 THE NUMBER OF LINES TO SKIP AFTER PRINTING THE LINE.
 ALLOWABLE VALUES: BLANK - NO SPACING
 0 - TOP OF NEW PAGE AFTER PRINTING
 1-9 - SPACE DOWN NUMBER OF LINES
 AFTER PRINTING.

Variant ID	Data	Type Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 07349      Name:  CONSTANT-FIELD      Version:      Subsystem: SURS
Created By:                Last Updated By:      Release:
Created On:      8/25/2004  Last Updated On:      8/25/2004
Description: ***** MMIS DATA ELEMENT NAME - HEADING CONTENT
MMIS GSD DATA ELEMENT NUMBER - 731
MMIS DEFINITION - THE USER SPECIFIED CONTENT OF REPORT
HEADINGS FOR THE SPECIAL REPORT WRITER
MODULE. *****
A CONSTANT LITERAL VALUE TO BE PRINTED ON A REPORT LINE. USER
DEFINED.
    
```

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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```

DataElement ID: 07350      Name:  ARITH-OPR      Version:      Subsystem: SURS
Created By:                Last Updated By:      Release:
Created On:      8/25/2004  Last Updated On:      8/25/2004
Description: ARITHMETIC OPERATOR
A SYMBOL USED TO SPECIFY WHAT COMPUTATION SHOULD BE PERFORMED
BETWEEN THE SUMMARY FIELD INDEXES ON EACH SIDE OF THIS OPERATOR.
ALLOWABLE VALUES ARE:
"+" - ADD
"- " - SUBTRACT
"/" - DIVIDE
"." - TERMINATE COMPUTATION
DEFAULT VALUE IS ".".
    
```

1		X		AlphaNumeric		0	0		X
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Report:ND-001

Iowa Medicaid Enterprise

Data Element List

ND-Workbench

DataElement ID: 07353 Name: SORT-FIELD-NUM Version: Subsystem: SURS
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: -
SORT FIELD NUMBER
-
THE FIELD NUMBER IN A DETAIL REPORT RECORD WHOSE CONTENTS WILL BE
USED FOR SORTING.
ALLOWABLE VALUES: 001 - 999 FIELD NUMBER
BLANK BLANKS
'***' LOW VALUES
'...' HIGH VALUES.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 07364      Name:  PARAM-TYPE-CD      Version:
Created By:                Last Updated By:      Release:
Created On:    8/25/2004   Last Updated On:    8/25/2004
Description: ***** MMIS DATA ELEMENT NAME - PARAMETER TRANSACTION CODE
                   MMIS GSD DATA ELEMENT NUMBER - 700
                   MMIS DEFINITION - A TWO DIGIT CODE, THE FIRST DIGIT OF WHICH
                   IDENTIFIES THE TYPE OF PARAMETER TRANSAC-
                   TION, AND THE SECOND DIGIT OF WHICH TELLS
                   WHETHER IT IS AN ADDITION, DELETION, OR
                   CHANGE. *****
                   THIS CODE IS THE FIRST DIGIT OF THE GSD DATA ELEMENT NUMBER 700.
                   IT IDENTIFIES A TYPE OF SUR PARAMETER CARD.
                   REFER TO DED 07000 FOR THE DEFINITION OF THE SECOND DIGIT.
    
```

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07365 Name: IDENT-SUPRS-CD Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: IDENTIFICATION SUPPRESS CODE
 A CODE TO INDICATE TO THE PROGRAMS WHETHER PROVIDER OR RECIPIENT IDENTIFICATION DATA IS TO BE SUPPRESSED ON REPORTS. IF DATA IS SUPPRESSED, IT WILL BE REPLACED WITH ASTERISKS.
 ALLOWABLE VALUES * - SUPPRESS IDENTIFICATION DATA
 BLANK - DO NOT SUPPRESS IDENTIFICATION DATA.
 THE DEFAULT VALUE IS BLANK.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric			1	0		X(01)

DataElement ID: 07366 Name: SUM-PROF-MOCD Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SUMMARY PROFILE MODE CODE
 A CODE WHICH IS USED TO DIFFERENTIATE BETWEEN A ROUTINE EXCEPTION PROCESSING CYCLE AND A NON-ROUTINE, SPECIAL STUDY EXCEPTION PROCESSING CYCLE.
 ALLOWABLE VALUES: 1 - ROUTINE
 2 - NON-ROUTINE
 THE DEFAULT VALUE IS '1'.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric			1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 07367      Name:  SUM-PROF-PRNT-CD      Version:
Created By:                Last Updated By:      Release:
Created On: 8/25/2004      Last Updated On: 8/25/2004
Description: SUMMARY PROFILE PRINT CODE
                A CODE USED TO SUPPRESS THE PRINTING OF THE SUMMARY PROFILE
                REPORTS
                ALLOWABLE VALUES:  1 - PRINT THE REPORT
                2 - SUPPRESS THE PRINTING OF THE
                REPORTS
                THE DEFAULT VALUE IS '1'.
                -
    
```

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

```

DataElement ID: 07368      Name:  REQ-IDENT      Version:
Created By:                Last Updated By:      Release:
Created On: 8/25/2004      Last Updated On: 8/25/2004
Description: SPECIAL STUDY REQUEST ID
                A USER-DEFINED CODE IDENTIFYING A REPORT REQUEST
    
```

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		3	0		X(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07369 Name: PARAM-CARD-NUM Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PARAMETER CARD NUMBER
 A NUMBER USED TO DIFFERENTIATE PARAMETER CARDS HAVING THE SAME
 PARAMETER TYPE CODE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 07371 Name: RPT-CAPTION Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: REPORT CAPTION
 A USER-DEFINED CAPTION FOR SPECIAL STUDY REPORTS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		40		0	X(40)
4	X		AlphaNumeric		42		0	X(42)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07372 Name: MAX-NUM-EXC Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MAXIMUM NUMBER OF EXCEPTIONS
 THE MAXIMUM NUMBER OF EXCEPTIONS TO BE PRINTED ON A SPECIAL
 STUDY REPORT, AS REQUESTED BY THE USER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		4	0		X(04)
2	N	Numeric		4	0		9(04)
3	N3	Numeric Comp-3		5	0		S9(05)
6	N3	Numeric Comp-3		7	0		S9(07)

DataElement ID: 07373 Name: REL-COL-WT Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RELATIVE COLUMN WEIGHT
 A ONE-DIGIT NUMBER, RANGING FROM 1 TO 9, WHICH DEFINES THE
 SIGNIFICANCE OF A REPORT COLUMN RELATIVE TO THE OTHER COLUMNS
 ON THE SUMMARY PROFILE REPORTS.
 THIS ITEM MAY OCCUR MORE THAN ONCE IN A RECORD
 THE DEFAULT VALUE IS '1'.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 07374      Name: VOL-WT-IND      Version:      Subsystem: SURS
Created By:                Last Updated By:  Release:
Created On: 8/25/2004     Last Updated On: 8/25/2004
Description: VOLUME WEIGHT INDICATOR
              AN INDICATOR WHICH DICTATES WHETHER OR NOT THE VOLUME WEIGHT
              FACTOR SHOULD BE USED IN EXCEPTION WEIGHT COMPUTATION.
              ALLOWABLE VALUES:  Y - USE IT
              -
              N - DO NOT USE IT
              THE DEFAULT VALUE IS 'Y'.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

```

DataElement ID: 07375      Name: DEV-WT-IND      Version:      Subsystem: SURS
Created By:                Last Updated By:  Release:
Created On: 8/25/2004     Last Updated On: 8/25/2004
Description: DEVIATION WEIGHT INDICATOR
              AN INDICATOR USED FOR PURPOSES OF SPECIAL STUDY REPORTS TO FORCE
              THE DEVIATION WEIGHT TO EQUAL ONE FOR ANY SUMMARY PROFILE
              EXCEPTION.
              ALLOWABLE VALUES:  Y - DEVIATION WEIGHT SHOULD BE
              FORCED TO ONE
              N - DEVIATION WEIGHT SHOULD NOT BE
              OVERRIDDEN
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

```

DataElement ID: 07376      Name:  RPT-SELECT      Version:      Subsystem: SURS
  Created By:              Last Updated By:    Release:
  Created On: 8/25/2004    Last Updated On: 8/25/2004
  Description: REPORT SELECTIONS
                    THE DATA ELEMENTS WHICH IDENTIFY THE SECTIONS, LINES AND
                    DATA ITEM'S RELATIVE WEIGHT
                    ELEMENTARY ITEMS ARE:
                    DEN 07080 - REPORT SECTION CODE
                    DEN 07090 - REPORT ITEM
                    DEN 07377 - RELATIVE ITEM WEIGHT
    
```

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group			0	0		

```

DataElement ID: 07377      Name:  REL-ITEM-WT      Version:      Subsystem: SURS
  Created By:              Last Updated By:    Release:
  Created On: 8/25/2004    Last Updated On: 8/25/2004
  Description: RELATIVE ITEM WEIGHT
                    DEFINES THE SIGNIFICANCE OF A REPORT ITEM'S EXCEPTIONS RELATIVE
                    TO ALL OTHER REPORT ITEMS IN THE REPORT.
                    THE DEFAULT VALUE IS '10'.
    
```

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			2	0		X(02)
3	N0	Numeric Comp			2	0		S9(2)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07394 Name: REC-LEVEL-1-ID Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ***** MMIS DATA ELEMENT NAME - HEADING SEQUENCE NUMBER
 MMIS GSD DATA ELEMENT NUMBER - 730
 MMIS DEFINITION - A TWO DIGIT SEQUENCE NUMBER USED BY THE
 SPECIAL REPORT WRITER TO IDENTIFY REPORT
 HEADINGS. *****
 ***** MMIS DATA ELEMENT NAME - LEVEL NUMBER
 MMIS GSD DATA ELEMENT NUMBER - 732
 MMIS DEFINITION - A TWO DIGIT CODE IDENTIFYING TOTAL LEVELS
 - FOR THE SPECIAL REPORT WRITER MODULE. ****
 ALLOWABLE VALUES ARE:
 "1" - HEADER
 "2" - DETAIL
 "3" - CONTROL.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 07395      Name: REC-LEVEL-2-ID      Version:      Subsystem: SURS
Created By:                Last Updated By:      Release:
Created On:   8/25/2004    Last Updated On:      8/25/2004
Description: -
RECORD LEVEL 2 IDENTIFIER
-
A CODE ASSIGNED TO RECORDS ON THE SAME LEVEL IN A DATA BASE
STRUCTURED FILE. THIS CODE WILL UNIQUELY IDENTIFY RECORDS ON THE
SECOND LEVEL.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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```

DataElement ID: 07397      Name: SGL-MULT-DIAG-CD      Version:      Subsystem: SURS
Created By:                Last Updated By:      Release:
Created On:   8/25/2004    Last Updated On:      8/25/2004
Description: SINGLE/MULTIPLE DIAGNOSIS CODE
A CODE TO INDICATE IF THE TREATMENT DIAGNOSIS IS SINGLE OR
MULTIPLE.
ALLOWABLE VALUES ARE: S - ONLY ONE DIAGNOSIS REQUIRED
M - MORE THAN ONE DIAGNOSIS
REQUIRED
BLANK - TREATMENT DATA NOT SEPARATED
INTO SINGLE/MULTIPLE
THE DEFAULT VALUE IS BLANK.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07399 Name: PHYS-CLS-PRFL-SQCD Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PHYSICIAN CLASS PROFILE SEQUENCE CODE
 A CODE WHICH INDICATES A SEQUENCE IN WHICH TO PRINT THE
 PHYSICIAN CLASS PROFILE REPORT
 ALLOWABLE VALUES: 1 - PRINT SUMMARY TOTALS, FOLLOWED BY
 PROCEDURE AND DRUG DETAIL, BY
 DIAGNOSIS CODE WITHIN CLASS GROUP
 2 - PRINT SUMMARY TOTALS FOR ALL DIAGNOSIS
 CODES, FOLLOWED BY PROCEDURE AND DRUG
 DETAIL FOR THE CLASS GROUP.
 THE DEFAULT VALUE IS '2'.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1	0		X(01)
2		N		Numeric		1	0		9(1)

DataElement ID: 07400 Name: RECIP-AGE Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RECIPIENT AGE - THE AGE OF THE RECIPIENT WHEN THE FIRST SERVICE
 IN THE CLAIM WAS PROVIDED.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N		Numeric		3	0		S9(3)
3		N3		Numeric Comp-3		3	0		S9(3)
4		N		Numeric		3	0		9(03)
9		G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07401	Name: MED-SURG-DSCH-CD	Version:	Subsystem: SURS
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		

Description: MEDICAL/SURGICAL DISCHARGE CODE
 A CODE USED TO INDICATE WHETHER THE RECIPIENT RECEIVED A SURGICAL OR MEDICAL DISCHARGE.
 ALLOWABLE VALUES ARE: S - RECIPIENT RECEIVED A SURGICAL DISCHARGE
 M - RECIPIENT RECEIVED A MEDICAL DISCHARGE
 BLANK - TREATMENT DATA NOT SEPARATED INTO SURIGAL & MEDICAL DISCHARGES
 THE DEFAULT VALUE IS BLANK

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07403 Name: FAC-BED-SZ-RNG Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: FACILITY BED SIZE RANGES

THIS GROUP ITEM CONTAINS THE UPPER AND LOWER RANGES OF
 INSTITUTION BED SIZES FOR A SPECIFIC CLASS GROUP.
 IT MAY OCCUR MORE THAN ONCE IN A RECORD.
 ELEMENTARY ITEMS ARE:
 DEN 7404= FACILITY BED SIZE, FROM
 DEN 7405= FACILITY BED SIZE, TO

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 07404 Name: LOW-BED-SZ-RNG Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LOWER BED SIZE RANGE

THIS FIELD DEFINES THE LEAST NUMBER OF BEDS FOR A FACILITY TO
 FALL IN THIS CLASS GROUP.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		5	0		9(5)
3	N3	Numeric Comp-3		5	0		S9(5)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07405 Name: UP-BED-SZ-RNG Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: UPPER BED SIZE RANGE
 THIS FIELD DEFINES THE LARGEST NUMBER OF BEDS FOR A FACILITY TO
 FALL IN THIS GROUP.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		5	0		9(5)
3	N3	Numeric Comp-3		5	0		S9(5)

DataElement ID: 07406 Name: PROV-SEQ-FLD Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER SEQUENCE FIELD
 THIS CODE DEFINES THE MINOR SEQUENCE OF THE SUMMARY PROFILE
 REPORTS. THE MAJOR SEQUENCE IS REPORT GROUP, CATEGORY OF SERVICE
 AND CLASS GROUP.
 ALLOWABLE CODES ARE: 0 - PROVIDER NUMBER (ASCENDING)
 1 - PROVIDER NAME (ASCENDING)
 2 - PROVIDER COUNTY (ASCENDING)
 3 - PROVIDER SPECIALTY (ASCENDING)
 4 - GROUP NUMBER (ASCENDING)
 THE DEFAULT VALUE IS '0'.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07411 Name: RPT-ITM-TTL Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: REPORT ITEM TITLE
 A USER DEFINED NAME FOR A REPORT LINE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			30	0		X(30)

DataElement ID: 07412 Name: RPT-ITEM-TYPE Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: REPORT ITEM TYPE
 THIS CODE DICTATES HOW DATA FOR A REPORT LINE IS TO BE CALCULATED
 ALLOWABLE VALUES ARE: S - SUM
 R - RATIO
 P - PER CENT
 THE DEFAULT VALUE IS 'S'.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07413 Name: RPT-ITEM-DEF Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: REPORT ITEM DEFINITION
 THIS GROUP ITEM DEFINES WHAT DATA IS USED AND HOW IT IS USED TO
 PRODUCE A REPORT ITEM.
 ELEMENTARY DATA ITEMS ARE:
 DEN 7414 - SUMMARY FIELD INDEX
 DEN 7350 - ARITHMETIC OPERATOR

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 07414 Name: SUMRY-FLD-INDX Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS ELEMENT SERVES AS AN INDEX INTO THE SUMMARY DATA MATRIX
 CREATED IN SUMMARY PROFILE PROCESSING. THUS IT DICTATES WHICH
 DATA IS USED TO COMPOSE A REPORT ITEM.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		3	0		X(03)
2	N	Numeric		3	0		9(03)
4	N0	Numeric Comp		4	0		S9(4)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07415 Name: PRO-REGION-CD Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PEER REVIEW ORGANIZATION REGION CODE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		2	0		X(02)
9	G	Group		0	0		

DataElement ID: 07416 Name: PRFL-STD-DEV Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROFILE STANDARD DEVIATION
 - THIS ITEM DEFINES THE UPPER EXCEPTION LIMIT FOR A REPORT ITEM,
 EXPRESSED IN STANDARD DEVIATIONS. THE DEFAULT IS "02.0" FOR
 PROVIDERS AND "03.0" FOR RECIPIENTS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		3	0		X(03)
3	N0	Numeric Comp		0	1		S99V9

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07417 Name: TRN-STD-DEV Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TREND STANDARD DEVIATIONS
 THIS ITEM DEFINES THE UPPER AND LOWER EXCEPTION LIMITS FOR A
 REPORT ITEM'S TREND VALUE, EXPRESSED IN STANDARD DEVIATIONS.
 THE DEFAULT VALUE IS "02.0".

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N0		Numeric Comp		0	1		S99V9

DataElement ID: 07418 Name: PRF-VAL-RNG-FROM Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROFILE VALUE RANGE, FROM
 THIS ITEM DEFINES THE LOWER EXCEPTION LIMIT FOR A REPORT ITEM'S
 PROFILE DATA. THE DEFAULT VALUE IS '0000000.00'.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N		Numeric		9	2		9(7)V99
3		N0		Numeric Comp		11	2		S9(7)V9(2)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07419 Name: PRF-VAL-RNG-TO Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROFILE VALUE RANGE, TO
 THIS ITEM DEFINES THE UPPER EXCEPTION LIMIT FOR A REPORT ITEM'S
 PROFILE DATA. THE DEFAULT VALUE IS "9999999.99".

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		9	2		9(7)V99
3	N0		Numeric Comp		11	2		S9(7)V9(2)

DataElement ID: 07420 Name: PERCENTILE Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS ITEM DEFINES THE UPPER EXCEPTION LIMIT FOR A REPORT ITEM,
 EXPRESSED IN PERCENTILES.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		3	0		X(03)
3	N0		Numeric Comp		3	0		9(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07421 Name: TRN-VAL-RNG-FRM-SIGN Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TREND VALUE RANGE, FROM SIGN
 THIS ITEM DEFINES THE SIGN FOR THE LOWER LIMIT FOR THE TREND
 ACCEPTABLE VALUE RANGE. THE DEFAULT VALUE IS "-".

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 07422 Name: TRN-VAL-RNG-FROM Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TREND VALUE RANGE, FROM
 THIS ITEM DEFINES THE LOWER EXCEPTION LIMIT FOR A REPORT ITEM'S
 TREND VALUE. THE DEFAULT VALUE IS NEGATIVE "999.9". THE
 NEGATIVE SIGN WOULD BE REPORTED AS DEN 7421.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		0	1		999V9
3	N0		Numeric Comp		0	1		S999V9

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07423 Name: TRN-VAL-RNG-TO-SIGN Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TREND VALUE RANGE, TO SIGN
 THIS ITEM DEFINES THE SIGN FOR THE UPPER LIMIT FOR THE TREND
 ACCEPTABLE VALUE RANGE. THE DEFAULT VALUE IS '+'.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 07424 Name: TRN-VAL-RNG-TO Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TREND VALUE RANGE, TO
 THIS ITEM DEFINES THE UPPER EXCEPTION LIMIT FOR A REPORT ITEM'S
 TREND VALUE. THE DEFAULT VALUE IS POSITIVE "999.9". THE
 POSITIVE SIGN WOULD BE REPORTED AS DEN 7423.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		0	1		999V9
3	N0		Numeric Comp		0	1		S999V9

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07425 Name: MIN-DENOM Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MINIMUM DENOMINATOR
 THIS ITEM DEFINES THE MINIMUM VALUE THAT A DENOMINATOR FOR A
 RATIO OR PERCENT REPORT ITEM MAY ASSUME. THE DEFAULT VALUE IS
 "1".

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		7	0		X(7)
3		N0		Numeric Comp		7	0		S9(7)

DataElement ID: 07426 Name: FREQ-DTBTN-CD Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: FREQUENCY DISTRIBUTION CODE
 THIS ITEM INDICATES WHETHER OR NOT A FREQUENCY DISTRIBUTION
 REPORT SHOULD BE PRODUCED FOR A REPORT ITEM SUBFIELD.
 ALLOWABLE VALUES ARE: 0 - NO REPORT
 1 - PRODUCE A FREQUENCY DISTRIBUTION
 FOR THIS CYCLE ONLY
 2 - PRODUCE A FREQUENCY DISTRIBUTION
 FOR ALL CYCLES.
 THE DEFAULT VALUE IS "0".

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		0	0		X
9		G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07427 Name: QTRLY-CLS-INTVL Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: QUARTERLY CLASS INTERVAL
 THIS ITEM SPECIFIES THE INTERVAL LENGTH FOR A FREQUENCY
 DISTRIBUTION. THE DEFAULT VALUE IS "0000000.00".

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		9	0		X(09)
3	N0		Numeric Comp		11	2		S9(7)V9(2)

DataElement ID: 07428 Name: TRN-CLS-INTVL Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TREND CLASS INTERVAL
 THIS ITEM DEFINES THE TREND INTERVAL LENGTH FOR A FREQUENCY
 DISTRIBUTION. THE DEFAULT VALUE IS '000.0'.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		4	0		X(04)
3	N0		Numeric Comp		0	1		S999V9

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07429	Name: LTCF-CNFT-STAT	Version:	Subsystem: SURS
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		

Description: LTCF CONFINEMENT STATUS

A CODE WHICH INDICATES WHETHER A RECIPIENT WAS IN A LONG TERM CARE FACILITY DURING THE CURRENT 15 MONTH REPORTING PERIOD. ALLOWABLE VALUES ARE: 0 - RECIPIENT WAS NOT IN AN LTCF DURING THE PERIOD.
 1 - RECIPIENT WAS IN AN LTCF DURING PART OF THE PERIOD
 2 - RECIPIENT WAS IN AN LTCF DURING THE ENTIRE PERIOD.
 -

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07431 Name: AGE-GRP Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: AGE GROUP

THIS GROUP ITEM SPECIFIES THE AGE RANGE TO BE ASSIGNED TO AN AGE GROUP CODE. EACH OCCURRENCE OF AGE GROUP HAS A LOWER AND AN UPPER LIMIT. THE OCCURRENCE NUMBER IS THE AGE GROUP CODE TO BE ASSOCIATED WITH AN AGE GROUP.
 ELEMENTARY ITEMS ARE:
 DEN 7432 - AGE GROUP, FROM
 DEN 7433 - AGE GROUP, TO

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 07432 Name: AGE-GRP-FRM Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: AGE GROUP, FROM
 THE LOWER LIMIT OF AN AGE GROUP RANGE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		0	0		99
3	N3	Numeric Comp-3		2	0		S9(02)

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 07433      Name:  AGE-GRP-TO      Version:      Subsystem: SURS
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: AGE GROUP, TO
                THE UPPER LIMIT OF AN AGE GROUP RANGE
    
```

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		3	0		9(03)
3	N3		Numeric Comp-3		3	0		S9(03)

```

DataElement ID: 07434      Name:  RECIP-SEQ-CD      Version:      Subsystem: SURS
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: RECIPIENT SEQUENCE CODE
                THIS ITEM SPECIFIES THE SEQUENCE IN WHICH THE RECIPIENT
                EXCEPTION REPORTS ARE TO BE PRINTED.
                ALLOWABLE VALUES ARE:  0 - RECIPIENT NUMBER
                1 - RECIPIENT NAME
                2 - RECIPIENT COUNTY CODE
                3 - INSTITUTION PROVIDER NUMBER
                THE DEFAULT VALUE IS '0'.
    
```

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		0	0		X

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 07435      Name:  DRUG-DIPLY-FMT      Version:      Subsystem: SURS
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: DRUG DISPLAY FORMAT
              USER SPECIFIED OPTION FOR PRINTING DRUG DETAIL ON PHYSICIAN
              TREATMENT ANALYSIS REPORT BY DRUG CODE OR DRUG CLASS.
              ALLOWABLE VALUES ARE:  1 - SUMMARIZE DATA BY DRUG CODE
              WITHIN DRUG CLASS.
              2 - SUMMARIZE DATA BY DRUG CLASS
              THE DEFAULT VALUE IS '2'.
    
```

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N		Numeric		0	0		9

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07436 Name: DIAG-SGNF-CD Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: DIAGNOSIS SIGNIFICANCE CODE
 - THIS CODE GIVES THE USER VARIOUS OPTIONS FOR CATEGORIZING
 DIAGNOSIS CODES IN PRODUCING TREATMENT ANALYSIS REPORTS.
 ALLOWABLE VALUES ARE: 1 - DO NOT GROUP BY DIAGNOSIS CODES
 2 - GROUP BY THE TWO HIGH ORDER DIGITS
 OF DIAGNOSIS
 3 - GROUP BY THE THREE HIGH ORDER
 DIGITS OF DIAGNOSIS CODE
 4 - CATEGORY BY DIAGNOSIS GROUPS
 THE DEFAULT VALUE IS "2".

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		0	0		9

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07437 Name: PROC-SGNF-CD Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: PROCEDURE SIGNIFICANCE CODE
 THIS CODE SPECIFIES THE NUMBER OF SIGNIFICANT HIGH ORDER DIGITS
 TO SUMMARIZE PROCEDURE CODE.
 ALLOWABLE VALUES ARE: 1 - DO NOT REDUCE PROCEDURE CODE.
 2 - SUMMARIZE ON TWO HIGH ORDER DIGITS
 3 - SUMMARIZE ON THREE HIGH ORDER
 DIGITS.
 THE DEFAULT VALUE IS "2".

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N	Numeric		0	0		9

DataElement ID: 07438 Name: AGE-GRP-UP-LMT Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: AGE GROUP UPPER LIMITS
 THIS FIELD SPECIFIES WHAT THE UPPER AGE LIMITS ARE IF AGE
 GROUPING HAS BEEN REQUESTED.
 THIS FIELD OCCURS FOUR TIMES. THE SYSTEM WILL ALWAYS ASSIGN
 ONE MORE AGE GROUP WHICH BEGINS 1 YEAR PAST THE HIGHEST
 AGE GROUP LIMIT REPORTED IN THIS DATA ELEMENT.
 THE DEFAULT VALUE IS "999".

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		3	0		X(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07447 Name: AVG-PROC-EXC-RNG Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: AVERAGE PROCEDURES PER RECIPIENT EXCEPTION RANGE
 THIS GROUP ITEM CONTAINS THE UPPER AND LOWER PARAMETERS OF THE
 AVERAGE NUMBER PROCEDURES PER RECIPIENT WHICH ARE NOT
 CLASSIFIED AS EXCEPTIONAL DATA.
 ELEMENTARY ITEMS ARE:
 DEN 7448 - AVERAGE PROCEDURES LOWER LIMIT CONTROL
 DEN 7449 - AVERAGE PROCEDURES UPPER LIMIT CONTROL

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 07448 Name: AVG-PROC-LOW-LIM-CTL Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: AVERAGE PROCEDURES LOWER LIMIT CONTROL
 THE AVERAGE NUMBER OF PROCEDURES PER RECIPIENT PARAMETER LOWER
 LIMIT FOR EXCEPTIONAL TREATMENT DATA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	1		S9(04)V9
5	N3	Numeric Comp-3		4	1		S9(3)V9

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07449 Name: AVG-PROC-UP-LIM-CTL Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: AVERAGE PROCEDURES UPPER LIMIT CONTROL
 THE AVERAGE NUMBER OF PROCEDURES PER RECIPIENT UPPER LIMIT
 PARAMETER FOR EXCEPTIONAL TREATMENT DATA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	1		S9(04)V9
5	N	Numeric		4	1		S9(3)V9

DataElement ID: 07451 Name: DIFF-PROC-RNG Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF DIFFERENT PROCEDURES RANGE
 THIS GROUP ITEM CONTAINS THE UPPER AND LOWER PARAMETER LIMITS FOR
 THE NUMBER OF DIFFERENT PROCEDURES.
 TREATMENT DATA NOT FALLING WITHIN THESE LIMITS IS MARKED AS
 EXCEPTIONAL.
 ELEMENTARY ITEMS ARE:
 DEN 7452 - DIFFERENT PROCEDURES LOWER LIMIT CONTROL
 DEN 7453 - DIFFERENT PROCEDURES UPPER LIMIT CONTROL

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07452 Name: DIF-PROC-LOW-LIM-CTL Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DIFFERENT PROCEDURES LOWER LIMIT CONTROL
 THE NUMBER OF DIFFERENT PROCEDURES PARAMETER LOWER LIMIT FOR
 EXCEPTIONAL TREATMENT DATA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		S9(03)
5	N3	Numeric Comp-3		4	1		S9(3)V9

DataElement ID: 07453 Name: DIF-PROC-UP-LIM-CTL Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DIFFERENT PROCEDURES UPPER LIMIT CONTROL
 THE NUMBER OF DIFFERENT PROCEDURES PARAMETER UPPER LIMIT FOR
 EXCEPTIONAL TREATMENT DATA

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		S9(03)
5	N3	Numeric Comp-3		4	1		S9(3)V9

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07454 Name: AVG-RX-RNG Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: AVERAGE DRUG PRESCRIPTIONS RANGE

THIS GROUP ITEM CONTAINS THE UPPER AND LOWER PARAMETER LIMITS FOR THE AVERAGE NUMBER OF DRUG PRESCRIPTIONS PER RECIPIENT. TREATMENT DATA NOT FALLING WITHIN THESE LIMITS IS MARKED AS EXCEPTIONAL.
 ELEMENTARY ITEMS ARE:
 DEN 7455 - AVERAGE DRUGS LOWER LIMIT CONTROL
 DEN 7456 - AVERAGE DRUGS UPPER LIMIT CONTROL

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 07455 Name: AVG-RX-LOW-LIM-CTL Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: AVERAGE DRUGS LOWER LIMIT CONTROL

THE AVERAGE NUMBER OF DRUG PRESCRIPTIONS PER RECIPIENT EXCEPTION CRITERIA LOWER LIMIT PARAMETER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	1		S9(04)V9
5	N3	Numeric Comp-3		4	1		S9(3)V9

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07456 Name: AVG-RX-UP-LIM-CTL Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: AVERAGE DRUGS UPPER LIMIT CONTROL
 THE AVERAGE NUMBER OF DRUG PRESCRIPTIONS PER RECIPIENT EXCEPTION
 CRITERIA UPPER LIMIT PARAMETER.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3		Numeric Comp-3		5	1		S9(04)V9
6	N3		Numeric Comp-3		4	1		S9(3)V9

DataElement ID: 07457 Name: DIF-RX-RNG Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DIFFERENT DRUG PRESCRIPTIONS RANGE
 THIS GROUP ITEM CONTAINS THE UPPER AND LOWER PARAMETER LIMITS FOR
 THE NUMBER OF DIFFERENT DRUG PRESCRIPTIONS.
 TREATMENT DATA NOT FALLING WITHIN THESE LIMITS IS MARKED AS
 EXCEPTIONAL.
 ELEMENTARY ITEMS ARE:
 DEN 7458 - DIFFERENT DRUGS LOWER LIMIT CONTROL
 DEN 7459 - DIFFERENT DRUGS UPPER LIMIT CONTROL

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07458 Name: DIF-RX-LOW-LIM-CTL Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DIFFERENT DRUGS LOWER LIMIT CONTROL
 THE NUMBER OF DIFFERENT DRUG PRESCRIPTIONS EXCEPTION CRITERIA
 LOWER LIMIT PARAMETER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		S9(03)
5	N3	Numeric Comp-3		4	1		S9(3)V9

DataElement ID: 07459 Name: DIF-RX-UP-LIM-CTL Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DIFFERENT DRUGS UPPER LIMIT CONTROL
 THE NUMBER OF DIFFERENT DRUG PRESCRIPTIONS EXCEPTION CRITERIA
 UPPER LIMIT PARAMETER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		S9(03)
5	N3	Numeric Comp-3		4	1		S9(3)V9

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07461 Name: AVG-DSCH-RNG Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: AVERAGE DISCHARGE RANGE

THIS GROUP ITEM CONTAINS THE UPPER AND LOWER PARAMETER LIMITS FOR THE AVERAGE NUMBER OF DISCHARGES PER RECIPIENT. TREATMENT DATA NOT FALLING WITHIN THESE LIMITS IS MARKED EXCEPTIONAL.
 ELEMENTARY ITEMS ARE:
 DEN 7462 - AVERAGE DISCHARGES LOWER LIMIT CONTROL
 DEN 7463 - AVERAGE DISCHARGES UPPER LIMIT CONTROL

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9		G	Group		0	0		

DataElement ID: 07462 Name: AVG-DSCH-LOW-LIM-CTL Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: AVERAGE DISCHARGES LOWER LIMIT CONTROL

THE AVERAGE NUMBER OF DISCHARGES PER RECIPIENT EXCEPTION CRITERIA LOWER LIMIT.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3	Numeric Comp-3		3	1		S9(02)V9

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07463 Name: AVG-DSCH-UP-LIM-CTL Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: AVERAGE DISCHARGES UPPER LIMIT CONTROL
 THE AVERAGE NUMBER OF DISCHARGES PER RECIPIENT EXCEPTION CRITERIA
 UPPER LIMIT PARAMETER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3		1	S9(02)V9

DataElement ID: 07464 Name: AVG-LOS-RNG Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: AVERAGE LENGTH-OF-STAY RANGE
 THIS GROUP ITEM CONTAINS THE UPPER AND LOWER PARAMETER LIMITS
 FOR THE AVERAGE LENGTH OF STAY PER DISCHARGE. TREATMENT DATA
 NOT FALLING WITHIN THESE LIMITS IS MARKED AS EXCEPTIONAL.
 ELEMENTARY ITEMS ARE:
 DEN 7465 - AVERAGE LENGTH-OF-STAY LOWER LIMIT CONTROL
 DEN 7466 - AVERAGE LENGTH-OF-STAY UPPER LIMIT CONTROL

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0		0	

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07465 Name: AVG-LOS-LOW-LIM-CTL Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: AVERAGE LENGTH-OF-STAY LOWER LIMIT CONTROL
 THE AVERAGE LENGTH-OF-STAY PER DISCHARGE EXCEPTION CRITERIA LOWER
 LIMIT PARAMETER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	1		S9(2)V9
6	N3	Numeric Comp-3		5	1		S9(4)V9
7	N3	Numeric Comp-3		6	1		S9(5)V9

DataElement ID: 07466 Name: AVG-LOS-UP-LIM-CTL Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: AVERAGE LENGTH-OF-STAY UPPER LIMIT CONTROL
 THE AVERAGE LENGTH-OF-STAY PER DISCHARGE EXCEPTION CRITERIA UPPER
 LIMIT PARAMETER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	1		S9(2)V9
6	N3	Numeric Comp-3		5	1		S9(4)V9
7	N3	Numeric Comp-3		6	1		S9(5)V9

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07467 Name: DIAG-MSTR-CNTRL Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DIAGNOSIS MASTER CONTROL
 THIS FIELD REPRESENTS THE NUMBER OF RECIPIENTS USED TO BYPASS
 LOW VOLUME STRATA GROUPS FOR EXCEPTION PROCESSING.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		4		0	S9(4)

DataElement ID: 07468 Name: LOS-EXC-STD-DEV Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LENGTH OF STAY EXCEPTION STANDARD DEVIATION
 THIS FIELD REPRESENTS THE NUMBER OF STANDARD DEVIATIONS TO BE
 USED AS THE UPPER LIMIT FOR THE LENGTH OF STAY.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5		1	S9(4)V9

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07469 Name: ANCL-EXC-STD-DEV Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ANCILLARY EXCEPTION STANDARD DEVIATION
 THIS FIELD SPECIFIES THE NUMBER OF STANDARD DEVIATIONS TO BE
 USED AS THE UPPER LIMIT FOR THE ANCILLARY CHARGE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	0		S9(7)

DataElement ID: 07471 Name: LOS-VALUE-RNG Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LENGTH-OF-STAY VALUE RANGE
 THE USER-ESTABLISHED UPPER AND LOWER LIMITS OF LENGTH-OF-STAY
 PER DISCHARGE. THESE LIMITS WILL BE USED AS PROFILE EXCEPTION
 CRITERIA IN LIEU OF COMPUTED STANDARD DEVIATIONS. THE PROVIDER'S
 AVERAGE LENGTH-OF-STAY WILL BE COMPARED AGAINST THESE LIMITS
 ELEMENTARY ITEMS ARE:
 DEN 7472 - LENGTH-OF-STAY VALUE LOWER LIMIT
 DEN 7473 - LENGTH-OF-STAY VALUE UPPER LIMIT

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07472 Name: LOS-VALUE-LOW-LIM Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: ***** MMIS DATA ELEMENT NAME - TREATMENT REPORT ITEM VALUE RANGE
 MMIS GSD DATA ELEMENT NUMBER - 723
 MMIS DEFINITION - A RANGE OF VALUES DEFINED BY AN UPPER
 EXCEPTION CONTROL LIMIT AND A LOWER
 EXCEPTION CONTROL LIMIT WHICH INDICATES
 THE RANGE WITHIN WHICH THE VALUE OF A
 TREATMENT ANALYSIS REPORT ITEM MUST FALL
 TO AVOID EXCEPTION. *****
 LENGTH-OF-STAY VALUE LOWER LIMIT
 THIS FIELD CONTAINS THE LOWER LIMIT FOR LENGTH-OF-STAY VALUES TO
 BE USED IN THE PROFILE EXCEPTION CRITERIA.
 REFER TO DED 07473 FOR THE UPPER LIMIT THAT WITH THIS DATA ELEMENT
 MAKE UP THE VALUE RANGE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
5	N3	Numeric Comp-3		5	1		S9(04)V9
6	N3	Numeric Comp-3		3	0		S9(3)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07473 Name: LOS-VALUE-UP-LIM Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: ***** MMIS DATA ELEMENT NAME - TREATMENT REPORT ITEM VALUE RANGE
 MMIS GSD DATA ELEMENT NUMBER - 723
 MMIS DEFINITION - A RANGE OF VALUES DEFINED BY AN UPPER
 EXCEPTION CONTROL LIMIT AND A LOWER
 EXCEPTION CONTROL LIMIT WHICH INDICATES
 THE RANGE WITHIN WHICH THE VALUE OF A
 TREATMENT ANALYSIS REPORT ITEM MUST FALL
 TO AVOID EXCEPTION. *****
 LENGTH-OF-STAY VALUE UPPER LIMIT
 THIS FIELD CONTAINS THE UPPER LIMIT FOR LENGTH-OF-STAY VALUES TO
 BE USED IN THE PROFILE EXCEPTION CRITERIA.
 REFER TO DED 07472 FOR THE LOWER LIMIT THAT WITH THIS DATA ELEMENT
 MAKE UP THE VALUE RANGE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
5	N3	Numeric Comp-3		5	1		S9(04)V9
6	N3	Numeric Comp-3		3	0		S9(3)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07474 Name: AVG-ANCL-CHG-EXC-CTL Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: - AVERAGE ANCILLARY CHARGES EXCEPTION CONTROL
 THIS GROUP ITEM CONTAINS THE UPPER AND LOWER PARAMETER LIMITS FOR
 THE AVERAGE ANCILLARY CHARGES. TREATMENT DATA NOT FALLING WITHIN
 THESE LIMITS IS MARKED AS EXCEPTIONAL.
 ELEMENTARY ITEMS ARE:
 DEN 7475 - AVERAGE ANCILLARY CHARGES LOWER LIMIT CONTROL
 DEN7476 - AVERAGE ANCILLARY CHARGES UPPER LIMIT CONTROL

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 07475 Name: AVG-ANCL-CHG-LOW-LIM Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: AVERAGE ANCILLARY CHARGES LOWER LIMIT CONTROL
 THE AVERAGE ANCILLARY CHARGES EXCEPTION CRITERIA LOWER LIMIT
 PARAMETER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
5	N3	Numeric Comp-3		7	0		S9(07)
6	N3	Numeric Comp-3		6	1		S9(5)V9

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07476 Name: AVG-ANCL-CHG-UP-LIM Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: AVERAGE ANCILLARY CHARGES UPPER LIMIT CONTROL
 THE AVERAGE ANCILLARY CHARGES EXCEPTION CRITERIA UPPER LIMIT
 PARAMETER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
5	N3	Numeric Comp-3		7	0		S9(07)
6	N3	Numeric Comp-3		6	1		S9(5)V9

DataElement ID: 07479 Name: LOS-RNG-LIM-CTL Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LENGTH OF STAY RANGE LIMIT CONTROL
 THIS GROUP ITEM CONTAINS THE UPPER AND LOWER ALLOWABLE VALUE
 PARAMETERS FOR THE LENGTH OF STAY PER DISCHARGE. TREATMENT DATA
 NOT FALLING WITHIN THESE LIMITS IS HANDLED AS FOLLOWS:
 LESS THAN THE LOWER LIMIT - THE LENGTH OF STAY IS ADDED TO
 THE EXCEPTIONAL DAYS.
 GREATER THAN THE UPPER LIMIT - THE DIFFERENCE OF LENGTH OF
 STAY AND THE UPPER LIMIT IS
 ADDED TO THE EXCEPTIONAL DAYS.
 ELEMENTARY ITEMS ARE:
 DEN 7481 - LENGTH-OF-STAY LOWER RANGE LIMIT CONTROL
 DEN 7482 - LENGTH-OF-STAY UPPER RANGE LIMIT CONTROL

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07481 Name: LOS-LOW-RNG-LIM-CTL Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LENGTH-OF-STAY LOWER RANGE LIMIT CONTROL
 THIS FIELD CONTAINS THE LOWER ALLOWABLE VALUE FOR THE LENGTH OF
 STAY PER DISCHARGE. IF THE TREATMENT DATA IS LESS THAN THIS
 LOWER LIMIT, THE LENGTH OF STAY IS ADDED TO THE EXCEPTIONAL DAYS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

DataElement ID: 07482 Name: LOS-UP-RNG-LIM-CTL Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LENGTH-OF-STAY UPPER RANGE LIMIT CONTROL
 - THIS FIELD CONTAINS THE UPPER ALLOWABLE VALUE FOR THE LENGTH OF
 STAY PER DISCHARGE. IF THE TREATMENT DATA IS GREATER THAN THIS
 UPPER LIMIT, THE DIFFERENCE OF LENGTH-OF-STAY AND THE UPPER
 LIMIT IS ADDED TO THE EXCEPTIONAL DAYS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07483 Name: ANCL-RNG-LIM-CTL Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: ANCILLARY RANGE LIMIT CONTROL
 THIS GROUP ITEM CONTAINS ALLOWABLE VALUE RANGE PARAMETERS FOR THE
 ANCILLARY CHARGES. TREATMENT DATA NOT FALLING WITHIN THESE
 LIMITS IS HANDLED AS FOLLOWS:
 LESS THAN THE LOWER LIMIT - THE TOTAL ANCILLARY CHARGES IS
 ADDED TO THE EXCEPTIONAL CHARGES.
 GREATER THAN THE UPPER LIMIT - THE DIFFERENCE BETWEEN TOTAL
 ANCILLARY CHARGES AND THE UPPER
 LIMIT IS ADDED TO THE EXCEPTIONAL
 CHARGES.
 ELEMENTARY ITEMS ARE:
 DEN 7484 - ANCILLARY RANGE LOWER LIMIT
 DEN 7485 - ANCILLARY RANGE UPPER LIMIT

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07484 Name: ANCL-LOW-RNG-LIM Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: ***** MMIS DATA ELEMENT NAME - TREATMENT REPORT ITEM VALUE RANGE
 MMIS GSD DATA ELEMENT NUMBER - 723
 MMIS DEFINITION - A RANGE OF VALUES DEFINED BY AN UPPER
 EXCEPTION CONTROL LIMIT AND A LOWER
 EXCEPTION CONTROL LIMIT WHICH INDICATES
 THE RANGE WITHIN WHICH THE VALUE OF A
 TREATMENT ANALYSIS REPORT ITEM MUST FALL
 TO AVOID EXCEPTION. *****
 ANCILLARY LOWER RANGE LIMIT CONTROL.
 THE LOWER RANGE LIMIT PARAMETER FOR THE ANCILLARY CHARGES. THE
 TOTAL ANCILLARY CHARGES ARE CONSIDERED EXCEPTIONAL CHARGES IF
 THEY ARE LESS THAN THIS LIMIT.
 REFER TO DED 07485 FOR THE UPPER LIMIT THAT WITH THIS DATA ELEMENT
 MAKE UP THE VALUE RANGE.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3		Numeric Comp-3		7	0		S9(07)
5		N3		Numeric Comp-3		5	0		S9(5)

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 07486      Name:  LOS-PCT-EXC-LVL      Version:      Subsystem: SURS
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: LENGTH-OF-STAY PERCENTAGE EXCEPTION LEVEL
                THIS GROUP LEVEL ITEM CONTAINS PERCENTAGE EXCEPTION LEVELS.
                THERE ARE EXCEPTION LEVELS FOR EXCEPTIONAL LOW LENGTHS-OF-STAY,
                FOR EXCEPTIONAL HIGH LENGTHS-OF-STAY, AND FOR TOTAL EXCEPTIONAL
                LENGTHS OF STAY.
                ELEMENTARY ITEMS ARE:
                DEN 7487 - LENGTH-OF-STAY LOW EXCEPTION PERCENTAGE
                DEN 7488 - LENGTH-OF-STAY HIGH EXCEPTION PERCENTAGE
                DEN 7489 - LENGTH-OF-STAY TOTAL EXCEPTIONS PERCENTAGE
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

