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| Final Project  **CLAIMS**  Document  **Business Requirement Document (BRD)**  **Professor. Vincent Lattuada**  **Authors:**  DBHuskies  Aditya Tawde, Vikram Balakrishnan, Zalak Shah |

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# Introduction

## Overview

The claims data model captures all entities present within the CMS -1500 (02/12) – Health Insurance Form. It organizes the entities present within the form per member per claim into a database of coherent tables that together capture and store all data present within the form which can later be used to re-create digitized claims as well as analyse the digitized information for various applications.

## Intended Audience

This document is created for the healthcare insurance organization – Blue Cross Medical. This model will be used for storing information of the claims and for processing the claims. Data about claims can be fetched effectively from the claims.

**1.3** **Document Control**

| Date | Author | Version | | Change Reference |
| --- | --- | --- | --- | --- |
|  |  |  | |  |
| 10/16/2015 | Aditya Tawde Vikram Balakrishnan Zalak Shah | | 0.1 | Initial Draft |
| 11/13/2015 | Aditya Tawde Vikram Balakrishnan Zalak Shah | | 0.2 | Added relationships and entity description |
| 11/29/2015 | Aditya Tawde Vikram Balakrishnan Zalak Shah | | 0.3 | Updated data model, entity descriptions and relationships |
| 12/18/2015 | Aditya Tawde Vikram Balakrishnan Zalak Shah | | 1.0 | Added in scope, appendices, data dictionary |

**1.4 In-scope**

The in-scope items were derived from the CMS-1500 (02/12) health insurance claim form, present in Appendix B. Refer Appendix A for comprehensive list of in-scope items.

# Entities

## member

The ‘member’ entity holds basic data of all the members who are clients of the insurance company that provides them with healthcare insurance. It contains the name, date of birth and gender of the member. A member of the insurance company may self-insured or covered by the insurance company with his/her dependence on another member who is self-insured. The relationship between the member and his/her ‘insured’ member is also maintained within the database. The table uses a self-relationship to realize the relationship between the member and his/her insured.

|  |  |  |
| --- | --- | --- |
| **Field name** | **Data Type** | **Field Description** |
| Mid | int | This item is the unique identification used for all members associated with the insurance company. It would thus be the entity’s primary key |
| Aid | Int | This item is an identifier for an address record. It would be the entity’s foreign key. |
| insid | Int | This item identifies the identification number of the insured who is associated with the member of the respective record. It would be the entity’s foreign key. |
| Dob | Date | This item holds the date of birth of a member in the format of mm/dd/yyyy. |
| f\_name | varchar(20) | This item holds the member's first name |
| l\_name | varchar(20) | This item holds the member's last name |
| m\_initials | char(1) | This item holds the initial of the member's middle name |
| gender | Enum | This item holds the member’s sex and it can be categorised as ‘Male’, ‘Female’ or ‘Unknown’. |
| telephone | char(10) | This item holds the address record’s telephone. ( only one telephone number is accepted per address record ) |
| Ins\_relationship | Enum | This item holds the relationship between the member his/her associated insured. The entries to this field are limited to ‘self’, ‘mother’, ‘father’, ‘child’ or ‘other’ |
|  |  |  |

## address\_lk

The ‘address\_lk’ entity holds the address data of each of member. Every address entry is uniquely identified by an address ID: ‘aid’. The benefit of the lookup is that it reduces redundancy of data in scenarios of related member sharing the same address. The table is comprehensive in collecting the address data of the members.

|  |  |  |
| --- | --- | --- |
| **Field name** | **Data Type** | **Field Description** |
| Aid | Int | This item is an identifier for an address record. It would be the entity’s primary key. |
| street\_address\_1 | char(150) | This item holds the address record’s 1st line of a street address. |
| street\_address\_2 | char(150) | This item holds the address record’s 2nd line of a street address. |
| city | varchar(20) | This item holds the address record’s city. |
| state | char(2) | This item holds the address record’s state. |
| zipcode | char(5) | This item holds the address record’s zip code. |
| **Field name** | **Data Type** | **Field Description** |

## member\_policies

The ‘member\_policies’ enitity associates each claim to a single member as well as the insurance policy that is used to process the claim. By design of the database, each claim can have only a single member and a single insurance policy associated with it. A member may have other insurance policies apart from the one used to insure the claim. Such additional insurance policies are termed as ‘other policies’ identified by ‘other\_polid’. Such an item is not present within this entity since it is not central to the processing of the claim. It is stored in ‘claims’ entity.

