Research Data Distribution Center
LDS DMERC Claim Record -- Research Extract
Data Dictionary For SAS and CSV Datasets

Variable Name	***Label***
DESY_SORT_KEY	*DESY SORT KEY*

This field contains the key to link data for each beneficiary across all claim files.

REC_LVL	*NCH Near Line Record Version Code*

The code indicating the record version of the Nearline file where the institutional, carrier or DMERC claims data are stored.
DB2 ALIAS: NCH_REC_VRSN_CD
SAS ALIAS: REC_LVL
STANDARD ALIAS: NCH_NEAR_LINE_REC_VRSN_CD
TITLE ALIAS: NCH_VERSION
CODES:
A = Record format as of January 1991
B = Record format as of April 1991
C = Record format as of May 1991
D = Record format as of January 1992
E = Record format as of March 1992
F = Record format as of May 1992
G = Record format as of October 1993
H = Record format as of September 1998
I = Record format as of July 2000

RIC_CD	*NCH Near Line Record Identification Code*

A code defining the type of claim record being processed. COMMON ALIAS: RIC
DB2 ALIAS: NEAR_LINE_RIC_CD
SAS ALIAS: RIC_CD
STANDARD ALIAS: NCH_NEAR_LINE_RIC_CD
TITLE ALIAS: RIC
CODES:
REFER TO: NCH_NEAR_LINE_RIC_TB
IN THE CODES APPENDIX
COMMENT:
Prior to Version H this field was named:
RIC_CD
SOURCE:
NCH

CLM_TYPE	*NCH Claim Type Code*

The code used to identify the type of claim record being processed in NCH.
NOTE1: During the Version H conversion this field was populated with data through-out history (back to service year 1991).
NOTE2: During the Version I conversion this field was expanded to include inpatient 'full' encounter claims (for service dates after 6/30/97). Placeholders for Physician and Outpatient encounters

Variable Name	*Label*
	(available in NMUD) have also been added. DB2 ALIAS: NCH_CLM_TYPE_CD SAS ALIAS: CLM_TYPE STANDARD ALIAS: UTLDMERI_NCH_CLM_TYPE_CD SYSTEM ALIAS: LTTYPE TITLE ALIAS: CLAIM_TYPE DERIVATION: FFS CLAIM TYPE CODES DERIVED FROM: NCH CLM_NEAR_LINE_RIC_CD NCH PMT_EDIT_RIC_CD NCH CLM_TRANS_CD NCH PRVDR_NUM INPATIENT 'FULL' ENCOUNTER TYPE CODE DERIVED FROM: (Pre-HDC processing -- AVAILABLE IN NCH) CLM_MCO_PD_SW CLM_RLT_COND_CD MCO_CNTRCT_NUM MCO_OPTN_CD MCO_PRD_EFCTV_DT MCO_PRD_TRMNTN_DT INPATIENT 'FULL' ENCOUNTER TYPE CODE DERIVED FROM: (HDC processing -- AVAILABLE IN NMUD) FI_NUM INPATIENT 'ABBREVIATED' ENCOUNTER TYPE CODE DERIVED FROM: (HDC processing -- AVAILABLE IN NMUD) FI_NUM CLM_FAC_TYPE_CD CLM_SRVC_CLSFCTN_TYPE_CD CLM_FREQ_CD NOTE: From 7/1/97 to the start of HDC processing(?), abbreviated inpatient encounter claims are not available in NCH or NMUD. PHYSICIAN 'FULL' ENCOUNTER TYPE CODE DERIVED FROM: (AVAILABLE IN NMUD) CARR_NUM CLM_DEMO_ID_NUM OUTPATIENT 'FULL' ENCOUNTER TYPE CODE DERIVED FROM: (AVAILABLE IN NMUD) FI_NUM OUTPATIENT 'ABBREVIATED' ENCOUNTER TYPE DERIVED FROM: (AVAILABLE IN NMUD) FI_NUM CLM_FAC_TYPE_CD CLM_SRVC_CLSFCTN_TYPE_CD CLM_FREQ_CD DERIVATION RULES: SET CLM_TYPE_CD TO 10 (HHA CLAIM) WHERE THE FOLLOWING CONDITIONS ARE MET: 1. CLM_NEAR_LINE_RIC_CD EQUAL 'V','W' OR 'U' 2. PMT_EDIT_RIC_CD EQUAL 'F' 3. CLM_TRANS_CD EQUAL '5' SET CLM_TYPE_CD TO 20 (SNF NON-SWING BED CLAIM) WHERE THE FOLLOWING CONDITIONS ARE MET:

Variable Name	*Label*
	1. CLM_NEAR_LINE_RIC_CD EQUAL 'V' 2. PMT_EDIT_RIC_CD EQUAL 'C' OR 'E' 3. CLM_TRANS_CD EQUAL '0' OR '4' 4. POSITION 3 OF PRVDR_NUM IS NOT 'U', 'W', 'Y' OR 'Z' SET CLM_TYPE_CD TO 30 (SNF SWING BED CLAIM) WHERE THE FOLLOWING CONDITIONS ARE MET: 1. CLM_NEAR_LINE_RIC_CD EQUAL 'V' 2. PMT_EDIT_RIC_CD EQUAL 'C' OR 'E' 3. CLM_TRANS_CD EQUAL '0' OR '4' 4. POSITION 3 OF PRVDR_NUM EQUAL 'U', 'W', 'Y' OR 'Z' SET CLM_TYPE_CD TO 40 (OUTPATIENT CLAIM) WHERE THE FOLLOWING CONDITIONS ARE MET: 1. CLM_NEAR_LINE_RIC_CD EQUAL 'W' 2. PMT_EDIT_RIC_CD EQUAL 'D' 3. CLM_TRANS_CD EQUAL '6' SET CLM_TYPE_CD TO 41 (OUTPATIENT 'FULL' ENCOUNTER CLAIM -- AVAILABLE IN NMUD) WHERE THE FOLLOWING CONDITIONS ARE MET: 1. CLM_NEAR_LINE_RIC_CD EQUAL 'W' 2. PMT_EDIT_RIC_CD EQUAL 'D' 3. CLM_TRANS_CD EQUAL '6' 4. FI_NUM = 80881 SET CLM_TYPE_CD TO 42 (OUTPATIENT ENCOUNTER CLAIMS -- AVAILABLE IN NMUD) 1. FI_NUM = 80881 2. CLM_FAC_TYPE_CD = '1' OR '8'; CLM_SRVC_CLSFCTN_TYPE_CD = '2', '3' OR '4' & CLM_FREQ_CD = 'Z', 'Y' OR 'X' SET CLM_TYPE_CD TO 50 (HOSPICE CLAIM) WHERE THE FOLLOWING CONDITIONS ARE MET: 1. CLM_NEAR_LINE_RIC_CD EQUAL 'V' 2. PMT_EDIT_RIC_CD EQUAL 'I' 3. CLM_TRANS_CD EQUAL 'H' SET CLM_TYPE_CD TO 60 (INPATIENT CLAIM) WHERE THE FOLLOWING CONDITIONS ARE MET: 1. CLM_NEAR_LINE_RIC_CD EQUAL 'V' 2. PMT_EDIT_RIC_CD EQUAL 'C' OR 'E' 3. CLM_TRANS_CD EQUAL '1' '2' OR '3' SET CLM_TYPE_CD TO 61 (INPATIENT 'FULL' ENCOUNTER CLAIM - PRIOR TO HDC PROCESSING - AFTER 6/30/97 - 12/4/00) WHERE THE FOLLOWING CONDITIONS ARE MET: 1. CLM_MCO_PD_SW = '1' 2. CLM_RLT_COND_CD = '04' 3. MCO_CNTRCT_NUM MCO_OPTN_CD = 'C' CLM_FROM_DT & CLM_THRU_DT ARE WITHIN THE MCO_PRD_EFCTV_DT & MCO_PRD_TRMNTN_DT ENROLLMENT PERIODS SET_CLM_TYPE_CD TO 61 (INPATIENT 'FULL' ENCOUNTER CLAIM -- EFFECTIVE WITH HDC PROCESSING) WHERE THE FOLLOWING CONDITIONS ARE MET: 1. CLM_NEAR_LINE_RIC_CD EQUAL 'V'

