

Optum Data Type	Description
Dental	Dental claims data from Dental benefits vendor or TPA
Drug	Prescription drug claims data from Pharmacy Benefit Manager vendor or TPA
EAP	Employee Assistance Program data from program vendor or TPA
Eligibility	Member-level coverage information including demographic attributes, organizational attributes, workforce attributes and plan attributes from Benefits Administrator or TPA
Health Survey	Health Survey (Assessment) results by member at the question and answer level of detail from Survey vendor or TPA
Lab Results	LOINC based Lab Results data, including biometric screening results from Lab Results vendor or TPA
Medical	<ul style="list-style-type: none"> • Medical claims data from Medical benefits vendor or TPA • Vision claims data from Vision benefits vendor, Medical benefits vendor or TPA • Behavioral health claims data from Behavioral Health benefits vendor, Medical benefits vendor or TPA • Onsite clinic claims from onsite clinic vendor, Medical benefits vendor or TPA
Program Management	<ul style="list-style-type: none"> • Health Management program case level data from program vendor, Medical vendor or TPA (disease mgmt., care mgmt., disease prevention, etc.) • Wellness program case level data from program vendor, Medical benefits vendor or TPA • Lifestyle management program case level data from program vendor, Medical benefits provider or TPA (tobacco cessation, weight mgmt., etc.)

Optum Data Type	Field Name	Description of Field	Reportable?
Dental	Claim Transaction Type	Identifies original claims vs. various types of adjustments (reversals, incremental adjustments, replacements, etc.)	Yes
Dental	Charge Status	Indicates whether the claim was paid, denied or pended (may not apply; often only paid prescriptions are submitted)	No
Dental	Claim Line Number	Sequential number for each service line within a claim	No
Dental	Dental Account Number	Employee Account Structure information - Typically consists Account Numbers which identify specific segments of covered population	Yes
Dental	Dental Branch Number	Employee Account Structure information - Typically consists of Branch codes, which identify specific segments of covered population	Yes
Dental	Dental Claim Defined Field 1	Dedicated fields for ad-hoc claim-based attributes that the client finds useful for reporting	Yes
Dental	Dental Claim Defined Field 2	Dedicated fields for ad-hoc claim-based attributes that the client finds useful for reporting	Yes
Dental	Dental Claim Defined Field 3	Dedicated fields for ad-hoc claim-based attributes that the client finds useful for reporting	Yes
Dental	Dental Claim Defined Field 4	Dedicated fields for ad-hoc claim-based attributes that the client finds useful for reporting	Yes
Dental	Dental Claim Defined Field 5	Dedicated fields for ad-hoc claim-based attributes that the client finds useful for reporting	Yes
Dental	Dental Claim Number	Unique Number per claim	Yes
Dental	Dental Cobra Claim Indicator	A code to indicate whether this service was paid under COBRA; may also be available through carrier Account Structure	Yes
Dental	Dental Domestic Non-Domestic Indicator	Indicates whether the service was provided at a domestic (U.S.) location	Yes
Dental	Dental Group Number	Employee Account Structure information - Typically consists of Group Numbers, which identify specific segments of covered population	Yes
Dental	Dental Non Covered Reason	When available, the actual code provided by the carrier identifying why an expense was excluded.	Yes
Dental	Dental Onsite Clinic Indicator	Code to indicate whether the service took place at an onsite clinic	Yes
Dental	Dental Paid Date	Date the claim was paid; process date or check date	Yes
Dental	Dental Premium Provider Designation	Indicates whether the rendering provider met quality and/or efficiency standards as part of a provider rating program	Yes
Dental	Dental Procedure Code	Should be CPT-4 codes on physician services, or HCPCS code	Yes
Dental	Dental Provider Tier	Tier level of the rendering provider, typically based on quality rankings	Yes
Dental	Employee Social Security Number	This should be the unscrambled SSN or employee identifier (subscriber); required for link to Eligibility	No
Dental	Network Indicator	Indicates whether the claim was paid at in or out of network rates, or whether there is no network	Yes
Dental	Provider Full Name	Name of servicing provider	Yes