|  |  |  |
| --- | --- | --- |
| **Field name** | **Data Type** | **Field Description** |
| mid | int | This item is the unique identification used for all members associated with the insurance company. It would be the entity’s foreign key due to the non-identifying relationship with the member table. |
| polid | int | This item holds the unique identification number of a singular insurance policy offered by the insurance company to its members. This item would be one of the table’s primary foreign key. |
| cid | Int | This item is the unique identification of a singular claim associated with the insurance company. This item would be one of the table’s primary foreign key. |

## claims

The ‘claims’ entity captures information that are central/primary to the claim as well as information that is non-repeating. It also holds reference ids to child tables. The ‘claims’ table would thus act as the parent table to all tables that hold a claim’s information, such as services rendered, total charges, claim value, signatures within the claim and many more.

|  |  |  |
| --- | --- | --- |
| **Field name** | **Data Type** | **Field Description** |
| cid | Int | This item is the unique identification of a singular claim associated with the insurance company. It would thus be the entity’s primary key. |
| medical\_qualifier\_code | Int(3) | It would be a foreign key to the entity. The doctors are grouped under different groups. This qualifier code is used to identify the group |
| resubmission\_code | Int(1) | It would be a foreign key to the entity. It states the reason why the claims was re-submitted |
| other\_polid | Int | This item holds information of a patient’s secondary insurance policy that would be treated as ‘other insurance policy. In this design model, such a secondary insurance policy is captured for the records and does not play a central role in the processing of the claim. |
| referring\_pid | Int | This item holds the referring provider’s - provider identification number, as maintained in the search provider directory database. |
| patient\_condition | enum | This item capture’s the cause of the patient’s illness as - injury at employment (‘Employment’), auto accident (‘Auto’), or other accident (‘Other’). |
| medical\_qualifier\_type | enum | This item captures possible health issues of the patient such as - illness, injury, or pregnancy. |
| medical\_qualifier\_date | Date | This item captures the first date of illness, the actual date of injury, or the LMP of pregnancy. It would hold the date in the format of mm/dd/yyyy. |
| medical\_qualifier\_code | enum | This qualifier identifies what the medical qualifier date refers to-  431 Onset of Current Symptoms or Illness 484 Last Menstrual Period |
| serv\_facility\_id | Int | This item holds the identification of a service facility a where a specific medical service was rendered. |
| original\_ref\_no | Char(20) | This attribute holds the claims ID number for the previously submitted claims form |
| billing\_pid | Int | This item holds the provider identification of the billing provider. |

## claims\_account

The ‘claims\_account’ entity captures all charges and payment related data of the claim. It capture the total charges of the services rendered at the facility, charges incurred by use of outside labs and the total amount paid. It accepts the federal tax id of the member as a social security number or employment identification number. It holds the patient’s account number as well.

|  |  |  |
| --- | --- | --- |
| **Field name** | **Data Type** | **Field Description** |
| caid | int | This item is the unique identification of a singular claim’s account information that would include all payments and charges for a singular claim. It would thus be the entity’s primary key. |
| cid | Int | This item is the unique identification of a singular claim associated with the insurance company. It would thus be the entity’s foreign key. |
| federal\_tax\_id | char(9) | This item holds the unique identifier assigned by a federal or state agency. It would either hold the member’s social security number or his employee identification number. |
| tax\_id\_type | enum | This item holds the type of federal tax ID provided as – social security number or employee identification number. |
| patient\_Account\_no | char(5) | This item holds the patient account number as created and maintained by a provider. |
| accept\_assignment\_ind | enum | This item captures information on indicating if the provider agrees to accept the assignment under the terms of the payer’s program. |
| total\_charge | float(6) | This item holds the total charges that the provider claims for the medical services provided to the member. |
| amount\_paid | float(6) | This item holds the total amount paid by the member and the insurance company towards the charges claimed by the provider. |
| outside\_lab\_charges | Float(2) | This item holds the charges claimed by outside labs. This charge is already included in the ‘total\_charge’ field. |

