

Research Data Distribution Center

Hospice Claim Record -- Data Dictionary For SAS and CSV Datasets

<i>Variable Name</i>	<i>Label</i>
<i>BID</i>	<i>Beneficiary Identification Number</i> Beneficiary Identification Number for this data request
<i>REC_LEN</i>	<i>Record Length Count</i> Effective with Version H, the count (in bytes) of the length of the claim record. NOTE: During the Version H conversion this field was populated with data throughout history (back to service year 1991). 5 DIGITS SIGNED DB2 ALIAS: REC_LENGTH_CNT SAS ALIAS: REC_LEN STANDARD ALIAS: REC_LENGTH_CNT SOURCE: NCH
<i>REC_LVL</i>	<i>NCH Near-Line Record Version Code</i> The code indicating the record version of the Nearline file where the institutional, carrier or DMERC claims data are stored. DB2 ALIAS: NCH_REC_VRSN_CD SAS ALIAS: REC_LVL STANDARD ALIAS: NCH_NEAR_LINE_REC_VRSN_CD TITLE ALIAS: NCH_VERSION CODES: A = Record format as of January 1991 B = Record format as of April 1991 C = Record format as of May 1991 D = Record format as of January 1992 E = Record format as of March 1992 F = Record format as of May 1992 G = Record format as of October 1993 H = Record format as of September 1998 I = Record format as of July 2000 COMMENT: Prior to Version H this field was named: CLM_NEAR_LINE_REC_VRSN_CD. SOURCE: NCH
<i>RIC_CD</i>	<i>NCH Near Line Record Identification Code</i> A code defining the type of claim record being processed. COMMON ALIAS: RIC DB2 ALIAS: NEAR_LINE_RIC_CD SAS ALIAS: RIC_CD STANDARD ALIAS: NCH_NEAR_LINE_RIC_CD TITLE ALIAS: RIC CODES: REFER TO: NCH_NEAR_LINE_RIC_TB

Variable Name

Label

IN THE CODES APPENDIX
COMMENT:
Prior to Version H this field was named:
RIC_CD.
SOURCE:
NCH

MQA_RIC

NCH MQA RIC Code

Effective with Version H, the code used (for internal editing purposes) to identify the record being processed through HCFA's CWFMQA system.
NOTE: Beginning with NCH weekly process date 10/3/97 field was populated with data. Claims processed prior to 10/3/97 will contain spaces in this field.
DB2 ALIAS: NCH_MQA_RIC_CD
SAS ALIAS: MQA_RIC
STANDARD ALIAS: NCH_MQA_RIC_CD
TITLE ALIAS: MQA_RIC
CODES:
1 = Inpatient
2 = SNF
3 = Hospice
4 = Outpatient
5 = Home Health Agency
6 = Physician/Supplier
7 = Durable Medical Equipment
SOURCE:
NCH QA PROCESS

CLM_TYPE

NCH Claim Type Code

The code used to identify the type of claim record being processed in NCH.
NOTE1: During the Version H conversion this field was populated with data through- out history (back to service year 1991).
NOTE2: During the Version I conversion this field was expanded to include inpatient 'full' encounter claims (for service dates after 6/30/97).
Placeholders for Physician and Outpatient encounters (available in NMUD) have also been added.
DB2 ALIAS: NCH_CLM_TYPE_CD
SAS ALIAS: CLM_TYPE
STANDARD ALIAS: NCH_CLM_TYPE_CD
SYSTEM ALIAS: LTTYPE
TITLE ALIAS: CLAIM_TYPE
DERIVATION:
FFS CLAIM TYPE CODES DERIVED FROM:
NCH CLM_NEAR_LINE_RIC_CD
NCH PMT_EDIT_RIC_CD
NCH CLM_TRANS_CD
NCH PRVDR_NUM
INPATIENT 'FULL' ENCOUNTER TYPE CODE DERIVED FROM:
(Pre-HDC processing -- AVAILABLE IN NCH)
CLM_MCO_PD_SW
CLM_RLT_COND_CD
MCO_CNTRCT_NUM
MCO_OPTN_CD

Variable Name

Label

MCO_PRD_EFCTV_DT
MCO_PRD_TRMNTN_DT
INPATIENT 'FULL' ENCOUNTER TYPE CODE DERIVED
FROM:
(HDC processing -- AVAILABLE IN NMUD)
FI_NUM
INPATIENT 'ABBREVIATED' ENCOUNTER TYPE CODE
DERIVED
FROM: (HDC processing -- AVAILABLE IN NMUD)
FI_NUM
CLM_FAC_TYPE_CD
CLM_SRVC_CLSFCTN_TYPE_CD
CLM_FREQ_CD
NOTE: From 7/1/97 to the start of HDC processing(?),
abbreviated inpatient encounter claims are not
available in NCH or NMUD.
PHYSICIAN 'FULL' ENCOUNTER TYPE CODE DERIVED
FROM:
(AVAILABLE IN NMUD)
CARR_NUM
CLM_DEMO_ID_NUM
OUTPATIENT 'FULL' ENCOUNTER TYPE CODE DERIVED
FROM:
(AVAILABLE IN NMUD)
FI_NUM
OUTPATIENT 'ABBREVIATED' ENCOUNTER TYPE CODE
DERIVED FROM: (AVAILABLE IN NMUD)
FI_NUM
CLM_FAC_TYPE_CD
CLM_SRVC_CLSFCTN_TYPE_CD
CLM_FREQ_CD
DERIVATION RULES:
SET CLM_TYPE_CD TO 10 (HHA CLAIM) WHERE THE
FOLLOWING CONDITIONS ARE MET:
1. CLM_NEAR_LINE_RIC_CD EQUAL 'V','W' OR 'U'
2. PMT_EDIT_RIC_CD EQUAL 'F'
3. CLM_TRANS_CD EQUAL '5'
SET CLM_TYPE_CD TO 20 (SNF NON-SWING BED
CLAIM)
WHERE THE FOLLOWING CONDITIONS ARE MET:
1. CLM_NEAR_LINE_RIC_CD EQUAL 'V'
2. PMT_EDIT_RIC_CD EQUAL 'C' OR 'E'
3. CLM_TRANS_CD EQUAL '0' OR '4'
4. POSITION 3 OF PRVDR_NUM IS NOT 'U', 'W', 'Y'
OR 'Z'
SET CLM_TYPE_CD TO 30 (SNF SWING BED CLAIM)
WHERE THE FOLLOWING CONDITIONS ARE MET:
1. CLM_NEAR_LINE_RIC_CD EQUAL 'V'
2. PMT_EDIT_RIC_CD EQUAL 'C' OR 'E'
3. CLM_TRANS_CD EQUAL '0' OR '4'
4. POSITION 3 OF PRVDR_NUM EQUAL 'U', 'W', 'Y'
OR 'Z'
SET CLM_TYPE_CD TO 40 (OUTPATIENT CLAIM)
WHERE THE FOLLOWING CONDITIONS ARE MET:
1. CLM_NEAR_LINE_RIC_CD EQUAL 'W'
2. PMT_EDIT_RIC_CD EQUAL 'D'
3. CLM_TRANS_CD EQUAL '6'
SET CLM_TYPE_CD TO 41 (OUTPATIENT 'FULL'

Variable Name

Label

ENCOUNTER CLAIM -- AVAILABLE IN NMUD) WHERE THE FOLLOWING CONDITIONS ARE MET:
1. CLM_NEAR_LINE_RIC_CD EQUAL 'W'
2. PMT_EDIT_RIC_CD EQUAL 'D'
3. CLM_TRANS_CD EQUAL '6'
4. FI_NUM = 80881
SET CLM_TYPE_CD TO 42 (OUTPATIENT ENCOUNTER CLAIMS -- AVAILABLE IN NMUD)
1. FI_NUM = 80881
2. CLM_FAC_TYPE_CD = '1' OR '8'; CLM_SRVC_CLSFCTN_TYPE_CD = '2', '3' OR '4' & CLM_FREQ_CD = 'Z', 'Y' OR 'X'
SET CLM_TYPE_CD TO 50 (HOSPICE CLAIM) WHERE THE FOLLOWING CONDITIONS ARE MET:
1. CLM_NEAR_LINE_RIC_CD EQUAL 'V'
2. PMT_EDIT_RIC_CD EQUAL 'I'
3. CLM_TRANS_CD EQUAL 'H'
SET CLM_TYPE_CD TO 60 (INPATIENT CLAIM) WHERE THE FOLLOWING CONDITIONS ARE MET:
1. CLM_NEAR_LINE_RIC_CD EQUAL 'V'
2. PMT_EDIT_RIC_CD EQUAL 'C' OR 'E'
3. CLM_TRANS_CD EQUAL '1' '2' OR '3'
SET CLM_TYPE_CD TO 61 (INPATIENT 'FULL' ENCOUNTER CLAIM - PRIOR TO HDC PROCESSING - AFTER 6/30/97 - 12/4/00) WHERE THE FOLLOWING CONDITIONS ARE MET:
1. CLM_MCO_PD_SW = '1'
2. CLM_RLT_COND_CD = '04'
3. MCO_CNTRCT_NUM
MCO_OPTN_CD = 'C'
CLM_FROM_DT & CLM_THRU_DT ARE WITHIN THE MCO_PRD_EFCTV_DT & MCO_PRD_TRMNTN_DT ENROLLMENT PERIODS
SET CLM_TYPE_CD TO 61 (INPATIENT 'FULL' ENCOUNTER CLAIM -- EFFECTIVE WITH HDC PROCESSING) WHERE THE FOLLOWING CONDITIONS ARE MET:
1. CLM_NEAR_LINE_RIC_CD EQUAL 'V'
2. PMT_EDIT_RIC_CD EQUAL 'C' OR 'E'
3. CLM_TRANS_CD EQUAL '1' '2' OR '3'
4. FI_NUM = 80881
SET CLM_TYPE_CD TO 62 (INPATIENT 'ABBREVIATED' ENCOUNTER CLAIM -- AVAILABLE IN NMUD) WHERE THE FOLLOWING CONDITIONS ARE MET:
1. FI_NUM = 80881 AND
2. CLM_FAC_TYPE_CD = '1'; CLM_SRVC_CLSFCTN_TYPE_CD = '1'; CLM_FREQ_CD = 'Z'
SET CLM_TYPE_CD TO 71 (RIC O non-DMEPOS CLAIM) WHERE THE FOLLOWING CONDITIONS ARE MET:
1. CLM_NEAR_LINE_RIC_CD EQUAL 'O'
2. HCPCS_CD not on DMEPOS table
SET CLM_TYPE_CD TO 72 (RIC O DMEPOS CLAIM) WHERE THE FOLLOWING CONDITIONS ARE MET:
1. CLM_NEAR_LINE_RIC_CD EQUAL 'O'
2. HCPCS_CD on DMEPOS table (NOTE: if one or more line item(s) match the HCPCS on the

Variable Name

Label

DMEPOS table).
SET CLM_TYPE_CD TO 73 (PHYSICIAN ENCOUNTER CLAIM--
EFFECTIVE WITH HDC PROCESSING) WHERE THE FOLLOWING
CONDITIONS ARE MET:
1. CARR_NUM = 80882 AND
2. CLM_DEMO_ID_NUM = 38
SET CLM_TYPE_CD TO 81 (RIC M non-DMEPOS DMERC CLAIM)
WHERE THE FOLLOWING CONDITIONS ARE MET:
1. CLM_NEAR_LINE_RIC_CD EQUAL 'M'
2. HCPCS_CD not on DMEPOS table
SET CLM_TYPE_CD TO 82 (RIC M DMEPOS DMERC CLAIM)
WHERE THE FOLLOWING CONDITIONS ARE MET:
1. CLM_NEAR_LINE_RIC_CD EQUAL 'M'
2. HCPCS_CD on DMEPOS table (NOTE: if one or more line item(s) match the HCPCS on the DMEPOS table).
CODES:
REFER TO: NCH_CLM_TYPE_TB
IN THE CODES APPENDIX
SOURCE:
NCH

CAN

Beneficiary Claim Account Number (BLANKED)

The number identifying the primary beneficiary under the SSA or RRB programs submitted.
COMMON ALIAS: CAN
DA3 ALIAS: CLAIM_ACCOUNT_NUMBER
DB2 ALIAS: BENE_CLM_ACNT_NUM
SAS ALIAS: CAN
STANDARD ALIAS: BENE_CLM_ACNT_NUM
TITLE ALIAS: CAN
SOURCE:
SSA,RRB
LIMITATIONS:
RRB-issued numbers contain an overpunch in the first position that may appear as a plus zero or A-G. RRB-formatted numbers may cause matching problems on non-IBM machines.

EQ_BIC

NCH Category Equatable Beneficiary Identification Code

The code categorizing groups of BICs representing similar relationships between the beneficiary and the 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.)
COMMON ALIAS: NCH_BASE_CATEGORY_BIC
DB2 ALIAS: CTGRY_EQTBL_BIC
SAS ALIAS: EQ_BIC

Variable Name

Label

STANDARD ALIAS: NCH_CTGRY_EQTBL_BIC_CD
TITLE ALIAS: EQUATED_BIC
CODES:
REFER TO: CTGRY_EQTBL_BENE_IDENT_TB
IN THE CODES APPENDIX
COMMENT:
Prior to Version H this field was named:
CTGRY_EQTBL_BENE_IDENT_CD.
SOURCE:
BIC EQUATE MODULE

BIC

Beneficiary Identification Code

The code identifying the type of relationship between an individual and a primary Social Security Administration (SSA) beneficiary or a primary Railroad Board (RRB) beneficiary.
COMMON ALIAS: BIC
DA3 ALIAS: BENE_IDENT_CODE
DB2 ALIAS: BENE_IDENT_CD
SAS ALIAS: BIC
STANDARD ALIAS: BENE_IDENT_CD
TITLE ALIAS: BIC
EDIT-RULES:
EDB REQUIRED FIELD
CODES:
REFER TO: BENE_IDENT_TB
IN THE CODES APPENDIX
SOURCE:
SSA/RRB

ST_SGMT

NCH State Segment Code

The code identifying the segment of the NCH Nearline file containing the beneficiary's record for a specific service year. Effective 12/96, segmentation is by then final action sequence within residence state. (Prior to 12/96, segmentation was by ranges of county codes within the residence state.)
DB2 ALIAS: NCH_STATE_SGMT_CD
SAS ALIAS: ST_SGMT
STANDARD ALIAS: NCH_STATE_SGMT_CD
TITLE ALIAS: NEAR_LINE_SEGMENT
CODES:
REFER TO: NCH_STATE_SGMT_TB
IN THE CODES APPENDIX
COMMENT:
Prior to Version H this field was named:
BENE_STATE_SGMT_NEAR_LINE_CD.
SOURCE:
NCH

STATE_CD

Beneficiary Residence SSA Standard State Code

The SSA standard state code of a beneficiary's residence.
DA3 ALIAS: SSA_STANDARD_STATE_CODE
DB2 ALIAS: BENE_SSA_STATE_CD
SAS ALIAS: STATE_CD
STANDARD ALIAS: BENE_RSDNC_SSA_STD_STATE_CD
TITLE ALIAS: BENE_STATE_CD
EDIT-RULES:

