ICD-10-CM Diagnosis Code	Description
F19.980	Other psychoactive substance use, unspecified with psychoactive substance-induced anxiety disorder
F19.981	Other psychoactive substance use, unspecified with psychoactive substance-induced sexual dysfunction
F19.982	Other psychoactive substance use, unspecified with psychoactive substance-induced sleep disorder
F19.988	Other psychoactive substance use, unspecified with other psychoactive substance-induced disorder
F55.0	Abuse of antacids
F55.1	Abuse of herbal or folk remedies
F55.2	Abuse of laxatives
F55.3	Abuse of steroids or hormones
F55.4	Abuse of vitamins
F55.8	Abuse of other non-psychoactive substances
R78.0	Finding of alcohol in blood
Z71.41	Alcohol abuse counseling and surveillance of alcoholic
Z71.51	Drug abuse counseling and surveillance of drug abuser

Appendix B: CCLF File Layouts

Starting January 2021 onward, the MFT mailbox will be retired and all the Shared Savings Program CCLF files will only be delivered to the Data Hub.

The CCLF files for the VTAPM models are delivered as binary zip files to the ACO mailbox. The file naming convention for the CCLFs sent to ACO mailbox as zip files in the single zip file starting January 2020, are listed in Section 4.2 Zip File Naming Convention Changes to the Claims Line Feed.

ACO REACH and KCC Entities and PCF Practices will be able to access CCLFs and reports through the "Data Hub" in the 4 Innovation (4i) application. Data Hub can be located on the left-hand pane in the 4i application.

Following is the list of data elements present on the CCLF Files when the single file is unzipped. The file names for each individual CCLF file when unzipped are listed prior to each table.

Notes for all tables in this appendix:

- *Where applicable in the file layouts, a minus "-" in the beginning of the format description indicates that if the value is negative, the first character will display as "-". For all other values, a blank will display as the first character.*
- *Fields where data are not available from the data source will be left blank.*
- *Data Fields marked with an I contain PII. Data Fields marked with an H contain PHI.*

Part A Claims Header File (CCLF1)

The filename convention for the Shared Savings Program in Table 14 is:

- For regular CCLFs: P.A****.ACO.ZC1Y**.Dyymmdd.Thhmmsst.
- For run-out CCLFs: P.A****.ACO.ZC1R**.Dyymmdd.Thhmmsst, "R" instead of "Y" indicating run-out

The filename convention for the VTAPM Model in Table 14 is:

- For monthly CCLFs: P.F***.ACO.ZC1Y**.Dyymmdd.Thhmmsst.
- For run-out CCLFs: P.F***.ACO.ZC1R**.Dyymmdd.Thhmmsst

The filename convention for the ACO REACH Model in Table 14 is:

- For monthly CCLFs: P.D****.ACO.ZC1Y**.Dyymmdd.Thhmmsst.
- For run-out CCLFs: P.D****.ACO.ZC1R**.Dyymmdd.Thhmmsst.

The filename convention for the KCC Model Entities in Table 14 for KCF option Entities is P.K****.ACO.ZC1Y**.Dyymmdd.Thhmmsst and for CKCC option Entities is P.C****.ACO.ZC1Y**.Dyymmdd.Thhmmsst.

The filename convention for the PCF Model in Table 14 is P.P******.ACO.ZC1Y**.Dyymmdd.Thhmmsst.

Note: KCC does not generate run-out CCLFs.

