

## Parts of a Professional Claim that Get Submitted to the Colorado All Payer Claims Database

Important Tidbits about You (De-identified for your protection!)			
<b>Name</b> (converted to unique ID)	<b>Address</b>	<b>Birth Date</b>	<b>Gender</b>
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?			
<b>Date of Injury or Illness</b>	<b>Who Referred You</b> (physician or other facility, if applicable)	<b>Diagnosis of Referring Provider</b>	<b>Were you admitted to the hospital</b> for your current condition?
<b>Did you have an accident?</b> (work, auto, other)	<b>Were lab tests</b> or pathology performed?	<b>Are you able to work</b> after your injury?	<b>Where were you treated?</b> (facility location information)
What Did They Do and How'd it Go?			
<b>Dates &amp; Location of Service</b> (when and where were you treated)	<b>Procedures, Services, or Supplies Units</b> (if applicable) Units of service used (pints of blood, etc.)	<b>Who treated you?</b> (Rendering Provider)	
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="#">HCPCS 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>	