Variable Name

Label

OPTIONAL: MAY BE BLANK
CODES:
REFER TO: GEO_SSA_STATE_TB
IN THE CODES APPENDIX
COMMENT:
1. Used in conjunction with a county code, as selection criteria for the determination of payment rates for HMO reimbursement.
2. Concerning individuals directly billable for Part B and/or Part A premiums, this element is used to determine if the beneficiary will receive a bill in English or Spanish.
3. Also used for special studies.
SOURCE:
SSA/EDB

FROM_DT

Claim From Date

The first day on the billing statement covering services rendered to the beneficiary (a.k.a. 'Statement Covers From Date').
NOTE: For Home Health PPS claims, the 'from' date and the 'thru' date on the RAP (initial claim) must always match.
8 DIGITS UNSIGNED
DB2 ALIAS: CLM_FROM_DT
SAS ALIAS: FROM_DT
STANDARD ALIAS: CLM_FROM_DT
TITLE ALIAS: FROM_DATE
EDIT-RULES:
YYYYMMDD
SOURCE:
CWF

THRU_DT

Claim Through Date

The last day on the billing statement covering services rendered to the beneficiary (a.k.a. 'Statement Covers Thru Date').
NOTE: For Home Health PPS claims, the 'from' date and the 'thru' date on the RAP (initial claim) must always match.
8 DIGITS UNSIGNED
DB2 ALIAS: CLM_THRU_DT
SAS ALIAS: THRU_DT
STANDARD ALIAS: CLM_THRU_DT
TITLE ALIAS: THRU_DATE
EDIT-RULES:
YYYYMMDD
SOURCE:
CWF

WKLY_DT

NCH Weekly Claim Processing Date

The date the weekly NCH database load process cycle begins, during which the claim records are loaded into the Nearline file.
This date will always be a Friday, although the claims will actually be appended to the database subsequent to the date.
8 DIGITS UNSIGNED

<i>Variable Name</i>	<i>Label</i>	
		DB2 ALIAS: NCH_WKLY_PROC_DT SAS ALIAS: WKLY_DT STANDARD ALIAS: NCH_WKLY_PROC_DT TITLE ALIAS: NCH_PROCESS_DT EDIT-RULES: YYYYMMDD COMMENT: Prior to Version H this field was named: HCFA_CLM_PROC_DT. SOURCE: NCH
<i>ACRTN_DT</i>	<i>CWF Claim Accretion Date</i>	The date the claim record is accreted (posted/ processed) to the beneficiary master record at the CWF host site and authorization for payment is returned to the fiscal intermediary or carrier. 8 DIGITS UNSIGNED DB2 ALIAS: CWF_CLM_ACRTN_DT SAS ALIAS: ACRTN_DT STANDARD ALIAS: CWF_CLM_ACRTN_DT TITLE ALIAS: ACCRETION_DT EDIT-RULES: YYYYMMDD SOURCE: CWF
<i>ACRTN_NM</i>	<i>CWF Claim Accretion Number</i>	The sequence number assigned to the claim record when accreted (posted/processed) to the beneficiary master record at the CWF host site on a given date. This element indicates the position of the claim within that day's processing at the CWF host. **Exception: If the claim record is missing the accretion date HCFA's CWFMQA system places a zero in the accretion number. 3 DIGITS SIGNED DB2 ALIAS: CWF_CLM_ACRTN_NUM SAS ALIAS: ACRTN_NM STANDARD ALIAS: CWF_CLM_ACRTN_NUM TITLE ALIAS: ACCRETION_NUMBER SOURCE: CWF
<i>CLM_CNTL</i>	<i>FI Document Claim Control Number</i>	Unique control number assigned by an intermediary to an institutional claim. COMMON ALIAS: ICN DB2 ALIAS: DOC_CLM_CNTL_NUM SAS ALIAS: CLM_CNTL STANDARD ALIAS: FI_DOC_CLM_CNTL_NUM TITLE ALIAS: ICN SOURCE: CWF
<i>ORIGCNTL</i>	<i>FI Original Claim Control Number</i>	

Variable Name

Label

Effective with Version G, the original intermediary control number (ICN) which is present on adjustment claims, representing the ICN of the original transaction now being adjusted.
COMMON ALIAS: ORIGINAL_ICN
DB2 ALIAS: ORIG_CLM_CNTL_NUM
SAS ALIAS: ORIGCNTL
STANDARD ALIAS: FI_ORIG_CLM_CNTL_NUM
TITLE ALIAS: ORIGINAL_ICN
SOURCE:
CWF

QUERY_CD

Claim Query Code

Code indicating the type of claim record being processed with respect to payment (debit/credit indicator; interim/final indicator).
DB2 ALIAS: CLM_QUERY_CD
SAS ALIAS: QUERY_CD
STANDARD ALIAS: CLM_QUERY_CD
TITLE ALIAS: QUERY_CD
CODES:
0 = Credit adjustment
1 = Interim bill
2 = Home Health Agency (HHA) benefits exhausted (obsolete 7/98)
3 = Final bill
4 = Discharge notice (obsolete 7/98)
5 = Debit adjustment
SOURCE:
CWF

PROVIDER

Provider Number

The identification number of the institutional provider certified by Medicare to provide services to the beneficiary.
DB2 ALIAS: PRVDR_NUM
SAS ALIAS: PROVIDER
STANDARD ALIAS: PRVDR_NUM
TITLE ALIAS: PROVIDER_NUMBER
CODES:
REFER TO: PRVDR_NUM_TB
IN THE CODES APPENDIX
SOURCE:
OSCAR

DAILY_DT

NCH Daily Process Date

Effective with Version H, the date the claim record was processed by HCFA's CWFMA system (used for internal editing purposes).
Effective with Version I, this date is used in conjunction with the NCH Segment Link Number to keep claims with multiple records/ segments together.
NOTE1: With Version 'H' this field was populated with data beginning with NCH weekly process date 10/3/97. Under Version 'I' claims prior to 10/3/97, that were blank under Version 'H', were populated with a date.
8 DIGITS UNSIGNED

Variable Name

Label

DB2 ALIAS: NCH_DAILY_PROC_DT
SAS ALIAS: DAILY_DT
STANDARD ALIAS: NCH_DAILY_PROC_DT
TITLE ALIAS: DAILY_PROCESS_DT
EDIT-RULES:
YYYYMMDD
SOURCE:
NCH

LINK_NUM

NCH Segment Link Number

Effective with Version 'I', the system generated number used in conjunction with the NCH daily process date to keep records/segments belonging to a specific claim together. This field was added to ensure that records/segments that come in on the same batch with the same identifying information in the link group are not mixed with each other. NOTE: During the Version I conversion this field was populated with data throughout history (back to service year 1991).
9 DIGITS SIGNED
DB2 ALIAS: NCH_SGMT_LINK_NUM
SAS ALIAS: LINK_NUM
STANDARD ALIAS: NCH_SGMT_LINK_NUM
TITLE ALIAS: LINK_NUM
SOURCE:
NCH

SGMT_CNT

Claim Total Segment Count

Effective with Version I, the count used to identify the total number of segments associated with a given claim. Each claim could have up to 10 segments. NOTE: During the Version I conversion, this field was populated with data throughout history (back to service year 1991). For institutional claims, the count for claims prior to 7/00 will be 1 or 2 (1 if 45 or less revenue center lines on a claim and 2 if more than 45 revenue center lines on a claim). For noninstitutional claims, the count will always be 1.
2 DIGITS UNSIGNED
DB2 ALIAS: TOT_SGMT_CNT
SAS ALIAS: SGMT_CNT
STANDARD ALIAS: CLM_TOT_SGMT_CNT
TITLE ALIAS: SEGMENT_COUNT
SOURCE:
CWF

SGMT_NUM

Claim Segment Number

Effective with Version I, the number used to identify an actual record/segment (1 - 10) associated with a given claim. NOTE: During the Version I conversion this field was populated with data throughout history (back to service year 1991).

Variable Name

Label

For institutional claims prior to 7/00, this number will be either 1 or 2. For noninstitutional claims, the number will always be 1.
2 DIGITS UNSIGNED
DB2 ALIAS: CLM_SGMT_NUM
SAS ALIAS: SGMT_NUM
STANDARD ALIAS: CLM_SGMT_NUM
TITLE ALIAS: SEGMENT_NUMBER
SOURCE:
CWF

LINECNT

Claim Total Line Count

Effective with Version I, the count used to identify the total number of revenue center lines associated with the claim.
NOTE: During the Version I conversion this field was populated with data throughout history (back to service year 1991). Prior to Version 'I', the maximum line count will be no more than 58. Effective with Version 'I', the maximum line count could be 450.
3 DIGITS UNSIGNED
DB2 ALIAS: TOT_LINE_CNT
SAS ALIAS: LINECNT
STANDARD ALIAS: CLM_TOT_LINE_CNT
TITLE ALIAS: TOTAL_LINE_COUNT
SOURCE:
CWF

SGMTLINE

Claim Segment Line Count

Effective with Version I, the count used to identify the number of revenue center lines on a record/segment.
NOTE: During the Version I conversion this field was populated with data throughout history (back to service year 1991). The maximum line count per record/segment is 45.
2 DIGITS UNSIGNED
DB2 ALIAS: SGMT_LINE_CNT
SAS ALIAS: SGMTLINE
STANDARD ALIAS: CLM_SGMT_LINE_CNT
TITLE ALIAS: SEGMENT_LINE_COUNT
SOURCE:
CWF

PE_RIC

NCH Payment and Edit Record Identification Code

The code used for payment and editing purposes that indicates the type of institutional claim record.
DB2 ALIAS: PMT_EDIT_RIC_CD
SAS ALIAS: PE_RIC
STANDARD ALIAS: NCH_PMT_EDIT_RIC_CD
TITLE ALIAS: NCH_PAYMENT_EDIT_RIC
CODES:
C = Inpatient hospital, SNF
D = Outpatient
E = Religious Nonmedical Health Care Institutions (eff.

Variable Name

Label

Christian Science, prior to 7/00
F = Home Health Agency (HHA)
G = Discharge notice
(obsoleted 7/98)
I = Hospice
COMMENT:
Prior to Version H this field was named:
PMT_EDIT_RIC_CD.
SOURCE:
NCH QA Process

TRANS_CD

Claim Transaction Code

The code derived by CWF to indicate the type of claim submitted by an institutional provider.
DB2 ALIAS: CLM_TRANS_CD
SAS ALIAS: TRANS_CD
STANDARD ALIAS: CLM_TRANS_CD
SYSTEM ALIAS: LTCLTRAN
TITLE ALIAS: TRANSACTION_CODE
CODES:
REFER TO: CLM_TRANS_TB
IN THE CODES APPENDIX
SOURCE:
CWF

FAC_TYPE

Claim Facility Type Code

The first digit of the type of bill (TOB1) submitted on an institutional claim used to identify the type of facility that provided care to the beneficiary.
COMMON ALIAS: TOB1
DB2 ALIAS: CLM_FAC_TYPE_CD
SAS ALIAS: FAC_TYPE
STANDARD ALIAS: CLM_FAC_TYPE_CD
TITLE ALIAS: TOB1
CODES:
REFER TO: CLM_FAC_TYPE_TB
IN THE CODES APPENDIX
SOURCE:
CWF

TYPESRVC

Claim Service Classification Type Code

The second digit of the type of bill (TOB2) submitted on an institutional claim record to indicate the classification of the type of service provided to the beneficiary.
COMMON ALIAS: TOB2
DB2 ALIAS: SRVC_CLSFCTN_CD
SAS ALIAS: TYPESRVC
STANDARD ALIAS: CLM_SRVC_CLSFCTN_TYPE_CD
TITLE ALIAS: TOB2
CODES:
REFER TO: CLM_SRVC_CLSFCTN_TYPE_TB
IN THE CODES APPENDIX
SOURCE:
CWF

FREQ_CD

Claim Frequency Code

The third digit of the type of bill (TOB3) submitted on an institutional claim record to indicate the sequence of a

Variable Name

Label

claim in the beneficiary's current episode of care.
COMMON ALIAS: TOB3
DB2 ALIAS: CLM_FREQ_CD
SAS ALIAS: FREQ_CD
STANDARD ALIAS: CLM_FREQ_CD
SYSTEM ALIAS: LTFREQ
TITLE ALIAS: FREQUENCY_CD
CODES:
REFER TO: CLM_FREQ_TB
IN THE CODES APPENDIX
SOURCE:
CWF

MQAQUERY

NCH MQA Query Patch Code

Effective with Version H, a code used (for internal editing purposes) to indicate that the CWFMQA process changed the query code submitted on the claim record.
NOTE: Beginning with NCH weekly process date 10/3/97 field was populated with data. Claims processed prior to 10/3/97 will contain spaces in this field.
DB2 ALIAS: MQA_QUERY_PATCH_CD
SAS ALIAS: MQAQUERY
STANDARD ALIAS: NCH_MQA_QUERY_PATCH_CD
TITLE ALIAS: MQA_QUERY_PATCH_IND
CODES:
Y = MQA changed bill query code on a action code 6 (force action code 2) bill to a zero. (Eff. 10/12/93)
Z = MQA changed bill query code on a action code 4 (cancel only adjustment) bill to zero. (Eff. 5/16/94)
SOURCE:
NCH QA Process

DISP_CD

Claim Disposition Code

Code indicating the disposition or outcome of the processing of the claim record.
DB2 ALIAS: CLM_DISP_CD
SAS ALIAS: DISP_CD
STANDARD ALIAS: CLM_DISP_CD
TITLE ALIAS: DISPOSITION_CD
CODES:
REFER TO: CLM_DISP_TB
IN THE CODES APPENDIX
SOURCE:
CWF

EDITDISP

NCH Edit Disposition Code

Effective with Version H, a code used (for internal editing purposes) to indicate the disposition of the claim after editing in the CWFMQA process.
NOTE: Beginning with NCH weekly process date 10/3/97 field was populated with data. Claims processed prior to 10/3/97 will contain spaces in this field.
DB2 ALIAS: NCH_EDIT_DISP_CD
SAS ALIAS: EDITDISP
STANDARD ALIAS: NCH_EDIT_DISP_CD
TITLE ALIAS: NCH_EDIT_DISP

Variable Name

Label

CODES:
00 = No MQA errors
10 = Possible duplicate
20 = Utilization error
30 = Consistency error
40 = Entitlement error
50 = Identification error
60 = Logical duplicate
70 = Systems duplicate
SOURCE:
NCH QA Process

BIC_MDFY

NCH Claim BIC Modify H Code

Effective with Version H, the code used (for internal editing purposes) to identify a claim record that was submitted with an incorrect HA, HB, or HC BIC.
NOTE: Beginning with NCH weekly process date 10/3/97 field was populated with data. Claims processed prior to 10/3/97 will contain spaces in this field.
DB2 ALIAS: NCH_BIC_MDFY_CD
SAS ALIAS: BIC_MDFY
STANDARD ALIAS: NCH_CLM_BIC_MDFY_CD
TITLE ALIAS: BIC_MODIFY_CD
CODES:
H = BIC submitted by CWF = HA, HB or HC
blank = No HA, HB or HC BIC present
SOURCE:
NCH QA Process

CNTY_CD

Beneficiary Residence SSA Standard County Code

The SSA standard county code of a beneficiary's residence.
DA3 ALIAS: SSA_STANDARD_COUNTY_CODE
DB2 ALIAS: BENE_SSA_CNTY_CD
SAS ALIAS: CNTY_CD
STANDARD ALIAS: BENE_RSDNC_SSA_STD_CNTY_CD
TITLE ALIAS: BENE_COUNTY_CD
EDIT-RULES:
OPTIONAL: MAY BE BLANK
SOURCE:
SSA/EDB

RCPT_DT

FI Claim Receipt Date

The date the fiscal intermediary received the institutional claim from the provider.
8 DIGITS UNSIGNED
DB2 ALIAS: FI_CLM_RCPT_DT
SAS ALIAS: RCPT_DT
STANDARD ALIAS: FI_CLM_RCPT_DT
TITLE ALIAS: RECEIPT_DT
EDIT-RULES:
YYYYMMDD
COMMENT:
Prior to Version H this field was named:
FICARR_CLM_RCPT_DT.
SOURCE:
CWF

SCHLD_DT

FI Claim Scheduled Payment Date

Variable Name

Label

The scheduled date of payment to the institutional provider, as reflected on the claim record transmitted to the CWF host. Note:

This date is considered to be the date paid since no additional information as to the actual payment date is available.

