Research Data Distribution Center
LDS Carrier Claim Record -- 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

COMMENT:
Prior to Version H this field was named:
CLM_NEAR_LINE_REC_VRSN_CD.

SOURCE:
NCH

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:

Variable Name	*Label*
	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 (available in NMUD) have also been added.

DB2 ALIAS: NCH_CLM_TYPE_CD
SAS ALIAS: CLM_TYPE
STANDARD ALIAS: 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

Variable Name	*Label*
	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: 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'

Variable Name	*Label*
	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' 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-- EFFECTIVE WITH HDC PROCESSING) WHERE THE FOLLOWING

Variable Name	Label
	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 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

Variable Name	Label
	Carrier 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). 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

Variable Name	Label
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

RACE — *Beneficiary Race Code*

Variable Name	*Label*
	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 Carrier 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

Variable Name	*Label*

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
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

Variable Name	Label
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:
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.)

Variable Name	*Label*
	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 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.

Variable Name	*Label*
	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. Als the noninstitutional claim records carried this field as a l item. Effective with Version H, this element is a claim lev field across all claim types (and the line item field has be renamed.) SOURCE: CWF 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.

Variable Name	Label
	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
RFR_UPIN	*Carrier Claim Referring UPIN Number*
	The unique physician identification number (UPIN) of the physician who referred the beneficiary to the physician who performed the Part B services. This field is ENCRYPTED for the ENCRYPTED Standard View of the Carrier file. COMMON ALIAS: REFERRING_PHYSICIAN_UPIN DB2 ALIAS: CARR_RFRG_UPIN_NUM SAS ALIAS: RFR_UPIN STANDARD ALIAS: CARR_CLM_RFRG_UPIN_NUM TITLE ALIAS: REFERRING_PHYSICIAN_UPIN COMMENT: Prior to Version H this field was named: CWFB_CLM_RFRG_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 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.)

Variable Name	*Label*
	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

Variable Name	Label
	SOURCE: 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

Variable Name	Label
	STANDARD ALIAS: CARR_CLM_CASH_DDCTBL_APPLY_AMT TITLE ALIAS: CASH_DDCTBL EDIT-RULES: +9(9).99 SOURCE: CWF
RFR_PRFL	*Carrier Claim Referring PIN Number*
	Carrier-assigned identification (profiling) number of the physician who referred the beneficiary to the physician that performed the Part B services. This field is ENCRYPTED for the ENCRYPTED Standard View of the Carrier File. COMMON ALIAS: REFERRING_PHYSICIAN_PIN DB2 ALIAS: CARR_RFRG_PIN_NUM SAS ALIAS: RFR_PRFL STANDARD ALIAS: CARR_CLM_RFRG_PIN_NUM TITLE ALIAS: RFRG_PIN COMMENT: Prior to Version H this field was named: CWFB_CLM_RFRG_PHYSN_PRFLG_NUM. SOURCE: CWF
CPO_PROV	*Care Plan Oversight (CPO) Provider Number*
	Effective with NCH weekly process date 3/7/97, the Medicare provider number of the HHA or Hospice rendering Medicare covered services during period the physician is providing care plan oversight. The purpose of this field is to ensure compliance with the CPO requirement that the beneficiary must be receiving covered HHA or Hospice services during the billing period. There can be only one CPO provider number per claim, and no other services but CPO physician services are to be reported on the claim. This field is only present on the non-DMERC processed carrier claim. NOTE: On the Version G format, this field is stored as a redefinition of the NEAR_LINE_ORGNL_BENE_CAN_NUM (the first 3 positions contain 'CPO', followed by the 6-position provider number). During the Version H conversion the data was moved to this dedicated field. DB2 ALIAS: CPO_PRVDR_NUM SAS ALIAS: CPO_PROV STANDARD ALIAS: CPO_PRVDR_NUM TITLE ALIAS: CPO_PRVDR