Table 14: Part A Claims Header File (CCLF1)

Element #	Claim Field Label	Claim Field Name	Start Position	End Position	Data Length	Format	Claim Field Description
1	CUR_CLM_UNIQ_ID	Current Claim Unique Identifier	1	13	13	9(13)	A unique identification number assigned to the claim. [I][H]
2	PRVDR_OSCAR_NUM	Provider OSCAR Number	14	19	6	X(06)	A facility's Medicare/Medicaid identification number. It is also known as a Medicare/Medicaid Provider Number, or CCN. This number verifies that a provider has been Medicare certified for a particular type of service. [H]
3	BENE_MBI_ID	Medicare Beneficiary Identifier	20	30	11	X(11)	A Medicare Beneficiary Identifier assigned to a beneficiary [I][H]

Element #	Claim Field Label	Claim Field Name	Start Position	End Position	Data Length	Format	Claim Field Description
4	BENE_HIC_NUM	Beneficiary HIC Number	31	41	11	X(11)	Legacy Beneficiary HICN field [I] **Note:** *To comply with MACRA of 2015, after the end of the New Medicare Card Transition Period in December 2019, only the MBI will be accepted on claims, and the HICN value will no longer be displayed. The Beneficiary HIC Number will be blank in CCLFs generated effective January 1, 2020, onwards.*
5	CLM_TYPE_CD	Claim Type Code	42	43	2	9(02)	Signifies the type of claim being submitted through the Medicare or Medicaid programs. [H] Claim type code include: 10 = HHA claim 20 = Non swing bed SNF claim 30 = Swing bed SNF claim 40 = Outpatient claim 50 = Hospice claim 60 = Inpatient claim 61 = Inpatient "Full-Encounter" claim

Element #	Claim Field Label	Claim Field Name	Start Position	End Position	Data Length	Format	Claim Field Description
6	CLM_FROM_DT	Claim From Date	44	53	10	YYYY-MM-DD	The first day on the billing statement that covers services rendered to the beneficiary. H Also known as "Statement Covers From Date".
7	CLM_THRU_DT	Claim Thru Date	54	63	10	YYYY-MM-DD	The last day on the billing statement that covers services rendered to the beneficiary. H Also known as the "Statement Covers Through Date".

Element #	Claim Field Label	Claim Field Name	Start Position	End Position	Data Length	Format	Claim Field Description
8	CLM_BILL_FAC_TYPE_CD	Claim Bill Facility Type Code	64	64	1	X(01)	The first digit of the type of bill (TOB1) is used to identify the type of facility that provided care to the beneficiary (e.g., hospital or SNF). H Claim Facility Type Code include: 1 = Hospital 2 = SNF 3 = HHA 4 = Religious non-medical (hospital) 5 = Religious non-medical (extended care) 6 = Intermediate care 7 = Clinic or hospital-based renal dialysis facility 8 = Specialty facility or Ambulatory Surgical Center (ASC) surgery 9 = Reserved
9	CLM_BILL_CLSFCTN_CD	Claim Bill Classification Code	65	65	1	X(01)	The second digit of the type of bill (TOB2) is used to indicate with greater specificity where the service was provided (e.g., a department within a hospital). H Find Claim Service Classification Code at the ResDAC website.

Element #	Claim Field Label	Claim Field Name	Start Position	End Position	Data Length	Format	Claim Field Description
10	PRNCPL_DGNS_CD	Principal Diagnosis Code	66	72	7	X(07)	The ICD-9/10 diagnosis code identifies the beneficiary's principal illness or disability. H
11	ADMTG_DGNS_CD	Admitting Diagnosis Code	73	79	7	X(07)	The ICD-9/10 diagnosis code identifies the illness or disability for which the beneficiary was admitted. H
12	CLM_MDCR_NPMT_RSN_CD	Claim Medicare Non-Payment Reason Code	80	81	2	X(02)	Indicates the reason payment on an institutional claim is denied. Find Medicare Non-Payment Reason Code at the ResDAC website.
13	CLM_PMT_AMT	Claim Payment Amount	82	98	17	-9(13).99	Amount that Medicare paid on the claim. H
14	CLM_NCH_PRMRY_PYR_CD	Claim NCH Primary Payer Code	99	99	1	X(01)	If a payer other than Medicare has primary responsibility for payment of the beneficiary's health insurance bills, this code indicates the responsible primary payer. H If this field is blank, Medicare is the primary payer for the beneficiary. Find NCH Primary Payer Code at the ResDAC website.