8 DIGITS UNSIGNED

DB2 ALIAS: FI_SCHLD_PMT_DT

SAS ALIAS: SCHLD_DT

STANDARD ALIAS: FI_CLM_SCHLD_PMT_DT

TITLE ALIAS: SCHEDULED_PMT_DT

EDIT-RULES:

YYYYMMDD

COMMENT:

Prior to Version H this field was named:

FICARR_CLM_PMT_DT.

SOURCE:

CWF

FRWRD_DT

CWF Forwarded Date

Effective with Version H, the date CWF forwarded the claim record to HCFA (used for internal editing purposes).

NOTE: Beginning with NCH weekly process date 10/3/97 field was populated with data. Claims processed prior to 10/3/97 will contain zeroes in this field.

8 DIGITS UNSIGNED

DB2 ALIAS: CWF_FRWRD_DT

SAS ALIAS: FRWRD_DT

STANDARD ALIAS: CWF_FRWRD_DT

TITLE ALIAS: FORWARD_DT

EDIT-RULES:

YYYYMMDD

SOURCE:

CWF

FI_NUM

FI Number

The identification number assigned by HCFA to a fiscal intermediary authorized to process institutional claim records.

DB2 ALIAS: FI_NUM

SAS ALIAS: FI_NUM

STANDARD ALIAS: FI_NUM

SYSTEM ALIAS: LTFI

TITLE ALIAS: INTERMEDIARY

CODES:

REFER TO: FI_NUM_TB
IN THE CODES APPENDIX

COMMENT:

Prior to Version H this field was named:

FICARR_IDENT_NUM.

SOURCE:

CWF

ASGN_NUM

CWF Claim Assigned Number

Effective with Version H, the number assigned to an institutional claim record by CWF (used for internal editing purposes).

NOTE: Beginning with NCH weekly process date

<i>Variable Name</i>	<i>Label</i>	
		10/3/97 this field was populated with data. Claims processed prior to 10/3/97 will contain spaces in this field. DB2 ALIAS: CWF_CLM_ASGN_NUM SAS ALIAS: ASGN_NUM STANDARD ALIAS: CWF_CLM_ASGN_NUM TITLE ALIAS: ASSIGNED_NUM SOURCE: CWF
<i>FIBATCH</i>	<i>CWF Transmission Batch Number</i>	Effective with Version H, the number assigned to each batch of claims transactions sent from CWF(used for internal editing purposes). NOTE: Beginning 11/98, this field will be populated with data. Claims processed prior to 11/98 will contain spaces in this field. DB2 ALIAS: TRNSMSN_BATCH_NUM SAS ALIAS: FIBATCH STANDARD ALIAS: CWF_TRNSMSN_BATCH_NUM TITLE ALIAS: BATCH_NUM SOURCE: CWF
<i>BENE_ZIP</i>	<i>Beneficiary Mailing Contact ZIP Code</i>	The ZIP code of the mailing address where the beneficiary may be contacted. DB2 ALIAS: BENE_MLG_ZIP_CD SAS ALIAS: BENE_ZIP STANDARD ALIAS: BENE_MLG_CNTCT_ZIP_CD TITLE ALIAS: BENE_ZIP SOURCE: EDB
<i>SEX</i>	<i>Beneficiary Sex Identification Code</i>	The sex of a beneficiary. COMMON ALIAS: SEX_CD DA3 ALIAS: SEX_CODE DB2 ALIAS: BENE_SEX_IDENT_CD SAS ALIAS: SEX STANDARD ALIAS: BENE_SEX_IDENT_CD SYSTEM ALIAS: LTSEX TITLE ALIAS: SEX_CD EDIT-RULES: REQUIRED FIELD CODES: 1 = Male 2 = Female 0 = Unknown SOURCE: SSA,RRB,EDB
<i>RACE</i>	<i>Beneficiary Race Code</i>	The race of a beneficiary. DA3 ALIAS: RACE_CODE DB2 ALIAS: BENE_RACE_CD SAS ALIAS: RACE STANDARD ALIAS: BENE_RACE_CD

Variable Name

Label

SYSTEM ALIAS: LTRACE
 TITLE ALIAS: RACE_CD
 CODES:
 0 = Unknown
 1 = White
 2 = Black
 3 = Other
 4 = Asian
 5 = Hispanic
 6 = North American Native
 SOURCE:
 SSA

BENE_DOB

Beneficiary Birth Date

The beneficiary's date of birth.
 8 DIGITS UNSIGNED
 DB2 ALIAS: BENE_BIRTH_DT
 SAS ALIAS: BENE_DOB
 STANDARD ALIAS: BENE_BIRTH_DT
 TITLE ALIAS: BENE_BIRTH_DATE
 EDIT-RULES:
 YYYYMMDD
 SOURCE:
 CWF

MS_CD

CWF Beneficiary Medicare Status Code

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

Variable Name

Label

31 = ESRD only
COMMENT:
Prior to Version H this field was named:
BENE_MDCR_STUS_CD. The name has been changed
to distinguish this CWF-derived field from the
EDB-derived MSC (BENE_MDCR_STUS_CD).
SOURCE:
CWF

SURNAME

Claim Patient 6 Position Surname

The first 6 positions of the Medicare patient's surname (last name) as reported by the provider on the claim.
NOTE1: Prior to Version H, this field was only present on the IP/SNF claim record.
Effective with Version H, this field is present on all claim types.
NOTE2: For OP, HHA, Hospice and all Carrier claims, data was populated beginning with NCH weekly process 10/3/97. Claims processed prior to 10/3/97 will contain spaces in this field.
COMMON ALIAS: PATIENT_SURNAME
DB2 ALIAS: PTNT_6_PSTN_SURNM
SAS ALIAS: SURNAME
STANDARD ALIAS: CLM_PTNT_6_PSTN_SURNM_NAME
TITLE ALIAS: PATIENT_SURNAME
SOURCE:
CWF

FRSTINIT

Claim Patient 1st Initial Given Name

The first initial of the Medicare patient's given name (first name) as reported by the provider on the claim.
NOTE1: Prior to Version H, this field was only present on the IP/SNF claim record.
Effective with Version H, this field is present on all claim types.
NOTE2: For OP, HHA, Hospice and all Carrier claims, data was populated beginning with NCH weekly process date 10/3/97. Claims processed prior to 10/3/97 will contain spaces in this field.
COMMON ALIAS: PATIENT_GIVEN_NAME
DB2 ALIAS: 1ST_INITL_GVN_NAME
SAS ALIAS: FRSTINIT
STANDARD ALIAS: CLM_PTNT_1ST_INITL_GVN_NAME
TITLE ALIAS: PATIENT_FIRST_INITIAL
SOURCE:
CWF

MDL_INIT

Claim Patient First Initial Middle Name

The first initial of the Medicare patient's middle name as reported by the provider on the claim.
NOTE1: Prior to Version H, this field was only present on the IP/SNF claim record.
Effective with Version H, this field is present on all claim types.
NOTE2: For OP, HHA, Hospice and all Carrier claims,

Variable Name

Label

data was populated beginning with NCH weekly process date 10/3/97. Claims processed prior to 10/3/97 will contain spaces in this field.
COMMON ALIAS: PATIENT_MIDDLE_NAME
DB2 ALIAS: 1ST_INITL_MDL_NAME
SAS ALIAS: MDL_INIT
STANDARD ALIAS: CLM_PTNT_1ST_INITL_MDL_NAME
TITLE ALIAS: PATIENT_MIDDLE_INITIAL
SOURCE:
CWF

CWFLOCCD

Beneficiary CWF Location Code

The code that identifies the Common Working File (CWF) location (the host site) where a beneficiary's Medicare utilization records are maintained.
COMMON ALIAS: CWF_HOST
DB2 ALIAS: BENE_CWF_LOC_CD
SAS ALIAS: CWFLOCCD
STANDARD ALIAS: BENE_CWF_LOC_CD
SYSTEM ALIAS: LTCWFLOC
TITLE ALIAS: CWF_HOST
CODES:
B = Mid-Atlantic
C = Southwest
D = Northeast
E = Great Lakes
F = Great Western
G = Keystone
H = Southeast
I = South
J = Pacific
SOURCE:
CWF

PDGNS_CD

Claim Principal Diagnosis Code

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

NOPAY_CD

Claim Medicare Non Payment Reason Code

The reason that no Medicare payment is made for services on an institutional claim.
NOTE: Effective with Version I, this field was put on all institutional claim types.
Prior to Version I, this field was present

Variable Name

Label

only on inpatient/SNF claims.
DB2 ALIAS: MDCR_NPMT_RSN_CD
SAS ALIAS: NOPAY_CD
STANDARD ALIAS: CLM_MDCR_NPMT_RSN_CD
SYSTEM ALIAS: LTNPMT
TITLE ALIAS: NON_PAYMENT_REASON
EDIT-RULES:
OPTIONAL
CODES:
REFER TO: CLM_MDCR_NPMT_RSN_TB
IN THE CODES APPENDIX
SOURCE:
CWF

TRTMT_CD

Claim Excepted/Nonexcepted Medical Treatment Code

Effective with Version I, the code used to identify whether or not the medical care or treatment received by a beneficiary, who has elected care from a Religious Nonmedical Health Care Institution (RNHCI), is excepted or nonexcepted. Excepted is medical care or treatment that is received involuntarily or is required under Federal, State or local law. Nonexcepted is defined as medical care or treatment other than excepted.
DB2 ALIAS: EXCPTD_NEXCPTD_CD
SAS ALIAS: TRTMT_CD
STANDARD ALIAS:
TITLE ALIAS: EXCPTD_NEXCPTD_CD
CODES:
0 = No Entry
1 = Excepted
2 = Nonexcepted
SOURCE:
CWF

PMT_AMT

Claim Payment Amount

Amount of payment made from the Medicare trust fund for the services covered by the claim record. Generally, the amount is calculated by the FI or carrier; and represents what was paid to the institutional provider, physician, or supplier, with the exceptions noted below. **NOTE: In some situations, a negative claim payment amount may be 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 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), indirect medical education (since 10/1/88), total PPS capital (since 10/1/91). It does NOT include the pass thru amounts (i.e., capital-related costs, direct medical

Variable Name

Label

education costs, kidney acquisition costs, bad debts); or any beneficiary-paid amounts (i.e., deductibles and coinsurance); or any other payer reimbursement. Under SNF PPS, SNFs will classify beneficiaries using the patient classification system known as RUGS III. For the SNF PPS claim, the SNF PRICER will calculate/return the rate for each revenue center line item with revenue center code '0022'; multiply the rate times the units count; and then sum the amount payable for all lines with revenue center code '0022' to determine the total claim payment amount. Under Outpatient PPS, the national ambulatory payment classification (APC) rate that is calculated for each APC group is the basis for determining the total payment. The Medicare payment amount takes into account the wage adjustment and the beneficiary deductible and coinsurance amounts. NOTE: There is no CWF edit check to validate the revenue center Medicare payment amount equals the claim level Medicare payment amount. Under Home Health PPS, beneficiaries will be classified into an appropriate case mix category known as the Home Health Resource Group. A HIPPS code is then generated corresponding to the case mix category (HHRG). For the RAP, the PRICER will determine the payment appropriate to the HIPPS code by computing 60% (for first episode) or 50% (for subsequent episodes) of the case mix episode payment. The payment is then wage index. For the final claim, PRICER calculates 100% of the amount due, because the final claim is processed as an adjustment to the RAP, reversing the RAP payment in full. Although final claim will show 100% payment amount, the provider actually receive the 40% or 50% payment. Exceptions: For claims involving demos and BBA data, the amount reported in this field may not just represent the actual provider payment. For demo lds '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 lds '05','15' -- encounter data 'claims' contain amount Medicare would have paid under FFS, instead of the actual payment to the MCO. For demo lds '06','07','08' -- claims contain actual provider payment but represent a special negotiated bundled payment for both Part A and Part B services. To identify what the conventional provider Part A payment would have been, check value code = 'Y4'. The related noninstitutional (physician/supplier) claims contain what would have been paid had there been no demo. For BBA encounter data (non-demo) -- 'claims' contain amount Medicare would have paid under FFS, instead of the actual payment to the BBA plan.

9.2 DIGITS SIGNED
COMMON ALIAS: REIMBURSEMENT
DB2 ALIAS: CLM_PMT_AMT
SAS ALIAS: PMT_AMT

Variable Name

Label

STANDARD ALIAS: CLM_PMT_AMT
TITLE ALIAS: REIMBURSEMENT
EDIT-RULES:
\$\$\$\$\$\$\$SCC
COMMENT:
Prior to Version H the size of this field was S9(7)V99. Als the noninstitutional claim records carried this field as a I item. Effective with Version H, this element is a claim lev field across all claim types (and the line item field has be renamed.)
SOURCE:
CWF
LIMITATIONS:
Prior to 4/6/93, on inpatient, outpatient, and physician/supplier claims containing a CLM_DISP_CD of '02', the amount shown as the Medicare reimbursement does not take into consideration any CWF automatic adjustments (involving erroneous deductibles in most cases). In as many as 30% of the claims (30% IP, 15% OP, 5% PART B), the reimbursement reported on the claims may be over or under the actual Medicare payment amount.

