Transcend Onsite Care – Claims Data Specifications

File Formats

- The preferred file format is comma delimited formatting (.csv), but a pipe (|) delimited formatting is also a common and reliable format.
- All file types should include column headers in the first row for accurate data attribution

Data Elements

- **Eligibility**
  - Member ID – Unique identifier for the individual plan member
  - Gender – Male (M), Female (F), Unknown (U)
  - First Name
  - Last Name
  - Date of Birth
  - Member City
  - Member Zip Code
  - Member State
  - Effective Date
  - Termination Date – Leave this blank, if the member is still enrolled
  - Relationship to Subscriber – Member (M), Spouse (S), Dependent (D)
  - Group ID – Member's group identifier as stated in the insurance card
  - Benefit Package ID – Benefits plan the individual is enrolled in (high deductible vs. PPO)
  - Member Status – (Active / Retiree / COBRA)

- **Medical Claims File**
  - Claim ID – Unique claim identifier
  - Claim Line Number - Unique number within a claim identifying a unique service line item rendered
  - Claim Form Type – A=Dental, D=Prescription Drug, L=Lab, V=Vision, U=UB
  - Claim Line Status – Paid (P), Denied (D), Reversed (R)
  - Claim Payment Date
  - Member ID
  - Service Start Date

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- Service End Date
- ICD10 Diag 1 – Principal ICD10 diagnosis
- ICD10 Diag 2 – Secondary ICD10 diagnosis (optional)
- ICD10 Diag 3 – Secondary ICD10 diagnosis (optional)
- ICD10 Diag 4 – Secondary ICD10 diagnosis (optional)
- ICD10 Diag 5 – Secondary ICD10 diagnosis (optional)
- ICD10-PCS Procedure 1 – ICD-10 Procedure Code (Principal Surgery)
- ICD10-PCS Procedure 2 – ICD-10 Procedure Code (Secondary Surgery) (optional)
- ICD10-PCS Procedure 3 – ICD-10 Procedure Code (Secondary Surgery) (optional)
- ICD10-PCS Procedure 4 – ICD-10 Procedure Code (Secondary Surgery) (optional)
- ICD10-PCS Procedure 5 – ICD-10 Procedure Code (Secondary Surgery) (optional)
- CPT Procedure Code (For Professional and Outpatient Services)
- In Network Provider Indicator (Y/N)
- Attending Provider NPI
- Attending Provider TIN
- Attending Provider Specialty Description
- Billing Provider NPI
- Billing Provider TIN
- Billing Provider Specialty Description
- Facility ID – Where the claim took place
- Facility Name
- Place of Service
- UB Billing Type Code
- Revenue Code
- Service Units – Number of occurrences of service rendered for that specific claim line item
- Amount Billed
- Amount Allowed
- Amount Paid
- Deductible Amount
- Coinsurance Amount
- Copay Amount

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  - COB Amount
  - UB Discharge Status

- **Pharmacy Claims**
  - Claim ID – Unique claim identifier
  - Claim Line Status – Paid (P), Denied (D), Reversed (R)
  - Claim Payment Date
  - Fill Date
  - Member ID
  - Prescriber NPI
  - Prescriber TIN
  - Prescriber First Name
  - Prescriber Last Name
  - Pharmacy Name
  - National Drug Code (NDC)
  - Drug Days Supply
  - Drug Indigent Cost
  - Drug Dispensing Fee
  - Drug Retail or Mail Indicator – Retail (R), Mail (M), Unknown (U)
  - Service Units – Quantity of drug dispensed, such as total number of pills
  - Amount Billed
  - Allowed Amount
  - Amount Paid
  - Deductible Amount
  - Coinsurance Amount
  - Copay Amount

- **Control Total Reporting**
  - Year
  - Month
  - Number of Enrollment Records
  - Number of Medical Records

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- Number of Pharmacy Records
- Number of Unique Claims Medical
- Number of Unique Claims Pharmacy
- Member Months
- Subscriber Months
- Total Amount Paid Medical
- Total Amount Allowed Medical
- Total Amount Billed Medical
- Total Amount Paid Pharmacy
- Total Amount Allowed Pharmacy
- Total Amount Billed Pharmacy

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