Element #	Claim Field Label	Claim Field Name	Start Position	End Position	Data Length	Format	Claim Field Description
15	PRVDR_FAC_FIPS_ST_CD	Federal Information Processing Standards (FIPS) State Code	100	101	2	X(02)	Identifies the state where the facility providing services is located.
16	BENE_PTNT_STUS_CD	Beneficiary Patient Status Code	102	103	2	X(02)	Indicates the patient's discharge status as of the Claim Through Date. For example, it may indicate where a patient was discharged to (e.g., home, another facility) or the circumstances of a discharge (e.g., against medical advice, or patient death). IH Find Patient Discharge Status Code at the ResDAC website.
17	DGNS_DRG_CD	Diagnosis Related Group Code	104	107	4	X(04)	Indicates the diagnostic related group to which a hospital claim belongs for prospective payment purposes. IH

Element #	Claim Field Label	Claim Field Name	Start Position	End Position	Data Length	Format	Claim Field Description
18	CLM_OP_SRVC_TYPE_CD	Claim Outpatient Service Type Code	108	108	1	X(01)	A code reported by the provider that indicates the specific type of claim (Inpatient, Outpatient, etc.). IH Claim Outpatient Service Type Code include: 0 = Blank 1 = Emergency (The patient required immediate medical intervention because of severe life threatening or potentially disabling conditions. Generally, the patient was admitted through the emergency room) 2 = Urgent (The patient required immediate attention for the care and treatment of a physical or mental disorder. Generally, the patient was admitted to the available and suitable accommodation) 3 = Elective (The patient's condition permitted adequate time to schedule the availability of suitable accommodations)

Element #	Claim Field Label	Claim Field Name	Start Position	End Position	Data Length	Format	Claim Field Description
18 CONTINUED							5 = Reserved 6 = Reserved 7 = Reserved 8 = Reserved 9 = Unknown (Information not available)
19	FAC_PRVDR_NPI_N UM	Facility Provider NPI Number	109	118	10	X(10)	Identifies the facility associated with the claim. Each facility is assigned its own unique NPI.
20	OPRTG_PRVDR_NP I_NUM	Operating Provider NPI Number	119	128	10	X(10)	Identifies the operating provider associated with the claim. Each provider is assigned its own unique NPI.
21	ATNDG_PRVDR_NP I_NUM	Attending Provider NPI Number	129	138	10	X(10)	Identifies the attending provider associated with the claim. Each provider is assigned its own unique NPI.
22	OTHR_PRVDR_NPI_ NUM	Other Provider NPI Number	139	148	10	X(10)	Identifies the other providers associated with the claim. Each provider is assigned its own unique NPI.

Element #	Claim Field Label	Claim Field Name	Start Position	End Position	Data Length	Format	Claim Field Description
23	CLM_ADJSMT_TYPE_CD	Claim Adjustment Type Code	149	150	2	X(02)	Indicates whether the claim is an original, cancellation, or adjustment claim. Claim Adjustment Type Code include: 0 = Original Claim 1 = Cancellation Claim 2 = Adjustment claim
24	CLM_EFCTV_DT	Claim Effective Date	151	160	10	YYYY-MM-DD	Date the claim was processed and added to the NCH. Also referred to as the NCH Weekly Processing Date. [H]
25	CLM_IDR_LD_DT	Claim IDR Load Date	161	170	10	YYYY-MM-DD	When the claim was loaded into the IDR.

Element #	Claim Field Label	Claim Field Name	Start Position	End Position	Data Length	Format	Claim Field Description
26	BENE_EQTBL_BIC_HICN_NUM	Beneficiary Equitable BIC HICN Number	171	181	11	X(11)	Legacy Beneficiary Equitable BIC HICN Number. **Note**: *To comply with MACRA of 2015, after the end of the New Medicare Card Transition Period in December 2019, MBI will be accepted on claims, and the HICN value/ Beneficiary Equitable BIC HICN Number will no longer be displayed. The Beneficiary Equitable BIC HICN Number will be blank in CCLFs generated effective January 1, 2020, onwards.*
27	CLM_ADMSN_TYPE_CD	Claim Admission Type Code	182	183	2	X(2)	Indicates the type and priority of inpatient services. [IH] Claim Admission Type Code include: 0 = Blank 1 = Emergency 2 = Urgent 3 = Elective 4 = Newborn 5 = Trauma Center 6-8 = Reserved 9 = Unknown