```

DataElement ID: 07487      Name:  LOS-LOW-EXC-PCT      Version:      Subsystem: SURS
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: LENGTH-OF-STAY LOW EXCEPTION PERCENTAGE
                IF THE PERCENT OF DISCHARGES WHICH HAD A LENGTH OF STAY LESS
                THAN THE LOWER RANGE LIMIT IS GREATER THAN THIS PERCENTAGE,
                THEN IT IS MARKED AS EXCEPTIONAL.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		S9(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07488 Name: LOS-HI-EXEC-PCT Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LENGTH-OF-STAY HIGH EXCEPTION PERCENTAGE
 IF THE PERCENT OF DISCHARGES WHICH HAD A LENGTH OF STAY GREATER
 THAN THE UPPER RANGE LIMIT IS GREATER THAN THIS PERCENTAGE, THEN
 IT IS MARKED AS EXCEPTIONAL.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3	Numeric Comp-3		3		0	S9(03)

DataElement ID: 07489 Name: LOS-TOT-EXC-PCT Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LENGTH OF STAY TOTAL EXCEPTIONS
 IF THE PERCENT OF DISCHARGES WHICH HAD A LENGTH OF STAY OUTSIDE
 THE RANGE LIMITS IS GREATER THAN THIS PERCENTAGE, THEN IT IS
 MARKED AS EXCEPTIONAL.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3	Numeric Comp-3		3		0	S9(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07491 Name: ANCL-PCT-EXC-LVL Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: - ANCILLARY PERCENTAGE EXCEPTION LEVEL
 THIS GROUP LEVEL ITEM CONTAINS PERCENTAGE EXCEPTION LEVELS FOR
 ANCILLARY CHARGES.
 ELEMENTARY ITEMS ARE:
 DEN 7492 - ANCILLARY LOW EXCEPTION PERCENTAGE
 DEN 7493 - ANCILLARY HIGH EXCEPTION PERCENTAGE
 DEN 7494 - ANCILLARY TOTAL EXCEPTION PERCENTAGE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 07492 Name: ANCL-LOW-EXC-PCT Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: ANCILLARY LOW EXCEPTION PERCENTAGE
 IF THE PERCENT OF DISCHARGES WHICH HAD TOTAL ANCILLARY CHARGES
 LESS THAN THE LOWER RANGE LIMIT IS GREATER THAN THIS PERCENTAGE,
 THEN IT IS MARKED AS EXCEPTIONAL.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		S9(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07493 Name: ANCL-HI-EXC-PCT Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ANCILLARY HIGH EXCEPTION PERCENTAGE
 IF THE PERCENT OF DISCHARGES WHICH HAD TOTAL ANCILLARY CHARGES
 GREATER THAN THE UPPER RANGE LIMIT IS GREATER THAN THIS
 PERCENTAGE, THEN IT IS MARKED AS EXCEPTIONAL.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3	Numeric Comp-3		3	0		S9(03)

DataElement ID: 07494 Name: ANCL-TOT-EXC-PCT Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ANCILLARY TOTAL EXCEPTION PERCENTAGE
 IF THE PERCENT OF DISCHARGES WHICH HAD TOTAL ANCILLARY CHARGES
 OUTSIDE THE RANGE LIMITS IS GREATER THAN THIS PERCENTAGE, THEN
 IT IS MARKED AS EXCEPTIONAL.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3	Numeric Comp-3		3	0		S9(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07495 Name: DIAG-GP-CD Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DIAGNOSIS GROUP CODE
 THE CODE WHICH IS USED TO GROUP DIAGNOSIS CODES FOR REPORTING.
 THE DEFAULT VALUE IS '999'.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 07496 Name: DIAG-CD-RNG Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DIAGNOSIS CODE RANGE
 THIS GROUP ITEM CONTAINS ONE UPPER AND LOWER RANGE FOR EACH
 DIAGNOSIS GROUP CODE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07497 Name: DIAG-CD-RNG-LOW Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DIAGNOSIS CODE RANGE LOW
 THE LOWER RANGE LIMIT FOR A DIAGNOSIS RANGE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 07498 Name: DIAG-CD-RGN-HIGH Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DIAGNOSIS CODE RANGE HIGH
 THE UPPER RANGE LIMIT FOR A DIAGNOSIS GROUP RANGE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07499 Name: MPASS-GRP-PROV-CNT Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS PROVIDER COUNT PER PROVIDER GROUPING
 THIS FIELD REPRESENTS THE NUMBER OF PROVIDERS IN A PROVIDER
 GROUPING FOR THE REQUESTED MEDIPASS DATE SPAN.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	0		S9(9)

DataElement ID: 07500 Name: MPASS-REQ-DATE-KEY Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS UTILIZATION REVIEW REQUEST DATE KEY
 THIS FIELD REPRESENTS THE GROUP LEVEL KEY OF THE MEDIPASS
 UTILIZATION REVIEW REQUEST DATE KEY (USUALLY WILL BE LOW-VALUES,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		30	0		X(30)

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 07501      Name:  MPASS-REQ-DATE      Version:
Created By:                Last Updated By:      Release:
Created On:      8/25/2004  Last Updated On:    8/25/2004
Description: MEDIPASS UTILIZATION REVIEW REQUEST DATE TABLE
              THIS FIELD REPRESENTS THE MEDIPASS UR TABLE OF REQUEST DATES
              FOR MONTHLY OR ON-REQUEST PROCESSING OF THE MEDIPASS UTILIZATION
              REVIEW REPORTING SUB-SYSTEM.  THE SUBORDINATE FIELDS FOR THIS
              TABLE ARE
              MPASS-REQ-KEY      (DED 07541)
              MPASS-REQ-BEG-DATE (DED 07502)
              MPASS-REQ-END-DATE (DED 07503)
              IF THE REQUEST DATES COME FROM THE SYSTEM PARAMETER FILE,
              (MONTHLY RUN), THEN THE REQUEST KEY WILL BE ZEROS.  OTHERWISE,
              THE REQUEST KEY WILL BE A NUMBER FROM 01 TO 04 THAT CORRESPONDS
              WITH THE SEQUENCE THAT THE DATES WERE ENTERED.,
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

```

DataElement ID: 07502      Name:  MPASS-REQ-BEG-DATE      Version:
Created By:                Last Updated By:      Release:
Created On:      8/25/2004  Last Updated On:    8/25/2004
Description: MEDIPASS UTILIZATION REVIEW REQUEST BEGIN DATE
              THIS FIELD REPRESENTS THE MEDIPASS UR REQUEST BEGIN DATE.,
              -
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(5)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07503 Name: MPASS-REQ-END-DATE Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS UTILIZATION REVIEW REQUEST ENDN DATE
 THIS FIELD REPRESENTS THE MEDIPASS UR REQUEST END DATE.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(5)

DataElement ID: 07504 Name: MPASS-REQ-BEG-PRTDAT Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS UTILIZATION REVIEW REQUEST BEGIN PRINT DATE
 THIS FIELD REPRESENTS THE MEDIPASS UR REQUEST BEGIN PRINT DATE.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		8	0		X(8)

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 07505      Name:  MPASS-REQ-END-PRTDAT      Version:
Created By:                Last Updated By:          Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: MEDIPASS UTILIZATION REVIEW REQUEST END PRINT DATE
              THIS FIELD REPRESENTS THE MEDIPASS UR REQUEST END PRINT DATE.,
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		8	0		X(8)

```

DataElement ID: 07506      Name:  ADJUST-CODE      Version:
Created By:                Last Updated By:          Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: ADJUSTMENT INDICATOR
              ***** MMIS DATA ELEMENT NAME - ADJUSTMENT AMOUNT:
              MMIS GSD DATA ELEMENT NUMBER - 335
              MMIS PART 11 DATA ELEMENT NUMBER - 103
              MMIS DEFINITION - THE AMOUNT (PLUS OR MINUS) BY WHICH A
              PROVIDER'S ACCOUNT IS TO BE CHANGED. *****
              THIS DATA ELEMENT IS AN INDICATOR WHICH CONTROLS THE ORDER OF
              SORTED CLAIM RECORDS WITH OTHERWISE MATCHING SORT KEY FIELDS.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07515 Name: DAY-OF-ADMIS Version: Subsystem: SURS
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: DAY OF ADMISSION
A CODE INDICATING THE DAY OF THE WEEK ON WHICH A RECIPIENT WAS
ADMITTED TO A HOSPITAL.
ALLOWABLE VALUES ARE: 1 - SUNDAY
2 - MONDAY
3 - TUESDAY
4 - WEDNESDAY
5 - THURSDAY
6 - FRIDAY
7 - SATURDAY

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(1)

Iowa Medicaid Enterprise

Data Element List

```

DataElement ID: 07516      Name:  DAY-OF-DISCH      Version:      Subsystem: SURS
  Created By:              Last Updated By:      Release:
  Created On:      8/25/2004      Last Updated On:      8/25/2004
  Description: DAY OF DISCHARGE
                A CODE INDICATING THE DAY OF THE WEEK ON WHICH A RECIPIENT WAS
                DISCHARGED FROM A HOSPITAL.
                ALLOWABLE VALUES ARE:  0 - RECIPIENT WAS NOT DISCHARGED
                1 - SUNDAY
                2 - MONDAY
                3 - TUESDAY
                4 - WEDNESDAY
                5 - THURSDAY
                6 - FRIDAY
                7 - SATURDAY
    
```

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(1)

```

DataElement ID: 07520      Name:  MPASS-TOT-PROV-UTIL      Version:      Subsystem: SURS
  Created By:              Last Updated By:      Release:
  Created On:      8/25/2004      Last Updated On:      8/25/2004
  Description: MEDIPASS TOTAL PROVIDER UTIL FOR A SERVICE TYPE OR AVG COST
                THIS FIELD REPRESENTS THE TOTAL UTILIZATION FOR A PROVIDER FOR
                A PARTICULAR SERVICE.,
    
```

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3			7	2		S9(5)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07521 Name: MPASS-PROV-GRP-UNDRB Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS PROVIDER GROUPING UNDER-UTIL BOUNDARY FOR A SVC TYPE
 THIS FIELD REPRESENTS THE UNDER-UTILIZATION BOUNDARY FOR A PROV
 GROUPING FOR A SERVICE TYPE.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	2		S9(7)V99

DataElement ID: 07522 Name: MPASS-PROV-GRP-OVERB Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: -
 MEDIPASS PROVIDER GROUPING OVER-UTIL BOUNDARY FOR A SVC TYPE
 THIS FIELD REPRESENTS THE OVER-UTILIZATION BOUNDARY FOR A PROV
 GROUPING FOR A SERVICE TYPE.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	2		S9(7)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07527 Name: NUM-VARBL-DATA-FLDS Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF VARIABLE DATA FIELDS
 THIS DATA ELEMENT INDICATES THE ACTUAL NUMBER OF OCCURRENCES OF
 A DATA FIELD THAT MAY OCCUR A VARIABLE NUMBER OF TIMES.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		9(5)
7	N	Numeric		3	0		9(3)

DataElement ID: 07528 Name: VARBL-DATA Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: A GROUP ITEM USED TO DEFINE THE VARIABLE DATA IN SUMMARY AND
 UTILIZATION SUR RECORDS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07529 Name: SUBFLD-INDEX Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SUBFIELD INDEX
 AN INDEX TO TIME INTERVALS WITHIN SUMMARY DATA ITEMS AND REPORT ITEMS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		0	0		9

DataElement ID: 07530 Name: SUM-SUBFIELD Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SUMMARY SUBFIELD
 THE RESULT OF REDUCING CLAIM DATA FOR ANY SUMMARY INDEX FOR ANY MEDICAID PROVIDER OR RECIPIENT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07533 Name: MPASS-RECIP-EXT-KEY Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS RECIPIENT EXTRACT KEY -
 THIS FIELD REPRESENTS THE GROUP OF FIELDS THAT MAKE UP THE KEY TO
 THE MEDIPASS RECIPIENTEXTRACT FILE.,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0	0		

DataElement ID: 07534 Name: MPASS-PROV-EXT-KEY Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS PROVIDER EXTRACT KEY -
 THIS FIELD REPRESENTS THE GROUP OF FIELDS THAT MAKE UP THE KEY TO
 THE PROVIDER EXTRACT FILE.,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07535 Name: MPASS-SVC-TYPE Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS SERVICE TYPE
 THIS FIELD REPRESENTS THE TYPE OF MEDIPASS SERVICE THAT IS BEING
 EVALUATED FOR UTILIZATION CALCULATIONS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2	0		X(02)

DataElement ID: 07536 Name: MPASS-CLAIMS-DATA Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS CLAIMS DATA
 THIS FIELD REPRESENTS THE GROUP LEVEL OF MEDIPASS CLAIMS DATA AS
 EXTRACTED FOR UTILIZATION REVIEW REPORTING.,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07537 Name: MPASS-EXT-REC-TYPE Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS EXTRACT RECORD TYPE
 -
 THIS FIELD REPRESENTS THE MEDIPASS EXTRACT RECORD TYPE CODE THAT
 WILL DISTINGUISH THE LEVEL OF THE EXTRACT RECORD, I.E. AT THE
 MEDIPASS COUNTY LEVEL FOR A PROVIDER, PROVIDER ACROSS ALL COUNTIES
 AND DATA FOR A GROUP PROVIDER ACROSS ALL COUNTIES.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		2	0		X(02)

DataElement ID: 07538 Name: MPASS-PROV-DATA Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: -
 MEDIPASS EXTRACT RECORD TYPE
 -
 THIS FIELD REPRESENTS THE GROUP OF VARIABLES THAT HOLD THE PROVIDE
 DATA FOR THE MEDIPASS PROVIDER EXTRACT.,

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9		G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07539 Name: MPASS-ENROLLEE-CNT Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS ENROLLEE COUNT FOR A PROVIDER
 THIS FIELD REPRESENTS THE NUMBER OF MEDIPASS RECIPIENTS ENROLLED T
 A PROVIDER OR PROVIDER GROUPING.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9		0	S9(9)

DataElement ID: 07540 Name: MPASS-EXTRACT-KEY Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS UTILIZATION REVIEW KEY
 THIS FIELD REPRESENTS THE KEY OF THE MEDIPASS EXTRACT FILE USED
 FOR UTILIZATION REVIEW REPORTING.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group				0	

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07541 Name: MPASS-REQ-KEY Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS UTILIZATION REVIEW REQUEST KEY
 THIS FIELD REPRESENTS THE NUMBER ASSOCIATED WITH THE REQUESTED DAT
 SPAN FOR UTILIZATION REPORT REPORTING. THE PURPOSE OF THIS FIELD
 IS TO ALLOW THE USER TO PROCESS MULTIPLE REQUEST DATES DURING A
 SINGLE MEDIPASS UR RUN.,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			2	0		X(02)

DataElement ID: 07542 Name: MPASS-PROV-GROUPING Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS UTILIZATION PROVIDER GROUPING
 THIS FIELD REPRESENTS A CODE THAT DENOTES WHICH PROVIDER GROUPING
 PROVIDER IS CONSIDERED TO BE A PART OF FOR MEDIPASS UTILIZATION
 REVIEW PURPOSES.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			2	0		X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07543 Name: ER-VISIT-PER-100 Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS EMERGENCY ROOM VISIT REFERRALS PER 100 RECIPIENTS
 THIS FIELD REPRESENTS THE NUMBER OF EMERGENCY ROOM VISIT REFERRALS
 PER 100 RECIPIENTS THAT HAVE BEEN PROVIDED BY THE MEDIPASS PRIMARY
 CARE PROVIDER OR PROVIDER GROUPING WITH DATES OF SERVICE WITHIN TH
 SPECIFIED TIME PERIOD.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	2		S9(5)V99

DataElement ID: 07544 Name: PHYS-REF-PER-100 Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS PHYSICIAN REFERRALS PER 100 RECIPIENTS
 THIS FIELD REPRESENTS THE NUMBER OF PHYSICIAN REFERRALS PER 100
 RECIPIENTS THAT HAVE BEEN PROVIDED BY THE MEDIPASS PRIMARY CARE
 PROVIDER OR PROVIDER GROUPING WITH DATES OF SERVICE WITHIN THE
 SPECIFIED TIME PERIOD.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	2		S9(5)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07545 Name: HOSP-ADM-PER-100 Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS HOSPITAL ADMISSION REFERRALS PER 100 RECIPIENTS
 THIS FIELD REPRESENTS THE NUMBER OF HOSPITAL ADMISSION REFERRALS
 PER 100 RECIPIENTS THAT HAVE BEEN PROVIDED BY THE MEDIPASS PRIMARY
 CARE PROVIDER OR PROVIDER GROUPING WITH DATES OF SERVICE WITHIN TH
 SPECIFIED TIME PERIOD.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	2		S9(5)V99

DataElement ID: 07546 Name: LAB-XRAY-PER-100 Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS LAB AND XRAY PROCEDURES PER 100 RECIPIENTS
 THIS FIELD REPRESENTS THE NUMBER OF LAB AND XRAY PROCEDURE REFERRA
 PER 100 RECIPIENTS THAT HAVE BEEN PROVIDED BY THE MEDIPASS PRIMARY
 CARE PROVIDER OR PROVIDER GROUPING WITH DATES OF SERVICE WITHIN TH
 - SPECIFIED TIME PERIOD.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	2		S9(5)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07547 Name: OFF-VISIT-PER-100 Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS OFFICE VISIT PROCEDURES PER 100 RECIPIENTS
 THIS FIELD REPRESENTS THE NUMBER OF OFFICE VISIT PROCEDURES
 PER 100 RECIPIENTS THAT HAVE BEEN PERFORMED BY THE MEDIPASS PRIMAR
 CARE PROVIDER OR PROVIDER GROUPING WITH DATES OF SERVICE WITHIN TH
 SPECIFIED TIME PERIOD.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	2		S9(5)V99

DataElement ID: 07548 Name: NUM-RECIPIENTS Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS RECIPIENTS ENROLLED TO THE PROVIDER/PROVIDER GROUPING
 THIS FIELD REPRESENTS THE NUMBER OF MEDIPASS RECIPIENTS ENROLLED
 TO THE PRIMARY CARE PROVIDER OR PROVIDER GROUPING DURING THE
 SPECIFIED TIME PERIOD.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	0		S9(9)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07549 Name: AVG-COST-PER-RECIP Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS AVERAGE COST PER RECIPIENT
 THIS FIELD REPRESENTS THE AVERAGE COST PER MEDIPASS RECIPIENT
 ENROLLED TO THE PRIMARY CARE PROVIDER OR PROVIDER GROUPING
 WITHIN THE SPECIFIED TIME PERIOD.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	2		S9(7)V99

DataElement ID: 07550 Name: UNDER-UTIL-BOUNDARY Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS UNDER UTILIZATION BOUNDARY RATES
 THIS FIELD REPRESENTS THE GROUP OF VARIABLES THAT DEFINE THE
 MEDIPASS UNDER-UTILIZATION BOUNDARY RATES AS DETERMINED ON A
 STATEWIDE BASIS.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07551 Name: ER-UNDER-UTIL Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS EMERGENCY ROOM REFERRALS UNDER UTILIZATION BOUNDARY

-
 THIS FIELD REPRESENTS THE UTILIZATION RATE PER 100 RECIPIENTS
 AT WHICH A MEDIPASS PROVIDER IS UNDER-UTILIZING THE MEDIPASS
 SYSTEM (E/R REFERRALS) AS DETERMINED ON A STATEWIDE BASIS.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	2		S9(5)V99

DataElement ID: 07552 Name: PHYS-REF-UNDER-UTIL Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS PHYSICIAN REFERRAL UNDER UTILIZATION BOUNDARY
 THIS FIELD REPRESENTS THE UTILIZATION RATE PER 100 RECIPIENTS
 AT WHICH A MEDIPASS PROVIDER IS UNDER-UTILIZING THE MEDIPASS
 SYSTEM (PHYSICIAN REFERRALS) AS DETERMINED ON A STATEWIDE
 BASIS.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	2		S9(5)V99

Iowa Medicaid Enterprise

Data Element List

```

DataElement ID: 07553      Name:  HOSP-ADM-UNDER-UTIL      Version:
Created By:                Last Updated By:          Release:
Created On:      8/25/2004  Last Updated On:   8/25/2004
Description: MEDIPASS HOSPITAL ADMISSION REF UNDER UTILIZATION BOUNDARY -
              THIS FIELD REPRESENTS THE UTILIZATION RATE PER 100 RECIPIENTS
              AT WHICH A MEDIPASS PROVIDER IS UNDER-UTILIZING THE MEDIPASS
              SYSTEM (HOSP ADM REFERRALS) AS DETERMINED ON A STATEWIDE
              BASIS.,
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	2		S9(5)V99

```

DataElement ID: 07554      Name:  LAB-XRAY-UNDER-UTIL      Version:
Created By:                Last Updated By:          Release:
Created On:      8/25/2004  Last Updated On:   8/25/2004
Description: MEDIPASS LAB AND XRAY REFERRALS UNDER UTILIZATION BOUNDARY -
              THIS FIELD REPRESENTS THE UTILIZATION RATE PER 100 RECIPIENTS
              AT WHICH A MEDIPASS PROVIDER IS UNDER-UTILIZING THE MEDIPASS
              SYSTEM (LAB,XRAY REFERRALS) AS DETERMINED ON A STATEWIDE
              BASIS.,
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	2		S9(5)V99

Iowa Medicaid Enterprise

Data Element List

```

DataElement ID: 07555      Name:  OFF-VISIT-UNDER-UTIL      Version:      Subsystem: SURS
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: MEDIPASS OFFICE VISITS UNDER UTILIZATION BOUNDARY -
              THIS FIELD REPRESENTS THE UTILIZATION RATE PER 100 RECIPIENTS
              AT WHICH A MEDIPASS PROVIDER IS UNDER-UTILIZING THE MEDIPASS
              SYSTEM (OFFICE VISITS) AS DETERMINED ON A STATEWIDE -
              BASIS.,
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	2		S9(5)V99

```

DataElement ID: 07556      Name:  OVER-UTIL-BOUNDARY      Version:      Subsystem: SURS
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: MEDIPASS OVER UTILIZATION BOUNDARY RATES
              THIS FIELD REPRESENTS THE GROUP OF VARIABLES THAT DEFINE THE
              MEDIPASS OVER-UTILIZATION BOUNDARY RATES AS DETERMINED ON A
              STATEWIDE BASIS.,
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07557 Name: ER-OVER-UTIL Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS EMERGENCY ROOM REFERRALS OVER UTILIZATION BOUNDARY
 THIS FIELD REPRESENTS THE UTILIZATION RATE PER 100 RECIPIENTS
 AT WHICH A MEDIPASS PROVIDER IS OVERR-UTILIZING THE MEDIPASS
 SYSTEM (E/R REFERRALS) AS DETERMINED ON A STATEWIDE BASIS.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	2		S9(5)V99

DataElement ID: 07558 Name: PHYS-REF-OVER-UTIL Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS PHYSICIAN REFERRAL OVER UTILIZATION BOUNDARY
 THIS FIELD REPRESENTS THE UTILIZATION RATE PER 100 RECIPIENTS
 AT WHICH A MEDIPASS PROVIDER IS OVER-UTILIZING THE MEDIPASS
 SYSTEM (PHYSICIAN REFERRALS) AS DETERMINED ON A STATEWIDE
 BASIS.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	2		S9(5)V99

Iowa Medicaid Enterprise

Data Element List

```

DataElement ID: 07559      Name:  HOSP-ADM-OVER-UTIL      Version:
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: MEDIPASS HOSPITAL ADMISSION REF OVER UTILIZATION BOUNDARY -
              THIS FIELD REPRESENTS THE UTILIZATION RATE PER 100 RECIPIENTS
              AT WHICH A MEDIPASS PROVIDER IS OVER-UTILIZING THE MEDIPASS
              SYSTEM (HOSP ADM REFERRALS) AS DETERMINED ON A STATEWIDE
              BASIS.,
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	2		S9(5)V99

```

DataElement ID: 07560      Name:  LAB-XRAY-OVER-UTIL      Version:
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: MEDIPASS LAB AND XRAY REFERRALS OVER UTILIZATION BOUNDARY -
              THIS FIELD REPRESENTS THE UTILIZATION RATE PER 100 RECIPIENTS
              AT WHICH A MEDIPASS PROVIDER IS OVER-UTILIZING THE MEDIPASS
              - SYSTEM (LAB,XRAY REFERRALS) AS DETERMINED ON A STATEWIDE
              BASIS.,
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	2		S9(5)V99

Iowa Medicaid Enterprise

Data Element List

```

DataElement ID: 07561      Name:  OFF-VISIT-OVER-UTIL      Version:      Subsystem: SURS
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: MEDIPASS OFFICE VISITS OVER UTILIZATION BOUNDARY      -
              THIS FIELD REPRESENTS THE UTILIZATION RATE PER 100 RECIPIENTS
              AT WHICH A MEDIPASS PROVIDER IS OVER-UTILIZING THE MEDIPASS
              SYSTEM (OFFICE VISITS) AS DETERMINED ON A STATEWIDE      -
              BASIS.,
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	2		S9(5)V99

```

DataElement ID: 07562      Name:  AVG-COST-BOUNDARY      Version:      Subsystem: SURS
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: MEDIPASS OFFICE AVERAGE COST OVER/UNDER UTILIZATION BOUNDARY      -
              THIS FIELD REPRESENTS THE GROUP OF VARIABLES THAT DEFINE THE
              MEDIPASS OVER-UTILIZATION BOUNDARY COSTS AS DETERMINED ON A
              STATEWIDE BASIS.,
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

```

DataElement ID: 07563      Name:  AVG-UNDER-COST      Version:      Subsystem: SURS
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: MEDIPASS OFFICE AVERAGE COST UNDER UTILIZATION BOUNDARY -
              THIS FIELD REPRESENTS THE AVERAGE COST PER RECIPIENT
              AT WHICH A MEDIPASS PROVIDER IS UNDER-UTILIZING THE MEDIPASS
              SYSTEM AS DETERMINED ON A STATEWIDE BASIS.,
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	2		S9(7)V99

```

DataElement ID: 07564      Name:  AVG-OVER-COST      Version:      Subsystem: SURS
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description:
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	2		S9(7)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07565 Name: MPASS-RPT-REC-TYPE Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS RECORD TYPE
 THIS FIELD REPRESENTS A CODE THAT DENOTES THE TYPE OF REPORT
 EXTRACT RECORD (DETAIL OR TOTALS).

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 07566 Name: MPASS-UTIL-FIELDS Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS UTILIZATION FIELDS PER PROVIDER GROUPING
 THIS FIELD REPRESENTS THE UTILIZATION PER 100 RECIPIENTS OF ONE OR
 ALL SERVICE TYPES, AND AVERAGE COSTS FOR A PROVIDER GROUPING.,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3		Numeric Comp-3		9	2		S9(7)V99
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07567 Name: UTIL-PER-100-RECIP Version: Subsystem: SURS
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: MEDIPASS UTILIZATION PER 100 RECIPIENTS
THIS FIELD REPRESENTS THE UTILIZATION PER 100 RECIPIENTS OF
A SERVICE TYPE BY A MEDIPASS PROVIDER.,

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 07568 Name: ER-VISIT-TALLY Version: Subsystem: SURS
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: MEDIPASS EMERGENCY ROOM VISIT REFERRALS PROVIDER TALLY
THIS FIELD REPRESENTS THE NUMBER OF PROVIDERS THAT MATCH A
CORRESPONDING UTILIZATION PER 100 RECIPIENTS VALUE.,

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07569 Name: ER-VISIT-PERC Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS EMERGENCY ROMM VISIT REFERRALS PROVIDER PERCENTILE
 THIS FIELD REPRESENTS THE PERCENTILE OF THE CORRESPONDING PROVIDER
 TALLY (CULUMATIVELY) AS IT RELATES TO THE OTHER TALLIES FOR THE
 SERVICE TYPE.,

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 07570 Name: PHYS-REF-TALLY Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS PHYSICIANS REFERRALS PROVIDER TALLY -
 - THIS FIELD REPRESENTS THE NUMBER OF PROVIDERS THAT MATCH A
 CORRESPONDING UTILIZATION PER 100 RECIPIENTS VALUE (FOR
 PHYSICIAN REFERRALS BY A MEDIPASS PROVIDER).,

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07571 Name: PHYS-REF-PERC Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS PHYSICIAN REFERRALS PROVIDER PERCENTILE -
 THIS FIELD REPRESENTS THE PERCENTILE OF THE CORRESPONDING PROVIDER
 TALLY (CULUMATIVELY) AS IT RELATES TO THE OTHER TALLIES FOR THE
 SERVICE TYPE.,

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 07572 Name: HOSP-ADM-TALLY Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS HOSPITAL ADMISSIONS REFERRALS PROVIDER TALLY -
 THIS FIELD REPRESENTS THE NUMBER OF PROVIDERS THAT MATCH A
 CORRESPONDING UTILIZATION PER 100 RECIPIENTS VALUE (FOR
 HOSP ADM REFERRALS BY A MEDIPASS PROVIDER).,

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07573 Name: HOSP-ADM-PERC Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS HOSPITAL ADMISSIONS REFERRALS PROVIDER PERCENTILE
 THIS FIELD REPRESENTS THE PERCENTILE OF THE CORRESPONDING PROVIDER
 TALLY (CULUMATIVELY) AS IT RELATES TO THE OTHER TALLIES FOR THE
 SERVICE TYPE.,

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 07574 Name: LAB-XRAY-TALLY Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS LAB AND XRAY REFERRALS PROVIDER TALLY -
 THIS FIELD REPRESENTS THE NUMBER OF PROVIDERS THAT MATCH A
 CORRESPONDING UTILIZATION PER 100 RECIPIENTS VALUE (FOR
 LAB & XRAY REFERRALS BY A MEDIPASS PROVIDER).,

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07575 Name: LAB-XRAY-PERC Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: - MEDIPASS LAB AND XRAY REFERRALS PROVIDER PERCENTILE -
 THIS FIELD REPRESENTS THE PERCENTILE OF THE CORRESPONDING PROVIDER
 TALLY (CULUMATIVELY) AS IT RELATES TO THE OTHER TALLIES FOR THE
 SERVICE TYPE.,

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 07576 Name: OFF-VISIT-TALLY Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS OFFICE VISITS FROM PROVIDER TALLY -
 THIS FIELD REPRESENTS THE NUMBER OF PROVIDERS THAT MATCH A
 CORRESPONDING UTILIZATION PER 100 RECIPIENTS VALUE (FOR
 OFFICE VISITS BY A MEDIPASS PROVIDER).,

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07577 Name: OFF-VISIT-PERC Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS OFFICE VISITS FROM PROVIDER PERCENTILE -
 THIS FIELD REPRESENTS THE PERCENTILE OF THE CORRESPONDING PROVIDER
 TALLY (CULUMATIVELY) AS IT RELATES TO THE OTHER TALLIES FOR THE
 SERVICE TYPE.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 07578 Name: MPASS-TOTALS-FIELDS Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS TOTALS FIELDS
 THIS FIELD REPRESENTS THE TOTALS FIELDS USED FOR UNDER/OVER UTIL
 IZATION OF A MEDIPASS SERVICE OR AVERAGE COST PER RECIPIENT (ON A
 STATEWIDE BASIS FOR A PROVIDER GROUPING). ALSO INCLUDED ARE TOTAL
 TOTAL NUMBER OF PROVIDERS WITHIN THAT PROVIDER GROUPING THAT HAVE
 UTILIZED THE SERVICE TYPE.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07579 Name: TOTAL-ER-REF-PROV Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS TOTAL EMERGENCY ROOM REFERRING PROVIDERS FOR THE PROV GRP
 THIS FIELD REPRESENTS THE TOTAL NUMBER OF PROVIDERS WITHIN THE
 PROVIDER GROUPING THAT HAVE REFERRED RECIPIENTS FOR AN EMERGENCY
 ROOM VISIT.,

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 07580 Name: TOTAL-PHYS-REF-PROV Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS PHYSICIAN REFERRING PROVIDERS FOR THE PROV GROUPING -
 THIS FIELD REPRESENTS THE TOTAL NUMBER OF PROVIDERS WITHIN THE
 PROVIDER GROUPING THAT HAVE REFERRED RECIPIENTS TO ANOTHER
 PHYSICIAN.,

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07581 Name: TOTAL-HOSP-REF-PROV Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS HOSP ADM REFERRING PROVIDERS FOR THE PROV GROUPING -
 THIS FIELD REPRESENTS THE TOTAL NUMBER OF PROVIDERS WITHIN THE
 PROVIDER GROUPING THAT HAVE REFERRED RECIPIENTS FOR HOSPITAL
 ADMISSION.,

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 07582 Name: TOTAL-XLAB-REF-PROV Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS XRAY AND LAB REFERRING PROVIDERS FOR THE PROV GROUPING
 THIS FIELD REPRESENTS THE TOTAL NUMBER OF PROVIDERS WITHIN THE
 PROVIDER GROUPING THAT HAVE REFERRED RECIPIENTS FOR LAB AND
 XRAY PROCEDURES.,

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07583 Name: TOTAL-OFF-VISIT-PROV Version: Subsystem: SURS
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: MEDIPASS PROVIDERS WITHIN A PROV GROUPING THAT PERFORM OFF VISITS
THIS FIELD REPRESENTS THE TOTAL NUMBER OF PROVIDERS WITHIN THE
PROVIDER GROUPING THAT HAVE PERFORMED OFFICE VISIT PROCEDURES
FOR MEDIPASS RECIPIENTS.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 07584 Name: MEDIAN-ER-REF Version: Subsystem: SURS
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: MEDIPASS MEDIAN EMERGENCY ROOM REFERRALS UTIL FOR PROV GROUPING
THIS FIELD REPRESENTS THE MEDIAN UTILIZATION FOR E/R REFERRALS
FOR A PROVIDER GROUPING.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07585 Name: MEDIAN-PHYS-REF Version: Subsystem: SURS
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: MEDIPASS MEDIAN PHYSICIAN REFERRALS UTIL FOR PROV GROUPING -
THIS FIELD REPRESENTS THE MEDIAN UTILIZATION FOR PHYSICIAN
REFERRALS FOR A PROVIDER GROUPING.,

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 07586 Name: MEDIAN-HOSP-REF Version: Subsystem: SURS
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: MEDIPASS MEDIAN HOSP ADM REFERRALS UTIL FOR PROV GROUPING -
THIS FIELD REPRESENTS THE MEDIAN UTILIZATION FOR HOSPITAL ADMISSIO
REFERRALS FOR A PROVIDER GROUPING.,

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07587 Name: MEDIAN-XLAB-REF Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS MEDIAN LAB XRAY REFERRALS UTIL FOR PROV GROUPING -
 THIS FIELD REPRESENTS THE MEDIAN UTILIZATION FOR LAB AND XRAY
 REFERRALS FOR A PROVIDER GROUPING.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 07588 Name: MEDIAN-OFF-VISIT Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS MEDIAN OFFICE VISITS UTIL FOR PROV GROUPING -
 THIS FIELD REPRESENTS THE MEDIAN UTILIZATION FOR OFFICE VISITS
 FOR A PROVIDER GROUPING.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07589 Name: MPASS-AVG-COST-FLDS Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS AVERAGE COST FIELDS FOR A PROVIDER GROUPING -
 THIS FIELD REPRESENTS THE AVERAGE COST FIELDS FOR A PROVIDER
 GROUPING ON A STATEWIDE BASIS.,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9		G	Group		0	0		

DataElement ID: 07590 Name: MPASS-AVG-COST-RECIP Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: - MEDIPASS AVERAGE COST PER RECIPEINT FOR A PROV GROUPING -
 THIS FIELD REPRESENTS THE AVERAGE COST PER RECIPIENT FOR A PROVIDE
 GROUPING ON A STATEWIDE BASIS.,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3	Numeric Comp-3		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07591 Name: MPASS-AVG-COST-TALLY Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS AVERAGE COST TALLY WITHIN A PROVIDER GROUPING -
 THIS FIELD REPRESENTS THE AVERAGE COST TALLY OF EACH PROVIDER WITH
 A PROVIDER GROUPING THAT HAS THE CORRESPONDING AVERAGE COST.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5		0	S9(05)

DataElement ID: 07592 Name: MPASS-AVG-COST-PERC Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS AVERAGE COST PERCENTILE WITHIN A PROVIDER GROUPING
 THIS FIELD REPRESENTS THE AVERAGE COST PERCENTILE OF THE PROVIDER
 TALLY (CUMULATIVELY).,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3		0	S9(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07593 Name: MPASS-TOTAL-PROV Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS TOTAL NUMBER OF PROVIDERS WITHIN A PROVIDER GROUPING
 THIS FIELD REPRESENTS THE TOTAL NUMBER OF PROVIDERS WITHIN A
 PROVIDER GROUPING (MEDIPASS).,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7		0	S9(07)

DataElement ID: 07594 Name: MEDIAN-AVG-COST Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS MEDIAN AVERAGE COST PER RECIP FOR A PROV W/IN A PROV GRP
 THIS FIELD REPRESENTS THE MEDIAN AVERAGE COST PER RECIPIENT FOR AL
 MEDIPASS PROVIDERS WITHIN A PROVIDER GROUPING.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5		0	S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07595 Name: ER-VISIT-FLAG Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS EMERGENCY ROOM VISIT REFERRALS UNDER/OVER UTIL FLAG
 THIS FIELD DENOTES WHETHER THE E/R VISIT REFERRALS UTILIZATION
 - EXCEEDS THE OVER OR UNDER UTILIZATION EVALUATED ON A STATEWIDE
 BASIS FOR A PROVIDER GROUPING.,

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1	0		X(01)

DataElement ID: 07596 Name: PHYS-REF-FLAG Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS PHYSICIAN REFERRALS UNDER/OVER UTIL FLAG
 THIS FIELD DENOTES WHETHER THE PHYSICIAN REFERRALS UTILIZATION
 EXCEEDS THE OVER OR UNDER UTILIZATION EVALUATED ON A STATEWIDE
 BASIS FOR A PROVIDER GROUPING.,

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07597 Name: HOSP-ADM-FLAG Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS HOSPITAL ADMISSIONS REFERRALS UNDER/OVER UTIL FLAG
 THIS FIELD DENOTES WHETHER THE HOSPITAL ADM REF UTILIZATION
 EXCEEDS THE OVER OR UNDER UTILIZATION EVALUATED ON A STATEWIDE
 BASIS FOR A PROVIDER GROUPING.,

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1	0		X(01)

DataElement ID: 07598 Name: LAB-XRAY-FLAG Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIPASS LAB AND XRAY REFERRALS UNDER/OVER UTIL FLAG -
 THIS FIELD DENOTES WHETHER THE LAB AND XRAY REF UTILIZATION
 EXCEEDS THE OVER OR UNDER UTILIZATION EVALUATED ON A STATEWIDE
 BASIS FOR A PROVIDER GROUPING.,

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 07599      Name:  OFF-VISIT-FLAG      Version:      Subsystem: SURS
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: MEDIPASS OFFICE VISIT PROCEDURES UNDER/OVER UTIL FLAG      -
              THIS FIELD DENOTES WHETHER THE OFFICE VISITS UTILIZATION      -
              EXCEEDS THE OVER OR UNDER UTILIZATION EVALUATED ON A STATEWIDE
              BASIS FOR A PROVIDER GROUPING.,
    
```

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

```

DataElement ID: 07600      Name:  AVG-COST-FLAG      Version:      Subsystem: SURS
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: MEDIPASS AVERAGE COST PER RECIP UNDER/OVER UTIL FLAG      -
              -
              THIS FIELD DENOTES WHETHER THE AVERAGE COST PER RECIPIENT      -
              EXCEEDS THE OVER OR UNDER UTILIZATION EVALUATED ON A STATEWIDE
              BASIS FOR A PROVIDER GROUPING.,
    
```

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07602 Name: VRBL-SEQ-FIELD Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: VARIABLE SEQUENCE FIELD
 A PROGRAM GENERATED FIELD USED TO SEQUENCE THE PROVIDER SUMMARY
 PROFILE REPORT ACCORDING TO USER SPECIFICATIONS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		9	0		X(09)

DataElement ID: 07603 Name: UTL-RECORD-NUM Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: UTILIZATION RECORD NUMBER
 A NUMBER USED TO DISTINGUISH BETWEEN A RECIPIENT'S OR A
 PROVIDER'S UTILIZATION RECORDS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		2	0		9(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07604 Name: RECIP-SVD-AVG-QTR Version: Subsystem: SURS
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: RECIPIENTS SERVED - AVERAGE QUARTER
 THE NUMBER OF RECIPIENTS SERVED BY A PROVIDER IN AN AVERAGE
 QUARTER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	0		9(07)

DataElement ID: 07605 Name: TOT-PAY-AVG-QTR Version: Subsystem: SURS
Created By: SYSTEM Last Updated By: T474154 Release:
Created On: 8/25/2004 Last Updated On: 8/16/2007
Description: TOTAL PAYMENTS - AVERAGE QUARTER
 THE TOTAL PAYMENTS MADE TO A PROVIDER IN AN AVERAGE QUARTER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	0		S9(09)

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 07606      Name:  UTL-DATA-INDEX      Version:
Created By:                Last Updated By:      Release:
Created On:      8/25/2004  Last Updated On:  8/25/2004
Description: UTILIZATION DATA INDEX
              THE GROUP ITEM WHICH CONTAINS THE DATA TO IDENTIFY PROVIDER OR
              RECIPIENT REPORT ITEM SUBFIELDS.
              ELEMENTARY DATA ELEMENTS ARE:
              DEN 7080 - REPORT SECTION CODE
              DEN 7090 - REPORT ITEM CODE
              DEN 7607 - SUBFIELD INDEX
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		9(5)

```

DataElement ID: 07608      Name:  RPT-ITEM-SUBFLD      Version:
Created By:                Last Updated By:      Release:
Created On:      8/25/2004  Last Updated On:  8/25/2004
Description: PROVIDER REPORT ITEM SUBFIELD
              THE ACTUAL VALUE OF A PROVIDER'S REPORT ITEM FOR A GIVEN TIME
              PERIOD.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N0	Numeric Comp		9	0		S9(9)
5	N0	Numeric Comp		9	0		S9(9)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07609 Name: RPT-ITEM-DENOM Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: REPORT ITEM DENOMINATOR
 THE DENOMINATOR PORTION OF A PROVIDER OR RECIPIENT REPORT ITEM
 SUBFIELD. THIS IS ONLY APPLICABLE FOR RATIO OR PERCENT TYPE
 ITEMS. SUMMARY TYPE ITEMS WILL HAVE A REPORT ITEM DENOMINATOR
 OF ZERO.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	NO	Numeric Comp		7	0		S9(7)

DataElement ID: 07611 Name: NUM-ACTIVE-PROV Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF ACTIVE PROVIDERS
 A COUNT OF THE NUMBER OF ACTIVE PROVIDERS IN A CLASS GROUP FOR A
 TIME PERIOD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	NO	Numeric Comp		7	0		S9(7)
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07612 Name: RECIP-INST-DATA Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RECIPIENT INSTITUTIONAL DATA
 A GROUP ITEM CONTAINING DATA CONCERNING A RECIPIENT'S LTCF
 CONFINEMENTS.
 ELEMENTARY DATA ELEMENTS ARE:
 DEN 0100 - PROVIDER NUMBER
 DEN 0211 - CATEGORY OF SERVICE
 DEN 0989 - LTCF CONFINEMENT STATUS
 DEN 0202 - ADMISSION DATE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 07614 Name: NUM-DIFF-PHY-AVG-QTR Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF DIFFERENT PHYSICIANS - AVERAGE QUARTER
 THE NUMBER OF DIFFERENT PHYSICIANS SEEN BY A RECIPIENT IN AN
 AVERAGE QUARTER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07615 Name: NUM-RX-AVG-QTR Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF DRUG PRESCRIPTIONS - AVERAGE QUARTER
 THE NUMBER OF DRUG PRESCRIPTIONS A RECIPIENT RECEIVED DURING AN
 AVERAGE QUARTER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		9(05)

DataElement ID: 07616 Name: INPT-DAYS-AVG-QTR Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: INPATIENT DAYS - AVERAGE QUARTER
 THE NUMBER OF DAYS THE RECIPIENT WAS IN THE HOSPITAL DURING AN
 AVERAGE QUARTER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07617 Name: NUM-ACT-RECIP Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF ACTIVE RECIPIENTS
 - THE NUMBER OF ACTIVE RECIPIENTS DURING A TIME PERIOD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N0	Numeric Comp		7	0		S9(7)
9	G	Group		0	0		

DataElement ID: 07618 Name: TA-RECORD-NUM Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TREATMENT ANALYSIS RECORD NUMBER
 A UNIQUE NUMBER TO IDENTIFY THE DIFFERENT RECORDS ON THE
 TREATMENT ANALYSIS FILE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		0	0		X

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07619 Name: DAYS-OF-STAY Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DAYS OF STAY
 THE TOTAL NUMBER OF DAYS THE RECIPIENT WAS CONFINED TO AN
 INSTITUTION.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		9(03)
5	N3	Numeric Comp-3		5	0		S9(5)

DataElement ID: 07620 Name: TOT-DAYS-OF-STAY Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TOTAL DAYS OF STAY
 A TABULATION FIELD USED IN SURS TO STORE TOTAL DAYS OF
 HOSPITAL STAY.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07621 Name: ANCILLARY-CHARGES Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: ANCILLARY CHARGES
 THE GROUP ITEM WHICH CONTAINS THE VARIOUS ANCILLARY CHARGES.
 ELEMENTARY DATA ELEMENTS ARE:
 DEN 7622 - SUPPLIES
 DEN 7623 - X-RAY
 DEN 7624 - LABORATORY
 DEN 7625 - DRUG
 DEN 7626 - ANESTHESIA
 DEN 7627 - OPERATING AND RECOVERY ROOM
 DEN 7628 - THERAPY
 DEN 7629 - MISCELLANEOUS
 DEN 7631 - TOTAL ANCILLARY CHARGES

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 07622 Name: SUPPLY-CHARGES Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: SUPPLY CHARGES
 EXPENSES FOR SUPPLIES RECEIVED WHILE STAYING IN AN INSTITUTION.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(5)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07623 Name: XRAY-CHARGES Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: X-RAY CHARGES
 CHARGES FOR X-RAYS RECEIVED WHILE CONFINED TO AN INSTITUTION.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(5)

DataElement ID: 07624 Name: LAB-CHARGES Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LABORATORY CHARGES
 CHARGES FOR LABORATORY TESTS RUN WHILE CONFINED TO AN INSTITUTION

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(5)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07625 Name: DRUG-CHARGES Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DRUG CHARGES
 EXPENSES FOR DRUGS RECEIVED WHILE CONFINED TO AN INSTITUTION.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(5)

DataElement ID: 07629 Name: MISC-CHARGES Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MISCELLANEOUS CHARGES
 ANY ANCILLARY CHARGE WHICH IS NOT CLASSIFIED AS ONE OF THE
 ANCILLARY CHARGES DESCRIBED IN DEN 7622 - 7628

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(5)

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 07631      Name:  TOTAL-ANCILLARY-CHG      Version:
Created By:                Last Updated By:          Release:
Created On:   8/25/2004    Last Updated On:   8/25/2004
Description: TOTAL ANCILLARY CHARGES.  THE SUM OF EACH INDIVIDUAL ANCILLARY
              CHARGE FOR A SPECIFIED GROUP.  VARIANT 5 IS USED BY THE
              INSTITUTIONAL RATE SETTING SUBSYSTEM FOR THE PURPOSE OF
              DETERMINING CASE INDICIES.
    