Optum Data Type	Field Name	Description of Field	Reportable?
Dental	Provider ZIP Code	Zip Code of servicing provider. Should be Zip where service was rendered	Yes
Dental	Patient First Name	First name of patient	No
Dental	Patient Last Name	Last name of patient	No
Dental	Patient Social Security Number	Unscrambled; provide if available	No
Dental	Service Start Date	Begin date (incurred date) of service. For R&B, should be true admission date or first date of interim billing	Yes
Dental	Procedure coding scheme	If always ADA, Optum can hardcode; else need to differentiate between ADA and carrier-specific service codes, for example	No
Dental	Tooth Number	For tooth-specific procedures	Yes
Dental	Tooth Surface	Facial, Lingual, etc. For tooth-specific procedures	Yes
Dental	Rendering provider market	Indicates a specific market, typically geographic, to which a provider belongs	No
Dental	Rendering Provider Specialty	Specialty of provider rendering service; more detailed than Provider Type (e.g. Internal Medicine, Orthopedic Surgery, etc.)	No
Dental	Dental Allowed	Amount after the application of discounts but prior to any member responsibility and coordination of benefits	Yes
Dental	Dental Charges	Total submitted charges for a service, prior to (gross of) any discounts or exclusions	Yes
Dental	Dental COB	Represents the reduction of benefit payment due to coverage under another benefit program (e.g. another health plan or Medicare)	Yes
Dental	Dental Coinsurance	Employees coinsurance amount, the dollar amount based on the percentage of eligible charges after deductible for which the employee is responsible for paying	Yes
Dental	Dental Copay	Employee copayment amount applied toward the charges	Yes
Dental	Dental Deductible	The deductible amount for which the employee is responsible	Yes
Dental	Dental Discounts	Savings due to negotiated provider discounted rate schedule	Yes
Dental	Dental Eligible	Submitted charges less exclusions (still gross of any discounts). Note: Optum can calculate if unavailable	Yes
Dental	Dental HCA Amount	Where applicable, amount for the service paid by HCA/HSA (healthcare savings) account	Yes
Dental	Dental HRA Amount	Where applicable, amount for the service paid by HRA (healthcare reimbursement) account	Yes
Dental	Dental Non Covered Charged	Amount not covered due to plan provisions/limitations	Yes
Dental	Dental Paid	The amount paid by the plan after the application of discounts, member responsible and coordination of benefits	Yes
Dental	Dental User Charge 1	Dedicated field for any carrier-specific amount that was applied to the service	Yes
Dental	Dental User Charge 2	Dedicated field for any carrier-specific amount that was applied to the service	Yes

Optum Data Type	Field Name	Description of Field	Reportable?
Dental	Dental User Charge 3	Dedicated field for any carrier-specific amount that was applied to the service	Yes
Dental	Dental Withheld	Where applicable, withhold amount to be paid for this service if provider qualifies	Yes
Drug	Charge Status	Indicates whether the claim was paid, denied or pended (may not apply; often only paid prescriptions are submitted)	No
Drug	Dispensed As Written	Indicates whether and what type of directive was given to dispense only the brand drug and not a generic equivalent	Yes
Drug	Drug Pricing Indicator	Indicates how a drug payment was calculated: Average wholesale, Maximum allowable, Submitted ingredient	Yes
Drug	Drug Type PBM	Distinguishes between brand and generic drugs	Yes
Drug	Formulary	Y/N Indicator to identify whether or not the drug is on a formulary	Yes
Drug	Employee Social Security Number	This should be the unscrambled SSN or employee identifier (subscriber); required for link to Eligibility	No
Drug	Medicare Status Claim	Indicates whether Medicare is identified as the primary payer for the covered member.	Yes
Drug	NDC Drug Code	National Drug Code; uniquely identifies each drug to most specific level; critical for merge against NDDF	Yes
Drug	Paid Date	Date the claim was paid; process date or check date	Yes
Drug	Pharmacy Account Number	Employee Account Structure information - Typically consists of codes which identify specific segments of covered population	Yes
Drug	Pharmacy Branch Number	Employee Account Structure information - Typically consists of codes which identify specific segments of covered population	Yes
Drug	Pharmacy Claim Defined Field 1	Open carrier and customer specific attributes available for detailed ad hoc reporting	Yes
Drug	Pharmacy Claim Defined Field 2	Open carrier and customer specific attributes available for detailed ad hoc reporting	Yes
Drug	Pharmacy Claim Defined Field 3	Open carrier and customer specific attributes available for detailed ad hoc reporting	Yes
Drug	Pharmacy Claim Defined Field 4	Open carrier and customer specific attributes available for detailed ad hoc reporting	Yes
Drug	Pharmacy Claim Defined Field 5	Open carrier and customer specific attributes available for detailed ad hoc reporting	Yes
Drug	Pharmacy Cobra Claim Indicator	A code to indicate whether this service was paid under COBRA; may also be available through carrier Account Structure	Yes
Drug	Pharmacy Domestic Non-Domestic Indicator	Indicates whether the service was provided at a domestic (U.S.) location	Yes
Drug	Pharmacy Group Number	Employee Account Structure information - Typically consists of codes which identify specific segments of covered population	Yes
Drug	Pharmacy Name	The name of the pharmacy rendering the service.	Yes
Drug	Pharmacy Number	Should be 7-digit National Board of Pharmacy (NABP) Number; uniquely identifies each pharmacy	Yes