Variable Name	Label
	2. PMT_EDIT_RIC_CD EQUAL 'C' OR 'E' 3. CLM_TRANS_CD EQUAL '1' '2' OR '3' 4. FI_NUM = 80881 SET CLM_TYPE_CD TO 62 (INPATIENT 'ABBREVIATED' ENCOUNTER CLAIM -- AVAILABLE IN NMUD) WHERE THE FOLLOWING CONDITIONS ARE MET: 1. FI_NUM = 80881 AND 2. CLM_FAC_TYPE_CD = '1'; CLM_SRVC_CLSFCTN_ TYPE_CD = '1'; CLM_FREQ_CD = 'Z' SET CLM_TYPE_CD TO 71 (RIC O non-DMEPOS CLAIM) WHERE THE FOLLOWING CONDITIONS ARE MET: 1. CLM_NEAR_LINE_RIC_CD EQUAL 'O' 2. HCPCS_CD not on DMEPOS table SET CLM_TYPE_CD TO 72 (RIC O DMEPOS CLAIM) WHERE THE FOLLOWING CONDITIONS ARE MET: 1. CLM_NEAR_LINE_RIC_CD EQUAL 'O' 2. HCPCS_CD on DMEPOS table (NOTE: if one or more line item(s) match the HCPCS on the DMEPOS table). SET CLM_TYPE_CD TO 73 (PHYSICIAN ENCOUNTER CLAIM-- SET CLM_TYPE_CD TO 81 (RIC M non-DMEPOS EFFECTIVE WITH HDC PROCESSING) WHERE THE FOLLOWING CONDITIONS ARE MET: 1. CARR_NUM = 80882 AND 2. CLM_DEMO_ID_NUM = 38 SET CLM_TYPE_CD TO 81 (RIC M non-DMEPOS CLAIM) WHERE THE FOLLOWING CONDITIONS ARE MET: 1. CLM_NEAR_LINE_RIC_CD EQUAL 'M' 2. HCPCS_CD not on DMEPOS table SET CLM_TYPE_CD TO 82 (RIC M DMEPOS DMERC CLAIM) WHERE THE FOLLOWING CONDITIONS ARE MET: 1. CLM_NEAR_LINE_RIC_CD EQUAL 'M' 2. HCPCS_CD on DMEPOS table (NOTE: if one or more line item(s) match the HCPCS on the DMEPOS table). CODES: REFER TO: NCH_CLM_TYPE_TB IN THE CODES APPENDIX SOURCE: NCH
STATE_CD	*Beneficiary Residence SSA Standard State Code*
	The SSA standard state code of a beneficiary's residence. DA3 ALIAS: SSA_STANDARD_STATE_CODE DB2 ALIAS: BENE_SSA_STATE_CD SAS ALIAS: STATE_CD STANDARD ALIAS: BENE_RSDNC_SSA_STD_STATE_CD TITLE ALIAS: BENE_STATE_CD EDIT-RULES: OPTIONAL: MAY BE BLANK CODES: REFER TO: GEO_SSA_STATE_TB IN THE CODES APPENDIX

Variable Name	Label
	COMMENT: 1. Used in conjunction with a county code, as selection criteria for the determination of payment rates for HMO reimbursement. 2. Concerning individuals directly billable for Part B and/or Part A premiums, this element is used to determine if the beneficiary will receive a bill in English or Spanish. 3. Also used for special studies. SOURCE: SSA/EDB
THRU_DT	*Claim Through Date*
	The last day on the billing statement covering services rendered to the beneficiary (a.k.a 'Statement Covers Thru Date'). For the ENCRYPTED Standard View of the DME files, the claim through date is coded as the quarter of the calendar year when the claim through date occurred. NOTE: For Home Health PPS claims, the 'from' date and the 'thru' date on the RAP (initial claim) must always match. 8 DIGITS UNSIGNED DB2 ALIAS: CLM_THRU_DT SAS ALIAS: THRU_DT STANDARD ALIAS: CLM_THRU_DT TITLE ALIAS: THRU_DATE EDIT-RULES FOR ENCRYPTED DATA: YYYYQ000 WHERE Q IS ONE OF THE FOLLOWING VALUES: 1 = FIRST QUARTER OF THE CALENDAR YEAR 2 = SECOND QUARTER OF THE CALENDAR YEAR 3 = THIRD QUARTER OF THE CALENDAR YEAR 4 = FOURTH QUARTER OF THE CALENDAR YEAR SOURCE: CWF
SGMT_CNT	*Claim Total Segment Count*
	Effective with Version I, the count used to identify the total number of segments associated with a given claim. Each claim could have up to 10 segments. 2 DIGITS UNSIGNED DB2 ALIAS: TOT_SGMT_CNT SAS ALIAS: SGMT_CNT STANDARD ALIAS: CLM_TOT_SGMT_CNT TITLE ALIAS: SEGMENT_COUNT SOURCE: CWF
SGMT_NUM	*Claim Segment Number*
	Effective with Version I, the number used to identify an actual record/segment (1 - 10) associated with a given claim. NOTE: During the Version I conversion this field was populated with data throughout history (back to service year 1991).

Variable Name	Label
	For institutional claims prior to 7/00, this number will be either 1 or 2. For noninstitutional claims, the number will always be 1. 2 DIGITS UNSIGNED DB2 ALIAS: CLM_SGMT_NUM SAS ALIAS: SGMT_NUM STANDARD ALIAS: CLM_SGMT_NUM TITLE ALIAS: SEGMENT_NUMBER SOURCE: CWF
CNTY_CD	*Beneficiary Residence SSA Standard County Code*
	The SSA standard county code of a beneficiary's residence. DA3 ALIAS: SSA_STANDARD_COUNTY_CODE DB2 ALIAS: BENE_SSA_CNTY_CD SAS ALIAS: CNTY_CD STANDARD ALIAS: TITLE ALIAS: BENE_COUNTY_CD EDIT-RULES: OPTIONAL: MAY BE BLANK SOURCE: SSA/EDB
CARR_NUM	*Carrier Number*
	The identification number assigned by HCFA to a carrier authorized to process claims from a physician or supplier. DB2 ALIAS: CARR_NUM SAS ALIAS: CARR_NUM STANDARD ALIAS: CARR_NUM SYSTEM ALIAS: LTCARR TITLE ALIAS: CARRIER CODES: REFER TO: CARR_NUM_TB IN THE CODES APPENDIX COMMENT: Prior to Version H this field was named: FICARR_IDENT_NUM. SOURCE: CWF
SEX	*Beneficiary Sex Identification Code*
	The sex of a beneficiary. COMMON ALIAS: SEX_CD DA3 ALIAS: SEX_CODE DB2 ALIAS: BENE_SEX_IDENT_CD SAS ALIAS: SEX STANDARD ALIAS: BENE_SEX_IDENT_CD SYSTEM ALIAS: LTSEX TITLE ALIAS: SEX_CD EDIT-RULES: REQUIRED FIELD CODES: 1 = Male 2 = Female 0 = Unknown SOURCE: SSA,RRB,EDB

Variable Name	Label
RACE	*Beneficiary Race Code*

The race of a beneficiary. DA3 ALIAS: RACE_CODE
DB2 ALIAS: BENE_RACE_CD
SAS ALIAS: RACE
STANDARD ALIAS: BENE_RACE_CD
SYSTEM ALIAS: LTRACE
TITLE ALIAS: RACE_CD
CODES:
0 = Unknown
1 = White
2 = Black
3 = Other
4 = Asian
5 = Hispanic
6 = North American Native
SOURCE:
SSA

