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                                 POSITIONS
                 NAME          TYPE  LENGTH BEG   END                        CONTENTS
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****   Medicare Provider Analysis        REC    817                The representation of a beneficiary stay in an Inpatient
       and Review (MEDPAR)                                         hospital or in a skilled nursing facility (SNF) which may
       Expanded Modified Record                                    include one or more final action claims.

                                                                   The 1995 Medicare provider analysis and review (MEDPAR) file
                                                                   contains data from claims for services provided to Medicare
                                                                   beneficiaries admitted to Medicare-certified hospitals and
                                                                   skilled nursing facilities (SNF).  The file is created
                                                                   quarterly in March, June, September, and December, and is
                                                                   generally available two weeks after the end of the quarter.
                                                                   Each MEDPAR record represents a beneficiary stay in an
                                                                   Inpatient hospital (where discharged) or in a SNF (may be
                                                                   'still a patient'; complete discharge data not always
                                                                   received), and may include one claim or multiple claims.
                                                                   (Approximately 95% of Inpatient MEDPAR records and 50% of
                                                                   SNF MEDPAR records involve a single claim.)

                                                                   Beginning in June 1995, the Inpatient and SNF claims from
                                                                   the national claims history (NCH) 100% nearline file became
                                                                   the source of MEDPAR.  Also effective June, 1995, a MEDPAR
                                                                   record represents final action claims data in which all
                                                                   adjustments have been resolved (thereby eliminating
                                                                   credit-only situations).

                                                                   (Prior to June 1995, MEDPAR was created from claims from the
                                                                   Medicare quality assurance (MQA) system; a MEDPAR record
                                                                   represented an accumulation of adjustment claims, sometimes
                                                                   including credit-only stays.)

                                                                   Effective with the 9/96 update the 1995 MEDPAR was created
                                                                   as follows:

                                                                   1. Each month Inpatient and SNF claims are accumulated from
                                                                   the NCH nearline repository.

                                                                   2. At the end of each quarter, the monthly files are merged
                                                                   into a database containing all claims for the current
                                                                   year and prior two years.  The database is processed
                                                                   through the final action algorithms.

                                                                   3. The final-actioned database is split into two segments
                                                                   for each year.  Inpatient claims with discharge dates and
                                                                   SNF claims with admission dates in January through
                                                                   September are in the first segment;  claims with dates in
                                                                   October through December are in the second segment.  This
                                                                   allows for the creation of fiscal year or calendar year
                                                                   files as needed.

                                                                   4. The claims remaining from the final action processing are
                                                                   collapsed by claim number, admission date, and provider
                                                                   number (all in ascending order) to create a stay record.
                                                                   The records are further sorted by claim from date, claim
                                                                   thru date, (both in ascending order), HCFA process date

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                                    POSITIONS
             NAME              TYPE  LENGTH BEG  END                        CONTENTS
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                                                        (descending), and query code (descending); and the
                                                        results are used to create MEDPAR.
                                                        For the 6/95 through the 6/96 updates the 1995 MEDPAR was
                                                        created as follows:

                                                        *  Each month Inpatient and SNF claims are accumulated
                                                        from the NCH nearline repository.

                                                        *  At the end of each quarter, the monthly files are
                                                        merged into a database containing all claims for the
                                                        current year and prior two years.  The database is split
                                                        into two segments for each year.  Inpatient claims with
                                                        discharge dates and SNF claims with admission dates in
                                                        January through September are in the first segment;
                                                        claims with dates in October through December are in the
                                                        second segment.  This allows for the creation of fiscal
                                                        year or calendar year files as needed.

                                                        *  The segments are processed through the final action
                                                        algorithms.  The claims remaining from the final action
                                                        processing are collapsed by claim number, admission date,
                                                        and provider number (all in ascending order) to create a
                                                        stay record.  The records are further sorted by claim from
                                                        date, claim thru date, (both in ascending order), HCFA
                                                        process date (descending), and query code (descending);
                                                        and the results are used to create MEDPAR.

                                                        SYSTEM ALIAS: MED2K788

For Cancer Cases:
 ****   Registry/Case               CHAR    10    1    10   ENCRYPTED SEER IDENIFICATION NUMBER
        (REGCASE)


        1. SEER registry            CHAR     2    1    02   SEER REGISTRY
                                                            '01' = San Francisco
                                                            '02' = Connecticut
                                                            '20' = Detroit
                                                            '21' = Hawaii
                                                            '22' = Iowa
                                                            '23' = New Mexico
                                                            `25' = Seattle
                                                            '26' = Utah
                                                            '27' = Atlanta
                                                            '31' = San Jose
                                                            '35' = Los Angeles
                                                            '37' = Rural Georgia
                                                            '41' = Greater California
                                                            '42' = Kentucky
                                                            '43' = Louisiana
                                                            '44' = New Jersey
                                                            '88' = California

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                                    POSITIONS
              NAME              TYPE  LENGTH BEG  END                          CONTENTS
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```
   2.  Case Number              CHAR     8    3   10  SEER assigned case number.  This variable is encrypted.

For Non Cancer Patients:
 ****  MEDPAR Claim Locator Number  GROUP  11   1   11  THIS NUMBER UNIQUELY IDENTIFIES THE BENEFICIARY.
       Group  (HICBIC)
                                                     STANDARD ALIAS: MEDPAR_CLM_LCTR_NUM_GRP

   1. MEDPAR Beneficiary Claim   CHAR     9    1    9  The number identifying the primary beneficiary under the SSA
      Account Number                                   or RRB programs submitted.

                                                     NOTE:  This field comes from the CAN that is present on the
                                                            first claim record included in the stay.

                                                     COMMON ALIAS: CAN
                                                     DB2 ALIAS: BENE_CLM_ACNT_NUM
                                                     SAS ALIAS: CAN
                                                     STANDARD ALIAS: MEDPAR_BENE_CLM_ACNT_NUM

                                                     SOURCE:
                                                     NCH

   2. MEDPAR Category Equatable  CHAR     2   10   11  The code which categorizes groups of BICs representing
      Beneficiary Identification                       similar relationships between the beneficiary and the
      Code                                             primary wage earner.

                                                     The equatable BIC module electronically matches two records
                                                     that contain different BICs where it is apparent that both
                                                     are records for the same beneficiary.  It validates the BIC
                                                     and returns a base BIC under which to house the record in
                                                     the national claims history (NCH) databases.  (All records
                                                     for a beneficiary are stored under a single BIC.)

                                                     NOTE:  This field comes from the NCH category base BIC that
                                                            is present on the first claim record included in the
                                                            stay.

                                                     COMMON ALIAS: EQ_BIC
                                                     DB2 ALIAS: CTGRY_EQTBL_BIC
                                                     SAS ALIAS: EQ_BIC
                                                     STANDARD ALIAS: MEDPAR_CTGRY_EQTBL_BIC_CD

                                                     CODES:
                                                       REFER TO: CTGRY_EQTBL_BENE_IDENT_TB
                                                                 IN THE CODES APPENDIX

                                                     SOURCE:
                                                     NCH

   3. MEDPAR Beneficiary Age     NUM      3   12   14  The beneficiary's age as of date of admission.
      Count (AGE)
                                                     3 DIGITS UNSIGNED

                                                     DB2 ALIAS: MEDPAR_AGE_CNT
```

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                                   POSITIONS
            NAME              TYPE  LENGTH BEG  END                          CONTENTS
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|---|---|---|---|---|---|

SAS ALIAS: AGE_CNT
STANDARD ALIAS: MEDPAR_BENE_AGE_CNT

DERIVATION:
This field is derived by subtracting the bene date of
birth from the admission date, present on the first
claim record included in the stay. Exception:  If the
resulting age is 64, and the MSC = 10 or 11, the age
is changed to 65.

SOURCE:
NCH

4. MEDPAR Beneficiary Sex Code   CHAR    1    15    15   The sex of a beneficiary.
   (SEX)

NOTE:  This field comes from the sex code that is present
       on the first claim record included in the stay.

COMMON ALIAS: SEX
DB2 ALIAS: BENE_SEX_IDENT_CD
SAS ALIAS: SEX
STANDARD ALIAS: MEDPAR_BENE_SEX_CD
SYSTEM ALIAS: LTSEX

CODES:
1 = Male
2 = Female
0 = Unknown

SOURCE:
NCH

5. MEDPAR Beneficiary Race      CHAR    1    16    16   The race of a beneficiary.
   Code (RACE)

NOTE:  This field comes from the race code that is present
       on the first claim record included in the stay.

COMMON ALIAS: RACE
DB2 ALIAS: BENE_RACE_CD
SAS ALIAS: RACE
STANDARD ALIAS: MEDPAR_BENE_RACE_CD
SYSTEM ALIAS: LTRACE

CODES:
0 = Unknown
1 = White
2 = Black
3 = Other
4 = Asian
5 = Hispanic
6 = North American Native

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                                       POSITIONS
            NAME              TYPE  LENGTH BEG  END                         CONTENTS
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                                                      SOURCE:
                                                      NCH

 6. MEDPAR Beneficiary Medicare  CHAR    2    17   18  The CWF-derived reason for a beneficiary's entitlement to
    Status Code (MDCRSTAT)                             Medicare benefits, as of the reference date (CLM_THRU_DT).

                                                      COMMON ALIAS: MSC
                                                      DB2 ALIAS: BENE_MDCR_STUS_CD
                                                      SAS ALIAS: MS_CD
                                                      STANDARD ALIAS: MEDPAR_BENE_MDCR_STUS_CD
                                                      SYSTEM ALIAS: LTMSC

                                                      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

                                                      SOURCE:
                                                      NCH

****  MEDPAR Beneficiary State    GROUP   5    19   23
      County Group

 7. MEDPAR Beneficiary          CHAR    2    19   20  The SSA standard state code of a beneficiary's residence.
    Residence SSA Standard
    State Code (STDSTATE)                             NOTE:  This field comes from the state code that is present
                                                             on the first claim record included in the stay.

                                                      COMMON ALIAS: STATE
                                                      DB2 ALIAS: BENE_SSA_STATE_CD
                                                      SAS ALIAS: STATE_CD
```

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                                  POSITIONS
             NAME            TYPE LENGTH BEG  END                        CONTENTS
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                                                    STANDARD ALIAS: MEDPAR_BENE_RSDNC_SSA_STATE_CD
                                                    SYSTEM ALIAS: LTSTATE

                                                    CODES:
                                                      REFER TO: GEO_SSA_STATE_TB
                                                                   IN THE CODES APPENDIX

                                                    SOURCE:
                                                    NCH

   8. MEDPAR Beneficiary       CHAR    3    21   23  The SSA standard county code of a beneficiary's residence.
      Residence SSA Standard
      County Code (STD_CNTY)                         NOTE:  This field comes from the county code that is present
                                                            on the first claim record included in the stay.

                                                    COMMON ALIAS: COUNTY_CODE
                                                    DB2 ALIAS: BENE_SSA_CNTY_CD
                                                    SAS ALIAS: CNTY_CD
                                                    STANDARD ALIAS: MEDPAR_BENE_RSDNC_SSA_CNTY_CD

                                                    SOURCE:
                                                    NCH

   9. MEDPAR Beneficiary Mailing  CHAR  5    24   28  The zip code of the mailing address where the beneficiary
      Contact Zip Code                                may be contacted.
      (ZIPCODE)
       * Special Permission Required                 NOTE:  This field comes from the zip code that is present on
                                                            the first claim record included in the stay.

                                                    COMMON ALIAS: ZIP_CODE
                                                    DB2 ALIAS: BENE_MLG_ZIP_CD
                                                    SAS ALIAS: BENE_ZIP
                                                    STANDARD ALIAS: MEDPAR_BENE_MLG_CNTCT_ZIP_CD

                                                    SOURCE:
                                                    NCH

  10. FILLER                    CHAR    4    29   32

  11. MEDPAR Admission Day Code  NUM    1    33   33  The code indicating the day of the week on which the
      (ADMDAY)                                        beneficiary was admitted to a facility.

                                                    1 DIGIT UNSIGNED

                                                    COMMON ALIAS: DAY_OF_ADMISSION
                                                    DB2 ALIAS: ADMSN_DAY_CD
                                                    SAS ALIAS: ADMSNDAY
                                                    STANDARD ALIAS: MEDPAR_ADMSN_DAY_CD

                                                    DERIVATION:
                                                    This field is derived from the admission date that
                                                    is present on the first claim record included in
                                                    the stay.
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                                        POSITIONS
                 NAME          TYPE  LENGTH BEG  END                          CONTENTS
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                                                         CODES:
                                                         1 = Sunday
                                                         2 = Monday
                                                         3 = Tuesday
                                                         4 = Wednesday
                                                         5 = Thursday
                                                         6 = Friday
                                                         7 = Saturday

                                                         SOURCE:
                                                         NCH

    12. MEDPAR Beneficiary        CHAR     1    34   34  The code used to identify the status of the patient as of
        Discharge Status Code                            the CLM_THRU_DT.
        (DSCHGSTA)
                                                         COMMON ALIAS: DISCHARGE_STATUS
                                                         DB2 ALIAS: MEDPAR_DSCHRG_CD
                                                         SAS ALIAS: DSCHRGCD
                                                         STANDARD ALIAS: MEDPAR_BENE_DSCHRG_STUS_CD

                                                         DERIVATION:
                                                         This field is derived from the claim status code that is
                                                         present on the last claim record included in the stay.

                                                         CODES:
                                                         A = Discharged alive (claim status code other than 20 or
                                                             30)
                                                         B = Discharged dead (claim status code = 20)
                                                         C = Still a patient (claim status code = 30)

                                                         SOURCE:
                                                         NCH

    13. MEDPAR GHO Paid Code      CHAR     1    35   35  The code indicating whether or not a GHO has paid the
        (HMOREADM)                                       provider for the claim(s).

                                                         NOTE:  This field comes from the GHO-paid indicator that is
                                                                present on the first claim record included in the
                                                                stay.

                                                         COMMON ALIAS: HMO_PAID_INDICATOR
                                                         DB2 ALIAS: MEDPAR_GHO_PD_CD
                                                         SAS ALIAS: GHOPDCD

                                                         CODES:
                                                         1 = GHO has paid the provider
                                                         Blank Or 0 = GHO has not paid the provider

