BeneID-

ClaimID-

ClaimStartDt-Insurers use the term "provider" to describe a clinic, hospital, doctor, laboratory, healthcare practitioner, or pharmacy that treats an individual

ClaimEndDt- Provider-like nurse,speech therapist,

InscClaimAmtReimbursed-

AttendingPhysician

OperatingPhysician

OtherPhysician

AdmissionDate// not in outpatient data

ClmAdmitDiagnosisCode- Claim Admitting Diagnosis Code (FFS) A diagnosis code on the institutional claim indicating the beneficiary's initial diagnosis at admission.

This diagnosis code may not be confirmed after the patient is evaluated; it may be different than the eventual diagnoses.

DeductibleAmtPaid // The amount you pay for covered health care services before your insurance plan starts to pay.

DischargeDate //

DiagnosisGroupCode-

institutional providers are able to enter up to 25 diagnosis codes for a single claim where previously only 10 were allowed.

ClmDiagnosisCode\_1-

ClmDiagnosisCode\_2

ClmDiagnosisCode\_3

ClmDiagnosisCode\_4

ClmDiagnosisCode\_5

ClmDiagnosisCode\_6

ClmDiagnosisCode\_7

ClmDiagnosisCode\_8

ClmDiagnosisCode\_9

ClmDiagnosisCode\_10

procedurecodes are sub-type of medical classification usesd to identify specific surgical,medical or diagonostic intervention codes that indicates the procedure perfrmed during period covered by institutional claim.

ClmProcedureCode\_1

ClmProcedureCode\_2

ClmProcedureCode\_3

ClmProcedureCode\_4

ClmProcedureCode\_5

ClmProcedureCode\_6