BENE_DOB	*Beneficiary Birth Date*

The beneficiary's date of birth. For the ENCRYPTED Standard View of the
DMERC files, the beneficiary's
date of birth (age) is coded as a range.
8 DIGITS UNSIGNED
DB2 ALIAS: BENE_BIRTH_DT
SAS ALIAS: BENE_DOB
STANDARD ALIAS: BENE_BIRTH_DT
TITLE ALIAS: BENE_BIRTH_DATE
EDIT-RULES FOR ENCRYPTED DATA:
0000000R
WHERE R HAS ONE OF THE FOLLOWING VALUES.
0 = Unknown
1 = <65
2 = 65 Thru 69
3 = 70 Thru 74
4 = 75 Thru 79
5 = 80 Thru 84
6 = >84
SOURCE:
CWF

MS_CD	*CWF Beneficiary Medicare Status Code*

The CWF-derived reason for a beneficiary's entitlement to Medicare benefits, as of the reference date (CLM_THRU_DT).
COBOL ALIAS: MSC
COMMON ALIAS: MSC
DB2 ALIAS: BENE_MDCR_STUS_CD
SAS ALIAS: MS_CD
STANDARD ALIAS: CWF_BENE_MDCR_STUS_CD
SYSTEM ALIAS: LTMSC
TITLE ALIAS: MSC
DERIVATION:
CWF derives MSC from the following:
1. Date of Birth
2. Claim Through Date
3. Original/Current Reasons for entitlement

Variable Name	*Label*

4. ESRD Indicator
5. Beneficiary Claim Number
Items 1,3,4,5 come from the CWF Beneficiary Master Record; item 2 comes from the FI/Carrier claim record. MSC is assigned as follows:

MSC	OASI	DIB	ESRD	AGE	BIC
10	YES	N/A	NO	65 and over	N/A
11	YES	N/A	YES	65 and over	N/A
20	NO	YES	NO	under 65	N/A
21	NO	YES	YES	under 65	N/A
31	NO	NO	YES	any age	T.

CODES:
10 = Aged without ESRD
11 = Aged with ESRD
20 = Disabled without ESRD
21 = Disabled with ESRD
31 = ESRD only
COMMENT:
Prior to Version H this field was named: BENE_MDCR_STUS_CD. The name has been changed to distinguish this CWF-derived field from the EDB-derived MSC (BENE_MDCR_STUS_CD).
SOURCE:
CWF

PDGNS_CD — *Claim Principal Diagnosis Code*

The ICD-9-CM diagnosis code identifying the diagnosis, condition, problem or other reason for the admission/encounter/visit shown in the medical record chiefly responsible for the services provided.
NOTE: Effective with Version H, this data is also redundantly stored as the first occurrence of the diagnosis trailer.
DB2 ALIAS: PRNCPAL_DGNS_CD
SAS ALIAS: PDGNS_CD
STANDARD ALIAS: CLM_PRNCPAL_DGNS_CD
TITLE ALIAS: PRINCIPAL_DIAGNOSIS
EDIT-RULES:
ICD-9-CM
SOURCE:
CWF

PMTDNLCD — *Carrier Claim Payment Denial Code*

The code on a noninstitutional claim indicating to whom payment was made or if the claim was denied. DB2 ALIAS: CARR_PMT_DNL_CD
SAS ALIAS: PMTDNLCD
STANDARD ALIAS: CARR_CLM_PMT_DNL_CD
TITLE ALIAS: PMT_DENIAL_CD
CODES:
REFER TO: CARR_CLM_PMT_DNL_TB
IN THE CODES APPENDIX
COMMENT:
Prior to Version H this field was named: CWFB_CLM_PMT_DNL_CD.
SOURCE:

Variable Name	Label
	CWF
TRTMT_CD	*Claim Excepted/Nonexcepted Medical Treatment Code*
	Effective with Version I, the code used to identify whether or not the medical care or treatment received by a beneficiary, who has elected care from a Religious Nonmedical Health Care Institution (RNHCI), is excepted or nonexcepted. Excepted is medical care or treatment that is received involuntarily or is required under Federal, State or local law. Nonexcepted is defined as medical care or treatment other than excepted. DB2 ALIAS: EXCPTD_NEXCPTD_CD SAS ALIAS: TRTMT_CD STANDARD ALIAS: TITLE ALIAS: EXCPTD_NEXCPTD_CD CODES: 0 = No Entry 1 = Excepted 2 = Nonexcepted SOURCE: CWF
PMT_AMT	*Claim Payment Amount*
	Amount of payment made from the Medicare trust fund for the services covered by the claim record. Generally, the amount is calculated by the FI or carrier; and represents what was paid to the institutional provider, physician, or supplier, with the exceptions noted below. **NOTE: In some situations, a negative claim payment amount may be sent; e.g., (1) when a beneficiary is charged the full deductible during a short stay and the deductible the amount Medicare pays; or (2) when a beneficiary is charged a coinsurance amount during a long stay and the coinsurance amount exceeds the amount Medicare pays (most prevalent situation involves psych hospitals who are paid daily per diem rate no matter what the charges are.) Under IP PPS, inpatient hospital services are paid based a predetermined rate per discharge, using the DRG classification system and the PRICER program. On the PPS claim, the payment amount includes the DRG approved payment amount, disproportionate share 5/1/86), indirect medical education (since 10/1/88), total PPS capital (since 10/1/91). It does NOT include the pass thru amounts (i.e., capital-related costs, direct medical education costs, kidney acquisition costs, bad debts); or any beneficiary-paid amounts (i.e., deductibles and coinsurance); or any other payer reimbursement. Under SNF PPS, SNFs will classify beneficiaries using the patient classification system known as RUGS III. For the SNF PPS claim, the SNF PRICER will calculate/return the rate for each revenue center line item with revenue center '0022'; multiply the rate times the units count; and then sum the amount payable for all lines with revenue center code '0022' to determine the total claim payment amount. Under Outpatient PPS, the national ambulatory payment

Variable Name	*Label*
	classification (APC) rate that is calculated for each APC group is the basis for determining the total payment. The Medicare payment amount takes into account the wage adjustment and the beneficiary deductible and amounts. NOTE: There is no CWF edit check to validate the revenue center Medicare payment amount equals the claim level Medicare payment amount. Under Home Health PPS, beneficiaries will be classified an appropriate case mix category known as the Home Resource Group. A HIPPS code is then generated corresponding to the case mix category (HHRG). For the RAP, the PRICER will determine the payment appropriate to the HIPPS code by computing 60% (for first episode) or 50% (for subsequent episodes) of the case episode payment. The payment is then wage index For the final claim, PRICER calculates 100% of the due, because the final claim is processed as an to the RAP, reversing the RAP payment in full. Although final claim will show 100% payment amount, the provider actually receive the 40% or 50% payment. Exceptions: For claims involving demos and BBA data, the amount reported in this field may not just represent the actual provider payment. For demo Ids '01','02','03','04' -- claims contain amount paid to the provider, except that special 'differentials' paid outside the normal payment system are not included. For demo Ids '05','15' -- encounter data 'claims' contain amount Medicare would have paid under FFS, instead of the actual payment to the MCO. For demo Ids '06','07','08' -- claims contain actual provider payment but represent a special negotiated bundled payment for both Part A and Part B services. To identify what the conventional provider Part A payment would have been, check value code = 'Y4'. The related noninstitutional (physician/supplier) claims contain what would have been paid had there been no demo. For BBA encounter data (non-demo) -- 'claims' contain amount Medicare would have paid under FFS, instead of the actual payment to the BBA plan. 9.2 DIGITS SIGNED COMMON ALIAS: REIMBURSEMENT DB2 ALIAS: CLM_PMT_AMT SAS ALIAS: PMT_AMT STANDARD ALIAS: CLM_PMT_AMT TITLE ALIAS: REIMBURSEMENT EDIT-RULES: +9(9).99 COMMENT: Prior to Version H the size of this field was S9(7)V99. Also the noninstitutional claim records carried this field as a line item. Effective with Version H, this element is a claim level field across all claim types (and the line item field has been renamed). SOURCE: CWF