                                                         SOURCE:
                                                         NCH

    14. MEDPAR PPS Indicator Code CHAR     1    36   36  The code indicating whether or not the facility is being
```

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                                          POSITIONS
               NAME                TYPE  LENGTH BEG  END                              CONTENTS
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        (PPSIND)                                          paid under the prospective payment system (PPS).

                                                          COMMON ALIAS: PPS_INDICATOR
                                                          DB2 ALIAS: MEDPAR_PPS_IND_CD
                                                          SAS ALIAS: PPS_IND
                                                          STANDARD ALIAS: MEDPAR_PPS_IND_CD

                                                          DERIVATION:
                                                          If the condition code not equal 65 on all of the claims
                                                          included in the stay and the third position of the
                                                          provider number is numeric set MEDPAR_PPS_IND_CD to
                                                          2 (PPS).  Otherwise set it to 0 (Non PPS.)

                                                          CODES:
                                                          0 = Non PPS
                                                          2 = PPS

                                                          SOURCE:
                                                          NCH

 ****   MEDPAR Provider Number      GROUP    6    37   42  The provider number is encrypted. **\* Special Permission Required**
        Group (PROVNUM)                                    **to received unencrypted data.**

  15.  MEDPAR Provider State Code   NUM      2    37   38  The first two positions of the provider number, identifying
       (PROVSTAT)                                          the state of the institutional provider that furnished
                                                           services to the beneficiary during the stay.

                                                           2 DIGITS UNSIGNED

                                                           COMMON ALIAS: PROVIDER_STATE
                                                           DB2 ALIAS: MEDPAR_PRVDR_STATE
                                                           SAS ALIAS: PRVSTATE
                                                           STANDARD ALIAS: MEDPAR_PRVDR_STATE_CD
                                                           SYSTEM ALIAS: LTSTATE

                                                           DERIVATION:
                                                           This field comes from positions 1 & 2 of the provider
                                                           number that is present on the first claim record
                                                           included in the stay.

                                                           CODES:
                                                             REFER TO: GEO_SSA_STATE_TB
                                                                       IN THE CODES APPENDIX

                                                           SOURCE:
                                                           NCH

  16.  MEDPAR Provider Number       CHAR     1    39   39  The third position of the provider number, identifying the
       Third Position Code                                 category of institutional provider that furnished services
                                                           to the beneficiary during the stay.

                                                           COMMON ALIAS: PROVIDER_CATEGORY
                                                           DB2 ALIAS: PRVDR_NUM_3RD_CD

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                                         POSITIONS
                   NAME             TYPE LENGTH BEG  END                            CONTENTS
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|---|---|---|---|---|---|

SAS ALIAS: PRVNUM3
STANDARD ALIAS: MEDPAR_PRVDR_NUM_3RD_CD

DERIVATION:
This field is position 3 of the provider number
from the first claim record included in the stay
modified as follows:
    Where position 3 is an alpha character it is
    moved to the MEDPAR provider number special
    unit code and replaced with '0'.

SOURCE:
NCH

17. MEDPAR Provider Number     CHAR    3    40   42   The last three positions of the provider number, identifying
    Serial Code                                       the specific serial numbers of the institutional provider
                                                      that furnished services to the beneficiary during the stay.

COMMON ALIAS: PROVIDER_SEQUENCE_NUMBER
DB2 ALIAS: MEDPAR_SRL_CD
SAS ALIAS: PRVDRSRL
STANDARD ALIAS: MEDPAR_PRVDR_NUM_SRL_CD

DERIVATION:
This field comes from positions 4 - 6 of the provider
number on the first claim record included in the stay.

SOURCE:
NCH

18. MEDPAR Provider Number     CHAR    1    43   43   The code identifying the special numbering system for units
    Special Unit Code                                 of hospitals that are excluded from PPS or hospitals with
    (PROVCODE)                                        SNF swing-bed designation.

COMMON ALIAS: SPECIAL_UNIT
DB2 ALIAS: MEDPAR_SPCL_CD
SAS ALIAS: SPCLUNIT
STANDARD ALIAS: MEDPAR_PRVDR_NUM_SPCL_UNIT_CD

DERIVATION:
If the third position of the provider number from the
first claim record included in the stay equals 'S',
'T', 'U', 'W', 'Y' or 'Z', it is moved to this field,
otherwise it is blank.

CODES:
S = PPS-exempt psychiatric unit
T = PPS-exempt rehabilitation unit
U = Swing-bed short-term/acute care hospital
W = Swing-bed long-term hospital
Y = Swing-bed rehabilitation hospital
Z = Swing-bed rural primary care hospital; eff.
    10/97 changed to critical access hospitals

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                                  POSITIONS
            NAME            TYPE  LENGTH BEG END                        CONTENTS
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                                                    Blanks = Not PPS-exempt or swing-bed designation

                                                    SOURCE:
                                                    NCH

19. MEDPAR Short Stay/Long      CHAR    1    44   44   The code indicating whether the stay is a short stay, long
    Stay/SNF Indicator Code                           stay, or SNF.
    (SNFIND)
                                                    COMMON ALIAS: STAY_INDICATOR
                                                    DB2 ALIAS: SS_LS_SNF_IND_CD
                                                    SAS ALIAS: SSLSSNF
                                                    STANDARD ALIAS: MEDPAR_SS_LS_SNF_IND_CD

                                                    DERIVATION:
                                                    This field is derived from the third position of the
                                                    provider number that is present on the first claim
                                                    record included in the stay.

                                                    CODES:
                                                    N = SNF Stay (Prvdr3 = 5, 6, U, W, Y, or Z)
                                                    S = Short-Stay (Prvdr3 = 0, S, T)
                                                    L = Long-Stay (All Others)

                                                    SOURCE:
                                                    NCH

20. MEDPAR Stay Final Action    NUM     4    45   48   The count of the number of claim records (final action)
    Claims Count (NUMBILLS)                            included in the stay.

                                                    4 DIGITS SIGNED

                                                    COMMON ALIAS: NUMBER_OF_BILLS
                                                    DB2 ALIAS: FINL_ACTN_CLM_CNT
                                                    SAS ALIAS: FACLMCNT
                                                    STANDARD ALIAS: MEDPAR_STAY_FINL_ACTN_CLM_CNT

                                                    DERIVATION:
                                                    This field is derived by counting the number of final
                                                    action claims used to create the stay.

                                                    SOURCE:
                                                    NCH

21. MEDPAR Latest Claim         CHAR    8    49   56   The date the latest claim record included in the stay was
    Accretion Date                                    accreted (posted/processed) to the beneficiary master
    (ACR_M, ACR_D, ACR_Y)                             record at the CWF host).

                                                    8 DIGITS UNSIGNED

                                                    COMMON ALIAS: ACCRETION_DATE
                                                    DB2 ALIAS: LTST_ACRTN_DT
                                                    SAS ALIAS: ACRTNDT
                                                    STANDARD ALIAS: MEDPAR_LTST_CLM_ACRTN_DT

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                                       POSITIONS
                 NAME              TYPE LENGTH BEG  END                            CONTENTS
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                                                          EDIT-RULES:
                                                          MMDDYYYY

                                                          DERIVATION:
                                                          This field comes from the highest accretion date that
                                                          is present on the claim records included in the stay.

                                                          SOURCE:
                                                          NCH
```

22. MEDPAR Beneficiary Medicare   CHAR   8   57   64   The last date for which the beneficiary had Medicare
    Benefit Exhausted Date                       coverage. This field is completed only where benefits were
    (BEN_M, BEN_D, BEN_Y)                      exhausted before the discharge date and during the period
                                             covered by stay.

```
                                                          8 DIGITS UNSIGNED

                                                          COMMON ALIAS: EXHAUSTED_BENEFITS_DATE
                                                          DB2 ALIAS: MDCR_BNFT_EXHST_DT
                                                          SAS ALIAS: EXHST_DT
                                                          STANDARD ALIAS: MEDPAR_BENE_MDCR_BNFT_EXHST_DT

                                                          EDIT-RULES:
                                                          MMDDYYYY

                                                          DERIVATION:
                                                          This field comes from the highest benefits exhausted
                                                          date that is present on the claim records included in
                                                          the stay.

                                                          SOURCE:
                                                          NCH
```

23. MEDPAR SNF Qualification     CHAR   8   65   72   The beginning date of the beneficiary's qualifying stay.
    From Date                                For Inpatient claims, the date relates to the PPS portion of
    (SNF_M, SNF_D, SNF_Y)                     the inlier for which there is no utilization to benefits.
                                           For SNF claims, the date relates to the qualifying stay from
                                           a hospital that is at least two days in a row if the source
                                           of admission is an 'a', or at least three days in a row if
                                           the source of admission is other than an 'a'.

```
                                                          8 DIGITS UNSIGNED

                                                          DB2 ALIAS: QLFY_STAY_FROM_DT
                                                          SAS ALIAS: QLFYFROM
                                                          STANDARD ALIAS: MEDPAR_SNF_QUALN_FROM_DT

                                                          EDIT-RULES:
                                                          MMDDYYYY

                                                          DERIVATION:
                                                          This field comes from occurrence span code = 70 and
```

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                                        POSITIONS
             NAME               TYPE  LENGTH BEG  END                         CONTENTS
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                                                         related occurrence span from date, if present on any
                                                         of the claim records included in the stay.  If more
                                                         than one record has an occurrence span code = 70, with
                                                         different span dates, teh date from the last claim
                                                         record included in the stay is used.

                                                         SOURCE:
                                                         NCH

24. MEDPAR SNF Qualification    CHAR     8    73   80    The ending date of the beneficiary's qualifying stay.  For
    Through Date                                         Inpatient claims, the date relates to the PPS portion of the
    (SNT_M, SNT_D, SNT_Y)                                inlier for which there is no utilization to benefits.  For
                                                         SNF claims, the date relates to the qualifying stay from a
                                                         hospital that is at least two days in a row if the source of
                                                         admission is an 'A', or at least three days in a row if the
                                                         source of admission is other than an 'A'.

                                                         8 DIGITS UNSIGNED

                                                         DB2 ALIAS: QUALN_STAY_THRU_DT
                                                         SAS ALIAS: QLFYTHRU
                                                         STANDARD ALIAS: MEDPAR_SNF_QUALN_THRU_DT

                                                         EDIT-RULES:
                                                         MMDDYYYY

                                                         DERIVATION:
                                                         This field comes from the occurrence span code = 70 and
                                                         related occurrence span thru date, if present on any of
                                                         the claims included in the stay.  If more than one record
                                                         has an occurrence span code = 70, with different span
                                                         dates, the date from the last claim record included in
                                                         the stay is used.

                                                         SOURCE:
                                                         NCH

25. MEDPAR Admission Date       CHAR     8    81   88    The date the beneficiary was admitted for Inpatient care or
    (ADM_M, ADM_D, ADM_Y)                                the date that care started.

                                                         NOTE:  This field comes from the admission date that is
                                                         present on the first claim record included in the
                                                         stay.

                                                         8 DIGITS UNSIGNED

                                                         COMMON ALIAS: ADMISSION_DATE
                                                         DB2 ALIAS: MEDPAR_ADMSN_DT
                                                         SAS ALIAS: ADMSNDT
                                                         STANDARD ALIAS: MEDPAR_ADMSN_DT

                                                         EDIT-RULES:
                                                         MMDDYYYY
```

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                                      POSITIONS
             NAME              TYPE  LENGTH BEG  END                          CONTENTS
    --------------------------- ---- ------ ---------  --------------------------------------------------------
```

                                                       SOURCE:
                                                       NCH


26. MEDPAR Discharge Date        CHAR    8    89   96  The date on which the beneficiary was discharged or died.
    (DIS_M, DIS_D, DIS_Y)                               NOTE:  This field comes from the highest claim thru date
                                                       that is present on the claim records included in the stay,
                                                       where the claim status code is other than '30' (still
                                                       patient) on the last claim  record included in the stay.
                                                       Inpatient claims will always have a discharge date;  SNF
                                                       claims could have a zero date.

                                                       8 DIGITS UNSIGNED

                                                       COMMON ALIAS: DISCHARGE_DATE
                                                       DB2 ALIAS: MEDPAR_DSCHRG_DT
                                                       SAS ALIAS: DSCHRGDT
                                                       STANDARD ALIAS: MEDPAR_DSCHRG_DT

                                                       EDIT-RULES:
                                                       MMDDYYYY

                                                       SOURCE:
                                                       NCH

27. MEDPAR Covered Level Care    CHAR    8    97  104  The date on which a covered level of care ended in a SNF.
    Thru Date (CVE_M, CVE_D, CVE_Y)
                                                       8 DIGITS UNSIGNED

                                                       COMMON ALIAS: DATE_CARE_ENDED
                                                       DB2 ALIAS: CVR_LVL_THRU_DT
                                                       SAS ALIAS: CVRLVLDT
                                                       STANDARD ALIAS: MEDPAR_CVR_LVL_CARE_THRU_DT

                                                       EDIT-RULES:
                                                       MMDDYYYY

                                                       DERIVATION:
                                                       This field comes from the date associated with
                                                       occurrence code = 22 if present on any of the claims
                                                       included in the stay. If multiple dates, the highest
                                                       date is used. This field is only applicable to SNF claims.

                                                       SOURCE:
                                                       NCH

28. MEDPAR Beneficiary Death     CHAR    8   105  112  The date the beneficiary died.
    Date (DOD_M, DOD_D, DOD_Y)
                                                       8 DIGITS UNSIGNED

                                                       DB2 ALIAS: BENE_DEATH_DT
                                                       SAS ALIAS: DEATHDT

```
                                         POSITIONS
                 NAME             TYPE LENGTH BEG  END                       CONTENTS
    --------------------------    ----  ------ ---------  -------------------------------------------------------
```

STANDARD ALIAS: MEDPAR_BENE_DEATH_DT

EDIT-RULES:
MMDDYYYY

DERIVATION:
This field comes from the beneficiary death date, if
present on the enrollment database, which is accessed
prior to creation of the quarterly MEDPAR file.

SOURCE:
EDB

LIMITATIONS:
   REFER TO: MEDPAR_DOD_LIM
                IN THE LIMITATIONS APPENDIX

```
29. MEDPAR Beneficiary Death    CHAR    1   113  113  The code indicating whether the beneficiary's date of death
    Date Verified Code                                 has been verified (SOURCE:  SSA's MBR) or originated from a
    (HIMASIND)                                         claim record.
```

COMMON ALIAS: DEATH_INDICATOR
DB2 ALIAS: DEATH_DT_VRFY_CD
SAS ALIAS: DEATHCD
STANDARD ALIAS: MEDPAR_BENE_DEATH_DT_VRFY_CD

DERIVATION:
This field is derived from the enrollment database's
beneficiary source death date code, or from the presence
of a claim status code = '20' (expired) on the last
claim record included in the stay.

CODES:
V = Date of death verified (EDB received DOD from SSA's
    MBR)
B = Date of death taken from claim (EDB received DOD
    from claim)
N = Date of death not verified (neither V or B
    applicable, but claim status code indicated death)
Space = No date of death indicated

SOURCE:
EDB,NCH

```
****  MEDPAR Internal Use SSI     GROUP   6   114  119  STANDARD ALIAS: MEDPAR_INTRNL_USE_SSI_GRP
      Group
```

```
30. MEDPAR Internal Use SSI     CHAR    1   114  114  DB2 ALIAS: INTRNL_USE_SSI_CD
    Indicator Code                                     SAS ALIAS: SSICD
    (SSI_IND)                                          STANDARD ALIAS: MEDPAR_INTRNL_USE_SSI_IND_CD
```

COMMENT:
Limited availability; for internal use only; applicable to

```
                                            POSITIONS
               NAME                TYPE  LENGTH BEG  END                        CONTENTS
       --------------------------  ----  ------ ---------  ---------------------------------------------------------
```

                                                           Inpatient claims only.  Where not available, this field is
                                                           blank.

31. MEDPAR Internal Use SSI Day    NUM      4   115  118   4 DIGITS SIGNED
    Count (SSI_DAYS)
                                                           DB2 ALIAS: SSI_DAY_CNT
                                                           SAS ALIAS: SSIDAY
                                                           STANDARD ALIAS: MEDPAR_INTRNL_USE_SSI_DAY_CNT

                                                           COMMENT:
                                                           Limited availability; for internal use; applicable to Inpati
                                                           claims only.  Where not available, this field will contain
                                                           zeroes.

33. MEDPAR Length of Stay Day      NUM      6   119  124   The count in days of the total length of a beneficiary's
    Count (LOS)                                            stay in a hospital or SNF.

                                                           6 DIGITS SIGNED

                                                           COMMON ALIAS: LENGTH_OF_STAY
                                                           DB2 ALIAS: MEDPAR_LOS_DAY_CNT
                                                           SAS ALIAS: LOSCNT
                                                           STANDARD ALIAS: MEDPAR_LOS_DAY_CNT

                                                           DERIVATION:
                                                           This field is derived by subtracting the date of
                                                           discharge (or thru date in SNF cases where beneficiary
                                                           is still a patient) from the date of admission. If
                                                           difference is '0,' the value becomes a '1.'

                                                           SOURCE:
                                                           NCH

34. MEDPAR Outlier Day Count       NUM      4   125  128   The count of the number of days paid as outliers (either a
    (OUTLRDAY)                                             day or cost outlier) under PPS beyond the DRG threshold.

                                                           4 DIGITS SIGNED

                                                           COMMON ALIAS: OUTLIER_DAYS
                                                           DB2 ALIAS: OUTLIER_DAY_CNT
                                                           SAS ALIAS: OUTLRDAY
                                                           STANDARD ALIAS: MEDPAR_OUTLIER_DAY_CNT

                                                           DERIVATION:
                                                           This field is derived by checking the MEDPAR utilization
                                                           day count against the DRG threshold table (DRG weights
                                                           file).

                                                           SOURCE:
                                                           MEDPAR

35. MEDPAR Utilization Day         NUM      4   129  132   The count of the number of covered days of care that are
    Count (CVRDDAYS)                                       chargeable to Medicare utilization for the stay.

```
                                        POSITIONS
            NAME              TYPE  LENGTH BEG  END                        CONTENTS
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```

```
                                                       4 DIGITS SIGNED

                                                       COMMON ALIAS: COVERED_DAYS
                                                       DB2 ALIAS: UTLZTN_DAY_CNT
                                                       SAS ALIAS: UTIL_DAY
                                                       STANDARD ALIAS: MEDPAR_UTLZTN_DAY_CNT

                                                       DERIVATION:
                                                       This field is derived by accumulating the utilization day
                                                       count that is present on any of the claim records
                                                       included in the stay (i.e., the sum of utilization days
                                                       reported on the claims that comprise the stay).

                                                       SOURCE:
                                                       NCH

36. MEDPAR Beneficiary Total   NUM     4   133  136    The count of the total number of coinsurance days involved
    Coinsurance Day Count                              with the beneficiary's stay in a facility.  For Inpatient
    (COINDAYS)                                         services, the beneficiary is liable for a daily coinsurance
                                                       amount after the 60th day and before the 91st day in a
                                                       single spell of illness; for SNF services, the beneficiary
                                                       is liable for a daily coinsurance amount after the 20th day
                                                       and before the 101st day in a single spell of illness.

                                                       4 DIGITS SIGNED

                                                       COMMON ALIAS: COINSURANCE_DAYS
                                                       DB2 ALIAS: COINSRNC_DAY_CNT
                                                       SAS ALIAS: COIN_DAY
                                                       STANDARD ALIAS: MEDPAR_TOT_COINSRNC_DAY_CNT

                                                       DERIVATION:
                                                       This field is derived by accumulating the coinsurance day
                                                       count that is present on any of the claim records
                                                       included in the stay (i.e., the sum of coinsurance days
                                                       reported on the claims that comprise the stay).

                                                       SOURCE:
                                                       NCH

37. MEDPAR Beneficiary LRD Used NUM    4   137  140    The count of the number of lifetime reserve days (LRD) used
    Count (LIFRESDY)                                   by the beneficiary for this stay.