PRPAYAMT

NCH Primary Payer Claim Paid Amount

The amount of a payment made on behalf of a Medicare beneficiary by a primary payer other than Medicare, that the provider is applying to covered Medicare charges on an institutional, carrier, or DMERC claim.
9.2 DIGITS SIGNED
DB2 ALIAS: PRMRY_PYR_PD_AMT
SAS ALIAS: PRPAYAMT
STANDARD ALIAS: NCH_PRMRY_PYR_CLM_PD_AMT
TITLE ALIAS: PRIMARY_PAYER_AMOUNT
EDIT-RULES:
\$\$\$\$\$\$\$SCC
COMMENT:
Prior to Version H this field was named: BENE_PRMRY_PYR_CLM_PMT_AMT and the field size was S9(7)V99.
SOURCE:
NCH

PRPAY_CD

NCH Primary Payer Code

The code, on an institutional claim, specifying a federal non-Medicare program or other source that has primary responsibility for the payment of the Medicare beneficiary's health insurance bills.
DB2 ALIAS: NCH_PRMRY_PYR_CD
SAS ALIAS: PRPAY_CD
STANDARD ALIAS: NCH_PRMRY_PYR_CD
TITLE ALIAS: PRIMARY_PAYER_CD
DERIVATION:
DERIVED FROM:
CLM_VAL_CD
CLM_VAL_AMT
DERIVATION RULES
SET NCH_PRMRY_PYR_CD TO 'A' WHERE THE CLM_VAL_CD = '12'

Variable Name

Label

SET NCH_PRMRY_PYR_CD TO 'B' WHERE THE
CLM_VAL_CD = '13'
SET NCH_PRMRY_PYR_CD TO 'C' WHERE THE
CLM_VAL_CD = '16' and CLM_VAL_AMT is zeroes
SET NCH_PRMRY_PYR_CD TO 'D' WHERE THE
CLM_VAL_CD = '14'
SET NCH_PRMRY_PYR_CD TO 'E' WHERE THE
CLM_VAL_CD = '15'
SET NCH_PRMRY_PYR_CD TO 'F' WHERE THE
CLM_VAL_CD = '16' (CLM_VAL_AMT not
equal to zeroes)
SET NCH_PRMRY_PYR_CD TO 'G' WHERE THE
CLM_VAL_CD = '43'
SET NCH_PRMRY_PYR_CD TO 'H' WHERE THE
CLM_VAL_CD = '41'
SET NCH_PRMRY_PYR_CD TO 'I' WHERE THE
CLM_VAL_CD = '42'
SET NCH_PRMRY_PYR_CD TO 'L' (or prior to 4/97
set code to 'J') WHERE THE CLM_VAL_CD = '47'
CODES:
REFER TO: BENE_PRMRY_PYR_TB
IN THE CODES APPENDIX
COMMENT:
Prior to Version H this field was named:
BENE_PRMRY_PYR_CD.
SOURCE:
NCH

CANCELCD

FI Requested Claim Cancel Reason Code

The reason that an intermediary requested cancelling a
previously submitted institutional claim.
DB2 ALIAS: RQST_CNCL_RSN_CD
SAS ALIAS: CANCELCD
STANDARD ALIAS: FI_RQST_CLM_CNCL_RSN_CD
TITLE ALIAS: CANCEL_CD
CODES:
REFER TO: FI_RQST_CLM_CNCL_RSN_TB
IN THE CODES APPENDIX
COMMENT:
Prior to Version H this field was named:
INTRMDRY_RQST_CLM_CNCL_RSN_CD.
SOURCE:
CWF

ACTIONCD

FI Claim Action Code

The type of action requested by the intermediary to be
taken on an institutional claim.
DB2 ALIAS: FI_CLM_ACTN_CD
SAS ALIAS: ACTIONCD
STANDARD ALIAS: FI_CLM_ACTN_CD
TITLE ALIAS: ACTION_CD
CODES:
REFER TO: FI_CLM_ACTN_TB
IN THE CODES APPENDIX
COMMENT:
Prior to Version H this field was named:
INTRMDRY_CLM_ACTN_CD.
SOURCE:

<i>Variable Name</i>	<i>Label</i>	
<i>APRVL_DT</i>	<i>FI Claim Process Date</i>	<p>CWF</p> <p>The date the fiscal intermediary completes processing and releases the institutional claim to the CWF host.</p> <p>8 DIGITS UNSIGNED</p> <p>DB2 ALIAS: FI_CLM_PROC_DT</p> <p>SAS ALIAS: APRVL_DT</p> <p>STANDARD ALIAS: FI_CLM_PROC_DT</p> <p>TITLE ALIAS: FI_PROCESS_DT</p> <p>EDIT-RULES:</p> <p>YYYYMMDD</p> <p>SOURCE:</p> <p>CWF</p>
<i>PRSTATE</i>	<i>NCH Provider State Code</i>	<p>Effective with Version H, the two position SSA state code where provider facility is located.</p> <p>NOTE: During the Version H conversion this field was populated with data throughout history (back to service year 1991).</p> <p>DB2 ALIAS: NCH_PRVDR_STATE_CD</p> <p>SAS ALIAS: PRSTATE</p> <p>STANDARD ALIAS: NCH_PRVDR_STATE_CD</p> <p>TITLE ALIAS: PROVIDER_STATE_CD</p> <p>DERIVATION:</p> <p>DERIVED FROM:</p> <p>NCH_PRVDR_NUM</p> <p>DERIVATION RULES:</p> <p>SET NCH_PRVDR_STATE_CD TO PRVDR_NUM POS1-2.</p> <p>FOR PRVDR_NUM POS1-2 EQUAL '55 SET NCH_PRVDR_STATE_CD TO '05'.</p> <p>FOR PRVDR_NUM POS1-2 EQUAL '67 SET NCH_PRVDR_STATE_CD TO '45'.</p> <p>FOR PRVDR_NUM POS1-2 EQUAL '68 SET NCH_PRVDR_STATE_CD TO '10'.</p> <p>CODES:</p> <p>REFER TO: GEO_SSA_STATE_TB</p> <p>IN THE CODES APPENDIX</p> <p>SOURCE:</p> <p>NCH</p>
<i>ORGNPINM</i>	<i>Organization NPI Number</i>	<p>A placeholder field (effective with Version H) for storing the NPI assigned to the institutional provider.</p> <p>DB2 ALIAS: ORG_NPI_NUM</p> <p>SAS ALIAS: ORGNPINM</p> <p>STANDARD ALIAS: ORG_NPI_NUM</p> <p>TITLE ALIAS: ORG_NPI</p> <p>SOURCE:</p> <p>CWF</p>
<i>AT_UPIN</i>	<i>Claim Attending Physician UPIN Number</i>	<p>On an institutional claim, the unique physician identification number (UPIN) of the physician who would normally be expected to certify and</p>

Variable Name

Label

recertify the medical necessity of the services rendered and/or who has primary responsibility for the beneficiary's medical care and treatment (attending physician).
COMMON ALIAS: ATTENDING_PHYSICIAN_UPIN
DB2 ALIAS: ATNDG_UPIN
SAS ALIAS: AT_UPIN
STANDARD ALIAS: CLM_ATNDG_PHYSN_UPIN_NUM
TITLE ALIAS: ATTENDING_PHYSICIAN
COMMENT:
Prior to Version H this field was named: CLM_PRMRY_CARE_PHYSN_IDENT_NUM and contained 10 positions (6-position UPIN and 4-position physician surname).
SOURCE:
CWF

AT_NPI

Claim Attending Physician NPI Number

A placeholder field (effective with Version H) for storing the NPI assigned to the attending physician.
COMMON ALIAS: ATTENDING_PHYSICIAN_NPI
DB2 ALIAS: ATNDG_NPI
SAS ALIAS: AT_NPI
STANDARD ALIAS: CLM_ATNDG_PHYSN_NPI_NUM
TITLE ALIAS: ATNDG_NPI
SOURCE:
CWF

AT_SRNM

Claim Attending Physician Surname

Effective with Version H, the last name of the attending physician (used for internal editing purpose in HCFA's CWFMA system.)
NOTE: Beginning with NCH weekly process date 10/3/97 this field was populated with data. Claims processed prior to 10/3/97 will contain spaces in this field.
DB2 ALIAS: ATNDG_SRNM
SAS ALIAS: AT_SRNM
STANDARD ALIAS: CLM_ATNDG_PHYSN_SRNM_NAME
TITLE ALIAS: ANDG_PHYSN_SURNAME
SOURCE:
CWF

AT_GVNNM

Claim Attending Physician Given Name

Effective with Version H, the first name of the attending physician (used for internal editing purposes in HCFA's CWFMA system).
NOTE: Beginning with NCH weekly process date 10/3/97 this field was populated with data. Claims processed prior to 10/3/97 will contain spaces in this field.
DB2 ALIAS: ATNDG_GVN_NAME
SAS ALIAS: AT_GVNNM
STANDARD ALIAS: CLM_ATNDG_PHYSN_GVN_NAME
TITLE ALIAS: ATNDG_PHYSN_FIRSTNAME
SOURCE:
CWF

Variable Name

Label

AT_MDL

Claim Attending Physician Middle Initial Name

Effective with Version H, the middle initial of the attending physician (used for internal editing purposes in HCFA's CWFMQA system.)

NOTE: Beginning with NCH weekly process date 10/3/97 this field was populated with data.

Claims processed prior to 10/3/97 will contain spaces in this field.

DB2 ALIAS: ATNDG_MI_NAME

SAS ALIAS: AT_MDL

STANDARD ALIAS:

CLM_ATNDG_PHYSN_MDL_INITL_NAME

TITLE ALIAS: ATNDG_PHYSN_MI

SOURCE:

CWF

OP_UPIN

Claim Operating Physician UPIN Number

On an institutional claim, the unique physician identification number (UPIN) of the physician who performed the principal procedure. This element is used by the provider to identify the operating physician who performed the surgical procedure.

DB2 ALIAS: OPRTG_UPIN

SAS ALIAS: OP_UPIN

STANDARD ALIAS: CLM_OPRTG_PHYSN_UPIN_NUM

TITLE ALIAS: OPRTG_UPIN

COMMENT:

Prior to Version H this field was named:

CLM_PRNCPAL_PRCDR_PHYSN_NUM and contained 10 positions (6-position UPIN and 4-position physician surname).

NOTE: For HHA and Hospice formats beginning with NCH weekly process date 10/3/97 this field was populated with data. HHA and Hospice claims processed prior to 10/3/97 will contain spaces.

SOURCE:

CWF

OP_NPI

Claim Operating Physician NPI Number

A placeholder field (effective with Version H) for storing the NPI assigned to the operating physician.

DB2 ALIAS: OPRTG_NPI

SAS ALIAS: OP_NPI

STANDARD ALIAS: CLM_OPRTG_PHYSN_NPI_NUM

TITLE ALIAS: OPRTG_NPI

SOURCE:

CWF

OP_SRNM

Claim Operating Physician Surname

Effective with Version H, the last name of the operating physician (used for internal editing purposes in HCFA's CWFMQA system.)

NOTE: Beginning with the NCH weekly process date 10/3/97 this field was populated with data.

Claims processed prior to 10/3/97 will contain spaces in this field.

Variable Name

Label

DB2 ALIAS: OPRTG_SRNM
SAS ALIAS: OP_SRNM
STANDARD ALIAS: CLM_OPRTG_PHYSN_SRNM_NAME
TITLE ALIAS: OPRTG_PHYSN_SURNAME
SOURCE:
CWF

OP_GVN

Claim Operating Physician Given Name

Effective with Version H, the first name of the operating physician (used for internal editing purposes in HCFA's CWFMQA system.)
NOTE: Beginning with NCH weekly process date 10/3/97 this field was populated with data. Claims processed prior to 10/3/97 will contain spaces in this field.
DB2 ALIAS: OPRTG_GVN_NAME
SAS ALIAS: OP_GVN
STANDARD ALIAS: CLM_OPRTG_PHYSN_GVN_NAME
TITLE ALIAS: OPRTG_PHYSN_FIRSTNAME
SOURCE:
CWF

OP_MDL

Claim Operating Physician Middle Initial Name

Effective with Version H, the middle initial of the operating physician (used for internal editing purposes in HCFA's CWFMQA system.)
NOTE: Beginning with NCH weekly process date 10/3/97 this field was populated with data. Claims processed prior to 10/3/97 will contain spaces in this field.
DB2 ALIAS: OPRTG_MI_NAME
SAS ALIAS: OP_MDL
STANDARD ALIAS:
CLM_OPRTG_PHYSN_MDL_INITL_NAME
TITLE ALIAS: OPRTG_PHYSN_MI
SOURCE:
CWF

OT_UPIN

Claim Other Physician UPIN Number

On an institutional claim, the unique physician identification number (UPIN) of the other physician associated with the institutional claim.
DB2 ALIAS: OTHR_UPIN
SAS ALIAS: OT_UPIN
STANDARD ALIAS: CLM_OTHR_PHYSN_UPIN_NUM
TITLE ALIAS: OTH_PHYSN_UPIN
COMMENT:
Prior to Version H this field was named: CLM_OTHR_PHYSN_IDENT_NUM and contained 10 positions (6-position UPIN and 4-position other physician surname).
NOTE: For HHA and Hospice formats beginning with NCH weekly process date 10/3/97 this field was populated with data. HHA and Hospice claims processed prior to 10/3/97 will contain spaces.
SOURCE:
CWF

<i>Variable Name</i>	<i>Label</i>
<i>OT_NPI</i>	<p><i>Claim Other Physician NPI Number</i></p> <p>A placeholder field (effective with Version H for storing the NPI assigned to the other physician. DB2 ALIAS: OTHR_NPI SAS ALIAS: OT_NPI STANDARD ALIAS: CLM_OTHR_PHYSN_NPI_NUM SOURCE: CWF</p>
<i>OT_SRNM</i>	<p><i>Claim Other Physician Surname</i></p> <p>Effective with Version H, the last name of the other physician (used for internal editing purposes in HCFA's CWFMQA system.) NOTE: Beginning with the NCH weekly process date 10/3/97 this field was populated with data. Claims processed prior to 10/3/97 will contain spaces in this field. DB2 ALIAS: OTHR_SRNM SAS ALIAS: OT_SRNM STANDARD ALIAS: CLM_OTHR_PHYSN_SRNM_NAME TITLE ALIAS: OTH_PHYSN_SURNAME SOURCE: CWF</p>
<i>OT_GVN</i>	<p><i>Claim Other Physician Given Name</i></p> <p>Effective with Version H, the first name of the other physician (used for internal editing purposes in HCFA's CWFMQA system.) NOTE: Beginning with NCH weekly process date 10/3/97 this field was populated with data. Claims processed prior to 10/3/97 will contain spaces in this field. DB2 ALIAS: OTHR_GVN_NAME SAS ALIAS: OT_GVN STANDARD ALIAS: CLM_OTHR_PHYSN_GVN_NAME TITLE ALIAS: OTH_PHYSN_FIRSTNAME SOURCE: CWF</p>
<i>OT_MDL</i>	<p><i>Claim Other Physician Middle Initial Name</i></p> <p>Effective with Version H, the middle initial of the other physician (used for internal editing purposes in HCFA's CWFMQA system.) NOTE: Beginning with NCH weekly process date 10/3/97 this field was populated with data. Claims processed prior to 10/3/97 will contain spaces in this field. DB2 ALIAS: OTHR_MI_NAME SAS ALIAS: OT_MDL STANDARD ALIAS: CLM_OTHR_PHYSN_MDL_INITL_NAME TITLE ALIAS: OTH_PHYSN_MI SOURCE: CWF</p>
<i>MDCD_PRV</i>	<p><i>Medicaid Provider Identification Number</i></p>

Variable Name

Label

A unique identification number assigned to each provider by the state Medicaid agency. This unique provider number is used to ensure proper payment of providers and claims history on individual providers for surveillance and utilization review.

