

Empire Plan Mental Health and Substance Abuse Program (1999 - 2008)  
Paid/Adjusted Claims Data  
(GHI)

<u>Field Name</u>	<u>Type/Size</u>
CLAIM_NUMBER	CHAR(10 BYTE)
CLAIM_INDICATOR	CHAR(1 BYTE)
ADJUSTMENT_INDICATOR	CHAR(1 BYTE)
PROC_DATE	NUMBER(8)
PROVIDER_NUMBER	NUMBER(9)
PROVIDER_LAST_NAME	CHAR(30 BYTE)
PROVIDER_ADDRESS_LINE1	CHAR(30 BYTE)
PROVIDER_ADDRESS_LINE2	CHAR(30 BYTE)
PROVIDER_ADDRESS_LINE3	CHAR(30 BYTE)
PROVIDER_ADDRESS_LINE4	CHAR(30 BYTE)
PROVIDER_ZIP_CODE	CHAR(9 BYTE)
PROVIDER_TAX_ID	NUMBER(9)
PATIENT_FIRST_NAME	CHAR(11 BYTE)
PATIENT_LAST_NAME	CHAR(10 BYTE)
MEMBER	CHAR(9 BYTE)
MEMBER_CODE	CHAR(4 BYTE)
REL_CODE	CHAR(1 BYTE)
PATTENT_ZIP_CODE	CHAR(9 BYTE)
SUBSCRIBER_STATUS	CHAR(1 BYTE)
FDOS	NUMBER(8)
LDOS	NUMBER(8)
QTY_BILLED	NUMBER(3)
PROCEDURE_CODE	CHAR(5 BYTE)
PLACE_OF_SERVICE	CHAR(2 BYTE)
INCURRED_DATE	NUMBER(8)
ADMIT_DATE	NUMBER(8)
DISCHARGE_DATE	NUMBER(8)
AMT_SUBMIT	NUMBER(9)
AMT_ALLOWED	NUMBER(9)
AMT_DEDUCT	NUMBER(9)
CO_INS	NUMBER(9)
AMT_PAID	NUMBER(9)
COVERED_DAYS	NUMBER(3)
DIAG	CHAR(5 BYTE)
SEX	CHAR(1 BYTE)
STATUS	CHAR(1 BYTE)
CATAGORY	CHAR(5 BYTE)
GROUP_NUMBER	CHAR(9 BYTE)
TARGET_SRV	CHAR(2 BYTE)
PAR_IND	CHAR(1 BYTE)
DOB	NUMBER(8)
TOP	CHAR(2 BYTE)
MEMBER_NUMBER	NUMBER(2)
DISCIPLINE	CHAR(7 BYTE)
REASON_FOR_DENIAL	CHAR(4 BYTE)
DENIAL_EXPLANATION	CHAR(50 BYTE)

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CLAIM_IND	CHAR(1 BYTE)
CPT4_IND	CHAR(1 BYTE)
ICD9_IND	CHAR(1 BYTE)
TREATMENT_PLAN_NUM	CHAR(14 BYTE)
ALTID_NUMBER	CHAR(9 BYTE)