Element #	Claim Field Label	Claim Field Name	Start Position	End Position	Data Length	Format	Claim Field Description
28	CLM_ADMSN_SRC_CD	Claim Admission Source Code	184	185	2	X(2)	Indicates the source of the beneficiary's referral for admission or visit (e.g., a physician or another facility). Find Admission Source Code at the ResDAC website.
29	CLM_BILL_FREQ_CD	Claim Bill Frequency Code	186	186	1	X(1)	The third digit of the type of bill (TOB3) code. It indicates the sequence of the claim in the beneficiary's current episode of care (e.g., interim or voided). Find Claim Frequency Code at the ResDAC website.
30	CLM_QUERY_CD	Claim Query Code	187	187	1	X(1)	Indicates the type of claim record being processed with respect to payment (e.g., debit/credit indicator or interim/final indicator). Claim Query Code include: 0 = Credit adjustment 1 = Interim bill 2 = HHA benefits exhausted 3 = Final bill 4 = Discharge notice 5 = Debit adjustment

Element #	Claim Field Label	Claim Field Name	Start Position	End Position	Data Length	Format	Claim Field Description
31	DGNS_PRCDR_ICD_IND	ICD Version Indicator	188	188	1	X(1)	9 = ICD-9 0 = ICD-10 U = any value other than "9" or "0" in the source data.
32	CLM_MDCR_INSTNL_TOT_CHRG_AMT	Total Claim Charge Amount	189	203	15	-9(11).99	Effective with NCH Version G, the total charges for all services included on the institutional claim. This field is redundant with revenue center code 0001/total charges.
33	CLM_MDCR_IP_PPS_CPTL_IME_AMT	Claim Capital Indirect Medical Education Amount	204	218	15	-9(11).99	The amount of the indirect medical education (IME) (reimbursable amount for teaching hospitals only; an added amount passed by Congress to augment normal Prospective Payment System [PPS] payments for teaching hospitals to compensate them for higher patient costs resulting from medical education programs for interns and residents) portion of the PPS payment for capital. **Note**: *Applicable for claim type = 60 and total calculated based on debit credit methodology.*

Element #	Claim Field Label	Claim Field Name	Start Position	End Position	Data Length	Format	Claim Field Description
34	CLM_OPRTNL_IME_AMT	Claim Operational Indirect Medical Education Amount	219	240	22	-9(18).99	The indirect medical education amount applicable to the bill. (Do not include PPS capital IME adjustment in this entry). **Note**: *Applicable for claim type = 60 and total calculated based on debit credit methodology.*
35	CLM_MDCR_IP_PPS_DSPRPRTNT_AMT	Claim Capital Disproportionate Amount	241	255	15	-9(11).99	Effective 3/2/92, the amount of disproportionate share (rate reflecting indigent population served) portion of the PPS payment for capital. [NCH] **Note**: *Applicable for claim type = 60 and total calculated based on debit credit methodology.*
36	CLM_HIPPS_UNCOMPD_CARE_AMT	Claim Health Insurance Prospective Payment System Uncompensated Care Amount	256	270	15	-9(11).99	This is a payment for DSH hospitals as part of Section 3133 of ACA. It represents the uncompensated care amount of the payment. **Note**: *Applicable for claim types = (10, 20, 30, 40, 50, 60) and total calculated based on debit credit methodology.*

Element #	Claim Field Label	Claim Field Name	Start Position	End Position	Data Length	Format	Claim Field Description
37	CLM_OPRTNL_DSP RPRTNT_AMT	Claim Operational disproportio nate Amount	271	292	22	-9(18).99	The disproportionate share amount applicable to the bill. Use the amount provided by the disproportionate share field in PRICER. (Do not include any PPS capital DSH adjustment in this entry). **Note**: *Applicable for claim type = 60 and total calculated based on debit credit methodology.*