```

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3	Numeric Comp-3		7	0		S9(7)

```

DataElement ID: 07632      Name:  PROV-SUM-CLS-PRFL      Version:
Created By:                Last Updated By:          Release:
Created On:   8/25/2004    Last Updated On:   8/25/2004
Description: PROVIDER SUMMARY CLASS SEQUENCE
              THIS GROUP ITEM CONTAINS THE FOLLOWING ELEMENTARY DATA ELEMENTS:
              DEN 7020 - PROVIDER CLASS GROUP
              DEN 7406 - PROVIDER SEQUENCE CODE
    
```

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		9	0		X(9)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07633 Name: NUM-OF-RECIP Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF RECIPIENTS
 THE NUMBER OF UNIQUE RECIPIENT IDENTIFICATION NUMBERS FOR A
 SPECIFIED GROUP.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5		0	S9(5)

DataElement ID: 07634 Name: NUM-OF-PROC Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF PHYSICIAN PROCEDURES
 THE SUM OF THE UNITS OF SERVICE REPORTED BY EACH PROCEDURE CODE
 ON THE CLAIM FOR A SPECIFIED GROUP.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5		0	S9(5)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07635 Name: AVG-NUM-PROC-RECIP Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: AVERAGE PROCEDURES PER RECIPIENT
 - THIS FIGURE IS THE RESULT OF DIVIDING THE NUMBER OF PROCEDURES
 (DEN 7634) BY THE NUMBER OF RECIPIENTS (DEN 7633). THIS AVERAGE
 IS WITHIN CATEGORY OF SERVICE, CLASS GROUP, PROVIDER NUMBER
 (UNLESS CARRIED ON THE TREATMENT CLASS PROFILE FILE), DIAGNOSIS
 STRATA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	2		9(03)V99

DataElement ID: 07636 Name: NUM-DIFF-PROC Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: NUMBER OF DIFFERENT PROCEDURES
 THE NUMBER OF UNIQUE PROCEDURE CODES FOR A SPECIFIED GROUP

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		S9(3)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07637 Name: NUM-OF-RX Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TOTAL NUMBER OF DRUG PRESCRIPTIONS
 THE TOTAL NUMBER OF DRUG RECORDS FOR A SPECIFIED GROUP.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5		0	S9(5)

DataElement ID: 07638 Name: AVG-NUM-RX-PER-RECIPIENT Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: AVERAGE NUMBER OF PRESCRIPTIONS PER RECIPIENT
 THIS FIGURE IS THE RESULT OF DIVIDING THE NUMBER OF DRUG
 PRESCRIPTIONS BY THE NUMBER OF RECIPIENTS. THIS AVERAGE IS
 WITHIN CATEGORY OF SERVICE, CLASS GROUP, PROVIDER NUMBER,
 (UNLESS CARRIED ON THE TREATMENT CLASS PROFILE FILE), DIAGNOSIS
 STRATA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5		2	S9(3)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07639 Name: NUM-DIFF-DRUGS Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF DIFFERENT DRUGS
 THE NUMBER OF UNIQUE DRUG CLASS/DRUG CODE FOR A SPECIFIED GROUP

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		S9(3)

DataElement ID: 07640 Name: NUM-OF-RECIP-IDS Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NO DESCRIPTION FOUND FOR THIS ELEMENT

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07641 Name: NUM-OF-DISCHARGES Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF DISCHARGES
 THE TOTAL NUMBER OF DISCHARGE RECORDS FOR A SPECIFIED GROUP.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(5)

DataElement ID: 07642 Name: AVG-NUM-DISCH-RECIPIENT Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: AVERAGE NUMBER OF DISCHARGES PER RECIPIENT
 THIS FIGURE IS THE RESULT OF DIVIDING THE NUMBER OF DISCHARGES
 (DEN 7641) BY THE NUMBER OF RECIPIENTS (DEN 7633). THIS
 AVERAGE IS WITHIN CATEGORY OF SERVICE, CLASS GROUP, PROVIDER
 NUMBER (UNLESS CARRIED ON THE TREATMENT CLASS PROFILE FILE),
 - DIAGNOSIS STRATA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	2		S9(3)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07643 Name: AVG-LOS Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: AVERAGE LENGTH OF STAY

THIS FIGURE IS THE RESULT OF DIVIDING THE TOTAL DAYS OF STAY BY THE NUMBER OF DISCHARGES. THIS AVERAGE IS WITHIN CATEGORY OF SERVICE, CLASS GROUP, PROVIDER NUMBER (UNLESS CARRIED ON THE TREATMENT CLASS PROFILE FILE), AND DIAGNOSIS STRATA

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	2		9(03)V99
5	N3	Numeric Comp-3		3	1		S9(2)V9
6	N3	Numeric Comp-3		5	1		S9(4)V9

DataElement ID: 07644 Name: PCT-OF-RECIPIENTS Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PERCENT OF RECIPIENTS

THIS VALUE REFERS TO THE PERCENT OF RECIPIENTS WITHIN A STRATA WHO RECEIVED THE SPECIFIED PROCEDURE CODE OR DRUG CODE/DRUG CLASS. THIS PER CENT IS DEVELOPED BY ACCUMULATING THE NUMBER OF UNIQUE RECIPIENTS FOR THAT PROCEDURE OR DRUG CODE, AND DIVIDING IT BY THE NUMBER OF RECIPIENTS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	2		9(03)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07649 Name: AVG-ANCIL-CHARGE Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: AVERAGE ANCILLARY CHARGE
 THIS FIGURE IS THE RESULT OF DIVIDING THE TOTAL ANCILLARY CHARGES
 BY THE NUMBER OF DISCHARGES. THE AVERAGE IS WITHIN CATEGORY OF
 SERVICE, CLASS GROUP, AND DIAGNOSIS STRATA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
5	N3	Numeric Comp-3		5	0		S9(5)

DataElement ID: 07652 Name: LOW-VOL-BYPASS-IND Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LOW VOLUME BYPASS INDICATOR
 AND INDICATOR THAT THE VOLUME OF RECORDS FOR A PARTICULAR
 DIAGNOSIS GROUPING WAS OR WAS NOT SUFFICIENT TO DEVELOP EXCEPTION
 DATA
 ALLOWABLE VALUES ARE: 0 - SUFFICIENT VOLUME WAS PRESENT TO
 DEVELOP EXCEPTION DATA.
 1 - EXCEPTION DATA WAS NOT DEVELOPED
 DUE TO INSUFFICIENT VOLUME OF
 ACTIVITY.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		0	0		X

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07686 Name: RPT-SEC-TITLE Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: REPORT SECTION TITLE
 A USER ASSIGNED NAME OF A SECTION OF A PRINTED REPORT.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		60	0		X(60)

DataElement ID: 07691 Name: VOL-WEIGHT-MEAN Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE VOLUME WEIGHT MEAN IS USED IN COMPUTING THE VOLUME WEIGHT
 - FACTOR FOR AN EXCEPTED ITEM ON A SUMMARY PROFILE REPORT.
 FOR SUMMARY TYPE ITEMS, THIS IS THE MEAN VALUE OF THE REPORT ITEM
 AND COLUMN FOR THE CLASS GROUP. FOR RATIO OR PERCENT TYPE ITEMS,
 THIS IS THE MEAN VALUE OF THE DENOMINATOR OF THE REPORT ITEM AND
 COLUMN FOR THE CLASS GROUP.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N0		Numeric Comp		11	2		S9(7)V9(2)
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07692 Name: STANDARD-DEVIATION Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: FOR A GIVEN REPORT ITEM COLUMN, THIS REPRESENTS ONE STANDARD
 DEVIATION FROM THE MEAN.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	2		S9(7)V99
4	N0	Numeric Comp		11	2		S9(7)V9(2)
9	G	Group		0	0		

DataElement ID: 07693 Name: MEAN-VALUE Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEAN VALUES USED IN COMPUTING STANDARD DEVIATIONS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
4	N0	Numeric Comp		11	2		S9(7)V9(2)
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07694 Name: REFERL-CAT-OF-SVC Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER CATEGORY OF SERVICE FROM THE ADJUDICATED CLAIM FILE
 FOR THE REFERRING, ATTENDING, PRESCRIBING PHYSICIAN ETC.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			2	0		X(2)

DataElement ID: 07697 Name: ADMIS-INDIC Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: A CODE INDICATING WHETHER AN INPATIENT CLAIM REPRESENTS AN
 ADMISSION
 CODE EXPLANATION
 0 - CLAIM DOES NOT REPRESENT AN ADMISSION
 1 - CLAIM DOES REPRESENT AN ADMISSION

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07698 Name: PROV-SUR-IND Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER MONTHLY INDICATOR - INDICATOR TO ENABLE THE USER TO
 REQUEST A PROVIDER EXTRACT AND CLASS GROUPING OF PROVIDERS FOR
 THE CURRENT CYCLE OF SUR, DEFAULT IS NOT TO PRODUCE IT.
 CODE MEANING
 0 - NO PROVIDER EXTRACT AND CLASS GROUPING
 1 - PROVIDER EXTRACT WITH CLASS GROUPING DESIRED.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 07699 Name: PROV-SUR-SUMMARY-IND Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER SUR SUMMARY INDICATOR - INDICATOR USED TO TELL THE
 PROVIDER HISTORY MODULE WHETHER TO SUMMARIZE THE PROVIDER
 HISTORY FOR THIS CYCLE, AND IF THERE IS A NEW PROVIDER EXTRACT
 CREATED THIS CYCLE BY MNIA.
 CODE MEANING
 0 - NO PROVIDER
 1 - PROVIDER SUMMARIZATION REQUESTED, NEW PROVIDER
 EXTRACT IS AVAILABLE FOR THIS CYCLE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07700 Name: RECIP-SUR-IND Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RECIPIENT MONTHLY INDICATOR - INDICATOR TO ENABLE THE USER TO
 REQUEST A RECIPIENT EXTRACT WITH CLASS GROUPING FOR THE CURRENT
 CYCLE OF SUR, DEFAULT IS NOT TO PRODUCE IT.
 CODE MEANING
 0 - NO RECIPIENT EXTRACT AND CLASS GROUPING
 1 - RECIPIENT EXTRACT WITH CLASS GROUPING DESIRED.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 07701 Name: SUR-CLASS-GRP-SEQ Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SUR CLASS GROUP SEQUENCE - ENABLES THE USER TO DESIGNATE THE
 SEQUENCE THEY DESIRE THE CLASS GROUP REPORT TO APPEAR MNIBR002.
 THIS ELEMENT OCCURS 4 TIMES ON THE INPUT, THE FIRST BECOMES
 THE FIRST SORT FIELD ETC. CODES IN THESE FIELDS REPRESENT PROVIDE
 AND RECIPIENT DATA TO SORT ON.
 CODE PROV DATA RECIP DATA
 1 - CATEGORY OF SERVICE - RECIP AID CATEGORY
 2 - CLASS GROUP CODE - CLASS GROUP CODE
 3 - PROVIDER NUMBER - RECIP ID NUMBER
 4 - PROVIDER COUNTY CODE - RECIP COUNTY CODE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 07703      Name:  SUR-PROGRAM-IND      Version:      Subsystem: SURS
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: SUR PROGRAM INDICATOR
              AN INDICATOR FOR SUR INTERFACE PROGRAM PARM TO SELECT WHICH
              EXTRACT FILE TO BUILD.
    
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Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 07706      Name:  REC-CONT-CODE      Version:      Subsystem: SURS
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: RECORD CONTINUTATION CODE
              WHEN THE SUMMARY MATRIX FOR ANY PARTICIPANT IS TOO LONG TO FIT
              IN ONE SUMMARY RECORD, THEN THE MATRIX MUST BE SPLIT INTO TWO
              RECORDS, ONE BASE RECORD AND ONE CONTINUATION RECORD.
              1 = BASE RECORD WITH NO CONTINUATION FOLLOWING
              2 = BASE RECORD WITH A CONTINUATION FOLLOWING
              3 = CONTINUATION RECORD
              8 = TREATMENT STATISTICS RECORD
              9 = LTCF SUMMARY RECORD
    
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Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		0	0		9

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07707 Name: SORT-KEY Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: - GROUP ITEM USED TO IDENTIFY THE SORT KEY FOR THE PARAMETER
 CARDS THAT WILL UPDATE THE CLASS GROUP CONTROL FILE AND
 REPORT CONTROL FILE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 07708 Name: SORT-FILE-NUM Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PRIMARY SORT FIELD USED FOR THE PARAMETER CARDS THAT WILL
 UPDATE THE CLASS GROUP CONTROL FILE AND REPORT CONTROL
 FILE. POSSIBLE VALUES ARE:
 1 - CLASS GROUP CONTROL FILE
 2 - REPORT CONTROL FILE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		0	0		X

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07709 Name: MOD-TRAN-CD Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MODIFIED TRANSACTION CODE USED FOR SORTING THE PARAMETER
 CARDS THAT WILL UPDATE THE CLASS GROUP CONTROL FILE AND
 REPORT CONTROL FILE. POSSIBLE VALUES ARE:
 1 - DELETE
 2 - ADD
 3 - UPDATE

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		0	0		X

DataElement ID: 07710 Name: HIST-LAST-PMT-DATE Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RECIPIENT SUMMARY LAST PAYMENT DATE
 THIS IS THE HIGHEST CLAIM PAID DATE ENCOUNTERED ON THE CLAIM
 HISTORY FILE (MKHBF2) IN ANY ONE RUN OF THE SUR RECIPIENT SUMMARY
 MODULE THIS DATE IS STORE AND USED IN THE NEXT RUN TO DETERMINE
 WHICH CLAIMS WERE ADDED SINCE THE LAST RUN.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07711 Name: START-SVC-DATE Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: STARTING SERVICE DATE (CENTURY FORMAT)
 THE EARLIEST DATE OF SERVICE FOR WHICH DATA IS ON THE FILE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

DataElement ID: 07712 Name: END-SVC-DATE Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ENDING SERVICE DATE (CENTURY FORMAT)
 THE LATEST DATE OF SERVICE FOR WHICH DATA IS ON THE FILE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07713 Name: PERIOD-END-DATE Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PERIOD ENDING DATE
 AN ALPHA DESCRIPTION OF THE LAST DATE COVERED BY A GIVEN
 SUR REPORT.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		18	0		X(18)

DataElement ID: 07714 Name: PACKED-VAR-FLD Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PACKED VARIABLE FIELD
 THIS DATA ELEMENT IS USED TO HOLD THE VARIABLE FIELDS IN SUR
 SUMMARY RECORDS. IT IS MADE UP BY GROUPING TOGETHER DATA ELEMENTS
 7260, 7261 AND 7262.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07715 Name: THERAPY Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CHARGED AMOUNT ALLOWED FOR PHYSICAL THERAPY ON AN INSTITUTION
 CLAIM ON THE PROVIDER CLAIM FILE FOR A DETAIL LINE ITEM WITH A
 LINE ITEM CODE 'Q'.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(5)

DataElement ID: 07716 Name: ANESTHLGY Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ALLOWED CHARGE FOR SPEECH THERAPY FROM INSTITUTION CLAIM ON THE
 PROVIDER CLAIM FILE FOR A DETAIL LINE ITEM WITH A LINE ITEM
 CODE 'S'.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(5)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07717 Name: OPR-RM-CHRG Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ALLOWED CHARGE FOR INHALATION THERAPY FROM DETAIL LINE ITEM WITH
 A LINE ITEM CODE 'T' ON THE PROVIDER CLAIMS FILE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(5)

DataElement ID: 07719 Name: CLS-GRP-DELETE-CD Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD IS USED TO DELETE ALL REPORT SECTIONS AND
 REPORT ITEMS FOR A PARTICULAR CLASS GROUP ON THE
 REPORT CONTROL FILE - MNCAD2. THIS FIELD MUST BE EQUAL
 TO 'DELETE' FOR THE ABOVE PROCESSING TO OCCUR.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		6	0		X(6)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07722 Name: PARTICIPANT-ID Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PARTICIPANT-ID
 THIS FIELD IS USED TO REDEFINE BOTH THE RECIPIENT AND
 PROVIDER ID FIELDS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		8		0	X(8)

DataElement ID: 07723 Name: NUM-OF-ELIG-DATA Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF ELIGIBILITY DATA OCCURANCES IN RECORD.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07724 Name: SPEC-STUDY-REC-ID Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SPECIAL STUDY RECORD IDENTIFICATION. USED TO SORT
 - SPECIAL STUDY CONTROL FILE SORT RECORDS IN PROGRAM
 MNCD. POSSIBLE VALUES ARE:
 1 - CONTROL HEADER RECORD
 2 - CLASS GROUP FORCE RECORD
 3 - PARTICIPANT FORCE RECORD
 4 - SPECIAL STUDY CONTROL RECORD

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		0	0		X

DataElement ID: 07725 Name: PARAM-CARD-DATA Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: GROUP ITEM USED TO MOVE SEVERAL PARAMETER CARD FIELDS
 IN PROGRAM MNCD.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9		G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07726 Name: REQUEST-ID Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: REQUEST IDENTITY CODE, UNIQUE CODE ASSIGNED BY THE USER TO IDENTIFY AN INDIVIDUAL REQUEST.
 MUST BE PRESENT AND MUST HAVE SAME CODE THRUOUT REQUEST

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		5	0		X(5)

DataElement ID: 07727 Name: REQUEST-TYPE Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: REQUEST TYPE DEFINES THE TYPE OF REQUEST REQUIRED BY THE USER
 1 = GENERAL
 2 = PROVIDER SPECIFIC
 3 = RECIPIENT SPECIFIC
 4 = CATEGORY OF SERVICE
 MUST BE PRESENT, AND MUST BE SAME THRUOUT REQUEST

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		0	0		X
2	N		Numeric		1	0		S9(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07728 Name: NUM-OF-SORT-CRITERIA Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUM-OF-SORT-CRITERIA IS ACTUAL COUNT OF SORT CRITERIA SPECIFIED
 BY USER IN HIS TYPE 1 PARM.
 THIS IS GENERATED BY (MNDA)

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3		0	S9(03)

DataElement ID: 07729 Name: DETAIL-SORT-DATA Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DETAIL SORT DATA
 A GROUP OF DATA ELEMENTS SPECIFYING THE NAME OF THE SORT FIELD,
 THE MNEMONIC, AND ASCENDING/DESCENDING CODES IN THE DETAIL
 SELECTION PROCESS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group				0	0

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07730 Name: DETAIL-SORT-NAME Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DETAIL SORT NAME CARRYS FULL NAME OF EACH SORT MNEMONIC SPECIFIED
 ON THE TYPE 1 PARAMETER

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		30	0		X(30)

DataElement ID: 07731 Name: DETAIL-SORT-MNEMONIC Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DETAIL SORT MNEMONIC ACTUAL MNEMONICS SELECTED BY THE USER
 FOR HIS SORT SEQUENCE FOR THIS REQUEST

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		3	0		X(03)

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 07732      Name:  SORT-ASC-DESC-CODE      Version:      Subsystem: SURS
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: SORT-ASC-DESC-CODE,  SIGNIFIES SORT SEQUENCE OF EACH SORT
MNEMONIC THAT USER HAS SELECTED ON HIS TYPE1 PARAMETER
MUST BE PRESENT FOR EACH SORT MNEMONIC
VALID SELECTION IS EITHER 'A' OR 'D'
    
```

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		0	0		X

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DataElement ID: 07733      Name:  DETAIL-SELECT-NAME      Version:      Subsystem: SURS
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: DETAIL-SELECT-NAME,  ACTUAL NAME OF SELECT MNEMONIC THAT USER
REQUESTED ON TYPE 1 PARAMETERS
    
```

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		30	0		X(30)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07734 Name: MINOR-SELECT-CRIT Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: MINOR SELECTION CRITERIA
 A GROUP OF DATA ELEMENTS THAT CONTAIN THE MNEMONIC AND INCLUSIVE/
 EXCLUSIVE CODES FOR THE DETAIL SELECTION PROCESS.
 DETAIL SELECTION DATA MINIMUM
 A GROUP OF DATA ELEMENTS THAT CONTAIN THE MNEMONIC AND INCLUSIVE/
 EXCLUSIVE CODES FOR THE DETAIL SELECTION PROCESS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 07735 Name: DETAIL-SEL-DATA-MIN Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: DETAIL SELECTION DATA MINOR
 A GROUP OF DATA ELEMENTS CONTAINING THE DETAIL SELECTION CRITERIA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 07736      Name:  SELECT-DATA-MNEMONIC      Version:
Created By:                Last Updated By:          Release:
Created On:      8/25/2004  Last Updated On:   8/25/2004
Description: ***** MMIS DATA ELEMENT NAME - DATA ELEMENT NUMBER
                   MMIS GSD DATA ELEMENT NUMBER - 726
                   MMIS DEFINITION - A UNIQUE NUMBER USED TO IDENTIFY A
                   SPECIFIC DATA ELEMENT MAINTAINED BY THE
                   MODEL SYSTEM. *****
    
```

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			3	0		X(03)

```

DataElement ID: 07737      Name:  SELECT-INC-EXC-CODE      Version:
Created By:                Last Updated By:          Release:
Created On:      8/25/2004  Last Updated On:   8/25/2004
Description: ***** MMIS DATA ELEMENT NAME - RELATIONAL OPERATOR
                   MMIS GSD DATA ELEMENT NUMBER - 727
                   MMIS DEFINITION - AN ALGEBRAIC OPERATOR SPECIFYING RELATION
                   -
                   SHIPS BETWEEN DATA ELEMENTS AND/OR
                   RELATIONAL VALUES IN ESTABLISHING AN
                   ALGEBRAIC INEQUALITY EXPRESSION. *****
                   SELECTION INCLUSIVE EXCLUSIVE CODE
                   CODE USED TO SIGNIFY IF THE SELECT VALUES (CAN BE SPECIFIED IN A
                   LIST, OR A SERIES OF RANGES) ARE TO BE USED INCLUSIVELY OR
                   EXCLUSIVELY IN SELECTING RECORDS.
    
```

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			2	0		X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07740 Name: DETAIL-SEL-DATA-MAJ Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DETAIL SELECTION DATA MAJOR
 A GROUP OF DATA ELEMENTS CONTAINING LOWER AND UPPER LIMITS OR
 LISTS OF VALUES TO BE MET DURING THE DETAIL SELECTION PROCESS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9		G	Group		0	0		

DataElement ID: 07741 Name: SEL-RANGES-MAJ Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DETAIL SELECTION DATA MINOR
 A GROUP OF DATA ELEMENTS CONTAINING LOWER AND UPPER LIMITS OR
 LISTS OF VALUES TO BE MET DURING THE DETAIL SELECTION PROCESS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9		G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07742 Name: NUM-OF-VALUES Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUM-OF-VALUES, HOLDS COUNT OF NUMBER OF VALUES SPECIFIED
 BY USER ON TYPE 2 PARAMETER FOR EACH MNEMONIC

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		S9(3)

DataElement ID: 07743 Name: DETAIL-SELECT-RANGE Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DETAIL SELECTION RANGE
 A DATA ELEMENTS CONTAINING LOWER AND UPPER LIMITS OR LISTS OF
 CLAIM FIELD VALUES USED IN SELECTING CLAIMS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07744 Name: SELECT-VALUE-LOW-MAJ Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SELECTION VALUE LOW MAJOR
 A DATA ELEMENT CONTAINING THE LOWER LIMIT OF A RANGE
 OF A SPECIFIC CLAIM FIELD TO BE USED IN SELECTING CLAIMS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		14	0		X(14)
3	N3		Numeric Comp-3		19	2		S9(15)V9(2)

DataElement ID: 07745 Name: SELECT-VALUE-HI-MAJ Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SELECTION VALUE HIGH MAJOR
 A DATA ELEMENT CONTAINING THE UPPER LIMIT OF A RANGE
 OF A SPECIFIC CLAIM FIELD TO BE USED IN SELECTING CLAIMS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		14	0		X(14)
3	N3		Numeric Comp-3		19	2		S9(15)V9(2)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07746 Name: ROUTINE-CLM-SELECT Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ROUTINE-CLM-SELECT, SPECIFY THAT ROUTINE CLAIMS WILL BE INCLUDED
 IN SELECTION PROCESS (MNDB)

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		0	0		X

DataElement ID: 07747 Name: MCARE-CLM-SELECT Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MCARE-CLM-SELECT, SPECIFIES THAT MEDICARE CLAIMS WILL BE
 INCLUDED IN SELECTION PROCESS (MNDB)

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07748 Name: MCARE-IND Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: MEDICARE INDICATOR
 THIS FIELD IS USED IN THE SUR SUBSYSTEM TO DETERMINE IF THE
 RECIPIENT HAS MEDICARE COVERAGE. INDICATOR IS SET BY THE
 INTERFACE MODULE BASED ON PART-A AND PART-B COVERAGE
 INFORMATION ON THE RECIPIENT ELIGIBILITY FILE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)
9	G	Group		0	0		

DataElement ID: 07761 Name: PROVIDER-DATA Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: PROVIDER DATA
 PROVIDER DATA CONATINS ALL DATA FROM PROVIDER EXTRACT MASTER.
 EXTRACT MASTER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07762 Name: RECIPIENT-DATA Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RECIPIENT-DATA CONTAINS ALL DATA FROM RECIPIENT EXTRACT MASTER

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 07765 Name: NUM-OF-SEL-CRITERIA Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TOTAL PARTICIPANT WEIGHT
 USER HAS SPECIFIED.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		S9(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07766 Name: PROFILE-PAGE-NUMBER Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROFILE PAGE NUMBER - USED TO POINT TO THE PARTICIPANT PROFILE
 ON THE SUMMARY PROFILE REPORT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
7	N3	Numeric Comp-3		7	0		S9(07)

DataElement ID: 07767 Name: ITEM-TOT-WT Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TOTAL ITEM WEIGHT - A SUM FOR ALL EXCEPTED PROVIDERS (IN A CLASS
 GROUP) OF THE ITEM WEIGHT FOR ONE ITEM.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N0	Numeric Comp		7	0		S9(7)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07768 Name: NUM-EXCEPT-L-LIMIT Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF EXCEPTED PARTICIPANTS (FOR A REPORT ITEM) BECAUSE OF
 LOWER LIMIT EXCEPTION

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N0		Numeric Comp		5	0		S9(5)
9	G		Group		0	0		

DataElement ID: 07769 Name: NUM-EXCEPT-U-LIMIT Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF EXCEPTED PARTICIPANTS (FOR A REPORT ITEM) BECAUSE OF
 UPPER LIMIT EXCEPTION

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N0		Numeric Comp		5	0		S9(5)
9	G		Group		0	0		

Report:ND-001

Iowa Medicaid Enterprise

ND-Workbench

Data Element List

DataElement ID: 07770 Name: RPT-ITEM-RATIO Version: Subsystem: SURS
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: REPORT ITEM RATIO

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N0	Numeric Comp		11	2		S9(7)V9(2)

DataElement ID: 07810 Name: DATE-IND Version: Subsystem: SURS
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: SEQUENCE FIELD IS USED TO SORT THE RANKING PARAMETERS IN ORDER.
PROCESS. P IS FOR DATE OF PAYMENT AND S IS FOR LAST DATE OF
SERVICE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07812 Name: END-DATE Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: BEGIN DATE OF DATE RANGE USED IN SELECTING CLAIMS TO BE PROCESSED.
 CRITERIA. ONLY CLAIMS WITH DATES FALLING WITHIN THIS RANGE ARE
 INCLUDED IN THE PROCEDURE/DRUG/DIAGNOSIS RANK REPORTS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 07814 Name: CONTROL-FIELD Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CATEGORY OF SERVICE INDICATOR SPECIFIES ALL OR ONLY THE CATEGORIES
 OF SERVICE TO BE PROCESSED.
 A - ALL CATEGORIES OF SERVICE
 P - PROVIDER AND CATEGORY OF SERVICE SPECIFIC
 SPACE - CATEGORY OF SERVICE SPECIFIC

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07815 Name: RECORD-TYPE Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TABLE THAT CONTAINS ALL THE CATEGORIES OF SERVICE TO BE PROCESSED.
 1 - PROCEDURE EXTRACT
 2 - DRUG EXTRACT
 3 - DIAGNOSIS EXTRACT

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 07816 Name: PROCEDURE-TYPE Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TABLE THAT CONTAINS THE PROVIDERS OF A CATEGORY OF SERVICE TO BE PROCESSED.
 MEDICARE CROSSOVER INDICATOR.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07817 Name: XOVER-IND Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDICARE CROSSOVER INDICATOR IDENTIFIES THE PROCEDURE/DIAGNOSIS
 CODE AS BEING FROM A MEDICARE CROSSOVER CLAIM.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 07818 Name: AMOUNT-PAID Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: AMOUNT PAID IS THE REIMBURSEMENT AMOUNT FOR THE CLAIM IF IT IS
 EITHER A DIAGNOSIS OR DRUG EXTRACT RECORD. IT IS THE REIMBURSEMENT
 AMOUNT FOR A LINE ITEM IF IS A PROCEDURE EXTRACT RECORD.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3		Numeric Comp-3		7	2		S9(05)V99
4	N		Numeric		9	2		S9(07)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07819 Name: AMOUNT-BILLED Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: AMOUNT BILLED IS THE TOTAL CLAIM CHARGE FOR THE CLAIM IF IT IS
 EITHER A DIAGNOSIS OR DRUG EXTRACT RECORD. IT IS THE PROCEDURE
 CHARGE FOR A LINE ITEM IF IS A PROCEDURE EXTRACT RECORD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	2		S9(05)V99

DataElement ID: 07820 Name: AMOUNT-ALLOWED Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: AMOUNT ALLOWED IS THE ALLOWED CHARGE FOR THE CLAIM.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	2		S9(05)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07821 Name: TOTAL-AMOUNT-PAID Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TOTAL AMOUNT PAID IS THE SUM OF THE AMOUNT PAID OF ALL EXTRACTS
 FOR THE CONTROL FIELD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		11	2		S9(09)V99

DataElement ID: 07822 Name: TOTAL-AMOUNT-BILLED Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TOTAL AMOUNT BILLED IS THE SUM OF THE AMOUNT BILLED OF ALL
 EXTRACTS FOR THE CONTROL FIELD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		7	2		S9(05)V99
3	N3	Numeric Comp-3		11	2		S9(09)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07823 Name: TOTAL-AMOUNT-ALLOWED Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TOTAL AMOUNT ALLOWED IS THE SUM OF THE AMOUNT ALLOWED OF ALL
 EXTRACTS FOR THE CONTROL FIELD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		11	2		S9(09)V99

DataElement ID: 07824 Name: TOTAL-NUMBER-PAID Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TOTAL NUMBER PAID IS THE SUM OF UNITS OF SERVICES OF EXTRACTS WITH
 - PAID AMOUNT GREATER THAN ZERO FOR THE CONTROL FIELD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	0		S9(07)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07825 Name: TOTAL-NUMBER-BILLED Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TOTAL NUMBER BILLED IS THE SUM OF UNITS OF SERVICES OF EXTRACTS
 FOR THE CONTROL FIELD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	0		S9(07)

DataElement ID: 07826 Name: TOTAL-NUMBER-ALLOWED Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TOTAL NUMBER ALLOWED IS THE SUM OF UNITS OF SERVICES OF EXTRACTS
 WITH ALLOWED AMOUNT GREATER THAN ZERO FOR THE CONTROL FIELD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	0		S9(07)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07830	Name: SURS-PROCESS-DATE	Version:	Subsystem: SURS
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: SURS PROCESS DATE SURS TREATMENT ANALYSIS TRAILER RUN DATE FIELD.			

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		8	0		X(08)

DataElement ID: 07831	Name: TOT-RECORD-COUNT	Version:	Subsystem: SURS
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: RECORD COUNT SURS TREATMENT ANALYSIS TABULATION FIELD FOR TOTAL NUMBER OF RECORDS ON FILE - USED FOR BALANCING PURPOSES.,			

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		5	0		X(05)
3		N3	Numeric Comp-3		9	0		S9(09)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07832 Name: TOT-PROV-COUNT Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TOTAL PROVIDER COUNT
 SURS TREATMENT ANALYSIS TABULATION FIELD FOR TOTAL NUMBER
 OF PROVIDERS ON FILE - USED FOR BALANCING PURPOSES.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	0		S9(07)

DataElement ID: 07833 Name: RECORD-COUNT Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RECORD COUNT
 SURS TREATMENT ANALYSIS TABULATION FIELD FOR NUMBER OF
 RECORDS ON FILE - USED FOR BALANCING PURPOSES.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		S9(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07834 Name: CLS-GRP-RECORD-CNT Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: -
 CLASS GROUP RECORD COUNT
 SURS TREATMENT ANALYSIS TABULATION FIELD FOR NUMBER OF
 RECORDS FOR EACH CLASS GROUP.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3		Numeric Comp-3		5		0	S9(05)

DataElement ID: 07835 Name: SUMRY-RECORD-CNT Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SUMMARY RECORD COUNT
 SURS TREATMENT ANALYSIS TABULATION FIELD FOR NUMBER OF
 RECORDS ON FILE.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3		Numeric Comp-3		9		0	S9(09)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07836 Name: SUMRY-PROV-CNT Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SUMMARY PROVIDER COUNT
 SURS TREATMENT ANALYSIS TABULATION FIELD FOR NUMBER OF
 PROVIDERS ON FILE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		6	0		S9(06)

DataElement ID: 07870 Name: DET-PARM-SORT Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DETAIL PARAMETER SORT
 THIS ITEM IS A GROUP OF DATA ELEMENTS THAT CONTAINS THE SORT
 KEY FOR SEQUENCING CLAIM RECORDS ON A DETAIL SELECTION REPORT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07876 Name: HEADER-SURS-DET Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HEADER SURS DETAIL
 THIS ITEM IS A GROUP OF DATA ELEMENTS THAT CONTAINS SPECIFIC
 SELECTION CRITERIA USED IN CLAIM SELECTION.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0	0		

DataElement ID: 07883 Name: DET-TYPE2-REST-DATA Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DETAIL TYPE 2 REST OF DATA
 THIS ITEM IS A GROUP OF DATA ELEMENTS THAT CONTAINS THE VALUES
 OF CLAIM FIELDS TO BE USED IN SELECTING CLAIMS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07884 Name: CLM-SELECT-VALUE Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CLAIM SELECTION VALUE
 THIS ITEM IS A GROUP OF DATA ELEMENTS THAT CONTAINS THE VALUES
 OF CLAIM FIELDS TO BE USED IN SELECTING CLAIMS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 07885 Name: DETAIL-CLAIM-DELIM Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ***** MMIS DATA ELEMENT NAME - LOGICAL CONNECTOR
 MMIS GSD DATA ELEMENT NUMBER - 729
 MMIS DEFINITION - A LOGICAL OPERATOR USED TO ESTABLISH
 CONJUNCTION BETWEEN ALGEBRAIC INEQUALITY
 EXPRESSIONS IN ESTABLISHING A LOGICAL
 FUNCTION. *****
 DELIMITER IS USED TO SEPARATE VALUES IN A LIST, RANGES OR INDICATE
 CONTINUATION OR TERMINATION OF VALUES.
 ALLOWABLE VALUES ARE:
 "," - LIST
 "-" - RANGE
 "/" - CONTINUED
 "." - TERMINATE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07891 Name: DET-PARM-REC-SEQ Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DETAIL PARAMETER RECORD SEQUENCE
 THIS FIELD CONTAINS THE SEQUENCE NUMBER ON THE SELECTION
 PARAMETER.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		2	0		9(02)

DataElement ID: 07892 Name: DET-PARM-SELECT-DATA Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DETAIL PARAMETER SELECTION DATA
 THIS FIELD CONTAINS THE VALUE OF A CLAIM FIELD TO BE USED IN
 SELECTING CLAIMS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		14	0		X(14)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07895 Name: DET-PARM-TYPE2-DATA Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DETAIL PARAMETER TYPE 2 DATA
 THIS ITEM IS A GROUP OF DATA ELEMENTS CONTAINING DATA FROM THE
 SECOND SELECTION PARAMETER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 07897 Name: DET-PARM-TYPE1-DATA Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DETAIL PARAMETER TYPE 1 DATA
 THIS ITEM IS A GROUP OF DATA ELEMENTS CONTAINING DATA FROM THE
 FIRST SELECTION PARAMETER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07898 Name: DET-PARM-TYPE1-PRINT Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DETAIL PARMENTER TYPE 1 PRINT
 THIS FIELD(S) SPECIFIES WHICH TYPE OF CLAIMS WILL BE EXAMINED.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 07900 Name: UN DUP-COUNT-IND Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: AN INDICATOR USED BY THE GENERALIZED DATA REDUCTION MODULE TO
 DETERMINE IF THIS SUMMARY FIELD INDEX IS AN UNDUPLICATED COUNT.
 PERMISSIBLE VALUE: Y - IS AN UNDUPLICATED COUNT
 N - IS NOT AN UNDUPLICATED COUNT

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(1)

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 07901      Name: CLAIM-SUMMARY-IND      Version:
Created By:                Last Updated By:          Release:
Created On:      8/25/2004    Last Updated On:    8/25/2004
Description: AN INDICATOR USED BY THE GENERALIZED DATA REDUCTION MODULE TO
              DETERMINE WHICH CLAIMS ARE TO BE USED IN THE SUMMARIZATION OF
              THIS SUMMARY FIELD INDEX.
PERMISSIBLE VALUE:      N - SUMMARIZE ONLY NEW CLAIMS
A - SUMMARIZE ALL CLAIMS
    
```

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(1)

```

DataElement ID: 07902      Name: SUMRY-SELECTION-TYPE      Version:
Created By:                Last Updated By:          Release:
Created On:      8/25/2004    Last Updated On:    8/25/2004
Description: A CODE USED BY THE GENERALIZED DATA REDUCTION MODULE TO DETERMINE
              HOW AN INDIVIDUAL CLAIM IS TO BE SUMMARIZED. IT IS ALSO USED TO
              INDICATED THAT THIS SUMMARY FIELD INDEX IS TO BE A CONSTANT VALUE
              AND THUS DON'T USE IT TO SUMMARIZE CLAIMS.
PERMISSIBLE VALUE:      C - SUMMARIZE THE CLAIM
L - SUMMARIZE LINE ITEMS
K - CONSTANT ENTRY
    
```

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07904 Name: SELECTION-ELEMENT Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: THE SUR DATA REDUCTION ELEMENT NUMBER THAT WILL BE USED BY THE SELECTION LOGIC OF THE GENERALIZED DATA REDUCTION MODULE. THIS NUMBER WILL ACT AS AN INDEX INTO THE CLAIM COMMON AREA OR THE LINE ITEM COMMON AREA. THE PERMISSIBLE VALUES FOR THIS DATA ELEMENT WILL DEPEND ON THE SIZE OF THE RESPECTIVE COMMON AREAS. HOWEVER THE CLAIM COMMON AREA VALUES START AT 1 AND THE LINE ITEM COMMON AREA STARTS AT 801.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		3	0		X(3)
4		N0	Numeric Comp		4	0		S9(4)

DataElement ID: 07905 Name: SELECTION-CODE Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: A CODE USED BY THE GENERALIZED DATA REDUCTION MODULE TO CONTROL THE TYPE OF SELECTION TO BE PERFORMED.
 PERMISSIBLE VALUE: 1 - EQUAL TO SPACES
 2 - EQUAL TO ZERO
 3 - INCLUSIVE LIST
 4 - EXCLUSIVE LIST
 5 - INCLUSIVE RANGE
 6 - EXCLUSIVE RANGE

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
4		N0	Numeric Comp		4	0		S9(4)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07906 Name: VOLUME-CONTROL-PARM Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: - THIS FIELD CONTAINS A USER-DEFINED PARAMETER USED TO LIMIT THE
 NUMBER OF SUMMARY RECORDS WRITTEN.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		7	0		9(7)
4	N0	Numeric Comp		7	0		S9(7)
9	G	Group		0	0		

DataElement ID: 07907 Name: SELECTION-LIST Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: A GROUP LEVEL USED TO DENOTE THE LIST OF 14 BYTE ENTRIES USED BY
 THE GENERALIZED DATA REDUCTION MODULE IN THE SELECTION PROCESS.
 MAXIMUM ALLOWABLE VALUE IS 15.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		14	0		X(14)
3	N3	Numeric Comp-3		19	2		S9(15)V9(2)
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07909 Name: NUMBER-ENTRIES Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF ENTRIES CONTAINED IN THE SELECTION RANGES USED BY THE
 GENERALIZED DATA REDUCTION MODULE. MAXIMUM ALLOWABLE VALUE IS 15

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
4	N0	Numeric Comp		4	0		S9(4)

DataElement ID: 07910 Name: SELECTION-RANGE Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: A GROUP LEVEL USED TO DENOTE THE LIST OF 14 BYTE RANGE ENTRIES
 THAT ARE USED BY THE GENERALIZED DATA REDUCTION MODULE IN THE
 SELECTION PROCESS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07911 Name: SELECTION-RANGE-LOW Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE 14 BYTE WORK AREA THAT CONTAINS THE SELECTION RANGE LOWER
 LIMIT ENTERED BY THE USER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		14	0		X(14)
3	N3	Numeric Comp-3		19	2		S9(15)V9(2)

DataElement ID: 07912 Name: SELECTION-RANGE-HIGH Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE 14 BYTE WORK AREA THAT CONTAINS THE SELECTION RANGE HIGHER
 LIMIT ENTERED BY THE USER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		14	0		X(14)
3	N3	Numeric Comp-3		19	2		S9(15)V9(2)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07913 Name: DUP-COUNT-ELEMENT Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE SUR DATA REDUCTION ELEMENT NUMBER THAT WILL BE USED BY THE ACTION LOGIC OF THE GENERALIZED DATA REDUCTION MODULE. THIS NUMBER WILL BE USED AS AN INDEX INTO THE CLAIM COMMON AREA OR THE LINE ITEM COMMON AREA. THE 14 BYTE FIELD THUS OBTAINED FROM THE COMMON AREA WILL BE ADDED TO THE SUMMARY DATA MATRIX.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		3	0		X(3)
4		N0	Numeric Comp		4	0		S9(4)

DataElement ID: 07914 Name: COUNT-SEQ-ELEMENT Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE SUR DATA REDUCTION ELEMENT NUMBER THAT WILL BE USED BY THE SEQUENTIAL UNIQUE UNDUPLICATED COUNT LOGIC OF THE GENERALIZED DATA REDUCTION MODULE.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		3	0		X(3)
4		N0	Numeric Comp		4	0		S9(4)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07915 Name: CNT-NON-SEQ-ELEMENT Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE SUR DATA REDUCTION ELEMENT NUMBER THAT WILL BE USED BY THE
 NON-SEQUENTIAL UNIQUE UNDUPLICATED COUNT LOGIC OF THE GENERALIZED
 DATA REDUCTION MODULE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		3	0		X(3)
4	N0		Numeric Comp		4	0		S9(4)

DataElement ID: 07916 Name: TBL-ADD-SEL-ELEMENT Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE SUR REDUCTION DATA ELEMENT NUMBER THAT WILL BE USED BY THE
 SELECTION PORTION OF THE TABLE AND ADD UNDUPLICATED COUNT LOGIC
 OF THE GENERALIZED DATA REDUCTION MODULE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		3	0		X(3)
4	N0		Numeric Comp		4	0		S9(4)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07917 Name: TBL-ADD-ACT-ELEMENT Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE SUR REDUCTION DATA ELEMENT NUMBER THAT WILL BE USED BY THE
 ACTION PORTION OF THE TABLE AND ADD UNDUPLICATED COUNT LOGIC
 OF THE GENERALIZED DATA REDUCTION MODULE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		3	0		X(3)
4	N0		Numeric Comp		4	0		S9(4)

DataElement ID: 07918 Name: SUR-CONSTANT-ENTRY Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE CONSTANT VALUE ENTERED BY THE USER THAT WILL BE USED TO CREAT
 A CONSTANT ROW VALUE IN THE SUMMARY DATA MATRIX.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		7	0		X(7)
4	N0		Numeric Comp		7	0		S9(7)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07919 Name: TRUE-SELECT-INDEX Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE NUMBER OF THE NEXT SUMMARY FIELD INDEX TO BE EXAMINED BY THE
 GENERALIZED DATA REDUCTION MODULE WHEN THE SELECTION OF THE
 CURRENT SUMMARY FIELD INDEX IS SUCCESSFUL

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		3	0		X(3)
4	N0		Numeric Comp		4	0		S9(4)

DataElement ID: 07920 Name: FALSE-SELECT-INDEX Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE NUMBER OF THE NEXT SUMMARY FIELD INDEX TO BE EXAMINED BY THE
 GENERALIZED DATA REDUCTION MODULE WHEN THE SELECTION OF THE
 CURRENT SUMMARY FIELD INDEX IS UNSUCCESSFUL.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		3	0		X(3)
4	N0		Numeric Comp		4	0		S9(4)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07921 Name: CAT-SERV-HIGH-INDEX Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE HIGHEST SUMMARY FIELD INDEX TO BE FOUND IN THE REDUCTION
 CONTROL FILE FOR A GIVEN CATEGORY OF SERVICE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		S9(3)

DataElement ID: 07922 Name: REDEF-LOW-INDEX Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE LOWEST SUMMARY FIELD INDEX TO BE FOUND IN THE REDUCTION
 CONTROL FILE THAT WAS REDEFINED BY THE USER. THE INDEX IS
 CALCULATED FOR EACH CATEGORY OF SERVICE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		S9(3)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07923 Name: LINE-ITEM-LOW-INDEX Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE LOWEST SUMMARY FIELD INDEX TO BE FOUND ON THE REDUCTION
 CONTROL FILE THAT WAS DEFINED BY THE USER AS A LINE ITEM
 SUMMARY INDEX. THE VALUE IS CALCULATED FOR EACH CATEGORY
 OF SERVICE.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3		Numeric Comp-3		3	0		S9(3)

DataElement ID: 07924 Name: CONSTANT-LOW-INDEX Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE LOWEST SUMMARY FIELD INDEX TO BE FOUND ON THE REDUCTION
 CONTROL FILE THAT WAS DEFINED BY THE USER AS A CONSTANT SUMMARY
 FIELD INDEX. THE VALUE IS CALCULATED FOR EACH CATEGORY OF
 SERVICE.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3		Numeric Comp-3		3	0		S9(3)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07925 Name: SURS-CAT-OF-SVC Version: Subsystem: SURS
 Created By: Initial Sy Last Updated By: T474074 Release:
 Created On: 8/25/2004 Last Updated On: 6/13/2006
 Description: SURS CATEGORY OF SERVICE CODES
 THIS FIELD REPRESENTS THE SURS CATEGORY OF SERVICE CODES.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2	0		X(02)
7	N0		Numeric Comp		4	0		9(04)

DataElement ID: 07926 Name: COLUMN-HEADINGS Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE VARIABLE COLUMN HEADINGS FOR ALL SUR REPORTS DEALING WITH THE SUMMARY DATA MATRIX. THE HEADING IS AS FOLLOWS:
 BEGINNING MONTH POS 1-2
 BEGINNING YEAR POS 3-4
 - HYPHEN POS 5
 ENDING MONTH POS 6-7
 ENDING YEAR POS 8-9

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		9	0		X(9)
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07927 Name: QTR-COLUMN-DEF Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE QUARTER COLUMN DEFINITION DESCRIBES WHICH QUARTERS OF DATA
 ARE COMBINED TO FORM THE TOTALS FOR A GIVEN COLUMN ON THE SUR
 SUMMARY FILE. THE PERMISSIBLE VALUES ARE 1 THRU 5, REPRESENTING
 THE FILE QUARTERS OF DATA FOUND IN THE SUMMARY DATA MATRIX.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		0	0		9
9	G	Group		0	0		

DataElement ID: 07928 Name: CONTROL-DATA Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS GROUP LEVEL ITEM IS USED TO DENOTE THE DATA ELEMENTS
 WITHIN THIS RECORD THAT ARE USED BY THE PROCESSING PROGRAM
 AS CONTROL FIELD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07929 Name: MINOR-SELECTION-DATA Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS GROUP LEVEL ITEM IS USED TO DENOTE THE ONE OR TWO
 SELECTION VALUES NEEDED BY THIS MATRIX ROW FOR SELECTION.
 IF MORE THAN TWO VALUES ARE NEEDED, IT IS CONSIDERED A MAJOR
 SELECTION SITUATION WHICH IS DESCRIBED UNDER D.E. 07930

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9		G		Group		0	0		

DataElement ID: 07930 Name: MAJOR-SELECTION-DATA Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS GROUP LEVEL ITEM IS USED TO DENOTE THE FIVE SELECTION
 RANGES (OR LIST) NEEDED BY THIS MATRIX ROW FOR SELECTION.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9		G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07931 Name: SELECT-RANGE-ENTRY Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS GROUP LEVEL ITEM IS USED TO DENOTE ONE OF THE SELECTION RANGES (OR LISTS) NEEDED BY THIS MATRIX ROW FOR SELECTION. EACH ENTRY CONSIST OF A COUNT OF THE NUMBER OF ENTRIES IN THE RANGE (UP TO 15) AND THE ACTUAL 12 BYTE RANGE ENTRIES

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9		G	Group			0	0		

DataElement ID: 07932 Name: ROW-HEADINGS Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: A GROUP LEVEL REPRESENTING ALL OF THE ROW HEADINGS FOR A GIVEN SUMMARY DATA MATRIX.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9		G	Group			0	0		

Iowa Medicaid Enterprise

Data Element List

```

DataElement ID: 07933      Name:  ROW-HEADING      Version:      Subsystem: SURS
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: THE USER SUPPLIED DESCRIPTION FOR EACH ROW OF THE SUR SUMMARY
                MATRIX
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		28	0		X(28)

```

DataElement ID: 07940      Name:  MINIMUM-SAMPLE-SIZE      Version:      Subsystem: SURS
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: MINIMUM NUMBER OF SAMPLE CLAIMS TO BE SELECTED.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(5)

```

DataElement ID: 07941      Name:  SUM-FREQ-SQ      Version:      Subsystem: SURS
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: SUM OF THE SQUARE OF FREQUENCIES
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		15	2		S9(11)V9(2)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07942 Name: EXC-TOP25-MEAN Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEAN OF THE POPULATION EXCLUDING THE TOP 25 CLAIMS

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		15		2	S9(11)V9(2)

DataElement ID: 07943 Name: EXC-TOP25-STD-DEV Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: STANDARD DEVIATION OF THE POPULATION EXCLUDING THE TOP 25 CLAIMS

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		11		2	S9(7)V9(2)

DataElement ID: 07944 Name: EXC-TOP25-MEDIAN Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIAN OF THE POPULATION EXCLUDING THE TOP 25 CLAIMS

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		15		2	S9(11)V9(2)

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 07947      Name:  SELECT-INC-EXC      Version:      Subsystem: SURS
Created By:                Last Updated By:      Release:
Created On:   8/25/2004    Last Updated On:   8/25/2004
Description: SELECTION INCLUSIVE EXCLUSIVE CODE
              CODE USED TO SIGNIFY IF THE SELECT VALUES (CAN BE SPECIFIED IN A
              LIST, OR A SERIES OF RANGES) ARE TO BE USED INCLUSIVELY OR
              EXCLUSIVELY IN SELECTING RECORDS.
    