                                                       4 DIGITS SIGNED

                                                       COMMON ALIAS: LIFETIME_RESERVE_DAYS
                                                       DB2 ALIAS: BENE_LRD_USE_CNT
                                                       SAS ALIAS: LRD_USE
                                                       STANDARD ALIAS: MEDPAR_BENE_LRD_USE_CNT

                                                       DERIVATION:
                                                       This field is derived by accumulating the lifetime
```

```
                                            POSITIONS
              NAME              TYPE  LENGTH BEG  END                      CONTENTS
----------------------------    ----  ------ ---------  -----------------------------------------------------------
```

|   |   |   |   |   |   |
|---|---|---|---|---|---|

reserve days used count that is present on any of the
claim records included in the stay (i.e., the sum of LRD
reported on the claims that comprise the stay).

SOURCE:
NCH

**38.**  Cost Report Organ    NUM    6   141  146   This Field (for DRG 302 only) specifies the acquisition
     Acquisition Charges                              of a kidney (or, in a very small number of cases, a heart
    (CHR_CRO)                                    or liver) for use in transplantation.
    (Item 80 in MEDPAR 86)

6 DIGITS

EDIT-RULES:
$$$$$$

DERIVATION:
Acquisition costs from cost reports are used to compute
an average cost per case to put in individual inpatient
stays with a transplant DRG.

SOURCE:
Central Office

**39.**  MEDPAR Beneficiary Part A    NUM    8   147  154   The amount of money (rounded to whole dollars) identified
     Coinsurance Liability                               as the beneficiary's liability for part A coinsurance for
     Amount (COINAMT)                                 the stay.

8 DIGITS SIGNED

COMMON ALIAS: COINSURANCE_AMOUNT
DB2 ALIAS: PTA_COINSRNC_AMT
SAS ALIAS: COIN_AMT
STANDARD ALIAS: MEDPAR_BENE_PTA_COINSRNC_AMT

EDIT-RULES:
+$$$$$$$

DERIVATION:
This field is derived by accumulating the beneficiary's
part a coinsurance liability amount that is present on
any of the claim records included in the stay (i.e., the
sum of coinsurance amounts reported on the claims that
comprise the stay).

SOURCE:
NCH

**40.**  MEDPAR Beneficiary    NUM    8   155  162   The amount of money (rounded to whole dollars) identified as
     Inpatient Deductible                               the beneficiary's liability for the Inpatient deductible for
     Liability Amount                                  the stay.
     (INPATDED)

```
                                     POSITIONS
            NAME              TYPE  LENGTH BEG  END                        CONTENTS
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```

                                                        8 DIGITS SIGNED

                                                        COMMON ALIAS: INPATIENT_DEDUCTIBLE
                                                        DB2 ALIAS: BENE_IP_DDCTBL_AMT
                                                        SAS ALIAS: DED_AMT
                                                        STANDARD ALIAS: MEDPAR_BENE_IP_DDCTBL_AMT

                                                        EDIT-RULES:
                                                        +$$$$$$$
                                                        Rounded; On-size (overflow) Situation = All nines

                                                        DERIVATION:
                                                        This field is derived by accumulating the beneficiary
                                                        Inpatient deductible amount that is present on any of the
                                                        claim records included in the stay (i.e., the sum of the
                                                        Inpatient deductibles reported on the claims that
                                                        comprise the stay).

                                                        SOURCE:
                                                        NCH

41. MEDPAR Beneficiary Blood    NUM      8    163  170    The amount of money (rounded to whole dollars) identified as
    Deductible Liability Amount                            the beneficiary's liability for the blood deductible for the
    (BLOODDED)                                             stay.

                                                        8 DIGITS SIGNED

                                                        COMMON ALIAS: BLOOD_DEDUCTIBLE
                                                        DB2 ALIAS: BLOOD_DDCTBL_AMT
                                                        SAS ALIAS: BLDDEDAM
                                                        STANDARD ALIAS: MEDPAR_BENE_BLOOD_DDCTBL_AMT

                                                        EDIT-RULES:
                                                        +$$$$$$$
                                                        Rounded; On-size (overflow) Situation = All nines

                                                        DERIVATION:
                                                        This field is derived by accumulating the beneficiary
                                                        blood deductible liability amount that is present on any
                                                        of the claim records included in the stay (i.e., the sum
                                                        of the blood deductibles reported on the claims
                                                        that comprise the stay).

                                                        SOURCE:
                                                        NCH

42. MEDPAR Beneficiary Primary  NUM      8    171  178    The amount of payment (rounded to whole dollars) made on
    Payer Amount (PRIPYAMT)                                behalf of the beneficiary by a primary payer other than
                                                           Medicare, which has been applied to the covered Medicare
                                                           charges for the stay.

                                                        8 DIGITS SIGNED

```
                                       POSITIONS
               NAME            TYPE  LENGTH BEG  END                           CONTENTS
     --------------------------- ---- ------ --------- --------------------------------------------------------
```

|  |  |  |  |
|---|---|---|---|

COMMON ALIAS: PRIMARY_PAYER_AMOUNT
DB2 ALIAS: BENE_PRMRY_PYR_AMT
SAS ALIAS: PRPAYAMT
STANDARD ALIAS: MEDPAR_BENE_PRMRY_PYR_AMT

EDIT-RULES:
+$$$$$$$
Rounded; On-size (overflow) situation = All nines

DERIVATION:
This field is derived by accumulating the beneficiary primary payer payment amount that is present on any of the claim records included in the stay (i.e., the sum of the primary payer amounts reported on the claims that comprise the stay).

SOURCE:
NCH

43. MEDPAR DRG Outlier Approved     NUM     8    179  186   The amount of additional payment (rounded to whole dollars)
    Payment Amount                                          approved due to an outlier situation over the DRG allowance
    (OUTLRAMT)                                              for the stay.

8 DIGITS SIGNED

COMMON ALIAS: OUTLIER_AMOUNT
DB2 ALIAS: OUTLIER_PMT_AMT
SAS ALIAS: OUTLRAMT
STANDARD ALIAS: MEDPAR_DRG_OUTLIER_PMT_AMT

EDIT-RULES:
+$$$$$$$
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

DERIVATION:
This field is derived by accumulating the DRG outlier approved payment amount (value code = 17 amount) that is present on any of the claim records included in the stay (i.e., the sum of outlier amounts reported on the claims that comprise the stay).

COMMENT:
THIS AMOUNT IS ALREADY INCLUDED IN THE MEDPAR MEDICARE PAYMENT AMOUNT.

SOURCE:
NCH

44. MEDPAR Inpatient                NUM     8    187  194   The amount paid over the DRG amount (rounded to whole
    Disproportionate Share                                  dollars) for the disproportionate share hospital for the
    Amount (DISHRAMT)                                       stay.

8 DIGITS SIGNED

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                                      POSITIONS
            NAME             TYPE  LENGTH BEG  END                          CONTENTS
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                                                     COMMON ALIAS: DISPROPORTIONATE_SHARE
                                                     DB2 ALIAS: DSPRPRTNT_SHR_AMT
                                                     SAS ALIAS: DISP_SHR
                                                     STANDARD ALIAS: MEDPAR_IP_DSPRPRTNT_SHR_AMT

                                                     EDIT-RULES:
                                                     +$$$$$$$
                                                     ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                                     DERIVATION:
                                                     This field is derived by accumulating the value amount
                                                     associated with value code = 18 that is present on any of
                                                     the claim records included in the stay (i.e., the sum of
                                                     value code 18 amounts reported on the claims that
                                                     comprise the stay).

                                                     COMMENT:
                                                     THIS AMOUNT IS ALREADY INCLUDED IN THE MEDPAR
                                                     MEDICARE PAYMENT AMOUNT.

                                                     SOURCE:
                                                     NCH

45. MEDPAR Indirect Medical   NUM     8   195  202   The amount of additional payment (rounded to whole dollars)
    Education (IME) Amount                            made to teaching hospitals for IME for the stay.
    (INDMEDED)
                                                     8 DIGITS SIGNED

                                                     DB2 ALIAS: MEDPAR_IME_AMT
                                                     SAS ALIAS: IME_AMT
                                                     STANDARD ALIAS: MEDPAR_IME_AMT

                                                     EDIT-RULES:
                                                     +$$$$$$$
                                                     ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                                     DERIVATION:
                                                     This field is derived by accumulating the value amount
                                                     associated with value code = 19 that is present on any of
                                                     the claim records included in the stay (i.e., the sum of
                                                     IME amounts - value code 19 amounts - reported on the
                                                     claims that comprise the stay).

                                                     COMMENT:
                                                     This amount is already included in the MEDPAR Medicare payme
                                                     amount.

                                                     SOURCE:
                                                     NCH

46. MEDPAR DRG Price Amount   NUM     8   203  210   The amount (called the 'DRG price' for purposes of MEDPAR
    (DRGPRICE)                                        analysis) that would have been paid if no deductibles,
```

```
                                      POSITIONS
          NAME                TYPE  LENGTH BEG  END                        CONTENTS
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```
                                                      coinsurance, primary payers, or outliers were involved
                                                      (rounded to whole dollars).

                                                      8 DIGITS SIGNED

                                                      COMMON ALIAS: DRG_PRICE
                                                      DB2 ALIAS: DRG_PRICE_AMT
                                                      SAS ALIAS: DRGPRICE
                                                      STANDARD ALIAS: MEDPAR_DRG_PRICE_AMT

                                                      EDIT-RULES:
                                                      +$$$$$$$
                                                      ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                                      DERIVATION:
                                                      This field is derived by accumulating the following
                                                      amounts:  MEDPAR Medicare payment amount, MEDPAR
                                                      beneficiary primary payer payment amount, MEDPAR
                                                      beneficiary coinsurance liability amount, MEDPAR
                                                      beneficiary Inpatient deductible liability amount,
                                                      MEDPAR beneficiary blood deductible amount; and then
                                                      subtracting from the sum the MEDPAR DRG outlier
                                                      approved payment amount.

                                                      SOURCE:
                                                      NCH

47. MEDPAR Total Pass Through  NUM     8    211  218   The total of all claim pass through amounts (rounded to
    Amount (BILTOTPD)                                  whole dollars) for the stay.

                                                      8 DIGITS SIGNED

                                                      COMMON ALIAS: BILL_TOTAL_PER_DIEM
                                                      DB2 ALIAS: PASS_THRU_AMT
                                                      SAS ALIAS: PASSTHRU
                                                      STANDARD ALIAS: MEDPAR_PASS_THRU_AMT

                                                      EDIT-RULES:
                                                      +$$$$$$$
                                                      ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                                      DERIVATION:
                                                      This field is derived by multiplying the
                                                      pass thru per diem amount that is present on the last
                                                      claim record included in the stay times the MEDPAR
                                                      utilization day count (the sum of the utilization
                                                      (covered) days reported on the claims that comprise the
                                                      stay).

                                                      COMMENT:
                                                      Items reimbursed as pass through include capital-related cos
                                                      direct medical education costs, kidney acquisition costs for
                                                      hospitals approved as rtc's, and bad debts (per provider
```

```
                                          POSITIONS
                 NAME             TYPE  LENGTH BEG  END                        CONTENTS
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```

                                                            reimbursement manual, part 1, section 2405.2).

                                                            The MEDPAR pass thru amount is not included in the MEDPAR
                                                            Medicare payment amount.

                                                            SOURCE:
                                                            NCH

48. MEDPAR Total PPS Capital    NUM      8    219  226     The total amount (rounded to whole dollars) that is payable
    Amount (CAPACC92)                                      for capital PPS (e.g., reimbursement for depreciation, rent,
                                                            certain interest, real estate taxes for hospital
                                                            buildings/equipment subject to PPS).

                                                            8 DIGITS SIGNED

                                                            COMMON ALIAS: PPS_CAPITAL
                                                            DB2 ALIAS: TOT_PPS_CPTL_AMT
                                                            SAS ALIAS: PPS_CPTL
                                                            STANDARD ALIAS: MEDPAR_TOT_PPS_CPTL_AMT

                                                            EDIT-RULES:
                                                            +$$$$$$$
                                                            ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                                            DERIVATION:
                                                            This field is derived by accumulating the total PPS
                                                            capital amount that is present on any of the claim
                                                            records included in the stay (i.e., the sum of total PPS
                                                            capital amounts reported on the claims that comprise the
                                                            stay).

                                                            COMMENT:
                                                            This field is already included in the MEDPAR Medicare paymen
                                                            amount.

                                                            SOURCE:
                                                            NCH

49a. Total Per Diem             NUM      8    227  234     This field specifies the total per diem amount.
     (TOTALPD)
     (Item 45 in MEDPAR 1987-1990)                         8 DIGITS SIGNED

                                                            EDIT-RULES:
                                                            $$$$$$$$

                                                            DERIVATION:
                                                            Amount derived by multiplying the hospital cost report
                                                            per diem by covered days.

                                                            SOURCE:
                                                            Fiscal Intermediary

49b. IME                        NUM      8    235  242     This field specifies the amount paid to teaching hospitals

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                                          POSITIONS
                 NAME            TYPE  LENGTH BEG  END                      CONTENTS
          --------------------------- ----  ------ --------- -----------------------------------------------------------

             (IMECOST)                                          for IME and is derived from hospital cost reports.
             (Item 47 in MEDPAR 1987-1990)
                                                             8 DIGITS SIGNED

                                                             EDIT-RULES:
                                                             Amount is rounded to whole dollars

                                                             SOURCE:
                                                             From the hospital cost reports

      49c. Acquisition Charges        NUM      8   243  250  This field specifies the total amount of all acquisition
             (AQUCHRGS)                                         charges. I.E. Organ acquisition, medical equipment.
             (Item 47 in MEDPAR 1987-1990)
                                                             8 DIGITS SIGNED

                                                             EDIT-RULES:
                                                             $$$$$$$$

                                                             SOURCE:
                                                             UNIFORM BILL 82, FORM HCFA - 1450


      50. MEDPAR Total Charge Amount  NUM      8   251  258  The total amount (rounded to whole dollars) of all charges
             (TOTCHRGS)                                         (covered and noncovered) for all services provided to the
                                                             beneficiary for the stay.

                                                             8 DIGITS SIGNED

                                                             COMMON ALIAS: TOTAL_CHARGES
                                                             DB2 ALIAS: TOT_CHRG_AMT
                                                             SAS ALIAS: TOTCHRG
                                                             STANDARD ALIAS: MEDPAR_TOT_CHRG_AMT

                                                             EDIT-RULES:
                                                             +$$$$$$$
                                                             ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                                             DERIVATION:
                                                             This field is derived by accumulating the total charge
                                                             amount from all claim records included in the stay (i.e.,
                                                             the sum of total charges reported on the claims that
                                                             comprise the stay).

                                                             SOURCE:
                                                             NCH

      51. MEDPAR Total Covered Charge  NUM     8   259  266  The portion of the total charges amount (rounded to whole
             Amount (CVRDCHRG)                                  dollars) that is covered by Medicare for the stay.

                                                             8 DIGITS SIGNED

                                                             COMMON ALIAS: COVERED_CHARGES
```

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                                    POSITIONS
            NAME              TYPE  LENGTH BEG  END                         CONTENTS
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                                                      DB2 ALIAS: TOT_CVR_CHRG_AMT
                                                      SAS ALIAS: CVRCHRG
                                                      STANDARD ALIAS: MEDPAR_TOT_CVR_CHRG_AMT

                                                      EDIT-RULES:
                                                      +$$$$$$$
                                                      ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                                      DERIVATION:
                                                      This field is derived by calculating the covered charges
                                                      from all claim records included in the stay (i.e.,
                                                      subtract the revenue center noncovered charge amount from
                                                      the revenue center total charge amount for revenue center
                                                      code = 0001 that is reported on the claims that comprise
                                                      the stay; sum the results).  Exception:  if there exists
                                                      an erroneous condition relative to revenue center code
                                                      0001, the calculation will be made for each revenue
                                                      center code included on the claims that comprise the
                                                      stay with the results summed to create the total.

                                                      SOURCE:
                                                      NCH

52. MEDPAR Medicare Payment   NUM      8   267  274   Amount of payment made from the Medicare trust fund for the
    Amount (REIMBAMT)                                 services covered by the claim record.  Generally, the amount
                                                      is calculated by the fi; and represents what was paid to the
                                                      institutional provider, with the exceptions noted below.
                                                      **Note:  in some situations, a negative claim payment amount
                                                      May be present; e.g., (1) when a beneficiary is charged the
                                                      full deductible during a short stay and the deductible
                                                      exceeded 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 a
                                                      daily per diem rate no matter what the charges are.)

                                                      Under ip PPS, Inpatient hospital services are paid based on
                                                      a predetermined rate per discharge, using the DRG patient
                                                      classification system and the pricer program.   On the ip
                                                      PPS claim, the payment amount includes the DRG outlier
                                                      approved payment amount, disproportionate share (since
                                                      5/1/86), in- direct 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 remibursement.

                                                      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 code =
                                                      '0022'; multiply the rate times the units count; and then
```

```
                                       POSITIONS
              NAME          TYPE  LENGTH BEG  END                          CONTENTS
--------------------------- ---- ------ ---------  ---------------------------------------------------------
```

                                                   sum the amount payable for all lines with revenue center
                                                   code '0022' to determine the total claim payment amount.

                                                   Exceptions:  For claims involving demos and bba encounter
                                                   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 pay- ment 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'.