Variable Name	Label
	LIMITATIONS: Prior to 4/6/93, on inpatient, outpatient, and physician/supplier claims containing a CLM_DISP_CD of '02', the amount shown as the Medicare reimbursement does not take into consideration any CWF automatic adjustments (involving erroneous deductibles in most cases). In as many as 30% of the claims (30% IP, 15% OP, 5% PART B), the reimbursement reported on the claims may be over or under the actual Medicare payment amount.
PRPAYAMT	*Carrier Claim Primary Payer Paid Amount*
	Effective with Version H, the amount of a payment made on behalf of a Medicare bene- ficiary by a primary payer other than Medicare, that the provider is applying to covered Medicare charges on a non-institutional claim. NOTE: During the Version H conversion, this field was populated with data throughout history (back to service year 1991) by summing up the line item primary payer amounts. 9.2 DIGITS SIGNED DB2 ALIAS: CARR_PRMRY_PYR_AMT SAS ALIAS: PRPAYAMT STANDARD ALIAS: CARR_CLM_PRMRY_PYR_PD_AMT TITLE ALIAS: PRIMARY_PAYER_AMOUNT EDIT-RULES: +9(9).99 SOURCE: CWF
ORD_UPIN	*DMERC Claim Ordering Physician UPIN Number*
	Effective with Version G, the unique physician identification number (UPIN) of the physician ordering the Part B services/DMEPOS item. This field is ENCRYPTED for the ENCRYPTED Standard View of the DMERC file. DB2 ALIAS: ORDRG_PHYSN_UPIN SAS ALIAS: ORD_UPIN STANDARD ALIAS: DMERC_CLM_ORDRG_PHYSN_UPIN_NUM TITLE ALIAS: ORDRG_UPIN COMMENT: Prior to Version H this field was named: CWFB_CLM_ORDRG_PHYSN_UPIN_NUM. SOURCE: CWF
ASGMNTCD	*Carrier Claim Provider Assignment Indicator Switch*
	A switch indicating whether or not the provider accepts assignment for the noninstitutional claim. DB2 ALIAS: PRVDR_ASGNMT_SW SAS ALIAS: ASGMNTCD STANDARD ALIAS: CARR_CLM_PRVDR_ASGNMT_IND_SW TITLE ALIAS: ASSIGNMENT_SW CODES: A = Assigned claim

Variable Name	Label
	N = Non-assigned claim COMMENT: Prior to Version H this field was named: CWFB_CLM_PRVDR_ASGNMT_IND_SW. SOURCE: CWF
PROV_PMT	*NCH Claim Provider Payment Amount*
	Effective with Version H, the total payments made to the provider for this claim (sum of line item provider payment amounts.) NOTE: Beginning with NCH weekly process date 10/3/97 this field was populated with data. Claims processed prior to 10/3/97 will contain zeroes in this field. 9.2 DIGITS SIGNED DB2 ALIAS: NCH_PRVDR_PMT_AMT SAS ALIAS: PROV_PMT STANDARD ALIAS: NCH_CLM_PRVDR_PMT_AMT TITLE ALIAS: PRVDR_PMT EDIT-RULES: +9(9).99 SOURCE: NCH QA Process
BENE_PMT	*NCH Claim Beneficiary Payment Amount*
	Effective with Version H, the total payments made to the beneficiary for this claim (sum of line payment amounts to the beneficiary.) NOTE: Beginning with NCH weekly process date 10/3/97 this field was populated with data. Claims processed prior to 10/3/97 will contain zeroes in this field. 9.2 DIGITS SIGNED DB2 ALIAS: NCH_BENE_PMT_AMT SAS ALIAS: BENE_PMT STANDARD ALIAS: NCH_CLM_BENE_PMT_AMT TITLE ALIAS: BENE_PMT EDIT-RULES: +9(9).99 SOURCE: NCH QA Process
BENEPAID	*Carrier Claim Beneficiary Paid Amount*
	Effective with Version H, the amount paid by the beneficiary for the non-institutional Part B services. NOTE: Beginning with NCH weekly process date 10/3/97 this field was populated with data. Claims processed prior to 10/3/97 will contain zeroes in this field. 9.2 DIGITS SIGNED DB2 ALIAS: CARR_BENE_PD_AMT SAS ALIAS: BENEPAID STANDARD ALIAS: CARR_CLM_BENE_PD_AMT TITLE ALIAS: BENE_PD_AMT EDIT-RULES: +9(9).99 SOURCE:

Variable Name	Label
	CWF
SBMTCHRG	*NCH Carrier Claim Submitted Charge Amount*
	Effective with Version H, the total submitted charges on the claim (the sum of line item submitted charges). NOTE: During the Version H conversion this field was populated with data throughout history (back to service year 1991). 9.2 DIGITS SIGNED DB2 ALIAS: CARR_SBMT_CHRG_AMT SAS ALIAS: SBMTCHRG STANDARD ALIAS: NCH_CARR_SBMT_CHRG_AMT TITLE ALIAS: SBMT_CHRG EDIT-RULES: +9(9).99 SOURCE: NCH QA Process
ALOWCHRG	*NCH Carrier Claim Allowed Charge Amount*
	Effective with Version H, the total allowed charges on the claim (the sum of line item allowed charges). NOTE: During the Version H conversion this field was populated with data throughout history (back to service year 1991). 9.2 DIGITS SIGNED DB2 ALIAS: CARR_ALOW_CHRG_AMT SAS ALIAS: ALOWCHRG STANDARD ALIAS: NCH_CARR_ALOW_CHRG_AMT TITLE ALIAS: ALOW_CHRG EDIT-RULES: +9(9).99 SOURCE: NCH QA Process
DEDAPPLY	*Carrier Claim Cash Deductible Applied Amount*
	Effective with Version H, the amount of the cash deductible as submitted on the claim. NOTE: Beginning with NCH weekly process date 10/3/97 this field was populated with data. Claims processed prior to 10/3/97 will contain zeroes in this field. 9.2 DIGITS SIGNED DB2 ALIAS: CASH_DDCTBL_AMT SAS ALIAS: DEDAPPLY STANDARD ALIAS: CARR_CLM_CASH_DDCTBL_APPLY_AMT TITLE ALIAS: CASH_DDCTBL EDIT-RULES: +9(9).99 SOURCE: CWF
DDGNCNT	*DMERC Claim Diagnosis Code Count*
	The count of the number of diagnosis codes (both principal and other) reported on a DMERC claim. The purpose of this count is to indicate how many claim diagnosis trailers are present.

Variable Name	Label
	1 DIGIT UNSIGNED DB2 ALIAS: DMERC_DGNS_CD_CNT SAS ALIAS: DDGNCNT STANDARD ALIAS: DMERC_CLM_DGNS_CD_CNT EDIT-RULES: RANGE: 0 TO 4 COMMENT: Prior to Version H this field was named: CLM_DGNS_CD_CNT SOURCE: NCH
DLINECNT	*DMERC Claim Line Count*
	The count of the number of line items reported on the DMERC claim. The purpose of this count is to indicate how many line item trailers are present. 2 DIGITS UNSIGNED DB2 ALIAS: DMERC_CLM_LINE_CNT SAS ALIAS: DLINECNT STANDARD ALIAS: DMERC_CLM_LINE_CNT EDIT-RULES: RANGE: 1 TO 13 COMMENT: Prior to Version H this field was named: CWFB_CLM_NUM_LINE_ITM_CNT SOURCE: CWFB CLAIMS
DGNS_CD{x}	*Claim Diagnosis Code*
where { x } ranges from 1 to 4	
	The ICD-9-CM based code identifying the beneficiary's principal or other diagnosis (including E code) NOTE: Prior to Version H, the principal diagnosis code was not stored with the 'OTHER' diagnosis codes. During the Version H conversion the CLM_PRNCPAL_DGNS_CD was added as the first occurrence. DB2 ALIAS: CLM_DGNS_CD SAS ALIAS: DGNS_CD STANDARD ALIAS: CLM_DGNS_CD TITLE ALIAS: DIAGNOSIS EDIT-RULES: ICD-9-CM COMMENT: Prior to Version H this field was named: CLM_OTHR_DGNS_CD
SPLRNM{x}	*DMERC Line Supplier Provider Number*
where { x } ranges from 1 to 13	
	Effective with Version G, billing number assigned to the supplier of the Part B service/DMEPOS by the National Supplier Clearinghouse, as reported on the line item for the DMERC claim.

