

ATTACHMENT 1
Proposed Colorado APCD Data Submission Guide Version 5
Revision Summary Compared to DSG August 2011 version 3
This list as of: February 7, 2013

Data Element Number	Data Element Name	New or Revised	Required, Optional or Threshold?	Explanation
1. Content Changes				
ME003	Insurance Type Code/Product	Revised	Required	Becomes a required field; codes added to Lookup Table for Dental Maintenance Plan, Dental Plan, and Medicare Supplemental Plans
ME045	Exchange Offering	New	Required	Supports evaluation of Exchange activity
ME106	Group Size	New	Required	Shows the market in which the policy was purchased
ME107	Risk Basis	New	Required	Shows whether the plan is self-insured
ME108	High Deductible/Health Savings Account Plan	New	Required	Indicates whether this member is enrolled in a high deductible plan with a health savings account option
ME120	Actuarial Value	New	Required for some plans, not all	Required only for small group plans/products to support evaluation of Exchange activity
ME121	Metallic Value	New	Required for some plans, not all	Required only for small group plans/products to support evaluation of Exchange activity
ME122	Grandfather Status	New	Required for some plans, not all	Required only for small group plans/products to support evaluation of Exchange activity
MC004	Payer Claim Control Number	Rev	Required	No partial claims: submit only paid (or partially paid) claims.
MC005	Line Counter	Rev	Required	All claims must contain a line 1.
MC005A	Version Number	Rev	Required	Plans that cannot increment this column may opt to use YYMM as the version number.

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MC024	Service Provider Number	Rev	Required	Payer assigned service provider number. REVISION: Submit facility for institutional claims; physician or healthcare professional for professional claims.
MC054	Revenue Code	Rev	Required for Institutional Claims Only	Clarifies when this code is required
MC055	Outpatient Procedure Code	Rev	Required for Outpatient Claims Only	Clarifies when this code is required
MC056	Procedure Modifier-1	Rev	Required for Outpatient and Professional Claims Only	Clarifies when this code is required
MC057	Procedure Modifier-2	Rev	Required for Outpatient and Professional Claims Only	Clarifies when this code is required
MC201A Thru MC201M	Present on Admission Diagnoses Primary plus 12	New	Required for Inpatient only?	See new Lookup Table B-1D for codes. Needed for analytics and reporting.
MC202	Tooth Number	New	Required for Dental Claims Only	Tooth number or letter identification when provided on dental claims
MC203	Dental Quadrant	New	Required for Dental Claims Only	Needed for analytics and reporting
MC204	Tooth Surface	New	Required for Dental Claims Only	Needed for analytics and reporting
MC205	ICD-9-CM Procedure Date	New	Required	Inpatient Claims Only

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MC058A	ICD-9-CM Procedure Code	New	Required	Inpatient Claims Only
MC205A thru MC205E	ICD-9-CM Procedure Date	New	Required	Inpatient Claims Only
MC058B through MC205E	ICD-9-CM Procedure Code	New	Required	Inpatient Claims Only
MC206	Capitated Service Indicator	New	Required	Allows identification of alternative payment methodologies Yes – Capitated Yes – Bundled Payment Yes – Accountable Care Organization Yes – Other No Unknown –
PC201	Version Number	New	Optional	The version number of this claim service line. The original claim will have a version number of 0, with the next version being assigned a 1, and each subsequent version being incremented by 1 for that service line.
PC202	Date Prescription Written	New	Required	
PC047a	Prescribing Physician Provider ID	New	Required	
PC047b	Prescribing Physician DEA	New	Optional	Creates a separate field for this data.
2. “Housekeeping” Changes				
HD002	Payer Code	Rev	Required	This value is assigned by CIVHC to each payer.
HD003	Payer Name	Rev	Required	This value is assigned by CIVHC to each payer.

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TR002	Payer Code	Rev	Required	This value is assigned by CIVHC to each payer.
TR003	Payer Name	Rev	Required	This value is assigned by CIVHC to each payer.
TR006	Extraction Date	Rev	Required	Cleans up format
ME001	Payer Code	Rev	Required	This value is assigned by CIVHC to each payer.
ME002	Payer Name	Rev	Required	This value is assigned by CIVHC to each payer.
ME010	Member Suffix	Rev	Required	Only one record per eligibility month.
ME014	Member DOB	Rev	Required	Cleans up format
ME018	Medical Coverage	Rev	Required	Adds a value = "Unknown"
ME019	Prescription Drug Coverage	Rev	Required	Adds a value = "Unknown"
MC013	Member DOB	Rev	Required	Cleans up format
MC017	Date Service Approved	Rev	Required	Cleans up format
MC059	Date of Service From	Rev	Required	Cleans up format
MC060	Date of Service To	Rev	Required	Cleans up format
MC069	Discharge Date	Rev	Required	Cleans up format
PC012	Member Gender	Rev	Required	Cleans up format to match other files == M/F/U
PC013	Member DOB	Rev	Required	Cleans up format
PC017	Date Service Approved	Rev	Required	Cleans up format
PC032	Date Prescription Filled	Rev	Required	Cleans up format
PC047	Prescribing Physician NPI	Rev	Optional	Clarifies the data element to be reported
MP015	Provider State License Number	Rev	Threshold	Expands to 20 characters

Other Notes and Clarifications:

1. Health plans shall be responsible for coordinating submissions from pharmacy benefit plans and other subcontractors.
 - a. Identifying member information should be consistent and allow alignment of claims across files
 - b. Cost and utilization information for subcontracted services should be included in medical claims files
2. File naming conventions have been updated.