Optum Data Type	Field Name	Description of Field	Reportable?
Drug	Pharmacy Onsite Clinic Indicator	Code to indicate whether the service took place at an onsite clinic	Yes
Drug	Pharmacy Prescription Drug Tier	The tier (typically determines Copay level) of the drug according to the benefit plan	Yes
Drug	Pharmacy Type	Distinguishes retail pharmacy vs mail-order	Yes
Drug	Pharmacy ZIP Code	Zip Code where retail pharmacy or mail-order supply house is located.	Yes
Drug	Prescriber DEA	Federal DEA Number assigned to prescribing physician; should be virtually 100% populated.	Yes
Drug	Prescribing Premium Provider Designation	Indicates whether the prescribing provider met quality and/or efficiency standards as part of a provider rating program	Yes
Drug	Prescribing Provider Tier	Tier level of the prescribing provider, typically based on quality rankings	Yes
Drug	Prescription Number	Unique number per prescription; will be repeated with each refill	Yes
Drug	Refill Indicator	Distinguishes new prescriptions from refills	Yes
Drug	Patient First Name	First name of patient	No
Drug	Patient Last Name	Last name of patient	No
Drug	Patient Social Security Number	Unscrambled Social of the Patient	No
Drug	Patient Zip Code	Zip code of where patient resides	No
Drug	Pharmacy Eligible Charge Amount	The total medical amount of health care expenses not excluded under the provisions of the medical benefit plan, shown before the application of any discounts and prior to any member responsibility or coordination of benefits	No
Drug	Service Type	Service category for service rendered (prescription drugs vs generic)	Yes
Drug	Pharmacy NCPDP ID	NCPDP ID specific to the Pharmacy	No
Drug	Pharmacy NPI	Unique identification number issued by the Centers for Medicare and Medicaid Services (CMS)	No
Drug	Prescribing Group Practice NPI	If the provider belongs to a group practice, the National Provider ID for the practice	No
Drug	Prescribing Provider National Provider ID (NPI)	NPI for prescribing provider	No
Drug	Prescribing Provider Participating Flag	Indicates if the prescribing provider is in a contracted network or not	No
Drug	Prescribing Provider Specialty Code	Specialty of prescribing provider	No
Drug	Prescribing Provider Tax ID Number	Federal TIN for prescribing physician. Requested, but typically not available on drug data.	No
Drug	Prescribing Provider Unique Identifier	Additional ID number such as plan-specific ID to uniquely identify prescribing provider	No
Drug	Days Supply	Number of days' supply the quantity dispensed represents	Yes
Drug	Service Date	Date the prescription was filled	No
Drug	Pharmacy Admin Fee	Administrative fee charged for the prescription	Yes
Drug	Pharmacy Allowed	Amount after the application of discounts but prior to any member responsibility and coordination of benefits	Yes

Optum Data Type	Field Name	Description of Field	Reportable?
Drug	Pharmacy Billed	Charges submitted by the provider for payment	Yes
Drug	Pharmacy COB	Represents the reduction of benefit payment due to coverage under another benefit program (e.g. another health plan or Medicare)	Yes
Drug	Pharmacy Coinsurance	Employees coinsurance amount, the dollar amount based on the percentage of eligible charges after deductible for which the employee is responsible for paying	Yes
Drug	Pharmacy Copay	Employee copayment amount applied toward the charges	Yes
Drug	Pharmacy Deductible	The deductible amount for which the employee is responsible	Yes
Drug	Pharmacy Discount	Savings due to negotiated provider discounted rate schedule	Yes
Drug	Pharmacy Dispense Fee	The contracted rate of compensation paid to a pharmacy for the processing/filling of a prescription drug claim. The dispensing fee is added to the negotiated formula for reimbursing ingredient cost.	Yes
Drug	Pharmacy HRA Deduction	The deduction associated with a Healthcare Reimbursement Account	Yes
Drug	Pharmacy HSA Deduction	The deduction associated with a Health Savings Account	Yes
Drug	Pharmacy Ingredient Cost	Ingredient Cost of the drug; should optimally the ingredient cost paid (may be a calculated cost reflecting discounts), so that the sum of ingredient cost, dispensing fee, administrative fee and sales tax is equal to allowed amount	Yes
Drug	Pharmacy Non Covered Charges	Amount not covered due to plan provisions/limitations	Yes
Drug	Pharmacy Plan Paid	The amount paid by the plan after the application of discounts, member responsible and coordination of benefits	Yes
Drug	Pharmacy Sales Tax	Sales tax where applicable	Yes
Drug	Pharmacy Withhold	Where applicable, withhold amount to be paid for this service if provider qualifies	Yes
Drug	Quantity	Physical quantity dispensed for a prescription	Yes
EAP	Employee Social Security Number	Th This should be the unscrambled SSN or employee identifier (subscriber); required for link to Eligibility.	No
EAP	Case Open Date	The date a disability case was opened	Yes
EAP	EAP Case Close Date	Date EAP Case Closed	Yes
EAP	EAP Case Number	The number assigned to the EAP case by the vendor	Yes
EAP	EAP Customer Defined Field 1	Customer specific open field	Yes
EAP	EAP Customer Defined Field 10	Customer specific open field	Yes
EAP	EAP Customer Defined Field 2	Customer specific open field	Yes
EAP	EAP Customer Defined Field 3	Customer specific open field	Yes
EAP	EAP Customer Defined Field 4	Customer specific open field	Yes