Variable Name	Label
	SOURCE: CWF
BLDFRNSH	*Claim Blood Pints Furnished Quantity*
	Number of whole pints of blood furnished to the beneficiary, as reported on the carrier claim (non- 3 DIGITS SIGNED DB2 ALIAS: BLOOD_PT_FRNSH_QTY SAS ALIAS: BLDFRNSH STANDARD ALIAS: CLM_BLOOD_PT_FRNSH_QTY TITLE ALIAS: BLOOD_PINTS_FURNISHED EDIT-RULES: NUMERIC COMMENT: Prior to Version H this field was stored in a blood trailer. Version H eliminated the blood trailer. SOURCE: CWF
BLD_DED	*Claim Blood Deductible Pints Quantity*
	The quantity of blood pints applied (blood deductible) as reported on the carrier claim (non-DMERC). 3 DIGITS SIGNED DB2 ALIAS: BLOOD_DDCTBL_PT SAS ALIAS: BLD_DED STANDARD ALIAS: CLM_BLOOD_DDCTBL_PT_QTY TITLE ALIAS: BLOOD_PINTS_DEDUCTIBLE EDIT-RULES: NUMERIC COMMENT: Prior to Version H this field was stored in a blood trailer. Version H eliminated the blood trailer. SOURCE: CWF
CDGNCNT	*Carrier Claim Diagnosis Code Count*
	The count of the number of diagnosis codes (both principal and other) reported on an carrier claim. The purpose of this count is to indicate how many claim diagnosis trailers are present. 1 DIGIT UNSIGNED DB2 ALIAS: CARR_DGNS_CD_CNT SAS ALIAS: CDGNCNT STANDARD ALIAS: CARR_CLM_DGNS_CD_CNT

Variable Name	*Label*

EDIT-RULES:
RANGE: 0 TO 4

COMMENT:
Prior to Version H this field was named:
CLM_DGNS_CD_CNT.

SOURCE:
NCH

CLINECNT — *Carrier Claim Line Count*

The count of the number of line items reported on the carrier claim. The purpose of this count is to indicate how many line item trailers are present.

2 DIGITS UNSIGNED

DB2 ALIAS: CARR_CLM_LINE_CNT
SAS ALIAS: CLINECNT
STANDARD ALIAS: CARR_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.

Variable Name	Label

PRFRFL{x} — *Carrier Line Performing PIN Number*

where { x } ranges from 1 to 13

The profiling identification number (PIN) of the physician\supplier who performed the service for this line item on the carrier claim (non-DMERC).

This field is ENCRYPTED for the ENCRYPTED Standard View of the Carrier file.

COMMON ALIAS: PHYSICIAN/SUPPLIER_PROVIDER_NUM
DB2 ALIAS: LINE_PRFRMG_PIN
SAS ALIAS: PRF_PRFL
STANDARD ALIAS: CARR_LINE_PRFRMG_PIN_NUM
TITLE ALIAS: PRFRMG_PIN

COMMENT:
Prior to Version H this field was named: CWFB_PRFRMG_PRVDR_PRFLG_NUM.

SOURCE:
CWF

PRFUPN{x} — *Carrier Line Performing UPIN Number*

where { x } ranges from 1 to 13

The unique physician identification number (UPIN) of the physician who performed the service for this line item on the carrier claim (non-DMERC).

This field is ENCRYPTED for the ENCRYPTED Standard View of the Carrier file.

DB2 ALIAS: LINE_PRFRMG_UPIN
SAS ALIAS: PRF_UPIN
STANDARD ALIAS: CARR_LINE_PRFRMG_UPIN_NUM
TITLE ALIAS: PRFRMG_UPIN

COMMENT:
Prior to Version H this field was named: CWFB_PRFRMG_PRVDR_UPIN_NUM.

SOURCE:
CWF

PRVSTT{x} — *Line NCH Provider State Code*

where { x } ranges from 1 to 13

Effective with Version H, the two position SSA state code where provider facility is located.

NOTE: During the Version H conversion this field was populated with data throughout history (back to service year 1991).

DB2 ALIAS: LINE_PRVDR_STATE
SAS ALIAS: PRVSTATE
STANDARD ALIAS: LINE_NCH_PRVDR_STATE_CD

Variable Name	*Label*

TITLE ALIAS: PRVDR_STATE

DERIVATION:
DERIVED FROM:
CARR_LINE_PRFRMG_PRVDR_ZIP_CD

DERIVATION RULES:

Use the first three positions of the provider zip code to derive the LINE_NCH_PRVDR_STATE_CD from a crosswalk file. Where a match is not achieved this field will be blank.