DB2 ALIAS: MDCD_PRVDR_NUM

SAS ALIAS: MDCD_PRV

STANDARD ALIAS: MDCD_PRVDR_IDENT_NUM

TITLE ALIAS: MEDICAID_PROVIDER

COMMENT:

Prior to Version H the field size was X(12).

SOURCE:

CWF

MDCDINFO

Claim Medicaid Information Code

Effective with Version G, code identifying Medicaid information supplied by the contractor to Medicaid.

DB2 ALIAS: CLM_MDCD_INFO_CD

SAS ALIAS: MDCDINFO

STANDARD ALIAS: CLM_MDCD_INFO_CD

TITLE ALIAS: MEDICAID_INFO

SOURCE:

CWF

MCOPDSW

Claim MCO Paid Switch

A switch indicating whether or not a Managed Care Organization (MCO) has paid the provider for an institutional claim.

COBOL ALIAS: MCO_PD_IND

DB2 ALIAS: CLM_MCO_PD_SW

SAS ALIAS: MCOPDSW

STANDARD ALIAS: CLM_MCO_PD_SW

TITLE ALIAS: MCO_PAID_SW

CODES:

1 = MCO has paid the provider for a claim

Blank or 0 = MCO has not paid the provider for a claim

COMMENT:

Prior to Version H this field was named:

CLM_GHO_PD_SW.

SOURCE:

CWF

AUTHRZTN

Claim Treatment Authorization Number

The number assigned by the medical reviewer and reported by the provider to identify the medical review (treatment authorization)

action taken after review of the beneficiary's case. It designates that treatment covered by the bill has been authorized by the payer.

This number is used by the intermediary and the Peer Review Organization.

NOTE: Under HH PPS this field will be used to link claims to the OASIS assessment used as the basis of payment. This eighteen character string consists of the start of care date, the OASIS assessment date and the two digit reason for assessment code.

Variable Name

Label

COMMON ALIAS: TAN
DB2 ALIAS: TRTMT_AUTHRZTN_NUM
SAS ALIAS: AUTHRZTN
STANDARD ALIAS: CLM_TRTMT_AUTHRZTN_NUM
TITLE ALIAS: TREATMENT_AUTHORIZATION
SOURCE:
CWF

PTNTCNTL

Patient Control Number

The unique alphanumeric identifier assigned by the provider to the institutional claim to facilitate retrieval of individual case records and posting of payments.
DB2 ALIAS: PTNT_CNTL_NUM
SAS ALIAS: PTNTCNTL
STANDARD ALIAS: PTNT_CNTL_NUM
TITLE ALIAS: PATIENT_CONTROL_NUM
SOURCE:
CWF

MDCL_REC

Claim Medical Record Number

The number assigned by the provider to the beneficiary's medical record to assist in record retrieval.
DB2 ALIAS: CLM_MDCL_REC_NUM
SAS ALIAS: MDCL_REC
STANDARD ALIAS: CLM_MDCL_REC_NUM
TITLE ALIAS: MEDICAL_RECORD_NUM
SOURCE:
CWF

PRO_CNTL

Claim PRO Control Number

Effective with Version G, the unique identifier assigned by the Peer Review Organization (PRO) for control purposes.
DB2 ALIAS: CLM_PRO_CNTL_NUM
SAS ALIAS: PRO_CNTL
STANDARD ALIAS: CLM_PRO_CNTL_NUM
TITLE ALIAS: PRO_CONTROL_NUM
SOURCE:
CWF

PRO_DT

Claim PRO Process Date

Effective with Version H, the date the claim was used in the PRO review process.
NOTE: Beginning with NCH weekly process date 10/3/97 this field was populated with data. Claims processed prior to 10/3/97 will contain zeroes in this field.
8 DIGITS UNSIGNED
DB2 ALIAS: CLM_PRO_PROC_DT
SAS ALIAS: PRO_DT
STANDARD ALIAS: CLM_PRO_PROC_DT
TITLE ALIAS: PRO_PROC_DT
EDIT-RULES:
YYYYMMDD
SOURCE:
CWF

Variable Name

Label

STUS_CD

Patient Discharge Status Code

The code used to identify the status of the patient as of the CLM_THRU_DT.
COMMON ALIAS:
DISCHARGE_DESTINATION/PATIENT_STATUS
DB2 ALIAS: PTNT_DSCHRG_STUS
SAS ALIAS: STUS_CD
STANDARD ALIAS: PTNT_DSCHRG_STUS_CD
SYSTEM ALIAS: LTCLMST
TITLE ALIAS: PTNT_DSCHRG_STUS_CD
CODES:
REFER TO: PTNT_DSCHRG_STUS_TB
IN THE CODES APPENDIX
COMMENT:
Prior to Version H this field was named:
CLM_STUS_CD.
SOURCE:
CWF

DGNS_E

Claim Diagnosis E Code

Effective with Version H, the ICD-9-CM code used to identify the external cause of injury, poisoning, or other adverse affect. Redundantly this field is also stored as the last occurrence of the diagnosis trailer.
NOTE: During the Version H conversion, the data in the last occurrence of the diagnosis trailer was used to populate history.
DB2 ALIAS: CLM_DGNS_E_CD
SAS ALIAS: DGNS_E
STANDARD ALIAS: CLM_DGNS_E_CD
TITLE ALIAS: DGNS_E_CD
SOURCE:
CWF

PPS_IND

Claim PPS Indicator Code

Effective with Version H, the code indicating whether or not the (1) claim is PPS and/or (2) the beneficiary is a deemed insured Medicare Qualified Government Employee (MQGE).
NOTE: Beginning with NCH weekly process date 10/3/97 through 5/29/98, this field was populated with only the PPS indicator. Beginning with NCH weekly process date 6/5/98, this field was additionally populated with the deemed MQGE indicator. Claims processed prior to 10/3/97 will contain spaces.
COBOL ALIAS: PPS_IND
DB2 ALIAS: CLM_PPS_IND_CD
SAS ALIAS: PPS_IND
STANDARD ALIAS: CLM_PPS_IND_CD
TITLE ALIAS: PPS_IND
CODES:
REFER TO: CLM_PPS_IND_TB
IN THE CODES APPENDIX
SOURCE:
CWF

<i>Variable Name</i>	<i>Label</i>
<i>TOT_CHRG</i>	<p><i>Claim Total Charge Amount</i></p> <p>Effective with Version G, the total charges for all services included on the institutional claim. This field is redundant with revenue center code 0001/total charges. 9.2 DIGITS SIGNED DB2 ALIAS: CLM_TOT_CHRG_AMT SAS ALIAS: TOT_CHRG STANDARD ALIAS: CLM_TOT_CHRG_AMT TITLE ALIAS: CLAIM_TOTAL_CHARGES COMMENT: Prior to Version H the size of this field was S9(7)V99. SOURCE: CWF</p>
<i>HSEDCNT</i>	<p><i>Hospice NCH Edit Code Count</i></p> <p>The count of the number of edit codes annotated to the Hospice claim during the HCFA's CWFMA process. The purpose of this count is to indicate how many claim edit trailers are present. 2 DIGITS UNSIGNED DB2 ALIAS: HOSPC_EDIT_CD_CNT SAS ALIAS: HSEDCNT STANDARD ALIAS: HOSPC_NCH_EDIT_CD_CNT COMMENT: Prior to Version H this field was named: CLM_EDIT_CD_CNT. SOURCE: NCH</p>
<i>HSPATCNT</i>	<p><i>Hospice NCH Patch Code Count</i></p> <p>Effective with Version H, the count of the number of HCFA patch codes annotated to the hospice claim during the Nearline maintenance process. The purpose of this count is to indicate how many NCH patch trailers are present. NOTE1: During the Version H conversion this field was populated with data throughout history (back to service year 1991). NOTE2: Effective with Version 'I', the number of possible occurrences was reduced to 30. Prior to Version 'I' the number of possible occurrences was 99. 2 DIGITS UNSIGNED DB2 ALIAS: HOSPC_PATCH_CD_CNT SAS ALIAS: HSPATCNT STANDARD ALIAS: HOSPC_NCH_PATCH_CD_I_CNT SOURCE: NCH</p>
<i>HSMCOCNT</i>	<p><i>Hospice MCO Period Count</i></p> <p>Effective with Version H, the count of the number of Managed Care Organization (MCO) periods reported on an hospice claim.</p>

Variable Name

Label

The purpose of this count is to indicate how many MCO period trailers are present.
NOTE: Beginning with NCH weekly process date 10/3/97 this field was populated with data. Claims processed prior to 10/3/97 will contain zeroes in this field.
1 DIGIT UNSIGNED
DB2 ALIAS: HOSPC_MCO_PRD_CNT
SAS ALIAS: HSMCOCNT
STANDARD ALIAS: HOSPC_MCO_PRD_CNT
EDIT-RULES:
RANGE: 0 TO 2
SOURCE:
NCH

HSPLNCNT

Hospice Claim Health PlanID Count

A placeholder field (effective with Version H) for storing the count of the number of Health PlanIDs reported on the hospice claim. The purpose of this count is to indicate how many Health PlanID trailers are present. NOTE: Prior to Version 'I' this field was named: HOSPC_CLM_PAYERID_CNT.
1 DIGIT UNSIGNED
DB2 ALIAS: HOSPC_PLANID_CNT
SAS ALIAS: HSPLNCNT
STANDARD ALIAS: HOSPC_CLM_HLTH_PLANID_CNT
EDIT-RULES:
RANGE: 0 TO 3
SOURCE:
NCH

HSDEMCNT

Hospice Claim Demonstration ID Count

Effective with Version H, the count of the number of claim demonstration IDs reported on an hospice claim. The purpose of this count is to indicate how many claim demonstration trailers are present.
NOTE: During the Version H conversion this field was populated with data where a demo was identifiable.
1 DIGIT UNSIGNED
DB2 ALIAS: HOSPC_DEMO_ID_CNT
SAS ALIAS: HSDEMCNT
STANDARD ALIAS: HOSPC_CLM_DEMO_ID_CNT
EDIT-RULES:
RANGE: 0 TO 5
SOURCE:
NCH

HSDGNCNT

Hospice Claim Diagnosis Code Count

The count of the number of diagnosis codes (both principal and other) reported on an inpatient/SNF claim. The purpose of this count is to indicate how many claim diagnosis trailers are present.
2 DIGITS UNSIGNED
DB2 ALIAS: HOSPC_DGNS_CD_CNT
SAS ALIAS: HSDGNCNT

<i>Variable Name</i>	<i>Label</i>	
<i>HSPRCNT</i>	<i>Hospice Claim Procedure Code Count</i>	<p>STANDARD ALIAS: HOSPC_CLM_DGNS_CD_CNT EDIT-RULES: RANGE: 0 TO 10 COMMENT: Prior to Version H this field was named: CLM_OTHR_DGNS_CD_CNT and the principal was not included in the count. SOURCE: NCH</p> <p>The count of the number of procedure codes (both principal and other) reported on an hospice claim. The purpose of this count is to indicate how many claim procedure trailers are present. 2 DIGITS UNSIGNED DB2 ALIAS: HOSPC_PRCDR_CD_CNT SAS ALIAS: HSPRCNT STANDARD ALIAS: HOSPC_CLM_PRCDR_CD_CNT EDIT-RULES: RANGE: 0 TO 6 COMMENT: Prior to Version H this field was named: CLM_PRCDR_CD_CNT. SOURCE: CWF</p>
<i>HSCONCNT</i>	<i>Hospice Claim Related Condition Code Count</i>	<p>The count of the number of condition codes reported on an hospice claim. The purpose of this count is to indicate how many many condition code trailers are present. 2 DIGITS UNSIGNED DB2 ALIAS: HOSPC_COND_CD_CNT SAS ALIAS: HSCONCNT STANDARD ALIAS: HOSPC_CLM_RLT_COND_CD_CNT EDIT-RULES: RANGE: 0 TO 30 COMMENT: Prior to Version H this field was named: CLM_RLT_COND_CD_CNT. SOURCE: NCH</p>
<i>HSOCRCNT</i>	<i>Hospice Claim Related Occurrence Code Count</i>	<p>The count of the number of occurrence codes reported on an hospice claim. The purpose of this count is to indicate how many occurrence code trailers are present. 2 DIGITS UNSIGNED DB2 ALIAS: HOSPC_OCRNC_CD_CNT SAS ALIAS: HSOCRCNT STANDARD ALIAS: HOSPC_CLM_RLT_OCRNC_CD_CNT EDIT-RULES: RANGE: 0 TO 30 COMMENT: Prior to Version H this field was named: CLM_RLT_OCRNC_CD_CNT.</p>

<i>Variable Name</i>	<i>Label</i>	
<i>HSSPNCNT</i>	<i>Hospice Claim Occurrence Span Code Count</i>	<p>SOURCE: NCH</p> <p>The count of the number of occurrence span codes reported on an hospice claim. The purpose of the count is to indicate how many span code trailers are present.</p> <p>2 DIGITS UNSIGNED DB2 ALIAS: HOSPC_SPAN_CNT SAS ALIAS: HSSPNCNT STANDARD ALIAS: HOSPC_CLM_OCRNC_SPAN_CD_CNT</p> <p>EDIT-RULES: RANGE: 0 TO 10 COMMENT: Prior to Version H this field was named: CLM_OCRNC_SPAN_CD_CNT. SOURCE: NCH</p>
<i>HSVALCNT</i>	<i>Hospice Claim Value Code Count</i>	<p>The count of the number of value codes reported on an hospice claim. The purpose of the count is to indicate how many value code trailers are present.</p> <p>2 DIGITS UNSIGNED DB2 ALIAS: HOSPC_VAL_CD_CNT SAS ALIAS: HSVALCNT STANDARD ALIAS: HOSPC_CLM_VAL_CD_CNT</p> <p>EDIT-RULES: RANGE: 0 TO 36 COMMENT: Prior to Version H this field was named: CLM_VAL_CD_CNT. SOURCE: NCH</p>
<i>HSREVCNT</i>	<i>Hospice Revenue Center Code Count</i>	<p>The count of the number of revenue codes reported on an hospice claim. The purpose of the count is to indicate how many revenue center trailers are present.</p> <p>2 DIGITS UNSIGNED DB2 ALIAS: HOSPC_REV_CNTR_CNT SAS ALIAS: HSREVCNT STANDARD ALIAS: HOSPC_REV_CNTR_CD_I_CNT</p> <p>EDIT-RULES: RANGE: 0 TO 45 COMMENT: Prior to Version H this field was named: CLM_REV_CNTR_CD_CNT. NOTE: Effective with Version 'I' the number of occurrences changed to 45 (per segment - 450 total for claim). For claims prior to Version 'I' the number of occurrences was 58. SOURCE: NCH</p>
<i>PTNTSTUS</i>	<i>NCH Patient Status Indicator Code</i>	