```

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(1)

```

DataElement ID: 07948      Name:  RANK-VALUE      Version:      Subsystem: SURS
Created By:                Last Updated By:      Release:
Created On:   8/25/2004    Last Updated On:   8/25/2004
Description: RANK VALUE IS THE TOTAL VALUE OF THE RANK FIELD FOR EACH DIFFERENT
              RANK CRITERIA.
    
```

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3		Numeric Comp-3		13	2		S9(11)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07949 Name: RANK-NUMBER Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RANK NUMBER IS THE RANK OF THE CRITERIA SPECIFIED.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(5)

DataElement ID: 07950 Name: RECORD-CODE-1 Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: FIRST CHARACTER OF THE RECORD CODE. USED TO SORT THE HEADER RECORD BEFORE THE CLAIM RECORDS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(1)

DataElement ID: 07951 Name: PARAM-SEQ-NUM Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: - PARAMETER SEQUENCE NUMBER

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07952 Name: COLUMN-DEFINITION Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: COLUMN DEFINTION PARAMETER

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		5			X(5)

DataElement ID: 07953 Name: CONSTANT-SIGN Version: Subsystem: SURS
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 4/20/2005
 Description: CONSTANT ENTRY SIGN

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1			X(01)
2	X		AlphaNumeric		1			X(01)

DataElement ID: 07954 Name: SUMRY-FIELD-TITLE Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SUMMARY FIELD INDEX TITLE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		28			X(28)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07955 Name: PRESENT-IND Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PRESENT INDICATOR

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(1)

DataElement ID: 07956 Name: EQUAL-OR-NOT-EQUAL Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: EQUAL OR NOT EQUAL

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(1)

DataElement ID: 07957 Name: SELECTION-DATA Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: GROUP LEVEL USED TO REFERENCE THE SELECION VALUES

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07958 Name: SELECTION-VALUE Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SELECTION VALUE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		12		0	X(12)

DataElement ID: 07959 Name: SELECT-DELIMETER Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SELECTION DELIMETER

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(1)

DataElement ID: 07961 Name: SAMPLE-RPT-SORT-FLD Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CLAIM SAMPLING REPORTS' SORT FIELDS CONTAIN THE FIELD NUMBERS OF
 SORT FIELDS USED IN PRODUCING THE CLAIMS SAMPLING REPORTS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07962 Name: RANK-FIELD Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: FIELD USED FOR RANKING CLAIMS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		17		0	X(17)

DataElement ID: 07963 Name: SAMPLE-SORT-FLD-NO Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: FIELD NUMBERS TO BE USED IN SORTING THE CLAIM SAMPLING REPORTS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 07964 Name: POPULATION-COUNT Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF CLAIM ITEMS IN THE POPULATION.,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3		Numeric Comp-3		11		0	S9(11)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07965 Name: POPULATION-SKEWNESS Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SKEWNESS OF POPULATION.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	4		S9V9(4)

DataElement ID: 07966 Name: POPULATION-KURTOSIS Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: KURTOSIS OF POPULATION.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	4		S9V9(4)

DataElement ID: 07967 Name: PAGE-NO Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PAGE NUMBER OF CLAIM SAMPLING REPORT CLAIM IS IN.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		2	0		9(2)
3	N3	Numeric Comp-3		5	0		S9(5)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07968 Name: SUM-FREQ Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SUM OF FREQUENCY OF FIELD SELECTED FOR STATISTICAL ANALYSIS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		15	2		S9(11)V9(2)

DataElement ID: 07969 Name: CONSTANT-SIGN-2 Version: Subsystem: SURS
 Created By: STEVEN LEO Last Updated By: T474070 Release:
 Created On: 4/20/2005 Last Updated On: 4/20/2005
 Description: AN ALPHANUMERIC SIGN FIELD

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

DataElement ID: 07970 Name: PROC-DRUG-DIAG-CODE Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROCEDURE, DRUG OR DIAGNOSIS CODE FOR WHICH THE FREQUENCY
 COUNT IS COMPUTED.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		12	0		X(12)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07971 Name: PROCEDURE-FREQ-CNT Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROCEDURE FREQUENCY COUNT IS THE NUMBER OF CLAIM LINES OR UNITS
 OF SERVICE FOR THE PROCEDURE, DRUG OR DIAGNOSIS CODE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		11	0		S9(11)

DataElement ID: 07972 Name: NUM-OF-STRATA Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF STRATA THE POPULATION IS DIVIDED INTO. CONTAINS VALUE
 OF 21 IF POPULATION IS STRATIFIED, OTHERWISE IT CONTAINS A VALUE 1

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		S9(3)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07973 Name: SAMPLE-SIZE-FORMULA Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SAMPLE SIZE FORMULA TYPE IDENTIFIES THE FORMULA TO BE USED IN THE
 CALCULATION OF SAMPLE SIZE. 1 IS FOR PROPORTIONATE, 2 FOR NON
 STRATIFIED AND 3 FOR STRATIFIED.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(1)

DataElement ID: 07974 Name: SAMPLE-PRECISION Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PRECISION DESIRED IN THE CALCULATION OF SAMPLE SIZE.
 DEFAULTS TO .050 IS NOT SPECIFIED.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3		Numeric Comp-3		3		2	S9(1)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07975 Name: SAMPLE-RELIAB-FACTOR Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RELIABILITY FACTOR USED IN THE CALCULATION OF SAMPLE SIZE.
 DEFAULTS TO 1.96 IF NOT SPECIFIED.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	2		S9(1)V99

DataElement ID: 07976 Name: POPULATION-MEDIAN Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDIAN DOLLAR AMOUNT OR FREQUENCY COUNT

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		13	2		S9(11)V99

DataElement ID: 07977 Name: STRATA-DATA Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DATA RELATING TO EACH STRATA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07978 Name: STRATA-LOWER-LIMIT Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LOWER BOUNDARY OF STRATA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		13	2		S9(11)V99

DataElement ID: 07979 Name: STRATA-UPPER-LIMIT Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: UPPER BOUNDARY OF STRATA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		13	2		S9(11)V99

DataElement ID: 07980 Name: PROC-OR-DOLLAR-FREQ Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROCEDURE OF DOLLAR FREQUENCY USED IN THE CALCULATION OF POPULATION AND STRATA STATISTICS.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		13	2		S9(11)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07981 Name: SAMPLE-BATCH-IND Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SAMPLE BATCH INDICATOR
 THIS FIELD IS AN INDICATOR THAT SPECIFIES WHETHER TO IGNORE OR
 PROCESS SAMPLE CLAIMS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 07982 Name: PROC-DOLLAR-IND Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROCEDURE DOLLAR INDICATOR
 THIS FIELD IS AN INDICATOR THAT SPECIFIES WHICH FIELD WILL BE USED
 IN THE SAMPLING PROCESS FOR STATISTICAL COMPUTATIONS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)
2	N		Numeric		1	0		9(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07983 Name: FREQ-IND Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: FREQUENCY INDICATOR INDICATES THE USE OF NUMBER OF CLAIM LINES OR
 UNITS OF SERVICE AS THE UNIT FOR COUNTING FREQUENCY
 1 - NUMBER OF CLAIM LINES
 2 - UNITS OF SERVICE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(1)

DataElement ID: 07984 Name: POPULATION-MEAN Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: POPULATION MEAN OF PROCEDURE OR DOLLAR FREQUENCY.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3		Numeric Comp-3		13	2		S9(11)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07985 Name: SAMPLE-CLM-STRATA-NO Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: STRATA NUMBER THAT THE SAMPLE CLAIM FALLS UNDER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3		0	S9(3)

DataElement ID: 07986 Name: SAMPLE-RANDOM-NUM Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RANDOM NUMBER USED IN SELECTING THE SAMPLE CLAIM.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5		0	S9(5)

DataElement ID: 07987 Name: SAMPLE-SELECTION-NUM Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE NTH NUMBER GENERATED BY THE RANDOM NUMBER GENERATOR.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5		0	S9(5)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07988 Name: FREQ-CNT Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: COUNT OF OCCURANCES

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(5)

DataElement ID: 07989 Name: CARD-ID Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: - CARD IDENTIFICATION CODE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		4	0		X(4)

DataElement ID: 07990 Name: PROPORTION-OF-ABUSE Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROPORTION OF ABUSE TO BE USED IN THE CALCULATION OF SAMPLE SIZE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	2		S9V9(2)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07991 Name: ERROR-RATE Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ERROR RATE TO BE USED IN THE CALCULATION OF SAMPLE SIZE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 07992 Name: RANDOM-NO-SEED Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SEED FOR THE RANDOM NUMBER GENERATOR.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		4		0	S9(4)

DataElement ID: 07993 Name: ADJUST-SELECT Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ADJUST-SELECT - SIGNIFIES ADJUSTED CLAIMS AND GROSS ADJUSTMENTS
 ADJUSTMENTS WILL BE INCLUDED IN THE SELECTION PROCESS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1		0	X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07995 Name: DETAIL-SELECT-LIST Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DETAIL SELECTION LIST
 THIS ITEM IS A GROUP OF DATA ELEMENTS CONTAINING SPECIFIC VALUES
 OF CLAIM FIELD USED IN SELECTING CLAIMS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 07996 Name: SELECT-VALUE Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ***** MMIS DATA ELEMENT NAME - RELATIONAL VALUE
 MMIS GSD DATA ELEMENT NUMBER - 728
 MMIS DEFINITION - A LITERAL VALUE USED AS COMPARISON FOR A
 DATA ELEMENT VALUE IN ESTABLISHING AN
 ALGEBRAIC INEQUALITY EXPRESSION. *****

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		14	0		X(14)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07997 Name: RANK-DATA Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RANK DATA CONTAINS RANKING CRITERIA SPECIFIED BY USER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 07998 Name: RANK-CRITERIA-MNE Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RANK CRITERIA MNEMONIC CONTAINS THE MNEMONIC SELECTED BY USER THAT DETERMINES THE BREAK CRITERIA FOR RANKING CLAIMS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		3	0		X(3)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 07999 Name: RANK-MNEMONIC Version: Subsystem: SURS
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RANK MNEMONIC CONTAINS THE MNEMONIC SELECTED BY USER FOR RANKING CLAIMS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		3	0		X(3)
2	N		Numeric		3	0		S9(3)

DataElement ID: 08000 Name: EPSDT-RECORD-CODE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CODE WHICH IDENTIFIES THE RECORD TYPE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 08001 Name: DESTINATION-CODE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CODE WHICH IDENTIFIES THE RECIEVER OF A RECORD

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08002 Name: ELIGIBILITY-TYPE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DENOTES ACTION TO BE TAKEN

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

DataElement ID: 08003 Name: EXTRA-DATA Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: GROUP LEVEL FIELD,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 08004 Name: RECIP-LAST-SCREEN Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LAST DATE A RECIPIENT HAD A SCREENING EITHER INITIAL
 OR PERIODIC.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		5	0		X(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08005 Name: SENT-TO Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: INDICATOR TO IDENTIFY ON WHO'S REPORT A RECORD WILL REPORTED.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

DataElement ID: 08006 Name: PROV-CNTY-CW Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: IDENTIFIES THE PERSON RESPONSIBLE FOR CARE COORDINATION,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			7	0		X(07)

DataElement ID: 08007 Name: COUNTY-WORKER-INFO Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: GROUP FIELD FOR COUNTY WORKER INFORMATION,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group			0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08008 Name: NEXT-SCRN-DATE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CALCULATED FUTURE SCREENING DATE DERIVED FROM THE RECIPIENTS
 AGE AND THE EPSDT PERIODICITY SCHEDULE.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		5	0		9(05)

DataElement ID: 08009 Name: RECIP-AGE-IN-MONTHS Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RECIPIENT'S AGE REFLECTED IN MONTHS.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		3	0		9(03)

DataElement ID: 08010 Name: TOS-PROC-DATA Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: GROUP ITEM,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08011 Name: SCREEN-CODE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CODE WHICH IDENTIFIES THE TYPE OF SCREEN PERFORMED

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 08012 Name: REFERRAL-CODE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CODE WHICH DENOTES IF A REFERRAL WAS GIVEN

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 08013 Name: AGENCY Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: IDENTIFIES THE RECEIVER OF A RECORD

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		3		0	X(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08014 Name: REPORT-NUMBER Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: -
 IDENTIFIES THE TYPE OF REPORT

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		2		0	X(02)

DataElement ID: 08015 Name: LINE-TYPE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: IDENTIFIES THE TYPE OF LINE ON A REPORT

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		2		0	X(02)

DataElement ID: 08016 Name: RECIP-TIE-BREAKER Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: UNKNOWN

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08017 Name: PROV-NUMBER Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDICAID ASSIGNED PROVIDER NUMBER,

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 08018 Name: ALT-RECORD-CODE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CODE WHICH IDENTIFIES THE TYPE OF RECORD,

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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1		X		AlphaNumeric		2		0	X(02)
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DataElement ID: 08019 Name: ALT-CARRIER-NAME Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CARRIER NAME,

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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1		X		AlphaNumeric		31		0	X(31)
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08020 Name: ALT-CARRIER-ID Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS IS A UNIQUE NUMBER IDENTIFYING EACH THIRD PARTY CARRIER,

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		6		0	X(06)

DataElement ID: 08021 Name: ALT-TEXT-KEY-SEQ-NUM Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TEXT KEY SEQUENTIAL NUMBER
 PROVIDES A SEQUENTIAL NUMBER TO MAKE THE MULTIPLE RECORDS FOR A
 PARTICULAR KEY UNIQUE.,

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N		Numeric		5		0	S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08022 Name: HKI-MAILNG-ADDR-LIN2 Version: Subsystem: Recipient
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 10/21/2016 Last Updated On: 10/21/2016
 Description: HKI-MAILNG-ADDR-LIN2

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		30	0		X(30)

DataElement ID: 08023 Name: HKI-MAILING-CITY Version: Subsystem: Recipient
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 10/21/2016 Last Updated On: 10/21/2016
 Description: HKI-MAILING-CITY

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		20	0		X(20)

DataElement ID: 08024 Name: HKI-MAILING-STATE Version: Subsystem: Recipient
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 10/21/2016 Last Updated On: 10/21/2016
 Description: HKI-MAILING-STATE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2	0		X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08025 Name: HKI-MAILING-ZIP-CD Version: Subsystem: Recipient
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 10/21/2016 Last Updated On: 10/21/2016
 Description: HKI-MAILING-ZIP-CD

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		5			X(05)

DataElement ID: 08026 Name: HKI-MAILING-ZIP-EXT Version: Subsystem: Recipient
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 10/21/2016 Last Updated On: 10/21/2016
 Description: HKI-MAILING-ZIP-EXT

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		4			X(04)

DataElement ID: 08027 Name: HKI-MEM-NUM-DEN-MNTS Version: Subsystem: Recipient
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 10/21/2016 Last Updated On: 10/21/2016
 Description: HKI-MEM-NUM-DEN-MNTS

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N		Numeric		2			9(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08028 Name: HKI-MEM-HMO-DATA Version: Subsystem: Recipient
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 10/21/2016 Last Updated On: 10/24/2016
 Description: HKI-MEM-HMO-DATA

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	G	Group		0	0		

DataElement ID: 08029 Name: HKI-MEM-MON-HMO-DATA Version: Subsystem: Recipient
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 10/21/2016 Last Updated On: 10/21/2016
 Description: HKI-MEM-MON-HMO-DATA

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	G	Group		0	0		

DataElement ID: 08030 Name: HKI-MEMBER-DOB Version: Subsystem: Recipient
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 10/21/2016 Last Updated On: 10/21/2016
 Description: HKI-MEMBER-DOB

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		8	0		X(08)

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Data Element List

DataElement ID: 08031 Name: HKI-FILE-SOURCE Version: Subsystem: Recipient
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 10/21/2016 Last Updated On: 10/26/2016
 Description: HKI-FILE-SOURCE

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		3	0		X(03)
2		X		AlphaNumeric		3	0		X(03)

DataElement ID: 08032 Name: HKI-PCP-ID Version: Subsystem: Recipient
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 10/24/2016 Last Updated On: 10/26/2016
 Description: HKI-PCP-ID I(PRIMARY CARE PHYSICIAN

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		14	0		X(14)
2		X		AlphaNumeric		14	0		X(14)

DataElement ID: 08033 Name: HKI-PCP-LNAME Version: Subsystem: Recipient
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 10/24/2016 Last Updated On: 10/26/2016
 Description: HKI-PCP-LNAME (PRIMARY CARE PHYSICIAN LAST NAME)

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		28	0		X(28)
2		X		AlphaNumeric		28	0		X(28)

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Data Element List

DataElement ID: 08034 Name: HKI-PCP-FNAME Version: Subsystem: Recipient
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 10/24/2016 Last Updated On: 10/26/2016
 Description: HKI-PCP-FNAME (PRIMARY CARE PHYSICIAN FIRST NAME)

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		28	0		X(28)
2	X		AlphaNumeric		28	0		X(28)

DataElement ID: 08035 Name: HKI-PCP-TAXID Version: Subsystem: Recipient
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 10/24/2016 Last Updated On: 10/26/2016
 Description: HKI-PCP-TAXID

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		11	0		X(11)
2	X		AlphaNumeric		11	0		X(11)

DataElement ID: 08036 Name: HKI-RTMS-GROUP-NUM Version: Subsystem: Recipient
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 10/24/2016 Last Updated On: 10/26/2016
 Description: HKI-RTMS-GROUP-NUM

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		9	0		X(09)
2	X		AlphaNumeric		9	0		X(09)

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Data Element List

DataElement ID: 08037 Name: HKI-RTMS-SECT-NUM Version: Subsystem: Recipient
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 10/24/2016 Last Updated On: 10/26/2016
 Description: HKI-RTMS-SECT-NUM

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		4	0		X(04)
2	X		AlphaNumeric		4	0		X(04)

DataElement ID: 08038 Name: HKI-PACKAGE-CODE Version: Subsystem: Recipient
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 10/24/2016 Last Updated On: 10/26/2016
 Description: HKI-PACKAGE-CODE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		5	0		X(05)
2	X		AlphaNumeric		5	0		X(05)

DataElement ID: 08039 Name: HKI-TYP-OF-COVERAGE Version: Subsystem: Recipient
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 10/24/2016 Last Updated On: 10/26/2016
 Description: HKI-TYP-OF-COVERAGE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		3	0		X(03)
2	X		AlphaNumeric		3	0		X(03)

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Data Element List

DataElement ID: 08040 Name: HKI-EFF-DATE-CHG Version: Subsystem: Recipient
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 10/24/2016 Last Updated On: 10/26/2016
 Description: HKI-EFF-DATE-CHG

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		8		0	X(08)
2		X		AlphaNumeric		8		0	X(08)

DataElement ID: 08041 Name: HKI-REINSTATE-CODE Version: Subsystem: Recipient
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 10/24/2016 Last Updated On: 10/26/2016
 Description: HKI-REINSTATE-CODE

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)
2		X		AlphaNumeric		1		0	X(01)

DataElement ID: 08042 Name: HKI-MONTH-DAILY-IND Version: Subsystem: Recipient
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 10/24/2016 Last Updated On: 10/26/2016
 Description: HKI-MONTH-DAILY-IND

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)
2		X		AlphaNumeric		1		0	X(01)

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Data Element List

DataElement ID: 08043 Name: HKI-MEM-DENTAL-DATA Version: Subsystem: Recipient
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 10/24/2016 Last Updated On: 10/24/2016
 Description: HKI-MEM-DENTAL-DATA

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	G	Group		0	0		

DataElement ID: 08044 Name: HKI-MEM-MON-DEN-DATA Version: Subsystem: Recipient
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 10/24/2016 Last Updated On: 10/24/2016
 Description: HKI-MEM-MON-DEN-DATA

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	G	Group		0	0		

DataElement ID: 08045 Name: HKI-DEN-SERV-MONTH Version: Subsystem: Recipient
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 10/24/2016 Last Updated On: 10/26/2016
 Description: HKI-DEN-SERV-MONTH

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		6	0		X(06)
2	X	AlphaNumeric		6	0		X(06)

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Data Element List

DataElement ID: 08046 Name: HKI-DENTAL-PLAN-ID Version: Subsystem: Recipient
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 10/24/2016 Last Updated On: 10/26/2016
 Description: HKI-DENTAL-PLAN-ID

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		6	0		X(06)
2	X		AlphaNumeric		6	0		X(06)

DataElement ID: 08047 Name: HKI-DENTAL-PLAN-NAME Version: Subsystem: Recipient
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 10/24/2016 Last Updated On: 10/26/2016
 Description: HKI-DENTAL-PLAN-NAME

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		25	0		X(25)
2	X		AlphaNumeric		25	0		X(25)

DataElement ID: 08048 Name: HKI-ENROLL-EFFT-DT Version: Subsystem: Recipient
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 10/24/2016 Last Updated On: 10/24/2016
 Description: HKI-ENROLL-EFFT-DT

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		8	0		X(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08049 Name: HKI-ENROLL-TERM-DT Version: Subsystem: Recipient
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 10/24/2016 Last Updated On: 10/24/2016
 Description: HKI-ENROLL-TERM-DT

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		8	0		X(08)

DataElement ID: 08050 Name: RECIPIENT-TEST-R Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RECIPIENT TEST REDEFINED
 REDEFINE RECIPIENT NAME AND ADDRESS FIELDS IN THE RECIPIENT
 TERMINATION RECORD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08051 Name: HKI-ELIG-EFF-DT Version: Subsystem: Recipient
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 10/24/2016 Last Updated On: 10/24/2016
 Description: HKI-ELIG-EFF-DT

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		8		0	X(08)

DataElement ID: 08052 Name: HKI-ELIG-TERM-DT Version: Subsystem: Recipient
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 10/24/2016 Last Updated On: 10/24/2016
 Description: HKI-ELIG-TERM-DT

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		8		0	X(08)

DataElement ID: 08053 Name: BENEFIT-FLAG Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 11/3/2017 Last Updated On: 3/22/2018
 Description: BENEFIT_FLAG

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

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Data Element List

DataElement ID: 08054 Name: PREGNANT-WOMEN Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 11/3/2017 Last Updated On: 11/3/2017
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 08055 Name: WAIVER-IND Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 11/3/2017 Last Updated On: 11/3/2017
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 08056 Name: LTC-IND Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 11/3/2017 Last Updated On: 11/3/2017
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08057 Name: RECIP-MBI Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 12/7/2017 Last Updated On: 12/7/2017
 Description: RECIP-MBI

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		11	0		X(11)

DataElement ID: 08058 Name: MOM-ID Version: Subsystem: Recipient
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 2/28/2018 Last Updated On: 2/28/2018
 Description: NEW BORN MOM-ID

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		8	0		X(08)
2	X		AlphaNumeric		8	0		X(08)
3	X		AlphaNumeric		8	0		X(08)

DataElement ID: 08059 Name: RECIP-ABM-KEY Version: Subsystem: Recipient
 Created By: T474186 Last Updated By: T474186 Release:
 Created On: 7/3/2018 Last Updated On: 7/5/2018
 Description: RECIPIENT ANNUAL BENEFIT MAX KEY

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		10	0 SPACES		X(10)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08060 Name: RECIP-ABM-BEGIN-DATE Version: Subsystem: Recipient
 Created By: T474186 Last Updated By: T474186 Release:
 Created On: 7/5/2018 Last Updated On: 7/10/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3		Numeric Comp-3		5	0		S9(05)
2	X		AlphaNumeric		8	0		X(08)

DataElement ID: 08061 Name: RECIP-ABM-END-DATE Version: Subsystem: Recipient
 Created By: T474186 Last Updated By: T474347 Release:
 Created On: 7/5/2018 Last Updated On: 7/9/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3		Numeric Comp-3		5	0		S9(05)
2	X		AlphaNumeric		8	0		X(08)

DataElement ID: 08062 Name: RECIP-ABM-STATUS Version: Subsystem:
 Created By: T474186 Last Updated By: T474186 Release:
 Created On: 7/5/2018 Last Updated On: 7/5/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

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Data Element List

DataElement ID: 08063 Name: RECIP-ABM-APPRVD-AMT Version: Subsystem: Recipient
 Created By: T474186 Last Updated By: T474347 Release:
 Created On: 7/5/2018 Last Updated On: 7/9/2018
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		6	2		S9(06)V99
2	X	AlphaNumeric		11	0		X(11)

DataElement ID: 08064 Name: RECIP-ABM-AMT-USED Version: Subsystem: Recipient
 Created By: T474186 Last Updated By: T474347 Release:
 Created On: 7/5/2018 Last Updated On: 7/9/2018
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		6	2		S9(06)V99
2	X	AlphaNumeric		11	0		X(11)

DataElement ID: 08065 Name: RECIP-ABM-APPL-PD-AT Version: Subsystem: Recipient
 Created By: T474186 Last Updated By: T474347 Release:
 Created On: 7/5/2018 Last Updated On: 7/9/2018
 Description: RECIPIENT ABM APPLIED PAID AMOUNT

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		6	2		S9(06)V99
2	X	AlphaNumeric		11	0		X(11)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08066 Name: DATE-OF-LAST-TRANS Version: Subsystem: Recipient
 Created By: T474186 Last Updated By: T474347 Release:
 Created On: 7/5/2018 Last Updated On: 7/9/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3		Numeric Comp-3		5		0	S9(05)
2	X		AlphaNumeric		8		0	X(08)

DataElement ID: 08067 Name: ABM-MET-DATE Version: Subsystem:
 Created By: T474186 Last Updated By: T474186 Release:
 Created On: 7/5/2018 Last Updated On: 7/5/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3		Numeric Comp-3		5		0	S9(05)

DataElement ID: 08068 Name: LAST-TCN-TRANS Version: Subsystem: Recipient
 Created By: T474186 Last Updated By: T474186 Release:
 Created On: 7/5/2018 Last Updated On: 7/5/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N		Numeric		17		0	9(17)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08069 Name: FILLER Version: Subsystem:
 Created By: T474186 Last Updated By: T474186 Release:
 Created On: 7/5/2018 Last Updated On: 7/5/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		10	0		X(10)

DataElement ID: 08070 Name: RECIP-ABM-SPAN-DATA Version: Subsystem: Recipient
 Created By: T474186 Last Updated By: T474186 Release:
 Created On: 7/5/2018 Last Updated On: 7/5/2018
 Description: DENTAL ANNUAL BENEFIT MAX SPAN DATA

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	G		Group		0	0		

DataElement ID: 08071 Name: VARIABLE-PORTION Version: Subsystem: Recipient
 Created By: T474186 Last Updated By: T474186 Release:
 Created On: 7/5/2018 Last Updated On: 7/5/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	G		Group		0	0		

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Data Element List

DataElement ID: 08072 Name: FILLER Version: Subsystem: Recipient
 Created By: T474186 Last Updated By: T474349 Release:
 Created On: 7/5/2018 Last Updated On: 11/22/2018
 Description: FILLER FOR FUTURE USE

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		50	0		X(50)
2		X	AlphaNumeric		1	0		X(01)
3		X	AlphaNumeric		5	0		X(05)

DataElement ID: 08073 Name: MEM-CURR-PLAN Version: Subsystem: Recipient
 Created By: T474186 Last Updated By: T474186 Release:
 Created On: 7/5/2018 Last Updated On: 7/5/2018
 Description:

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		1	0		X(01)

DataElement ID: 08074 Name: NUM-OF-ABM-SPANS Version: Subsystem:
 Created By: T474186 Last Updated By: T474186 Release:
 Created On: 7/5/2018 Last Updated On: 7/5/2018
 Description:

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		N3	Numeric Comp-3		3	0		S9(03)

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Data Element List

DataElement ID: 08075 Name: LAST-UPDATE-SRCE Version: Subsystem: Recipient
 Created By: T474186 Last Updated By: T474186 Release:
 Created On: 7/5/2018 Last Updated On: 7/5/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 08076 Name: RECORD-CODE Version: Subsystem: Recipient
 Created By: T474186 Last Updated By: T474186 Release:
 Created On: 7/5/2018 Last Updated On: 7/5/2018
 Description: RECIPIENT ABM RECORD CODE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2		0	X(02)

DataElement ID: 08077 Name: RECIP-ABM-RECORD Version: Subsystem: Recipient
 Created By: T474186 Last Updated By: T474186 Release:
 Created On: 7/5/2018 Last Updated On: 7/5/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	G		Group		0		0	

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08078 Name: NUM-OF-ABM-SPANS Version: Subsystem: Recipient
 Created By: T474186 Last Updated By: T474186 Release:
 Created On: 7/5/2018 Last Updated On: 7/5/2018
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		3	0		S9(03)

DataElement ID: 08079 Name: ABM-STATUS Version: Subsystem: Recipient
 Created By: T474186 Last Updated By: T474347 Release:
 Created On: 7/5/2018 Last Updated On: 7/10/2018
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

DataElement ID: 08080 Name: ABM-MET-DATE Version: Subsystem:
 Created By: T474186 Last Updated By: T474186 Release:
 Created On: 7/5/2018 Last Updated On: 7/5/2018
 Description: ANNUAL BENEFIT MAX MET DATE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08081 Name: ABM-MET-DATE Version: Subsystem:
 Created By: T474186 Last Updated By: T474186 Release:
 Created On: 7/5/2018 Last Updated On: 7/5/2018
 Description: ANNUAL BENEFIT MAX MET DATE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		5		0	S9(05)

DataElement ID: 08082 Name: ABM-MET-DATE Version: Subsystem: Recipient
 Created By: T474186 Last Updated By: T474186 Release:
 Created On: 7/5/2018 Last Updated On: 7/5/2018
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		5		0	S9(05)

DataElement ID: 08083 Name: RECIP-ABM-DATA Version: Subsystem: Recipient
 Created By: T474186 Last Updated By: T474186 Release:
 Created On: 7/5/2018 Last Updated On: 7/5/2018
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	G	Group				0	

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Data Element List

DataElement ID: 08084 Name: FILLER Version: Subsystem:
 Created By: T474186 Last Updated By: T474186 Release:
 Created On: 7/5/2018 Last Updated On: 7/5/2018
 Description: FILLER FOR FUTURE USE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		10			X(10)

DataElement ID: 08085 Name: DATE-OF-LAST-TRANS Version: Subsystem: Recipient
 Created By: T474186 Last Updated By: T474347 Release:
 Created On: 7/5/2018 Last Updated On: 7/9/2018
 Description: DATE OF LAST TRANSACTION

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3		Numeric Comp-3		5			S9(05)
2	X		AlphaNumeric		8			X(08)

DataElement ID: 08086 Name: ABM-SENDER Version: Subsystem:
 Created By: T474347 Last Updated By: T474347 Release:
 Created On: 7/9/2018 Last Updated On: 7/9/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1			X(01)

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Data Element List

DataElement ID: 08087 Name: RECIP-ABM-EXTRACT Version: Subsystem: Recipient
 Created By: T474347 Last Updated By: T474347 Release:
 Created On: 7/9/2018 Last Updated On: 7/9/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	G		Group		0		0	

DataElement ID: 08088 Name: ABM-SENDER Version: Subsystem: Recipient
 Created By: T474347 Last Updated By: T474347 Release:
 Created On: 7/10/2018 Last Updated On: 7/10/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 08089 Name: HEAD-REC-ID Version: Subsystem: Recipient
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 7/30/2018 Last Updated On: 7/30/2018
 Description: COBA HEADER RECORD ID

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		3		0	X(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08090 Name: COMP-INS-ID Version: Subsystem:
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 7/30/2018 Last Updated On: 7/30/2018
 Description: COBA INSTITUTION ID

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 08091 Name: CREATE-DATE Version: Subsystem:
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 7/30/2018 Last Updated On: 7/30/2018
 Description: COBA FILE CREATION DATE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			8	0		X(08)

DataElement ID: 08092 Name: BEN-STATE-CODE Version: Subsystem: Recipient
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 7/30/2018 Last Updated On: 7/30/2018
 Description: BENEFICIARY STATE CODE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			2	0		X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08093 Name: FILLER-NATIONAL Version: Subsystem: Recipient
 Created By: T474342 Last Updated By: T474342 Release:
 Created On: 7/30/2018 Last Updated On: 7/30/2018
 Description: FILLER

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		178	0		X(178)

DataElement ID: 08094 Name: RECIP-HIC-NUM Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 8/1/2018 Last Updated On: 8/1/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		11	0		X(11)

DataElement ID: 08095 Name: RECIP-LAST-NAME Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 8/1/2018 Last Updated On: 8/1/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		40	0		X(40)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08096 Name: RECIP-FIRST-NAME Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 8/1/2018 Last Updated On: 8/1/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		30	0		X(30)

DataElement ID: 08097 Name: RECIP-ABM-HOLD-AMT Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 8/20/2018 Last Updated On: 8/20/2018
 Description: RECIPIENT HOLD AMOUNT.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3		Numeric Comp-3		6	2		S9(06)V99

DataElement ID: 08098 Name: ABM-LAST-PLAN-USED Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 8/20/2018 Last Updated On: 8/20/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08100 Name: NH-PROV-NO Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NURSING HOME PROVIDER NUMBER
 FOR A RECIPIENT DOMICILED IN A NURSING HOME, THE PROVIDER ID OF
 THAT HOME.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		9	0		9(9)

DataElement ID: 08101 Name: REQ-CT Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DER REQUEST COUNT
 - NUMBER OF DER REQUESTS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		S9(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08103 Name: PROCESS-CD Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DER PROCESS CODE
 A CODE DESCRIBING THE STATUS OF THE DER REQUEST.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2	0		X(2)

DataElement ID: 08104 Name: GRANT-AMT Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DER GRANT AMOUNT
 THE COMPUTED DOLLAR VALUE OF THE APPROVED DER REQUEST.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3		Numeric Comp-3		4	0		S9(04)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08105 Name: LETTER-DT Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DER INFORMING LETTER DATE
 THE DATE THE INFORMING LETTER WAS GENERATED FOR THE PARTICULAR
 DER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
6	N3	Numeric Comp-3		6	0		9(06)

DataElement ID: 08106 Name: REQUEST-DATA Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DER REQUEST DATA

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise Data Element List

DataElement ID: 08107	Name: NO-DRUGS	Version:	Subsystem: Not Defined
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: NUMBER OF DRUGS THE NUMBER OF DRUGS FOR WHICH AN EXCEPTION HAS BEEN REQUESTED.			

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 08108	Name: NO-DENIED	Version:	Subsystem: Not Defined
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: - NUMBER OF REQUESTS DENIED THE NUMBER OF DERS WHICH HAVE BEEN DENIED.			

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08109 Name: REQUEST-BEGIN-DATE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: REQUEST BEGIN DATE
 THE DATE ON WHICH THE APPROVED REQUEST BEGINS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		8	0		X(08)
3	N3	Numeric Comp-3		4	0		9(4)

DataElement ID: 08110 Name: REQUEST-END-DATE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: REQUEST END DATE
 THE DATE ON WHICH THE APPROVED REQUEST ENDS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		8	0		X(08)
3	N3	Numeric Comp-3		4	0		9(4)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08111 Name: DER-STATUS-CODE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DER STATUS CODE
 A CODE DESCRIBING THE STATUS OF THE DER REQUEST.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(1)

DataElement ID: 08112 Name: DER-REASON-CODE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DER REASON CODE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08113 Name: DER-MESSAGE-CODE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DER ACTIVITY MESSAGE CODE
 A CODE DESCRIBING THE DER LINE ITEM ERROR MESSAGE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(1)

DataElement ID: 08114 Name: DER-GRANT-INTERVAL Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DER GRANT INTERVAL
 THE NUMBER OF MONTHS (IF NOT 12) REQUESTED IN THE DRUG EXCEPTION.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric			2	0		S9(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08115 Name: DER-DRUG-AMOUNT Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DER DRUG AMOUNT
 THE COMPUTED DRUG PRICE OF THE REQUESTED DRUG.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	2		S9(5)V99

DataElement ID: 08116 Name: DER-DELETE-INDICATOR Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DER ACTIVITY RECORD DELETE INDICATOR.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

DataElement ID: 08117 Name: DER-LOG-DATA Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DER LOG DATA.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08118 Name: BEGIN-TIME Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TIME TRANSACTION BEGINS.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		6	0		S9(06)

DataElement ID: 08119 Name: END-TIME Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TIME TRANSACTION ENDS.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		6	0		S9(06)

DataElement ID: 08120 Name: TERMINAL-ID Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CICS TERMINAL IDENTIFIER.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		4	0		X(04)

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Iowa Medicaid Enterprise

ND-Workbench

Data Element List

DataElement ID: 08122 Name: RECIP-820-AMOUNT Version: Subsystem:
Created By: T474186 Last Updated By: T474186 Release:
Created On: 1/29/2015 Last Updated On: 1/29/2015
Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		N3		Numeric Comp-3		6		2	S9(06)V99

DataElement ID: 08200 Name: CBIL-CLIEN-PARTICIP Version: Subsystem: Not Defined
Created By: Last Updated By:
Created On: 8/25/2004 Last Updated On: 8/25/2004 Release:
Description: COUNTY BILLING CLIENT PARTICIPATION
 COUNTY BILLING CLIENT PARTICIPATION

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08201 Name: CBIL-TCN-FORMATTED Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: COUNTY BILLING TCN FORMATTED
 COUNTY BILLING TCN FORMATTED WITH DASHES

Variant ID	Data	Type Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 08202 Name: CBIL-BILL-DATE-MM Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: COUNTY BILLING DATE OF BILL MONTH
 COUNTY BILLING DATE OF BILL MONTH FORMAT MM

Variant ID	Data	Type Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08203	Name: CBIL-FDOS	Version:	Subsystem: Not Defined
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: COUNTY BILLING FIRST DAY OF SERVICE			
COUNTY BILLING FIRST DAY OF SERVICE FORMAT IS MMDDYYYY			

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 08204	Name: CBIL-BILLING-DATE	Version:	Subsystem: Not Defined
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: COUNTY BILLING INVOICE DATE			
COUNTY BILLING INVOICE DATE FORMAT MMDDYYYY			

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 08205      Name:  CBIL-ORIG-DATE-PAID      Version:
Created By:                Last Updated By:          Release:
Created On:      8/25/2004  Last Updated On:   8/25/2004
Description: COUNTY BILLING ORIGINAL DATE PAID
                COUNTY BILLING ORIGINAL DATE PAID FORMAT IS MMDDYYYY
    
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Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 08206      Name:  CBIL-INVOICE-NUM      Version:
Created By: SYSTEM        Last Updated By: T474104  Release:
Created On:      8/25/2004  Last Updated On:   2/14/2008
Description: COUNTY BILLING INVOICE NUMBER
                COUNTY BILLING INVOICE NUMBER 9 BYTES NUMERIC
    
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Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		9	0		9(09)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08207	Name: CBIL-BILL-DATE-DD	Version:	Subsystem: Not Defined
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: COUNTY BILLING DATE OF BILL DAY			
COUNTY BILLING DATE OF BILL DAY FORMAT DD			

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 08208	Name: CBIL-CNTY-NUMBER	Version:	Subsystem: Not Defined
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: COUNTY BILLING COUNTY NUMBER			
STORES A 10 BYTE VERSION OF THE COUNTY OF LEGAL RESPONSIBILITY.			

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

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Iowa Medicaid Enterprise

ND-Workbench

Data Element List

DataElement ID: 08209	Name: CBIL-BILL-DATE-YY	Version:	Subsystem: Not Defined
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: COUNTY BILLING DATE OF BILL YEAR			
COUNTY BILLING DATE OF BILL YEAR FORMAT YY			

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 08210	Name: CBIL-PROV-NUM	Version:	Subsystem: Not Defined
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: COUNTY BILLING PROVIDER NUMBER			
COUNTY BILLING PROVIDER NUMBER 7 BYTES			

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08211 Name: CBIL-BILL-FDOS-MM Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: COUNTY BILLING FIRST DATE OF SERVICE MONTH
 COUNTY BILLING FDOS MONTH FORMAT MM

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 08212 Name: CBIL-BILL-FDOS-DD Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: COUNTY BILLING FIRST DATE OF SERVICE DAY
 -
 COUNTY BILLING FDOS DAY FORMAT DD

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08213 Name: CBIL-FEDERAL-SHARE Version: Subsystem: Not Defined
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: COUNTY BILLING FEDERAL SHARE
 THAT PORTION OF THE CLAIM PAYMENT FEDERALLY REIMBURSABLE UNDER
 TITLE XIX.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 08214 Name: CBIL-STATE-SHARE Version: Subsystem: Not Defined
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: COUNTY BILLING STATE SHARE
 THAT PORTION OF THE CLAIM PAYMENT ALLOCATED TO STATE FUNDS

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08215 Name: CBIL-COUNTY-SHARE Version: Subsystem: MARS
Created By: SYSTEM Last Updated By: T474104 Release:
Created On: 8/25/2004 Last Updated On: 2/14/2008
Description: COUNTY BILLING COUNTY SHARE
 COUNTY BILLING COUNTY SHARE AMOUNT

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3		Numeric Comp-3		7	2		S9(07)V99

DataElement ID: 08216 Name: CBIL-NET-AMT Version: Subsystem: Not Defined
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: COUNTY BILLING NET AMOUNT
 COUNTY BILLING NET AMOUNT

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Report:ND-001

Iowa Medicaid Enterprise

ND-Workbench

Data Element List

DataElement ID: 08217 Name: CBIL-RECIP-LAST-NAME Version: Subsystem: Not Defined
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: COUNTY BILLING RECIPIENT LAST NAME
 18 BYTE RECIPIENT LAST NAME

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 08218 Name: CBIL-UNITS-OF-SVC Version: Subsystem: Not Defined
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: COUNTY BILLING UNITS OF SERVICE
 COUNTY BILLING UNITS OF SERVICE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08219	Name: CBIL-BILL-FDOS-YY	Version:	Subsystem: Not Defined
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: COUNTY BILLING FIRST DATE OF SERVICE YEAR COUNTY BILLING FDOS YEAR FORMAT YY			

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 08220	Name: CBIL-BILL-LDOS-MM	Version:	Subsystem: Not Defined
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: COUNTY BILLING LAST DATE OF SERVICE MONTH COUNTY BILLING FDOS MONTH FORMAT MM			

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08222 Name: CBIL-BILL-LDOS-DD Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: COUNTY BILLING LAST DATE OF SERVICE DAY
 COUNTY BILLING FDOS DAY FORMAT DD

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 08223 Name: CBIL-BILL-LDOS-YY Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: COUNTY BILLING LAST DATE OF SERVICE YEAR
 COUNTY BILLING FDOS YEAR FORMAT YY

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08224 Name: CBIL-SSN Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: COUNTY BILLING SOCIAL SECURITY NUMBER
 COUNTY BILLING SOCIAL SECURITY NUMBER 9 BYTES DISPLAY

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 08225 Name: CBIL-LDOS Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: COUNTY BILLING LAST DAY OF SERVICE
 COUNTY BILLING LAST DAY OF SERVICE FORMAT IS MMDDYYYY

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08226 Name: CBIL-DAYS-OF-CARE Version: Subsystem: Not Defined
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: COUNTY BILLING DAYS OF CARE
 - COUNTY BILLING DAYS OF CARE
 USED IN THE COUNTY BILLING TRANSMIT FILE.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 08227 Name: CBIL-BILL-DATE-CC Version: Subsystem: Not Defined
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: COUNTY BILLING DATE CENTURY
 COUNTY BILLING DATE OF BILL YEAR FORMAT CC

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08228 Name: CBIL-BILL-FDOS-CC Version: Subsystem: Not Defined
Created By: SYSTEM Last Updated By: T474096 Release:
Created On: 8/25/2004 Last Updated On: 11/7/2007
Description: COUNTY BILLING FIRST DATE OF SERVICE CENTURY
 COUNTY BILLING FDOS YEAR FORMAT CC

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 08229 Name: CBIL-BILL-LDOS-CC Version: Subsystem: Not Defined
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: COUNTY BILLING LAST DATE OF SERVICE CENTURY
 COUNTY BILLING FDOS YEAR FORMAT CC

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08230 Name: CBIL-SUM-COMP-TXNS Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: COUNTY BILLING SUMMARY NUMBER OF COMPTROLLER REFERRAL TRANSACTIONS

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 08231 Name: CBIL-SUM-PAID-TXNS Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: COUNTY BILLING SUMMARY NUMBER OF PAID TRANSACTIONS

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 08232 Name: CBIL-SUM-PART-TXNS Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: COUNTY BILLING SUMMARY NUMBER OF PARTIAL PAYMENT TRANSACTIONS

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08233 Name: CBIL-BOR-INDIC Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: COUNTY BILLING BOR INDICATOR
 NO INDICATION IN DOCUMENTATION WHAT BOR STANDS FOR

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 08234 Name: CBIL-SERVICE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: COUNTY BILLING SERVICE
 COUNTY BILLING SERVICE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 08235      Name:  CBIL-CHART-OF-ACCNT      Version:
Created By:  SYSTEM      Last Updated By: T474104      Release:
Created On:   8/25/2004      Last Updated On:   2/14/2008
Description: COUNTY BILLING CHART OF ACCOUNT
                COUNTY BILLING CHART OF ACCOUNT
    
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Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		8	0		X(08)

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DataElement ID: 08236      Name:  CBIL-TYPE-DESC      Version:
Created By:                Last Updated By:                Release:
Created On:   8/25/2004      Last Updated On:   8/25/2004
Description: COUNTY BILLING TYPE DESCRIPTION
                WAIVER TYPE DESCRIPTION USED IN THE TRANSMITTED COUNTY
                BILLING FILES.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08237 Name: CBIL-PER-DIEM-RATE Version: Subsystem: MARS
 Created By: T474104 Last Updated By: T474104 Release:
 Created On: 2/14/2008 Last Updated On: 2/14/2008
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		7	2		S9(07)V99

DataElement ID: 08238 Name: CBIL-ASSESSED-RATE Version: Subsystem: MARS
 Created By: T474104 Last Updated By: T474104 Release:
 Created On: 2/14/2008 Last Updated On: 2/14/2008
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		7	2		S9(07)V99

DataElement ID: 08239 Name: CBIL-RESERV-BED-RATE Version: Subsystem: MARS
 Created By: T474104 Last Updated By: T474104 Release:
 Created On: 5/16/2008 Last Updated On: 5/16/2008
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		7	2		S9(07)V99

Iowa Medicaid Enterprise Data Element List

DataElement ID: 08260 Name: EPSDT-EXAM-RESULTS Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: EPSDT EXAM RESULTS

***** MMIS DATA ELEMENT NAME - SCREENING RESULTS CODE:
 MMIS GSD DATA ELEMENT NUMBER - 388
 MMIS PART 11 DATA ELEMENT NUMBER - 111
 MMIS DEFINITION - A CODE WHICH INDICATES THE OUTCODE OF THE
 VARIOUS SCREENING TESTS RENDERED.
 MINIMUM DATA COLLECTED SHOULD BE ABNORMAL
 RESULTS. *****
 A CODE INDICATING THE RESULTS OF THE EPSDT EXAMINATION.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		1	0		X(1)

DataElement ID: 08275 Name: CBIL-GROSS-DUE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: COUNTY BILLING GROSS DUE
 COUNTY BILLING GROSS DUE AMOUNT

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Report:ND-001

Iowa Medicaid Enterprise

Data Element List

ND-Workbench

DataElement ID: 08276 Name: CBIL-TOTAL-DAYS Version: Subsystem: Not Defined
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: COUNTY BILLING TOTAL DAYS
TOTAL INSTITUTIONAL COVERED DAYS.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 08277 Name: CBM-REC-ID Version: Subsystem: Not Defined
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: COUNTY BILLING MASTER RECORD ID
THIS RECORD ID IDENTIFIES THE RECORD TYPE ON THE COUNTY BILLING
MASTER RECORD.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08278 Name: CBM-RECIP-ADDR Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: COUNTY BILLING RECIPIENT ADDRESS
 THIS RECIPIENT ADDRESS IS A DIFFERENT LENGTH THAN THE RECIPIENT
 ADDRESS ON THE RECIPIENT ELIGIBILITY FILE.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 08279 Name: ACCOUNTS-TOTALS Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: COUNTY BILLING ACCOUNTS TOTALS
 THIS FIELD IS A GROUP ITEM CONTAINING ACCOUNTS RECEIVABLE
 INFORMATION.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08300 Name: HMS-COMBINED-END-DATE Version: Subsystem: Third Party
 Created By: T474073 Last Updated By: T474073 Release:
 Created On: 5/25/2005 Last Updated On: 5/25/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		8		0	X(08)

DataElement ID: 08301 Name: EFFECTIVE-DATE Version: Subsystem: Recipient
 Created By: T474352 Last Updated By: T474352 Release:
 Created On: 12/18/2018 Last Updated On: 12/19/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		4		0	X(04)

DataElement ID: 08302 Name: ENROLLMENT-DATE Version: Subsystem: Recipient
 Created By: T474352 Last Updated By: T474352 Release:
 Created On: 12/18/2018 Last Updated On: 12/19/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		8		0	X(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08303 Name: NOTICE-DATE Version: Subsystem: Recipient
 Created By: T474352 Last Updated By: T474352 Release:
 Created On: 12/18/2018 Last Updated On: 12/19/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		8		0	X(08)

DataElement ID: 08304 Name: NOTICE-DATE Version: Subsystem:
 Created By: T474352 Last Updated By: T474352 Release:
 Created On: 12/18/2018 Last Updated On: 12/18/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		8		0	X(08)

DataElement ID: 08305 Name: NOTICE-DATE-CENTURY Version: Subsystem: Recipient
 Created By: T474352 Last Updated By: T474352 Release:
 Created On: 12/18/2018 Last Updated On: 12/24/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3		Numeric Comp-3		5		0	S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08306 Name: DISENROLLMENT-DATE Version: Subsystem:
 Created By: T474352 Last Updated By: T474352 Release:
 Created On: 12/18/2018 Last Updated On: 12/18/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		8		0	X(08)

DataElement ID: 08307 Name: ENROLLMENT-DATE-CENT Version: Subsystem: Recipient
 Created By: T474352 Last Updated By: T474352 Release:
 Created On: 12/18/2018 Last Updated On: 12/24/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3		Numeric Comp-3		5		0	9(05)

DataElement ID: 08308 Name: DISENROLLMENT-DATE Version: Subsystem: Recipient
 Created By: T474352 Last Updated By: T474352 Release:
 Created On: 12/18/2018 Last Updated On: 12/19/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		8		0	X(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08309 Name: DISENROLL-DATE-CEN Version: Subsystem: Recipient
 Created By: T474352 Last Updated By: T474352 Release:
 Created On: 12/18/2018 Last Updated On: 12/24/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3		Numeric Comp-3		5		0	9(05)

DataElement ID: 08310 Name: LOCKIN-SRT-DATE-CENT Version: Subsystem: Recipient
 Created By: T474352 Last Updated By: T474352 Release:
 Created On: 12/18/2018 Last Updated On: 12/24/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3		Numeric Comp-3		5		0	9(05)

DataElement ID: 08311 Name: LOCKIN-END-DATE Version: Subsystem: Recipient
 Created By: T474352 Last Updated By: T474352 Release:
 Created On: 12/18/2018 Last Updated On: 12/18/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		8		0	X(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08312 Name: LOCKIN-END-DATE-CENT Version: Subsystem:
 Created By: T474352 Last Updated By: T474352 Release:
 Created On: 12/18/2018 Last Updated On: 12/18/2018
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		5		0	9(05)

DataElement ID: 08313 Name: FILLER Version: Subsystem: Recipient
 Created By: T474352 Last Updated By: T474198 Release:
 Created On: 12/18/2018 Last Updated On: 1/15/2020
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		73		0	X(73)
2	X	AlphaNumeric		389		0	X(389)

DataElement ID: 08314 Name: LOCKIN-START-DATE Version: Subsystem: Recipient
 Created By: T474352 Last Updated By: T474352 Release:
 Created On: 12/19/2018 Last Updated On: 12/19/2018
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		8		0	X(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08315 Name: DATE-RECEIVED Version: Subsystem: Recipient
 Created By: T474349 Last Updated By: T474349 Release:
 Created On: 11/20/2018 Last Updated On: 11/20/2018
 Description: DATE RECEIVED

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		5	0		9(05)

DataElement ID: 08316 Name: LOCKIN-END-DATE-CET Version: Subsystem: Recipient
 Created By: T474352 Last Updated By: T474352 Release:
 Created On: 12/19/2018 Last Updated On: 12/24/2018
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		5	0		9(05)

DataElement ID: 08317 Name: CASE-PREMIUM-AMT Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 12/24/2018 Last Updated On: 12/24/2018
 Description: CASE-PREMIUM-AMT

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		4	2		S9(04)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08400 Name: HMS-COMBINED-LAST-PRT Version: Subsystem: Third Party
 Created By: JOAN ARREY Last Updated By: T474073 Release:
 Created On: 5/25/2005 Last Updated On: 5/26/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		307	0		X(307)

DataElement ID: 08401 Name: HMS-RECIP-ID Version: Subsystem: Third Party
 Created By: T474073 Last Updated By: T474073 Release:
 Created On: 5/25/2005 Last Updated On: 5/25/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		8	0		X(08)

DataElement ID: 08402 Name: HMS-RECORD-CODE Version: Subsystem: Third Party
 Created By: T474073 Last Updated By: T474096 Release:
 Created On: 5/25/2005 Last Updated On: 8/17/2007
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2	0		X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08403 Name: HMS-RECIP-INFO Version: Subsystem: Third Party
 Created By: JOAN ARREY Last Updated By: T474073 Release:
 Created On: 5/25/2005 Last Updated On: 5/25/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	G		Group		0	0		

DataElement ID: 08404 Name: HMS-RECIP-SSN Version: Subsystem: Third Party
 Created By: T474073 Last Updated By: T474073 Release:
 Created On: 5/25/2005 Last Updated On: 5/25/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		9	0		X(09)

DataElement ID: 08405 Name: HMS-RECIP-LAST-NAME Version: Subsystem: Third Party
 Created By: T474073 Last Updated By: T474073 Release:
 Created On: 5/25/2005 Last Updated On: 5/25/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		17	0		X(17)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08406 Name: HMS-RECIP-FIRST-NAME Version: Subsystem: Third Party
 Created By: T474073 Last Updated By: T474073 Release:
 Created On: 5/25/2005 Last Updated On: 5/25/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		12		0	X(12)

DataElement ID: 08407 Name: HMS-RECIP-MIDDLE-INIT Version: Subsystem: Third Party
 Created By: T474073 Last Updated By: T474073 Release:
 Created On: 5/25/2005 Last Updated On: 5/25/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 08408 Name: HMS-RECIP-DOB Version: Subsystem: Third Party
 Created By: T474073 Last Updated By: T474073 Release:
 Created On: 5/25/2005 Last Updated On: 5/25/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N		Numeric		8		0	9(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08409 Name: HMS-POL-HLDR-SSN Version: Subsystem: Third Party
 Created By: JOAN ARREY Last Updated By: T474073 Release:
 Created On: 5/25/2005 Last Updated On: 5/26/2005
 Description: HMS POLICY HOLDER SSN

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		9		0	X(09)

DataElement ID: 08410 Name: HMS-POL-HLDR-LST-NAME Version: Subsystem: Third Party
 Created By: JOAN ARREY Last Updated By: T474073 Release:
 Created On: 5/25/2005 Last Updated On: 5/26/2005
 Description: HMS POLICY HOLD LAST NAME

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		17		0	X(17)

DataElement ID: 08411 Name: HMS-POL-HLDR-FST-NAME Version: Subsystem: Third Party
 Created By: JOAN ARREY Last Updated By: T474073 Release:
 Created On: 5/25/2005 Last Updated On: 5/26/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		12		0	X(12)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08412 Name: HMS-POL-HLDR-MID-INIT Version: Subsystem: Third Party
 Created By: JOAN ARREY Last Updated By: T474073 Release:
 Created On: 5/25/2005 Last Updated On: 5/26/2005
 Description: HMS POLICY HOLDER MIDDLE INIT

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 08413 Name: HMS-RELATION-CODE Version: Subsystem: Third Party
 Created By: T474073 Last Updated By: T474096 Release:
 Created On: 5/25/2005 Last Updated On: 8/17/2007
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 08414 Name: HMS-POLICY-NUMBER Version: Subsystem: Third Party
 Created By: T474073 Last Updated By: T474073 Release:
 Created On: 5/25/2005 Last Updated On: 5/25/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		30		0	X(30)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08415 Name: HMS-POLICY-TYPE Version: Subsystem: Third Party
 Created By: T474073 Last Updated By: T474096 Release:
 Created On: 5/25/2005 Last Updated On: 8/17/2007
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

DataElement ID: 08416 Name: HMS-POLICY-BEGIN-DATE Version: Subsystem: Third Party
 Created By: T474073 Last Updated By: T474073 Release:
 Created On: 5/25/2005 Last Updated On: 5/25/2005
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		8		0	X(08)

DataElement ID: 08417 Name: HMS-POLICY-END-DATE Version: Subsystem: Third Party
 Created By: T474073 Last Updated By: T474073 Release:
 Created On: 5/25/2005 Last Updated On: 5/25/2005
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		8		0	X(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08418 Name: HMS-CARRIER-CODE Version: Subsystem: Third Party
 Created By: T474073 Last Updated By: T474073 Release:
 Created On: 5/25/2005 Last Updated On: 5/25/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		6	0		X(06)

DataElement ID: 08419 Name: HMS-CARRIER-NAME Version: Subsystem: Third Party
 Created By: T474073 Last Updated By: T474073 Release:
 Created On: 5/25/2005 Last Updated On: 5/25/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		30	0		X(30)

DataElement ID: 08420 Name: HMS-CARRIER-ADDR-LN1 Version: Subsystem: Third Party
 Created By: JOAN ARREY Last Updated By: T474073 Release:
 Created On: 5/25/2005 Last Updated On: 5/26/2005
 Description: HMS CARRIER ADDRESS LINE 1

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		30	0		X(30)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08421 Name: HMS-CARRIER-ADDR-LN2 Version: Subsystem: Third Party
 Created By: JOAN ARREY Last Updated By: T474073 Release:
 Created On: 5/25/2005 Last Updated On: 5/26/2005
 Description: HMS CARRIER ADDRESS LINE 2

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		30	0		X(30)

DataElement ID: 08422 Name: HMS-CARRIER-CITY Version: Subsystem: Third Party
 Created By: T474073 Last Updated By: T474073 Release:
 Created On: 5/25/2005 Last Updated On: 5/25/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		18	0		X(18)

DataElement ID: 08423 Name: HMS-CARRIER-STATE Version: Subsystem: Third Party
 Created By: T474073 Last Updated By: T474073 Release:
 Created On: 5/25/2005 Last Updated On: 5/25/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2	0		X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08424 Name: HMS-CARRIER-ZIP Version: Subsystem: Third Party
 Created By: T474073 Last Updated By: T474073 Release:
 Created On: 5/25/2005 Last Updated On: 5/25/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		9			X(09)

DataElement ID: 08425 Name: HMS-CARRIER-PH-NUM Version: Subsystem: Third Party
 Created By: JOAN ARREY Last Updated By: T474073 Release:
 Created On: 5/25/2005 Last Updated On: 5/26/2005
 Description: HMS CARRIER PHONE NUMBER

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		10			X(10)

DataElement ID: 08426 Name: HMS-COVERAGE-CODE Version: Subsystem: Third Party
 Created By: JOAN ARREY Last Updated By: T474073 Release:
 Created On: 5/25/2005 Last Updated On: 5/25/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2			X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08427 Name: HMS-GROUP-NAME Version: Subsystem: Third Party
 Created By: T474073 Last Updated By: T474073 Release:
 Created On: 5/25/2005 Last Updated On: 5/25/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		32	0		X(32)

DataElement ID: 08428 Name: HMS-GROUP-NUMBER Version: Subsystem: Third Party
 Created By: T474073 Last Updated By: T474073 Release:
 Created On: 5/25/2005 Last Updated On: 5/25/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		30	0		X(30)

DataElement ID: 08429 Name: HMS-ABS-PARENT-NAME Version: Subsystem: Third Party
 Created By: T474073 Last Updated By: T474073 Release:
 Created On: 6/14/2005 Last Updated On: 6/14/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		22	0		X(22)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08430 Name: HMS-ABS-PARENT-SSN Version: Subsystem: Third Party
 Created By: JOAN ARREY Last Updated By: T474073 Release:
 Created On: 6/14/2005 Last Updated On: 6/15/2005
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		9		0	X(09)

DataElement ID: 08431 Name: HMS-ABS-PARENT-ADDR Version: Subsystem: Third Party
 Created By: T474073 Last Updated By: T474073 Release:
 Created On: 6/14/2005 Last Updated On: 6/14/2005
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		32		0	X(32)

DataElement ID: 08432 Name: HMS-ABS-PARENT-CITY Version: Subsystem: Third Party
 Created By: T474073 Last Updated By: T474073 Release:
 Created On: 6/14/2005 Last Updated On: 6/14/2005
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		18		0	X(18)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08433 Name: HMS-ABS-PARENT-STATE Version: Subsystem: Third Party
 Created By: T474073 Last Updated By: T474073 Release:
 Created On: 6/14/2005 Last Updated On: 6/14/2005
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		2		0	X(02)

DataElement ID: 08434 Name: HMS-ABS-PARENT-ZIP Version: Subsystem: Third Party
 Created By: T474073 Last Updated By: T474073 Release:
 Created On: 6/14/2005 Last Updated On: 6/14/2005
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		9		0	X(09)

DataElement ID: 08438 Name: HMS-ICAR-CASE-NUMBER Version: Subsystem: Third Party
 Created By: T474073 Last Updated By: T474073 Release:
 Created On: 6/14/2005 Last Updated On: 6/14/2005
 Description: HMS TPL DATA MATCH FILE - ICAR CASE NUMBER

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		N		Numeric		7		0	9(07)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08440 Name: HMS-HIPP-STATUS-IND Version: Subsystem: Third Party
 Created By: T474073 Last Updated By: T474073 Release:
 Created On: 6/14/2005 Last Updated On: 6/14/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 08441 Name: HMS-COVERAGE-CODES-N Version: Subsystem: Third Party
 Created By: T474073 Last Updated By: T474073 Release:
 Created On: 6/15/2005 Last Updated On: 6/15/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		10		0	X(10)

DataElement ID: 08442 Name: TPL-RECIP-ID Version: Subsystem:
 Created By: T474186 Last Updated By: T474186 Release:
 Created On: 7/13/2011 Last Updated On: 7/13/2011
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		6		0	X(06)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08443 Name: TPL-SPAN-NUM Version: Subsystem:
 Created By: T474186 Last Updated By: T474186 Release:
 Created On: 6/30/2011 Last Updated On: 6/30/2011
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		2		0	X(02)

DataElement ID: 08444 Name: TPL-RECIP-ID Version: Subsystem:
 Created By: T474186 Last Updated By: T474186 Release:
 Created On: 7/13/2011 Last Updated On: 7/13/2011
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		6		0	X(06)

DataElement ID: 08445 Name: TPL-RECIP-ID Version: Subsystem:
 Created By: T474186 Last Updated By: T474186 Release:
 Created On: 7/13/2011 Last Updated On: 7/13/2011
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		6		0	X(06)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08447 Name: TPL-SPAN-NUM Version: Subsystem:
 Created By: T474186 Last Updated By: T474186 Release:
 Created On: 7/13/2011 Last Updated On: 7/13/2011
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		3		0	S9(03)

DataElement ID: 08448 Name: TPL-SPAN-NUM Version: Subsystem:
 Created By: T474186 Last Updated By: T474186 Release:
 Created On: 7/13/2011 Last Updated On: 7/13/2011
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		3		0 0	S9(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08500 Name: PROCESS-RUN-DATE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TAPE BILLING PROCESS RUN DATE
 THIS FIELD CONTAINS THE DATE ON WHICH THE EMC PROCESSOR/SUBMITTER
 CREATED THE TAPE OR INPUT FILE.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		6	0		9(06)
3	N3	Numeric Comp-3		5	0		S9(05)
9	G	Group		0	0		

DataElement ID: 08501 Name: EMC-CONTROL-FIELDS Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CONTROL COUNT FIELDS
 A GROUP ITEM WHOSE SUBORDINATE FIELDS CONTAIN VARIOUS COUNTS
 REQUIRED FOR REPORTING PROCESSES.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08502 Name: TOTAL-HEADER-RECS Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TOTAL HEADER RECORDS
 THIS FIELD CONTAINS THE NUMBER OF HEADER RECORDS IN AN EMC SUBMISS
 IT IS USED TO CHECK TOTALS OF INDIVIDUAL TAPE BATCHES AND OVERALL
 TAPE TOTALS AND IS USED IN ERROR EDIT REPORTING.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 08505 Name: INVOICE-CONTROL-NUM Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TAPE BILLING INVOICE CONTROL NUMBER
 THIS FIELD IS GENERATED BY TAPE BILLING SUBMITTERS, AND IS USED TO
 HOLD A NUMBER THAT UNIQUELY IDENTIFIES EACH INVOICE IN A
 SUBMISSION.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08510 Name: ANESTHESIA-MINUTES Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ANESTHESIA MINUTES
 IF THE CLAIM IS FOR ANESTHESIA, THIS FIELD SHOWS THE NUMBER OF
 MINUTES THAT ANESTHESIA WAS SUPPLIED. OTHERWISE, THE FIELD IS
 ZERO.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
4	N		Numeric		2	0		9(02)
9	G		Group		0	0		

DataElement ID: 08515 Name: TOTAL-CLAIM-LINES Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TOTAL CLAIM LINES
 THIS FIELD CONTAINS THE NUMBER OF LINE ITEMS IN AN EMC SUBMISSION.
 IT IS USED TO CHECK TOTALS OF INDIVIDUAL TAPE BATCHES AND OVERALL
 TAPE TOTALS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08520 Name: TOTAL-RECORDS Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: TOTAL RECORDS
 THIS FIELD CONTAINS THE NUMBER OF RECORDS IN AN EMC SUBMISSION,
 INCLUDING ALL HEADER AND TRAILER RECORDS. IT IS USED TO CHECK
 TOTALS OF INDIVIDUAL TAPE BATCHES AND OVERALL TAPE TOTALS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
5	N	Numeric		7	0		9(07)
6	N3	Numeric Comp-3		7	0		S9(07)

DataElement ID: 08521 Name: LINE-ITEM-RECORD-CNT Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: LINE ITEM RECORD COUNT
 THIS FIELD CONTAINS THE NUMBER OF THE LINE ITEM WITHIN THE CLAIM
 DETAIL LINE ITEM.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		7	0		9(07)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08525 Name: TOTAL-BATCHES Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TOTAL BATCHES
 THIS FIELD CONTAINS THE NUMBER OF BATCHES IN AN EMC SUBMISSION.
 IT IS USED TO CHECK INDIVIDUAL PROVIDER BATCH TOTALS AND OVERALL
 TAPE TOTALS.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N		Numeric		4	0		9(04)
6		N3		Numeric Comp-3		5	0		S9(05)

DataElement ID: 08530 Name: PROV-ADDR-LINE-3 Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROVIDER ADDRESS LINE 3
 THIS FIELD CONTAINS THE THIRD LINE OF THE PROVIDER ADDRESS.,

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		X		AlphaNumeric		30	0		X(30)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08531 Name: HCFA-COB-TAPE-REC-ID Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HCFA COB (CROSSOVER) TAPE RECORD IDENTIFIER
 - THIS FIELD IS USED TO IDENTIFY RECORDS IN THE HCFA NATIONAL STANDARDS
 FORMAT ON THE HCFA CROSSOVER (COB) CLAIM TAPE AND THE ELIGIBILITY
 TAPE.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		3	0		X(03)

DataElement ID: 08532 Name: HCFA-COB-SENDER Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HCFA COB (CROSSOVER) TAPE SENDER ID
 THIS FIELD IS USED TO IDENTIFY THE REGION REPRESENTED BY THE CIGNA
 DME COB (CROSSOVER) TAPE.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08533 Name: HCFA-COB-INSURER Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HCFA COB (CROSSOVER) INSURER ID
 THIS FIELD IS USED TO IDENTIFY THE AGENCY REPRESENTED BY THE CIGNA
 DME COB (CROSSOVER) CLAIM AND ELIGIBILITY TAPES. THE VALUE FOR TH
 STATE OF WYOMING MEDICAID AGENCY IS '9999999WY'.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 08534 Name: HCFA-TEST-PROD-IND Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HCFA TEST/PRODUCTION INDICATOR
 THIS FIELD IS USED IN THE HCFA NATIONAL STANDARD FORMAT FOR DME
 CROSSOVER CLAIM FILES. IT DETERMINES IF THE FILE IS A TEST OR
 PRODUCTION FILE.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08535 Name: EMPLOYMENT-INFO-DATA Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: EMPLOYMENT INFORMATION DATA
 THIS CODE INDICATES WHETHER EMPLOYMENT INFORMATION GIVEN IN THE
 EMPLOYMENT STATUS CODE RELATES TO THE INSURED, THE PATIENT, OR THE
 PATIENT'S SPOUSE.
 -

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9		G	Group		0	0		

DataElement ID: 08536 Name: COB-PROCESS-FROM-DT Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HCFA COB PROCESS FROM DATE
 THIS FIELD IS USED IN THE HCFA NATIONAL STANDARD FORMAT FOR DME
 CROSSOVER CLAIM FILES. IT IDENTIFIES THE BEGIN DATE OF THE
 DATE RANGE THAT THE FILE COVERS.

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08537 Name: COB-PROCESS-THRU-DT Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HCFA COB PROCESS THROUGH DATE
 THIS FIELD IS USED IN THE HCFA NATIONAL STANDARD FORMAT FOR DME
 CROSSOVER CLAIM FILES. IT IDENTIFIES THE END DATE OF THE
 DATE RANGE THAT THE FILE COVERS.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 08538 Name: CREATION-DATE Version: Subsystem: Not Defined
 Created By: SYSTEM Last Updated By: T474096 Release:
 Created On: 8/25/2004 Last Updated On: 11/7/2007
 Description: CREATION DATE
 THIS FIELD IS USED GENERICALLY TO IDENTIFY WHEN A PARTICULAR FILE
 WAS CREATED.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08539 Name: MCARE-PAY-TO-PROV-ID Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDICARE PAY TO PROVIDER ID
 THIS FIELD IS THE MEDICARE ID OF THE PAY TO PROVIDER ON A
 CROSSOVER CLAIM.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		15	0		X(15)
4	X		AlphaNumeric		10	0		X(10)

DataElement ID: 08540 Name: TOTAL-INPAT-BATCHES Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TOTAL INPATIENT BATCHES
 THIS FIELD CONTAINS THE NUMBER OF INPATIENT BATCHES IN AN EMC
 INSTITUTIONAL SUBMISSION.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08545 Name: TOTAL-OUTPAT-BATCHES Version: Subsystem: Not Defined
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: TOTAL OUTPATIENT BATCHES
THIS FIELD CONTAINS THE NUMBER OF OUTPATIENT BATCHES IN AN EMC
INSTITUTIONAL SUBMISSION.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 08546 Name: TOTAL-MCARE-PAID-AMT Version: Subsystem: Not Defined
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: TOTAL MEDICARE PAID AMOUNT
THIS FIELD IS THE TOTAL AMOUNT MEDICARE PAID FOR THE CIGNA
DME CROSSOVER TAPE FILE.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08547 Name: TOT-MCARE-ALLOW-AMT Version: Subsystem: Not Defined
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: TOTAL MEDICARE ALLOWED AMOUNT
THIS FIELD IS THE TOTAL AMOUNT MEDICARE APPROVED FOR THE
CIGNA DME CROSSOVER TAPE FILE.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 08550 Name: TOTAL-INPAT-CHARGES Version: Subsystem: Not Defined
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: TOTAL INPATIENT CHARGES
THIS FIELD CONTAINS THE TOTAL SUBMITTED CHARGE FOR INPATIENT
CLAIMS IN AN EMC INSTITUTIONAL SUBMISSION.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08552 Name: MCARE-CLM-RECEIPT-DT Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDICARE CLAIM RECEIPT DATE
 THIS FIELD IS THE DATE A CLAIM WAS RECEIVED BY THE
 MEDICARE CARRIER.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		8	0		X(08)

DataElement ID: 08555 Name: TOTAL-OUTPAT-CHARGES Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TOTAL OUTPATIENT CHARGES
 THIS FIELD CONTAINS THE TOTAL SUBMITTED CHARGE FOR OUTPATIENT
 CLAIMS IN AN EMC INSTITUTIONAL SUBMISSION.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08560 Name: EMC-SOURCE Version: Subsystem: Not Defined
 Created By: Initial Sy Last Updated By: T474070 Release:
 Created On: 8/25/2004 Last Updated On: 4/4/2005
 Description: ELECTRONIC MEDIA CLAIMS SOURCE INDICATOR
 THIS FIELD INDICATES THE SOURCE OF INCOMING ELECTRONIC MEDIA CLAIMS. IT IS USED IN CONJUNCTION WITH THE BATCH TYPE OF THE EMC TO DETERMINE WHAT EDITS AND REFORMATTING STEPS APPLY IN THE EMC PREPROCESSING SUBSYSTEM.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1	0		X(01)

DataElement ID: 08561 Name: HDR-MASTER-KEY Version: Subsystem: Not Defined
 Created By: Last Updated By:
 Created On: 8/25/2004 Last Updated On: 8/25/2004 Release:
 Description: MEDICARE CROSSOVER HEADER MASTER KEY

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9		G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 08562      Name:  HDR-PLAN-CODE      Version:      Subsystem: Not Defined
  Created By:              Last Updated By:      Release:
  Created On:   8/25/2004   Last Updated On:   8/25/2004
  Description:  MEDICARE CROSSOVER HEADER PLAN CODE
```