                                                       For bba encounter data (non-demo) -- 'claims' contain
                                                       amount Medicare would have paid under ffs, instead of
                                                       the actual payment to the bba plan.

                                                   8 DIGITS SIGNED

                                                   COMMON ALIAS: REIMBURSEMENT_AMOUNT
                                                   DB2 ALIAS: MDCR_PMT_AMT
                                                   SAS ALIAS: PMT_AMT
                                                   STANDARD ALIAS: MEDPAR_MDCR_PMT_AMT

                                                   EDIT-RULES:
                                                   +$$$$$$$
                                                   ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                                   DERIVATION:
                                                   This field is derived by accumulating the payment amount
                                                   that is present on all of the claim records included in
                                                   the stay (i.e, the sum of payment (reimbursement)
                                                   reported on the claims that comprise the stay).

                                                   SOURCE:
                                                   NCH

```
53. MEDPAR All Accommodations   NUM     8   275  282  The total charge amount (rounded to whole dollars) for all
    Total Charge Amount                               accommodations (routine hospital room and board charges for
    (TOTACCHR)                                        general care, coronary care and/or intensive care units)
                                                      related to a beneficiary's stay.
```

                                                   8 DIGITS SIGNED

```
                                       POSITIONS
             NAME            TYPE  LENGTH BEG  END                       CONTENTS
-------------------------    ----  ------ ---------    ------------------------------------------------------------
                                                       COMMON ALIAS: TOTAL_ACCOMMODATIONS_CHARGES
                                                       DB2 ALIAS: ACMDTNS_CHRG_AMT
                                                       SAS ALIAS: ACMDTNS
                                                       STANDARD ALIAS: MEDPAR_ACMDTNS_TOT_CHRG_AMT

                                                       EDIT-RULES:
                                                       +$$$$$$$
                                                       ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                                       DERIVATION:
                                                       This field is the sum of MEDPAR private room charge
                                                       amount, MEDPAR semiprivate room charge amount, MEDPAR
                                                       ward charge amount, MEDPAR intensive care charge amount,
                                                       and MEDPAR coronary care charge amount (i.e., the
                                                       accumulation of the revenue center total charge amount
                                                       associated with revenue center codes 0100 - 0219 from all
                                                       claim records included in the stay).

                                                       SOURCE:
                                                       NCH

  54. MEDPAR Departmental Total  NUM     8    283  290   The total charge amount (rounded to whole dollars) for
      Charge Amount (TOTDPCHR)                            all ancillary departments (other than routine room and
                                                          board, CCU, and ICU) related to a beneficiary's stay.

                                                       8 DIGITS SIGNED

                                                       COMMON ALIAS: TOTAL_DEPARTMENTAL_CHARGES
                                                       DB2 ALIAS: DPRTMNTL_CHRG_AMT
                                                       SAS ALIAS: DPRTMNTL
                                                       STANDARD ALIAS: MEDPAR_DPRTMNTL_TOT_CHRG_AMT

                                                       EDIT-RULES:
                                                       +$$$$$$$
                                                       ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                                       DERIVATION:
                                                       This field is derived by accumulating the revenue center
                                                       total charge amount associated with revenue center codes
                                                       0220 - 0999 from all claim records included in the stay
                                                       (i.e, the sum of charges for all revenue centers other
                                                       than accommodations 0100 - 0219).

                                                       SOURCE:
                                                       NCH

 ****  MEDPAR Accomodations Days  GROUP   20   291  310   STANDARD ALIAS: MEDPAR_ACMDTNS_DAYS_GRP
       Group

  55. MEDPAR Private Room Day      NUM     4    291  294   The count of the number of private room days used by the
      Count  (PRIVDAYS)                                    beneficiary for the stay.

                                                       4 DIGITS SIGNED
```

```
                                  POSITIONS
             NAME              TYPE LENGTH BEG  END                          CONTENTS
-----------------------------  ---- ------ ---------  ------------------------------------------------------------
```

```
                                                      COMMON ALIAS: PRIVATE_ROOM_DAYS
                                                      DB2 ALIAS: PRVT_ROOM_DAY_CNT
                                                      SAS ALIAS: PRVTDAY
                                                      STANDARD ALIAS: MEDPAR_PRVT_ROOM_DAY_CNT

                                                      DERIVATION:
                                                      This field is derived by accumulating the revenue center
                                                      unit count associated with accommodation revenue center
                                                      codes 011x and 014x from all claim records included in
                                                      the stay.

                                                      Exception for SNF rugs demo eff 3/96 SNF update:
                                                        field is derived from revenue center codes
                                                        in the 9033-9044 series.

                                                      SOURCE:
                                                      NCH

56.  MEDPAR Semiprivate Room Day  NUM    4    295  298  The count of the number of semi-private room days used by
     Count (SEMIDAYS)                                    the beneficiary for the stay.

                                                      4 DIGITS SIGNED

                                                      COMMON ALIAS: SEMI_PRIVATE_ROOM_DAYS
                                                      DB2 ALIAS: SEMIPRVT_DAY_CNT
                                                      SAS ALIAS: SPRVTDAY
                                                      STANDARD ALIAS: MEDPAR_SEMIPRVT_ROOM_DAY_CNT

                                                      DERIVATION:
                                                      This field is derived by accumulating the revenue center
                                                      unit count associated with accommodation revenue center
                                                      codes 010X, 012X, 013X, 016X - 019X from all claim
                                                      records included in the stay.

                                                      Exception for SNF rugs demo eff 3/96 SNF update:
                                                        field is derived from revenue center codes
                                                        in the 9019-9032 series.

                                                      SOURCE:
                                                      NCH

57.  MEDPAR Ward Day Count        NUM    4    299  302  The count of the number of ward days used by the beneficiary
     (WARDDAYS)                                         for the stay.

                                                      4 DIGITS SIGNED

                                                      COMMON ALIAS: WARD_DAYS
                                                      DB2 ALIAS: WARD_DAY_CNT
                                                      SAS ALIAS: WARDDAY
                                                      STANDARD ALIAS: MEDPAR_WARD_DAY_CNT
```

```
                                     POSITIONS
            NAME              TYPE  LENGTH BEG  END                             CONTENTS
---------------------------   ----  ------ ---------   --------------------------------------------------------------
                                                       DERIVATION:
                                                       This field is derived by accumulating the revenue center
                                                       unit count associated with accommodation revenue center
                                                       code 015x from all claim records included in the stay.

                                                       Exception for SNF rugs demo eff 3/96 SNF update:
                                                         field is derived from revenue center codes
                                                         in the 9000-9018 series.

                                                       SOURCE:
                                                       NCH

58. MEDPAR Intensive Care Day    NUM     4   303  306  The count of the number of intensive care days used by the
    Count (INCRDAYS)                                    beneficiary for the stay.

                                                       4 DIGITS SIGNED

                                                       COMMON ALIAS: INTENSIVE_CARE_DAYS
                                                       DB2 ALIAS: INTNSV_CARE_CNT
                                                       SAS ALIAS: ICARECNT
                                                       STANDARD ALIAS: MEDPAR_INTNSV_CARE_DAY_CNT

                                                       DERIVATION:
                                                       This field is derived by accumulating the revenue center
                                                       unit count associated with accommodation revenue center
                                                       codes 020X (all 9 subcategories) from all claims
                                                       included in the stay.

                                                       SOURCE:
                                                       NCH

                                                       LIMITATIONS:
                                                       There is approximately a 20% error rate in the revenue
                                                       center code category 0206 due to coders misunderstanding
                                                       the term 'post ICU' as including any day after an ICU
                                                       stay rather than just days in a step-down/lower case
                                                       version of an ICU.  'Post' was removed from the
                                                       revenue center code 0206 description, effective
                                                       10/1/96 (12/96 MEDPAR update).  0206 Is now defined
                                                       as 'intermediate ICU'.

59. MEDPAR Coronary Care Day     NUM     4   307  310  The count of the number of coronary care days used by the
    Count (CRCRDAYS)                                    beneficiary for the stay.

                                                       4 DIGITS SIGNED

                                                       COMMON ALIAS: CORONARY_CARE_DAYS
                                                       DB2 ALIAS: CRNRY_CARE_DAY_CNT
                                                       SAS ALIAS: CRNRYDAY
                                                       STANDARD ALIAS: MEDPAR_CRNRY_CARE_DAY_CNT

                                                       DERIVATION:
```

```
                                       POSITIONS
            NAME                 TYPE  LENGTH BEG  END                          CONTENTS
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```

                                                          This field is derived by accumulating the revenue center
                                                          unit count associated with accommodation revenue center
                                                          code 021x (all six subcategories) from all claim
                                                          records included in the stay.

                                                          SOURCE:
                                                          NCH

                                                          LIMITATIONS:
                                                          There is approximately a 20% error rate in the revenue
                                                          center code category 0214 due to coders misunderstanding
                                                          the term 'post ccu' as including any day after a ccu
                                                          stay rather than just days in a step-down/lower case
                                                          version of a ccu.  'Post' was removed from the
                                                          revenue center code 0214 description, effective
                                                          10/1/96 (12/96 MEDPAR update).  0214 Is now defined
                                                          as 'intermediate ccu'.

 ****   MEDPAR Accomodations       GROUP   40   311  350   STANDARD ALIAS: MEDPAR_ACMDTNS_CHRG_GRP
        Charges Group

   60. MEDPAR Private Room Charge   NUM     8   311  318   The charge amount (rounded to whole dollars) for private
       Amount (PRIVCHRG)                                   room accommodations related to a beneficiary's stay.

                                                          8 DIGITS SIGNED

                                                          COMMON ALIAS: PRIVATE_ROOM_CHARGES
                                                          DB2 ALIAS: PRVT_ROOM_CHRG_AMT
                                                          SAS ALIAS: PRVTAMT
                                                          STANDARD ALIAS: MEDPAR_PRVT_ROOM_CHRG_AMT

                                                          EDIT-RULES:
                                                          +$$$$$$$
                                                          ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                                          DERIVATION:
                                                          This field is derived by accumulating the revenue center
                                                          total charge amount associated with revenue center codes
                                                          011x and 014x from all claim records included in the
                                                          stay.

                                                          Exception for SNF rugs demo eff 3/96 SNF update:
                                                            field is derived from revenue center codes
                                                            in the 9033-9044 series.

                                                          SOURCE:
                                                          NCH

   61. MEDPAR Semi-Private Room     NUM     8   319  326   The charge amount (rounded to whole dollars) for semi-

```
                                       POSITIONS
            NAME                 TYPE  LENGTH BEG  END                          CONTENTS
```

```
                                          POSITIONS
            NAME              TYPE  LENGTH BEG   END                          CONTENTS
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--------------------------    ----  ------ ---------   ------------------------------------------------------------
    Charge Amount                                       private room accommodations related to a beneficiary's stay.
    (SEMICHRG)
                                                        8 DIGITS SIGNED

                                                        COMMON ALIAS: SEMI_PRIVATE_ROOM_CHARGES
                                                        DB2 ALIAS: SEMIPRVT_CHRG_AMT
                                                        SAS ALIAS: SPRVTAMT
                                                        STANDARD ALIAS: MEDPAR_SEMIPRVT_ROOM_CHRG_AMT

                                                        EDIT-RULES:
                                                        +$$$$$$$
                                                        ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                                        DERIVATION:
                                                        This field is derived by accumulating the revenue center
                                                        total charge amount associated with revenue center codes
                                                        010x, 012x, 013x, and 016x - 019x from all claim records
                                                        included in the stay.

                                                        Exception for SNF rugs demo eff 3/96 SNF update:
                                                          field is derived from revenue center codes
                                                          in the 9019-9032 series.

                                                        SOURCE:
                                                        NCH

 62. MEDPAR Ward Charge Amount    NUM      8   327   334   The charge amount (rounded to whole dollars) for ward
    (WARDCHRG)                                            accommodations related to a beneficiary's stay.

                                                        8 DIGITS SIGNED

                                                        COMMON ALIAS: WARD_CHARGES
                                                        DB2 ALIAS: WARD_CHRG_AMT
                                                        SAS ALIAS: WARDAMT
                                                        STANDARD ALIAS: MEDPAR_WARD_CHRG_AMT

                                                        EDIT-RULES:
                                                        +$$$$$$$
                                                        ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                                        DERIVATION:
                                                        This field is derived by accumulating the revenue center
                                                        total charge amount amount associated with revenue center
                                                        code 015x from all claim records included in the stay.

                                                        Exception for SNF rugs demo eff 3/96 SNF update:
                                                          field is derived from revenue center codes
                                                          in the 9000-9018 series.

                                                        SOURCE:
                                                        NCH
```

```
                                         POSITIONS
              NAME             TYPE  LENGTH BEG  END                          CONTENTS
     --------------------------  ----  ------ ---------   ------------------------------------------------------------
```

63. MEDPAR Intensive Care      NUM      8   335  342   The charge amount (rounded to whole dollars) for intensive
    Charge Amount                                      care accommodations related to a beneficiary's stay.
    (INCRCHRG)
                                                       8 DIGITS SIGNED

                                                       COMMON ALIAS: INTENSIVE_CARE_CHARGES
                                                       DB2 ALIAS: INTNSV_CARE_AMT
                                                       SAS ALIAS: ICAREAMT
                                                       STANDARD ALIAS: MEDPAR_INTNSV_CARE_CHRG_AMT

                                                       EDIT-RULES:
                                                       +$$$$$$$
                                                       ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                                       DERIVATION:
                                                       This field is derived by accumulating the revenue center
                                                       total charge amount associated with accommodation revenue
                                                       center code 020x from all claim records included in the
                                                       stay.

                                                       SOURCE:
                                                       NCH

64. MEDPAR Coronary Care Charge NUM      8   343  350   The charge amount (rounded to whole dollars) for coronary
    Amount (CRCRCHRG)                                  care accommodations related to a beneficiary's stay.

                                                       8 DIGITS SIGNED

                                                       COMMON ALIAS: CORONARY_CARE_CHARGES
                                                       DB2 ALIAS: CRNRY_CHRG_AMT
                                                       SAS ALIAS: CRNRYAMT
                                                       STANDARD ALIAS: MEDPAR_CRNRY_CARE_CHRG_AMT

                                                       EDIT-RULES:
                                                       +$$$$$$$
                                                       ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                                       DERIVATION:
                                                       This field is derived by accumulating the revenue center
                                                       total charge amount associated with accommodation revenue
                                                       center code 021X from all claim records included in the
                                                       stay.

                                                       SOURCE:
                                                       NCH

****  MEDPAR Service Charges    GROUP  200   351  550   STANDARD ALIAS: MEDPAR_SRVC_CHRG_GRP
      Group

65. MEDPAR Other Service Charge NUM      8   351  358   The charge amount (rounded to whole dollars) for other
    Amount (OTHRCHRG)                                  services (revenue centers that do not fit into other
                                                       categories) related to a beneficiary's stay.

```
                                       POSITIONS
            NAME              TYPE  LENGTH BEG   END                         CONTENTS
---------------------------   ----  ------ ---------  -------------------------------------------------------------
                                                      8 DIGITS SIGNED

                                                      COMMON ALIAS: OTHER_CHARGES
                                                      DB2 ALIAS: OTHR_SRVC_CHRG_AMT
                                                      SAS ALIAS: OTHRAMT
                                                      STANDARD ALIAS: MEDPAR_OTHR_SRVC_CHRG_AMT

                                                      EDIT-RULES:
                                                      +$$$$$$$
                                                      ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                                      DERIVATION:
                                                      This field is derived by accumulating the revenue center
                                                      total charge amount associated with the 'other' revenue
                                                      center codes from all claim records included in the stay.
                                                      the 'other' codes include 0002-0099, 022x, 023x, 024x,
                                                      052x, 053x, 055x - 060x, 064x - 070x, 076x - 078x, 090x -
                                                      095x, and 099x. (Some of these codes are not yet
                                                      assigned.)

                                                      SOURCE:
                                                      NCH

 66. MEDPAR Pharmacy Charge   NUM      8   359   366  The charge amount (rounded to whole dollars) for
     Amount   (PHRMCHRG)                               pharmaceutical costs related to the beneficiary's stay.

                                                      8 DIGITS SIGNED

                                                      COMMON ALIAS: PHARMACY_CHARGES
                                                      DB2 ALIAS: PHRMCY_CHRG_AMT
                                                      SAS ALIAS: PHRMCAMT
                                                      STANDARD ALIAS: MEDPAR_PHRMCY_CHRG_AMT

                                                      EDIT-RULES:
                                                      +$$$$$$$
                                                      ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                                      DERIVATION:
                                                      This field is derived by accumulating the revenue center
                                                      total charge amount associated with revenue center codes
                                                      025x, 026x, and 063x from all claims records included in
                                                      the stay.