Optum Data Type	Field Name	Description of Field	Reportable?
EAP	EAP Customer Defined Field 5	Customer specific open field	Yes
EAP	EAP Customer Defined Field 6	Customer specific open field	Yes
EAP	EAP Customer Defined Field 7	Customer specific open field	Yes
EAP	EAP Customer Defined Field 8	Customer specific open field	Yes
EAP	EAP Customer Defined Field 9	Customer specific open field	Yes
EAP	EAP Gatekeeper Indicator	Identifies if the EAP program has a gatekeeper	Yes
EAP	EAP Open Month	Month EAP Open Closed	Yes
EAP	EAP Primary Disposition	Primary disposition when contacting EAP, more general than Primary Presenting problem	Yes
EAP	EAP Primary Presenting Problem	Primary presenting problem when contacting the EAP vendor, detailed	Yes
EAP	EAP Program Referral Date	Date first referred to EAP program	Yes
EAP	EAP Secondary Disposition	Secondary disposition when contacting EAP, more general than Presenting problem	Yes
EAP	EAP Secondary Presenting Problem	Secondary presenting problem when contacting the EAP vendor, detailed	Yes
EAP	EAP Tertiary Disposition	Tertiary disposition when contacting EAP, more general than Presenting problem	Yes
EAP	EAP Tertiary Presenting Problem	Tertiary presenting problem when contacting the EAP vendor, detailed	Yes
EAP	EAP Touchpoint Method	The EAP touchpoint method design for the program type (e.g. Phones, Internet, Mailing)	Yes
EAP	EAP Touchpoint Type	The type of touchpoint for the EAP program type (e.g. Assessment, Consultation)	Yes
EAP	EAP Valuation Date	The valuation date for disability and lost time data represents the point in time the case data supplied by the vendor(s) was processed.	Yes
EAP	Program Outcome	Outcome Case Opened	Yes
EAP	EAP Case Duration	Duration of an Employee Assistance Program case	Yes
Eligibility	Admin Fee	Fee associated with the administration of the benefit plan	No
Eligibility	Business Unit	Customer specific business segments/divisions	Yes
Eligibility	Allotment Code	Indicator for whether time granted is PTO or Allotment Days.	No
Eligibility	Carrier Description	Indicates the carrier paying claims on behalf of the client.	Yes
Eligibility	Coverage Begin Date	Date coverage is effective.	Yes
Eligibility	Coverage End Date	Date coverage is terminated.	Yes
Eligibility	Coverage Status	Indicates whether an individual is covered by the employer's benefit plan. Indicates covered, eligible but not covered (waived), and not eligible for a benefit	Yes
Eligibility	Customer Coverage Tier	Indicates the number of individuals covered by a particular employee's plan, e.g. Employee Only, Employee + Spouse, Employee + Family	Yes

Optum Data Type	Field Name	Description of Field	Reportable?
Eligibility	COB Indicator	Indicates whether person has other coverage	No
Eligibility	Customer Defined Field 1	Customer specific codes. Up to ten separate fields and associated roll-ups based on how the client would like to segment/filter their data for reporting.	Yes
Eligibility	Customer Defined Field 10	Customer specific codes. Up to ten separate fields and associated roll-ups based on how the client would like to segment/filter their data for reporting.	Yes
Eligibility	Customer Defined Field 2	Customer specific codes. Up to ten separate fields and associated roll-ups based on how the client would like to segment/filter their data for reporting.	Yes
Eligibility	Customer Defined Field 3	Customer specific codes. Up to ten separate fields and associated roll-ups based on how the client would like to segment/filter their data for reporting.	Yes
Eligibility	Customer Defined Field 4	Customer specific codes. Up to ten separate fields and associated roll-ups based on how the client would like to segment/filter their data for reporting.	Yes
Eligibility	Customer Defined Field 5	Customer specific codes. Up to ten separate fields and associated roll-ups based on how the client would like to segment/filter their data for reporting.	Yes
Eligibility	Customer Defined Field 6	Customer specific codes. Up to ten separate fields and associated roll-ups based on how the client would like to segment/filter their data for reporting.	Yes
Eligibility	Customer Defined Field 7	Customer specific codes. Up to ten separate fields and associated roll-ups based on how the client would like to segment/filter their data for reporting.	Yes
Eligibility	Customer Defined Field 8	Customer specific codes. Up to ten separate fields and associated roll-ups based on how the client would like to segment/filter their data for reporting.	Yes
Eligibility	Customer Defined Field 9	Customer specific codes. Up to ten separate fields and associated roll-ups based on how the client would like to segment/filter their data for reporting.	Yes
Eligibility	Customer Employment Status	Current employment status, e.g. active, retired, COBRA, etc.	Yes
Eligibility	Customer Employment Type	Current employee type, e.g. hourly, salaried	Yes
Eligibility	Customer Product	Type of medical plan, e.g. PPO, HDHP, indemnity.	Yes
Eligibility	Coverage Month Id	Represents the date that the eligibility represents	No
Eligibility	Eligible End Date	Date subscriber is no longer eligible for benefits	Yes
Eligibility	Employee Date of Retirement	Date of Retirement for the Employee	Yes
Eligibility	Employee Original Hire Date	Original Hire Date of the Employee	Yes
Eligibility	Employee Salary	The Salary amount used for benefits determination. That may consist of Salary + Bonus or straight Salary	Yes
Eligibility	Employee Work Location ZIP Code	Work Location Zip code of the Employee	Yes
Eligibility	Exempt Status	Exempt or Non-Exempt – Currently available in Non-claim-based data areas only	Yes