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

```
DataElement ID: 08563      Name:  HDR-COST-CODE      Version:      Subsystem: Not Defined
  Created By:              Last Updated By:      Release:
  Created On:   8/25/2004   Last Updated On:   8/25/2004
  Description:  MEDICARE CROSSOVER HEADER COST CODE
```

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0	0		

```
DataElement ID: 08564      Name:  CONTRACTOR-CODE   Version:      Subsystem: Not Defined
  Created By:              Last Updated By:      Release:
  Created On:   8/25/2004   Last Updated On:   8/25/2004
  Description:  -
                CONTRACTOR CODE
```

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08565 Name: EMC-LOG-DATE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ELECTRONIC MEDIA CLAIMS LOG DATE
 THIS FIELD CONTAINS THE DATE ON WHICH THE EMC LOG RECORD WAS
 CREATED.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

DataElement ID: 08566 Name: ADJUSTED-CODE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ADJUSTED CODE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08567 Name: REASON-CODE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: REASON CODE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
4	X	AlphaNumeric		1	0		X(01)

DataElement ID: 08568 Name: PAR-NON-CODE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PAR NON CODE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 08569 Name: CPT-CODE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CPT CODE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08570 Name: EMC-LOG-TIME Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ELECTRONIC MEDIA CLAIMS LOG TIME
 THIS FIELD CONTAINS THE HOUR, MINUTE, AND SECOND THAT THE EMC LOG
 RECORD WAS CREATED, BASED ON THE SYSTEM CLOCK. THE FORMAT IS
 'HHMMSS'.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		6	0		9(06)

DataElement ID: 08571 Name: PAYEE-CODE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PAYEE CODE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
4	X	AlphaNumeric		3	0		X(03)

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Iowa Medicaid Enterprise

ND-Workbench

Data Element List

DataElement ID: 08572 Name: CWF-ADJUD-DATE Version: Subsystem: Not Defined
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: CWF ADJUDICATED DATE

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 08573 Name: DOR-DATE Version: Subsystem: Not Defined
Created By: SYSTEM Last Updated By: T474096 Release:
Created On: 8/25/2004 Last Updated On: 11/7/2007
Description: DOR DATE

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 08574 Name: TOTAL-LINE-COUNT Version: Subsystem: Not Defined
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: TOTAL LINE COUNT

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08575 Name: NUM-INPUT-VOLUME Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF INPUT VOLUMES
 THIS FIELD IS USED AS THE OBJECT OF A COBOL 'OCCURS DEPENDING'
 CLAUSE, AND IDENTIFIES THE NUMBER OF INPUT VOLUMES (TAPES) FOR A
 PARTICULAR EMC SUBMISSION.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		1	0		9(01)

DataElement ID: 08576 Name: NUM-REJECT-VOLUME Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF REJECTED VOLUMES
 THIS FIELD IS USED AS THE OBJECT OF A COBOL 'OCCURS DEPENDING'
 CLAUSE, AND IDENTIFIES THE NUMBER OF REJECTED VOLUMES (TAPES) THAT
 ARE TO BE SENT BACK TO DATA ENTRY FOR REPROCESSING OF REJECTED
 BATCHES.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		1	0		9(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08580 Name: INPUT-VOLUME Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: INPUT VOLUME SERIAL NUMBER
 THIS FIELD IS THE VOLUME SERIAL NUMBER OF INCOMING EMC DATA ON
 TAPE. THE FIELD AT MOST SITES IS TYPICALLY ALPHANUMERIC.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		6	0		X(06)
9	G	Group		0	0		

DataElement ID: 08581 Name: REJECT-VOLUME Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: REJECTED VOLUME SERIAL NUMBER
 - THIS FIELD IDENTIFIES THE THE VOLUME SERIAL NUMBER OF REJECTED
 DATA ENTRY BATCHES BEING RETURNED TO DATA ENTRY FOR REPROCESSING.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		6	0		X(06)
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08582 Name: TOTAL-RESUB-AMT Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TOTAL RESUBMIT AMOUNT

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 08583 Name: CORR-LETTER-CODE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CORR. LETTER CODE

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 08584 Name: SPEC-ADDRESS-CD Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SPECIAL ADDRESS CODE

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08585 Name: MICROFILM-DATE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MICROFILM DATE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 08586 Name: DCN-CODE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DCN CODE

1	X		AlphaNumeric		15	0		X(15)
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DataElement ID: 08587 Name: NUM-OF-UNITS Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF UNITS

2	N		Numeric		5	2		S9(3)V99
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08588 Name: MODIFIER-TYPE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MODIFIER TYPE CODE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		1		0	X(01)

DataElement ID: 08589 Name: MODIFIER-TYPE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MODIFIER TYPE CODE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 08590 Name: TIME-BATCH-KEYED Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TIME BATCH KEYED HOURS/MINUTES
 REPRESENTS THE TIME THE BATCH WAS KEYED

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08591	Name: BATCH-ID	Version:	Subsystem: Not Defined
Created By: SYSTEM	Last Updated By: T474096	Release:	
Created On: 8/25/2004	Last Updated On: 11/8/2007		
Description: BATCH ID			

Variant ID	Data	Type Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 08595	Name: RECORD-IDENTIFIER	Version:	Subsystem: Not Defined
Created By: Initial Sy	Last Updated By: T474070	Release:	
Created On: 8/25/2004	Last Updated On: 6/24/2005		
Description: RECORD IDENTIFIER	IDENTIFIES THE TYPE OF RECORD FOR EMC BISYNCHRONOUS CLAIMS.		

Variant ID	Data	Type Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		1	0		9(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08596 Name: CLAIM-IDENTIFIER Version: Subsystem: Not Defined
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: CLAIM IDENTIFIER
IDENTIFIES THE TYPE OF CLAIM FOR EMC BISYNCHRONOUS CLAIMS.
(TECHNICAL NOTE: THE VALID VALUES ARE IN THE 'SHORT DESCRIPTION'
FIELD, NOT IN THE VALID VALUE FIELD.)

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N		Numeric		4	0		9(04)

DataElement ID: 08597 Name: HOURS-BILLED Version: Subsystem: Not Defined
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: HOURS BILLED
IDENTIFIES THE HOURS BILLED FOR ANESTHESIA
FOR EMC BISYNCHRONOUS CLAIMS.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N		Numeric		2	0		9(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08600 Name: MCARE-ASSIGN-CODE Version: Subsystem: Not Defined
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: MCARE ASSIGN CODE
MCARE ASSIGNMENT CODE INDICATES IF THE CLAIM HAS HAD
BENEFITS ASSIGNED FOR MEDICARE.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 08605 Name: MCARE-PART-B-CLM-TYP Version: Subsystem: Not Defined
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: MCARE PART B CLAIM TYPE
THIS IS ONLY USED IN FLORIDA EMC BC BS PART B XOVER

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08606	Name: BCBS-PARTB-PD-TO-BEN	Version:	Subsystem: Not Defined
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: BLUE CROSS BLUE SHIELD PAID TO BENE			
THIS IS ONLY USED IN FLORIDA EMC BC BS PART B XOVER,			

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 08607	Name: BCBS-PARTB-BEN-CK-NO	Version:	Subsystem: Not Defined
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: BLUE CROSS BLUE BENE CHECK NUMBER			
THIS IS ONLY USED IN FLORIDA EMC BC BS PART B XOVER,			

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

ND-Workbench

Data Element List

DataElement ID: 08608 Name: BCBS-PARTB-REP-IND Version: Subsystem: Not Defined
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: BLUE CROSS BLUE REPLICATE NUMBER
THIS IS ONLY USED IN FLORIDA EMC BC BS PART B XOVER,

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 08609 Name: BCBS-PARTB-GRAMM-AMT Version: Subsystem: Not Defined
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: BLUE CROSS BLUE REPLICATE NUMBER
THIS IS ONLY USED IN FLORIDA EMC BC BS PART B XOVER,

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08610 Name: COINS-FLAG Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: COINSURANCE FLAG
 THESE CODES INDICATE AT WHAT PERCENTAGE OF THE ALLOWED AMOUNT
 MEDICARE PAID.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 08701 Name: PREMIUM-TOTAL-AMOUNT Version: Subsystem: Recipient
 Created By: T474193 Last Updated By: T474193 Release:
 Created On: 11/8/2018 Last Updated On: 11/8/2018
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		4	2		9(04)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08860 Name: INITIAL-SCREENING-DT Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD IS THE DATE OF THE FIRST OR INITIAL SCREENING.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3		Numeric Comp-3		5	0		S9(05)
4	N		Numeric		8	0		9(08)

DataElement ID: 08861 Name: PERIODIC-SCREEN-DT Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD IS THE DATE OF THE MOST RECENT PERIODIC SCREENING.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3		Numeric Comp-3		5	0		S9(05)

DataElement ID: 08864 Name: END-PARTICIPATION-DT Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD IS THE EPSDT ENDING PARTICIPATION DATE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3		Numeric Comp-3		5	0		S9(5)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08865 Name: BEG-PARTICIPATION-DT Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD IS THE EPSDT BEGINING PARTICIPATION DATE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5		0	S9(5)

DataElement ID: 08866 Name: CASELOAD-ACCUM Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: EPSDT CASELOAD ACCUMULATORS

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0		0	

DataElement ID: 08867 Name: YTD-ELIGIBLE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE NUMBER OF RECIPIENTS ELIGIBLE FOR EPSDT SERVICES DURING THE FISCAL YEAR.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7		0	9(07)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08868 Name: YTD-INIT-INFORMED Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE NUMBER OF EPSDT RECIPIENTS THAT WERE INITIALLY INFORMED
 OF EPSDT SERVICES DURING THE FISCAL YEAR.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	0		9(07)

DataElement ID: 08869 Name: YTD-ANNUAL-INFORMED Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE NUMBER OF EPSDT RECIPIENTS THAT WERE ANNUALLY INFORMED
 OF EPSDT SERVICES DURING THE FISCAL YEAR.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	0		9(07)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08870 Name: YTD-PERIOD-INFORMED Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THE NUMBER OF EPSDT RECIPIENTS THAT WERE PERIODICALLY INFORMED OF EPSDT SERVICES DURING THE FISCAL YEAR.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	0		9(07)

DataElement ID: 08871 Name: EPSDT-PREVIOUS-ADDR Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: EPSDT PREVIOUS ADDRESS

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 08872 Name: EPSDT-CURRENT-ADDR Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: EPSDT CURRENT ADDRESS

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

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Data Element List

DataElement ID: 08873 Name: MTH-ELIGIBLE Version: Subsystem: Not Defined
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: THE NUMBER OF RECIPIENTS ELIGIBLE FOR EPSDT SERVICES
DURING THE PROCESSING MONTH.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	0		9(07)

DataElement ID: 08874 Name: EPSDT-REPORT-ID Version: Subsystem: Not Defined
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: EPSDT REPORT IDENTIFIER

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08875 Name: TYPE-OF-CASE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TYPE OF CASE
 ONLY APPEARS IN TAPE TENN BCBS MEDICARE XOVER.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 08890 Name: BLOOD-DED-PER-PINT Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: BLOOD DEDUCT PER PINT
 IDENTIFIES THE NUMBER OF BLOOD DEDUCTION PER PINT.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08891 Name: CASH-DEDUCTIBLE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CASH DEDUCTIBLE
 IDENTIFIES THE CASH DEDUCTIBLE FOR A MEDICARE CROSSOVER

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 08892 Name: SUB-TYPE-BILL Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SECONDARY TYPE OF BILL
 IDENTIFIES THE SECONDARY TYPE OF BILL FOR THE CLAIM

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08893 Name: PROF-COMPONENT-TOT Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: -
 PROF COMPONENT TOTAL
 IDENTIFIES THE PROFESSIONAL COMPONENT TOTAL AMOUNT

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 08900 Name: DE-ASAP-RECORD-ID Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ASAP BILLING RECORD IDENTIFICATION
 THIS FIELD IDENTIFIES THE TYPE OF RECORD ON INCOMING
 ASAP BILLED CLAIM RECORDS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		2	0		X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08901 Name: ACCOM-TOTAL-CHARGE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ACCOMMODATION TOTAL CHARGE
 - REPRESENTS THE INPATIENT CHARGES

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N	Numeric		7	2		S9(05)V99
3		N	Numeric		8	2		S9(06)V99
4		N	Numeric		10	2		S9(08)V99

DataElement ID: 08902 Name: ACCOM-NON-COV-CHG Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ACCOMMODATIONS NOT COVERED
 REPRESENTS THE INPATIENT CHARGES NOT COVERED

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N	Numeric		7	2		S9(05)V99
3		N	Numeric		8	2		S9(06)V99
4		N	Numeric		10	2		S9(08)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08903 Name: ANCIL-TOTAL-CHARGE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ANCILLARY TOTAL CHARGE
 REPRESENTS THE ANCILLARY TOTAL CHARGES

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N	Numeric		7	2		S9(05)V99
3		N	Numeric		8	2		S9(06)V99
4		N	Numeric		10	2		S9(08)V99

DataElement ID: 08904 Name: ANCIL-NON-COV-CHG Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ANCILLARY SERVICES NOT COVERED
 REPRESENTS THE ANCILLARY CHARGES NOT COVERED

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N	Numeric		7	2		S9(05)V99
3		N	Numeric		8	2		S9(06)V99
4		N	Numeric		10	2		S9(08)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08905 Name: PROC-CODE-MENTOD Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROCEDURE CODE METHOD
 DETERMINES THE TYPE OF SERVICE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		1	0		9(01)

DataElement ID: 08906 Name: CONT-FEE-ACTION-CODE Version: Subsystem: Not Defined
 Created By: SYSTEM Last Updated By: T474096 Release:
 Created On: 8/25/2004 Last Updated On: 11/8/2007
 Description: ACTION CODE
 THE ACTION CODE SENT BY THE CONTINGENCY FEE CONTRACTOR.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08907 Name: CONT-FEE-MATCH-CODE Version: Subsystem: Not Defined
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: MATCH CODE
THE MATCH CODE RETURNED TO THE CONTINGENCY FEE CONTRACTOR.
IF THE MATCH CODE IS X THEN THE CONTINGENCY FEE CONTRACTOR
WILL NOT BE ALLOWED TO WORK THIS RECIPIENT.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 08908 Name: CONT-FEE-RECOVER-AMT Version: Subsystem: Not Defined
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: RECOVERY AMOUNT
THE RECOVERY AMOUNT EXPECTED BY THE CONTINGENCY FEE
CONTRACTOR.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08909 Name: CONT-FEE-CHASE-TCN Version: Subsystem: Not Defined
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: CHASE TCN
THE TCN OF THE CLAIM THAT WAS ACTUALLY CREDITED OR
ADJUSTED AS A RESULT OF THE CONTINGENCY FEE PROCESS.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 08910 Name: CONT-FEE-REJECT-CODE Version: Subsystem: Not Defined
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: REJECT CODE
THE REASON A CONTINGENCY FEE CREDIT OR ADJUSTMENT REQUEST
WAS REJECTED.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08911 Name: CONT-FEE-STATUS-IND Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TPL POLICY STATUS IND
 THE STATUS OF A TPL POLICY SUPPLIED BY THE CONTINGENCY FEE CONTRACTOR.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 08912 Name: CONT-FEE-TYPE-COV Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TYPE OF TPL COVERAGE
 THE TPL TYPE OF COVERAGE AS SUPPLIED BY THE CONTINGENCY FEE CONTRACTOR. THIS VALUE IS CONVERTED TO FMMIS TYPE OF COVERAGE. THIS DED AND DED 01249 SHOULD ALWAYS BE KEPT IN SYNC.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08913 Name: CONT-FEE-ACTUAL-AMT Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ACTUAL RECOVERY AMOUNT
 THIS FIELD CONTAINS THE ACTUAL RECOVERY AMOUNT RECOVERED
 AFTER THE CREDIT OR ADJUSTMENT HAS BEEN PROCESSED.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 08915 Name: ASAP-CLM-BATCH-TYPE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ASAP CLAIM BATCH TYPE
 THIS FIELD IDENTIFIES THE TYPE OF ASAP CLAIMS SUBMITTED.