                                                      SOURCE:
                                                      NCH

 67. MEDPAR Medical/Surgical  NUM      8   367   374  The charge amount (rounded to whole dollars) for
     Supple Charge Amount                             medical/surgical supplies related to the beneficiary's stay.
     (MDSRCHRG)
                                                      8 DIGITS SIGNED

                                                      COMMON ALIAS: MEDICAL_SUPPLY_CHARGES
                                                      DB2 ALIAS: MDCL_SUPLY_AMT
```

```
                                        POSITIONS
                 NAME              TYPE LENGTH BEG  END                        CONTENTS
    --------------------------- ---- ------ ---------  ------------------------------------------------------------
```

```
                                                        SAS ALIAS: SUPLYAMT
                                                        STANDARD ALIAS: MEDPAR_MDCL_SUPLY_CHRG_AMT

                                                        EDIT-RULES:
                                                        +$$$$$$$
                                                        ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                                        DERIVATION:
                                                        This field is derived by accumulating the revenue center
                                                        total charge amount associated with revenue center codes
                                                        027x and 062x from all claim records included in the
                                                        stay.

                                                        SOURCE:
                                                        NCH
```

```
    68. MEDPAR DME Charge Amount   NUM     8   375  382  The charge amount (rounded to whole dollars) for DME
        (DMECHRG)                                        (purchase of new DME and rentals) related to the
                                                         beneficiary's stay.

                                                         8 DIGITS SIGNED

                                                         COMMON ALIAS: DME_CHARGES
                                                         DB2 ALIAS: DME_CHRG_AMT
                                                         SAS ALIAS: DME_AMT
                                                         STANDARD ALIAS: MEDPAR_DME_CHRG_AMT

                                                         EDIT-RULES:
                                                         +$$$$$$$
                                                         ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                                         DERIVATION:
                                                         This field is derived by accumulating the revenue center
                                                         total charge amount associated with revenue center codes
                                                         0290, 0291, 0292, and 0294 - 0299 from all claim records
                                                         included in the stay.

                                                         SOURCE:
                                                         NCH
```

```
    69. MEDPAR Used DME Charge     NUM     8   383  390  The charge amount (rounded to whole dollars) for used DME
        Amount (UDMECHRG)                                (purchase of used DME) related to the beneficiary's stay.

                                                         8 DIGITS SIGNED

                                                         COMMON ALIAS: USED_DME_CHARGES
                                                         DB2 ALIAS: USED_DME_CHRG_AMT
                                                         SAS ALIAS: UDME_AMT
                                                         STANDARD ALIAS: MEDPAR_USED_DME_CHRG_AMT

                                                         EDIT-RULES:
                                                         +$$$$$$$
                                                         ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES
```

```
                                        POSITIONS
              NAME              TYPE LENGTH BEG  END                          CONTENTS
    ---------------------------- ---- ------ ---------   --------------------------------------------------------
```

```
                                                        DERIVATION:
                                                        This field is derived by accumulating the revenue center
                                                        total charge amount associated with revenue center code
                                                        0293 from all claim records included in the stay.

                                                        SOURCE:
                                                        NCH
```

```
    70. MEDPAR Physical Therapy      NUM     8   391  398   The charge amount (rounded to whole dollars) for physical
        Charge Amount (PHYTCHRG)                             therapy services provided during the beneficiary's stay.

                                                        8 DIGITS SIGNED

                                                        COMMON ALIAS: PHYSICAL_THERAPY_CHARGES
                                                        DB2 ALIAS: PHYS_THRPY_AMT
                                                        SAS ALIAS: PHYTHAMT
                                                        STANDARD ALIAS: MEDPAR_PHYS_THRPY_CHRG_AMT

                                                        EDIT-RULES:
                                                        +$$$$$$$
                                                        ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                                        DERIVATION:
                                                        This field is derived by accumulating the revenue center
                                                        total charge amount associated with revenue center code
                                                        042x from all claims records included in the stay.

                                                        SOURCE:
                                                        NCH
```

```
    71. MEDPAR Occupational Therapy  NUM     8   399  406   The charge amount (rounded to whole dollars) for
        Charge Amount  (OCPTCHRG)                            occupational therapy services provided during the
                                                             beneficiary's stay.

                                                        8 DIGITS SIGNED

                                                        COMMON ALIAS: OCCUPATIONAL_THERAPY_CHARGES
                                                        DB2 ALIAS: OCPTNL_THRPY_AMT
                                                        SAS ALIAS: OCPTLAMT
                                                        STANDARD ALIAS: MEDPAR_OCPTNL_THRPY_CHRG_AMT

                                                        EDIT-RULES:
                                                        +$$$$$$$
                                                        ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                                        DERIVATION:
                                                        This field is derived by accumulating the revenue center
                                                        total charge amount associated with revenue center code
                                                        043x from all claims records included in the stay.

                                                        SOURCE:
                                                        NCH
```

```
                                     POSITIONS
            NAME              TYPE  LENGTH BEG  END                          CONTENTS
---------------------------   ----  ------ ---------   ------------------------------------------------------------
```

72. MEDPAR Speech Pathology     NUM     8   407  414   The charge amount (rounded to whole dollars) for speech
    Charge Amount (SPPTCHRG)                           pathology services (speech, language, audiology) provided
                                                       during the beneficiary's stay.

                                                       8 DIGITS SIGNED

                                                       COMMON ALIAS: SPEECH_PATHOLOGY_CHARGES
                                                       DB2 ALIAS: SPCH_PTHLGY_AMT
                                                       SAS ALIAS: SPCH_AMT
                                                       STANDARD ALIAS: MEDPAR_SPCH_PTHLGY_CHRG_AMT

                                                       EDIT-RULES:
                                                       +$$$$$$$
                                                       ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                                       DERIVATION:
                                                       This field is derived by accumulating the revenue center
                                                       total charge amount associated with revenue center code
                                                       044x and 047x from all claim records included in the
                                                       stay.

                                                       SOURCE:
                                                       NCH

73. MEDPAR Inhalation Therapy   NUM     8   415  422   The charge amount (rounded to whole dollars) for inhalation
    Charge Amount (INHTCHRG)                           therapy services (respiratory and pulmonary function)
                                                       provided during the beneficiary's stay.

                                                       8 DIGITS SIGNED

                                                       COMMON ALIAS: INHALATION_THERAPY_CHARGES
                                                       DB2 ALIAS: INHLTN_THRPY_AMT
                                                       SAS ALIAS: INHLTAMT
                                                       STANDARD ALIAS: MEDPAR_INHLTN_THRPY_CHRG_AMT

                                                       EDIT-RULES:
                                                       +$$$$$$$
                                                       ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                                       DERIVATION:
                                                       This field is derived by accumulating the revenue center
                                                       total charge amount associated with revenue center codes
                                                       041x and 046x from all claim records included in the
                                                       stay.

                                                       SOURCE:
                                                       NCH

74. MEDPAR Blood Charge Amount  NUM     8   423  430   The charge amount (rounded to whole dollars) for blood
    (BLDDCHRG)                                         provided during the beneficiary's stay.

                                                       8 DIGITS SIGNED

```
                                      POSITIONS
              NAME            TYPE  LENGTH BEG  END                           CONTENTS
    --------------------------  ----  ------ ---------  --------------------------------------------------------
```

                                                            COMMON ALIAS: BLOOD_CHARGES
                                                            DB2 ALIAS: BLOOD_CHRG_AMT
                                                            SAS ALIAS: BLOODAMT
                                                            STANDARD ALIAS: MEDPAR_BLOOD_CHRG_AMT

                                                            EDIT-RULES:
                                                            +$$$$$$$
                                                            ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                                            DERIVATION:
                                                            This field is derived by accumulating the revenue center
                                                            total charge amount associated with revenue center code
                                                            038x from all claim records included in the stay.

                                                            SOURCE:
                                                            NCH

75. MEDPAR Blood Administration  NUM     8   431  438   The charge amount (rounded to whole dollars) for blood
    Charge Amount                                        storage and processing related to the beneficiary's stay.
    (BLADCHRG)

                                                            8 DIGITS SIGNED

                                                            COMMON ALIAS: BLOOD_ADMINISTRATION_CHARGES
                                                            DB2 ALIAS: BLOOD_ADMIN_AMT
                                                            SAS ALIAS: BLDADMIN
                                                            STANDARD ALIAS: MEDPAR_BLOOD_ADMIN_CHRG_AMT

                                                            EDIT-RULES:
                                                            +$$$$$$$
                                                            ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                                            DERIVATION:
                                                            This field is derived by accumulating the revenue center
                                                            total charge amount associated with revenue center code
                                                            039x from all claim records included in the stay.

                                                            SOURCE:
                                                            NCH

76. MEDPAR Operating Room       NUM     8   439  446   The charge amount (rounded to whole dollars) for the
    Charge Amount                                        operating room, recovery room, and labor room delivery used
    (OPRTCHRG)                                            by the beneficiary during the stay.

                                                            8 DIGITS SIGNED

                                                            COMMON ALIAS: OPERATING_ROOM_CHARGES
                                                            DB2 ALIAS: OPRTG_ROOM_AMT
                                                            SAS ALIAS: OROOMAMT
                                                            STANDARD ALIAS: MEDPAR_OPRTG_ROOM_CHRG_AMT

                                                            EDIT-RULES:
                                                            +$$$$$$$

```
                                 POSITIONS
              NAME          TYPE LENGTH BEG  END                      CONTENTS
    -------------------------- ---- ------ ---------  -------------------------------------------------------------
                                                      ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                                      DERIVATION:
                                                      This field is derived by accumulating the revenue center
                                                      total charge amount associated with revenue center codes
                                                      036X, 071X, and 072X from all claim records included in
                                                      the stay.

                                                      SOURCE:
                                                      NCH

    77. MEDPAR Lithotripsy Charge  NUM    8    447  454  The charge amount (rounded to whole dollars) for lithotripsy
        Amount (LITHCHRG)                                services provided during the beneficiary's stay.

                                                      8 DIGITS SIGNED

                                                      COMMON ALIAS: LITHOTRIPSY_CHARGES
                                                      DB2 ALIAS: LTHTRPSY_CHRG_AMT
                                                      SAS ALIAS: LTHTRPSY
                                                      STANDARD ALIAS: MEDPAR_LTHTRPSY_CHRG_AMT

                                                      EDIT-RULES:
                                                      +$$$$$$$
                                                      ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                                      DERIVATION:
                                                      This field is derived by accumulating the revenue center
                                                      total charge amount associated with revenue center code
                                                      079X from all claim records included in the stay.

                                                      SOURCE:
                                                      NCH

    78. MEDPAR Cardiology Charge  NUM    8    455  462  The charge amount (rounded to whole dollars) for cardiology
        Amount (CARDCHRG)                                services and electrocardiogram(s) provided during the
                                                        beneficiary's stay.

                                                      8 DIGITS SIGNED

                                                      COMMON ALIAS: CARDIOLOGY_CHARGES
                                                      DB2 ALIAS: CRDLGY_CHRG_AMT
                                                      SAS ALIAS: CRDLGY
                                                      STANDARD ALIAS: MEDPAR_CRDLGY_CHRG_AMT

                                                      EDIT-RULES:
                                                      +$$$$$$$
                                                      ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                                      DERIVATION:
                                                      This field is derived by accumulating the revenue center
                                                      total charge amount associated with revenue center codes
                                                      048X and 073X from all claim records included in the
                                                      stay.
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                                       POSITIONS
                NAME         TYPE  LENGTH BEG  END                         CONTENTS
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                                                         SOURCE:
                                                         NCH

79. MEDPAR Anesthesia Charge      NUM    8    463  470   The charge amount (rounded to whole dollars) for anesthesia
    Amount (ANSTCHRG)                                    services provided during the beneficiary's stay.

                                                         8 DIGITS SIGNED

                                                         COMMON ALIAS: ANESTHESIA_CHARGES
                                                         DB2 ALIAS: ANSTHSA_CHRG_AMT
                                                         SAS ALIAS: ANSTHSA
                                                         STANDARD ALIAS: MEDPAR_ANSTHSA_CHRG_AMT

                                                         EDIT-RULES:
                                                         +$$$$$$$
                                                         ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                                         DERIVATION:
                                                         This field is derived by accumulating the revenue center
                                                         total charge amount associated with revenue center code
                                                         037X from all claim records included in the stay.

                                                         SOURCE:
                                                         NCH

80. MEDPAR Laboratory Charge      NUM    8    471  478   The charge amount (rounded to whole dollars) for laboratory
    Amount (LABRCHRG)                                    costs related to the beneficiary's stay.

                                                         8 DIGITS SIGNED

                                                         COMMON ALIAS: LABORATORY_CHARGES
                                                         DB2 ALIAS: LAB_CHRG_AMT
                                                         SAS ALIAS: LAB_AMT
                                                         STANDARD ALIAS: MEDPAR_LAB_CHRG_AMT

                                                         EDIT-RULES:
                                                         +$$$$$$$
                                                         ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                                         DERIVATION:
                                                         This field is derived by accumulating the revenue center
                                                         total charge amount associated with revenue center codes
                                                         030x, 031x, 074x, and 075x from all claim records
                                                         included in the stay.

                                                         SOURCE:
                                                         NCH

81. MEDPAR Radiology Charge       NUM    8    479  486   The charge amount (rounded to whole dollars) for radiology
    Amount  (RADICHRG)                                   costs (including oncology, excluding MRI) related to a
                                                         beneficiary's stay.

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                                         POSITIONS
                 NAME            TYPE  LENGTH BEG  END                       CONTENTS
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                                                               8 DIGITS SIGNED

                                                               COMMON ALIAS: RADIOLOGY_CHARGES
                                                               DB2 ALIAS: RDLGY_CHRG_AMT
                                                               SAS ALIAS: RDLGYAMT
                                                               STANDARD ALIAS: MEDPAR_RDLGY_CHRG_AMT

                                                               EDIT-RULES:
                                                               +$$$$$$$
                                                               ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                                               DERIVATION:
                                                               This field is derived by accumulating revenue center
                                                               total charge amount associated with revenue center codes
                                                               028x, 032x, 033x, 034x, 035x, and 040x from all claim
                                                               records included in the stay.

                                                               SOURCE:
                                                               NCH

          82. MEDPAR MRI Charge Amount   NUM    8    487  494  The charge amount (rounded to whole dollars) for MRI
              (MRICHRG)                                        services provided during the beneficiary's stay.

                                                               8 DIGITS SIGNED

                                                               COMMON ALIAS: MRI_CHARGES
                                                               DB2 ALIAS: MRI_CHRG_AMT
                                                               SAS ALIAS: MRI_AMT
                                                               STANDARD ALIAS: MEDPAR_MRI_CHRG_AMT

                                                               EDIT-RULES:
                                                               +$$$$$$$
                                                               ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                                               DERIVATION:
                                                               This field is derived by accumulating the revenue center
                                                               total charge amount associated with revenue center 061x
                                                               from all claim records included in the stay.

                                                               SOURCE:
                                                               NCH

          83. MEDPAR Outpatient Service  NUM    8    495  502  The charge amount (rounded to whole dollars) for outpatient
              Charge Amount (OPSRCHRG)                         services provided during the beneficiary's stay.

                                                               8 DIGITS SIGNED

                                                               COMMON ALIAS: OP_SERVICES_CHARGES
                                                               DB2 ALIAS: OP_SRVC_CHRG_AMT
                                                               SAS ALIAS: OPSRVC
                                                               STANDARD ALIAS: MEDPAR_OP_SRVC_CHRG_AMT

                                                               EDIT-RULES:
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                                     POSITIONS
            NAME            TYPE LENGTH BEG  END                        CONTENTS
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+$$$$$$$
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

DERIVATION:
This field is derived by accumulating the revenue center
total charge amount associated with revenue center code
049x and 050x from all claim records included in the
stay.

SOURCE:
NCH

84. MEDPAR Emergency Room      NUM     8   503  510   The charge amount (rounded to whole dollars) for emergency
    Charge Amount                                     room services provided during the beneficiary's stay.
    (EMRMCHRG)

8 DIGITS SIGNED

COMMON ALIAS: EMERGENCY_ROOM_CHARGES
DB2 ALIAS: MEDPAR_ER_CHRG_AMT
SAS ALIAS: ER_AMT
STANDARD ALIAS: MEDPAR_ER_CHRG_AMT

EDIT-RULES:
+$$$$$$$

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

DERIVATION:
This field is derived by accumulating the revenue center
total charge amount associated with revenue center code
045X from all claim records included in the stay.

SOURCE:
NCH

85. MEDPAR Ambulance Charge    NUM     8   511  518   The charge amount (rounded to whole dollars) for ambulance
    Amount (AMBLCHRG)                                 services related to a beneficiary's stay.

8 DIGITS SIGNED

COMMON ALIAS: AMBULANCE_CHARGES
DB2 ALIAS: AMBLNC_CHRG_AMT
SAS ALIAS: AMBLNC
STANDARD ALIAS: MEDPAR_AMBLNC_CHRG_AMT

EDIT-RULES:
+$$$$$$$
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

DERIVATION:
This field is derived by accumulating the revenue center
total charge amount associated with revenue center code
054x from all claim records included in the stay.

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                                             POSITIONS
                 NAME              TYPE  LENGTH BEG  END                          CONTENTS
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                                                            SOURCE:
                                                            NCH

86.  MEDPAR Professional Fees     NUM      8    519  526   The charge amount (rounded to whole dollars) for
     Charge Amount (PROFFEES)                               professional fees related to a beneficiary's stay.

