

Exhibit C
Utilization Review Peer Review Payable File
Required Data Elements

1. Claim Number (employee identification number assigned by the Division)
2. Claimant First Name
3. Claimant Middle Initial
4. Claimant Last Name
5. Claimant Social Security Number (employee's social Security Number or DWC Assigned Number (DAN))
6. Date of Injury
7. Date of Birth
8. Contact ID (unique identifier assigned by the Division to a specific provider)
9. FEIN (Federal Employer Identification Number assigned by the IRS)
10. Record Type (code used to identify the type of service invoiced, i.e., UR or PR)
11. UR/PR Fee (the fee invoiced to the Division for the UR/PR service)
12. Service from Date (the date the services were initiated)
13. Service through Date (the date the services were completed)
14. Financial Category Display Code (Pay Type code)
15. Provider Invoice Number (the unique identifier assigned by the MBR Contractor to each payable file submitted to the Division)
16. UR Description (a description of the review done, i.e., UR or hospital certification, prospective, concurrent or retrospective)
17. UR Tier Level (a numeric code used to indicate if the review was performed by a Register Nurse or peer provider)
18. Service Request Date (date the request for the service was received by the Insurer or its agent)
19. Request Received Date (date the request for service was received by the MBR Contractor)
20. Date of Determination (date the MBR Contractor determined the decision of the request)
21. Determination Decision (an indicator of the determination, i.e., certified, non-certified, or conditionally certified)
22. Days Certified (the number of inpatient days certified by the MBR Contractor)