Variable Name	Label
	DB2 ALIAS: SUPLR_PRVDR_NUM SAS ALIAS: SUPLRNUM STANDARD ALIAS: TITLE ALIAS: SUPLR_NUM COMMENT: Prior to Version H this field was named: CWFB_SUPLR_PRVDR_NUM. SOURCE: CWF
PRCGST{x}	*DMERC Line Pricing State Code*
where { x } ranges from 1 to 13	
	Effective with Version G, the SSA standard state code (converted from the state postal abbreviation) representing the pricing location of the service reported on the DMERC line item. This is usually the beneficiary state of residence. Note: The BENE_RSDNC_SSA_STD_STATE_CD in the fixed portion of the DMERC claim record may differ from this field. This can happen when the beneficiary is in another state when the service is rendered (other than the primary residence state), or the beneficiary has moved to another state and the CWF master record has not yet been changed. DB2 ALIAS: DMERC_PRCNG_STATE SAS ALIAS: PRCNG_ST STANDARD ALIAS: DMERC_LINE_PRCNG_STATE_CD TITLE ALIAS: DMERC_PRCNG_STATE_CD CODES: REFER TO: GEO_SSA_STATE_TB IN THE CODES APPENDIX COMMENT: Prior to Version H this field was named: CWFB_DME_PRCNG_STATE_CD SOURCE: CWF/NCH
PRVSTT{x}	*DMERC Line Provider State Code*
where { x } ranges from 1 to 13	
	Effective with Version G, the SSA standard state code (converted from the state postal abbreviation) representing the supplier's location, as reported on the DMERC line item. NOTE: Although created for Version 'G', this field was blank until 1/95 when the spuplier state code was added to the DME claim record as a required field. DB2 ALIAS: DMERC_PRVDR_STATE SAS ALIAS: PRVSTATE STANDARD ALIAS: DMERC_LINE_PRVDR_STATE_CD TITLE ALIAS: DMERC_PRVDR_STATE_CD CODES: REFER TO: GEO_SSA_STATE_TB IN THE CODES APPENDIX COMMENT: Prior to Version H this field was named:

Variable Name	Label
	CWFB_DME_PRVDR_STATE_CD SOURCE: CWF/NCH
HCFPCL{x}	*Line HCFA Provider Specialty Code*
where { x } ranges from 1 to 13	
	HCFA specialty code used for pricing the line item service on the noninstitutional claim. DB2 ALIAS: HCFA_SPCLTY_CD SAS ALIAS: HCFASPCL STANDARD ALIAS: LINE_HCFA_PRVDR_SPCLTY_CD TITLE ALIAS: HCFA_PRVDR_SPCLTY CODES: REFER TO: HCFA_PRVDR_SPCLTY_TB IN THE CODES APPENDIX COMMENT: Prior to Version H this field was named: CWFB_HCFA_PRVDR_SPCLTY_CD SOURCE: CWF
PRTPTG{x}	*Line Provider Participating Indicator Code*
where { x } ranges from 1 to 13	
	Code indicating whether or not a provider is participating or accepting assignment for this line item service on the noninstitutional claim. DB2 ALIAS: PRVDR_PRTCPTG_CD SAS ALIAS: PRTCPTG STANDARD ALIAS: LINE_PRVDR_PRTCPTG_IND_CD TITLE ALIAS: PRVDR_PRTCPTG_IND CODES: REFER TO: LINE_PRVDR_PRTCPTG_IND_TB IN THE CODES APPENDIX COMMENT: Prior to Version H this field was named: CWFB_PRVDR_PRTCPTG_IND_CD SOURCE: CWF
SRVCNT{x}	*Line Service Count*
where { x } ranges from 1 to 13	
	The count of the total number of services processed for the line item on the non-institutional claim. 3 DIGITS SIGNED DB2 ALIAS: SRVC_CNT SAS ALIAS: SRVC_CNT STANDARD ALIAS: LINE_SRVC_CNT EDIT-CODES: +999 COMMENT: Prior to Version H this field was named: CWFB_SRVC_CNT. SOURCE: CWF

Variable Name	*Label*
TYPVCB{x}	*Line HCFA Type Service Code*

where { x } ranges from 1 to 13

Code indicating the type of service, as defined in the HCFA Medicare Carrier Manual, for this line item on the on-institutional claim.
DB2 ALIAS: HCFA_TYPE_SRVC_CD
SAS ALIAS: TYPSRVCB
STANDARD ALIAS: LINE_HCFA_TYPE_SRVC_CD
SYSTEM ALIAS: LTTOS
TITLE ALIAS: HCFA_TYPE_SRVC
EDIT-RULES:
The only type of service codes applicable to DMERC claims are: 1, 9, A, E, G, H, J, K, L, M, P, R, and S.
CODES:
REFER TO: HCFA_TYPE_SRVC_TB
IN THE CODES APPENDIX
COMMENT:
Prior to Version H this field was named: CWFB_HCFA_TYPE_SRVC_CD.
SOURCE:
CWF

PLCRVC{x}	*Line Place Of Service Code*

where { x } ranges from 1 to 13

The code indicating the place of service, as defined in the Medicare Carrier Manual, for this line item on the noninstitutional claim.
COMMON ALIAS: POS
DB2 ALIAS: LINE_PLC_SRVC_CD
SAS ALIAS: PLCSRVC
STANDARD ALIAS: LINE_PLC_SRVC_CD
TITLE ALIAS: PLC_SRVC
CODES:
REFER TO: LINE_PLC_SRVC_TB
IN THE CODES APPENDIX
COMMENT:
Prior to Version H this field was named: CWFB_PLC_SRVC_CD.
SOURCE:
CWF

EXPDT2{x}	*Line Last Expense Date*

where { x } ranges from 1 to 13

The ending date (last expense) for the line item service on the noninstitutional claim.
8 DIGITS UNSIGNED
For the ENCRYPTED Standard View of the DMERC files, the line last expense date is coded as the quarter of the calendar year when the last line expense date occurred.
COBOL ALIAS: LST_EXP_DT
DB2 ALIAS: LINE_LAST_EXPNS_DT
SAS ALIAS: EXPNSDT2
STANDARD ALIAS: LINE_LAST_EXPNS_DT
TITLE ALIAS: LAST_EXPNS_DT

Variable Name	*Label*
	EDIT-RULES FOR ENCRYPTED DATA: YYYYQ000 WHERE Q IS ONE OF THE FOLLOWING VALUES. 1 = FIRST QUARTER OF THE CALENDAR YEAR 2 = SECOND QUARTER OF THE CALENDAR YEAR 3 = THIRD QUARTER OF THE CALENDAR YEAR 4 = FOURTH QUARTER OF THE CALENDAR YEAR COMMENT: Prior to Version H this field was named: CWFB_LAST_EXPNS_DT. SOURCE: CWF
HCPSCD{x} *where { x } ranges from 1 to 13*	*Line HCPCS Code* The Health Care Financing Administration (HCFA) Common Procedure Coding System (HCPCS) is a collection of codes that represent procedures, supplies, products and services which may be provided to Medicare beneficiaries and to individuals enrolled in private health insurance programs. The codes are divided into three levels, or groups, as described below. DB2 ALIAS: LINE_HCPCS_CD SAS ALIAS: HCPCS_CD STANDARD ALIAS: LINE_HCPCS_CD TITLE ALIAS: HCPCS_CD COMMENT: Prior to Version H this line item field was named: HCPCS_CD. With Version H, a prefix was added to denote the location of this field on each claim type (institutional: REV_CNTR and noninstitutional: LINE). Level I Codes and descriptors copyrighted by the American Medical Association's Current Procedural Terminology, Fourth Edition (CPT-4). These are 5 position numeric codes representing physician and nonphysician services. **** Note: **** CPT-4 codes including both long and short descriptions shall be used in accordance with the HCFA/AMA agreement. Any other use violates the AMA copyright. Level II Includes codes and descriptors copyrighted by the American Dental Association's Current Dental Terminology, Second Edition (CDT-2). These are 5 position alpha-numeric codes comprising the D series. All other level II codes and descriptors are approved and maintained jointly by the alpha-numeric editorial panel (consisting of HCFA, the Health Insurance Association of America, and the Blue Cross and Blue Shield Association). These are 5 position alpha-numeric codes representing primarily items and