## medical\_services

The ‘medical\_services’ table captures every service rendered as single rendered, i.e. a single claim may have multiple records in this table. Each record captures information relevant to the service rendered, such as the duration of the service, place of service, emergency indicator, charges for the service and others.

|  |  |  |
| --- | --- | --- |
| **Field name** | **Data Type** | **Field Description** |
| msid | int | This item is the unique identification of a singular medical service associated with the singular claim. It would thus be the entity’s primary key. |
| cid | Int | This item is the unique identification of a singular claim associated with the insurance company. It would be the entity’s foreign key. |
| place\_of\_service | char(2) | This item holds the location/facility where the medical service was rendered. It would be the entity’s foreign key. |
| EMG | char(1) | This item captures if the medical service was performed in the context of an emergency. It would be the entity’s foreign key. |
| CPT\_HCPCS\_code | char(5) | This item identifies the sub-medical services and procedures provided to the patient under a singular medical service. It would be the entity’s foreign key. |
| modifier | char(8) | This item is used to Identify the medical services and procedures provided to the patient. It would be the entity’s foreign key. |
| prov\_qualifier\_id | Char(3) | It is the qualifier ID used to group providers under different groups. It would be the entity’s foreign key. |
| diagnosis\_pointer | char(4) | Thus item holds the alphabetical letter from 'Diagnosis Code - ICD Code Indicator' that specifies the reason behind medical service rendered. |
| from\_date | Date | This item holds the date from which a singular medical service was provided. It would hold the date in the format of mm/dd/yyyy. |
| to\_date | Date | This item holds the date till which a singular medical service was provided. It would hold the date in the format of mm/dd/yyyy. |
| charge\_amount | float(6) | This item captures the total charges towards a singular medical service. |
| day\_unit | int(2) | This item holds the number of days corresponding to the dates entered in CPT or HCPCS coding manual(s). |
| PSDT\_family\_plan\_ind | enum | This item holds the “EPSDT/Family Plan” that identifies certain services that may be covered under some state plans. |
| rendering\_pid | Int | This item holds the provider identification number of the provider who rendered the medical service to the patient. |

## insurance\_policy

The ‘insurance\_policy’ table maintains information that is relevant to insurance policies offered by the insurance company. ‘polid’ is an identifier that uniquely identifies the insurance policies. The table captures the plan name, policy number as identified by the insurance company and the group policy id.

|  |  |  |
| --- | --- | --- |
| **Field name** | **Data Type** | **Field Description** |
| polid | int | This item holds the unique identification number of a singular insurance policy offered by the insurance company to its members. |
| group\_policy\_id | char(5) | Identifier for the health, auto, or other insurance plan coverage. The FECA number is the 9-digit alphanumeric identifier assigned to a patient claiming work-related condition(s) under the Federal Employees Compensation Act. It would be a foriegn key for the entity. |
| plan\_name | char(30) | Insured's plan or program name |
| policy\_number | char(10) | The policy number provided by insurance company |

## claims\_signs

The claim-signs entity holds all the signatures present within the claim along with the date of signing. It includes the signature of the patient, the insured and the physician. The insured alone does not have a corresponding filed to capture the date of signing.

|  |  |  |
| --- | --- | --- |
| **Field name** | **Data Type** | **Field Description** |
| Sid | Int | This item is the unique identification for a record of all signature and dates associated with a singular claim. This entity would thus be the table’s primary key. |
| cid | Int | This item is the unique identification of a singular claim associated with the insurance company. It would be the entity’s foreign key. |
| p\_sign | varchar(200) | This item captures the memory address that would provide an image of patient’s signature as signed in the claim. |
| p\_sign\_date | Date | This item captures the date on which the patient signed the claim. It would hold the date in the format of mm/dd/yyyy. |
| i\_sign | varchar(200) | This item captures the memory address that would provide an image of insured’s signature as signed in the claim. |
| phy\_sign | varchar(200) | This item captures the memory address that would provide an image of physician’s signature as signed in the claim. |
| phy\_sign\_date | Date | This item captures the date on which the physician signed the claim. |

## claims\_hospital\_info

The ‘claims\_hospital\_info’ table maintains information of the patient’s date of hospitalisation, date of discharge, days from which he is incapable of working to the date he can resume his work. It also captures prior authorisation number.

