

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