                                                            8 DIGITS SIGNED

                                                            COMMON ALIAS: PROFESSIONAL_FEES
                                                            DB2 ALIAS: PROFNL_FEES_AMT
                                                            SAS ALIAS: PROFFEES
                                                            STANDARD ALIAS: MEDPAR_PROFNL_FEES_CHRG_AMT

                                                            EDIT-RULES:
                                                            +$$$$$$$
                                                            ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                                            DERIVATION:
                                                            This field is derived by accumulating the revenue center
                                                            total charge amount associated with revenue center codes
                                                            096x, 097x, and 098x from all claims records included in
                                                            the stay.

                                                            SOURCE:
                                                            NCH

87.  MEDPAR Organ Acquisition     NUM      8    527  534   The charge amount (rounded to whole dollars) for organ
     Charge Amount                                          acquisition or other donor bank services related to a
     (ORAQCHRG)                                             beneficiary's stay.

                                                            8 DIGITS SIGNED

                                                            COMMON ALIAS: ORGAN_ACQUISITION_CHARGES

                                                            DB2 ALIAS: ORGN_ACQSTN_AMT
                                                            SAS ALIAS: ORGNAMT
                                                            STANDARD ALIAS: MEDPAR_ORGN_ACQSTN_CHRG_AMT

                                                            EDIT-RULES:
                                                            +$$$$$$$
                                                            ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                                            DERIVATION:
                                                            This field is derived by accumulating the revenue center
                                                            total charge amount associated with revenue center codes
                                                            081x and 089x from all claim records included in the
                                                            stay.

                                                            SOURCE:
                                                            NCH

88.  MEDPAR ESRD Revenue Setting  NUM      8    535  542   The charge amount (rounded to whole dollars) for ESRD

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                                          POSITIONS
            NAME              TYPE  LENGTH BEG  END                         CONTENTS
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Charge Amount                                          services (other than organ acquisition and other donor bank)
(ESRDCHRG)                                             related to a beneficiary's stay.

                                                       8 DIGITS SIGNED

                                                       COMMON ALIAS: ESRD_REVENUE_SETTING_CHARGES
                                                       DB2 ALIAS: ESRD_REV_SETG_AMT
                                                       SAS ALIAS: ESRDSETG
                                                       STANDARD ALIAS: MEDPAR_ESRD_REV_SETG_CHRG_AMT

                                                       EDIT-RULES:
                                                       +$$$$$$$
                                                       ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                                       DERIVATION:
                                                       This field is derived by accumulating the revenue center
                                                       total charge amount associated with revenue center codes
                                                       080x, 082x - 088x from all claim records included in the
                                                       stay.

                                                       SOURCE:
                                                       NCH

89. MEDPAR Clinic Visit Charge   NUM     8   543  550   The charge amount (rounded to whole dollars) for clinic
    Amount (CLVTCHRG)                                    visits (e.g., visits to chronic pain or dental centers or
                                                         to clinics providing psychiatric, ob-gyn, pediatric
                                                         services) related to the beneficiary's stay.

                                                       8 DIGITS SIGNED

                                                       COMMON ALIAS: CLINIC_VISIT_CHARGES
                                                       DB2 ALIAS: CLNC_VISIT_AMT
                                                       SAS ALIAS: CLNC_AMT
                                                       STANDARD ALIAS: MEDPAR_CLNC_VISIT_CHRG_AMT

                                                       EDIT-RULES:
                                                       +$$$$$$$
                                                       ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                                       DERIVATION:
                                                       This field is derived by accumulating the revenue center
                                                       total charge amount associated with revenue center code
                                                       051x from all claim records included in the stay.

                                                       SOURCE:
                                                       NCH

****  MEDPAR                      GROUP   23   551  573   STANDARD ALIAS: MEDPAR_ACMDTNS_SRVC_IND_GRP
      Accommodations/Services
      Indicator Group

90. MEDPAR Intensive Care Unit   CHAR    1   551  551   The code indicating that the beneficiary has spent time
    (ICU) Indicator Code                                 under intensive care during the stay.  It also specifies the
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                                    POSITIONS
             NAME            TYPE  LENGTH BEG  END                        CONTENTS
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(INCREIND)                                           type of ICU.

                                                     COMMON ALIAS: INTENSIVE_CARE_INDICATOR
                                                     DB2 ALIAS: MEDPAR_ICU_IND_CD
                                                     SAS ALIAS: ICUINDCD
                                                     STANDARD ALIAS: MEDPAR_ICU_IND_CD

                                                     DERIVATION:
                                                     This field is derived by checking for the presence of icu
                                                     revenue center codes (listed below) on any of the claim
                                                     records included in the stay. If more than one of the
                                                     revenue center codes listed below are included on these
                                                     claims, the code with the highest revenue center total
                                                     charge amount is used.

                                                     CODES:
                                                     0 = General (revenue center 0200)
                                                     1 = Surgical (revenue center 0201)
                                                     2 = Medical (revenue center 0202)
                                                     3 = Pediatric (revenue center 0203)
                                                     4 = Psychiatric (revenue center 0204)
                                                     6 = Intermediate ICU (revenue center 0206)
                                                         prior to 12/96 update was 'post ICU'
                                                     7 = Burn care (revenue center 0207)
                                                     8 = Trauma (revenue center 0208)
                                                     9 = Other intensive care (revenue code 0209)
                                                     BLANK = No intensive care indication

                                                     SOURCE:
                                                     NCH

                                                     LIMITATIONS:
                                                     There is approximately a 20% error rate in the revenue
                                                     center code category 0206 due to coders misunderstanding
                                                     the term 'post ICU' as including any day after an ICU
                                                     stay rather than just days in a step-down/lower case
                                                     version of an ICU.  'Post' was removed from the
                                                     revenue center code 0206 description, effective
                                                     10/1/96 (12/96 MEDPAR update).  0206 Is now defined
                                                     as 'intermediate ICU'.

91. MEDPAR Coronary Care      CHAR     1   552  552   The code indicating that the beneficiary has spent time
    Indicator Code                                    under coronary care during the stay.  It also specifies
    (CRCREIND)                                        the type of coronary care unit.

                                                     COMMON ALIAS: CORONARY_CARE_INDICATOR
                                                     DB2 ALIAS: CRNRY_CARE_IND_CD
                                                     SAS ALIAS: CRNRY_CD
                                                     STANDARD ALIAS: MEDPAR_CRNRY_CARE_IND_CD

                                                     DERIVATION:
                                                     This field is derived by checking for the presence of
                                                     coronary care revenue center codes (listed below) on any

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                                    POSITIONS
             NAME            TYPE  LENGTH BEG  END                              CONTENTS
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                                                    of the claim records included in the stay.  If more than
                                                    one of the revenue center codes listed below are included
                                                    on these claims, the code with the highest revenue center
                                                    total charge amount is used.

                                                    CODES:
                                                    BLANK = No coronary care indication
                                                    0 = General (revenue code 0210)
                                                    1 = Myocardial (revenue code 0211)
                                                    2 = Pulmonary care (revenue code 0212)
                                                    3 = Heart transplant (revenue code 0213)
                                                    4 = Intermediate CCU (revenue code 0214)
                                                        prior to 12/96 update was 'post ccu'
                                                    9 = Other coronary care (revenue code 0219)

                                                    SOURCE:
                                                    NCH

                                                    LIMITATIONS:
                                                    There is approximately a 20% error rate in the revenue
                                                    center code category 0214 due to coders misunderstanding
                                                    the term 'post CCU' as including any day after a CCU
                                                    stay rather than just days in a step-down/lower case
                                                    version of a CCU.  'Post' was removed from the
                                                    revenue center code 0214 description, effective
                                                    10/1/96 (12/96 MEDPAR update).  0214 Is now defined
                                                    as 'intermediate CCU'.

92. MEDPAR Pharmacy Indicator   NUM      1   553  553  The code indicating whether or not the beneficiary received
    Code   (PHRMYIND)                                  drugs during the stay.  It also specifies the type of drugs.

                                                    1 DIGIT UNSIGNED

                                                    COMMON ALIAS: PHARMACY_INDICATOR
                                                    DB2 ALIAS: PHRMCY_IND_CD
                                                    SAS ALIAS: PHRMCYCD
                                                    STANDARD ALIAS: MEDPAR_PHRMCY_IND_CD

                                                    DERIVATION:
                                                    This field is derived by checking for the presence of
                                                    drug-specific revenue center codes (listed below) on any
                                                    of the claim records included in the stay.

                                                    CODES:
                                                    0 = No drugs (revenue code other than those listed below)
                                                    1 = General drugs and/pr IV therapy (revenue code 025x,
                                                        026x)
                                                    2 = Erythropoietin (epoetin:  revenue code 0630, 0635,
                                                        0637, 0639)
                                                    3 = Blood clotting drugs (revenue code 0636)
                                                    4 = General drugs and/or IV therapy; and epoetin
                                                        (combination of values 1 and 2)
                                                    5 = General drugs and/or IV therapy; and blood clotting

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                                   POSITIONS
             NAME            TYPE  LENGTH BEG  END                        CONTENTS
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                                                     drugs (combination of values 1 and 3)

                                                     SOURCE:
                                                     NCH

   93. MEDPAR Transplant Indicator  NUM      1   554  554   The code indicating whether or not the beneficiary received
       Code  (TRNSPIND)                                     a organ transplant during the stay.

                                                     1 DIGIT UNSIGNED

                                                     COMMON ALIAS: TRANSPLANT_INDICATOR
                                                     DB2 ALIAS: TRNSPLNT_IND_CD
                                                     SAS ALIAS: TRNSPLNT
                                                     STANDARD ALIAS: MEDPAR_TRNSPLNT_IND_CD

                                                     DERIVATION:
                                                     This field is derived by checking for the presence of the
                                                     transplant revenue center code (listed below) on any of
                                                     the claim records included in the stay.

                                                     CODES:
                                                     0 = No organ or kidney transplant
                                                         (revenue code not 0362 or 0367)
                                                     2 = Organ transplant other than kidney (revenue code
                                                         0362)
                                                     7 = Kidney transplant (revenue code 0367)

                                                     SOURCE:
                                                     NCH

 ****  MEDPAR Radiology Indicators  GROUP    6   555  560   STANDARD ALIAS: MEDPAR_RDLGY_IND_GRP
       Group

   94. MEDPAR Radiology Oncology    NUM      1   555  555   The switch indicating whether or not the beneficiary
       Indicator Switch                                     received radiology oncology services during the stay.
       (ONCLGIND)
                                                     1 DIGIT UNSIGNED

                                                     COMMON ALIAS: RADIOLOGY_ONCOLOGY_INDICATOR
                                                     DB2 ALIAS: RDLGY_ONCLGY_SW
                                                     SAS ALIAS: ONCLGYSW
                                                     STANDARD ALIAS: MEDPAR_RDLGY_ONCLGY_IND_SW

                                                     DERIVATION:
                                                     This field is derived by checking for revenue center code
                                                     028X on any of the claim records included in the stay.

                                                     CODES:
                                                     0 = No  radiology-oncology (revenue code not 028x)
                                                     1 = Yes radiology-oncology (revenue code 028x)

                                                     SOURCE:
                                                     NCH

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                                             POSITIONS
                NAME              TYPE  LENGTH BEG  END                           CONTENTS
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95. MEDPAR Radiology Diagnostic   NUM     1    556  556   The switch indicating whether or not the beneficiary
    Indicator Switch                                      received radiology diagnostic services during the stay.
    (RADDGIND)
                                                          1 DIGIT UNSIGNED

                                                          COMMON ALIAS: RADIOLOGY_DIAGNOSTIC_INDICATOR
                                                          DB2 ALIAS: RDLGY_DGNSTC_SW
                                                          SAS ALIAS: DGNSTCSW
                                                          STANDARD ALIAS: MEDPAR_RDLGY_DGNSTC_IND_SW

                                                          DERIVATION:
                                                          This field is derived by checking for revenue center code
                                                          032x on any of the claim records included in the stay.

                                                          CODES:
                                                          0 = No  radiology-diagnostic (revenue code not 032x)
                                                          1 = Yes radiology-diagnostic (revenue code 032x)

                                                          SOURCE:
                                                          NCH

96. MEDPAR Radiology              NUM     1    557  557   The switch indicating whether or not the beneficiary
    Therapeutic Indicator                                 received radiology therapeutic services during the stay.
    Switch (RADTHIND)
                                                          1 DIGIT UNSIGNED

                                                          COMMON ALIAS: RADIOLOGY_THERAPEUTIC_INDICATOR
                                                          DB2 ALIAS: RDLGY_THRPTC_SW
                                                          SAS ALIAS: THRPTCSW
                                                          STANDARD ALIAS: MEDPAR_RDLGY_THRPTC_IND_SW

                                                          DERIVATION:
                                                          This field is derived by checking for revenue center code
                                                          033X on any of the claim records included in the stay.

                                                          CODES:
                                                          0 = No  radiology-therapeutic (revenue code not 033X)
                                                          1 = Yes radiology-therapeutic (revenue code 033X)

                                                          SOURCE:
                                                          NCH

97. MEDPAR Radiology Nuclear      NUM     1    558  558   The switch indicating whether or not the beneficiary
    Medicine Indicator Switch                             received radiology nuclear medicine services during the
    (NUCMDIND)                                            stay.

                                                          1 DIGIT UNSIGNED

                                                          COMMON ALIAS: NUCLEAR_MEDICINE_INDICATOR
                                                          DB2 ALIAS: NUCLR_MDCN_SW
                                                          SAS ALIAS: NUCLR_SW
                                                          STANDARD ALIAS: MEDPAR_RDLGY_NUCLR_MDCN_IND_SW

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                                      POSITIONS
                NAME            TYPE  LENGTH BEG  END                          CONTENTS
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                                                     DERIVATION:
                                                     This field is derived by checking for revenue center code
                                                     034x on any of the claim records included in the stay.

                                                     CODES:
                                                     0 = No  nuclear medicine (revenue code not 034x)
                                                     1 = Yes nuclear medicine (revenue code 034x)

                                                     SOURCE:
                                                     NCH
```

```
98. MEDPAR Radiology CT Scan    NUM      1   559  559  The switch indicating whether or not the beneficiary
    Indicator Switch                                   received radiology computed tomographic (CT) scan services
    (CTSCNIND)                                         during the stay.

                                                     1 DIGIT UNSIGNED

                                                     COMMON ALIAS: RADIOLOGY_CT_SCAN_INDICATOR
                                                     DB2 ALIAS: RDLGY_CT_SCAN_SW
                                                     SAS ALIAS: CTSCANSW
                                                     STANDARD ALIAS: MEDPAR_RDLGY_CT_SCAN_IND_SW

                                                     DERIVATION:
                                                     This field is derived by checking for revenue center code
                                                     035X on any of the claim records included in the stay.

                                                     CODES:
                                                     0 = No  radiology CT scan (revenue code not 035X)
                                                     1 = Yes radiology CT scan (revenue code 035X)

                                                     SOURCE:
                                                     NCH
```

```
99. MEDPAR Radiology Other      NUM      1   560  560  The switch indicating whether or not the beneficiary
    Imaging Indicator Switch                           received radiology other imaging services during the stay.
    (OIMSRIND)
                                                     1 DIGIT UNSIGNED

                                                     COMMON ALIAS: OTHER_IMAGING_SERVICES
                                                     DB2 ALIAS: OTHR_IMGNG_SW
                                                     SAS ALIAS: IMGNG_SW
                                                     STANDARD ALIAS: MEDPAR_RDLGY_OTHR_IMGNG_IND_SW

                                                     DERIVATION:
                                                     This field is derived by checking for revenue center code
                                                     040X on any of the claim records included in the stay.