|  |  |  |
| --- | --- | --- |
| **Field name** | **Data Type** | **Field Description** |
| cid | Int | This item is the unique identification of a singular claim associated with the insurance company. It would be the entity’s primary foreign key. |
| hospitalize\_to\_date | Date | This item captures the date till which the patient was hospitalised. It would hold the date in the format of mm/dd/yyyy. |
| hospitalize\_from\_date | Date | This item captures the date from which the patient was hospitalised. It would hold the date in the format of mm/dd/yyyy. |
| work\_absence\_to\_date | Date | This item captures the date till which the patient’s work absence is recommended by the provider. It would hold the date in the format of mm/dd/yyyy. |
| work\_absence\_from\_date | Date | This item captures the date from which the patient’s work absence is recommended by the provider. It would hold the date in the format of mm/dd/yyyy. |
| **prior\_authorization\_number** | int | This item captures the “Prior Authorization Number” which is the record identification of the payer assigned number authorizing the service(s) |
| outside\_lab\_ind | Enum | This item holds an indicator that indicates if the patients had medical services rendered from any outside lab. The entries to this field is limited to ‘YES’, ‘NO’ |

## claims\_ICD\_codes

The ‘claims\_ICD\_codes’ table is a bridge table that maintains all the ICD codes associated to a singular claim. Each claim contains ICD codes that describe the the various diagnoses made to a patient’s illness. This table is a bridge table between the ‘claims’ table and the ‘ICD\_code\_desc’ table.

|  |  |  |
| --- | --- | --- |
| **Field name** | **Data Type** | **Field Description** |
| ICD\_code | char(5) | Stores the ICD code. This field is a Primary foreign key attribute |
| cid | int | Claims ID is a foreign key attribute. |
| diagnosis\_label | enum | Each diagnosis has been allocated an alphabetical code. This code is mentioned in this attribute. |

## ICD\_code\_desc

The ‘ICD\_code\_desc’ is a look-up table that maintains the description of all recognised ICD\_codes. The ICS codes are codes that provide the type of diagnosis to a patient’s illness.

|  |  |  |
| --- | --- | --- |
| **Field name** | **Data Type** | **Field Description** |
| ICD\_code | char(5) | ICD codes are used to mention the diagnosis or nature of illness or injury. 5 character length code is stored in this field. |
| ICD\_description | char(50) | The information about what the ICD code stands for is stored in this field. Single entry for each unique code is stored in this field of lookup table. |

## resubmission\_code\_lk

The ‘resubmission\_code\_lk’ is look-up table that maintains the code description for all the recognised and resubmission codes. The resubmission code is a code that is used to describe the purpose of re-submitting a claim.

|  |  |  |
| --- | --- | --- |
| **Field name** | **Data Type** | **Field Description** |
| resubmission\_code | char(1) | The reason why the claim was resubmitted is represented by the resubmission code. It is a char(1) field to store the code. |
| code\_description | char(50) | The resubmission code description is tored in this field.For example, code 7 means replacement of prior claim and code 8 means void/cancel of prior claim. |

## group\_policy\_lk

The ‘group\_policy\_lk’ is a look-up table that maintains the policy names of the group policies for the group\_policy\_ID to which it is associated. A group policy is one that acts an umbrella to many insurance policies that are derived from it.

|  |  |  |
| --- | --- | --- |
| **Field name** | **Data Type** | **Field Description** |
| group\_policy\_id | char(5) | This attribute is used to uniquely identify the group policies |
| group\_policy\_name | char(50) | The name of the group policies associated with the group ID are mentioned in this attribute |

## medical\_qualifier\_code\_lk

The ‘medical\_qualifier\_code\_lk’ is a look-up table that maintains the description of the qualifier that is associated to a unique medical\_qualifier\_code. The Medical qualifier codes are codes that represent the type onset illness.

|  |  |  |
| --- | --- | --- |
| **Field name** | **Data Type** | **Field Description** |
| medical\_qualifier\_code | int(3) | The code to represent the onset of illness or last menstrual period  is stored in the attribute |
| qualifier\_description | char(50) | The description of medical qualifier code is stored in this attribute. Example. 431 - on set of illness, 484 - last menstrual period |

## CPT\_HCPCS\_code\_lk

The ‘CPT\_HCPCS\_code\_lk’ is a look-up table that maintains the name description to a CPT HCPCS code. The CPT HCPCS code is a code that is used to indicate the type of medical service and procedure provided to the patient.