CODES:
REFER TO: GEO_SSA_STATE_TB

SOURCE:
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.

Variable Name	*Label*

SOURCE:
CWF

ASTTCD{x} — *Carrier Line Reduced Payment Physician Assistant Code*

where { x } ranges from 1 to 13

Effective 1/92, the code on the carrier (non-DMERC) line item that identifies claims that have been paid a reduced fee schedule amount (65%, 75% or 85%) because a physician's assistant performed the services.

COMMON ALIAS: PA_65/75/85%_FEE
DB2 ALIAS: PHYSN_ASTNT_CD
SAS ALIAS: ASTNT_CD
STANDARD ALIAS:
CARR_LINE_RDCD_PHYSN_ASTNT_CD
TITLE ALIAS: PHYSN_ASTNT_CD

CODES:
REFER TO: CARR_LINE_RDCD_PHYSN_ASTNT_TB
IN THE CODES APPENDIX

COMMENT:
Prior to Version H this field was named:
CWFB_RDCD_PMT_PHYSN_ASTNT_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-RULES:
+999

COMMENT:
Prior to Version H this field was named:
CWFB_SRVC_CNT.

SOURCE:
CWF

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 non-institutional claim.

Variable Name	*Label*
	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} *where { x } ranges from 1 to 13*	*Line Place Of Service Code* 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
LCLYCD{x} *where { x } ranges from 1 to 13*	*Carrier Line Pricing Locality Code* Code denoting the carrier-specific locality used for pricing the service for this line item on the carrier claim (non-DMERC). DB2 ALIAS: PRCNG_LCLTY_CD SAS ALIAS: LCLTY_CD STANDARD ALIAS: CARR_LINE_PRCNG_LCLTY_CD TITLE ALIAS: PRICING_LOCALITY EDIT-RULES: CARRIER INFORMATION FILE

Variable Name	*Label*

COMMENT:
Prior to Version H this field was named:
CWFB_CARR_PRCNG_LCLTY_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

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

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} — *Line HCPCS Code*

where { x } ranges from 1 to 13

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

Variable Name	*Label*
	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 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} *where { x } ranges from 1 to 13*	*Line HCPCS Initial Modifier Code* 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

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

Variable Name	*Label*

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

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

Variable Name	*Label*

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 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

Variable Name	Label
	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 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

Variable Name	*Label*

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
TITLE ALIAS: COINSRNC_AMT

EDIT-RULES:
+9(9).99

SOURCE:
CWF

Variable Name	*Label*

LLMTMT{x} — *Carrier Line Psychiatric, Occupational Therapy, Physical*

where { x } ranges from 1 to 13

For type of service psychiatric, occupational therapy or physical therapy, the amount of allowed charges applied toward the limit cap
for this line item service on the noninstitutional claim.

9.2 DIGITS SIGNED

DB2 ALIAS: PSYCH_OT_PT_LMT
SAS ALIAS: LLMTAMT
STANDARD ALIAS:
CARR_LINE_PSYCH_OT_PT_LMT_AMT
TITLE ALIAS: PSYCH_OT_PT_LIMIT

EDIT-CODES:
+9(9).99

COMMENT:
Prior to Version H this field was named: CWFB_PSYCH_OT_PT_LMT_AMT and the field size was S9(5)V99.

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

Variable Name	Label
	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} *where { x } ranges from 1 to 13*	*Line 10% Penalty Reduction Amount* 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 SOURCE: CWF
LBLDDD{x} *where { x } ranges from 1 to 13*	*Carrier Line Blood Deductible Pints Quantity* The blood pints quantity (deductible) for the line item on the carrier claim (non-DMERC). 3 DIGITS SIGNED DB2 ALIAS: LINE_BLOOD_DDCTBL SAS ALIAS: LBLD_DED STANDARD ALIAS: CARR_LINE_BLOOD_DDCTBL_QTY TITLE ALIAS: BLOOD_DDCTBL EDIT-RULES: +999 COMMENT: Prior to Version H this field was named: CWFB_LINE_BLOOD_DDCTBL_QTY. SOURCE: CWF

Variable Name	*Label*

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

LABNUM{x} — *Carrier Line Clinical Lab Number*

where { x } ranges from 1 to 13

The identification number assigned to the clinical laboratory providing services for the line item on the carrier claim (non-DMERC).

