

Parts of a Medical Claim That Get Submitted to the Colorado All Payer Claims Database

Important Tidbits about You (De-identified for your protection!)			
Name (converted to unique ID)	Address	Birth Date	Sex
Who Helped You and Who Should Get Paid?			
Servicing Provider Name, National Provider Identifier (NPI) <small>(Note: CO APCD does not receive other provider information such as a surgeon or other providers who may have offered services)</small>		Billing Provider Name, NPI, Address	
What Happened?			
If you got admitted to a Hospital	Type of Visit (emergency, elective, etc.)	Who Referred You (physician or other facility, if applicable)	Your Diagnosis (on arrival)
For Hospitals <i>and</i> all other types of visits	Date and Primary reason (diagnosis) for your visit	Additional reasons (diagnoses) that may have led to your condition	External Cause of Injury (if you got hurt by something)
How'd it Go and What Did They Do?			
Primary and secondary procedure(s) and services you had done and when	Service Units (if applicable) Units of service used (days in hospital, pints of blood, etc.)	When you left (if you were in a hospital), and where you went (home, skilled nursing facility, etc.)	
Codes that ultimately help determine the cost			
Condition Codes: These codes provide information that might impact the processing of the claim, i.e. a correction or a change in dates.	Revenue Codes: What happened and dollar amounts associated with the services you received	Description Codes for your visit: ICD-10 Codes: What your diagnosis was CPT Codes: What procedures you received HCPC Codes: Outpatient services (non-hospital); includes CPT codes and medical equipment NDC Codes: drugs you may have received	
Who Gets the Bill?			
Who is insured and your relationship to that person	Unique identifier assigned to you by the insurance company	Group, Employer, and Health Insurance name and ID	
How Much Did it Cost and How Much Gets Paid?			
Total Charges: (Charged Amount): Amount that is being charged for each line of service by the provider as well as the total amount of all charges.	What Health Insurance Paid (Allowed Amount): How much of the total charges the health plan paid the provider based on their negotiated rate.	How Much You're Supposed to Pay (Member liability): How much of the bill you owe depending on your plan coverage, copays, deductibles, etc. <small>(Note: The CO APCD doesn't get information on whether or not you actually paid your portion to the provider.)</small>	
Additional Payments: Any amounts paid by other insurance payers (if applicable)	Non-covered Charges: Amount not covered by the primary payer for the service (if applicable).		