|  |  |  |
| --- | --- | --- |
| **Field name** | **Data Type** | **Field Description** |
| CPT\_HCPCS\_code\_lk | char(5) | The code indicates medical services and procedures provided to the patient. 5 digit code to mention the services and procedures |
| code\_name | char(50) | The information about the CPT HCPCS code is stored in this field |

## modifier\_lk

The ‘modifier\_lk’ is a look-up table that is used to maintain the name of the modifier associated with a recognised modifier code. The modifier code is a code that is used in pair with CPT HCPS code that is used to identify the procedure, service or supplies used during patient treatment.

|  |  |  |
| --- | --- | --- |
| **Field name** | **Data Type** | **Field Description** |
| modifier\_code | char(8) | The modifier code is used in combination with the CPT HCPCS code to uniquely identify the procedure, services or supplies used during patient treatment |
| modifier\_name | char(50) | The modifier code information and description is stored in this field |

## place\_of\_service\_lk

The ‘place\_of\_service\_lk’ is a look-up table that is used to maintain the name of a ‘place of service’ for a recogonised place of service code. The ‘place\_of\_service’ is a code that is used to uniqulet identify singular facilities or sub-faccilities where medical services are provided.

|  |  |  |
| --- | --- | --- |
| **Field name** | **Data Type** | **Field Description** |
| place\_of\_service | char(2) | There are many places where the medical services can be performed. A code is used to represent the place of service. All the possible place of services are given a code and stored in this field |
| place\_of\_service\_name | char(50) | The place of service code description is stored in this field. |

# Relationships

1. member\_address

* This is a relationship between the member entity and the address\_lk. A member will have an address which is stored in the address\_lk.
* The relationship between entities is a Non-identifying relationship because an address can exist without a member.
* The address\_lk entity and the member have a 1/1:M relationship. One or many members can stay at a single address.

1. member\_policy

* This is a relationship between member entity and the member\_policies.
* The member\_policies is a table where member, insurance\_policy and claims come together.
* The relationship between member and member\_policies is a non-identifying relationship. The non-identifying relationship is kept for convenience to avoid the traveling of keys to other tables.
* The member and member\_policies entity have a 1:0/M relationship. One member may have multiple policies. One member may have multiple claims. A member may have zero claims so it can also be 1:0 relationship.

1. policy\_members

* This is a relationship between member\_policies and insurance\_policy tables.
* An insurance\_policy may be associated with multiple claims.
* The insurance\_policy and member\_policies is an identifying 1:1 relationship. The member policies table informs the member for a particular claim and the policy used for the particular claim. So for the combination of member policy and claim there will be 1:1 relationship.
* One insurance policy may be associated with no member or claim and also can be associated with many claims.
* A claim by a member cannot exist without an insurance policy associated with it therefore there should be at least one insurance policy in the relationship.

1. claims\_and\_policies

* Relationship between member\_policies and claims lets us know the member and the insurance\_policy associated with the claim.
* A claim will always have a member and insurance policy associated so it is an Identifying relationship.
* A single claim will have one member and one policy used for that claim so it is a 1:1 relationship. The other policy associated is captured in the claims table and stored for reference.

1. claim\_hospital\_info

* This relationship is to associate all the hospital related information like hospitalization date etc. with the claim submitted.
* A claim will have one hospital information associated with it so it is a 1:1 relationship.
* A claim will always have hospital information so it is an identifying relationship.

1. claims\_medical\_services

* The relationship between claims and medical\_service associates the medical services information to the claims.
* The claims can have one or many services which were used during the treatment. So, the claims and medical\_services has 1:1/M relationship

1. claims\_account\_details

* Claims will have information related to payments and accounts of the member. This relationship links the members accounting information with a claim.
* A claim will have a single unique accounting information of a member associated with it. So, it is a 1:1 relationship.
* A claims cannot exist without the accounting information. So, it is an identifying relationship.

1. claim\_signatures

* The claim form has patient, insured and physician signature which is stored in the claims\_signs entity.
* Each claim form will have unique individual signatures for patient, insured and the physician. Hence, it is a 1:1 relationship.
* The claim form needs to have signature so the relationship is identifying

1. claims\_ICD\_code

* Claims form has ICD codes to identify the diagnosis or nature of illness or injury.
* A single claim form can have multiple ICD codes. Hence the relationship is 1:M
* The claims form has to have at least one ICD so the entities claims and claims\_ICD\_code have an identifying relationship.