Optum Data Type	Field Name	Description of Field	Reportable?
Eligibility	Financial Funding Type	Code to indicate whether each plan is self-insured vs. fully-insured. May be driven from Plan Codes.	Yes
Eligibility	Full or Part Time Status	Full Time or Part Time employment indicator	Yes
Eligibility	Gender	Gender of person, whether or not they are the employee	Yes
Eligibility	Eligibility Begin Date	Date subscriber is eligible for benefits	No
Eligibility	Employee Contribution Amount	This is the employee's monthly contribution for each type of coverage. Should appear on employee record only but should capture cost for family where applicable.	No
Eligibility	Employee Date of Death	Date of Death for the Member	No
Eligibility	Employee Rehire Date	Rehire date if applicable of the Employee	No
Eligibility	Employee Social Security Number	This should be the unscrambled SSN or employee identifier (subscriber)	No
Eligibility	Employee Termination Date	Termination of employment (not necessarily coverage)	No
Eligibility	Job Code	Currently available in Non-claim-based data areas only	Yes
Eligibility	Marital Status Code	Marital Status of the Employee	Yes
Eligibility	Medicare Status	Indicates whether the person has Medicare coverage	Yes
Eligibility	Member Zip	Zip code of Member	Yes
Eligibility	Modified or Restricted Duty	Indicates whether employee is in a restricted duty position due to a disability	Yes
Eligibility	NAICS Code	Currently available in claim-based data areas only	Yes
Eligibility	Patient Date of Birth	Date of birth of patient, whether or not they are the employee	Yes
Eligibility	Plan Description	Customer specific code to identify plan enrolled in.	Yes
Eligibility	Medicare Eligibility Date	Date member was eligible for Medicare	No
Eligibility	Net Credit Service Date	Date employment would have started if entire employee length of service was continuous until current.	No
Eligibility	PTO Allotment Days Amount	Number of days granted per year.	Yes
Eligibility	Relationship	Relationship of patient to the Employee	Yes
Eligibility	Person Address 1	Address of the Member	No
Eligibility	Person Address 2	Address of the Member	No
Eligibility	Person Country Identifier	Country of the Member	No
Eligibility	Person First Name	First Name of Member	No
Eligibility	Person Last Name	Last Name of Member	No
Eligibility	Person Province Code	Province Code of Member	No
Eligibility	Person Social Security Number	This should be the unscrambled SSN or employee identifier (subscriber)	No
Eligibility	SIC Code	Currently available in non-claim-based data areas only	Yes
Eligibility	Sick Time Allotment Days Amount	Number of Sick Days granted.	Yes
Eligibility	Supervisor Indicator	Indicates whether employee is in a supervisory position	Yes
Eligibility	Premium	Company portion of overall Premium	No
Eligibility	Union Code	Code associated with any applicable Union a member belongs to	Yes

Optum Data Type	Field Name	Description of Field	Reportable?
Eligibility	Vacation Allotment Days Amount	Number of Vacation Days granted.	Yes
Eligibility	Work Location	Customer specific codes identifying physical work locations	Yes
Eligibility	FTE Equivalency Rate	Indicates the portion of full-time the employee works, e.g. 1 = Full Time, .5 = half time, etc. Will be defaulted to 1 if not provided	Yes
Eligibility	Work Week Scheduled Hours	Currently available in non-claim-based data areas only	Yes
Health Survey	Employee Social Security Number	This should be the unscrambled SSN or employee identifier (subscriber); required for link to Eligibility	No
Health Survey	Survey Completed Date	The date at which the survey was completed	Yes
Health Survey	Survey Detail Answer - Vendor	Raw survey answer for each question	Yes
Health Survey	Survey Detail Question Code	Unique identifier for each question on the survey	Yes
Health Survey	Survey Specific Customer Defined Risk Score	Risk score calculated by the Health Survey vendor methodology.	Yes
Lab	Employee Social Security Number	This should be the unscrambled SSN or employee identifier (subscriber); required for link to Eligibility	No
Lab	Lab Claim Number	Unique Number per claim	Yes
Lab	Lab Defined 1	Dedicated fields for ad-hoc attributes specific to lab results that the client finds useful for reporting	Yes
Lab	Lab Defined 10	Dedicated fields for ad-hoc attributes specific to lab results that the client finds useful for reporting	Yes
Lab	Lab Defined 2	Dedicated fields for ad-hoc attributes specific to lab results that the client finds useful for reporting	Yes
Lab	Lab Defined 3	Dedicated fields for ad-hoc attributes specific to lab results that the client finds useful for reporting	Yes
Lab	Lab Defined 4	Dedicated fields for ad-hoc attributes specific to lab results that the client finds useful for reporting	Yes
Lab	Lab Defined 5	Dedicated fields for ad-hoc attributes specific to lab results that the client finds useful for reporting	Yes
Lab	Lab Defined 6	Dedicated fields for ad-hoc attributes specific to lab results that the client finds useful for reporting	Yes
Lab	Lab Defined 7	Dedicated fields for ad-hoc attributes specific to lab results that the client finds useful for reporting	Yes
Lab	Lab Defined 8	Dedicated fields for ad-hoc attributes specific to lab results that the client finds useful for reporting	Yes
Lab	Lab Defined 9	Dedicated fields for ad-hoc attributes specific to lab results that the client finds useful for reporting	Yes
Lab	Lab Name	The name of the laboratory where service was rendered	Yes
Lab	Lab NPI	National Provider ID for the laboratory	Yes
Lab	Lab Result	Result of the test	Yes
Lab	Lab Result Date	Date the result of the test was provided. If not available what other date field can be used to confirm that Optum is only receiving new results and not duplicate results.	Yes
Lab	Lab Result Fasting Indicator	Fasting/Non Fasting Indicator	Yes