Variable Name

Label

Effective with Version H, the code on an inpatient/SNF and Hospice claim, indicating whether the beneficiary was discharged, died or still a patient (used for internal CWFMQA editing purposes.)
NOTE: During the Version H conversion this field was populated throughout history (back to service year 1991).
DB2 ALIAS: NCH_PTNT_STUS_IND
SAS ALIAS: PTNTSTUS
STANDARD ALIAS: NCH_PTNT_STUS_IND_CD
TITLE ALIAS: NCH_PATIENT_STUS
DERIVATION:
DERIVED FROM:
NCH_PTNT_DSCHRG_STUS_CD
DERIVATION RULES:
SET NCH_PTNT_STUS_IND_CD TO 'A' WHERE THE PTNT_DSCHRG_STUS_CD NOT EQUAL TO '20' - '30' OR '40' - '42'.
SET NCH_PTNT_STUS_IND_CD TO 'B' WHERE THE PTNT_DSCHRG_STUS_CD EQUAL TO '20' - '29' OR '40' - '42'.
SET NCH_PTNT_STUS_IND_CD TO 'C' WHERE THE PTNT_DSCHRG_STUS_CD EQUAL TO '30'
CODES:
A = Discharged
B = Died
C = Still patient
SOURCE:
NCH QA Process

HSPCSTRT

Claim Hospice Start Date

On an institutional claim, the date the beneficiary was admitted to the hospice.
8 DIGITS UNSIGNED
DB2 ALIAS: CLM_HOSPC_STRT_DT
SAS ALIAS: HSPCSTRT
STANDARD ALIAS: CLM_HOSPC_STRT_DT
TITLE ALIAS: HOSPC_START_DT
EDIT-RULES:
YYYYMMDD
COMMENT:
Prior to Version H, this field was named:
CLM_ADMSN_DT.
SOURCE:
CWF

EXHST_DT

NCH Beneficiary Medicare Benefits Exhausted Date

The last date for which the beneficiary has Medicare coverage. This is completed only where where benefits were exhausted before the date of discharge and during the billing period covered by this institutional claim.
8 DIGITS UNSIGNED
DB2 ALIAS: MDCR_BNFT_EXHST_DT
SAS ALIAS: EXHST_DT
STANDARD ALIAS: NCH_MDCR_BNFT_EXHST_DT
TITLE ALIAS: BENEFIT_EXHST_DT

Variable Name

Label

EDIT-RULES:
YYYYMMDD
DERIVATION:
DERIVED FROM:
CLM_RLT_OCRNC_CD
CLM_RLT_OCRNC_DT
DERIVATION RULES (Effective 10/93):
Based on the presence of occurrence code A3,
B3 or C3 move the related occurrence date to
NCH_MDCR_BNFT_EXHST_DT. *NOTE: Prior to
10/93, the date associated with occurrence
code 23 was moved to this field.
COMMENT:
Prior to Version H this field was named:
CLM_MDCR_BNFT_EXHST_DT.
SOURCE:
NCH QA Process

DSCHRGDT

NCH Beneficiary Discharge Date

Effective with Version H, on an inpatient and HHA claim,
the date the beneficiary was discharged from the facility or
died (used for internal CWFMQA
editing purposes.)
NOTE: During the Version H conversion this field
was populated with data throughout history (back to
service year 1991.)
8 DIGITS UNSIGNED
DB2 ALIAS: NCH_BENE_DSCHRG_DT
SAS ALIAS: DSCHRGDT
STANDARD ALIAS: NCH_BENE_DSCHRG_DT
TITLE ALIAS: DISCHARGE_DT
EDIT-RULES:
YYYYMMDD
DERIVATION:
DERIVED FROM:
NCH_PTNT_STUS_IND_CD
CLM_THRU_DT
DERIVATION RULES:
Based on the presence of patient discharge status
code not equal to 30 (still patient), move the claim
thru date to the NCH_BENE_DSCHRG_DT.
SOURCE:
NCH QA Process

UTIL_DAY

Claim Utilization Day Count

On an institutional claim, the number of covered days of
care that are chargeable
to Medicare facility utilization that
includes full days, coinsurance days, and
lifetime reserve days.
3 DIGITS SIGNED
DB2 ALIAS: CLM_UTLZTN_DAY_CNT
SAS ALIAS: UTIL_DAY
STANDARD ALIAS: CLM_UTLZTN_DAY_CNT
TITLE ALIAS: UTILIZATION_DAYS
SOURCE:
CWF

Variable Name

Label

HOSPCPRD

Beneficiary's Hospice Period Count

The count of the number of hospice period trailers present for the beneficiary's record. Prior to BBA a beneficiary was entitled to a maximum of 4 hospice benefit periods that may be elected in lieu of standard Part A hospital benefits. The BBA changed the hospice benefit to the following: 2 initial 90 day periods followed by an unlimited number of 60 day periods (effective 8/5/97).
1 DIGIT UNSIGNED
DB2 ALIAS: BENE_HOSPC_PRD_CNT
SAS ALIAS: HOSPCPRD
STANDARD ALIAS: BENE_HOSPC_PRD_CNT
TITLE ALIAS: HOSPICE_PERIOD_COUNT
EDIT-RULES:
RANGE: 1 THRU 3: 1 = 1st 90-day period; 2 = 2nd 90 day period and 3 = 60-day period (3 or greater periods)
SOURCE:
CWF

EDTND{x}

NCH Edit Trailer Indicator Code

where { x } ranges from 1 to 13

Effective with Version H, the code indicating the presence of an NCH edit trailer.
NOTE: During the Version H conversion this field was populated throughout history (back to service year 1991).
DB2 ALIAS: EDIT_TRLR_IND_CD
SAS ALIAS: EDITIND
STANDARD ALIAS: NCH_EDIT_TRLR_IND_CD
CODES:
E = Edit code trailer present
SOURCE:
NCH QA Process

EDITCD{x}

NCH Edit Code

where { x } ranges from 1 to 13

The code annotated to the claim indicating the CWFMQA editing results so users will be aware of data deficiencies.
NOTE: Prior to Version H only the highest priority code was stored. Beginning 11/98 up to 13 edit codes may be present.
COMMON ALIAS: QA_ERROR_CODE
DB2 ALIAS: NCH_EDIT_CD
SAS ALIAS: EDIT_CD
STANDARD ALIAS: NCH_EDIT_CD
TITLE ALIAS: QA_ERROR_CD
CODES:
REFER TO: NCH_EDIT_TB
IN THE CODES APPENDIX
SOURCE:
NCH QA EDIT PROCESS

Variable Name

Label

PTCHND{x}

NCH Patch Trailer Indicator Code

where { x } ranges from 1 to 30

Effective with Version H, the code indicating the presence of an NCH patch trailer.

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

DB2 ALIAS: PATCH_TRLR_IND_CD

SAS ALIAS: PATCHIND

STANDARD ALIAS: NCH_PATCH_TRLR_IND_CD

CODES:

P = Patch code trailer present

SOURCE:

NCH

PTCHCD{x}

NCH Patch Code

where { x } ranges from 1 to 30

Effective with Version H, the code annotated to the claim indicating a patch was applied

to the record during an NCH Nearline record conversion and/or during current processing.

NOTE: Prior to Version H this field was located in the third and fourth occurrence of the CLM_EDIT_CD.

DB2 ALIAS: NCH_PATCH_CD

SAS ALIAS: PATCHCD

STANDARD ALIAS: NCH_PATCH_CD

TITLE ALIAS: NCH_PATCH

CODES:

REFER TO: NCH_PATCH_TB

IN THE CODES APPENDIX

SOURCE:

NCH

PTCHDT{x}

NCH Patch Applied Date

where { x } ranges from 1 to 30

Effective with Version H, the date the NCH patch was applied to the claim.

8 DIGITS UNSIGNED

DB2 ALIAS: NCH_PATCH_APPLY_DT

SAS ALIAS: PATCHDT

STANDARD ALIAS: NCH_PATCH_APPLY_DT

TITLE ALIAS: NCH_PATCH_DT

EDIT-RULES:

YYYYMMDD

SOURCE:

NCH

MCOIND{x}

NCH MCO Trailer Indicator Code

where { x } ranges from 1 to 2

Effective with Version H, the code indicating the presence of a Managed Care Organization (MCO) trailer.

NOTE: Beginning with NCH weekly process date 10/3/97 this field was populated with data.

Claims processed prior to 10/3/97 will contain spaces in this field.

Variable Name

Label

COBOL ALIAS: MCO_IND
DB2 ALIAS: MCO_TRLR_IND_CD
SAS ALIAS: MCOIND
STANDARD ALIAS: NCH_MCO_TRLR_IND_CD
TITLE ALIAS: MCO_INDICATOR
CODES:
M = MCO trailer present
SOURCE:
NCH QA Process

MCONUM{x}

MCO Contract Number

where { x } ranges from 1 to 2

Effective with Version H, this field represents the plan contract number of the Managed Care Organization (MCO).
NOTE: Beginning with NCH weekly process date 10/3/97 this field was populated with data. Claims processed prior to 10/3/97 will contain spaces in this field.
DB2 ALIAS: MCO_CNTRCT_NUM
SAS ALIAS: MCONUM
STANDARD ALIAS: MCO_CNTRCT_NUM
TITLE ALIAS: MCO_NUM
SOURCE:
CWF

MCOOPTN{x}

MCO Option Code

where { x } ranges from 1 to 2

Effective with Version H, the code indicating Managed Care Organization (MCO) lock-in enrollment status of the beneficiary.
NOTE: Beginning with NCH weekly process date 10/3/97 this field was populated with data. Claims processed prior to 10/3/97 will contain spaces in this field.
DB2 ALIAS: MCO_OPTN_CD
SAS ALIAS: MCOOPTN
STANDARD ALIAS: MCO_OPTN_CD
TITLE ALIAS: MCO_OPTION_CD
CODES:
*****For lock-in beneficiaries*****
A = HCFA to process all provider bills
B = MCO to process only in-plan
C = MCO to process all Part A and Part B bills
***** For non-lock-in beneficiaries*****
1 = HCFA to process all provider bills
2 = MCO to process only in-plan Part A and Part B bills
SOURCE:
CWF

MCFFDT{x}

MCO Period Effective Date

where { x } ranges from 1 to 2

Effective with Version H, the date the beneficiary's enrollment in the Managed Care Organization (MCO) became effective.
NOTE: Beginning with NCH weekly process date

Variable Name

Label

10/3/97 this field was populated with data.
Claims processed prior to 10/3/97 will contain zeroes in this field.
8 DIGITS UNSIGNED
DB2 ALIAS: MCO_PRD_EFCTV_DT
SAS ALIAS: MCOEFFDT
STANDARD ALIAS: MCO_PRD_EFCTV_DT
TITLE ALIAS: MCO_PERIOD_EFF_DT
EDIT-RULES:
YYYYMMDD
SOURCE:
CWF

MCTRMDT{x}

MCO Period Termination Date

where {x} ranges from 1 to 2

Effective with Version H, the date the beneficiary's enrollment in the Managed Care Organization (MCO) was terminated.
NOTE: Beginning with NCH weekly process date 10/3/97 this field was populated with data.
Claims processed prior to 10/3/97 will contain zeroes in this field.
8 DIGITS UNSIGNED
DB2 ALIAS: MCO_PRD_TRMNTN_DT
SAS ALIAS: MCOTRMDT
STANDARD ALIAS: MCO_PRD_TRMNTN_DT
TITLE ALIAS: MCO_PERIOD_TERM_DT
EDIT-RULES:
YYYYMMDD
SOURCE:
CWF

MCPLND{x}

MCO Health PLANID Number

where {x} ranges from 1 to 2

A placeholder field (effective with Version H) for storing the Health PlanID associated with the Managed Care Organization (MCO). Prior to Version 'I' this field was named: MCO_PAYERID_NUM.
DB2 ALIAS: MCO_PLANID_NUM
SAS ALIAS: MCOPLNID
STANDARD ALIAS: MCO_HLTH_PLANID_NUM
TITLE ALIAS: MCO_PLANID
COMMENT:
Prior to Version I this field was named: MCO_PAYERID_NUM.
SOURCE:
CWF

PLNDND{x}

NCH Health PlanID Trailer Indicator Code

where {x} ranges from 1 to 3

A placeholder field (effective with Version H) for storing the code that indicates the presence of a Health PlanID trailer.
NOTE: Prior to Version 'I' this field was named: NCH_PAYERID_TRLR_IND_CD.
DB2 ALIAS: PLANID_TRLR_CD
SAS ALIAS: PLANIDIN

Variable Name

Label

STANDARD ALIAS: NCH_HLTH_PLANID_TRLR_IND_CD
CODES:
I = Health PlanID trailer present
COMMENT:
Prior to Version I this field was named:
NCH_PAYERID_TRLR_IND_CD.
SOURCE:
NCH

PLND CD{x}

Claim Health PlanID Code

where {x} ranges from 1 to 3

A placeholder field (effective with Version H) for storing the code identifying the type of Health PlanID. Prior to Version 'I' this field was named: CLM_PAYERID-CD
DB2 ALIAS: CLM_PLANID_CD
SAS ALIAS: PLANIDCD
STANDARD ALIAS: CLM_HLTH_PLANID_CD
TITLE ALIAS: PLANID_TYPE
CODES:
1 = Medicare Secondary Payer
2 = Medicaid
3 = Medigap
4 = Supplemental Insurer
5 = Managed Care Organization
COMMENT:
Prior to Version I this field was named:
CLM_PAYERID_CD.
SOURCE:
CWF

PLANID{x}

Claim Health PlanID Number

where {x} ranges from 1 to 3

A placeholder field (effective with Version H) for storing the Health PlanID number. Prior to Version 'I' this field was named:
CLM_PAYERID_NUM.
DB2 ALIAS: CLM_PLANID_NUM
SAS ALIAS: PLANID
STANDARD ALIAS: CLM_HLTH_PLANID_NUM
TITLE ALIAS: PLANID
COMMENT:
Prior to Version I this field was named:
CLM_PAYERID_NUM.
SOURCE:
CWF

DEMOIND{x}

NCH Demonstration Trailer Indicator Code

where {x} ranges from 1 to 5

Effective with Version H, the code indicating the presence of a demo trailer.
NOTE: During the Version H conversion this field was populated throughout history (back to service year 1991).
COBOL ALIAS: DEMO_IND
DB2 ALIAS: DEMO_TRLR_IND_CD
SAS ALIAS: DEMOIND

Variable Name

Label

STANDARD ALIAS: NCH_DEMO_TRLR_IND_CD
TITLE ALIAS: DEMO_INDICATOR
CODES:
D = Demo trailer present
SOURCE:
NCH

DEMONUM{x}

Claim Demonstration Identification Number

where { x } ranges from 1 to 5

Effective with Version H, the number assigned to identify a demo. This field is also used to denote special processing (a.k.a. Special Processing Number, SPN).

NOTE: Prior to Version H, Demo ID was stored in the redefined Claim Edit Group, 4th occurrence, positions 3 and 4. During the H conversion, this field was populated with data throughout history (as appropriate either by moving ID on Version G or by deriving from specific demo criteria).

01 = Nursing Home Case-Mix and Quality: NHCMQ (RUGS) Demo -- testing PPS for SNFs in 6 states, using a case-mix classification system based on resident characteristics and actual resources used. The claims carry a RUGS indicator and one or more revenue center codes in the 9,000 series.

NOTE1: Effective for SNF claims with NCH weekly process date after 2/8/96 (and service date after 12/31/95) -- beginning 4/97, Demo ID '01' was derived in NCH based on presence of RUGS phase # '2', '3' or '4' on incoming claim; since 7/97, CWF has been adding ID to claim.