DB2 ALIAS: CLNCL_LAB_NUM
SAS ALIAS: LAB_NUM
STANDARD ALIAS: CARR_LINE_CLNCL_LAB_NUM

Variable Name	*Label*
	TITLE ALIAS: LAB_NUM COMMENT: Prior to Version H this field was named: CWFB_CLNCL_LAB_NUM. SOURCE: CWF
LABAMT{x}	*Carrier Line Clinical Lab Charge Amount*
where { x } ranges from 1 to 13	Fee schedule charge amount applied for the line item clinical laboratory service on the carrier claim (non- 9.2 DIGITS SIGNED DB2 ALIAS: CLNCL_LAB_CHRG_AMT SAS ALIAS: LAB_AMT STANDARD ALIAS: TITLE ALIAS: LAB_CHRG EDIT-RULES: +9(9).99 COMMENT: Prior to Version H this field was named: CWFB_CLNCL_LAB_CHRG_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

Variable Name	*Label*

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

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:

Variable Name	*Label*
	CWFB_PMT_IND_CD. SOURCE: CWF
MTSCNT{x}	*Carrier Line Miles/Time/Units/Services Count*
where { x } ranges from 1 to 13	The count of the total units associated with services needing unit reporting such as transportation, miles, anesthesia time units, number of services, volume of oxygen or blood units. This is a line item field on the carrier claim (non-DMERC) and is used for both allowed and denied services. 3 DIGITS SIGNED DB2 ALIAS: LINE_MTUS_CNT SAS ALIAS: MTUS_CNT STANDARD ALIAS: CARR_LINE_MTUS_CNT TITLE ALIAS: MTUS_CNT EDIT-RULES: +999 For CARR_LINE_MTUS_IND_CD equal to 2 (anesthesia time units) there is one implied decimal point. COMMENT: Prior to Version H this field was named: CWFB_MTUS_CNT. SOURCE: CWF
MTSIND{x}	*Carrier Line Miles/Time/Units/Services Indicator Code*
where { x } ranges from 1 to 13	Code indicating the units associated with services needing unit reporting on the line item for the carrier claim (non-DMERC). DB2 ALIAS: LINE_MTUS_IND_CD SAS ALIAS: MTUS_IND STANDARD ALIAS: CARR_LINE_MTUS_IND_CD TITLE ALIAS: MTUS_IND CODES: 0 = Values reported as zero (no allowed activities) 1 = Transportation (ambulance) miles 2 = Anesthesia time units 3 = Services 4 = Oxygen units 5 = Units of blood 6 = Anesthesia base and time units (prior to 1991; from BMAD) COMMENT: Prior to Version H this field was named:

Variable Name	*Label*

CWFB_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

CLLRT{x} *Carrier Line CLIA Alert Indicator Code*

where { x } ranges from 1 to 13

Effective with Version G, the alert code (resulting from CLIA editing) added by CWF as a line item on the carrier claim (non-DMERC).

DB2 ALIAS: CLIA_ALERT_IND_CD
SAS ALIAS: CLIAALRT
STANDARD ALIAS: CARR_LINE_CLIA_ALERT_IND_CD
TITLE ALIAS: CLIA_ALERT

CODES:
(Effective 9/92 but not stored until 10/93)
0 = No Alert
1 = 77X9
2 = 77XA
3 = 77X5
4 = 77X6
5 = 77X7
6 = 77X8
7 = 77XB

COMMENT:
Prior to Version H this field was named:
CWFB_CLIA_ALERT_IND_CD.

SOURCE:
CWF

DMPRC{x} *Line DME Purchase Price Amount*

where { x } ranges from 1 to 13

Variable Name	*Label*
	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