1	X	AlphaNumeric		2	0		X(02)
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08916 Name: ASAP-CLAIM-COUNT Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ASAP CLAIM COUNT
 THIS FIELD CONTAINS THE NUMBER OF CLAIMS IN AN ASAP TRANSMISSION.
 IT IS LISTED ON THE ASAP BATCH TRAILER RECORD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		7	0		9(07)

DataElement ID: 08917 Name: ASAP-TOTAL-CHARGES Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ASAP TOTAL CHARGES
 THIS FIELD CONTAINS THE TOTAL AMOUNT CHARGED FOR ALL CLAIMS IN AN
 ASAP TRANSMISSION. IT IS LISTED ON THE ASAP BATCH TRAILER RECORD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		11	2		9(09)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08918 Name: ASAP-TOTAL-OTHER-AMT Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: -

ASAP TOTAL OTHER PAID AMOUNT
 THIS FIELD CONTAINS THE TOTAL OTHER PAID AMOUNT FOR ALL CLAIMS IN
 AN ASAP TRANSMISSION. IT IS LISTED ON THE ASAP BATCH TRAILER
 RECORD.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N		Numeric		11	2		9(09)V99

DataElement ID: 08919 Name: ASAP-TOTL-BILLED-AMT Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ASAP TOTAL BILLED AMOUNT

THIS FIELD CONTAINS THE TOTAL BILLED AMOUNT FOR ALL CLAIMS IN
 AN ASAP TRANSMISSION. IT IS LISTED ON THE ASAP BATCH TRAILER
 RECORD.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N		Numeric		11	2		9(09)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08920 Name: SUBMITTER-NAME Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SUBMITTER NAME
 THIS FIELD IDENTIFIES THE PROVIDER WHO SUBMITTED ASAP CLAIMS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		20	0		X(20)
4	X		AlphaNumeric		15	0		X(15)

DataElement ID: 08921 Name: GROUP-PROV-NAME Version: Subsystem: Not Defined
 Created By: Initial Sy Last Updated By: T474096 Release:
 Created On: 8/25/2004 Last Updated On: 3/30/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		28	0		X(28)
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 08922 Name: PROV-NAME-TYPE-IND Version: Subsystem: Not Defined
 Created By: SYSTEM Last Updated By: T474190 Release:
 Created On: 8/25/2004 Last Updated On: 9/24/2021
 Description: NAME TYPE INDICATOR
 THIS FIELD IS USED TO DETERMINE WHICH PROVIDER NAME TO USE
 ON TAPE DME CROSSOVERS.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1	0		X(01)

DataElement ID: 08923 Name: DE-CLAIM-COUNT Version: Subsystem: Not Defined
 Created By: Last Updated By:
 Created On: 8/25/2004 Last Updated On: 8/25/2004 Release:
 Description: DATA ENTRY CLAIM COUNT
 -
 THIS FIELD CONTAINS THE NUMBER OF CLAIMS IN AN DATA ENTRY
 TRANSMISSION. IT IS LISTED ON THE DATA ENTRY BATCH TRAILER
 RECORD.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N		Numeric		7	0		9(07)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09000 Name: RECORD-HEADER Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/11/2018 Last Updated On: 12/12/2018
 Description: HEADER RECORD

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		G		Group		0	0		

DataElement ID: 09001 Name: TYPE-OF-DEFINITION Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TYPE OF DEFINITION
 'DED' DATA ELEMENT
 'RED' RECORD ELEMENT
 'FID' FILE ELEMENT

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09002 Name: FILE-NUM Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: FILE NUMBER
 IDENTIFIES THE FILE
 10 - PROCEDURE, DRUG, AND DIAGNOSIS FILE
 20 - USUAL AND CUSTOMARY CHARGE FILE
 30 - AREA PREVAILING FILE
 40 - SUSPENSE FILE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
6	N	Numeric		2	0		9(2)

DataElement ID: 09003 Name: DESCRIPTION Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DESCRIPTION
 DESCRIBES AN ELEMENT WITHIN THE GENERALIZED PRINT MODULE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		45	0		X(45)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09004 Name: REC-NUM Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RECORD NUMBER
 IDENTIFIES A RECORD FOR THE GENERALIZED PRINT MODE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		2	0		9(2)

DataElement ID: 09005 Name: DATA-ELEMENT-NUM Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DATA ELEMENT NUMBER
 IDENTIFIES A DATA ELEMENT (FIELD) WITHIN THE GENERALIZED PRINT
 MODULE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		4	0		9(4)

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 09006      Name:  FLD-IN-A-LINE-ITEM      Version:
Created By:                Last Updated By:          Release:
Created On:   8/25/2004    Last Updated On:   8/25/2004
Description: FIELD IN A LINE ITEM
-      INDICATES WHETHER OR NOT THE FIELD IS WITHIN A LINE ITEM IN A
RECORD.
'*' - FIELD IS IN A LINE ITEM
BLANK - FIELD IS NOT IN A LINE ITEM
    
```

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(1)

```

DataElement ID: 09007      Name:  FLD-LENGTH      Version:
Created By:                Last Updated By:          Release:
Created On:   8/25/2004    Last Updated On:   8/25/2004
Description: FIELD LENGTH
    
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Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09008	Name: FLD-USAGE	Version:	Subsystem: Not Defined
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: FIELD USAGE			
D - EXTERNAL DISPLAY			
Z - ZONED DECIMAL			
P - PACKED DECIMAL			
B - BINARY			
I - INDEX ITEM			

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1	0		X(1)

DataElement ID: 09009	Name: FLD-SUPPRESS	Version:	Subsystem: Not Defined
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: FIELD SUPPRESS			
'S' - SUPPRESS ZEROES			
BLANK - DO NOT SUPPRESS ZEROES			

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1	0		X(1)

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Data Element List

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DataElement ID: 09011 Name: RPT-NUM Version: Subsystem: Not Defined
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: REPORT NUMBER

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		N		Numeric		2		0	9(2)

DataElement ID: 09012 Name: SEQ-NUM Version: Subsystem: Not Defined
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: SEQUENCE NUMBER

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2		X		AlphaNumeric		2		0	X(002)
4		N		Numeric		5		0	9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09013 Name: TYPE-RPT-PARM Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TYPE REPORT PARAMETER
 0 - REPORT HEADING
 1 - REPORT FIELD

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(1)

DataElement ID: 09014 Name: RPT-DATE Version: Subsystem: Not Defined
 Created By: SYSTEM Last Updated By: T474096 Release:
 Created On: 8/25/2004 Last Updated On: 11/8/2007
 Description: REPORT DATE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
8	X		AlphaNumeric		8		0	X(8)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09015	Name: AS-OF-DATE	Version:	Subsystem: Not Defined
Created By: SYSTEM	Last Updated By: T474096	Release:	
Created On: 8/25/2004	Last Updated On: 11/9/2007		
Description: AS OF DATE			

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		6	0		9(06)
3	N3	Numeric Comp-3		5	0		S9(05)
8	X	AlphaNumeric		8	0		X(8)
9	G	Group		0	0		

DataElement ID: 09016	Name: RPT-TITLE	Version:	Subsystem: Not Defined
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: REPORT TITLE			

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		49	0		X(49)

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Iowa Medicaid Enterprise

ND-Workbench

Data Element List

DataElement ID: 09017 Name: RPT-COLUMN-HDG Version: Subsystem: Not Defined
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: REPORT COLUMN HEADING

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		132	0		X(132)

DataElement ID: 09018 Name: LEGEND Version: Subsystem: Not Defined
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: LEGEND
DEFINES THE FIELDS PRINTED ON A REPORT

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09019 Name: REC-HDR-LENGTH Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RECORD HEADER LENGTH
 THE LENGTH OF THE FIXED SEGMENT OF A RECORD

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		4	0		9(4)

DataElement ID: 09021 Name: REC-LINE-LENGTH Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RECORD LINE LENGTH
 THE LENGTH OF A LINE ITEM IN A RECORD

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		4	0		9(4)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09022 Name: RPT-SORT-DATA Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: REPORT SORT DATA
 IDENTIFIES FIELDS THAT THE REPORT IS TO BE SORTED ON

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 09023 Name: FLD-BEGINNING Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: FIELD BEGINNING
 THE POSITION OF THE FIRST BYTE OF A FIELD IN A RECORD

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		4	0		9(4)

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 09024      Name:  FLD-LENGTH      Version:      Subsystem: Not Defined
Created By:                Last Updated By:  Release:
Created On:   8/25/2004    Last Updated On:  8/25/2004
Description: FIELD LENGTH
                THE LOGIC LENGTH OF A FIELD
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		2	0		9(2)

```

DataElement ID: 09025      Name:  PHYSICAL-LENGTH      Version:      Subsystem: Not Defined
Created By:                Last Updated By:  Release:
Created On:   8/25/2004    Last Updated On:  8/25/2004
Description: PHYSICAL LENGTH
                THE PHYSICAL LENGTH OF A FIELD IN A RECORD
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		2	0		9(2)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09026 Name: SORT-LENGTH Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: SORT LENGTH OF A FIELD
 FROM LEFT TO RIGHT, THE NUMBER OF CHARACTERS (REPRESENTING THE
 PHYSICAL LENGTH OF A FIELD) THAT ARE TO BE USED FOR SORTING.
 FOR EXAMPLE A FIELD OF PIC 9(5) COMP-3 HAS A FIELD LENGTH OF
 5, A PHYSICAL LENGTH OF 3, AND CAN HAVE A SORT LENGTH OF 1, 2,
 3, 4, OR 5.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		2	0		9(2)

DataElement ID: 09027 Name: RPT-BREAK-DATA Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: REPORT BREAK DATA
 DEFINES THE PAGE/SPACE INFORMATION OF A REPORT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

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Data Element List

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DataElement ID: 09028 Name: RPT-PAGE-BREAK Version: Subsystem: Not Defined
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: REPORT PAGE BREAK
DEFINES THE PAGE BREAK DATA FOR A REPORT

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 09029 Name: RPT-SPACE-BREAK Version: Subsystem: Not Defined
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: REPORT SPACE BREAK
DEFINES THE DOUBLE SPACE CRITERIA FOR A REPORT

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09031	Name: FLD-PARM	Version:	Subsystem: Not Defined
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: FIELD PARAMETER			
DEFINES THE POSITION, USAGE, ETC ATTRIBUTES OF A FIELD			

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 09032	Name: REC-DATA	Version:	Subsystem: Not Defined
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: RECORD DATA			

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09033 Name: FLD-LO-SEL Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: FIELD LOW SELECT
 THE LOWEST LIMIT OF THE PERMISSABLE VALUES OF A FIELD TO BE
 SELECTED FOR PRINTING.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		10	0		X(10)

DataElement ID: 09034 Name: FLD-HI-SEL Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: FIELD HI SELECT
 THE HIGHEST LIMIT OF THE PERMISSABLE VALUES OF A FIELD TO BE
 SELECTED FOR PRINTING.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		10	0		X(10)

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Data Element List

DataElement ID: 09035 Name: PRT-BEGINNING Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PRINT BEGINNING
 THE FIRST POSITION OF A FIELD IN A PRINTLINE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		4	0		9(4)

DataElement ID: 09036 Name: PRT-LENGTH Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PRINT LENGTH
 THE LENGTH OF A FIELD ON A PRINTLINE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		2	0		9(2)

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Iowa Medicaid Enterprise

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Data Element List

DataElement ID: 09037 Name: CARD-NUM Version: Subsystem: Not Defined
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: CARD NUMBER

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 09038 Name: RPT-DESCRIPTION Version: Subsystem: Not Defined
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: REPORT DESCRIPTION

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 09039 Name: MONTH Version: Subsystem: Not Defined
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: MONTH

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09041 Name: DAY Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DAY

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 09042 Name: YEAR Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: YEAR

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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1	X	AlphaNumeric		4	0		X(04)
2	N	Numeric		2	0		9(2)

DataElement ID: 09043 Name: DED-SELECTED Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DATA ELEMENT SELECTED FOR PRINTING

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

ND-Workbench

Data Element List

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DataElement ID: 09045      Name:  DATA-ELEMENT-OCC      Version:      Subsystem: Not Defined
  Created By:              Last Updated By:      Release:
  Created On:   8/25/2004   Last Updated On:   8/25/2004
  Description: DATA ELEMENT OCCURRENCE
                THE RELATIVE OCCURRENCE OF A DATA ELEMENT IN A RECORD

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Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 09046      Name:  PAGE-BREAK-DED      Version:      Subsystem: Not Defined
  Created By:              Last Updated By:      Release:
  Created On:   8/25/2004   Last Updated On:   8/25/2004
  Description: PAGE BREAK DATA ELEMENT
                DEFINES A FIELD THAT WILL CAUSE A PAGE BREAK WHEN PRINTING
                A REPORT.

```

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09047 Name: SPACE-BREAK-DED Version: Subsystem: Not Defined
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: SPACE BREAK DATA ELEMENT
DEFINES A FIELD THAT WILL CAUSE A SPACE BREAK WHEN PRINTING
A REPORT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 09048 Name: SORT-FIELD Version: Subsystem: Not Defined
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: SORT FIELD
IDENTIFIES THE FIELD ON WHICH THE REPORT IS TO BE SEQUENCED

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09049 Name: LIMIT-SELECTION Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LIMIT SELECTION
 DEFINES THE FIELD AND THE PERMISSABLE VALUES THAT MUST BE IN
 THE FIELD IF THE RECORD IS TO BE PRINTED.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 09051 Name: TYPE-PRINT-REC Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TYPE PRINT RECORD
 IDENTIFIES TYPE OF RECORD PASSED TO THE REPORT WRITER IN
 - THE GENERALIZED PRINT MODULE:
 0 - TITLE RECORD
 1 - DETAIL RECORD

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09052	Name: PRINT-LINE	Version:	Subsystem: Not Defined
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: PRINT LINE			

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		132	0		X(132)

DataElement ID: 09060	Name: RECIP-RECVR-BEG-DT	Version:	Subsystem: Not Defined
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: RECIPIENT RECOVERY BEGIN DATE			
THIS FIELD IS USED FOR COMPARISON IN THE BATCH RECOVERY PROGRAMS. RECOVERY WILL BEGIN FROM THE DATE ENTERED IN THIS FIELD.			

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 09063      Name:  RECIP-RECVR-END-TIME      Version:      Subsystem: Not Defined
Created By:               Last Updated By:      Release:
Created On: 8/25/2004     Last Updated On: 8/25/2004
Description: RECIPIENT RECOVERY END DATE
              THIS FIELD IS USED FOR COMPARISON IN THE BATCH RECOVERY
              PROGRAMS. RECORDS WILL BE RECOVERED UP TO THIS TIME.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 09064      Name:  IEVS-DTE-RESP-RECVD      Version:      Subsystem: Not Defined
Created By:               Last Updated By:      Release:
Created On: 8/25/2004     Last Updated On: 8/25/2004
Description: DATE RESPONSE RECEIVED
              -
              THIS FIELD CONTAINS THE DATE THE DATA EXCHANGE RESPONSE WAS
              RECEIVED.
              CC - CENTURY          RANGE 19 - 20
              YY - YEAR             RANGE 00 - 99
              MM - MONTH           RANGE 01 - 12
              DD - DAY             RANGE 01 - 31
    
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2	N	Numeric		8	0		9(08)
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09065 Name: IEVS-RESP-AGENCY-CDE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NO DESCRIPTION FOUND FOR THIS ELEMENT

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		2		0	X(02)

DataElement ID: 09066 Name: IEVS-RESP-EXCH-TYP Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NO DESCRIPTION FOUND FOR THIS ELEMENT

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		2		0	X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09067 Name: IEVS-RESP-FILE-DATE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: RESPONSE FILE DATE
 THIS FIELD CONTAINS THE DATA EXCHANGE RESPONSE FILE DATE.
 CC - CENTURY RANGE 19 - 20
 YY - YEAR RANGE 00 - 99
 MM - MONTH RANGE 01 - 12
 DD - DAY RANGE 01 - 31

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		8	0		9(08)

DataElement ID: 09068 Name: IEVS-DEMO-SEGMENT Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: DEMOGRAPHIC SEGMENT
 THIS FIELD CONTAINS RECIPIENT DEMOGRAPHIC DATA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09069	Name: IEVS-DEMO-NAM-SUFFIX	Version:	Subsystem: Not Defined
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: MEMBER NAME SUFFIX THIS FIELD CONTAINS THE MEMBER'S NAME SUFFIX.			

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		3		0	X(03)

DataElement ID: 09070	Name: IEVS-EMPLOYR-SEGMENT	Version:	Subsystem: Not Defined
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: EMPLOYER SEGMENT THIS FIELD CONTAINS RECIPIENT EMPLOYER DATA.			

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9		G		Group		0		0	

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09071 Name: IEVS-EMPLOYER-ID Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: EMPLOYER ID NUMBER
 THIS FIELD CONTAINS THE EMPLOYER ID NUMBER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		9	0		X(09)

DataElement ID: 09072 Name: IEVS-EMPLOYR-NAM-LN1 Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: EMPLOYER NAME LINE 1
 THIS FIELD CONTAINS LINE 1 OF THE EMPLOYER'S NAME.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		25	0		X(25)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09075 Name: IEVS-EMPLOYR-ADR-LN2 Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: EMPLOYER ADDRESS LINE 2
 THIS FIELD CONTAINS LINE 2 OF THE EMPLOYER'S ADDRESS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		25	0		X(25)

DataElement ID: 09076 Name: IEVS-EMPLOYR-ADR-LN3 Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: EMPLOYER ADDRESS LINE 3
 THIS FIELD CONTAINS LINE 3 OF THE EMPLOYER'S ADDRESS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		25	0		X(25)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09077 Name: IEVS-EMPLOYR-ADR-LN4 Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: EMPLOYER ADDRESS LINE 4
 THIS FIELD CONTAINS LINE 4 OF THE EMPLOYER'S ADDRESS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		25	0		X(25)

DataElement ID: 09078 Name: IEVS-EMPLOYR-ADR-LN5 Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: EMPLOYER ADDRESS LINE 5
 THIS FIELD CONTAINS LINE 5 OF THE EMPLOYER'S ADDRESS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		25	0		X(25)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09079 Name: IEVS-EMPLOYER-CITY Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: EMPLOYER CITY
 THIS FIELD CONTAINS THE EMPLOYER'S CITY.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			20	0		X(20)

DataElement ID: 09080 Name: IEVS-EMPLOYER-STATE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: EMPLOYER STATE
 THIS FIELD CONTAINS THE EMPLOYER'S STATE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			2	0		X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09081 Name: IEVS-EMPLOYER-ZIP Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: -
 EMPLOYER ZIP CODE
 THIS FIELD CONTAINS THE EMPLOYER'S ZIP CODE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		9	0		9(09)

DataElement ID: 09082 Name: IEVS-INJURY-DATE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEMBER INJURY DATE
 THIS FIELD CONTAINS THE MEMBER'S INJURY DATE.
 CC - CENTURY RANGE 19 - 20
 YY - YEAR RANGE 00 - 99
 MM - MONTH RANGE 01 - 12
 DD - DAY RANGE 01 - 31

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		8	0		X(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09084 Name: PART-NUM Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PART
 THIS FIELD UNIQUELY IDENTIFIES A PART.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 09085 Name: PHONE-NUMBER Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PHONE NUMBER.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		10	0		9(10)

DataElement ID: 09086 Name: POLICY-COVERAGES Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: POLICY COVERAGES,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		14	0		X(14)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09087 Name: POL-VERIFY-FLAG Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: POLICY VERIFY FLAG,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(1)

DataElement ID: 09088 Name: ABS-PAR-COURT-FLAG Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ABSENT PARENT COURT ORDER FLAG,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(1)

DataElement ID: 09089 Name: ABS-PAR-NO-CRT-FLAG Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ABSENT PARENT NO COURT ORDER FLAG,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09090 Name: RESOURCE-DATA Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RESOURCE DATA,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 09091 Name: RESOURCE-INFO Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RESOURCE INFO,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		4	0		X(04)

DataElement ID: 09092 Name: RESOURCE-CODES Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: RESOURCE CODES,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09093 Name: COVERAGE-ARRAY Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ARRAY OF COVERAGE CODES,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 09099 Name: XWALK-MCO-TCN-KEY Version: Subsystem: Claims
 Created By: T474207 Last Updated By: T474207 Release:
 Created On: 1/12/2018 Last Updated On: 1/12/2018
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 09100 Name: XWALK-MCO-DUP-SEQ Version: Subsystem: Claims
 Created By: T474207 Last Updated By: T474207 Release:
 Created On: 1/11/2018 Last Updated On: 1/11/2018
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		2	0		X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09101 Name: XWALK-MCO-DUP-N Version: Subsystem: Claims
 Created By: T474207 Last Updated By: T474207 Release:
 Created On: 1/12/2018 Last Updated On: 1/12/2018
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		2	0		9(02)
9	G	Group		0	0		

DataElement ID: 09102 Name: COMPANY-ABBR Version: Subsystem: Not Defined
 Created By: Last Updated By:
 Created On: 8/25/2004 Last Updated On: 8/25/2004 Release:
 Description: CARRIER NAME ABBREVIATION
 A UNIQUE FOUR DIGIT ABBREVIATION OF THE CARRIER NAME

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		4	0		X(04)

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 09103      Name:  COMPANY-NAME      Version:      Subsystem: Not Defined
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: CARRIER NAME
              THE NAME OF THE CARRIER
    
```

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		50	0		X(50)

```

DataElement ID: 09104      Name:  COMPANY-NUM      Version:      Subsystem: Not Defined
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: -
              CARRIER NUMBER
              A NUMBER ASSIGNED TO THE CARRIER.
    
```

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		4	0		X(04)
3	N3		Numeric Comp-3		4	0		9(04)

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 09105      Name:  BILLING-INFO      Version:      Subsystem: Not Defined
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: BILLING INFORMATION
                GROUP LEVEL FOR BILLING ADDRESS INFORMATION
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

```

DataElement ID: 09106      Name:  BIL-ADD-LINE-1      Version:      Subsystem: Not Defined
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: BILLING ADDRESS LINE ONE
                THE FIRST LINE OF THE BILLING ADDRESS
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		26	0		X(26)

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 09107      Name:  BIL-ADD-LINE-2          Version:         Subsystem: Not Defined
Created By:                Last Updated By:      Release:
Created On:      8/25/2004  Last Updated On:      8/25/2004
Description: BILLING ADDRESS LINE TWO
              THE SECOND LINE OF THE BILLING ADDRESS
    
```

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		26		0	X(26)

```

DataElement ID: 09108      Name:  BIL-CITY          Version:         Subsystem: Not Defined
Created By:                Last Updated By:      Release:
Created On:      8/25/2004  Last Updated On:      8/25/2004
Description: BILLING CITY
              THE BILLING CITY
    
```

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		16		0	X(16)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09109 Name: BIL-STATE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: BILLING STATE
 THE BILLING STATE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2	0		X(02)

DataElement ID: 09110 Name: BIL-ZIP Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: BILLING ZIP CODE
 THE NINE DIGIT BILLING ZIP CODE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3		Numeric Comp-3		9	0		9(09)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09111 Name: XWALK-MCO-DUP-SEQ-N Version: Subsystem: Claims
 Created By: T474207 Last Updated By: T474207 Release:
 Created On: 1/12/2018 Last Updated On: 1/12/2018
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		2	0		9(02)

DataElement ID: 09112 Name: XWALK-AIX-INDEX-1 Version: Subsystem: Claims
 Created By: T474207 Last Updated By: T474207 Release:
 Created On: 1/12/2018 Last Updated On: 1/12/2018
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 09113 Name: XWALK-CLAIM-STAT-IND Version: Subsystem:
 Created By: T474207 Last Updated By: T474207 Release:
 Created On: 1/12/2018 Last Updated On: 1/12/2018
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09114 Name: XWALK-DUP-EDIT-D Version: Subsystem: Claims
 Created By: T474207 Last Updated By: T474207 Release:
 Created On: 1/12/2018 Last Updated On: 1/12/2018
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

DataElement ID: 09115 Name: XWALK-NO-OF-CYCLES Version: Subsystem: Claims
 Created By: T474207 Last Updated By: T474207 Release:
 Created On: 1/12/2018 Last Updated On: 1/12/2018
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		1	0		9(01)

DataElement ID: 09121 Name: STATE-RECIP-ID Version: Subsystem: Not Defined
 Created By: Last Updated By:
 Created On: 8/25/2004 Last Updated On: 8/25/2004 Release:
 Description: RECIPIENT IDENTIFICATION
 AN ALPHANUMERIC NUMBER TO IDENTIFY THE RECIPIENT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		8	0		X(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09122 Name: NUM-POLICIES Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF POLICIES
 THE NUMBER OF INSURANCE POLICIES FOR A RECIPIENT.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		2	0		9(2)

DataElement ID: 09123 Name: POLICY-TABLE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: POLICY TABLE
 GROUP LEVEL OF THE ALL THE OCCURANCES OF POLICY INFORMATION.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09124 Name: POLICY-EXP-DATE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: POLICY EXPIRATION DATE
 THE EXPIRATION DATE OF THE INSURANCE POLICY.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		8	0		9(08)

DataElement ID: 09125 Name: TPMM-RELATIONSHIP Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TPMM RELATIOSHIP
 TPMM RELATIOSHIP OF RECIPIENT TO THE POLICY HOLDER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09126 Name: POL-HOLDER-ADDRESS-1 Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: POLICY HOLDER ADDRESS 1
 THE FIRST LINE OF THE POLICY HOLDER'S ADDRESS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			32	0		X(32)

DataElement ID: 09127 Name: POL-HOLDER-ADDRESS-2 Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: POLICY HOLDER ADDRESS 2
 THE SECOND LINE OF THE POLICY HOLDER'S ADDRESS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			32	0		X(32)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09128 Name: POL-HOLDER-CITY Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: POLICY HOLDER CITY
 THE CITY PART OF THE POLICY HOLDER'S ADDRESS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			16	0		X(16)

DataElement ID: 09129 Name: POL-HOLDER-STATE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: POLICY HOLDER STATE
 THE STATE PART OF THE POLICY HOLDER'S ADDRESS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			2	0		X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09130 Name: POL-HOLDER-ZIP Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: POLICY HOLDER ZIP CODE
 THE POLICY HOLDER'S NINE DIGIT ZIP CODE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3		Numeric Comp-3		9	0		9(09)
9	G		Group		0	0		

DataElement ID: 09131 Name: POL-HOLD-VERIFY-FLAG Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: POLICY HOLDER VERIFICATION FLAG
 INDICATOR FOR VERIFICATION OF THE POLICY HOLDER.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09132 Name: HIPP-STATUS-IND Version: Subsystem: Not Defined
 Created By: SYSTEM Last Updated By: T474085 Release:
 Created On: 8/25/2004 Last Updated On: 4/17/2012
 Description: HIPP STATUS INDICATOR
 INDICATOR OF HIPP STATUS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

DataElement ID: 09133 Name: CLAIMS-FILED Version: Subsystem: Not Defined
 Created By: Last Updated By:
 Created On: 8/25/2004 Last Updated On: 8/25/2004 Release:
 Description: CLAIMS FILED
 WHERE HE CLAIM IS FILED.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09134 Name: COVERAGE-CODE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: COVERAGE CODE
 CODE ASSOCIATED WITH WHAT TYPE OF TPL COVERAGE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 09137 Name: SOURCE-CODE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SOURCE CODE
 CODE INDICATING THE SOURCE OF THE CLAIM.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09138 Name: POL-TERM-DATE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: POLICY TERMINATION DATE
 THE DATE HIPP PAYMENT ENDED FOR A POLICY (CCYYMMDD)..

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 09139 Name: TPMM-POLICY-TYPE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TPMM POLICY TYPE
 INDICATOR TO SHOWS THE TYPE OF POLICY.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09140	Name: REC-ADD-DATE	Version:	Subsystem: Not Defined
Created By: SYSTEM	Last Updated By: T474096	Release:	
Created On: 8/25/2004	Last Updated On: 11/7/2007		
Description: RECORD ADDED DATE			
THE DATE THE POLICY WAS ADDED (CCYYMMDD).			

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3	Numeric Comp-3		8	0		9(08)

DataElement ID: 09141	Name: POL-UPD-DATE	Version:	Subsystem: Not Defined
Created By: SYSTEM	Last Updated By: T474096	Release:	
Created On: 8/25/2004	Last Updated On: 11/7/2007		
Description: POLICY UPDATE DATE			
THE DATE THE POLICY WAS LAST UPDATED (CCYYMMDD).			

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3	Numeric Comp-3		8	0		9(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09142 Name: POL-VER-DATE Version: Subsystem: Not Defined
 Created By: SYSTEM Last Updated By: T474096 Release:
 Created On: 8/25/2004 Last Updated On: 11/8/2007
 Description: POLICY VERIFY DATE
 THE DATE THE POLICY WAS VERIFIED (CCYMMDD).

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		8	0		9(08)

DataElement ID: 09143 Name: HOSPITAL-FLAG Version: Subsystem: Not Defined
 Created By: Last Updated By:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HOSPITAL FLAG
 INDICATOR IF HOSPITAL IS PART OF THE COVERAGE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09144 Name: PHYSICIAN-FLAG Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PHYSICIAN FLAG
 INDICATOR IF PHYSICIAN IS PART OF THE COVERAGE

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric			1	0		X(01)

DataElement ID: 09145 Name: DENTAL-FLAG Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DENTAL FLAG
 INDICATOR IF DENTAL IS PART OF THE COVERAGE

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric			1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09146 Name: DRUG-FLAG Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DRUG FLAG
 INDICATOR IF DRUG IS PART OF THE COVERAGE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

DataElement ID: 09147 Name: VISION-FLAG Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: VISION FLAG
 INDICATOR IF VISION IS PART OF THE COVERAGE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09148 Name: AMBULANCE-FLAG Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: AMBULANCE FLAG,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(1)

DataElement ID: 09149 Name: HOME-HEALTH-FLAG Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HOME HEALTH FLAG,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(1)

DataElement ID: 09150 Name: HOSPICE-FLAG Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HOSPICE FLAG,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09151 Name: MED-EQUIP-FLAG Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDICAL EQUIPMENT FLAG,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(1)

DataElement ID: 09152 Name: NURSE-SKILL-FLAG Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NURSE SKILL FLAG,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(1)

DataElement ID: 09153 Name: NURSE-UNSKILL-FLAG Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NURSE UNSKILL FLAG,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09154	Name: LAB-XRAY-FLAG	Version:	Subsystem: Not Defined
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: LAB XRAY FLAG,			

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		1		0	X(1)

DataElement ID: 09155	Name: SPEC-DIS-HEART-FLAG	Version:	Subsystem: Not Defined
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: SPECIAL DIS HEART FLAG INDICATOR IF SPECIAL DIS HEART IS PART OF THE COVERAGE			

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09156 Name: SPEC-DIS-CANCER-FLAG Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SPECIAL DIS CANCER FLAG
 INDICATOR IF SPECIAL DIS CANCER IS PART OF THE COVERAGE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

DataElement ID: 09157 Name: ICAR-CASE-DATA Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ICAR CASE DATA
 GROUP LEVEL FOR INSUREE (RECIPIENT) DATA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09158 Name: ICAR-CASE-NUMBER Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: - ICAR CASE NUMBER
 THE NUMBER OF ICAR CASE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		7	0		9(7)

DataElement ID: 09159 Name: ICAR-CORTORD-IND Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ICAR COURT ORDERED INDICATOR
 THE INDICATOR OF WHETHER THE INSURANCE COVERAGE IS
 COURT ORDERED OR NOT.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09160 Name: ICAR-INSURANCE-DATA Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ICAR INSURANCE DATA
 GROUP LEVEL FOR INSURANCE DATA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 09161 Name: ICAR-INSUREE-DATA Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ICAR INSUREE DATA
 GROUP LEVEL FOR INSUREE DATA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09162 Name: ICAR-HOLDR-DATA Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ICAR POLICYHOLDER DATA
 GROUP LEVEL FOR POLICYHOLDER DATA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 09163 Name: ICAR-HOLDR-ID Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ICAR POLICYHOLDER ID
 THE ID OF THE POLICYHOLDER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		7	0		9(7)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09164 Name: POLICYHOLDER-ZIP-5 Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: POLICYHOLDER ZIP CODE FIRST 5 DIGITS
 THE FIRST FIVE DIGITS OF THE POLICYHOLDER'S ZIP CODE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		5	0		9(5)

DataElement ID: 09165 Name: POLICYHOLDER-ZIP-SFX Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: POLICYHOLDER ZIP CODE LAST 4 DIGITS
 THE LAST FOUR DIGITS OF THE POLICYHOLDER'S ZIP CODE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		4	0		9(4)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09166 Name: INSUREE-POL-END-DATE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: INSUREE'S POLICY END DATE
 THE INSUREE'S POLICY END DATE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric			8	0		9(8)

DataElement ID: 09169 Name: ICAR-INSUR-COUNTER Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ICAR INSURANCE COUNTER
 COUNTER TO SHOW HOW MANY OCCURANCES
 OF INSUREE DATA IN A RECORD.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric			2	0		9(02)

Iowa Medicaid Enterprise

Data Element List

```

DataElement ID: 09170      Name:  ICAR-COV-TABLE      Version:      Subsystem: Not Defined
Created By:                Last Updated By:      Release:
Created On:   8/25/2004    Last Updated On:      8/25/2004
Description: ICAR COVERAGES TABLE
              THE GROUP LEVEL FOR THE COVERAGE TABLE.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

```

DataElement ID: 09171      Name:  ICAR-COVERAGES      Version:      Subsystem: Not Defined
Created By:                Last Updated By:      Release:
Created On:   8/25/2004    Last Updated On:      8/25/2004
Description: ICAR COVERAGES
              THE OCCURS COVERAGES FOR THE POLICY.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