1. member\_insured

* A member is defined as a person who is insured or is a dependent of the insured person.
* member\_insured relationship defines whether the patient(member) who has submitted the claim is the insured himself or the dependent.
* It is a self-relationship which is 1:1/M, the insured can be the same person who is insured or there can be multiple dependents on the insured.

1. resubmission\_code\_lookup

* The relationship between the claims and resubmission\_code\_lookup is non-identifying M:1 relationship.
* Resubmission codes can exist on their own. Hence a non-identifying relationship.
* A single resubmission code can be used in multiple claims.

1. medical\_qualifier\_code\_lookup

* The relationship between the claims and medical\_qualifier\_code is non-identifying M:1 relationship.
* A medical qualifier code can be used in multiple claims.
* The medical qualifier codes can exist on their own. Hence a non-identifying relationship.

1. ICD\_code\_desc\_lookup

* The ICD\_code\_desc holds description about the ICD codes. The claims\_icd\_codes and ICD\_code\_desc have M:1 identifying relationship.
* The code description cannot exist without the ICD codes.
* The claims\_ICD\_codes is a bridge table.

1. CPT\_HCPCS\_code\_lookup

* The medical\_service has CPT HCPCS code stored in it.
* The CPT\_HCPCS\_code\_lookup is the relationship which associates the CPT\_HCPCS\_code\_lk entity with the medical\_service CPT HCPCS attribute.
* The relationship between CPT\_HCPCS\_code\_lk and medical\_service is a 1:M identifying relationship.
* A CPT\_HCPCS code may be used in different claims submitted.

1. modifier\_lookup

* The modifier attribute stored in the medical services needs description about it.
* The description about the modifier codes is stored in modifier\_lk entity.
* The relationship between modifier\_lk and medical\_service is a non-identifying 1:1 relationship.
* For each unique modifier code there is a description stored in the modifier\_lk

1. place\_of\_service\_lookup

* The place where the services were rendered defines the place of service.
* There is a unique set of codes defined for all the place of services that can possibly exist.
* The place of service codes are captured in the medical\_services entity and the detailed description for the codes is available in the place\_of\_service\_lk.
* The place\_of\_service\_lookup is a M:1 non-identifying relationship between medical\_services and place\_of\_service\_lk.
* Multiple patients can be given services at a place which has the same code, for example, if two people are given a service at their workplace the code they use would be same.

1. provider\_qualifier\_ID\_lookup

* The providers have specific codes assigned by the insurance company to identify them under different groups.
* The prov\_qualifier\_id is captured in the medical\_services entity.
* The provider\_qualifier\_ID\_lookup relationship is 1:1 non-identifying relationship which associates the prov\_qualifier\_id of medical\_services entity with the qualifier\_description in the provider\_qualifier\_ID\_lk.

1. group\_policy\_lookup

* It is a relationship between insuance\_policy and group\_policy\_lk.
* The relationship is M:1 identifying relationship.
* The description of policy cannot exist on its own also a single policy will be shared with the plan which fall under the group.

# Data Model

Please find attached the DATA MODEL on the next page.

# Data Dictionary and Abbreviations

CHAMPVA – Civilian Health and Medical Program of the Department of Veterans Affairs

EIN – Employer Identification Number

EMG – Emergency

EPSDT – Early & Periodic Screening, Diagnosis, and Treatment

FECA – Federal Employees’ Compensation Act

HCFA – Health Care Financing Administration, currently CMS

HCPCS – HCFA Common Procedural Coding System

HIPAA – Health Insurance Portability and Accountability Act of 1996

HMO – Health Maintenance Organization

ICD-9-CM – Internal Classification of Disease, Revision 9, Clinical Modification

ICD-10-CM - Internal Classification of Disease, Revision 10, Clinical Modification

LMP – Last Menstrual Period

NUCC – National Uniform Claim Committee

NPI – National Provider Identifier

QUAL. – Qualifier

REF. – Reference

SSN – Social Security Number

mid – member ID

aid – address ID

polid – policy ID

cid – claims ID

msid – medical service ID

caid – claims account ID

dob – date of birth

f\_name – first name

l\_name – last name

m\_intials – middle name initials

ins\_relationship – insured relationship. Relationship of patient with the insured.