NOTE2: During the Version H conversion, Demo ID '01' was populated back to NCH weekly process date 2/9/96 based on the RUGS phase indicator (stored in Claim Edit Group, 3rd occurrence, 4th position, in Version G).

02 = National HHA Prospective Payment Demo -- testing PPS for HHAs in 5 states, using two alternate methods of paying HHAs: per visit by type of HHA visit and per episode of HH care.

NOTE1: Effective for HHA claims with NCH weekly process date after 5/31/95 -- beginning 4/97, Demo ID '02' was derived in NCH based on HCFA/CHPP-supplied listing of provider # and start/stop dates of participants.

NOTE2: During the Version H conversion, Demo ID '02' was populated back to NCH weekly process date 6/95 based on the CHPP criteria.

03 = Telemedicine Demo -- testing covering traditionally noncovered physician services for medical consultation furnished via two-way, interactive video systems (i.e. teleconsultation) in 4 states. The claims contain line items with 'QQ' HCPCS code.

NOTE1: Effective for physician/supplier (nonDMERC) claims with NCH weekly process date after 12/31/96

Variable Name

Label

(and service date after 9/30/96) -- since 7/97, CWF has been adding Demo ID '03' to claim.
NOTE2: During Version H conversion, Demo ID '03' was populated back to NCH weekly process date 1/97 based on the presence of 'QQ' HCPCS on one or more line items.

04 = United Mine Workers of America (UMWA) Managed Care Demo -- testing risk sharing for Part A services, paying special capitation rates for all UMWA beneficiaries residing in 13 designated counties in 3 states. Under the demo, UMWA will waive the 3-day qualifying hospital stay for a SNF admission. The claims contain TOB '18X', '21X', '28X' and '51X'; condition code = W0; claim MCO paid switch = not '0'; and MCO contract # = '90091'.
NOTE: Initially scheduled to be implemented for all SNF claims for admission or services on 1/1/97 or later, CWF did not transmit any Demo ID '04' annotated claims until on or about 2/98.

05 = Medicare Choices (MCO encounter data) demo -- testing expanding the type of Managed Care plans available and different payment methods at 16 MCOs in 9 states. The claims contain one of the specific MCO Plan Contract # assigned to the Choices Demo site.
NOTE1: Effective for all claim types with NCH weekly process date after 7/31/97 -- CWF adds Demo ID '05' to claim based on the presences of the MCO Plan Contract #.
NOTE2: During the Version H conversion, Demo ID '05' was populated back to NCH weekly process date 8/97 based on the presence of the Choices indicator (stored as an alpha character cross-walked from MCO plan contract # in the Claim Edit Group, 4th occurrence, 2nd position, in Version 'G').

06 = Coronary Artery Bypass Graft (CABG) Demo -- testing bundled payment (all-inclusive global pricing) for hospital + physician services related to CABG surgery in 7 hospitals in 7 states. The inpatient claims contain a DRG '106' or '107'.
NOTE1: Effective for Inpatient claims and physician/supplier claims with Claim Edit Date no earlier than 6/1/91 (not all CABG sites started at the same time) -- on 5/1/97, CWF started transmitting Demo ID '06' on the claim. The FI adds the ID to the claim based on the presence of DRG '106' or '107' from specific providers for specified time periods; the carrier adds the ID to the claim based on receiving 'Daily Census List' from participating hospitals. Demo ID '06' will end once Demo ID '07' is implemented.
NOTE2: During the Version H conversion, any claims where Medicare is the primary payer that were not already identified as Demo ID

Variable Name

Label

'06' (stored in the redefined Claim Edit Group, 4th occurrence, positions 3 and 4, Version G) were annotated based on the following criteria: Inpatient - presence of DRG '106' or '107' and a provider number=220897, 150897, 380897,450897,110082,230156 or 360085 for specified service dates; noninstitutional - presence of HCPCS modifier (initial and/or second) = 'Q2' and a carrier number =00700/31143 00630,01380,00900,01040/00511,00710,00623, or 13630 for specified service dates.

07 = Participating Centers of Excellence (PCOE) Demo -- testing a negotiated all-inclusive pricing arrangement (bundled rates) for high-cost acute care cardiovascular and orthopedic procedures performed in 60-100 premier facilities in the Chicago and San Francisco Regions or by current CABG providers. The inpatient claims will contain a DRG '104','105','106','107','112','124','125','209',or '471'; the related physician/supplier claims will contain the claim payment denial reason code = 'D'.
NOTE: The demo is on HOLD. The FI and carrier will add Demo ID '07' to claim.

08 = Provider Partnership Demo -- testing per-case payment approaches for acute inpatient hospitalizations, making a lump-sum payment (combining the normal Part A PPS payment with the Part B allowed charges into a single fee schedule) to a Physician/Hospital Organization for all Part A and Part B services associated with a hospital admission. From 3 to 6 hospitals in the Northeast and Mid-Atlantic regions may participate in the demo.
NOTE: The demo is on HOLD. The FI and carrier will add Demo ID '08' to claim.

15 = ESRD Managed Care (MCO encounter data) -- testing open enrollment of ESRD beneficiaries and capitation rates adjusted for patient treatment needs at 3 MCOs in 3 States. The claims contain one of the specific MCO Plan Contract # assigned to the ESRD demo site.
NOTE: Effective 10/1/97 (but not actually implemented at a site until 1/1/98) for all claim types -- the FI and carrier add Demo ID '15' to claim based on the presence of the MCO plan contract #.

30 = Lung Volume Reduction Surgery (LVRS) or National Emphysema Treatment Trial (NETT) Clinical Study -- evaluating the effectiveness of LVRS and maximum medical therapy (including pulmonary rehab) for Medicare beneficiaries in last stages of emphysema at 18 hospitals nationally, in collaboration with NIH.
NOTE: Effective for all claim types (except DMERC) with NCH weekly process date after 2/27/98 (and service date after 10/31/97) -- the FI adds Demo ID

Variable Name

Label

'30' based on the presence of a condition code = EY; the participating physician (not the carrier) adds ID to the noninstitutional claim. DUE TO THE SENSITIVE NATURE OF THIS CLINICAL TRIAL AND UNDER THE TERMS OF THE INTERAGENCY AGREEMENT WITH NIH, THESE CLAIMS ARE PROCESSED BY CWF AND TRANSMITTED TO HCFA BUT NOT STORED IN THE NEARLINE FILE (access is restricted to study evaluators only).
 31 = VA Pricing Special Processing (SPN) -- not really a demo but special request from VA due to court settlement; not Medicare services but VA inpatient and physician services submitted to FI 00400 and Carrier 00900 to obtain Medicare pricing -- CWF WILL PROCESS VA CLAIMS ANNOTATED WITH DEMO ID '31', BUT WILL NOT TRANSMIT TO HCFA (not in Nearline File).
 37 = Medicare Coordinated Care Demonstration -- to test whether coordinated care services furnished to certain beneficiaries improve outcomes of care and reduce Medicare expenditures under Part A and Part B. There will be at least 9 Coordinated Care Entities (CCEs). The selected entities will be assigned a provider number specifically for the demonstration services.
 NOTE: The demo is on HOLD. The FI and carrier will add Demo ID '37' to claim.
 38 = Physician Encounter Claims - the purpose of this demo id is to identify the physician encounter claims being processed at the HCFA Data Center (HDC). This number will help EDS in making the claim go through the appropriate processing logic, which differs from that for fee-for-service. **NOT IN NCH -- AVAILABLE IN NMUD.**
 NOTE: Effective October, 2000. Demo ids will not be assigned to Inpatient and Outpatient encounter claims.
 39 = Centralized Billing of Flu and PPV Claims -- The purpose of this demo is to facilitate the processing carrier, Trailblazers, paying flu and PPV claims based on payment localities. Providers will be giving the shots throughout the country and transmitting the claims to Trailblazers for processing.
 NOTE: Effective October, 2000 for carrier claims.
 DB2 ALIAS: CLM_DEMO_ID_NUM
 SAS ALIAS: DEMONUM
 STANDARD ALIAS: CLM_DEMO_ID_NUM
 TITLE ALIAS: DEMO_ID
 SOURCE:
 CWF

DEMOTXT{x}

Claim Demonstration Information Text

where {x} ranges from 1 to 5

Effective with Version H, the text field that contains related demo information. For example, a claim involving a CHOICES demo id '05' would contain the MCO plan contract number in the first

Variable Name

Label

five positions of this text field.
 NOTE: During the Version H conversion this field was populated with data throughout history.
 DB2 ALIAS: CLM_DEMO_INFO_TXT
 SAS ALIAS: DEMOTXT
 STANDARD ALIAS: CLM_DEMO_INFO_TXT
 TITLE ALIAS: DEMO_INFO
 DERIVATION:
 DERIVATION RULES:
 Demo ID = 01 (RUGS) -- the text field will contain a 2, 3 or 4 to denote the RUGS phase. If RUGS phase is blank or not one of the above the text field will reflect 'INVALID'. NOTE: In Version 'G', RUGS phase was stored in redefined Claim Edit Group, 3rd occurrence, 4th position.
 Demo ID = 02 (Home Health demo) -- the text field will contain PROV#. When demo number not equal to 02 then text will reflect 'INVALID'.
 Demo ID = 03 (Telemedicine demo) -- text field will contain the HCPCS code. If the required HCPCS is not shown then the text field will reflect 'INVALID'.
 Demo ID = 04 (UMWA) -- text field will contain W0 denoting that condition code W0 was present. If condition code W0 not present then the text field will reflect 'INVALID'.
 Demo ID = 05 (CHOICES) -- the text field will contain the CHOICES plan number, if both of the following conditions are met: (1) CHOICES plan number present and PPS or Inpatient claim shows that 1st 3 positions of provider number as '210' and the admission date is within HMO effective/termination date; or non-PPS claim and the from date is within HMO effective/termination date and (2) CHOICES plan number matches the HMO plan number. If either condition is not met the text field will reflect 'INVALID CHOICES PLAN NUMBER'. When CHOICES plan number not present, text will reflect 'INVALID'.
 NOTE: In Version 'G', a valid CHOICES plan ID is stored as alpha character in redefined Claim Edit Group, 4th occurrence, 2nd position. If invalid, CHOICES indicator 'ZZ' displayed.
 Demo ID = 15 (ESRD Managed Care) -- text field will contain the ESRD/MCO plan number. If ESRD/MCO plan number not present the field will reflect 'INVALID'.
 Demo ID = 38 (Physician Encounter Claims) -- text field will contain the MCO plan number. When MCO plan number not present the field will reflect 'INVALID'.
 SOURCE:
 CWF

DGNSND{x}

NCH Diagnosis Trailer Indicator Code

where { x } ranges from 1 to 10

Variable Name

Label

Effective with Version H, the code indicating the presence of a diagnosis trailer.

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

DB2 ALIAS: DGNS_TRLR_IND_CD

SAS ALIAS: DGNSIND

STANDARD ALIAS: NCH_DGNS_TRLR_IND_CD

CODES:

Y = Diagnosis code trailer present

SOURCE:

NCH

DGNSCD{x}

Claim Diagnosis Code

where {x} ranges from 1 to 10

The ICD-9-CM based code identifying the beneficiary's principal or other diagnosis (including E code).

NOTE:

Prior to Version H, the principal diagnosis code was not stored with the 'OTHER' diagnosis codes. During the Version H conversion the CLM_PRNCPAL_DGNS_CD was added as the first occurrence.

DB2 ALIAS: CLM_DGNS_CD

SAS ALIAS: DGNS_CD

STANDARD ALIAS: CLM_DGNS_CD

TITLE ALIAS: DIAGNOSIS

EDIT-RULES:

ICD-9-CM

COMMENT:

Prior to Version H this field was named:

CLM_OTHR_DGNS_CD.

PRCDRND{x}

NCH Procedure Trailer Indicator Code

where {x} ranges from 1 to 6

Effective with Version H, the code indicating the presence of a procedure trailer.

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

DB2 ALIAS: PRCDR_TRLR_IND_CD

SAS ALIAS: PRCDRIND

STANDARD ALIAS: NCH_PRCDR_TRLR_IND_CD

CODES:

Z = Procedure code trailer present

SOURCE:

NCH

PRCDRCD{x}

Claim Procedure Code

where {x} ranges from 1 to 6

The ICD-9-CM code that indicates the principal or other procedure performed during the period covered by the institutional claim.

DB2 ALIAS: CLM_PRCDR_CD

SAS ALIAS: PRCDR_CD

STANDARD ALIAS: CLM_PRCDR_CD

TITLE ALIAS: PROCEDURE_CODE

EDIT-RULES:

Variable Name

Label

ICD-9-CM
SOURCE:
CWF

PRCDRDT{x}

Claim Procedure Performed Date

where {x} ranges from 1 to 6

On an institutional claim, the date on which the principal or other procedure was performed.

8 DIGITS UNSIGNED
DB2 ALIAS: CLM_PRCDR_PRFRM_DT
SAS ALIAS: PRCDR_DT
STANDARD ALIAS: CLM_PRCDR_PRFRM_DT
TITLE ALIAS: PROCEDURE_DATE
EDIT-RULES:
YYYYMMDD
SOURCE:
CWF

CNDND{x}

NCH Condition Trailer Indicator Code

where {x} ranges from 1 to 30

Effective with Version H, the code indicating the presence of a condition code trailer.

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

DB2 ALIAS: COND_TRLR_IND_CD
SAS ALIAS: CONDIND
STANDARD ALIAS: NCH_COND_TRLR_IND_CD
CODES:
C = Condition code trailer present
SOURCE:
NCH

RLTCND{x}

Claim Related Condition Code

where {x} ranges from 1 to 30

The code that indicates a condition relating to an institutional claim that may affect payer processing.

DB2 ALIAS: CLM_RLT_COND_CD
SAS ALIAS: RLT_COND
STANDARD ALIAS: CLM_RLT_COND_CD
SYSTEM ALIAS: LTCOND
TITLE ALIAS: RELATED_CONDITION_CD
CODES:
01 THRU 16 = Insurance related
17 THRU 30 = Special condition
31 THRU 35 = Student status codes which are required when a patient is a dependent child over 18 years old
36 THRU 45 = Accommodation
46 THRU 54 = CHAMPUS information
55 THRU 59 = Skilled nursing facility
60 THRU 70 = Prospective payment
71 THRU 99 = Renal dialysis setting
A0 THRU B9 = Special program codes
C0 THRU C9 = PRO approval services
D0 THRU W0 = Change conditions
CODES:

Variable Name

Label

REFER TO: CLM_RLT_COND_TB
IN THE CODES APPENDIX
SOURCE:
CWF

OCRCND{x}

NCH Occurrence Trailer Indicator Code

where {x} ranges from 1 to 30

Effective with Version H, the code indicating the presence of a occurrence code trailer.
NOTE: During the Version H conversion this field was populated throughout history (back to service year 1991).
DB2 ALIAS: OCRNC_TRLR_IND_CD
SAS ALIAS: OCRNCIND
STANDARD ALIAS: NCH_OCRNC_TRLR_IND_CD
CODES:
O = Occurrence code trailer present
SOURCE:
NCH

OCRCCD{x}

Claim Related Occurrence Code

where {x} ranges from 1 to 30

The code that identifies a significant event relating to an institutional claim that may affect payer processing. These codes are claim-related occurrences that are related to a specific date.
DB2 ALIAS: CLM_RLT_OCRNC_CD
SAS ALIAS: OCRNC_CD
STANDARD ALIAS: CLM_RLT_OCRNC_CD
SYSTEM ALIAS: LTOCRNC
TITLE ALIAS: OCCURRENCE_CD
CODES:
01 THRU 09 = Accident
10 THRU 19 = Medical condition
20 THRU 39 = Insurance related
40 THRU 69 = Service related
A1-A3 = Miscellaneous
CODES:
REFER TO: CLM_RLT_OCRNC_TB
IN THE CODES APPENDIX
SOURCE:
CWF

OCRCDT{x}

Claim Related Occurrence Date

where {x} ranges from 1 to 30

The date associated with a significant event related to an institutional claim that may affect payer processing.
8 DIGITS UNSIGNED
DB2 ALIAS: CLM_RLT_OCRNC_DT
SAS ALIAS: OCRNCDT
STANDARD ALIAS: CLM_RLT_OCRNC_DT
TITLE ALIAS: RLT_OCRNC_DT
EDIT-RULES:
YYYYMMDD
SOURCE:
CWF

Variable Name

Label

SPNND{x}

NCH Span Trailer Indicator Code

where { x } ranges from 1 to 10

Effective with Version H, the code indicating the presence of a span code trailer.