                                                     CODES:
                                                     0 = No  other imaging services (revenue code not 040x)
                                                     1 = Yes other imaging services (revenue code 040x)

                                                     SOURCE:
```

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                                      POSITIONS
            NAME                TYPE LENGTH BEG  END                      CONTENTS
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```

                                                      NCH

100. MEDPAR Outpatient Services    NUM     1    561  561  The code indicating whether or not the beneficiary has
     Indicator Code                                       received outpatient services, ambulatory surgical care, or
     (OUTSRIND)                                           both.

                                                          1 DIGIT UNSIGNED

                                                          COMMON ALIAS: OUTPATIENT_SERVICES_INDICATOR
                                                          DB2 ALIAS: OP_SRVC_IND_CD
                                                          SAS ALIAS: OPSRVCCD
                                                          STANDARD ALIAS: MEDPAR_OP_SRVC_IND_CD

                                                          DERIVATION:
                                                          This field is derived by checking for the presence of the
                                                          outpatient services revenue center codes listed below on
                                                          any of the claim records included in the stay.

                                                          CODES:
                                                          0 = No outpatient services/ambulatory surgical care
                                                              (revenue code other than 049X, 050X)
                                                          1 = Outpatient services (revenue code 050X)
                                                          2 = Ambulatory surgical care (revenue code 049X)
                                                          3 = Outpatient services and ambulatory surgical care
                                                              (revenue codes 049X and 050X)

                                                          SOURCE:
                                                          NCH

101. MEDPAR Organ Acquisition     CHAR    2    562  563  The code indicating the type of organ acquisition received
     Indicator Code                                      by the beneficiary during the stay.
     (ORGANIND)
                                                          COMMON ALIAS: ORGAN_INDICATOR
                                                          DB2 ALIAS: ORGN_ACQSTN_IND_CD
                                                          SAS ALIAS: ORGNCD
                                                          STANDARD ALIAS: MEDPAR_ORGN_ACQSTN_IND_CD

                                                          DERIVATION:
                                                          This field is derived by checking for the presence of the
                                                          organ acquisition indicator revenue center codes listed
                                                          below on any of the claim records included in the stay.

                                                          CODES:
                                                          K1 = General classification (revenue code 0810)
                                                          K2 = Living donor kidney (revenue code 0811)
                                                          K3 = Cadaver donor kidney (revenue code 0812)
                                                          K4 = Unknown donor kidney (revenue code 0813)
                                                          K5 = Other kidney acquisition (revenue code 0814)
                                                          H1 = Cadaver donor heart (revenue code 0815)
                                                          H2 = Other heart acquisition (revenue code 0816)
                                                          L1 = Donor liver (revenue code 0817)
                                                          01 = Other organ acquisition (revenue code 0819)
                                                          02 = General acquisition (revenue code 0890)

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                                        POSITIONS
                NAME           TYPE  LENGTH BEG  END                          CONTENTS
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                                                   B1 = Bone donor bank (revenue code 0891)
                                                   03 = Organ donor bank other than kidney (revenue code
                                                        0892)
                                                   S1 = Skin donor bank (revenue code 0893)
                                                   04 = Other donor bank (revenue code 0899)
                                                   BLANK = No organ acquisition indication

                                                   SOURCE:
                                                   NCH
```

```
102. MEDPAR ESRD Setting      CHAR    2    564  573  The code indicating the type of dialysis received by the
     Indicator Code                                  beneficiary during the stay.  Up to 5 2-position codes may
     (ESRDSET1-ESRDSET5)                             be present.

                                                     OCCURS: 5 TIMES

                                                     COMMON ALIAS: ESRD_SETTING_INDICATOR
                                                     DB2 ALIAS: ESRD_SETG_IND_CD
                                                     SAS ALIAS: ESRDSETG
                                                     STANDARD ALIAS: MEDPAR_ESRD_SETG_IND_CD

                                                     DERIVATION:
                                                     This field is derived from the presence of the dialysis
                                                     revenue center codes listed below on any of the claim
                                                     records included in the stay.

                                                     CODES:
                                                     00 = Ip renal dialysis-general (revenue code 0800)
                                                     01 = Ip renal dialysis-hemodialysis (revenue code 0801)
                                                     02 = Ip renal dialysis-peritoneal (non-capd: revenue
                                                          code 0802)
                                                     03 = Ip renal dialysis-capd (revenue code 0803)
                                                     04 = Ip renal dialysis-ccpd (revenue code 0804)
                                                     09 = Ip renal dialysis-other (revenue code 0809)
                                                     20 = Hemodialysis-op-general (revenue code 0820)
                                                     21 = Hemodialysis-op-hemodialysis/composite (revenue code
                                                          0821)
                                                     22 = Hemodialysis-op-home supplies (revenue code 0822)
                                                     23 = Hemodialysis-op-home equipment (revenue code 0823)
                                                     24 = Hemodialysis-op-maintenance/100% (revenue code 0824
                                                     25 = Hemodialysis-op-support services (revenue code 0825)
                                                     29 = Hemodialysis-op-other (revenue code 0829)
                                                     30 = Peritoneal-op/home-general (revenue code 0830)
                                                     31 = Peritoneal-op/home-peritoneal/composite (revenue
                                                          code 0831)
                                                     32 = Peritoneal-op/home-home supplies (revenue code 0832)
                                                     33 = Peritoneal-op/home-home equipment (revenue code
                                                          0833)
                                                     34 = Peritoneal-op/home-maintenance/100% (revenue code
                                                          0834)
                                                     35 = Peritoneal-op/home-support services (revenue code
                                                          0835)
                                                     39 = Peritoneal-op/home-other (revenue code 0839)
```

```
                                        POSITIONS
                 NAME              TYPE  LENGTH BEG  END                              CONTENTS
       --------------------------- ----  ------ ---------  ----------------------------------------------------------
                                                           40 = Capd-op-capd/general (revenue code 0840)
                                                           41 = Capd-op-capd/composite (revenue code 0841)
                                                           42 = Capd-op-home supplies (revenue code 0842)
                                                           43 = Capd-op-home equipment (revenue code 0843)
                                                           44 = Capd-op-maintenance/100% (revenue code 0844)
                                                           45 = Capd-op-support services (revenue code 0845)
                                                           49 = Capd-op-other (revenue code 0849)
                                                           50 = Ccpd-op-ccpd/general (revenue code 0850
                                                           51 = Ccpd-op-ccpd/composite (revenue code 0851)
                                                           52 = Ccpd-op-home supplies (revenue code 0852
                                                           53 = Ccpd-op-home equipment (revenue code 0853)
                                                           54 = Ccpd-op-maintenance/100% (revenue code 0854)
                                                           55 = Ccpd-op-support services (revenue code 0855)
                                                           59 = Ccpd-op-other (revenue code 0859)
                                                           80 = Miscellaneous dialysis-general (revenue code 0880)
                                                           81 = Miscellaneous dialysis-ultrafiltration (revenue code
                                                                0881)
                                                           89 = Miscellaneous dialysis-other (revenue code 0889)
                                                           BLANK = No ESRD setting indication

                                                           SOURCE:
                                                           NCH

 ****  MEDPAR Diagnosis Code Group  GROUP    52   574  625  STANDARD ALIAS: MEDPAR_DGNS_CD_GRP

 103.  MEDPAR Diagnosis Code Count  NUM       2   574  575  The count of the number of diagnosis codes included in the
       (NUMDXCDE)                                           stay.

                                                           2 DIGITS UNSIGNED

                                                           COMMON ALIAS: NUMBER_OF_DIAGNOSIS_CODES
                                                           DB2 ALIAS: MEDPAR_DGNS_CD_CNT
                                                           SAS ALIAS: DGNSCNT
                                                           STANDARD ALIAS: MEDPAR_DGNS_CD_CNT

                                                           EDIT-RULES:
                                                           RANGE: 1 through 10

                                                           DERIVATION:

                                                           This field is derived by adding '1' to the count of the
                                                           other diagnosis codes reported on the last claim record
                                                           included in the stay.  The '1' represents the principal
                                                           diagnosis code, which is reported separately from the
                                                           other diagnosis.

                                                           SOURCE:
                                                           NCH

 104.  MEDPAR Diagnosis Code        CHAR      5   576  625  The ICD-9-CM code identifying the primary condition or other
       (DIAGCD1-DIAGCD10)                                   coexisting conditions shown in the medical records as
                                                           affecting the services provided during the beneficiary's
                                                           stay.  This element is part of the MEDPAR diagnosis group
```

```
                                             POSITIONS
                   NAME              TYPE LENGTH BEG  END                             CONTENTS
        --------------------------- ---- ------ ---------  -------------------------------------------------------------
                                                           which May occur up to 10 times.

                                                           OCCURS: 10 TIMES

                                                           COMMON ALIAS: DIAGNOSIS_CODE
                                                           DB2 ALIAS: MEDPAR_DGNS_CD
                                                           SAS ALIAS: DGNS_CD
                                                           STANDARD ALIAS: MEDPAR_DGNS_CD

                                                           EDIT-RULES:
                                                           5 POSITION Diagnosis Code LEFT JUSTIFIED

                                                           DERIVATION:
                                                           This field is the actual principal diagnosis code (1st
                                                           occurrence) or one of up to 9 other diagnosis codes that
                                                           are present on the last claim record included in the stay.

                                                           SOURCE:
                                                           NCH

        105. MEDPAR Surgical Procedure    CHAR    1   626  626  The switch indicating whether or not there were any surgical
             Indicator Switch                                   procedures performed during the beneficiary's stay.
             (SURGIND)
                                                           COMMON ALIAS: SURGERY_INDICATOR
                                                           DB2 ALIAS: SRGCL_PRCDR_IND_SW
                                                           SAS ALIAS: PRCDRSW
                                                           STANDARD ALIAS: MEDPAR_SRGCL_PRCDR_IND_SW

                                                           DERIVATION:
                                                           This field is derived by checking for the presence of
                                                           procedure codes on the last claim record included in the
                                                           stay.

                                                           CODES:
                                                           0 = No  surgery indicated
                                                           1 = Yes surgery indicated

                                                           SOURCE:
                                                           NCH

        ****  MEDPAR Surgical Procedure    GROUP  124  627  750  STANDARD ALIAS: MEDPAR_SRGCL_PRCDR_GRP
              Group

        106. MEDPAR Surgical Procedure    NUM     2   627  628  The count of the number of surgical procedure codes included
             Code Count (NUMSRGCD)                              in the stay.

                                                           2 DIGITS UNSIGNED

                                                           COMMON ALIAS: NUMBER_OF_SURGICAL_CODES
                                                           DB2 ALIAS: SRGCL_PRCDR_CD_CNT
                                                           SAS ALIAS: PRCDRCNT
                                                           STANDARD ALIAS: MEDPAR_SRGCL_PRCDR_CD_CNT
```

```
                                       POSITIONS
               NAME              TYPE LENGTH BEG  END                      CONTENTS
    ---------------------------- ---- ------ ---------  --------------------------------------------------------
```

```
                                                       EDIT-RULES:
                                                       RANGE: 0 through 6

                                                       DERIVATION:
                                                       This field is derived by counting the procedure codes
                                                       that are reported on the last claim record included in
                                                       the stay.

                                                       SOURCE:
                                                       NCH

    107. MEDPAR Surgical Procedure  NUM     2   629  630  The count of the number of dates associated with the
         Performed Date Count                            surgical procedures included in the stay.
         (NUMSRGDT)
                                                       2 DIGITS UNSIGNED

                                                       COMMON ALIAS: NUMBER_OF_SURGICAL_DATES
                                                       DB2 ALIAS: SRGCL_PRCDR_DT_CNT
                                                       SAS ALIAS: PRCDTCNT
                                                       STANDARD ALIAS: MEDPAR_SRGCL_PRCDR_DT_CNT

                                                       EDIT-RULES:
                                                       RANGE: 0 THROUGH 6

                                                       DERIVATION:
                                                       This field is derived by counting the surgical procedures
                                                       dates that are reported on the last claim record included
                                                       in the stay.

                                                       SOURCE:
                                                       NCH

    108. MEDPAR Surgical Procedure  CHAR    4   631  670  The ICD-9-CM code identifying the principal or other
         Code (SRGCDE1-SRGCDE10)                          surgical procedure performed during the beneficiary's stay.
                                                       This element is part of the MEDPAR surgical procedure group.
                                                       It May occur up to 10 times.

                                                       OCCURS: 10 TIMES

                                                       COMMON ALIAS: SURGICAL_CODE
                                                       DB2 ALIAS: SRGCL_PRCDR_CD
                                                       SAS ALIAS: PRCDR_CD
                                                       STANDARD ALIAS: MEDPAR_SRGCL_PRCDR_CD

                                                       EDIT-RULES:
                                                       4 POSITION Surgical Procedure Code LEFT JUSTIFIED

                                                       DERIVATION:
                                                       This field is the actual principal surgical procedure
                                                       code (1st occurrence) or one of up to 5 other surgical
                                                       procedure codes that May be present on the last claim
                                                       record included in the stay.
```

```
                                            POSITIONS
              NAME             TYPE  LENGTH BEG   END                        CONTENTS
    ---------------------------  ----  ------ ---------  ------------------------------------------------------------
```

                                                          SOURCE:
                                                          NCH

109. MEDPAR Surgical Procedure      NUM       8    671  750   The date on which the icd-9-cm surgical procedure was
     Performed Date                                           performed during the beneficiary's stay.  This element is
     (SG1_M, SG1_D, SG1_Y)                                    part of the MEDPAR surgical procedure group.  It can occur
                                                              up to 10 times.

                                                              8 DIGITS SIGNED

                                                              OCCURS: 10 TIMES

                                                              COMMON ALIAS: SURGICAL_DATE
                                                              DB2 ALIAS: PRCDR_PRFRM_DT
                                                              SAS ALIAS: PRCDR_DT
                                                              STANDARD ALIAS: MEDPAR_SRGCL_PRCDR_PRFRM_DT

                                                              EDIT-RULES:
                                                              +YYYYDDD

                                                              DERIVATION:
                                                              This field is the actual date associated with the
                                                              principal or one of up to 5 other surgical procedure
                                                              codes that is present on the last claim record
                                                              included in the stay.

                                                              SOURCE:
                                                              NCH

110. MEDPAR Blood Pints             NUM       4    751  754   The quantity of blood (number of whole pints) furnished to
     Furnished Quantity                                       the beneficiary during the stay.  Note:  this includes blood
     (BLDPINTS)                                               pints replaced as well as not replaced.

                                                              4 DIGITS SIGNED

                                                              COMMON ALIAS: BLOOD_FURNISHED
                                                              DB2 ALIAS: BLOOD_PT_FRNSH_QTY
                                                              SAS ALIAS: BLDFRNSH
                                                              STANDARD ALIAS: MEDPAR_BLOOD_PT_FRNSH_QTY

                                                              DERIVATION:
                                                              This field is derived by accumulating the blood pints
                                                              furnished quantity from all claim records included in
                                                              the stay.

                                                              SOURCE:
                                                              NCH

111. MEDPAR Beneficiary             CHAR      2    755  756   The BIC reported on the first claim record included in the
     Identification Code                                      stay, representing the values existing on the CWF
     (OBIC)                                                   beneficiary master record on the date the CWF host site
                                                              processed the claim.

```
                                         POSITIONS
                  NAME           TYPE  LENGTH BEG  END                          CONTENTS
        ----------------------   ----  ------ ---------  --------------------------------------------------------
```

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                                                       COMMON ALIAS: ORIGINAL_BIC
                                                       DB2 ALIAS: BENE_IDENT_CD
                                                       SAS ALIAS: BIC
                                                       STANDARD ALIAS: MEDPAR_BENE_IDENT_CD

                                                       CODES:
                                                          REFER TO: BENE_IDENT_TB
                                                                    IN THE CODES APPENDIX

                                                       SOURCE:
                                                       NCH

        112. MEDPAR DRG Code        NUM     3   757  759  The code indicating the DRG to which the claims that
             (DRGCODE)                                    comprise the stay belong for payment purposes.

                                                       3 DIGITS UNSIGNED

                                                       COMMON ALIAS: DRG_CODE
                                                       DB2 ALIAS: MEDPAR_DRG_CD
                                                       SAS ALIAS: DRG_CD
                                                       STANDARD ALIAS: MEDPAR_DRG_CD

                                                       DERIVATION:
                                                       This field comes from the actual DRG code that is present
                                                       on the last claim record included in the stay.
                                                       exception:  if the DRG code is not present
                                                       (e.g., claims from maryland and PPS-exempt hospital units
                                                       do not have a DRG), a valid DRG is obtained using the
                                                       grouper software and is moved to this field.

                                                       SOURCE:
                                                       NCH

        113. MEDPAR Discharge       NUM     2   760  761  The code primarily indicating the destination of the
             Destination Code                           beneficiary upon discharge from a facility; also denotes
             (DISCDEST)                                  death or SNF/still patient situations.

                                                       2 DIGITS UNSIGNED

                                                       COMMON ALIAS: DISCHARGE_DESTINATION
                                                       DB2 ALIAS: DSCHRG_DSTNTN_CD
                                                       SAS ALIAS: DSTNTNCD
                                                       STANDARD ALIAS: MEDPAR_DSCHRG_DSTNTN_CD
                                                       SYSTEM ALIAS: LTCLMST

                                                       DERIVATION:
                                                       This field comes from the claim status code that is
                                                       present on the last claim record included in the stay.