other\_polid – other policy ID

referring\_pid – referring provider ID

serv\_facility\_id – service facility ID

billing\_pid – billing provider ID

outside\_lab\_ind – outside lab indicator

p\_sign – patient’s signature

p\_sign\_date – date on which the patient signed

i\_sign – insured’s signature

phy\_sign – physician’s signature

phy\_sign\_date – date on which the physician signed

prov\_qualifier\_id – provider qualifier ID

EMG\_desc – emergency code description

# Appendices

**APPENDIX A**

|  |  |  |
| --- | --- | --- |
| **Attributes** | **Field to capture** | **Field Description** |
| 1 | Type of Insurance | The type of health insurance coverage applicable to this claim |
| 2 | Insured ID Number | The identification number of the insured. |
| 3 | Patient's first name | Patient's First Name. Patient - The person who received the treatment or supplies |
| 4 | Patient's last Name | Patient's Last Name |
| 5 | Patient's Initial | Patient's Middle Name Initial |
| 6 | Patient's DOB | Patient's Date of Birth |
| 7 | Patient's Sex | Patient's Gender |
| 8 | Insured's First Name | Insured's First Name. insured - The person who holds the policy |
| 9 | Insured's last Name | Insured's Last Name |
| 10 | Insured's initial | Insured's Middle Name Initial |
| 11 | Patient's Street Address 1 | 1st line of Patient's address |
| 12 | Patient's Street Address 2 | 2nd line of Patient's address |
| 13 | Patient's City | City in which Patient stays |
| 14 | Patient's State | State in which Patient stays |
| 15 | Patient's Zip Code | Zip code of Patient's area |
| 16 | Patient's Telephone | Patient's telephone number |
| 17 | Patient and Insured Relationship | Relationship of the patient to the insured |
| 18 | Insured's Street Address 1 | 1st line of Insured's address |
| 19 | Insured's Street Address 2 | 2nd line of Insured's address |
| 20 | Insured's City | City in which Insured stays |
| 21 | Insured's State | State in which Insured stays |
| 22 | Insured's Zip Code | Zip code of Insured's area |
| 23 | Insured's Telephone | Insured's telephone number |
| 24 | Other Insured's First Name | Other Insured's First Name. Other Insured - Indicates that there is a holder of another policy that may cover the patient |
| 25 | Other Insured's last Name | Other Insured's Last Name |
| 26 | Other Insured's initial | Other Insured's Middle Name Initial |
| 27 | Other Insured's policy/Group Number | Policy/ Group number of the Other Insured |
| 28 | Other Insurance Plan name | Policy name to which the Other Insured belongs |
| 29 | Patient's Condition | Indicates whether the patient’s illness or injury is related to employment - accident on job, auto accident - automobile accident , or other accident - other type of accident |
| 30 | Insurance policy, Group or FECA Number | Identifier for the health, auto, or other insurance plan coverage. The FECA number is the 9-digit alphanumeric identifier assigned to a patient claiming work-related condition(s) under the Federal Employees Compensation Act |
| 31 | Insured's DOB | Insured's Date of Birth |
| 32 | insured's Sex | Insured's Gender |
| 33 | Insurance Plan Name | Insured's plan or program name |
| 34 | Other policy ID | Used to indicate if the patient has insurance coverage other than the plan indicated |
| 35 | Patient's Signature Image | Signature of the patient |
| 36 | Date of Signature | Date on which the document was signed |
| 37 | Insured's signature Image | Signature of the insured |
| 38 | Medical Qualifier type(LMP) | illness, Injury, or Pregnancy |
| 39 | Medical Qualifier date | Mentions the first date of onset of illness, the actual date of injury, or the LMP for pregnancy |
| 40 | Medical Qualifier code | Qualifier to identify which date is being reported 431 Onset of Current Symptoms or Illness 484 Last Menstrual Period |
| 41 | Other date for illness, injury or pregnancy | Qualifier to identify which date is being reported |
| 42 | Patient Can't work - From DATE | The date from which the patient was unable to work |
| 43 | Patient Can't work - To DATE | The date till which the patient was unable to work |
| 44 | Referring provider ID | Identification ID of the Referring provider |
| 45 | Referring Provider's Qualifier ID | Qualifier ID of the referring provider |
