MPATH LFD Claims Data Model Specification

Field Name	Description	Requested By
Clm ICN	A unique number serving to identify each claim transaction received.	Department Recommended Data Element
Clm Paid Date	The last date the system determined the disposition of the claim.	LFD Requested Data Element
Clm First Dt Of Srvc	The first date on a claim (at the header level) in which a recipient received the listed services/equipment the provider is requesting reimbursement.	LFD Requested Data Element
Clm Last Dt Of Srvc	The last date listed on the claim in which services were provided by a provider to a recipient	Department Recommended Data Element
Clm Charged Amt	Amount charged to Medicaid by the provider for equipment/services provided to a recipient.	LFD Requested Data Element
Sum Clm Charged Amt	Calculated Field - Aggregated Sum of Clm Charged Amt	Department Recommended Data Element
Clm Fund Cd	The type of funding covering the claim payment amount.	LFD Requested Data Element
Clm Allowed Amt	The amount Medicaid allows for the procedures billed at the claim level. This is not necessarily the amount that was paid to the provider.	LFD Requested Data Element
Sum Clm Allowed Amt	Calculated Field - Aggregated Sum of Clm Allowed Amt	LFD Requested Data Element
Clm Member Cnty Cd	County in which recipient resided during claim first date of service	LFD Requested Data Element
Clm Member Cnty Desc	Describes the valid value associated with a field listed in the data warehouse	LFD Requested Data Element
Clm Member Dep Cd	This field identifies the reason for the recipient's receiving Medicaid benefits.	LFD Requested Data Element
Clm Member Dep Cd Desc	Describes the valid value associated with a field listed in the data warehouse	LFD Requested Data Element
Clm Reimbursed Amt	The amount of money to be paid to the provider for this claim.	LFD Requested Data Element
Sum Clm Reimbursed Amt	Calculated Field - Aggregated Sum of Clm Reimbursed Amt	LFD Requested Data Element
Clm Status Cd	The current processing status of a claim.	Department Recommended Data Element
Clm Pay To Prov NPI	The National Provider Identifier (NPI) corresponding to the Pay-to-Provider number used on the claim	LFD Requested Data Element
Clm Pay To Prov Type	A code indicating the classification of the provider rendering health and medical services under the State Medicaid Plan. (Outpatient Hospital services contain Outpatient Prov type)	LFD Requested Data Element
Clm Pay To Prov Type Desc	Describes the valid value associated with a field listed in the data warehouse	LFD Requested Data Element
Clm Pay To Name	The name the provider uses for billing/correspondence.	LFD Requested Data Element
Clm Pay To Addr City	The last known city in which the provider was in practice.	LFD Requested Data Element
Clm Pay To Addr St	The state in which the provider has a practice.	LFD Requested Data Element
Clm Pay To Addr Zip	The Five digit zip code which is attached to the Pay-To-Prov number used on the claim	LFD Requested Data Element
Clm Member TPL Ind	This field indicates if a recipient had a third party insurance carrier other than Medicaid or Medicare on the first date of service. This is derived using the recipient TPL spans on the Recipient Master as of the date the claim was extracted to the DSS. It is not changed after the date of extraction.	Department Recommended Data Element
Clm TPL Pmt Amt	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.	Department Recommended Data Element
Sum Clm TPL Pmt Amt	Calculated Field - Aggregated Sum of Clm TPL Pmt Amt	Department Recommended Data Element
Clm Mcare Coins Amt	The amount of Medicare coinsurance indicated on the claim.	Department Recommended Data Element
Sum Clm Mcare Coins Amt	Calculated Field - Aggregated Sum of Clm Mcare Coins Amt	Department Recommended Data Element
Clm Mcare Deduct Amt	The amount of the Medicare deductible at the claim level.	Department Recommended Data Element
Sum Clm Mcare Deduct Amt	Calculated Field - Aggregated Sum of Clm Mcare Deduct Amt	Department Recommended Data Element
Clm Mcare Pd Dt	The date Medicare paid for the services rendered.	Department Recommended Data Element
Clm Mcare Pd Amt	The amount Medicare paid on a Medicare crossover claim.	Department Recommended Data Element
Sum Clm Mcare Pd Amt	Calculated Field - Aggregated Sum of Clm Mcare Pd Amt	Department Recommended Data Element
Clm Medicaid Ind	Type of medicaid that this claim processed.	LFD Requested Data Element
Clm Place Of Srvc	A code on a given line indicating where services were rendered.	Department Recommended Data Element
Clm Type Of Bill	This is the group level for data identifying the type of bill. (i.e. inpatient, outpatient, etc.)	Department Recommended Data Element