```

DataElement ID: 09172      Name:  ICAR-COVERAGE      Version:      Subsystem: Not Defined
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: ICAR COVERAGE
              THE COVERAGE FOR THE POLICY.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(1)

```

DataElement ID: 09180      Name:  ICAR-SUP-TABLE      Version:      Subsystem: Not Defined
Created By:                Last Updated By:      Release:
Created On:      8/25/2004      Last Updated On:      8/25/2004
Description: ICAR SUPPLEMENTS TABLE
              -
              THE GROUP LEVEL FOR THE SUPPLEMEMNTS TABLE.
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09181 Name: ICAR-SUPPLEMENTS Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ICAR SUPPLEMENTS
 THE OCCURS SUPPLEMENTS FOR THE POLICY.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9		G	Group		0	0		

DataElement ID: 09182 Name: ICAR-SUPPLEMENT Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ICAR SUPPLEMENT
 THE SUPPLEMENT FOR THE POLICY.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X	AlphaNumeric		1	0		X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09183 Name: ICAR-RECIP-LAST-NAME Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ICAR RECIPIENT LAST NAME
 THE LAST NAME FOR THE ICAR FILE RECIPIENT.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			16	0		X(16)

DataElement ID: 09184 Name: ICAR-ABS-PARENT-IND Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: DETERMINES RECORD GOES TO ABS PARENT REPT OR INS REPT.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			2	0		X(02)

DataElement ID: 09185 Name: CARRIER-NAME-LINE-2 Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NAME OF INSURANCE CARRIER LINE 2.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			32	0		X(32)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09186 Name: CARRIER-STREET-ADDRS Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: STREET ADDRESS OF INSURANCE CARRIER.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		32	0		X(32)

DataElement ID: 09187 Name: CARRIER-CITY-ST-ZIP Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ADDRESS OF INSURANCE CARRIER LINE 2.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		29	0		X(29)

DataElement ID: 09190 Name: POLICYHOLDER-EMPLOYER Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: POLICY HOLDER'S EMPLOYER NAME
 - THE NAME OF THE EMPLOYER FOR A POLICY HOLDER.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		32	0		X(32)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09191 Name: EMPLOYER-ADDRESS-1 Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: EMPLOYER'S ADDRESS LINE 1
 THE FIRST LINE OF THE EMPLOYER'S ADDRESS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			32	0		X(32)

DataElement ID: 09192 Name: EMPLOYER-ADDRESS-2 Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: EMPLOYER'S ADDRESS LINE 2
 THE SECOND LINE OF THE EMPLOYER'S ADDRESS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			32	0		X(32)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09193 Name: EMPLOYER-CITY Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: EMPLOYER'S CITY
 THE EMPLOYER'S CITY.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		16	0		X(16)

DataElement ID: 09194 Name: EMPLOYER-STATE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: EMPLOYER'S STATE
 THE EMPLOYER'S STATE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2	0		X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09195 Name: EMPLOYER-ZIP Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: EMPLOYER'S ZIP CODE
 THE EMPLOYER'S ZIP CODE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		9	0		9(09)

DataElement ID: 09200 Name: FILLER Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474198 Release:
 Created On: 12/11/2018 Last Updated On: 5/8/2019
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)
2	X	AlphaNumeric		401	0		X(401)
3	X	AlphaNumeric		392	0		X(392)
4	X	AlphaNumeric		111	0		X(111)
5	X	AlphaNumeric		63	0		X(63)
6	X	AlphaNumeric		10	0		X(10)
7	X	AlphaNumeric		58	0		X(58)
8	X	AlphaNumeric		9	0		X(09)
9	X	AlphaNumeric		396	0		X(396)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09201 Name: MMIS-HINVOICE-HKEY Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/12/2018 Last Updated On: 12/12/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		32		0	X(32)

DataElement ID: 09202 Name: SOURCE-OF-INVOICE Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/12/2018 Last Updated On: 12/12/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		32		0	X(32)

DataElement ID: 09203 Name: FILLER-1 Version: Subsystem: Claims
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 9/12/2018 Last Updated On: 9/12/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group				0	

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09204 Name: FILLER Version: Subsystem: Not Defined
 Created By: Initial Sy Last Updated By: T474346 Release:
 Created On: 8/25/2004 Last Updated On: 9/15/2020
 Description: FILLER
 FILLER, USED FOR GAPS, NEVER NEVER DELETE NEVER NEVER

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
001	X		AlphaNumeric		1	0	~	X(01)
1	X		AlphaNumeric		1	0		X(001)
10	X		AlphaNumeric		10	0		X(010)
100	X		AlphaNumeric		100	0		X(100)
1000	X		AlphaNumeric		1000	0		X(1000)
101	X		AlphaNumeric		101	0		X(101)
11	X		AlphaNumeric		11	0		X(011)
111	X		AlphaNumeric		111	0		X(111)
112	X		AlphaNumeric		112	0	~	X(112)
113	X		AlphaNumeric		113	0	~	X(113)
118	X		AlphaNumeric		118	0	~	X(118)
119	X		AlphaNumeric		119	0		X(119)
12	X		AlphaNumeric		12	0		X(012)
120	X		AlphaNumeric		120	0		X(120)
123	X		AlphaNumeric		123	0		X(123)
127	X		AlphaNumeric		127	0		X(127)
128	X		AlphaNumeric		128	0		X(128)
129	X		AlphaNumeric		129	0		X(129)
13	X		AlphaNumeric		13	0		X(013)
132	X		AlphaNumeric		132	0		X(132)

Iowa Medicaid Enterprise**Data Element List**

133	X	AlphaNumeric	133	0	X(133)
136	X	AlphaNumeric	136	0	X(136)
137	X	AlphaNumeric	137	0	X(137)
138	X	AlphaNumeric	138	0	X(138)
139	X	AlphaNumeric	139	0	X(139)
14	X	AlphaNumeric	14	0	X(014)
140	X	AlphaNumeric	140	0	X(140)
146	X	AlphaNumeric	146	0	X(146)
149	X	AlphaNumeric	149	0	X(149)
15	X	AlphaNumeric	15	0	X(015)
153	X	AlphaNumeric	153	0	X(153)
16	X	AlphaNumeric	16	0	X(016)
166	X	AlphaNumeric	166	0	X(166)
1680	X	AlphaNumeric	1680	0	X(1680)
17	X	AlphaNumeric	17	0	X(017)
171	X	AlphaNumeric	171	0	X(171)
172	X	AlphaNumeric	172	0	X(172)
175	X	AlphaNumeric	175	0	X(175)
18	X	AlphaNumeric	18	0	X(018)
183	X	AlphaNumeric	183	0	X(183)
19	X	AlphaNumeric	19	0	X(019)
191	X	AlphaNumeric	191	0	X(191)
193	X	AlphaNumeric	193	0	X(193)
1993	X	AlphaNumeric	1993	0	X(1993)
2	X	AlphaNumeric	2	0	X(002)
20	X	AlphaNumeric	20	0	X(020)

Iowa Medicaid Enterprise**Data Element List**

200	X	AlphaNumeric	200	0	X(200)
201	X	AlphaNumeric	201	0	X(201)
202	X	AlphaNumeric	202	0	X(202)
203	X	AlphaNumeric	203	0	X(203)
21	X	AlphaNumeric	21	0	X(021)
214	X	AlphaNumeric	214	0	X(214)
22	X	AlphaNumeric	22	0	X(022)
228	X	AlphaNumeric	228	0	X(228)
229	X	AlphaNumeric	229	0	X(229)
23	X	AlphaNumeric	23	0	X(023)
24	X	AlphaNumeric	24	0	X(024)
240	X	AlphaNumeric	240	0	X(240)
242	X	AlphaNumeric	242	0	X(242)
245	X	AlphaNumeric	245	0	X(245)
25	X	AlphaNumeric	25	0	X(025)
250	X	AlphaNumeric	250	0	X(250)
26	X	AlphaNumeric	26	0	X(026)
261	X	AlphaNumeric	261	0	X(261)
262	X	AlphaNumeric	262	0	X(262)
27	X	AlphaNumeric	27	0	X(027)
278	X	AlphaNumeric	278	0	X(278)
28	X	AlphaNumeric	28	0	X(028)
280	X	AlphaNumeric	280	0	X(280)
284	X	AlphaNumeric	284	0	X(284)
285	X	AlphaNumeric	285	0	X(285)
29	X	AlphaNumeric	29	0	X(029)

Iowa Medicaid Enterprise

Data Element List

3	X	AlphaNumeric	3	0	X(003)
30	X	AlphaNumeric	30	0	X(030)
305	X	AlphaNumeric	305	0	X(305)
306	X	AlphaNumeric	306	0	X(306)
307	X	AlphaNumeric	307	0	X(307)
31	X	AlphaNumeric	31	0	X(031)
32	X	AlphaNumeric	32	0	X(032)
33	X	AlphaNumeric	33	0	X(033)
337	X	AlphaNumeric	337	0	X(337)
34	X	AlphaNumeric	34	0	X(034)
35	X	AlphaNumeric	35	0	X(035)
358	X	AlphaNumeric	358	0	X(358)
3596	X	AlphaNumeric	3596	0	X(3596)
36	X	AlphaNumeric	36	0	X(036)
367	X	AlphaNumeric	367	0	X(367)
37	X	AlphaNumeric	37	0	X(037)
374	X	AlphaNumeric	374	0	X(374)
378	X	AlphaNumeric	378	0	X(378)
38	X	AlphaNumeric	38	0	X(038)
384	X	AlphaNumeric	384	0	X(384)
39	X	AlphaNumeric	39	0	X(039)
392	X	AlphaNumeric	392	0	X(392)
394	X	AlphaNumeric	394	0	X(394)
395	X	AlphaNumeric	395	0	X(395)
397	X	AlphaNumeric	397	0	X(397)
398	X	AlphaNumeric	398	0	X(398)

Iowa Medicaid Enterprise**Data Element List**

4	X	AlphaNumeric	4	0	X(004)
40	X	AlphaNumeric	40	0	X(040)
400	X	AlphaNumeric	400	0	X(400)
41	X	AlphaNumeric	41	0	X(041)
416	X	AlphaNumeric	416	0	X(416)
42	X	AlphaNumeric	42	0	X(042)
43	X	AlphaNumeric	43	0	X(043)
44	X	AlphaNumeric	44	0	X(044)
45	X	AlphaNumeric	45	0	X(045)
46	X	AlphaNumeric	46	0	X(46)
4612	X	AlphaNumeric	4612	0	X(4612)
4614	X	AlphaNumeric	4614	0	X(4614)
4626	X	AlphaNumeric	4626	0	X(4626)
47	X	AlphaNumeric	47	0	X(047)
476	X	AlphaNumeric	476	0	X(476)
4783	X	AlphaNumeric	4783	0	X(4783)
48	X	AlphaNumeric	48	0	X(048)
4805	X	AlphaNumeric	4805	0	X(4805)
49	X	AlphaNumeric	49	0	X(049)
499	X	AlphaNumeric	499	0	X(499)
5	X	AlphaNumeric	5	0	X(005)
50	X	AlphaNumeric	50	0	X(050)
51	X	AlphaNumeric	51	0	X(051)
53	X	AlphaNumeric	53	0	X(053)
54	X	AlphaNumeric	54	0	X(054)
55	X	AlphaNumeric	55	0	X(055)

Iowa Medicaid Enterprise

Data Element List

56	X	AlphaNumeric	56	0	X(056)
57	X	AlphaNumeric	57	0	X(057)
58	X	AlphaNumeric	58	0	X(058)
59	X	AlphaNumeric	59	0	X(59)
6	X	AlphaNumeric	6	0	X(006)
60	X	AlphaNumeric	60	0	X(060)
61	X	AlphaNumeric	61	0	X(061)
62	X	AlphaNumeric	62	0	X(062)
635	X	AlphaNumeric	635	0	X(635)
64	X	AlphaNumeric	64	0	X(064)
66	X	AlphaNumeric	66	0	X(066)
68	X	AlphaNumeric	68	0	X(068)
69	X	AlphaNumeric	69	0	X(069)
7	X	AlphaNumeric	7	0	X(007)
70	X	AlphaNumeric	70	0	X(070)
71	X	AlphaNumeric	71	0	X(071)
712	X	AlphaNumeric	712	0	X(712)
72	X	AlphaNumeric	72	0	X(72)
73	X	AlphaNumeric	73	0	X(073)
74	X	AlphaNumeric	74	0	X(074)
75	X	AlphaNumeric	75	0	X(075)
76	X	AlphaNumeric	76	0	X(076)
77	X	AlphaNumeric	77	0	X(77)
777	X	AlphaNumeric	777	0	X(777)
78	X	AlphaNumeric	78	0	X(078)
79	X	AlphaNumeric	79	0	X(079)

Iowa Medicaid Enterprise**Data Element List**

8	X	AlphaNumeric	8	0	X(008)
801	X	AlphaNumeric	801	0	X(801)
802	X	AlphaNumeric	802	0	X(802)
81	X	AlphaNumeric	81	0	X(81)
814	X	AlphaNumeric	814	0	X(814)
82	X	AlphaNumeric	82	0	X(082)
84	X	AlphaNumeric	84	0	X(084)
85	X	AlphaNumeric	85	0	X(085)
86	X	AlphaNumeric	86	0	X(086)
88	X	AlphaNumeric	88	0	X(88)
881	X	AlphaNumeric	881	0	X(881)
893	X	AlphaNumeric	893	0	X(893)
9	X	AlphaNumeric	9	0	X(009)
90	X	AlphaNumeric	90	0	X(090)
91	X	AlphaNumeric	91	0	X(091)
917	X	AlphaNumeric	917	0	X(917)
92	X	AlphaNumeric	92	0	X(92)
95	X	AlphaNumeric	95	0	X(95)
96	X	AlphaNumeric	96	0	X(96)
961	X	AlphaNumeric	961	0	X(961)
97	X	AlphaNumeric	97	0	X(97)
974	X	AlphaNumeric	974	0	X(974)
98	X	AlphaNumeric	98	0	X(98)
999	X	AlphaNumeric	999	0	X(999)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09205 Name: FILLER2 Version: Subsystem: Not Defined
 Created By: Initial Sy Last Updated By: T474073 Release:
 Created On: 8/25/2004 Last Updated On: 5/25/2005
 Description: -
 FILLER2.
 FILLER, USED FOR GAPS.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 09206 Name: Version: Subsystem:
 Created By: T474229 Last Updated By: T474229 Release:
 Created On: 10/27/2014 Last Updated On: 10/27/2014
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		11	0		X(11)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09207 Name: FILLER3 Version: Subsystem:
 Created By: T474229 Last Updated By: T474229 Release:
 Created On: 10/27/2014 Last Updated On: 10/27/2014
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		11		0	X(11)

DataElement ID: 09208 Name: BILLING-SOURCE Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/12/2018 Last Updated On: 12/12/2018
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		32		0	X(32)

DataElement ID: 09209 Name: SRC-OF-BILLING-DEF Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/12/2018 Last Updated On: 12/12/2018
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		20		0	X(20)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09210 Name: FILLER-DATA-CTR Version: Subsystem: Not Defined
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 2/18/2005 Last Updated On: 2/18/2005
 Description: Counter for variable length filler

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		3		0	S9(03)

DataElement ID: 09211 Name: FILLER-GROUP Version: Subsystem: Not Defined
 Created By: JIM SANBOR Last Updated By: T474075 Release:
 Created On: 2/18/2005 Last Updated On: 2/18/2005
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0		0	

DataElement ID: 09212 Name: PROCESS-DATE Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/12/2018 Last Updated On: 12/12/2018
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		10		0	X(10)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09213 Name: TRANSACTION-TYPE Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/12/2018 Last Updated On: 12/12/2018
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		6		0	X(06)

DataElement ID: 09214 Name: ORIGINAL-RECIP-ID Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/12/2018 Last Updated On: 12/12/2018
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		32		0	X(32)

DataElement ID: 09215 Name: TOTAL-PREMIUM Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474198 Release:
 Created On: 12/12/2018 Last Updated On: 5/8/2019
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		8		0	X(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09216 Name: NUM-DETAIL-LINES Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/12/2018 Last Updated On: 12/12/2018
 Description: NUM-DETAIL-LINES

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		N		Numeric		2		0	9(02)

DataElement ID: 09217 Name: TOT-PARTY-LINES Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/12/2018 Last Updated On: 12/12/2018
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		N		Numeric		2		0	9(02)

DataElement ID: 09218 Name: CURRENT-CASE-NUMBER Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/12/2018 Last Updated On: 12/12/2018
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		11		0	X(11)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09219 Name: RECORD-LINE Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/12/2018 Last Updated On: 12/12/2018
 Description: LINE RECORD

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	G	Group		0	0		

DataElement ID: 09220 Name: COMMENTS Version: Subsystem: Not Defined
 Created By: T474075 Last Updated By: T474075 Release:
 Created On: 2/8/2005 Last Updated On: 2/9/2005
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		25	0		X(25)

DataElement ID: 09221 Name: RECORD-PARTY Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/12/2018 Last Updated On: 12/12/2018
 Description: PARTY RECORD

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09222 Name: LRECORD-INDICATOR Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/12/2018 Last Updated On: 12/12/2018
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

DataElement ID: 09223 Name: MMIS-LINVOICE-LKEY Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/12/2018 Last Updated On: 12/12/2018
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		32		0	X(32)

DataElement ID: 09224 Name: MMIS-INVOICE-LKEY Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/12/2018 Last Updated On: 12/12/2018
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		32		0	X(32)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09225 Name: LINE-ID Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/12/2018 Last Updated On: 1/14/2019
 Description: LINE SEQUENCE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		2	0		9(02)

DataElement ID: 09226 Name: PREMIUM-MONTH Version: Subsystem:
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/12/2018 Last Updated On: 12/12/2018
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		50	0		X(50)

DataElement ID: 09227 Name: SUB-TRANSACTION-TYPE Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/12/2018 Last Updated On: 12/12/2018
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		30	0		X(30)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09228 Name: RECIP-PROGRAM-CODE Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/12/2018 Last Updated On: 12/12/2018
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		20		0	X(20)

DataElement ID: 09229 Name: NUM-OF-UNITS Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/12/2018 Last Updated On: 12/17/2018
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		12		0	X(12)

DataElement ID: 09230 Name: MONTHLY-PREMIUM Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/12/2018 Last Updated On: 12/17/2018
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		8		0	X(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09231 Name: SETTLEMENT-ORDER Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/12/2018 Last Updated On: 12/12/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		8		0	X(08)

DataElement ID: 09232 Name: AID-TYPE-CODE Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/12/2018 Last Updated On: 12/12/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		3		0	X(03)

DataElement ID: 09233 Name: PRECORD-INDICATOR Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/12/2018 Last Updated On: 12/12/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09234 Name: MMIS-PINVOICE-HKEY Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/12/2018 Last Updated On: 12/12/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		32		0	X(32)

DataElement ID: 09235 Name: MMIS-INVOICE-PKEY Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/12/2018 Last Updated On: 12/12/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		32		0	X(32)

DataElement ID: 09236 Name: SEQUENCE-NUM Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/12/2018 Last Updated On: 1/14/2019
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N		Numeric		2		0	9(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09237 Name: FIRST-NAME Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/12/2018 Last Updated On: 12/12/2018
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		50		0	X(50)

DataElement ID: 09238 Name: LAST-NAME Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/12/2018 Last Updated On: 12/12/2018
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		50		0	X(50)

DataElement ID: 09239 Name: ADDRESS-LINE1 Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/12/2018 Last Updated On: 12/12/2018
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		100		0	X(100)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09240 Name: ADDRESS-LINE2 Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/12/2018 Last Updated On: 12/12/2018
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		100		0	X(100)

DataElement ID: 09241 Name: RECIP-CITY Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/12/2018 Last Updated On: 12/12/2018
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		50		0	X(50)

DataElement ID: 09242 Name: RECIP-STATE Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/12/2018 Last Updated On: 12/12/2018
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		2		0	X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09243 Name: RECIP-ZIP-CODE Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/12/2018 Last Updated On: 12/12/2018
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		5		0	X(05)

DataElement ID: 09244 Name: RECIP-ZIP-PART-2 Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/12/2018 Last Updated On: 12/12/2018
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		4		0	X(04)

DataElement ID: 09245 Name: RECIP-ROLE Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/12/2018 Last Updated On: 12/12/2018
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		30		0	X(30)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09246 Name: RECIP-SSN-NUMBER Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/12/2018 Last Updated On: 12/12/2018
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		9		0	X(09)

DataElement ID: 09247 Name: RECIP-ID Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/12/2018 Last Updated On: 12/12/2018
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		8		0	X(08)

DataElement ID: 09248 Name: FIXED-PORZION Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/17/2018 Last Updated On: 12/17/2018
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		G		Group		0		0	

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09249 Name: RECORD-KEY Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/17/2018 Last Updated On: 12/17/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	G		Group		0	0		

DataElement ID: 09250 Name: REQUESTOR-NAME Version: Subsystem: Not Defined
 Created By: JIM SANBOR Last Updated By: T474071 Release:
 Created On: 2/8/2005 Last Updated On: 2/23/2005
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		20	0		X(20)

DataElement ID: 09251 Name: ORIGINAL-RECIP-ID Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/17/2018 Last Updated On: 12/17/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		8	0		X(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09252 Name: RECORD-MTHLY-INFO Version: Subsystem:
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/17/2018 Last Updated On: 12/17/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	G		Group		0	0		

DataElement ID: 09253 Name: RECIP-CURRENT-MMY Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/17/2018 Last Updated On: 12/17/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		4	0		X(04)

DataElement ID: 09254 Name: CURRENT-CASE-NUMBER Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/17/2018 Last Updated On: 12/17/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		11	0		X(11)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09255 Name: RECIP-PROGRAM-CODE Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/17/2018 Last Updated On: 12/17/2018
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		3		0	X(03)

DataElement ID: 09256 Name: RECIP-FUNDING-CODE Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/17/2018 Last Updated On: 12/17/2018
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

DataElement ID: 09257 Name: RECIP-MONTH-PREMIUM Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474198 Release:
 Created On: 12/17/2018 Last Updated On: 12/20/2018
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		N3		Numeric Comp-3		4		2	S9(04)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09258 Name: TYPE-OF-TRANS Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/17/2018 Last Updated On: 12/17/2018
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

DataElement ID: 09259 Name: TYPE-OF-ACTION Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474198 Release:
 Created On: 12/17/2018 Last Updated On: 12/24/2018
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		2		0	X(02)

DataElement ID: 09260 Name: RECIP-LAST-UPDT-DATE Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/17/2018 Last Updated On: 12/17/2018
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		N3		Numeric Comp-3		5		0	S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09261 Name: CASE-HEADER-INFO Version: Subsystem:
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/17/2018 Last Updated On: 12/17/2018
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	G	Group		0	0		

DataElement ID: 09262 Name: TOTAL-BALANCE Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474198 Release:
 Created On: 12/17/2018 Last Updated On: 12/20/2018
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		4	2		S9(04)V99

DataElement ID: 09263 Name: LOCK-IN-START-DATE Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/17/2018 Last Updated On: 12/17/2018
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09264 Name: LOCK-IN-END-DATE Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/17/2018 Last Updated On: 12/17/2018
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		5		0	S9(05)

DataElement ID: 09265 Name: UPDATED-DATE Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/17/2018 Last Updated On: 12/17/2018
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		5		0	S9(05)

DataElement ID: 09266 Name: NUM-MONTHLY-SPANS Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474198 Release:
 Created On: 12/17/2018 Last Updated On: 12/21/2018
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		3		0	S9(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09267 Name: CASE-LINE-INFO Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/17/2018 Last Updated On: 12/17/2018
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	G	Group		0	0		

DataElement ID: 09268 Name: CASE-NAME Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/17/2018 Last Updated On: 12/17/2018
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	G	Group		0	0		

DataElement ID: 09269 Name: CASE-LAST-NAME Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/17/2018 Last Updated On: 12/19/2018
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		45	0		X(45)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09270 Name: CASE-FIRST-NAME Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/17/2018 Last Updated On: 12/19/2018
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		45		0	X(45)

DataElement ID: 09271 Name: CASE-MIDDLE-INIT Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/17/2018 Last Updated On: 12/17/2018
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

DataElement ID: 09272 Name: RECIP-ADDR-LINE-1 Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/17/2018 Last Updated On: 12/19/2018
 Description: RECIP-ADDR-LINE-1

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		50		0	X(50)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09273 Name: RECIP-ADDR-LINE-2 Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/17/2018 Last Updated On: 12/19/2018
 Description: RECIP-ADDR-LINE-2

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		50		0	X(50)

DataElement ID: 09274 Name: RECIP-CITY Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/17/2018 Last Updated On: 12/19/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		20		0	X(20)

DataElement ID: 09275 Name: RECIP-STATE Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/17/2018 Last Updated On: 12/17/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2		0	X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09276 Name: RECIP-ZIP-CODE Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/17/2018 Last Updated On: 12/17/2018
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	G	Group		0	0		

DataElement ID: 09277 Name: RECIP-ZIP-CODE-1 Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/17/2018 Last Updated On: 12/17/2018
 Description: RECIP-ZIP-CODE-1

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		5	0		X(05)

DataElement ID: 09278 Name: RECIP-ZIP-PART-2 Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/17/2018 Last Updated On: 12/17/2018
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		4	0		X(04)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09279 Name: VARIABLE-PORZION Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/17/2018 Last Updated On: 12/17/2018
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	G	Group		0	0		

DataElement ID: 09280 Name: RECIP-ELIG-DATA Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/17/2018 Last Updated On: 12/17/2018
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	G	Group		0	0		

DataElement ID: 09281 Name: ORIGINAL-RECIP-ID Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/17/2018 Last Updated On: 12/17/2018
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		8	0		X(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09282 Name: MONTH-PREMIUM-AMT Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474198 Release:
 Created On: 12/17/2018 Last Updated On: 12/20/2018
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		4	2		S9(04)V99

DataElement ID: 09283 Name: RECIP-LAST-NAME-2 Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/17/2018 Last Updated On: 12/19/2018
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		17	0		X(17)

DataElement ID: 09284 Name: FIRST-NAME-FIRST-2 Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/17/2018 Last Updated On: 12/19/2018
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		12	0		X(12)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09286 Name: RECIP-MIDDLE-INIT-2 Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/17/2018 Last Updated On: 12/19/2018
 Description: RECIP-MIDDLE-INIT

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 09288 Name: RECIP-SSN-NUMBER Version: Subsystem:
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/17/2018 Last Updated On: 12/17/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		9	0		X(09)

DataElement ID: 09289 Name: UPDATED-DATE Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/17/2018 Last Updated On: 12/17/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3		Numeric Comp-3		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09290 Name: INVOICE-KEY Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/17/2018 Last Updated On: 12/17/2018
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	G	Group		0	0		

DataElement ID: 09291 Name: CASE-NUM Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/17/2018 Last Updated On: 12/17/2018
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		11	0		X(11)

DataElement ID: 09292 Name: CASE-MMY Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/17/2018 Last Updated On: 12/17/2018
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		4	0		X(04)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09293 Name: CASE-SEQUENCE Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/17/2018 Last Updated On: 12/17/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 09294 Name: INVOICE-ISSUE-DATE Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/17/2018 Last Updated On: 12/23/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3		Numeric Comp-3		5		0	S9(05)

DataElement ID: 09295 Name: NOTICE-FLAG Version: Subsystem:
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/17/2018 Last Updated On: 12/17/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09296 Name: NOTICE-DATE Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/17/2018 Last Updated On: 12/17/2018
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		5	0		S9(05)

DataElement ID: 09297 Name: PREMIUM-DUE-DATE Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/17/2018 Last Updated On: 12/17/2018
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		5	0		S9(05)

DataElement ID: 09298 Name: DISENROLL-FLAG Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/17/2018 Last Updated On: 12/17/2018
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09299 Name: RECORD-KEY Version: Subsystem: Not Defined
 Created By: Initial Sy Last Updated By: T474095 Release:
 Created On: 8/25/2004 Last Updated On: 2/18/2005
 Description: RECORD KEY.
 A GROUP LEVEL ENTRY CONSISTING OF THOSE DATA ELEMENTS USED TO
 UNIQUELY IDENTIFY THE RECORD IN AN INDEXED SEQUENTIAL FILE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 09300 Name: DISENROLL-DATE Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/17/2018 Last Updated On: 12/17/2018
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09301 Name: CICS-LOG-SORT-KEY Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: CICS LOG SORT KEY.
 THE SORT KEY USED TO CREATE, SORT, AND SPLIT THE RECORDS FROM THE
 CICS LOG FILE WHICH CONTAINS BEFORE AND AFTER IMAGES OF ALL
 RECORDS UPDATED ON THE VARIOUS FILES BY CICS.
 KEY CONTAINS THE FOLLOWING DATA ELEMENTS....
 09302 - CICS-TRANS-FILE-ID
 04019 - RECORD-CODE
 09299 - RECORD - KEY
 09303 - CICS-TRANS-DATE
 09304 - CICS-TRANS-TIME
 09305 - CICS-TRANS-ID

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 09302 Name: MONTH-PREMIUM-AMT Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474198 Release:
 Created On: 12/17/2018 Last Updated On: 12/20/2018
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		N3		Numeric Comp-3		4	2		S9(04)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09303 Name: CICS-TRANS-DATE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CICS TRANSACTION DATE.
 THE DATE ASSOCIATED WITH THE CREATION OF THIS TRANSACTION.
 SEE REN=19301.
 FORMAT OF DATE IS JULIAN (YYDDD).

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 09304 Name: CICS-TRANS-TIME Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CICS TRANSACTION TIME.
 THE TIME ASSOCIATED WITH THE CREATION OF THIS TRANSACTION
 SEE REN=19301.
 FORMAT OF TIME IS HHMMSS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		6	0		9(06)

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 09305      Name:  CICS-TRANS-ID      Version:      Subsystem: Not Defined
  Created By:              Last Updated By:      Release:
  Created On:      8/25/2004      Last Updated On:      8/25/2004
  Description: CICS TRANSACTION ID.
                THE CODE IDENTIFYING THE TYPE OF TRANSACTION RECORD.
                VALUES ARE -
                0 = ADD RECORD
                -
                1 = UPDATE   (BEFORE IMAGE)
                2 = UPDATE   (AFTER IMAGE)
                3 = DELETE RECORD
                4 = INQUIRY LOG RECORD
    
```

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 09306      Name:  POS-CICS-TRAN-CODE      Version:      Subsystem: Not Defined
  Created By:              Last Updated By:      Release:
  Created On:      8/25/2004      Last Updated On:      8/25/2004
  Description: POINT OF SALE CICS TRANSACTION CODE
                THE TRANSACTION CODE FOR A POINT OF SALE TRANSACTION
    
```

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		4	0		X(04)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09307 Name: PAID-STATUS Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/17/2018 Last Updated On: 12/17/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 09308 Name: CICS-CODE-CHG-DATE Version: Subsystem: Not Defined
 Created By: T474071 Last Updated By: T474071 Release:
 Created On: 3/18/2010 Last Updated On: 3/18/2010
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3		Numeric Comp-3		5	0		S9(05)

DataElement ID: 09309 Name: CICS-LOGIN-DATE Version: Subsystem: Not Defined
 Created By: T474071 Last Updated By: T474071 Release:
 Created On: 3/18/2010 Last Updated On: 3/18/2010
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3		Numeric Comp-3		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09310 Name: CICS-UPDATE-DATE Version: Subsystem: Not Defined
 Created By: T474071 Last Updated By: T474071 Release:
 Created On: 3/18/2010 Last Updated On: 3/18/2010
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		S9(05)

DataElement ID: 09311 Name: CICS-UPDATE-CLERK-ID Version: Subsystem: Not Defined
 Created By: T474071 Last Updated By: T474166 Release:
 Created On: 3/18/2010 Last Updated On: 3/2/2011
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		5	0		9(05)

DataElement ID: 09312 Name: PAID-DATE Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/17/2018 Last Updated On: 12/17/2018
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 09313      Name:  LAST-UPDT-DATE      Version:
Created By: T474353        Last Updated By: T474353      Release:
Created On: 12/17/2018    Last Updated On: 12/17/2018
Description:
    
```

Subsystem: Recipient

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		5		0	S9(05)

```

DataElement ID: 09314      Name:  CICS-TERM-ID      Version:
Created By:                Last Updated By:        Release:
Created On: 8/25/2004      Last Updated On: 8/25/2004
Description: CICS TERMINAL I.D.
    THE IDENTIFICATION CODE OF THE TERMINAL ASSOCIATED WITH THE
    FILE UPDATE (SEE DED=09312).
    
```

Subsystem: Not Defined

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09315 Name: CICS-FILE-ID Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: CICS FILE IDENTIFICATION.
 THIS FIELD CONTAINS THE FILE I.D. AS USED BY CICS IN ITS FILE CONTROL TABLE. THIS USUALLY IS THE SAME AS THE DOCUMENTED FILE NAME. FOR EXAMPLE, THE PROVIDER FILE NAME IS 'MJOED1' AND THIS IS ALSO THE FILE ID AS DEFINED IN THE TABLE.
 SEE COPY MEMBER WK980550 FOR A COMPLETE LIST OF FILE ID'S.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		8	0		X(08)

DataElement ID: 09316 Name: CICS-SECURITY-DATA Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: THIS GROUP LEVEL ENTRY CONTAINS THE SECURITY CODES WHICH INDICATE WHETHER UPDATE AND/OR INQUIRY ACTIVITY IS PERMITTED WITHIN EACH OF THE ON-LINE APPLICATIONS.,

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9		G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09317 Name: CICS-SECURITY-CODE Version: Subsystem: Not Defined
 Created By: SYSTEM Last Updated By: T474071 Release:
 Created On: 8/25/2004 Last Updated On: 3/18/2010

Description: CICS SECURITY CODE.
 THIS CODE IS USED DURING LOGON PROCEDURES TO THE CICS MMIS
 ON-LINE SYSTEM TO VERIFY AUTHORITY TO USE SPECIFIC APPLICATIONS
 AND FURTHER TO DETERMINE WHETHER THE USER IS AUTHORIZED TO
 UPDATE OR INQUIRE INTO CERTAIN FILES.
 SEE DESCRIPTION OF CICS SECURITY DATA (DEN=09316) FOR MORE
 INFORMATION.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		8	0		X(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09318 Name: CICS-APPL-INDIC Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CICS APPLICATION INDICATORS.

THIS GROUP LEVEL ENTRY OCCURS ONCE PER CICS MMIS APPLICATION WITHIN A CICS SECURITY CODE ENTRY (DEN=09316 AND 09317). EACH OCCURENCE CORRESPONDS POSITIONALLY TO THE ENTRIES LISTED ON THE MMIS MENU SCREEN WHICH APPEARS AT THE USER TERMINAL DURING THE LOGON PROCEDURES. FOR EACH APPLICATION LISTED, THE ENTRY IN THIS TABLE INDICATES WHETHER THE USER (CICS SECURITY CODE (DEN=09317)) CAN PERFORM INQUIRY AND/OR UPDATE ACTIVITY WITHIN THE SPECIFIED APPLICATION. SEE CICS INQUIRY INDICATOR (DEN=09319) AND CICS UPDATE INDICATOR (DEN=09321).
 SEE THE GENERAL ON-LINE SUBSYSTEM DOCUMENTATION FOR MORE DETAILED INFORMATION.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9		G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09319 Name: CICS-INQUIRY-INDIC Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CICS INQUIRY INDICATOR.

THIS INDICATOR IS SET TO EITHER 'Y' OR 'N' TO INDICATE WHETHER OR NOT THE CICS USER MAY INQUIRE INTO FILES CONTROLLED BY THE SPECIFIED APPLICATION. SEE CICS APPLICATION INDICATORS FOR A COMPLETE EXPLANATION.
 VALUES ARE -
 Y = INQUIRY PERMITTED
 N = INQUIRY NOT PERMITTED

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(1)

DataElement ID: 09320 Name: INVOICE-COMMENTS Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/17/2018 Last Updated On: 12/17/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		30	0		X(30)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09321	Name: NUM-RECIP-SPANS	Version:	Subsystem: Recipient
Created By: T474353	Last Updated By: T474198	Release:	
Created On: 12/17/2018	Last Updated On: 12/18/2018		
Description:			

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		N3	Numeric Comp-3		3		0	S9(03)

DataElement ID: 09322	Name: CICS-TRANS-REC-RDW	Version:	Subsystem: Not Defined
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: CICS TRANSACTION RECORD RECORD DESCRIPTION WORD. THIS FIELD CONTAINS THE LENGTH OF THE RECORD APPENDED TO THE CICS TRANSACTION LOG RECORD (REN=19301).			

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09323 Name: CICS-TRANS-RECORD Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CICS TRANSACTION RECORD.
 THIS FIELD IS USED WITH AN OCCURS DEPENDING ON CLAUSE IN THE CICS
 TRANSACTION LOG RECORD (REN=19301) TO HOLD THE RECORD TO BE
 APPENDED TO THE LOG TRANSACTION.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 09324 Name: CICS-SEC-DATA-SUB Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CICS SUB APPLICATION GROUP INDICATOR
 -
 THIS GROUP LEVEL ENTRY CONTAINS SECURITY CODES FOR EACH OF THE
 SUB-ON-LINE APPLICATIONS.,

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9		G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09325 Name: CICS-APPL-SUB-INDIC Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: CICS SUB APPLICATION INDICATOR
 THIS SUB LEVEL ENTRY OCCURS MORE THAN ONCE PER CICS MMIS APPLICATION WITHIN THE CICS SECURITY CODE ENTRY DEN=09316, 09317, 09318 AND 09324). EACH OCCURENCE IS SUB-SYSTEM DEPENDENT DEPENDING ON THE PROGRAM CODING WITHIN THAT APPLICATION. THE ENTRY IN THIS TABLE INDICATES WHETHER THE USER (CICS SECURITY CODE (DEN=09317)) CAN PERFORM INQUIRY AND/OR UPDATE ACTIVITY WITHIN THE SPECIFIED APPLICATION BROKEN DOWN TO THE SCREEN AND FIELD LEVEL.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 09326 Name: CICS-INDIC-SUB Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: CICS SUB APPLICATION INDICATOR
 THIS SUB LEVEL ENTRY OCCURS MORE THAN ONCE PER CICS MMIS SUB-APPLICATION. IT IS SET TO INDICATE WHAT SECURITY THE CICS CLIENT HAS.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(1)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09327 Name: RECIP-CAP-AMT Version: Subsystem:
 Created By: T474186 Last Updated By: T474186 Release:
 Created On: 1/29/2015 Last Updated On: 1/29/2015
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		6	2		S9(06)V99

DataElement ID: 09328 Name: RECIP-CAP-AMT Version: Subsystem:
 Created By: T474186 Last Updated By: T474186 Release:
 Created On: 1/29/2015 Last Updated On: 1/29/2015
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		6	2		S9(06)V99

DataElement ID: 09329 Name: NUM-RECIP-SPANS-CNT Version: Subsystem:
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/18/2018 Last Updated On: 12/18/2018
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09331 Name: NUM-OF-TOTAL-ENTRIES Version: Subsystem: Not Defined
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: NUMBER OF TOTAL ENTRIES.

THIS DATA ELEMENT IS USED IN TOTAL RECORDS TO CONTROL THE NUMBER OF TOTAL DATA ENTRIES. THE TOTAL RECORD CONTAINS A FIXED NUMBER OF TOTAL ENTRIES (DEN=09332) DESIGNED TO ACCOMODATE THE TOTAL INFORMATION FOR THE FILE WITH THE GREATEST NUMBER OF TOTAL CONTROLS.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		3	0		S9(3)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09332 Name: TOTAL-COUNT-DATA Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: TOTAL COUNT DATA.
 THIS GROUP LEVEL DATA ELEMENT CONTAINS TOTAL DATA ELEMENTS REFLECTING THE ADDITIONS, DELETIONS, CHANGES, AND TOTAL RECORD COUNTS FOR PARTICULAR TYPE RECORDS ON A MMIS MASTER FILE. CONTAINS THE FOLLOWING ...
 -
 DEN = 09333 - TOTAL MONTH BEGIN
 DEN = 09334 - TOTAL CURRENT
 DEN = 09335 - TOTAL ADDS
 DEN = 09336 - TOTAL DELETES
 DEN = 09337 - TOTAL CHANGES

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 09333 Name: TOTAL-MONTH-BEGIN Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: TOTAL MONTH BEGIN.
 THIS DATA ELEMENT CONTAINS THE COUNTY OF RECORDS AS OF THE BEGINNING OF THE MONTH. (SEE DEN=09332).

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	0		S9(7)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09334 Name: TOTAL-CURRENT Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TOTAL CURRENT.
 THIS DATA ELEMENT CONTAINS THE COUNT OF RECORDS AS OF THE LAST
 UPDATE TO THE TOTAL RECORD. (SEE DEN=09332).

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7		0	S9(7)

DataElement ID: 09335 Name: TOTAL-MTHLY-ADDS Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TOTAL ADDS.
 THIS DATA ELEMENT CONTAINS THE COUNT OF RECORDS ADDED DURING THE
 MONTH. (SEE DEN=09332).

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7		0	S9(7)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09336 Name: TOTAL-DAILY-DELETES Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TOTAL DELETES.
 THIS DATA ELEMENT CONTAINS THE COUNT OF RECORDS DELETED DURING
 THE MONTH. (SEE DEN=09332).

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7		0	S9(7)

DataElement ID: 09337 Name: TOTAL-MTHLY-CHANGES Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TOTAL CHANGES.
 THIS DATA ELEMENT CONTAINS THE COUNT OF RECORDS CHANGED DURING
 THE MONTH. (SEE DEN=09332).

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7		0	S9(7)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09338 Name: TOTAL-HCFA-CLAIMS Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TOTAL HCFA CLAIMS
 - CONTAINS THE TOTAL NUMBER OF HCFA CLAIMS TO BE REPORTED ON THE
 ANCILLARY PHYSICIANS REPORT.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 09339 Name: TOTAL-OUTPAT-CLAIMS Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TOTAL OUTPATIENT CLAIMS
 CONTAINS THE TOTAL NUMBER OF OUTPATIENT CLAIMS TO BE REPORTED ON T
 ANCILLARY OUTPATIENT REPORT.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09340 Name: INVOICE-CANCEL-DATE Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/23/2018 Last Updated On: 12/23/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3		Numeric Comp-3		5		0	S9(05)

DataElement ID: 09341 Name: RECIP-ACTIVE-DATE Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/23/2018 Last Updated On: 12/23/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3		Numeric Comp-3		5		0	S9(05)

DataElement ID: 09342 Name: FILLER-2 Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/26/2018 Last Updated On: 12/26/2018
 Description: FILLER

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09343 Name: FILLER-3 Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/26/2018 Last Updated On: 12/26/2018
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

DataElement ID: 09344 Name: FILLER-4 Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/26/2018 Last Updated On: 12/26/2018
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

DataElement ID: 09345 Name: FILLER-5 Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/26/2018 Last Updated On: 12/26/2018
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09346 Name: FILLER-6 Version: Subsystem:
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/26/2018 Last Updated On: 12/26/2018
 Description: FILLER-6

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 09347 Name: FILLER-7 Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/26/2018 Last Updated On: 12/26/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 09348 Name: TOTAL-MTHLY-TERM Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: FIELD CONTAINS THE NUMBER OF PROVIDERS TERMINATED THIS MONTH.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3		Numeric Comp-3		7		0	S9(7)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09349 Name: TOTAL-DAILY-TERM Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: FIELD CONTAINS THE NUMBER OF PROVIDERS TERMINATED TODAY.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7		0	S9(7)

DataElement ID: 09350 Name: TOTAL-DAILY-ADDS Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: FIELD CONTAINS THE NUMBER OF PROVIDERS ADDED TODAY.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7		0	S9(7)

DataElement ID: 09351 Name: TOTAL-DAILY-CHANGES Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: FIELD CONTAINS THE NUMBER OF PROVIDERS CHANGED TODAY.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7		0	S9(7)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09352 Name: TOTAL-DAILY-BEGIN Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS COUNTER REFLECTS TOTALS BEFORE BEING UPDATED DAILY BY
 CURRENT ACTIVITY.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	0		S9(7)

DataElement ID: 09353 Name: CURRENT-IN-STATE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS COUNTER REFLECTS TOTAL PROVIDERS IN FLORIDA.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	0		9(07)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09354 Name: CURRENT-BORDER Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS COUNTER REFLECTS TOTAL PROVIDERS FLORIDA'S
 BORDER STATES.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	0		9(07)

DataElement ID: 09355 Name: CURRENT-OUT-OF-STATE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS COUNTER REFLECTS TOTAL PROVIDERS OUT OF STATE.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		7	0		S9(7)

DataElement ID: 09356 Name: FILLER-8 Version: Subsystem:
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/26/2018 Last Updated On: 12/26/2018
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09357 Name: FILLER-9 Version: Subsystem:
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/26/2018 Last Updated On: 12/26/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 09358 Name: FILLER-9 Version: Subsystem:
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/26/2018 Last Updated On: 12/26/2018
 Description: FILLER-9

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 09359 Name: FILLER-10 Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/26/2018 Last Updated On: 12/26/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09360 Name: FILLER-11 Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/26/2018 Last Updated On: 12/26/2018
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

DataElement ID: 09361 Name: FILLER-12 Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/26/2018 Last Updated On: 12/26/2018
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

DataElement ID: 09362 Name: FILLER-13 Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/26/2018 Last Updated On: 12/26/2018
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09363 Name: FILLER-14 Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/26/2018 Last Updated On: 12/26/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 09364 Name: FILLER-15 Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/26/2018 Last Updated On: 12/26/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 09365 Name: FILLER-1 Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/26/2018 Last Updated On: 12/26/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 09366      Name:  INVOICE-SEQUENCE      Version:      Subsystem:
  Created By: T474353      Last Updated By: T474353      Release:
  Created On: 12/26/2018   Last Updated On: 12/26/2018
  Description: INVOICE-SEQUENCE
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		2	0		9(02)

```

DataElement ID: 09367      Name:  INVOICE-ACTION-TYPE      Version:      Subsystem:
  Created By: T474353      Last Updated By: T474353      Release:
  Created On: 12/26/2018   Last Updated On: 12/26/2018
  Description:
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

```

DataElement ID: 09368      Name:  NUM-CHILD-SPANS      Version:      Subsystem: Recipient
  Created By: T474350      Last Updated By: T474350      Release:
  Created On: 12/28/2018   Last Updated On: 12/28/2018
  Description:
    
```

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		3	0		S9(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09369 Name: NUM-INVOICE-SPANS Version: Subsystem: Recipient
 Created By: T474350 Last Updated By: T474350 Release:
 Created On: 12/28/2018 Last Updated On: 12/28/2018
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		3		0	S9(03)

DataElement ID: 09370 Name: HAWKI-INVOICE-DATA Version: Subsystem:
 Created By: T474350 Last Updated By: T474350 Release:
 Created On: 12/28/2018 Last Updated On: 12/28/2018
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	G	Group				0	

DataElement ID: 09371 Name: LEGACY-CASE-NUMBER Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/31/2018 Last Updated On: 12/31/2018
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		32		0	X(32)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09372 Name: BUSINESS-KEY Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/31/2018 Last Updated On: 12/31/2018
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		32		0	X(32)

DataElement ID: 09373 Name: STATUS-INDICATOR Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/31/2018 Last Updated On: 12/31/2018
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

DataElement ID: 09374 Name: CURRENT-BALANCE Version: Subsystem: Recipient
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/31/2018 Last Updated On: 12/31/2018
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		32		0	X(32)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09375 Name: PREMIUM-MONTH Version: Subsystem:
 Created By: T474353 Last Updated By: T474353 Release:
 Created On: 12/31/2018 Last Updated On: 12/31/2018
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		50			X(50)

DataElement ID: 09376 Name: MEMBERS-SAME-AMT Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 1/9/2019 Last Updated On: 1/9/2019
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1			X(01)

DataElement ID: 09377 Name: MHC-RECIP-CAP Version: Subsystem: Managed Care
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 1/15/2019 Last Updated On: 1/15/2019
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1			X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09378 Name: FPP-EXCL-IND Version: Subsystem: Managed Care
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 4/24/2019 Last Updated On: 4/24/2019
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 09380 Name: RECIP-NOD-IND Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 2/13/2019 Last Updated On: 2/13/2019
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 09385 Name: CAP-CLM-TRIG-DATE Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 1/28/2019 Last Updated On: 1/28/2019
 Description: CAPITATION CLAIM TRIGGER CREATION DATE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3		Numeric Comp-3		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09386 Name: RECIP-CAP-DATA Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 1/28/2019 Last Updated On: 1/28/2019
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	G		Group		0		0	

DataElement ID: 09387 Name: CAP-RESOURCE-DATA Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 1/28/2019 Last Updated On: 1/28/2019
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	G		Group		0		0	

DataElement ID: 09388 Name: RECIP-COMMENT-FIELD Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 6/3/2019 Last Updated On: 6/3/2019
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		30			X(30)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09389 Name: RETRO-ELIG-IND Version: Subsystem: Recipient
 Created By: T474357 Last Updated By: T474357 Release:
 Created On: 9/13/2019 Last Updated On: 10/1/2019
 Description: RETROACTIVE ELIGIBILITY INDICATOR

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

DataElement ID: 09390 Name: SSI-RECIP-ID Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 12/5/2019 Last Updated On: 12/5/2019
 Description: SSI-PROCESS-DATE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09391 Name: FILE-ID Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004

Description: RECOVER FILE ID.
 THIS IS PART OF THE USER INPUT LOG FILE ACTION REQUEST RECORD
 (19398 - 9) USED WHEN REQUESTING THAT A PARTICULAR FILE (VSAM)
 BE REBUILT BASED ON THE CICS ONLINE TRANSACTION LOG RECORDS
 (REN=19302) OR THAT THE LOG RECORDS BE PRINTED.
 THIS FIELD IDENTIFIES THE FILE-ID OF THE FILE.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		8	0		X(8)

DataElement ID: 09392 Name: SSI-PROCESS-MM Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 12/5/2019 Last Updated On: 12/5/2019

Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		N		Numeric		2	0		9(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09393 Name: SSI-PROCESS-DD Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 12/5/2019 Last Updated On: 12/5/2019
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		2	0		9(02)

DataElement ID: 09394 Name: SSI-PROCESS-CC Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 12/5/2019 Last Updated On: 12/5/2019
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		2	0		9(02)

DataElement ID: 09395 Name: SSI-PROCESS-YY Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 12/5/2019 Last Updated On: 12/5/2019
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		2	0		9(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09396 Name: SSI-APPL-DATE Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 12/5/2019 Last Updated On: 12/5/2019
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	G	Group		0	0		

DataElement ID: 09397 Name: SSI-APPL-MM Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 12/5/2019 Last Updated On: 12/5/2019
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		2	0		9(02)
2	X	AlphaNumeric		2	0		X(02)

DataElement ID: 09398 Name: SSI-APPL-DD Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 12/5/2019 Last Updated On: 12/5/2019
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		2	0		9(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09399	Name: SSI-APPL-CC	Version:	Subsystem: Recipient
Created By: T474198	Last Updated By: T474198	Release:	
Created On: 12/5/2019	Last Updated On: 12/5/2019		
Description:			

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		N		Numeric		2		0	9(02)

DataElement ID: 09400	Name: ALTERNATE-INDEX-4	Version:	Subsystem: Not Defined
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: ALTERNATE INDEX 4			
THIS GROUP LEVEL CONTAINS THE FOURTH VSAM ALTERNATE INDEX FOR A RECORD.			

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9		G		Group		0		0	

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09401 Name: ALTERNATE-INDEX-5 Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ALTERNATE INDEX 5
 THIS GROUP LEVEL CONTAINS THE FIFTH VSAM ALTERNATE INDEX FOR A
 RECORD.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0	0		

DataElement ID: 09402 Name: ALTERNATE-INDEX-6 Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ALTERNATE INDEX 6
 THIS GROUP LEVEL CONTAINS THE SIXTH VSAM ALTERNATE INDEX FOR A
 RECORD.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09403 Name: ALTERNATE-INDEX-7 Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ALTERNATE INDEX 7
 THIS GROUP LEVEL CONTAINS THE SEVENTH
 VSAM ALTERNATE INDEX FOR A RECORD.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9		G	Group		0	0		

DataElement ID: 09405 Name: SSI-APPL-YY Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 12/5/2019 Last Updated On: 12/5/2019
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		N	Numeric		2	0		9(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09406 Name: PASSIVE-BLOCK-DATE Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 12/5/2019 Last Updated On: 12/5/2019
 Description: PASSIVE-BLOCK-DATE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		4	0		9(04)

DataElement ID: 09407 Name: PASSIVE-BLOCK-PERIOD Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 12/5/2019 Last Updated On: 12/5/2019
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		4	0		9(04)

DataElement ID: 09408 Name: PASSIVE-UPDATE-DATE Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 12/5/2019 Last Updated On: 12/5/2019
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		8	0		9(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09409 Name: SSI-PROCESS-DATE Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 12/5/2019 Last Updated On: 12/5/2019
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	G	Group		0	0		

DataElement ID: 09410 Name: PASSIVE-BLOCK-KEY Version: Subsystem: Recipient
 Created By: T474198 Last Updated By: T474198 Release:
 Created On: 12/6/2019 Last Updated On: 12/6/2019
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	G	Group		0	0		

DataElement ID: 09411 Name: PASSIVE-UPDATE-BY Version: Subsystem: Recipient
 Created By: T474357 Last Updated By: T474357 Release:
 Created On: 1/23/2020 Last Updated On: 1/23/2020
 Description: TO STORE THE WHO HAS PUT THE BLOCK

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		8	0		X(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09412 Name: CAP-ORIG-RECIP-ID-F Version: Subsystem: Recipient
 Created By: T474357 Last Updated By: T474357 Release:
 Created On: 11/24/2020 Last Updated On: 11/25/2020
 Description: CAP FIELD SEPERATOR

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

DataElement ID: 09413 Name: CAP-MONTH-YEAR Version: Subsystem: Recipient
 Created By: T474357 Last Updated By: T474357 Release:
 Created On: 11/24/2020 Last Updated On: 11/24/2020
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		6		0	X(06)

DataElement ID: 09414 Name: CAP-MONTH-YEAR-F Version: Subsystem:
 Created By: T474357 Last Updated By: T474357 Release:
 Created On: 11/24/2020 Last Updated On: 11/24/2020
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09415 Name: CAP-BEG-DATE-CENT Version: Subsystem: Recipient
 Created By: T474357 Last Updated By: T474357 Release:
 Created On: 11/24/2020 Last Updated On: 11/24/2020
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		5		0	S9(05)

DataElement ID: 09416 Name: CAP-END-DATE-CENT Version: Subsystem: Recipient
 Created By: T474357 Last Updated By: T474357 Release:
 Created On: 11/24/2020 Last Updated On: 11/30/2020
 Description: CAP FIELD SEPERATOR

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		5		0	S9(05)

DataElement ID: 09417 Name: CAP-END-DATE-CENT Version: Subsystem:
 Created By: T474357 Last Updated By: T474357 Release:
 Created On: 11/24/2020 Last Updated On: 11/24/2020
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		5		0	S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09418 Name: CAP-LOOKUP-FILLER Version: Subsystem: Recipient
 Created By: T474357 Last Updated By: T474357 Release:
 Created On: 11/24/2020 Last Updated On: 11/30/2020
 Description: CAP FIELD SEPERATOR

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		30	0		X(30)

DataElement ID: 09420 Name: CAP-PROV-ID Version: Subsystem: Recipient
 Created By: T474357 Last Updated By: T474357 Release:
 Created On: 11/24/2020 Last Updated On: 11/30/2020
 Description: CAP PROVIDER ID

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N		Numeric		9	0		9(09)

DataElement ID: 09421 Name: CAP-PROCEDURE-CODE Version: Subsystem: Recipient
 Created By: T474357 Last Updated By: T474357 Release:
 Created On: 11/24/2020 Last Updated On: 11/24/2020
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		5	0		X(05)

Iowa Medicaid Enterprise

Data Element List