Optum Data Type	Field Name	Description of Field	Reportable?
Lab	Lab Result Type	Groups individual lab tests into result categories based on LOINC and result, description.	Yes
Lab	Lab Tax ID Number	The identification number assigned to a participating lab	Yes
Lab	Lab ZIP Code	Zip code for the location of the laboratory	Yes
Lab	LOINC CD	Logical Observation Identifier Names and Codes (LOINC) set of universal names and codes for identifying laboratory and clinical test results	Yes
Lab	Order Date	The date the lab test was ordered	Yes
Lab	Order Provider ID	Tax ID for the physician ordering the test	Yes
Lab	Order Provider NPI	National Provider ID for the physician ordering the test	Yes
Lab	Ordering Provider Name	Name of the physician ordering the test	Yes
Lab	Ordering Provider ZIP Code	Zip Code for the physician ordering the lab test	Yes
Lab	Patient Social Security Number	Unscrambled; provide if available	No
Lab	Lab Billed	Charge amount of lab service	Yes
Medical	Charge Status	Indicates whether the claim was paid, denied or pended (may not apply; often only paid prescriptions are submitted)	No
Medical	Diagnosis Code	Should be at least one instance of a 3 to 7-character ICD-CM code, with decimal; expect value on records	Yes
Medical	Diagnosis Code 2	Secondary diagnosis code, a 3 to 7-character ICD-CM code with decimal; provide as available	Yes
Medical	Diagnosis Code 3	Tertiary diagnosis code, a 3 to 7-character ICD-CM code with decimal; provide as available	Yes
Medical	Diagnosis Related Grouping Code (DRG)	Provide if the service was paid using DRG-based pricing	No
Medical	Discharge Status	Specific to room & board services; indicates discharged home, transferred, etc.	No
Medical	Excluded Reason	Carrier specific reason for non-covered amounts	Yes
Medical	Eighth Diagnosis	3 to 7-character ICD-CM code with decimal - provide as available	No
Medical	ICD Procedure Code	ICD-PCS (procedure) code; used to group admissions into DRGs and as such are requested on all hospital claims	Yes
Medical	ICD Procedure Qualifier	Each occurrence of ICD-PCS procedure code requires a qualifier to indicate whether ICD9 or ICD10. If not explicitly available, then business rules (e.g., date-based logic) must be confirmed as to how to interpret all ICD codes	Yes
Medical	Employee Social Security Number	This should be the unscrambled SSN or employee identifier (subscriber); required for link to Eligibility	No
Medical	Fifth Diagnosis	3 to 7-character ICD-CM code with decimal - provide as available	No
Medical	Fourth Diagnosis	3 to 7-character ICD-CM code with decimal - provide as available	No
Medical	Medical Account Number	Employee Account Structure information - Typically consists Account Numbers which identify specific segments of covered population	Yes

Optum Data Type	Field Name	Description of Field	Reportable?
Medical	Medical Branch Number	Employee Account Structure information - Typically consists of Branch codes, which identify specific segments of covered population	Yes
Medical	Medical Claim Defined Field 1	Dedicated fields for ad-hoc claim-based attributes that the client finds useful for reporting	Yes
Medical	Medical Claim Defined Field 2	Dedicated fields for ad-hoc claim-based attributes that the client finds useful for reporting	Yes
Medical	Medical Claim Defined Field 3	Dedicated fields for ad-hoc claim-based attributes that the client finds useful for reporting	Yes
Medical	Medical Claim Defined Field 4	Dedicated fields for ad-hoc claim-based attributes that the client finds useful for reporting	Yes
Medical	Medical Claim Defined Field 5	Dedicated fields for ad-hoc claim-based attributes that the client finds useful for reporting	Yes
Medical	Medical Claim Line Number	Sequential number for each service line within a claim	Yes
Medical	Medical Claim Number	Unique Number per claim	Yes
Medical	Medical Cobra Claim Indicator	A code to indicate whether this service was paid under COBRA; may also be available through carrier Account Structure	Yes
Medical	Medical Domestic Non-Domestic Indicator	Indicates whether the service was provided at a domestic (U.S.) location	Yes
Medical	Medical Group Number	Employee Account Structure information - Typically consists of Group Numbers, which identify specific segments of covered population	Yes
Medical	Medical Onsite Clinic Indicator	Code to indicate whether the service took place at an onsite clinic	Yes
Medical	Medical Provider Tier	Tier level of the rendering provider, typically based on quality rankings	Yes
Medical	ICD Procedure Code 2nd	Secondary ICD-PCS (procedure) code on a claim	No
Medical	ICD Procedure Code 3rd	Third ICD-PCS (procedure) code on a claim	No
Medical	ICD Procedure Code 4	Fourth ICD-PCS (procedure) code on a claim	No
Medical	ICD Procedure Qualifier 2nd	The industry standard classification of ICD-PCS procedure qualifier code. Each classification or qualifier is unique to the service being billed, where it is being rendered, and by whom.	No
Medical	ICD Procedure Qualifier 3rd	The industry standard classification of ICD-PCS procedure qualifier code. Each classification or qualifier is unique to the service being billed, where it is being rendered, and by whom.	No
Medical	ICD Procedure Qualifier 4	The industry standard classification of ICD-PCS procedure qualifier code. Each classification or qualifier is unique to the service being billed, where it is being rendered, and by whom.	No
Medical	Patient Zip	Zip code of where patient resides	Yes
Medical	Premium Provider Designation	Carrier assigned Premium Provider Designation	Yes
Medical	Procedure Code	Should be CPT-4 code for physician services, or HCPCS code	Yes

