* **Claim ID** - A unique medical claim identifier assigned by claims processor
* **Member ID or “PATIENT IDENTIFIER”**, usually encrypted and assigned by claims processor. This identifier must be unique to each individual member, it must uniquely identify a member throughout the entire submission (i.e. across years). This field must not be an unencrypted social security number.
* **Allowed Amount**  (or Paid + Deductible + Copay + Coinsurance) The contracted reimbursable amount for covered medical services or supplies or amount reflecting local methodology for non-contracted providers
* **From date of service**
* **To date of service**
* **CPT** – The 5 character code for the medical procedure a patient received from a health care provider.  Current coding methods include:  CPT-4 and HCFA Common Procedure Coding System Level II - (HCPCS-II).
* **Place of Service** (POS) - Identify the setting, using a place of service code, for each item used or service performed.
* **Bill type** – Field 4 of the UB-04 Type of Bill
* **Diagnosis code(s)** – Primary and other ICD-9 or ICD-10 diagnosis codes
* **Servicing NPI or TIN** - The National Provider Identifier (NPI) assigned to the Rendering Provider.  This is the lowest level of provider available (for example, if both individual and group are available, then the individual should be provided). Federal tax identification number (TIN) or employer identification number (EIN) of the provider may also be used. TIN may be omitted if the claim is a professional claim and the provider has indicated that the TIN is an SSN.  We would prefer to have both the billing and servicing NPI, and both the billing and servicing TIN, but we must have at least 1.
* **ICD procedure code(s)** - Primary and other ICD-9 or ICD-10 procedure codes
* **Revenue code** – The 4 character code used on the UB-92 (Form Locator 42) to identify a specific accommodation, ancillary service, or billing calculation related to the service being billed.  The code can identify the cost center in the institution where inpatient care was provided, for example: physical therapy, surgery, room and board.
* **The patient’s age or date of birth**
* **Patient sex**
* **Patient discharge status** – The hospital discharge status code
* The dataset must contain both facility and professional claims for all of calendar years 2017-2019. (Claims data from 2020 is also requested but not required.)