                                                       CODES:
                                                          REFER TO: PTNT_DSCHRG_STUS_TB
                                                                    IN THE CODES APPENDIX
```

```
                                        POSITIONS
             NAME              TYPE  LENGTH BEG  END                             CONTENTS
---------------------------    ----  ------ ---------    ------------------------------------------------------------
```

```
                                                         SOURCE:
                                                         NCH
```

114. MEDPAR DRG/Outlier Stay       NUM      1   762  762   The code identifying (1) for PPS providers if the stay has
     Code (OUTLRCDE)                                        an unusually long length (day outlier) or high cost (cost
                                                            outlier); or (2) for non-PPS providers the source for
                                                            developing the DRG.

                                                            1 DIGIT UNSIGNED

                                                            COMMON ALIAS: OUTLIER_CODE/DRG_SOURCE
                                                            DB2 ALIAS: DRG_OUTLIER_CD
                                                            SAS ALIAS: OUTLR_CD
                                                            STANDARD ALIAS: MEDPAR_DRG_OUTLIER_STAY_CD

                                                            DERIVATION:
                                                            This field is the actual DRG outlier stay code that is
                                                            present on the last claim record included in the stay.
                                                            Applicable to PPS providers:
                                                            0 = No Outlier
                                                            1 = Day Outlier
                                                            2 = Cost Outlier

                                                            Applicable to Non-PPS Providers:
                                                            6 = Valid DRG Received From Intermediary
                                                            7 = HCFA-Developed DRG
                                                            8 = HCFA-Developed DRG Using Claim Status Code
                                                            9 = Not Groupable

                                                            SOURCE:
                                                            NCH

115. MEDPAR Beneficiary Primary   CHAR      1   763  763   The code indicating the type of payer who has primary
     Payer Code (PRIMPAYR)                                  responsibility for the payment of the Medicare beneficiary's
                                                            claims related to the stay.

                                                            COMMON ALIAS: PRIMARY_PAYER_CODE
                                                            DB2 ALIAS: BENE_PRMRY_PYR_CD
                                                            SAS ALIAS: PRPAY_CD
                                                            STANDARD ALIAS: MEDPAR_BENE_PRMRY_PYR_CD

                                                            DERIVATION:
                                                            This field comes from the primary payer code that is
                                                            present on the first claim record included in the stay.

                                                            CODES:
                                                            A = Working aged bene/spouse with eghp
                                                            B = ESRD bene in 18-month coordination period with eghp
                                                            C = Conditional Medicare payment; future reimbursement
                                                                  expected
                                                            D = Auto no-fault or any liability insurance
                                                            E = Worker's compensation

```
                                       POSITIONS
              NAME              TYPE  LENGTH BEG  END                      CONTENTS
     --------------------------  ----  ------ ---------  -------------------------------------------------------------
```

```
                                                        F = Phs or other federal agency (other than dept of
                                                            veterans affairs)
                                                        G = Working disabled
                                                        H = Black lung
                                                        I = Dept of veterans affairs
                                                        J = Any liability insurance
                                                        Z/BLANK = Medicare is primary payer

                                                        SOURCE:
                                                        NCH
```

```
116. MEDPAR ESRD Condition Code   NUM      2   764  765  The code indicating if the beneficiary had an ESRD condition
     (ESRDCOND)                                          reported during the stay.

                                                         2 DIGITS UNSIGNED

                                                         DB2 ALIAS: ESRD_COND_CD
                                                         SAS ALIAS: ESRD_CD
                                                         STANDARD ALIAS: MEDPAR_ESRD_COND_CD

                                                         DERIVATION:
                                                         This field is derived by checking for condition codes 70
                                                         - 76 on any of the claim records included in the stay.

                                                         CODES:
                                                         00 = No ESRD Condition Codes
                                                         70 = Self-Administered Epo
                                                         71 = Full Care In Unit
                                                         72 = Self-Care In Unit
                                                         73 = Self-Care Training
                                                         74 = Home Dialysis
                                                         75 = Home Dialysis/100% Reimbursement
                                                         76 = Backup-In-Facility Dialysis

                                                         SOURCE:
                                                         NCH
```

```
117. MEDPAR Source Inpatient     CHAR     1   766  766  The code indicating the source of the beneficiary's
     Admission Code                                     admission to an Inpatient facility or, for newborn
     (ADMSRCE)                                          admission, the type of delivery.

                                                        COMMON ALIAS: SOURCE_OF_ADMISSION
                                                        DB2 ALIAS: SRC_IP_ADMSN_CD
                                                        SAS ALIAS: SRC_ADMS
                                                        STANDARD ALIAS: MEDPAR_SRC_IP_ADMSN_CD

                                                        DERIVATION:
                                                        This field comes from the source Inpatient admission code
                                                        that is present on the last claim record included in the
                                                        stay.

                                                        CODES:
                                                          REFER TO: CLM_SRC_IP_ADMSN_TB
```

```
                                           POSITIONS
                NAME              TYPE LENGTH BEG  END                      CONTENTS
      --------------------------  ---- ------ ---------  --------------------------------------------------------

                                                          IN THE CODES APPENDIX

                                                        SOURCE:
                                                        NCH

118.  MEDPAR Inpatient Admission  CHAR    1   767  767   The code indicating the type and priority of the
      Type Code                                          beneficiary's admission to a facility for the Inpatient
      (ADMTYPE)                                          hospital stay.

                                                        COMMON ALIAS: TYPE_OF_ADMISSION
                                                        DB2 ALIAS: IP_ADMSN_TYPE_CD
                                                        SAS ALIAS: TYPE_ADM
                                                        STANDARD ALIAS: MEDPAR_IP_ADMSN_TYPE_CD

                                                        DERIVATION:
                                                        This field comes from the Inpatient admission type code
                                                        that is present on the last claim record included in the
                                                        stay.

                                                        SOURCE:
                                                        NCH

119.  MEDPAR Fiscal              CHAR    5   768  772   The identification of the intermediary processing the
      Intermediary/Carrier                               beneficiary's claims related to the stay.
      Identification Number
      (INTMNMBR)                                         NOTE:  This field comes from the intermediary number that is
                                                        present on the first claim record included in the stay.

                                                        COMMON ALIAS: INTERMEDIARY_NUMBER
                                                        DB2 ALIAS: FICARR_IDENT_NUM
                                                        SAS ALIAS: FICARR
                                                        STANDARD ALIAS: MEDPAR_FICARR_IDENT_NUM

                                                        SOURCE:
                                                        NCH

120.  MEDPAR Admitting Diagnosis  CHAR    5   773  777   The ICD-9-CM code indicating the beneficiary's initial
      Code   (ADMDXCDE)                                  diagnosis at the time of admission.

                                                        NOTE:  This field comes from the admitting diagnosis code
                                                        that is present on the last claim record included in the
                                                        stay.

                                                        COMMON ALIAS: ADMISSION_DIAGNOSIS
                                                        DB2 ALIAS: ADMTG_DGNS_CD
                                                        SAS ALIAS: AD_DGNS
                                                        STANDARD ALIAS: MEDPAR_ADMTG_DGNS_CD

                                                        SOURCE:
                                                        NCH

121a. HMO Number                  NUM     5   778  782   This field specifies the number of the HMO plan in which
      (HMONUMBR)                                          the beneficiary is enrolled.
```

```
                                      POSITIONS
            NAME                TYPE  LENGTH BEG  END                           CONTENTS
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      (Item 119 in MEDPAR 87-90)
                                                         5 DIGITS SIGNED

                                                         STANDARD ALIAS:  HMO_NUM

                                                         EDIT-RULES:
                                                         NUMERIC

                                                         SOURCE:
                                                         FROM THE FISCAL INTERMEDIARY

121b. HMO Option Code           CHAR     1    783  783   This field specifes the type of plan the beneficiary has
      (HMOOPCDE)                                         chosen.
      (Item 120 in MEDPAR 87-90)
                                                         STANDARD ALIAS: HMO_OPTN_CD

                                                         CODES:
                                                         A = HCFA TO PROCESS ALL PROVIDER BILLS
                                                         B = HMO TO PROCESS ONLY IN-PLAN PART A IN-AREA
                                                             PART B BILLS
                                                         C = HMO TO PROCESS ALL PART A AND PART B BILLS

                                                         SOURCE:
                                                         FROM THE FISCAL INTERMEDIARY

 122. MEDPAR Admission Death Day  NUM    6    784  789   The count of the number of days from the date the
      Count  (DEATHADM)                                  beneficiary was admitted to a facility to the beneficiary's
                                                         date of death (DOD).

                                                         6 DIGITS SIGNED

                                                         COMMON ALIAS: ADMISSION_TO_DEATH_INTERVAL
                                                         DB2 ALIAS: ADMSN_DEATH_CNT
                                                         SAS ALIAS: DEATHDAY
                                                         STANDARD ALIAS: MEDPAR_ADMSN_DEATH_DAY_CNT

                                                         DERIVATION:
                                                         This field is derived by counting the number of days
                                                         between the MEDPAR admission date (the admission date
                                                         present on the first claim record included in the stay)
                                                         and MEDPAR beneficiary death date (the death date present
                                                         on the enrollment database, which is accessed prior to
                                                         creation of the quarterly MEDPAR file).

                                                         SOURCE:
                                                         NCH/EDB

                                                         LIMITATIONS:
                                                           REFER TO: MEDPAR_ADMSN_DEATH_DAY_CNT_LIM
                                                                     IN THE LIMITATIONS APPENDIX

123a. Converted File Flag        CHAR    1    790  790   Blank = Not Converted
      (CONVERT)                                          1 = Converted from length 330 to 817
```

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                                        POSITIONS
                 NAME            TYPE  LENGTH BEG  END                            CONTENTS
        --------------------------  ----  ------ ---------  --------------------------------------------------------------


123b. Unibill Indicator         CHAR     1   791  791  This field indicates the status of the bill received.
      (UNIBILL)
      (Item 64 in MEDPAR 86)                            CODES:
                                                        1 = UNIBILL
                                                        BLANK = DEFAULT

                                                        SOURCE:
                                                        UNIBILL RECORD RECEIVED FROM INTERMEDIARY.


123c. Query Code                CHAR     1   792  792  This field indicates the status of the bill received.
      (QUERYCD)
      (Item 67 in MEDPAR 86)                            CODES;
                                                        0 = CREDIT ADJUSTMENT
                                                        3 = FINAL BILL
                                                        4 = DISCHARGE NOTICE
                                                        5 = DEBIT ADJUSTMENT

                                                        SOURCE:
                                                        INTERMEDIARY


123d. Year Bill Approved        CHAR     1   793  793  This field specifies the year the bill was approved for
      (YRAPPRVD)                                        payment by the fiscal intermediary.
      (Item 76 in MEDPAR 86)
                                                        EDIT-RULES:

                                                        THE LAST DIGIT OF THE YEAR
                                                        YEARS PRIOR TO 1983 = ZERO

 124. MEDPAR Internal Use (By    NUM     3   794  796  Limited availability; for internal use only.  Where not
      IPSB) Code                                        available, this field will contain zeroes.
      (IMCABIN)
                                                        3 DIGITS UNSIGNED

                                                        DB2 ALIAS: INTRNL_USE_IPSB_CD
                                                        SAS ALIAS: IPSBCD
                                                        STANDARD ALIAS: MEDPAR_INTRNL_USE_IPSB_CD


 125. MEDPAR Internal Use File   NUM     1   797  797  Limited availability; for internal use only to to identify
      Date Code                                         fiscal year/calendar year segments.  Where not available,
      (DATADATE)                                        this field will contain a zero.

                                                        1 DIGIT UNSIGNED

                                                        DB2 ALIAS: INTRNL_FIL_DT_CD
                                                        SAS ALIAS: FILDTCD
                                                        STANDARD ALIAS: MEDPAR_INTRNL_USE_FIL_DT_CD

 126. MEDPAR Internal Use Sample NUM     1   798  798  Limited availability; for internal use only to identify the
      Size Code                                         MEDPAR sample size:  20% (HIC 9th digit = 0, 5); 20% (HIC
      (SAMPSIZE)                                        9th digit = 4, 8; 60% (remainder).  Where not available,
                                                        this field will contain a zero.
```

```
                                    POSITIONS
              NAME          TYPE  LENGTH BEG  END                          CONTENTS
  --------------------------- ---- ------ ---------  --------------------------------------------------------
```

```
                                                    1 DIGIT UNSIGNED

                                                    DB2 ALIAS: SMPL_SIZE_CD
                                                    SAS ALIAS: SMPLSIZE
                                                    STANDARD ALIAS: MEDPAR_INTRNL_USE_SMPL_SIZE_CD
```

```
 127. MEDPAR Warning Indicators   NUM    18    799  816   The codes (commonly called warning indicators) specifying
      Code                                                 detailed billing information obtained from the claims
      (WARNINDC)                                           analyzed for the stay process.  The purpose of these codes
                                                           is to provide additional information for the MEDPAR user;
                                                           i.e., let the user know whether or not the stay included
                                                           adjustments, a single claim or multiple claims, any error
                                                           conditions, etc..
```

```
                                                    18 DIGITS SIGNED

                                                    COMMON ALIAS: WARNING_INDICATORS
                                                    DB2 ALIAS: MEDPAR_WRNG_IND_CD
                                                    SAS ALIAS: WRNGCD
                                                    STANDARD ALIAS: MEDPAR_WRNG_IND_CD

                                                    DERIVATION:
                                                    This field is packed.  Each of the digits identify
                                                    a specific item of interest to users of the
                                                    MEDPAR file.  Warning indicators 1 and 6, and the first
                                                    two values of indicator 8, are set early in the process -
                                                    while processing all claims through the final action
                                                    algorithm, prior to the creation of the stay record. The
                                                    other indicators are derived from the claims remaining
                                                    after the final action processing, which are used to
                                                    create the stay record.

                                                    CODES:

                                                    Warning indicator 1 ('adjustment indicator' derived
                                                    from the presence of query code values noted below
                                                    on any of the claim records included in the analysis):
                                                    0 = No adjustment (no query code = 0 or 5)
                                                    1 = Credit adjustment (query code = 0)
                                                    2 = Debit adjustment (query code = 5)
                                                    3 = Credit and debit adjustment (both query code = 0
                                                        and 5)

                                                    Warning indicator 2 ('error condition' derived from
                                                    checking the edit code trailer on the final action
                                                    claims(s) that comprise the stay):

                                                    0 = No error
                                                    1 = Error condition

                                                    Warning indicator 3 ('reimbursement/total charge
                                                    indicator' derived after summing up fields on the
```

```
                                    POSITIONS
            NAME               TYPE  LENGTH BEG  END                             CONTENTS
   ----------------------------  ----  ------ ---------   ------------------------------------------------------------
```

final action claim(s) that comprise the stay; checks
resulting Medicare payment amount (commonly called
reimbursement), total charge amount, as well as
beneificiary primary payer amount and utilization day
count):

0 = Medicare payment amount and total charge amount >
      zeroes
1 = Medicare payment amount and total charge amount <
      zeroes
2 = Medicare payment amount is a credit
3 = Total charge amount is a credit
4 = Medicare payment amount, total charge amount,
      beneficiary primary payer claim payment amount,
      and utilization day count = zeroes

Warning indicator 4 ('utilization day/los day indicator'
derived after summing up fields on the final action
claim(s) that comprise the stay; compares resulting
utilization day count and length-of-stay count):

0 = Utilization day count = los day count
1 = Utilization day count < los day count
2 = Utilization day count > los day count

warning indicator 5 ('single/multiple claim indicator'
derived when the stay record is created by checking
the number of final action claims that comprise the
stay):

0 = Stay includes a single final action claim
1 = Stay includes multiple final action claims
2 = Stay includes multiple final action claims and
      beneficiary is still a patient (applicable to
      SNF stays only)

Warning indicator 6 ('intermediary cancel indicator'
derived from the presence of the values noted below
for intermediary claim action code and intermediary-
requested claim cancel reason code on any of the claims
included in the analysis.   If multiple claims contain
these values, latest claim is used.  If both specified
action code and cancel reason code are present, cancel
reason code takes priority.):

0 = No cancel action
1 = Cancel action by credit adjustment (action code =
      (2 or 6)
2 = Cancel action only (action code = 4)
3 = Coverage transfer (cancel reason code = C)
4 = Plan transfer (cancel reason code = P)
5 = Scramble (cancel reason code = S)
6 = Duplicate billing (cancel reason code = D)

```
                              POSITIONS
          NAME            TYPE  LENGTH BEG  END                          CONTENTS
---------------------------- ---- ------ ---------  --------------------------------------------------------------
```

```
                                                   7 = Other (cancel reason code = H)
                                                   8 = Combining 2 spells or 2 beneficiary records
                                                       (cancel reason code = L)

                                                   Warning indicator 7 ('state/county numeric indicator'
                                                   derived from checking the format of the beneficiary
                                                   residence SSA state code and beneficiary residence
                                                   county code on the final action claim(s) that comprise
                                                   the stay; determine if in numeric range):

                                                   0 = State and county codes are valid numeric values
                                                   1 = State and county codes are not in numeric range
                                                   2 = State code is not in numeric range
                                                   3 = County code is not in numeric range

                                                   Warning indicator 8 ('duplicate indicator' derived from
                                                   the presence of two claim records with the same claim
                                                   number, admission date, provider number, claim from/
                                                   thru date, HCFA process date and query code; death/
                                                   admission date indicator derived by comparing the
                                                   admission date on the final claim(s) that comprise the
                                                   stay to the beneficiary death date):

                                                   0 = Do duplicate record
                                                   1 = Duplicate record
                                                   2 = Death date < admission date
                                                   3 = Death date < admission date and duplicate record

                                                   Warning indicator 9 ('pass-thru indicator' derived from
                                                   the presence of a pass thru per diem amount on the final
                                                   action claim(s) that comprise the stay):

                                                   0 = No pass thru per diem present (Non-PPS)
                                                   1 = Pass thru per diem present on final action claim

                                                   Warning indicator 10 (eff 3/96 update) (rugs indicator
                                                   applicable to 'nhcmq rugs III SNF demo' stay records
                                                   derived from the presence of 9,000 series revenue
                                                   center codes.)

                                                   0 = No rugs 9,000 series revenue center codes
                                                   2 = Rugs 9,000 series revenue center code(s) with
                                                       service date 1/1/96 or later
                                                   3 = Rugs 9,000 series revenue center code(s) with
                                                       service date 7/1/96 or later
                                                   4 = Rugs 9,000 series revenue center code(s) with
                                                       service date 1/1/97 or later

                                                   Warning indicators 11 - 17 (not yet assigned; zeroes
                                                   will be present)

                                                   SOURCE:
                                                   MEDPAR
```