Optum Data Type	Field Name	Description of Field	Reportable?
Medical	Procedure Modifier	An adjunct code, used in conjunction with CPT-4 codes, that provides additional information about a particular procedure.	Yes
Medical	Provider ID	The ID of the provider rendering the service on a medical claim; can be Tax ID or NPI.	Yes
Medical	Provider NPI	NPI for servicing provider when Tax ID is also provided.	Yes
Medical	Provider Participation Status	Indicates whether or not the provider is a contracted network provider	Yes
Medical	Ninth Diagnosis	3 to 7-character ICD-CM code with decimal - provide as available	No
Medical	Provider Specialty	Specialty of provider rendering service; more detailed than Provider Type (e.g. Internal Medicine, Orthopedic Surgery, etc.)	Yes
Medical	Record Indicator	(e.g. Fee for Service, Encounter, Capitated Payment)	Yes
Medical	Patient Date of Birth	Date of Birth of patient, whether or not they are the employee	No
Medical	Patient First Name	First name of patient	No
Medical	Patient Last Name	Last name of patient	No
Medical	Patient Social Security Number	Unscrambled; provide if available	No
Medical	Revenue Code	UB-92 Revenue Codes preferred on Hospital services	Yes
Medical	Service To Date	Last date of service.	Yes
Medical	UB Source of Admission	Standard National Uniform Billing attribute for Admission Source	Yes
Medical	Rendering Group Practice Identifier	If the provider belongs to a group practice, the Federal TIN for the practice	No
Medical	Rendering Group Practice NPI	If the provider belongs to a group practice, the National Provider ID for the practice	No
Medical	Rendering provider market	Indicates a specific market, typically geographic, to which a provider belongs	No
Medical	Allowed	Amount after the application of discounts but prior to any member responsibility and coordination of benefits	Yes
Medical	Billed Charge	Total submitted charges for a service, prior to (gross of) any discounts or exclusions	Yes
Medical	Coinsurance	Employees coinsurance amount, the dollar amount based on the percentage of eligible charges after deductible for which the employee is responsible for paying	Yes
Medical	Coordination of Benefits	Amount of savings for the service due to payment by another carrier or Medicare	Yes
Medical	Copay	Employee copayment amount applied toward the charges	Yes
Medical	Deductible	The deductible amount for which the employee is responsible	Yes
Medical	Discount	Savings due to negotiated provider discounted rate schedule	Yes
Medical	Service Quantity Unit	Number of Services	No
Medical	Eligible Charges	Submitted charges less exclusions (still gross of any discounts). Note: Optum can calculate if unavailable	Yes

Optum Data Type	Field Name	Description of Field	Reportable?
Medical	Seventh Diagnosis	3 – 7-character ICD-CM code with decimal - provide as available	No
Medical	Sixth Diagnosis	3 – 7-character ICD-CM code with decimal - provide as available	No
Medical	HSA Deduction	Where applicable, amount for the service paid by HSA (healthcare savings) account	Yes
Medical	Med HRA Reimbursement	Where applicable, amount for the service paid by HRA (healthcare reimbursement) account	Yes
Medical	Non-Covered	Amount not covered due to plan provisions/limitations	Yes
Medical	Tenth Diagnosis	3 – 7-character ICD-CM code with decimal - provide as available	No
Medical	UB Type of Admission Code	Standard National Uniform Billing attribute for Admission Type	No
Medical	UB Type of Bill	Standard National Uniform Billing attribute for Type of Bill	No
Medical	Plan Paid	The amount paid by the plan after the application of discounts, member responsible and coordination of benefits	Yes
Medical	Service Count	Units of service directly associated with service line. <i>Typically, one service per line, but may differ; for instance, number of days for R&B; units of minutes for anesthesia; miles for ambulance, etc.</i>	Yes
Medical	User Charge 1	Dedicated field for any carrier-specific amount that was applied to the service	Yes
Medical	User Charge 2	Dedicated field for any carrier-specific amount that was applied to the service	Yes
Medical	User Charge 3	Dedicated field for any carrier-specific amount that was applied to the service	Yes
Medical	Withhold	Where applicable, withhold amount to be paid for this service if provider qualifies	Yes
Program Management	Care Management Admission Counseling Indicator	Indicates whether care management counseling was provided during inpatient hospital admission.	Yes
Program Management	Care Management Advocacy Inpatient Indicator	Indicates whether care management advocacy was provided during inpatient hospital admission.	Yes
Program Management	Care Management Advocacy Outpatient Indicator	Indicates whether care management advocacy was provided during outpatient services.	Yes
Program Management	Care Management Discharge Counseling Indicator	Indicates whether care management counseling was provided prior to or upon inpatient hospital discharge.	Yes
Program Management	Care Management Longitudinal Indicator	Indicates whether longitudinal counseling (e.g., ongoing case oversight) has been provided.	Yes
Program Management	Care Management Other Program Indicator	Indicates whether a person has participated in another intervention program.	Yes
Program Management	Care Management Triage Indicator	Indicates whether care management triage was provided (e.g., process in which claimant's needs are ranked in terms of importance or priority).	Yes
Program Management	Care Coordination Touchpoints	n/a	No