| 46 | Referring Providers' ID | ID of the referring provider |
| 47 | Hospitalisation - From Date | The date on which the patient was admitted in the hospital |
| 48 | Hospitalisation - To Date | The date on which the patient was discharged |
| 49 | Outside Lab Used- Y/N | Mentions if any outside lab services were used during treatment |
| 50 | Outside Lab Charges | The charges incurred while using outside lab services |
| 51 | Diagnosis Code - ICD Code Indicator | Identifies the version of the ICD code set being reported. The “Diagnosis or Nature of Illness or Injury” is the sign, symptom, complaint, or condition of the patient relating to the service(s) on the claim |
| 52 | ICD Diagnosis Code A | Field for entering diagnosis code |
| 53 | ICD Diagnosis Code B | Field for entering diagnosis code |
| 54 | ICD Diagnosis Code C | Field for entering diagnosis code |
| 55 | ICD Diagnosis Code D | Field for entering diagnosis code |
| 56 | ICD Diagnosis Code E | Field for entering diagnosis code |
| 57 | ICD Diagnosis Code F | Field for entering diagnosis code |
| 58 | ICD Diagnosis Code G | Field for entering diagnosis code |
| 59 | ICD Diagnosis Code H | Field for entering diagnosis code |
| 60 | ICD Diagnosis Code I | Field for entering diagnosis code |
| 61 | ICD Diagnosis Code J | Field for entering diagnosis code |
| 62 | ICD Diagnosis Code K | Field for entering diagnosis code |
| 63 | ICD Diagnosis Code L | Field for entering diagnosis code |
| 64 | Re-Submission Code | When resubmitting a claim, enter the appropriate bill frequency code left justified in the left-hand side of the field. 7 Replacement of prior claim 8 Void/cancel of prior claim |
| 65 | Original reference number | “Resubmission” means the code and original reference number assigned by the destination payer or receiver to indicate a previously submitted claim or encounter |
| 66 | Prior Authorisation Number | The “Prior Authorization Number” is the payer assigned number authorizing the service(s) |
| 67 | Date of Service- From Date | The date from which the services were provided |
| 68 | Date of Service- To Date | The date to which the the services were provided |
| 69 | Place of Services | The location where the service was rendered |
| 70 | EMG | Identifies if the service was an emergency. |
| 71 | CPT/HCPCS code | Identify the medical services and procedures provided to the patient |
| 72 | Modifier | This field allows for the entry of the following: 6 characters in the unshaded area of the CPT/HCPCS field and four sets of 2 characters in the Modifier area |
| 73 | Diagnosis Pointer | Letter from 'Diagnosis Code - ICD Code Indicator' that relates to the reason the service(s) was performed |
| 74 | Charges for Services | Indicates the total billed amount for services |
| 75 | Days or Units | Number of days corresponding to the dates entered in CPT or HCPCS coding manual(s). |
| 76 | Rendering Provider ID | Provider ID of the Rendering physician |
| 77 | Federal Tax ID Number | The unique identifier assigned by a federal or state agency |
| 78 | Federal Tax ID type | Select whether it is 'SSN' or 'EIN' |
| 79 | Patient's Account Number | The identifier assigned by the provider |
| 80 | Accept Assignment | The accept assignment indicates that the provider agrees to accept assignment under the terms of the payer’s program. |
| 81 | Total Charge | The total billed amount for all services |
| 82 | Amount Paid | The payment received from the patient or other payers |
| 83 | Signature of Physician | Signature of the Physician |
| 84 | Date of Signature | Date on which the document was signed by physician |
| 85 | Service Facility location | The address of facility where services were rendered |
| 86 | Billing Provider's Street Address 1 | 1st line of Billing Provider's address |
| 87 | Billing Provider's Street Address 2 | 2nd line of Billing Provider's address |
| 88 | Billing Provider's City | City in which Billing Provider stays |
| 89 | Billing Provider's State | State in which Billing Provider stays |
| 90 | Billing Provider's Zip Code | Zip code of Billing Provider's area |
| 91 | Billing Provider's Telephone | Billing Provider's telephone number |

**APPENDIX B**

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