Element #	Claim Field Label	Claim Field Name	Start Position	End Position	Data Length	Format	Claim Field Description
38	CLM_BLG_PRVDR_OSCAR_NUM	Claim Provider OSCAR number	293	312	20	x(20)	A facility's Medicare/Medicaid identification number. It is also known as a Medicare/Medicaid Provider Number, or CCN. This number verifies that a provider has been Medicare certified for a particular type of service. **Notes:** • *From January 2022 onward, for Shared Savings Program, ACO REACH, KCC, VTAPM, and PCF models, this value is sourced from the Medicare claims processing system.* • *This field is included in addition to the Element 2 "Provider OSCAR Number" sourced from Provider Enrollment Change of Ownership System (PECOS).*

Element #	Claim Field Label	Claim Field Name	Start Position	End Position	Data Length	Format	Claim Field Description
39	CLM_BLG_PRVDR_NPI_NUM	Claim Facility Provider NPI Number	313	322	10	x(10)	Identifies the facility associated with the claim. Each facility is assigned its own unique NPI. **Notes:** • *From January 2022 onward, for Shared Savings Program, ACO REACH, KCC, VTAPM, and PCF models, this value is sourced from the Medicare claims processing system.* • *This field is included in addition to the Element 19 "Facility Provider NPI Number" sourced from PECOS.*

Element #	Claim Field Label	Claim Field Name	Start Position	End Position	Data Length	Format	Claim Field Description
40	CLM_OPRTG_PRVDR_NPI_NUM	Claim Operating Provider NPI Number	323	332	10	x(10)	Identifies the operating provider associated with the claim. Each provider is assigned its own unique NPI. **Notes:** • *From January 2022 onward, for Shared Savings Program, ACO REACH, KCC, VTAPM, and PCF models, this value is sourced from the Medicare claims processing system.* • *This field is included in addition to the Element 20 "Operating Provider NPI Number" sourced from PECOS.*

Element #	Claim Field Label	Claim Field Name	Start Position	End Position	Data Length	Format	Claim Field Description
41	CLM_ATNDG_PRVDR_NPI_NUM	Claim Attending Provider NPI Number	333	342	10	x(10)	Identifies the attending provider associated with the claim. Each provider is assigned its own unique NPI. **Notes:** • *From January 2022 onward, for Shared Savings Program, ACO REACH, KCC, VTAPM, and PCF models, this value is sourced from the Medicare claims processing system.* • *This field is included in addition to the Element 21 "Attending Provider NPI Number" sourced from PECOS.*

Element #	Claim Field Label	Claim Field Name	Start Position	End Position	Data Length	Format	Claim Field Description
42	CLM_OTHR_PRVDR_NPI_NUM	Claim Other Provider NPI Number	343	352	10	x(10)	Identifies the other providers associated with the claim. Each provider is assigned its own unique NPI. **Notes:** • *From January 2022 onward, for Shared Savings Program, ACO REACH, KCC, VTAPM, and PCF models, this value is sourced from the Medicare claims processing system.* • *This field is included in addition to the Element 22 "Other Provider NPI Number" sourced from PECOS.*
43	CLM_CNTL_NUM	Claim Control Number	353	392	40	x(40)	An identifier assigned by the claim processor (i.e., MAC, Part D Plan, or Encounter Data Processing Contractor) to a claim.
44	CLM_ORG_CNTL_NUM	Claim Original Control Number	393	432	40	x(40)	A unique number assigned by the state's payment system that identifies an original claim.

Element #	Claim Field Label	Claim Field Name	Start Position	End Position	Data Length	Format	Claim Field Description
45	CLM_CNTRCTR_NUM	Claim Contractor Number	433	437	5	x(5)	A number assigned by CMS identifying a MAC authorized to process Medicare claims.