Optum Data Type	Field Name	Description of Field	Reportable?
Program Management	Employee Social Security Number	This should be the unscrambled SSN or employee identifier (subscriber); required for link to Eligibility	No
Program Management	Outreach Method	Outreach plan design (web, phone, etc.) for clinical program	Yes
Program Management	Pregnancy Enrollment Trimester	Pregnancy enrollment trimester (1st, 2nd, 3rd). Only applies to pregnancy programs	Yes
Program Management	Program	Description of clinical program person is participating in	Yes
Program Management	Program Customer Defined 1 Description	Client specific Program information the client finds useful and meaningful for reporting	Yes
Program Management	Program Customer Defined 10 Description	Client specific Program information the client finds useful and meaningful for reporting	Yes
Program Management	Program Customer Defined 2 Description	Client specific Program information the client finds useful and meaningful for reporting	Yes
Program Management	Program Customer Defined 3 Description	Client specific Program information the client finds useful and meaningful for reporting	Yes
Program Management	Program Customer Defined 4 Description	Client specific Program information the client finds useful and meaningful for reporting	Yes
Program Management	Program Customer Defined 5 Description	Client specific Program information the client finds useful and meaningful for reporting	Yes
Program Management	Program Customer Defined 6 Description	Client specific Program information the client finds useful and meaningful for reporting	Yes
Program Management	Program Customer Defined 7 Description	Client specific Program information the client finds useful and meaningful for reporting	Yes
Program Management	Program Customer Defined 8 Description	Client specific Program information the client finds useful and meaningful for reporting	Yes
Program Management	Program Customer Defined 9 Description	Client specific Program information the client finds useful and meaningful for reporting	Yes
Program Management	Program End Date	End date of program	Yes
Program Management	Program Health Result	Result of program (health improved, health declined, etc.)	Yes
Program Management	Program Incentive Type	Program participation/completion incentive (Contribution Credit; HSA Amount)	Yes
Program Management	Program Outreach Date	First date contacted to participate	Yes
Program Management	Program Participation Status	Whether the person is currently participating	Yes
Program Management	Program Phase	Current phase the program is in per person	Yes
Program Management	Program Start Date	Start date of program	Yes
Program Management	Program Status	Current status of a clinical program e.g. closed, open	Yes
Program Management	Program Status Reason	Reason for closure or inactive status	Yes
Program Management	Program Val Date	Date of file snapshot	Yes

Optum Data Type	Field Name	Description of Field	Reportable?
Program Management	Referral Date	Date first referred to program	Yes
Program Management	Referral Type	How the person was referred to the program (Health Assessment, Self, PCP)	Yes
Program Management	Touchpoint Method	Clinical program Touch point method e.g. web, in person, mail	Yes
Program Management	Valuation Date	Date of file snapshot	Yes
Program Management	Actual Number Of Touchpoints	Actual Touch Points To Date	Yes
Program Management	Assessment Touchpoints	Represents a count of program-specific Assessment Touchpoints represented in the dataset for the time frame selected.	Yes
Program Management	Consultation Touchpoints	Represents a count of program-specific Consultation Touchpoints represented in the dataset for the time frame selected.	Yes
Program Management	Health Coaching Touchpoints	Represents a count of program-specific Health Coaching Touchpoints represented in the dataset for the time frame selected.	Yes
Program Management	Non Participation Touchpoints	Represents a count of program-specific Non Participation Touchpoints represented in the dataset for the time frame selected.	Yes
Program Management	Participation Touchpoints	Represents a count of program-specific Participation Touchpoints represented in the dataset for the time frame selected.	Yes
Program Management	Referral Touchpoints	Represents a count of program-specific Referral Touchpoints represented in the dataset for the time frame selected.	Yes
Program Management	Touchpoint Attempts	Represents a count of program-specific Attempted Touchpoints represented in the dataset for the time frame selected.	Yes
Program Management	Unknown Touchpoints	Represents a count of program-specific Unknown Touchpoints represented in the dataset for the time frame selected.	Yes