

APCD MEDICAL DATA REPORTING  
Proposed Core Set of Data Elements for Data Submission  
APCD Council, UNH and NAHDO, October 2011

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| <b>Data Element Name</b>  |
| <b>Payer</b>  |
| <b>National Plan ID</b>   |
| <b>Insurance Type/Product Code</b>                                  |
| <b>Payer Claim Control Number</b>                                   |
| <b>Line Counter</b>   |
| <b>Version Number</b>   |
| <b>Insured Group or Policy Number</b>                               |
| <b>Subscriber Social Security Number*</b>                           |
| <b>Plan Specific Contract Number</b>                                |
| <b>Member Suffix or Sequence Number</b>                             |
| <b>Member Identification Code (Patient)</b>                         |
| <b>Individual Relationship Code</b>                                 |
| <b>Member Gender (Patient)</b>                                      |
| <b>Member Date of Birth (Patient)</b>                               |
| <b>Member City Name (Patient)</b>                                   |
| <b>Member State or Province (Patient)</b>                           |
| <b>Member ZIP Code (Patient)</b>                                    |
| <b>Date Service Approved/Accounts Payable Date/Actual Paid Date</b> |
| <b>Admission Date</b>   |
| <b>Admission Hour</b>   |
| <b>Admission Type</b>   |
| <b>Point of Origin</b>  |
| <b>Discharge Hour</b>   |
| <b>Discharge Status</b>   |
| <b>Service Provider Number</b>                                      |
| <b>Service Provider Tax ID Number</b>                               |
| <b>National Service Provider ID</b>                                 |
| <b>Service Provider Entity Type Qualifier</b>                       |
| <b>Service Provider First Name</b>                                  |
| <b>Service Provider Middle Name</b>                                 |
| <b>Service Provider Last Name or Organization Name</b>              |
| <b>Service Provider Suffix</b>                                      |
| <b>Service Provider Specialty</b>                                   |
| <b>Service Provider City Name</b>                                   |
| <b>Service Provider State or Province</b>                           |
| <b>Service Provider ZIP Code</b>                                    |
| <b>Type of Bill – Institutional</b>                                 |
| <b>Facility Type - Professional</b>                                 |
| <b>Claim Status</b>   |
| <b>Admitting Diagnosis</b>  |
| <b>E-Code</b>   |
| <b>Principal Diagnosis</b>  |
| <b>Other Diagnosis – 1</b>  |
| <b>Other Diagnosis – 2</b>  |
| <b>Other Diagnosis – 3</b>  |

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| <b>Data Element Name</b>                               |
| <b>Other Diagnosis – 4</b>                             |
| <b>Other Diagnosis – 5</b>                             |
| <b>Other Diagnosis – 6</b>                             |
| <b>Other Diagnosis – 7</b>                             |
| <b>Other Diagnosis – 8</b>                             |
| <b>Other Diagnosis – 9</b>                             |
| <b>Other Diagnosis – 10</b>                            |
| <b>Other Diagnosis – 11</b>                            |
| <b>Other Diagnosis – 12</b>                            |
| <b>Revenue Code</b>                                    |
| <b>Procedure Code</b>                                  |
| <b>Procedure Modifier – 1</b>                          |
| <b>Procedure Modifier – 2</b>                          |
| <b>ICD-9-CM Procedure Code</b>                         |
| <b>Date of Service – From</b>                          |
| <b>Date of Service – Thru</b>                          |
| <b>Quantity</b>  |
| <b>Charge Amount</b>                                   |
| <b>Paid Amount</b>                                     |
| <b>Prepaid Amount</b>                                  |
| <b>Co-pay Amount</b>                                   |
| <b>Coinsurance Amount</b>                              |
| <b>Deductible Amount</b>                               |
| <b>Patient Account/Control Number</b>                  |
| <b>Discharge Date</b>                                  |
| <b>Service Provider Country Name</b>                   |
| <b>DRG</b>   |
| <b>DRG Version</b>                                     |
| <b>APC</b>   |
| <b>APC Version</b>                                     |
| <b>Drug Code</b>                                       |
| <b>Billing Provider Number</b>                         |
| <b>National Billing Provider ID - "Biller"</b>         |
| <b>Billing Provider Last Name or Organization Name</b> |
| <b>Encrypted Subscriber Last Name</b>                  |
| <b>Encrypted Subscriber First Name</b>                 |
| <b>Encrypted Subscriber Middle Initial</b>             |
| <b>Encrypted Member Last Name</b>                      |
| <b>Encrypted Member First Name</b>                     |
| <b>Encrypted Member Middle Initial</b>                 |
| <b>Record Type</b>                                     |