Variable Name	Label
	nonphysician services that are not represented in the level I codes. Level III Codes and descriptors developed by Medicare carriers for use at the local (carrier) level. These are 5 position alpha-numeric codes in the W, X, Y or Z series representing physician and nonphysician services that are not represented in the level I or level II codes.
MDFCD1{x}	*Line HCPCS Initial Modifier Code*
where { x } ranges from 1 to 13	
	A first modifier to the HCPCS procedure code to enable a more specific procedure identification for the line item on the noninstitutional claim. DB2 ALIAS: HCPCS_1ST_MDFR_CD SAS ALIAS: MDFR_CD1 STANDARD ALIAS: LINE_HCPCS_INITL_MDFR_CD TITLE ALIAS: INITIAL_MODIFIER EDIT-RULES: CARRIER INFORMATION FILE COMMENT: Prior to Version H this field was named: HCPCS_INITL_MDFR_CD. With Version H, a prefix was added to denote the location of this field on each claim type (institutional: REV_CNTR and noninstitutional: LINE). SOURCE: CWF
MDFCD2{x}	*Line HCPCS Second Modifier Code*
where { x } ranges from 1 to 13	
	A second modifier to the HCPCS procedure code to make it more specific than the first modifier code to identify the line item procedures for this claim. DB2 ALIAS: HCPCS_2ND_MDFR_CD SAS ALIAS: MDFR_CD2 STANDARD ALIAS: LINE_HCPCS_2ND_MDFR_CD TITLE ALIAS: SECOND_MODIFIER EDIT-RULES: CARRIER INFORMATION FILE COMMENT: Prior to Version H this field was named: HCPCS_2ND_MDFR_CD. With Version H, a prefix was added to denote the location of this field on each claim type (institutional: REV_CNTR and noninstitutional: LINE). SOURCE: CWF
MDFCD3{x}	*DMERC Line HCPCS Third Modifier Code*
where { x } ranges from 1 to 13	
	Effective with Version G, a third modifier to the HCPCS procedure code used to process the DMERC line item. DB2 ALIAS: HCPCS_3RD_MDFR_CD SAS ALIAS: MDFR_CD3

Variable Name	*Label*
	STANDARD ALIAS: DMERC_LINE_HCPCS_3RD_MDFR_CD TITLE ALIAS: HCPCS_3RD_MDFR COMMENT: Prior to Version H this field was named: HCPCS_3RD_MDFR_CD. SOURCE: CWF
MDFCD4{x}	*DMERC Line HCPCS Fourth Modifier Code*
where { x } ranges from 1 to 13	
	Effective with Version G, a fourth modifier to the HCPCS procedure code used to process the DMERC line item. DB2 ALIAS: HCPCS_4TH_MDFR_CD SAS ALIAS: MDFR_CD4 STANDARD ALIAS: DMERC_LINE_HCPCS_4TH_MDFR_CD TITLE ALIAS: HCPCS_4TH_MDFR COMMENT: Prior to Version H this field was named: HCPCS_4TH_MDFR_CD. SOURCE: CWF
BETOS{x}	*Line NCH BETOS Code*
where { x } ranges from 1 to 13	
	Effective with Version H, the Berenson-Eggers type of service (BETOS) for the procedure code based on generally agreed upon clinically meaningful groupings of procedures and services. This field is included as a line item on the noninstitutional claim. NOTE: During the Version H conversion this field was populated with data throughout history (back to service year 1991). DB2 ALIAS: LINE_NCH_BETOS_CD SAS ALIAS: BETOS STANDARD ALIAS: LINE_NCH_BETOS_CD SYSTEM ALIAS: LTBETOS TITLE ALIAS: BETOS DERIVATION: DERIVED FROM: LINE_HCPCS_CD LINE_HCPCS_INITL_MDFR_CD LINE_HCPCS_2ND_MDFR_CD HCPCS MASTER FILE DERIVATION RULES: Match the HCPCS on the claim to the HCPCS on the HCPCS Master File to obtain the BETOS code. CODES: REFER TO: BETOS_TB IN THE CODES APPENDIX SOURCE: NCH
LNID{x}	*Line IDE Number*
where { x } ranges from 1 to 13	

Variable Name	*Label*
	Effective with Version H, the exemption number assigned by the Food and Drug Administration (FDA) to an investigational device after a manufacturer has been approved by FDA to conduct a clinical trial on that device. HCFA established a new policy of covering certain IDE's which was implemented in claims processing on 10/1/96 (which is NCH weekly process 10/4/96) for service dates beginning 10/1/95. NOTE: Prior to Version H a dummy line item was created in the last occurrence of line item group to store IDE. The IDE number was housed in two fields: HCPCS code and HCPCS initial modifier; the second modifier contained the value 'ID'. There will be only one distinct IDE number reported on the non-institutional claim. During the Version H conversion, the IDE was moved from the dummy line item to its own dedicated field for each line item (i.e., the IDE was repeated on all line items on the claim.) DB2 ALIAS: LINE_IDE_NUM SAS ALIAS: LINE_IDE STANDARD ALIAS: LINE_IDE_NUM TITLE ALIAS: IDE_NUMBER SOURCE: CWF
NDC_CD{x}	*Line National Drug Code*
where { x } ranges from 1 to 13	
	Effective 1/1/94 on the DMERC claim, the National Drug Code identifying the oral anti-cancer drugs. Effective with Version H, this line item field was added as a placeholder on the carrier claim. DB2 ALIAS: LINE_NATL_DRUG_CD SAS ALIAS: NDC_CD STANDARD ALIAS: LINE_NATL_DRUG_CD TITLE ALIAS: NDC_CD SOURCE: CWF
LNPMT{x}	*Line NCH Payment Amount*
where { x } ranges from 1 to 13	
	Amount of payment made from the trust funds (after deductible and coinsurance amounts have been paid) for the line item service on the non-institutional claim. 9.2 DIGITS SIGNED COMMON ALIAS: REIMBURSEMENT DB2 ALIAS: LINE_NCH_PMT_AMT SAS ALIAS: LINEPMT STANDARD ALIAS: LINE_NCH_PMT_AMT TITLE ALIAS: REIMBURSEMENT EDIT-RULES: +9(9).99 COMMENT: Prior to Version H this line item field was named: CLM_PMT_AMT and the size of this field was