```

DataElement ID: 09422      Name:  CAP-MONTH-YEAR-F      Version:      Subsystem:
Created By: T474357      Last Updated By: T474357      Release:
Created On: 11/24/2020      Last Updated On: 11/24/2020
Description:
    
```

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

```

DataElement ID: 09423      Name:  LOOKUP-MONTH-YEAR      Version:      Subsystem:
Created By: T474357      Last Updated By: T474357      Release:
Created On: 11/24/2020      Last Updated On: 11/24/2020
Description:
    
```

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		6		0	X(06)

```

DataElement ID: 09424      Name:  LOOKUP-BEGIN-DATE      Version:      Subsystem:
Created By: T474357      Last Updated By: T474357      Release:
Created On: 11/24/2020      Last Updated On: 11/24/2020
Description: RECIPENT SPAN BEGIN DATE
    
```

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		8		0	X(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09425 Name: LOOKUP-END-DATE Version: Subsystem:
 Created By: T474357 Last Updated By: T474357 Release:
 Created On: 11/24/2020 Last Updated On: 11/24/2020
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		8		0	X(08)

DataElement ID: 09426 Name: LOOKUP-PROGRAM-CODE Version: Subsystem:
 Created By: T474357 Last Updated By: T474357 Release:
 Created On: 11/24/2020 Last Updated On: 11/24/2020
 Description: RECIPIENT PROGRAM CODE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		3		0	X(03)

DataElement ID: 09427 Name: LOOKUP-FUNDING-CODE Version: Subsystem:
 Created By: T474357 Last Updated By: T474357 Release:
 Created On: 11/24/2020 Last Updated On: 11/24/2020
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09428	Name:	Version:	Subsystem:
Created By: T474357	Last Updated By: T474357	Release:	
Created On: 11/24/2020	Last Updated On: 11/24/2020		
Description:			

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		8		0	X(08)

DataElement ID: 09429	Name: LOOKUP-LAST-UPD-BY	Version:	Subsystem:
Created By: T474357	Last Updated By: T474357	Release:	
Created On: 11/24/2020	Last Updated On: 11/24/2020		
Description:			

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		8		0	X(08)

DataElement ID: 09430	Name: LOOKUP-FILLER1	Version:	Subsystem:
Created By: T474357	Last Updated By: T474357	Release:	
Created On: 11/24/2020	Last Updated On: 11/24/2020		
Description: FILLERS			

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		30		0	X(30)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09431 Name: CAP-LOOKUP-KEY Version: Subsystem: Recipient
 Created By: T474357 Last Updated By: T474357 Release:
 Created On: 11/25/2020 Last Updated On: 11/30/2020
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	G		Group		0	0		

DataElement ID: 09432 Name: LOOKUP-MNTH-YEAR Version: Subsystem:
 Created By: T474357 Last Updated By: T474357 Release:
 Created On: 11/25/2020 Last Updated On: 11/25/2020
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		6	0		X(06)

DataElement ID: 09433 Name: LOOKUP-BEGDATE Version: Subsystem:
 Created By: T474357 Last Updated By: T474357 Release:
 Created On: 11/25/2020 Last Updated On: 11/25/2020
 Description: CAP LOOKUP BEGIN DATE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		8	0		X(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09434 Name: LOOKUP-END-DATE Version: Subsystem:
 Created By: T474357 Last Updated By: T474357 Release:
 Created On: 11/25/2020 Last Updated On: 11/25/2020
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3		Numeric Comp-3		5		0	S9(05)

DataElement ID: 09435 Name: Version: Subsystem:
 Created By: T474357 Last Updated By: T474357 Release:
 Created On: 11/25/2020 Last Updated On: 11/25/2020
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		3		0	X(03)

DataElement ID: 09436 Name: LOOKUP-FUNDING-CODE Version: Subsystem:
 Created By: T474357 Last Updated By: T474357 Release:
 Created On: 11/25/2020 Last Updated On: 11/25/2020
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09437 Name: LOOKUP-LAST-UPD-DATE Version: Subsystem: Recipient
 Created By: T474357 Last Updated By: T474357 Release:
 Created On: 11/25/2020 Last Updated On: 11/30/2020
 Description: CAP LOOKUP LAST UPDATE BY

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			8	0		X(08)

DataElement ID: 09439 Name: LOOKUP-LAST-UPD-BY Version: Subsystem:
 Created By: T474357 Last Updated By: T474357 Release:
 Created On: 11/25/2020 Last Updated On: 11/25/2020
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			6	0		X(06)

DataElement ID: 09440 Name: CAP-DELIMITER Version: Subsystem:
 Created By: T474357 Last Updated By: T474357 Release:
 Created On: 11/25/2020 Last Updated On: 11/25/2020
 Description: CAP-DELIMITER

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09441 Name: LOOKUP-BEGIN-DATE Version: Subsystem: Recipient
 Created By: T474357 Last Updated By: T474357 Release:
 Created On: 11/30/2020 Last Updated On: 11/30/2020
 Description: LOOK UP BEGIN DATE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		8		0	X(08)

DataElement ID: 09442 Name: LOOKUP-END-DATE Version: Subsystem:
 Created By: T474357 Last Updated By: T474357 Release:
 Created On: 11/30/2020 Last Updated On: 11/30/2020
 Description: LOOK UP END DATE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		8		0	X(08)

DataElement ID: 09443 Name: LOOKUP-LAST-UPD-BY Version: Subsystem:
 Created By: T474357 Last Updated By: T474357 Release:
 Created On: 11/30/2020 Last Updated On: 11/30/2020
 Description: LOOKUP LAST UPDATED USER

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		8		0	X(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09445 Name: LOOKUP-END-DATE Version: Subsystem:
 Created By: T474357 Last Updated By: T474357 Release:
 Created On: 11/30/2020 Last Updated On: 11/30/2020
 Description: LOOK UP END DATE FOR NEMT CAP TRIGGER

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		8		0	X(08)

DataElement ID: 09446 Name: LOOKUP-LAST-UPD-BY Version: Subsystem: Recipient
 Created By: T474357 Last Updated By: T474357 Release:
 Created On: 11/30/2020 Last Updated On: 11/30/2020
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		8		0	X(08)

DataElement ID: 09447 Name: LOOKUP-END-DATE Version: Subsystem: Recipient
 Created By: T474357 Last Updated By: T474357 Release:
 Created On: 11/30/2020 Last Updated On: 11/30/2020
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		8		0	X(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09448 Name: CAP-DELIMITER Version: Subsystem:
 Created By: T474357 Last Updated By: T474357 Release:
 Created On: 11/30/2020 Last Updated On: 11/30/2020
 Description: CAP DELIMITER

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

DataElement ID: 09449 Name: CAP-DELIMITER-P Version: Subsystem: Recipient
 Created By: T474357 Last Updated By: T474351 Release:
 Created On: 11/30/2020 Last Updated On: 1/12/2021
 Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)
2		X		AlphaNumeric		1		0	X(01)
3		X		AlphaNumeric		1		0	X(01)
4		X		AlphaNumeric		1		0	X(01)
5		X		AlphaNumeric		1		0	X(01)
6		X		AlphaNumeric		1		0	X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09450 Name: CAP-END-DATE-CENT Version: Subsystem:
 Created By: T474357 Last Updated By: T474357 Release:
 Created On: 11/30/2020 Last Updated On: 11/30/2020
 Description: CAPITATION-END-DATE-CENT

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		5		0	S9(05)

DataElement ID: 09451 Name: COSTSHAR-BEGIN-DATE Version: Subsystem: Recipient
 Created By: T474365 Last Updated By: T474365 Release:
 Created On: 2/16/2022 Last Updated On: 2/17/2022
 Description: EDBC/ELIGIBILITY SPAN START MONTH FOR THE CAP AMOUNT. FORMAT CCYYMMDD

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		5		0	S9(05)

DataElement ID: 09452 Name: COSTSHAR-END-DATE Version: Subsystem: Recipient
 Created By: T474365 Last Updated By: T474365 Release:
 Created On: 2/16/2022 Last Updated On: 2/17/2022
 Description: EDBC/ELIGIBILITY SPAN END MONTH FOR THE CAP AMOUNT. FORMAT CCYYMMDD

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		5		0	S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09453 Name: COSTSHR-APPRVD-AMT Version: Subsystem: Recipient
 Created By: T474365 Last Updated By: T474365 Release:
 Created On: 2/16/2022 Last Updated On: 2/21/2022
 Description: COST SHARING AMOUNT PER INDIVIDUAL

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		9	2		9(09)V99

DataElement ID: 09454 Name: COSTSHR-AMT-USED Version: Subsystem: Recipient
 Created By: T474365 Last Updated By: T474365 Release:
 Created On: 2/16/2022 Last Updated On: 2/17/2022
 Description: COST SHARING AMOUNT USED PER INDIVIDUAL

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		9	2		9(09)V99

DataElement ID: 09455 Name: COSTSHAR-MET-DATE Version: Subsystem: Recipient
 Created By: T474365 Last Updated By: T474365 Release:
 Created On: 2/16/2022 Last Updated On: 2/17/2022
 Description: THE DATE COST SHARING AMOUNT PER INDIVIDUAL IS MET

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09456	Name: COSTSHAR-EXEMPT-IND	Version:	Subsystem:
Created By: T474365	Last Updated By: T474365	Release:	
Created On: 2/16/2022	Last Updated On: 2/16/2022		
Description:			

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 09457	Name: GROSS-HH-INCOME-AMT	Version:	Subsystem: Recipient
Created By: T474365	Last Updated By: T474365	Release:	
Created On: 2/17/2022	Last Updated On: 2/17/2022		
Description: GROSS INCOME (USED TO DETERMINE COST SHARE)			

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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1	N	Numeric		9	2		9(09)V99
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09458 Name: TOT-NUM-OF-HH Version: Subsystem: Recipient
 Created By: T474365 Last Updated By: T474365 Release:
 Created On: 2/17/2022 Last Updated On: 2/21/2022
 Description: TOTAL NUMBER OF PEOPLE IN THE HOUSEHOLD FOR THE CASE INCLUDED IN THE BUDGET CALCULATION

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		N	Numeric		3	0		9(03)
2		N	Numeric		2	0		9(02)

DataElement ID: 09460 Name: AS-OF-DATE Version: Subsystem: Recipient
 Created By: T474365 Last Updated By: T474365 Release:
 Created On: 2/16/2022 Last Updated On: 2/17/2022
 Description: CURRENT DATE

Variant	ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		N3	Numeric Comp-3		5	0		S9(05)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09461	Name: COSTSHR-SENDER	Version:	Subsystem:
Created By: T474365	Last Updated By: T474365	Release:	
Created On: 2/16/2022	Last Updated On: 2/16/2022		
Description: SOURCE OF THE FILE - VALID VALUES ITC, AGP, IME			

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		3	0		X(03)

DataElement ID: 09462	Name: COSTSHR-SENDER	Version:	Subsystem: Recipient
Created By: T474365	Last Updated By: T474365	Release:	
Created On: 2/17/2022	Last Updated On: 2/28/2022		
Description: WHO IS SENDING THE FILE			

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		3	0		X(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09463 Name: COSTSHAR-EXEMPT-IND Version: Subsystem: Recipient
 Created By: T474365 Last Updated By: T474365 Release:
 Created On: 2/17/2022 Last Updated On: 3/2/2022
 Description: THE EXEMPT REASON INDICATOR

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 09465 Name: RECORD-UPDATE-DATE Version: Subsystem: Recipient
 Created By: T474365 Last Updated By: T474365 Release:
 Created On: 2/17/2022 Last Updated On: 2/17/2022
 Description: RECORD-UPDATE-DATE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3		Numeric Comp-3		5		0	S9(05)

DataElement ID: 09466 Name: RECORD-UPDATE-USER Version: Subsystem: Recipient
 Created By: T474365 Last Updated By: T474365 Release:
 Created On: 2/17/2022 Last Updated On: 2/17/2022
 Description: RECORD-UPDATE-USER

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		30		0	X(30)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09467 Name: COSTSHAR-APPL-PD-AMT Version: Subsystem: Recipient
 Created By: T474365 Last Updated By: T474365 Release:
 Created On: 2/17/2022 Last Updated On: 2/17/2022
 Description: COSTSHAR-APPL-PD-AMT LAST APPLIED AMOUNT

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric			6	2		9(06)V99

DataElement ID: 09468 Name: COSTSHAR-TCN-TRANS Version: Subsystem: Recipient
 Created By: T474365 Last Updated By: T474365 Release:
 Created On: 2/17/2022 Last Updated On: 2/17/2022
 Description: COSTSHAR-TCN-TRANS

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			17	0		X(17)

DataElement ID: 09469 Name: RECORD-UPDATE-SOURCE Version: Subsystem: Recipient
 Created By: T474365 Last Updated By: T474365 Release:
 Created On: 2/17/2022 Last Updated On: 2/17/2022
 Description: RECORD-UPDATE-SOURCE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			30	0		X(30)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09470 Name: COSTSHAR-HH-DATA Version: Subsystem: Recipient
 Created By: T474365 Last Updated By: T474365 Release:
 Created On: 2/18/2022 Last Updated On: 2/18/2022
 Description: COSTSHAR-HH-DATA

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	G	Group		0	0		

DataElement ID: 09471 Name: COSTSHAR-SPAN-DATA Version: Subsystem: Recipient
 Created By: T474365 Last Updated By: T474365 Release:
 Created On: 2/18/2022 Last Updated On: 2/18/2022
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	G	Group		0	0		

DataElement ID: 09472 Name: COSTSHAR-KEY Version: Subsystem: Recipient
 Created By: T474365 Last Updated By: T474365 Release:
 Created On: 2/18/2022 Last Updated On: 2/18/2022
 Description: COSTSHAR-KEY

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		19	0		X(19)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09473 Name: COSTSHAR-EXEMPT-RSN Version: Subsystem: Recipient
 Created By: T474365 Last Updated By: T474365 Release:
 Created On: 2/21/2022 Last Updated On: 2/21/2022
 Description: COSTSHAR-EXEMPT-REASON-IND
 P = PREGNANCY
 C = CHILD UNDER 19
 F=FPLR=RACE/ETHNIC ORIGINSPACE IF NO EXEMPTION

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

DataElement ID: 09474 Name: SELF-ATT-INCOME Version: Subsystem: Recipient
 Created By: T474365 Last Updated By: T474365 Release:
 Created On: 2/21/2022 Last Updated On: 2/21/2022
 Description: COSTSHAR-SELF-ATTESTED-INCOME

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		6	2		9(06)V99
2	N	Numeric		9	2		9(09)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09475 Name: COSTSHAR-TOT-HH-AMT Version: Subsystem: Recipient
 Created By: T474365 Last Updated By: T474365 Release:
 Created On: 2/21/2022 Last Updated On: 2/21/2022
 Description: MONTHLY COST SHARING MAXIMUM TOTAL HOUSEHOLD AMOUNT (IS REQUIRED)

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		6	2		9(06)V99
2	N	Numeric		9	2		9(09)V99

DataElement ID: 09476 Name: RECIP-LAST-NAME30 Version: Subsystem:
 Created By: T474365 Last Updated By: T474365 Release:
 Created On: 2/21/2022 Last Updated On: 2/21/2022
 Description: RECIP-LAST-NAME 30 BYTES LONG

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		30	0		X(30)

DataElement ID: 09477 Name: RECIP-FIRST-NAME30 Version: Subsystem:
 Created By: T474365 Last Updated By: T474365 Release:
 Created On: 2/21/2022 Last Updated On: 2/21/2022
 Description: RECIP-FIRST-NAME 30 BYTES LONG

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		30	0		X(30)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09478 Name: RECIP-MIDDLE-INIT30 Version: Subsystem: Recipient
 Created By: T474365 Last Updated By: T474365 Release:
 Created On: 2/21/2022 Last Updated On: 2/21/2022
 Description: RECIP-MIDDLE-INIT 30 BYTES LONG

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		30	0		X(30)

DataElement ID: 09479 Name: CASE-LAST-NAME30 Version: Subsystem: Recipient
 Created By: T474365 Last Updated By: T474365 Release:
 Created On: 2/21/2022 Last Updated On: 2/21/2022
 Description: CASE-LAST-NAME 30 BYTES LONG

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		30	0		X(30)

DataElement ID: 09480 Name: CASE-FIRST-NAME30 Version: Subsystem: Recipient
 Created By: T474365 Last Updated By: T474365 Release:
 Created On: 2/21/2022 Last Updated On: 2/21/2022
 Description: CASE-FIRST-NAME 30 BYTES LONG

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		30	0		X(30)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09481 Name: CASE-MIDDLE-INIT30 Version: Subsystem: Recipient
 Created By: T474365 Last Updated By: T474365 Release:
 Created On: 2/21/2022 Last Updated On: 2/21/2022
 Description: CASE-MIDDLE-INIT 30 BYTES LONG

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		30	0		X(30)

DataElement ID: 09602 Name: CSR-NUMBER Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD REPRESENTS THE CHANGE REQUEST NUMBER.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		4	0		9(4)

DataElement ID: 09604 Name: CSR-MASTER-DATA Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD REPRESENTS THE DATA PORTION OF THE CSR MASTER RECORD.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09606 Name: USER-ID Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD REPRESENTS THE USER ID.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 09608 Name: CHG-ORDER-NUM Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD REPRESENTS THE CSR NUMBER.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 09610 Name: CTEC-CONTACT Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD REPRESENTS THE CONSULTEC CONTACT FOR THE CSR.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09612 Name: RESPONSIBLE Version: Subsystem: Not Defined
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: THIS FIELD REPRESENTS THE RESPONSIBLE PERSON FOR THE CSR,
I.E. THE PERSON CODING THE CSR.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 09614 Name: HCF-CONTACT Version: Subsystem: Not Defined
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: THIS FIELD REPRESENTS THE HCF CONTACT PERSON FOR THE CSR.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 09616 Name: CSR-STATUS Version: Subsystem: Not Defined
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: THIS FIELD REPRESENTS THE STATUS OF THE CSR.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09618 Name: CSR-TYPE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD REPRESENTS THE CSR TYPE.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 09620 Name: DISCREPANCY-CHG-IND Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD REPRESENTS THE INDICATOR WHICH DISPLAYS WHETHER
 THE CSR IS A DISCREPANCY, CHANGE, ETC.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 09622 Name: RANK Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD REPRESENTS THE RANK OF THE CSR.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09624 Name: OPERATIONAL-IMPACT Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD REPRESENTS THE OPERATIONAL IMPACT OF THE CSR.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 09626 Name: CSR-REFERENCE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD REPRESENTS THE CSR REFERENCE PERSON.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 09628 Name: CSR-MISC-DATES Version: Subsystem: Not Defined
 Created By: SYSTEM Last Updated By: T474096 Release:
 Created On: 8/25/2004 Last Updated On: 11/7/2007
 Description: THIS FIELD REPRESENTS THE GROUP LEVEL OF CSR MISCELLANEOUS DATES.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09630 Name: DATE-REQUESTED Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD REPRESENTS THE DATE THE CSR IS REQUESTED.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 09632 Name: DATE-REQUIRED Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD REPRESENTS THE DATE THE CSR IS REQUIRED TO BE FINISHED.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 09634 Name: BEGIN-DATE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD REPRESENTS THE BEGIN DATE FOR THE CSR.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09636 Name: IMPLEMENT-DATE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD REPRESENTS THE DATE THE CSR IS TO BE IMPLEMENTED.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 09638 Name: CLOSED-DATE Version: Subsystem: Not Defined
 Created By: SYSTEM Last Updated By: T474096 Release:
 Created On: 8/25/2004 Last Updated On: 11/7/2007
 Description: THIS FIELD REPRESENTS THE DATE THE SCR IS CLOSED.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 09640 Name: CSR-EMERGENCY-DATA Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD REPRESENTS THE EMERGENCY DATA GROUP LEVEL.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09642 Name: EMERGENCY-DATE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD REPRESENTS THE EMERGENCY DATE FOR THE CSR.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 09644 Name: EMERGENCY-TIME Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD REPRESENTS THE EMERGENCY TIME FOR THE CSR.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 09646 Name: CSR-RESPONSE-DATA Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD REPRESENTS THE RESPONSE DATA GROUP FIELDS.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09648 Name: RESP-INIT-DATE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD REPRESENTS THE RESPONSE INITIAL DATE OF THE CSR.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 09650 Name: RESP-FINAL-DATE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD REPRESENTS THE RESPONSE FINAL DATE OF THE CSR.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 09652 Name: RESP-APPROVE-DATE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD REPRESENTS THE RESPONSE APPROVAL DATE OF THE CSR.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09654 Name: CSR-ADDENDUMS Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD REPRESENTS THE NUMBER OF ADDENDUMS TO THE CSR.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 09656 Name: CSR-REPROCESS-DATA Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD REPRESENTS THE REPROCESS GROUP DATA.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 09658 Name: REPROCESS-IND Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD REPRESENTS THE RESPONSE INDICATOR FOR THE CSR.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Report:ND-001

Iowa Medicaid Enterprise

Data Element List

ND-Workbench

DataElement ID: 09660 Name: REPROC-EXEC-DATE Version: Subsystem: Not Defined
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: THIS FIELD REPRESENTS THE REPROCESSING EXECUTION DATE
FOR THE CSR.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 09662 Name: REPROC-APPROV-DATE Version: Subsystem: Not Defined
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: THIS FIELD REPRESENTS THE REPROCESSING APPROVAL DATE OF
THE CSR.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09664 Name: CSR-DOC-DATA Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD REPRESENTS THE CSR DOCUMENTATION GROUP DATA.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 09666 Name: DOCUMENT-IND Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: -
 THIS FIELD REPRESENTS THE DOCUMENTATION INDICATOR FOR THE CSR.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 09668 Name: DOCUMENT-DATE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD REPRESENTS THE DOCUMENTATION COMPLETION DATE.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09670 Name: CSR-TESTING-DATA Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD REPRESENTS THE CSR TESTING GROUP DATA.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 09672 Name: TESTED-DATE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD REPRESENTS THE DATE THE CSR WAS TESTED.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 09674 Name: TEST-APPROVED-DTE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD REPRESENTS THE DATE THE TESTING RESULTS WERE APPROVED FOR THE CSR.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09676 Name: CSR-SUBSYSTEM-DATA Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD REPRESENTS THE CSR SUBSYSTEM DATA TABLE.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 09678 Name: SUBSYSTEM Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD REPRESENTS THE CSR SUBSYSTEM TABLE ENTRIES.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 09680 Name: CSR-CONFLICT-DATA Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD REPRESENTS THE CSR CONFLICT DATA TABLE.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09682 Name: CONFLICT Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD REPRESENTS THE CSR CONFLICT TABLE ENTRIES.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 09684 Name: CSR-MODULE-DATA Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD REPRESENTS THE CSR MODULE GROUP DATA.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 09686 Name: PRI-MODULE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD REPRESENTS THE PRIMARY MODULE FOR THE CSR.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09688 Name: SEC-MODULE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD REPRESENTS THE SECONDARY MODULE FOR THE CSR.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 09690 Name: TERT-MODULE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD REPRESENTS THE TERTIARY MODULE FOR THE CSR.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 09692 Name: CSR-ESTIMATE-DATA Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD REPRESENTS THE CSR ESTIMATE GROUP DATA.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09694 Name: EST-COST Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD REPRESENTS THE ESTIMATED COST FOR THE CSR.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 09696 Name: EST-HOURS Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD REPRESENTS THE ESTIMATED HOURS FOR THE CSR.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 09698 Name: EST-HRS-DESIGN Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD REPRESENTS THE ESTIMATED HOURS TO DESIGN
 THE CSR.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09699 Name: EST-HRS-CODE Version: Subsystem: Not Defined
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: THIS FIELD REPRESENTS THE ESTIMATED HOURS TO CODE
THE CSR.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 09700 Name: EST-HRS-TEST Version: Subsystem: Not Defined
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: THIS FIELD REPRESENTS THE ESTIMATED HOURS TO TEST
THE CSR.

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09702 Name: CSR-APPROVED-DATA Version: Subsystem: Not Defined
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: THIS FIELD REPRESENTS THE CSR APPROVED GROUP DATA.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 09704 Name: APPR-COST Version: Subsystem: Not Defined
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: THIS FIELD REPRESENTS THE APPROVED COST FOR THE CSR.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 09706 Name: APPR-HOURS Version: Subsystem: Not Defined
Created By: Last Updated By: Release:
Created On: 8/25/2004 Last Updated On: 8/25/2004
Description: THIS FIELD REPRESENTS THE APPROVED HOURS FOR THE CSR.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09708 Name: CSR-ACTUAL-DATA Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD REPRESENTS THE CSR ACTUAL GROUP DATA.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 09710 Name: ACTUAL-COST Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: -
 THIS FIELD REPRESENTS THE ACTUAL COST FOR THE CSR.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 09712 Name: ACTUAL-HOURS Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD REPRESENTS THE ACTUAL HOURS FOR THE CSR.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09714 Name: CSR-INVOICE-DATA Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD REPRESENTS THE CSR INVOICE GROUP DATA.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 09716 Name: CHG-ORD-EXEC-DATE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD REPRESENTS THE CHANGE ORDER EXECUTION DATE.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 09718 Name: INV-COMP-DATE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD REPRESENTS THE INVOICE COMPLETION DATE.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09720 Name: INVOICED-AMT Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD REPRESENTS THE INVOICED AMOUNT.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 09722 Name: INVOICED-HOURS Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD REPRESENTS THE INVOICED HOURS.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 09724 Name: INVOICED-DATE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD REPRESENTS THE INVOICED DATE.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09726 Name: CSR-CAP-DATA Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD REPRESENTS THE CSR CAP GROUP DATA.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 09728 Name: CAP-HOURS Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD REPRESENTS THE CAP HOURS FOR THE CSR.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 09730 Name: LAST-CAP-CHANGE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD REPRESENTS THE LAST DATE THE CAP CHANGED.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09732 Name: CSR-TEXT Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD REPRESENTS THE TEXT ASSOCIATED WITH A CSR RECORD ENTRY.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		76		0	X(76)

DataElement ID: 09734 Name: CSR-NOTES Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIS FIELD REPRESENTS ANY NOTES ASSOCIATED WITH A CSR.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 09802 Name: ASSEMBLY-IDENT Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ASSEMBLY IDENTIFIER
 THIS FIELD UNIQUELY IDENTIFIES AN ASSEMBLY.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
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Report:ND-001

Iowa Medicaid Enterprise

ND-Workbench

Data Element List

DataElement ID: 09803 Name: NUM-OF-PARTS Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF PARTS
 THIS FIELD INDICATES THE NUMBER OF PARTS IN AN ASSEMBLY.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

DataElement ID: 09805 Name: PART-COST Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PART COST
 IDENTIFIES THE COST OF A PART.

Variant ID Data Type Description Signed Length Precision DefaultValue Picture

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09851 Name: ACTIVITY-FLAG Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ACTIVITY FLAG,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 09852 Name: ACTIVITY-PERIOD Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ACTIVITY PERIOD,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N		Numeric		6	0		9(06)

DataElement ID: 09853 Name: CASE-ADDED-DATE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CASE ADDED DATE,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N		Numeric		8	0		9(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09854 Name: ARCHIVE-FLAG Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ARCHIVE FLAG,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 09855 Name: CONVERSION-FLAG Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CONVERSION FLAG,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 09856 Name: CERT-PER-BEGIN-DATE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CERTIFICATION PERIOD BEGIN DATE,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N		Numeric		6	0		9(06)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09857 Name: CERT-PER-END-DATE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CERTIFICATION PERIOD END DATE,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		6	0		9(06)

DataElement ID: 09858 Name: CASE-PAYEE-NAME Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CASE PAYEE NAME,
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Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		24	0		X(24)

DataElement ID: 09859 Name: CASE-PAYEE-MODIFIER Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CASE PAYEE MODIFIER,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		3	0		X(03)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09860 Name: CASE-ADDRESS-1 Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: FIRST CASE ADDRESS,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			21	0		X(21)

DataElement ID: 09861 Name: CASE-ADDRESS-2 Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SECOND CASE ADDRESS,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			21	0		X(21)

DataElement ID: 09862 Name: CASE-ADDRESS-3 Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: THIRD CASE ADDRESS,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric			21	0		X(21)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09863 Name: CASE-CITY Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CASE CITY,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		14	0		X(14)

DataElement ID: 09864 Name: CASE-STATE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CASE STATE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2	0		X(02)

DataElement ID: 09865 Name: CASE-ZIP Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CASE ZIP,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N		Numeric		9	0		9(09)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09866 Name: INITIAL-PERIOD-TYPE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: INITIAL CERTIFICATION PERIOD TYPE

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 09867 Name: SPENDDOWN-STATUS Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SPENDDOWN STATUS,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 09868 Name: SPENDDOWN-AMOUNT-REQ Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SPENDDOWN AMOUNT REQUIRED,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3		Numeric Comp-3		9		2	S9(07)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09869 Name: SPENDDOWN-AMOUNT-APP Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SPENDDOWN AMOUNT APPLIED,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		9	2		S9(07)V99

DataElement ID: 09870 Name: SPENDOWN-LAST-ACT-DT Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SPENDDOWN LAST ACTION DATE,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture

DataElement ID: 09871 Name: IABC-NOTIFY-FLAG Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: - IABC NOTIFICATION FLAG,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09872 Name: BSTD-REPORT-FLAG Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: BSTD REPORT FLAG,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 09873 Name: NOSS-REPORT-FLAG Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NOSS REPORT FLAG,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 09874 Name: ESTD-REPORT-FLAG Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: ESTD REPORT FLAG,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09875 Name: MNSC-CONVERSION-FLAG Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MNSC CONVERSION FLAG,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 09876 Name: LAST-ONLINE-UPDATE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: LAST ONLINE UPDATE,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N		Numeric		8	0		9(08)

DataElement ID: 09877 Name: CERT-MONTH-PERIOD Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CERTIFICATION MONTH PERIOD,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N		Numeric		6	0		9(06)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09878 Name: HEALTH-CODE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: HEALTH COVERAGE CODE,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		4	0		X(04)

DataElement ID: 09879 Name: PROGRAM-RLTNSHP-CODE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: PROGRAM RELATIONSHIP CODE,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 09880 Name: CASE-NUMBER-9 Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NINE DIGIT CASE NUMBER (GROUP LEVEL),

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G		Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09881 Name: CASE-NO-SERIAL Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CASE NUMBER SERIAL,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		6	0		X(06)

DataElement ID: 09882 Name: CASE-NO-FBU Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CASE NUMBER FBU,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2	0		X(02)

DataElement ID: 09883 Name: CASE-NO-MULTI Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CASE NUMBER MULTI,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09884 Name: CASE-NO-CHK-DGT Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CASE NUMBER CHECK DIGIT,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

DataElement ID: 09885 Name: CERT-RECIP-ARRAY Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CERTIFICATION FILE ARRAY,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 09886 Name: CERT-PROG-ARRAY Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CERTIFICATION FILE ARRAY,
 -

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09887 Name: CERT-RECIP-INFO Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CERTIFICATION FILE TABLE,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 09888 Name: CERT-PROG-INFO Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CERTIFICATION FILE TABLE,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 09889 Name: NO-OF-RECIPS Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: NUMBER OF RECIPIENTS PER CASE,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N	Numeric		2	0		9(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09890 Name: CASE-TITLE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: CASE TITLE (SR, JR, ECT...),

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2		0	X(02)

DataElement ID: 09891 Name: IABC-NOTIFY-FLAG-2 Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SECOND IABC NOTIFICATION FLAG,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1		0	X(01)

DataElement ID: 09892 Name: SPEND-DOWN-MET-DATE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: SPEND DOWN MET DATE CCYYMMDD,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N		Numeric		8		0	9(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09893	Name: COMMON-AREA	Version:	Subsystem: Not Defined
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: COMMON AREA,			

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
9	G	Group		0	0		

DataElement ID: 09896	Name: FIRST-DATE-OF-SVC	Version:	Subsystem: Not Defined
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: FIRST DATE OF SERVICE			
DATE UPON WHICH THE FIRST SERVICE COVERED BY A CLAIM WAS RENDERED.			
IF A CLAIM IS FOR ONE SERVICE ONLY (E.G., A PRESCRIPTION), THIS IS			
THE ONLY SERVICE DATE. COMMONLY REFERRED TO AS THE 'FROM DATE'.			
THE FORMAT FOR THIS DATE IS CCYYMMDD.,			

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		8	0		9(08)

Iowa Medicaid Enterprise

Data Element List

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DataElement ID: 09897      Name:  CASE-NAME-TITLE      Version:      Subsystem: Not Defined
Created By:                Last Updated By:      Release:
Created On:   8/25/2004    Last Updated On:   8/25/2004
Description: CASE TITLE
                THE RECIPIENTS'S CASE NAME TITLE.,
    
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Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 09898      Name:  MNSC-PROVIDER-NUMBER      Version:      Subsystem: Not Defined
Created By:                Last Updated By:      Release:
Created On:   8/25/2004    Last Updated On:   8/25/2004
Description: MEDICALLY NEEDED PROVIDER NUMBER
                THIS FIELD IS USED TO UNIQUELY IDENTIFY EACH PROVIDER AND PRACTICE
                LOCATION IN THE MEDICALLY NEEDED PROGRAM.,
    
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1	X	AlphaNumeric		10	0		X(10)
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09899 Name: MNSC-EXPENSE-TYPE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MEDICALLY NEEDY EXPENSE TYPE
 THIS FIELD IS USED TO IDENTIFY THE MEDICALLY NEEDY EXPENSE TYPE.

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		1		0	X(01)

DataElement ID: 09900 Name: AMT-USED-CERT-PERIOD Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MNSC AMOUNT USED FOR CERIFICATION PERIOD
 - THIS FIELD CONTAINS THE TOTAL OF ALL STUB RECORDS, FIELD
 'LI-SUBMIT-AMT-USED' (09909), FOR THIS TCN/CASE NUMBER/CERTIFICATI
 PERIOD.,

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3		Numeric Comp-3		9		2	S9(07)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09901 Name: TRANSACTION-DATE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: TRANSACTION DATE
 THE DATE OF THE ASSOCIATED TRANSACTION.,

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		6	0		X(06)

DataElement ID: 09902 Name: 3RD-PRTY-PMTAMT-USED Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MNSC THIRD PARTY PAYMENT AMOUNT USED
 THIS FIELD CONTAINS THE TOTAL OF ALL STUB RECORDS, FIELD
 'LI-APPLIED-TPL' (09915), FOR THE TCN/CASE NUMBER/CERTIFICATION
 PERIOD.,

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
3		N3		Numeric Comp-3		9	2		S9(07)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09903 Name: RECIP-PMTAMT-USED Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MNSC CLAIM RECIPIENT PAYMENT AMOUNT USED
 THIS FIELD CONTAINS THE TOTAL OF ALL STUB RECORDS, FIELD
 'LI-APPLIED-RECIP-AMT' (09916), FOR THE TCN/CASE NUMBER/
 CERTIFICATION PERIOD.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	2		S9(07)V99

DataElement ID: 09904 Name: AMOUNT-APPLIED-SD Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MNSC AMOUNT APPLIED TO SPENDDOWN
 THIS FIELD CONTAINS THE TOTAL OF ALL STUB RECORDS, FIELD
 'LI-AMT-APPLIED-SD' (09917), FOR THE TCN/CASE NUMBER/
 CERTIFICATION PERIOD.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	2		S9(07)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09905 Name: PROC-CODE-DRUG-CODE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MNSC PROCEDURE OR DRUG CODE
 - THIS FIELD IS USED TO IDENTIFY THE SERVICE RENDERED OR THE DRUG
 DISPENSED.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
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DataElement ID: 09906 Name: NON-COVRED-PROC-IND Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MNSC NON COVERED PROCEDURE INDICATOR
 THIS FIELD INDICATES IF MMIS WILL COVER A PROCEDURE.

2	N	Numeric		1	0		9(01)
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Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09907 Name: LI-SUBMITTED-CHARGE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MNSC LINE SUBMITTED CHARGE
 THIS FIELD CONTAINS THE AMOUNT CHARGED ON THE LINE ITEM.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	2		S9(07)V99

DataElement ID: 09908 Name: LI-SUBMIT-AMT-AVAL Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MNSC LINE SUBMITTED AMOUNT AVAILABLE
 THIS FIELD CONTAINS THE AMOUNT SUBMITTED AVAILABLE ON THE LINE
 ITEM.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	2		S9(07)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09909 Name: LI-SUBMIT-AMT-USED Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MNSC LINE SUBMITTED AMOUNT USED
 THIS FIELD CONTAINS THE AMOUNT SUBMITTED USED ON THE LINE ITEM.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	2		S9(07)V99

DataElement ID: 09910 Name: PRIORITY-IN-PERIOD Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MNSC PRIORITY IN PERIOD
 -
 THIS FIELD CONTAINS THE SEQUENCE NUMBER FROM 01-99.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		2	0		9(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09911 Name: MNSC-EXPENSE-STATUS Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MNSC EXPENSE STATUS
 THIS TELLS THE EXPENSE STATUS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		2	0		X(02)

DataElement ID: 09912 Name: MNSC-ROLL-STATUS Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MNSC ROLL STATUS
 THIS TELLS THE ROLL STATUS.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09915 Name: LI-APPLIED-TPL Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MNSC LINE APPLIED TPL
 THIS FIELD CONTAINS THE AMOUNT APPLIED TO TPL FROM THE LINE ITEM.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	2		S9(07)V99

DataElement ID: 09916 Name: LI-APPLIED-RECIP-AMT Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MNSC LINE APPLIED RECIPIENT AMOUNT
 THIS FIELD CONTAINS AMOUNT RECIPIENT AMOUNT APPLIED FROM THE LINE

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	2		S9(07)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09917 Name: LI-AMT-APPLIED-SD Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MNSC LINE AMOUNT APPLIED TO SPENDDOWN
 THIS FIELD CONTAINS LINE AMOUNT APPLIED TO SPENDDOWN.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	2		S9(07)V99

DataElement ID: 09918 Name: PMT-SEQ-NUMBER Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MNSC PAYMENT SEQUENCE NUMBER
 THIS FIELD CONTAINS THE SEQUENTIAL NUMBER FRO EACH TCN PAYMENT.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		2	0		X(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09919	Name: PAID-AMOUNT	Version:	Subsystem: Not Defined
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: MNSC PAYMENT AMOUNT			
THIS FIELD CONTAINS THE MNSC PAYMENT AMOUNT.,			

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	2		S9(07)V99

DataElement ID: 09920	Name: SOURCE-OF-PAYMENT	Version:	Subsystem: Not Defined
Created By:	Last Updated By:	Release:	
Created On: 8/25/2004	Last Updated On: 8/25/2004		
Description: - MNSC SOURCE OF PAYMENT			
THIS FIELD TELL WHERE THE PAYMENT CAME FROM.			

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09921 Name: ESTIMATED-TPL-AMT Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MNSC ESTIMATED TPL AMOUNT
 THIS FIELD CONTAINS THE MNSC ESTIMATED TPL AMOUNT.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	2		S9(07)V99

DataElement ID: 09922 Name: AMT-AVAL-CERT-PERIOD Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MNSC AMOUNT AVAILABLE FOR CERIFICATION PERIOD
 THIS FIELD CONTAINS THE TOTAL OF ALL STUB RECORDS, FIELD
 'LI-SUBMIT-AMT-AVAL' (09908), FOR THE TCN/CASE NUMBER/CERTIFICATIO
 PERIOD.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	2		S9(07)V99

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09923 Name: MMIS-RELEASE-FLAG Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MNSC MMIS RELEASE FLAG
 THIS FLAG TELLS WHICH MMIS FILE THE MNSC CLAIM IS RELEASED TO.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 09924 Name: MNSC-EXPENSE-REASON Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: - MNSC EXPENSE REASON
 THIS TELLS WHY THE EXPENSE STATUS IS SET TO THE CURRENT VALUE.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09925 Name: MNSC-PAID-STATUS Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MNSC PAID STATUS
 THIS TELLS PAID STATUS OF THE MNSC CLAIM.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 09926 Name: ROLL-TO-CERT-START Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MNSC ROLL TO CERTIFICATION PERIOD BEGINNING DATE
 THIS TELLS THE START DATE OF THE CERTIFICATION PERIOD THE EXPENSE
 WAS ROLLED TO. THE FORMAT FOR THIS DATE IS CCYYMM.,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		6	0		9(06)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09927 Name: ROLL-TO-CERT-STOP Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MNSC ROLL TO CERTIFICATION PERIOD ENDING DATE
 THIS TELLS THE END DATE OF THE CERTIFICATION PERIOD THE EXPENSE
 WAS ROLLED TO. THE FORMAT FOR THIS DATE IS CCYYMM.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		6	0		9(06)

DataElement ID: 09928 Name: MNSC-APPROVAL-DATE Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MNSC APPROVAL DATE
 THIS TELLS THE DATE MNSC EXPENSE WAS APPROVE FOR ROLLOVER.
 THE FORMAT FOR THIS DATE IS CCYYMMDD.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N	Numeric		8	0		9(08)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09929 Name: MNSC-APPROVAL-USER Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MNSC APPROVAL USER
 THIS TELLS THE USER WHO APPROVED THE EXPENSE FOR ROLLOVER.,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		9	0		X(09)

DataElement ID: 09930 Name: MNSC-WEIGHT-FIELD Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MNSC WEIGHT FIELD
 THIS TELLS THE WEIGHT OF THE CLAIM FOR MNSC ROLLOVER PURPOSES.,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
2	N		Numeric		2	0		9(02)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09931 Name: MNSC-DISP-CODES Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MNSC DISPOSITION CODES
 THIS TELLS THE DISPOSITION CODES ON THE EXPENSE BEFORE CONVERSION.

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		3	0		X(03)

DataElement ID: 09932 Name: IABC-NOTIFY-FLAG-3 Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: IABC NOTIFICATION FLAG --- THREE,

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

Iowa Medicaid Enterprise

Data Element List

DataElement ID: 09933 Name: TOT-POST-FRZ-TPL-PAY Version: Subsystem: Not Defined
 Created By: Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MNSC TOTAL AMOUNT POSTED TO FROZEN TPL PAY
 THIS FIELD CONTAINS THE AMOUNT POSTED TO THE FROZEN TPL
 PAYMENT, FOR THE TCN/CASE NUMBER/CERTIFICATION
 PERIOD.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	2		S9(07)V99

DataElement ID: 09934 Name: TOT-POST-FRZ-PAT-PAY Version: Subsystem: Not Defined
 Created By: SYSTEM Last Updated By: Release:
 Created On: 8/25/2004 Last Updated On: 8/25/2004
 Description: MNSC TOTAL AMOUNT POSTED TO FROZEN PATIENT PAY
 THIS FIELD CONTAINS THE AMOUNT POSTED TO THE FROZEN PATIENT
 PAYMENT, FOR THE TCN/CASE NUMBER/CERTIFICATION
 PERIOD.,

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
3	N3	Numeric Comp-3		9	2		S9(07)V99

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DataElement ID: 09935 Name: PAYMNT-ACTIVITY-FLAG Version: Subsystem: Not Defined
 Created By: T474104 Last Updated By: T474104 Release:
 Created On: 8/30/2006 Last Updated On: 8/31/2006
 Description: MNSC PAYMNT-ACTIVITY-FLAG

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		1	0		X(01)

DataElement ID: 09936 Name: MNSC-DATE-RECEIVED Version: Subsystem:
 Created By: T474104 Last Updated By: T474104 Release:
 Created On: 8/30/2006 Last Updated On: 8/30/2006
 Description:

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N		Numeric		8	0		9(08)

DataElement ID: 09937 Name: MCO-CONTROL-NUM Version: Subsystem: Claims
 Created By: T474207 Last Updated By: T474207 Release:
 Created On: 12/21/2015 Last Updated On: 12/23/2015
 Description: STORE MCO TRANSACTION CONTROL NUMBER

Variant ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X		AlphaNumeric		30	0		X(30)

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DataElement ID: 09938 Name: TPL-SPAN-NUM Version: Subsystem:
 Created By: T474186 Last Updated By: T474186 Release:
 Created On: 7/13/2011 Last Updated On: 7/13/2011
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	N3	Numeric Comp-3		3		0	S9(03)

DataElement ID: 09939 Name: MCO-CONTROL-NUM-ADJ Version: Subsystem: Claims
 Created By: T474207 Last Updated By: T474207 Release:
 Created On: 12/21/2015 Last Updated On: 12/23/2015
 Description: MCO TRANSACTION CONTROL NUMBER OF THE CLAIM THAT HAS CREDITED OR ADJUSTED

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		30		0	X(30)

DataElement ID: 09940 Name: BEG-YYYYMMDD Version: Subsystem: Not Defined
 Created By: T474338 Last Updated By: T474338 Release:
 Created On: 3/18/2016 Last Updated On: 3/18/2016
 Description:

Variant ID	Data Type	Description	Signed	Length	Precision	DefaultValue	Picture
1	X	AlphaNumeric		8		0	X(08)

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ND-Workbench

DataElement ID: 09941 Name: END-YYYYMMDD Version: Subsystem: Not Defined
Created By: T474338 Last Updated By: T474338 Release:
Created On: 3/18/2016 Last Updated On: 3/18/2016
Description:

Variant	ID	Data	Type	Description	Signed	Length	Precision	DefaultValue	Picture
1		X		AlphaNumeric		8	0		X(08)