

Data Elements Required to Be Reported to MSDH

*Elements in **Bold** are Mandatory*

All other elements are reported if available

1	[Provider Name]
2	[Provider Street Address]
3	[Provider City, State, Zip]
4	[Provider Telephone, Fax, Country Code]
5	[Pay-to Address]
6	[Pay-to City, State]
7	[Pay-to ID]
8	[Pay-to Name]
9	Patient Control Number
10	Medical Record Number
11	Type of Bill
12	Federal Tax Number
13	Statement Covers Period - From/Through
14	Patient First Name
15	Patient Last Name
16	Patient Middle Name/Initial
17	Patient Name - ID
18	Patient Address - Street
19	Patient Address - City
20	Patient Address - State
21	Patient Address - ZIP
22	Patient Address - Country Code (i.e. USA)
23	Patient Birth Date
24	Patient Sex
25	Admission Date
26	Admission Hour
27	Type of Admission/Visit
28	Source of Admission
29	Discharge Hour
30	Patient Status Code
31	Condition Codes
32	Accident State
33	Occurrence Codes/Dates
34	Occurrence Span Codes/From/Through

36	Value Codes
37	Revenue Codes
38	Revenue Code Descriptions
39	HCPCS/Rates/HIPPS Rate Codes
40	Service Date
41	Units of Service
42	Total Charges
43	Non-Covered Charges
44	Unlabeled
45	Payer Identification - Primary
46	Payer Identification - Secondary
47	Payer Identification - Tertiary
48	Health Plan IDs
49	Release of Information - Primary
50	Release of Information - Secondary
51	Release of Information - Tertiary
52	Assignment of Benefits - Primary
53	Assignment of Benefits - Secondary
54	Assignment of Benefits - Tertiary
55	Prior Payments - Primary
56	Prior Payments - Secondary
57	Prior Payments - Tertiary
58	Estimated Amount Due - Primary
59	Estimated Amount Due - Secondary
60	Estimated Amount Due - Tertiary
61	NPI
62	Other Provider IDs
63	Insured's Name - Primary
64	Insured's Unique ID - Primary
65	Insurance Group Name - Primary
66	Insurance Group No. - Primary
67	Insured's Name - Secondary
68	Insured's Unique ID - Secondary
69	Insurance Group Name - Secondary

Data Elements Required to Be Reported to MSDH (continued)

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71	<i>Insured's Name -Tertiary</i>
72	<i>Insured's Unique ID - Tertiary</i>
73	<i>Insurance Group Name -Tertiary</i>
74	<i>Insurance Group No. - Tertiary</i>
75	<i>Patient's Relationship - Primary</i>
76	<i>Patient's Relationship - Tertiary</i>
77	<i>Patient's Relationship - Secondary</i>
78	<i>Treatment Authorization Code - Secondary</i>
79	<i>Treatment Authorization Code - Tertiary</i>
80	<i>Treatment Authorization Codes - Primary</i>
81	<i>Employer Name - Primary</i>
82	<i>Employer Name - Secondary</i>
83	<i>Employer Name - Tertiary</i>
84	<i>DX Version Qualifier</i>
85	<i>Principal Diagnosis Code</i>
86	<i>Present on Admission Code</i>
87	<i>Other Diagnosis Codes</i>
88	<i>Admitting Diagnosis Code</i>
89	<i>Patient Reason for Visit Codes</i>
90	<i>PPS Code</i>
91	<i>External Cause of Injury Codes</i>

92	<i>Principal Procedure Code/Date</i>
93	<i>Other Procedure Codes/Date</i>
94	<i>Attending – Last/First</i>
95	<i>Attending - NPI/QUAL/ID</i>
96	<i>Operating - Last/First</i>
97	<i>Operating - NPI/QUAL/ID</i>
98	<i>Other - Last/First</i>
99	<i>Other - QUAL/NPI/QUAL/ID</i>
100	<i>Other - Last/First</i>
101	<i>Other - QUAL/NPI/QUAL/ID</i>
102	<i>Remarks</i>
103	<i>Code-Codes - QUAL/CODE/VALUE</i>
104	<i>Patient Age</i>
105	<i>County of Residence</i>
106	<i>Chief Complaints</i>
107	<i>Patient Ethnicity</i>
108	<i>Patient Race</i>
109	<i>Patient Social Security #</i>
110	<i>Patient Telephone Number</i>
111	<i>Discharge Date</i>
112	<i>EMS # (Ambulance Service Case Number)</i>