Variable Name	*Label*
	S9(7)V99. SOURCE: NCH
LBNPMT{x}	*Line Beneficiary Payment Amount*
where { x } ranges from 1 to 13	
	Effective with Version H, the payment (reim- bursement) made to the beneficiary related to the line item service on the noninstitu- tional claim. NOTE: Beginning with NCH weekly process date 10/3/97 this field was populated with data. Claims processed prior to 10/3/97 will contain zeroes in this field. 9.2 DIGITS SIGNED DB2 ALIAS: LINE_BENE_PMT_AMT SAS ALIAS: LBENPMT STANDARD ALIAS: LINE_BENE_PMT_AMT TITLE ALIAS: BENE_PMT_AMT EDIT-RULES: +9(9).99 SOURCE: CWF
LPRPMT{x}	*Line Provider Payment Amount*
where { x } ranges from 1 to 13	
	Effective with Version H, the payment made to the provider for the line item service on the noninstitutional NOTE: Beginning with NCH weekly process date 10/3/97 this field was populated with data. Claims processed prior to 10/3/97 will contain zeroes in this field. 9.2 DIGITS SIGNED DB2 ALIAS: LINE_PRVDR_PMT_AMT SAS ALIAS: LPRVPMT STANDARD ALIAS: LINE_PRVDR_PMT_AMT TITLE ALIAS: PRVDR_PMT_AMT EDIT-RULES: +9(9).99 SOURCE: CWF
LDDMT{x}	*Line Beneficiary Part B Deductible Amount*
where { x } ranges from 1 to 13	
	The amount of money for which the carrier has determined that the beneficiary is liable for the Part B for the line item service on the noninstitutional claim. 9.2 DIGITS SIGNED DB2 ALIAS: LINE_DDCTBL_AMT SAS ALIAS: LDEDAMT STANDARD ALIAS: LINE_BENE_PTB_DDCTBL_AMT TITLE ALIAS: PTB_DED_AMT EDIT-RULES: +9(9).99 COMMENT: Prior to Version H this field was named: BENE_PTB_DDCTBL_LBLTY_AMT and the size of the

Variable Name	*Label*
	field was S9(3)V99. SOURCE: CWF
LPRYCD{x}	*Line Beneficiary Primary Payer Code*
where { x } ranges from 1 to 13	
	The code specifying a federal non-Medicare program or other source that has primary responsibility for the payment of the Medicare beneficiary's medical bills relating to the line item service on the noninstitutional claim. DB2 ALIAS: LINE_PRMRY_PYR_CD SAS ALIAS: LPRPAYCD STANDARD ALIAS: LINE_BENE_PRMRY_PYR_CD TITLE ALIAS: PRIMARY_PAYER_CD CODES: REFER TO: BENE_PRMRY_PYR_TB IN THE CODES APPENDIX COMMENT: Prior to Version H this field was named: BENE_PRMRY_PYR_CD. SOURCE: CWF,VA,DOL,SSA
LPRDMT{x}	*Line Beneficiary Primary Payer Paid Amount*
where { x } ranges from 1 to 13	
	The amount of a payment made on behalf of a Medicare beneficiary by a primary payer other than Medicare, that the provider is applying to covered Medicare charges for to the line ITEM SERVICE ON THE NONINSTITUTIONAL. 9.2 DIGITS SIGNED DB2 ALIAS: LINE_PRMRY_PYR_PD SAS ALIAS: LPRPDAMT STANDARD ALIAS: LINE_BENE_PRMRY_PYR_PD_AMT TITLE ALIAS: PRMRY_PYR_PD EDIT-RULES: +9(9).99 COMMENT: Prior to Version H this field was named: BENE_PRMRY_PYR_PMT_AMT and the field size was S9(5)V99. SOURCE: CWF
CNMT{x}	*Line Coinsurance Amount*
where { x } ranges from 1 to 13	
	Effective with Version H, the beneficiary coinsurance liability amount for this line item service on the noninstitutional claim. NOTE: Beginning with NCH weekly process date 10/3/97 this field was populated with data. Claims processed prior to 10/3/97 will contain zeroes in this field. 9.2 DIGITS SIGNED DB2 ALIAS: LINE_COINSRNC_AMT SAS ALIAS: COINAMT STANDARD ALIAS: LINE_COINSRNC_AMT

Variable Name	Label
	TITLE ALIAS: COINSRNC_AMT EDIT-RULES: +9(9).99 SOURCE: CWF
LNTAMT{x}	*Line Interest Amount*
where { x } ranges from 1 to 13	
	Amount of interest to be paid for this line item service on the noninstitutional claim. **NOTE: This is not included in the line item NCH payment (reimbursement) amount. 9.2 DIGITS SIGNED DB2 ALIAS: LINE_INTRST_AMT SAS ALIAS: LINT_AMT STANDARD ALIAS: LINE_INTRST_AMT TITLE ALIAS: INTRST_AMT EDIT-RULES: +9(9).99 COMMENT: Prior to Version H this field was named: CWFB_INTRST_AMT and the field size was S9(5)V99. SOURCE: CWF
PRPYLW{x}	*Line Primary Payer Allowed Charge Amount*
where { x } ranges from 1 to 13	
	Effective with Version H, the primary payer allowed charge amount for the line item service on the NOTE: Beginning with NCH weekly process date 10/3/97 this field was populated with data. Claims processed prior to 10/3/97 will contain zeroes in this field. 9.2 DIGITS SIGNED DB2 ALIAS: PRMRY_PYR_ALOW_AMT SAS ALIAS: PRPYALOW STANDARD ALIAS: LINE_PRMRY_PYR_ALOW_CHRG_AMT TITLE ALIAS: PRMRY_PYR_ALOW_CHRG EDIT-RULES: +9(9).99 SOURCE: CWF
PNLYMT{x}	*Line 10% Penalty Reduction Amount*
where { x } ranges from 1 to 13	
	Effective with Version H, the 10% payment reduction amount (applicable to a late filing claim) for the line item on the noninstitutional claim. 9.2 DIGITS SIGNED DB2 ALIAS: TENPCT_PNLTY_AMT SAS ALIAS: PNLTYAMT STANDARD ALIAS: LINE_10PCT_PNLTY_RDCTN_AMT TITLE ALIAS: TENPCT_PNLTY EDIT-RULES: +9(9).99

Variable Name	Label
	SOURCE: CWF
LSBCHG{x}	*Line Submitted Charge Amount*
where { x } ranges from 1 to 13	
	The amount of submitted charges for the line item service on the noninstitutional claim. 9.2 DIGITS SIGNED DB2 ALIAS: LINE_SBMT_CHRG_AMT SAS ALIAS: LSBMTCHG STANDARD ALIAS: LINE_SBMT_CHRG_AMT TITLE ALIAS: SBMT_CHRG EDIT-RULES: +9(9).99 COMMENT: Prior to Version H this field was named: CWFB_SBMT_CHRG_AMT and the field size was S9(5)V99. SOURCE: CWF
LLWCHG{x}	*Line Allowed Charge Amount*
where { x } ranges from 1 to 13	
	The amount of allowed charges for the line item service on the noninstitutional claim. This charge is used to compute pay to providers or reimbursement to beneficiaries. **NOTE: The allowed charge is determined by the lower of three charges: prevailing, customary or actual. 9.2 DIGITS SIGNED DB2 ALIAS: LINE_ALOW_CHRG_AMT SAS ALIAS: LALOWCHG STANDARD ALIAS: LINE_ALOW_CHRG_AMT TITLE ALIAS: ALOW_CHRG EDIT-RULES: +9(9).99 COMMENT: Prior to Version H this field was named: CWFB_ALOW_CHRG_AMT and the field size was S9(5)V99. SOURCE: CWF
SCRVGS{x}	*DMERC Line Screen Savings Amount*
where { x } ranges from 1 to 13	
	Effective with Version G, the amount of savings attributable to the coverage screen for this DMERC line 9.2 DIGITS SIGNED DB2 ALIAS: LINE_SCRN_SVGS_AMT SAS ALIAS: SCRNSVGS STANDARD ALIAS: DMERC_LINE_SCRN_SVGS_AMT TITLE ALIAS: SCRN_SVGS EDIT-RULES: +9(9).99 COMMENT: Prior to Version H this field was named: CWFB_DME_SCRN_SVGS_AMT and the field size was S9(5)V99.

Variable Name	Label
	SOURCE: CWF
DMPRC{x}	*Line DME Purchase Price Amount*
where { x } ranges from 1 to 13	
	Effective 5/92, the amount representing the lower of fee schedule for purchase of new or used DME, or actual charge. In case of rental DME, this amount represents the purchase cap; rental payments can only be made until the cap is met. This line item field is applicable to non-institutional claims involving DME, prosthetic, orthotic and supply items, immunosuppressive drugs, pen, ESRD and oxygen items referred to as DMEPOS. 9.2 DIGITS SIGNED DB2 ALIAS: DME_PURC_PRICE_AMT SAS ALIAS: DME_PURC STANDARD ALIAS: LINE_DME_PURC_PRICE_AMT TITLE ALIAS: DME_PURC_PRICE EDIT-RULES: +9(9).99 COMMENT: Prior to Version H this field was named: CWFB_DME_PURC_PRICE_AMT and the field size was S9(5)V99. SOURCE: CWF
PRCGND{x}	*Line Processing Indicator Code*
where { x } ranges from 1 to 13	
	The code indicating the reason a line item on the noninstitutional claim was allowed or denied. DB2 ALIAS: LINE_PRCSG_IND_CD SAS ALIAS: PRCNGIND STANDARD ALIAS: LINE_PRCSG_IND_CD TITLE ALIAS: PRCSG_IND CODES: REFER TO: LINE_PRCSG_IND_TB IN THE CODES APPENDIX COMMENT: Prior to Version H this field was named: CWFB_PRCSG_IND_CD. SOURCE: CWF
PMTDSW{x}	*Line Payment 80%/100% Code*
where { x } ranges from 1 to 13	
	The code indicating that the amount shown in the payment field on the noninstitutional line item represents either 80% or 100% of the allowed charges less any deductible, or 100% limitation of liability only. COMMON ALIAS: REIMBURSEMENT_IND DB2 ALIAS: LINE_PMT_80_100_CD SAS ALIAS: PMTINDSW STANDARD ALIAS: LINE_PMT_80_100_CD TITLE ALIAS: REINBURSEMENT_IND

Variable Name	*Label*
	CODES: 0 = 80% 1 = 100% 3 = 100% Limitation of liability only COMMENT: Prior to Version H this field was named: CWFB_PMT_80_100_CD. SOURCE: CWF
DED_SW{x}	*Line Service Deductible Indicator Switch*
where { x } ranges from 1 to 13	
	Switch indicating whether or not the line item service on the noninstitutional claim is subject to a deductible. DB2 ALIAS: SRVC_DDCTBL_SW SAS ALIAS: DED_SW STANDARD ALIAS: LINE_SRVC_DDCTBL_IND_SW TITLE ALIAS: SRVC_DED_IND CODES: 0 = Service subject to deductible 1 = Service not subject to deductible COMMENT: Prior to Version H this field was named: CWFB_SRVC_DDCTBL_IND_SW. SOURCE: CWF
PMTDCD{x}	*Line Payment Indicator Code*
where { x } ranges from 1 to 13	
	Code that indicates the payment screen used to determine the allowed charge for the line item service on the noninstitutional claim. DB2 ALIAS: LINE_PMT_IND_CD SAS ALIAS: PMTINDCD STANDARD ALIAS: LINE_PMT_IND_CD TITLE ALIAS: PMT_IND CODES: REFER TO: LINE_PMT_IND_TB IN THE CODES APPENDIX COMMENT: Prior to Version H this field was named: CWFB_PMT_IND_CD. SOURCE: CWF
DMUNT{x}	*DMERC Line Miles/Time/Units/Services Count*
where { x } ranges from 1 to 13	
	Effective with Version G, the count of the total units associated with the DMERC line item service needing unit reporting, including number of services, volume of oxygen and drug dose. 7 DIGITS SIGNED DB2 ALIAS: DMERC_MTUS_CNT SAS ALIAS: DME_UNIT STANDARD ALIAS: DMERC_LINE_MTUS_CNT TITLE ALIAS: MTUS_CNT EDIT-RULES: +9(7)

Variable Name	Label
	COMMENT: Prior to Version H this field was named: CWFB_DME_MTUS_CNT. SOURCE: CWF
UNTIND{x}	*DMERC Line Miles/Time/Units/Services Indicator Code*
where { x } ranges from 1 to 13	
	Effective with Version G, the code indicating the type of units reported for the DMERC line item. DB2 ALIAS: DMERC_MTUS_IND_CD SAS ALIAS: UNIT_IND STANDARD ALIAS: DMERC_LINE_MTUS_IND_CD TITLE ALIAS: MTUS_IND CODES: 0 = Values reported as zero 3 = Number of services 4 = Oxygen volume units 6 = Drug dosage COMMENT: Prior to Version H this field was named: CWFB_DME_MTUS_IND_CD. SOURCE: CWF
LNDGNS{x}	*Line Diagnosis Code*
where { x } ranges from 1 to 13	
	The ICD-9-CM code indicating the diagnosis supporting this line item procedure/service on the noninstitutional claim. DB2 ALIAS: LINE_DGNS_CD SAS ALIAS: LINEDGNS STANDARD ALIAS: LINE_DGNS_CD TITLE ALIAS: DGNS_CD EDIT-RULES: ICD-9-CM COMMENT: Prior to Version H this field was named: CWFB_LINE_DGNS_CD. SOURCE: CWF
SSPIND{x}	*DMERC Line Screen Suspension Indicator Code*
where { x } ranges from 1 to 13	
	Effective with Version G, the code identifying the medical review (MR) screen that caused DMERC line item to suspend. DB2 ALIAS: SCRN_SUSPNSN_CD SAS ALIAS: SUSP_IND STANDARD ALIAS: DMERC_LINE_SCRN_SUSPNSN_IND_CD TITLE ALIAS: SCRN_SUSPNSN_IND CODES: MUXX = Mandated unbundling screens UXXX = Local unbundling screens CXXX = Statutorily noncovered screens M1XX = Mandate CAT I screens 1XXX = Local CAT I screens

Variable Name	Label
	M2XX = Mandate CAT II screens 2XXX = Local CAT II screens M3XX = Mandate CAT III screens 3XXX = Local CAT III screens SOURCE: CWF
RSLIND{x}	*DMERC Line Screen Result Indicator Code*
where { x } ranges from 1 to 13	
	Effective with Version G, code indicating the outcome of the medical review (MR) unit's evaluation of the DMERC line item. DB2 ALIAS: SCRN_RSLT_IND_CD SAS ALIAS: RSLT_IND STANDARD ALIAS: DMERC_LINE_SCRN_RSLT_IND_CD TITLE ALIAS: SCRN_RSLT_IND CODES: REFER TO: DMERC_LINE_SCRN_RSLT_IND_TB IN THE CODES APPENDIX COMMENT: Prior to Version H this field was named: CWFB_DME_SCRN_RSLT_IND_CD. SOURCE: CWF
WVRSW{x}	*DMERC Line Waiver Of Provider Liability Switch*
where { x } ranges from 1 to 13	
	Effective with Version G, the switch indicating the beneficiary was notified that the item, reported as a DMERC line item, may not be considered medically necessary and has agreed in writing to pay for the item. DB2 ALIAS: WVR_PRVDR_LBLTY_SW SAS ALIAS: WAIVERSW STANDARD ALIAS: DMERC_LINE_WVR_PRVDR_LBLTY_SW TITLE ALIAS: WAIVER_LBLTY_SW CODES: Y = Yes N = No COMMENT: Prior to Version H this field was named: CWFB_DME_WVR_PRVDR_LBLTY_SW. SOURCE: CWF
DCSIND{x}	*DMERC Line Decision Indicator Switch*
where { x } ranges from 1 to 13	
	Effective with Version G, the switch identifying whether the DMERC claim represents an original decision or a reversal of an earlier decision on the original claim. DB2 ALIAS: DMERC_DCSN_IND_SW SAS ALIAS: DCSN_IND STANDARD ALIAS: DMERC_LINE_DCSN_IND_SW TITLE ALIAS: DCSN_IND CODES: O = Original MR determination

Variable Name	*Label*
	R = MR determination after reversal of original decision COMMENT: Prior to Version H this field was named: CWFB_DME_DCSN_IND_SW. SOURCE: CWF