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

DB2 ALIAS: SPAN_TRLR_IND_CD

SAS ALIAS: SPANIND

STANDARD ALIAS: NCH_SPAN_TRLR_IND_CD

CODES:

S = Span code trailer present

SOURCE:

NCH

SPANCD{x}

Claim Occurrence Span Code

where { x } ranges from 1 to 10

The code that identifies a significant event relating to an institutional claim that may affect payer processing. These codes are claim-related occurrences that are related to a time period (span of dates).

DB2 ALIAS: CLM_OCRNC_SPAN_CD

SAS ALIAS: SPAN_CD

STANDARD ALIAS: CLM_OCRNC_SPAN_CD

SYSTEM ALIAS: LTSPAN

TITLE ALIAS: SPAN_CD

CODES:

REFER TO: CLM_OCRNC_SPAN_TB

IN THE CODES APPENDIX

SOURCE:

CWF

SPNFRM{x}

Claim Occurrence Span From Date

where { x } ranges from 1 to 10

The from date of a period associated with an occurrence of a specific event relating to an institutional claim that may affect payer processing.

processing.

8 DIGITS UNSIGNED

DB2 ALIAS: OCRNC_SPAN_FROM_DT

SAS ALIAS: SPANFROM

STANDARD ALIAS: CLM_OCRNC_SPAN_FROM_DT

TITLE ALIAS: SPAN_FROM_DT

EDIT-RULES:

YYYYMMDD

SOURCE:

CWF

SPNTHR{x}

Claim Occurrence Span Through Date

where { x } ranges from 1 to 10

The thru date of a period associated with an occurrence of a specific event relating to an institutional claim that may affect payer processing.

processing.

8 DIGITS UNSIGNED

DB2 ALIAS: OCRNC_SPAN_THRU_DT

Variable Name

Label

SAS ALIAS: SPANTHRU
STANDARD ALIAS: CLM_OCRNC_SPAN_THRU_DT
TITLE ALIAS: SPAN_THRU_DT
EDIT-RULES:
YYYYMMDD
SOURCE:
CWF

VALIND{x}

NCH Value Trailer Indicator Code

where { x } ranges from 1 to 36

Effective with Version H, the code indicating the presence of a value code trailer.
NOTE: During the Version H conversion this field was populated throughout history (back to service year 1991).
DB2 ALIAS: VAL_TRLR_IND_CD
SAS ALIAS: VALIND
STANDARD ALIAS: NCH_VAL_TRLR_IND_CD
CODES:
V = Value code trailer present
SOURCE:
NCH

VAL_CD{x}

Claim Value Code

where { x } ranges from 1 to 36

The code indicating the value of a monetary condition which was used by the intermediary to process an institutional claim.
DB2 ALIAS: CLM_VAL_CD
SAS ALIAS: VAL_CD
STANDARD ALIAS: CLM_VAL_CD
SYSTEM ALIAS: LTVALUE
TITLE ALIAS: VALUE_CD
CODES:
REFER TO: CLM_VAL_TB
IN THE CODES APPENDIX
SOURCE:
CWF

VALAMT{x}

Claim Value Amount

where { x } ranges from 1 to 36

The amount related to the condition identified in the CLM_VAL_CD which was used by the intermediary to process the institutional claim.
9.2 DIGITS SIGNED
DB2 ALIAS: CLM_VAL_AMT
SAS ALIAS: VAL_AMT
STANDARD ALIAS: CLM_VAL_AMT
TITLE ALIAS: VALUE_AMOUNT
EDIT-RULES:
\$\$\$\$\$\$\$CC
SOURCE:
CWF

REVIND{x}

NCH Revenue Center Trailer Indicator Code

where { x } ranges from 1 to 58

Variable Name

Label

Effective with Version H, the code identifying the revenue center trailer.

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

DB2 ALIAS: REV_CNTR_TRLR_CD

SAS ALIAS: REVIND

STANDARD ALIAS: NCH_REV_CNTR_TRLR_IND_CD

CODES:

R = Revenue code trailer present

SOURCE:

NCH

RVCNTR{x}

Revenue Center Code

where { x } ranges from 1 to 58

The provider-assigned revenue code for each cost center for which a separate charge is billed (type of ancillary). A cost center is a division or unit within a hospital (e.g., radiology, emergency room, pathology). EXCEPTION: Revenue center code 0001 represents the total of

all revenue centers included on the claim.

COBOL ALIAS: REV_CD

DB2 ALIAS: REV_CNTR_CD

SAS ALIAS: REV_CNTR

STANDARD ALIAS: REV_CNTR_CD

SYSTEM ALIAS: LTRC

TITLE ALIAS: REVENUE_CENTER_CD

CODES:

REFER TO: REV_CNTR_TB

IN THE CODES APPENDIX

SOURCE:

CWF

REV_DT{x}

Revenue Center Date

where { x } ranges from 1 to 58

Effective with Version H, the date applicable to the service represented by the revenue center

code. This field may be present on any of the institutional claim types. For home health claims the service date should be present on all bills with from date greater than 3/31/98. With the implementation of outpatient PPS, hospitals will be required to enter line item dates of service for all outpatient services which require a HCPCS.

NOTE1: Beginning with NCH weekly process date 10/3/97 this field was populated with data.

Claims processed prior to 10/3/97 will contain zeroes in this field.

NOTE2: When revenue center code equals '0022' (SNF PPS) and revenue center HCPCS code not equal to 'AAA00' (default for no assessment), date represents the MDS RAI assessment reference date.

NOTE3: When revenue center code equals '0023' (HHPPS), the date on the initial claim (RAP) must represent the first date of service in the episode.

The final claim will match the '0023' information submitted on the initial claim. The SCIC

Variable Name

Label

(significant change in condition) claims may show additional '0023' revenue lines in which the date represents the date of the first service under the revised plan of treatment.

8 DIGITS UNSIGNED
DB2 ALIAS: REV_CNTR_DT
SAS ALIAS: REV_DT
STANDARD ALIAS: REV_CNTR_DT
TITLE ALIAS: REV_CNTR_DATE
EDIT-RULES:
YYYYMMDD
SOURCE:
CWF

RVNS1{x}

Revenue Center 1st ANSI Code

where { x } ranges from 1 to 58

The first code used to identify the detailed reason an adjustment was made (e.g. reason for denial or reducing payment).

NOTE: Beginning with NCH weekly process date 7/7/00, this field will be populated with data. Claims processed prior to 7/7/00 will contain spaces in this field.

DB2 ALIAS: REV_CNTR_ANSI1_CD
SAS ALIAS: REVANSI1
STANDARD ALIAS: REV_CNTR_ANSI_1_CD
SYSTEM ALIAS: LTANSI
TITLE ALIAS: ANSI_CD
CODES:
REFER TO: REV_CNTR_ANSI_TB
IN THE CODES APPENDIX
SOURCE:
CWF

RVNS2{x}

Revenue Center 2nd ANSI Code

where { x } ranges from 1 to 58

The second code used to identify the detailed reason an adjustment was made (e.g. reason for denial or reducing payment).

NOTE: Beginning with NCH weekly process date 7/7/00, this field will be populated with data. Claims processed prior to 7/7/00 will contain spaces in this field.

DB2 ALIAS: REV_CNTR_ANSI2_CD
SAS ALIAS: REVANSI2
STANDARD ALIAS: REV_CNTR_ANSI_2_CD
TITLE ALIAS: ANSI_CD
SOURCE:
CWF

RVNS3{x}

Revenue Center 3rd ANSI Code

where { x } ranges from 1 to 58

The third code used to identify the detailed reason an adjustment was made (e.g. reason for denial or reducing payment).

NOTE: Beginning with NCH weekly process date 7/7/00, this field will be populated with data. Claims processed prior to 7/7/00 will contain

Variable Name

Label

spaces in this field.
DB2 ALIAS: REV_CNTR_ANSI3_CD
SAS ALIAS: REVANSI3
STANDARD ALIAS: REV_CNTR_ANSI_3_CD
TITLE ALIAS: ANSI_CD
SOURCE:
CWF

RVNS4{x}

Revenue Center 4th ANSI Code

where { x } ranges from 1 to 58

The fourth code used to identify the detailed reason an adjustment was made (e.g. reason for denial or reducing payment).
NOTE: Beginning with NCH weekly process date 7/7/00, this field will be populated with data. Claims processed prior to 7/7/00 will contain spaces in this field.
DB2 ALIAS: REV_CNTR_ANSI4_CD
SAS ALIAS: REVANSI4
STANDARD ALIAS: REV_CNTR_ANSI_4_CD
TITLE ALIAS: ANSI_CD
SOURCE:
CWF

APCPPS{x}

Revenue Center APC/HIPPS Code

where { x } ranges from 1 to 58

Effective with Outpatient PPS (OPPS), the Ambulatory Payment Classification (APC) code used to identify groupings of outpatient services. APC codes are used to calculate payment for services under OPPS.
Effective with Home Health PPS (HHPPS), this field will only be populated with a HIPPS code if the HIPPS code that is stored in the HCPCS field has been downcoded and the new code will be placed in this field.
NOTE1: Under SNF PPS and HHPPS, HIPPS codes are stored in the HCPCS field. **EXCEPTION: if a HHPPS HIPPS code is downcoded the downcoded HIPPS will be stored in this field.
NOTE2: Beginning with NCH weekly process date 8/18/00, this field will be populated with data. Claims processed prior to 8/18/00 will contain spaces in this field.
DB2 ALIAS: REV_APC_HIPPS_CD
SAS ALIAS: APCHIPPS
STANDARD ALIAS: REV_CNTR_APC_HIPPS_CD
SYSTEM ALIAS: LTAPC
TITLE ALIAS: APC_HIPPS
CODES:
REFER TO: REV_CNTR_APC_TB
IN THE CODES APPENDIX
SOURCE:
CWF

HCPCSD{x}

Revenue Center HCFA Common Procedure Coding System Code

where { x } ranges from 1 to 58

Variable Name

Label

HCFA's Common Procedure Coding System (HCPCS) is a collection of codes that represent procedures, supplies, products and services which may be provided to Medicare beneficiaries and to individuals enrolled in private health insurance programs. The codes are divided into three levels, or groups, as described below:

DB2 ALIAS: REV_CNTR_HCPCS_CD

SAS ALIAS: HCPCS_CD

STANDARD ALIAS: REV_CNTR_HCPCS_CD

SYSTEM ALIAS: LTHIPPS

TITLE ALIAS: HCPCS_CD

CODES:

REFER TO: CLM_HIPPS_TB

IN THE CODES APPENDIX

COMMENT:

Prior to Version H this field was named: HCPCS_CD. With Version H, a prefix was added to denote the location of this field on each claim type (institutional: REV_CNTR and non-institutional: LINE).

NOTE: When revenue center code = '0022' (SNF PPS) or '0023' (HH PPS), this field contains the Health Insurance PPS (HIPPS) code. The HIPPS code for SNF PPS contains the rate code/assessment type that identifies (1) RUG-III group the beneficiary was classified into as of the RAI MDS assessment reference date and (2) the type of assessment for payment purposes.

The HIPPS code for Home Health PPS identifies (1) the three case-mix dimensions of the HHRG system, clinical, functional and utilization, from which a beneficiary is assigned to one of the 80 HHRG categories and (2) it identifies whether or not the elements of the code were computed or derived. The HHRGs, represented by the HIPPS coding, will be the basis of payment for each episode.

For both SNF PPS & HH PPS HIPPS values see CLM_HIPPS_TB.

Level I

Codes and descriptors copyrighted by the American Medical Association's Current Procedural Terminology, Fourth Edition (CPT-4). These are 5 position numeric codes representing physician and nonphysician services.

**** Note: ****

CPT-4 codes including both long and short descriptions shall be used in accordance with the HCFA/AMA agreement. Any other use violates the AMA copyright.

Level II

Includes codes and descriptors copyrighted by the American Dental Association's Current Dental Terminology, Second Edition (CDT-2). These are 5 position alpha-numeric codes comprising the D series. All other level II codes and descriptors are approved and maintained jointly

Variable Name

Label

by the alpha-numeric editorial panel (consisting of HCFA, the Health Insurance Association of America, and the Blue Cross and Blue Shield Association). These are 5 position alpha-numeric codes representing primarily items and nonphysician services that are not represented in the level I codes.

Level III

Codes and descriptors developed by Medicare carriers for use at the local (carrier) level. These are 5 position alpha-numeric codes in the W, X, Y or Z series representing physician and nonphysician services that are not represented in the level I or level II codes.

MDFCD1{x}

Revenue Center HCPCS Initial Modifier Code

where {x} ranges from 1 to 58

A first modifier to the procedure code to enable a more specific procedure identification for the claim.
DB2 ALIAS: REV_HCPCS_MDFR_CD
SAS ALIAS: MDFR_CD1
STANDARD ALIAS: REV_CNTR_HCPCS_INITL_MDFR_CD
TITLE ALIAS: INITIAL_MODIFIER
EDIT-RULES:
Carrier Information File
COMMENT:
Prior to Version H this field was named: HCPCS_INITL_MDFR_CD. With Version H, a prefix was added to denote the location of this field on each claim type (institutional: REV_CNTR and non-institutional: LINE).
SOURCE:
CWF

MDFCD2{x}

Revenue Center HCPCS Second Modifier Code

where {x} ranges from 1 to 58

A second modifier to the procedure code to make it more specific than the first modifier code to identify the procedures performed on the beneficiary for the claim.
DB2 ALIAS: REV_HCPCS_2ND_CD
SAS ALIAS: MDFR_CD2
STANDARD ALIAS: REV_CNTR_HCPCS_2ND_MDFR_CD
TITLE ALIAS: SECOND_MODIFIER
EDIT-RULES:
CARRIER INFORMATION FILE
COMMENT:
Prior to Version H this field was named: HCPCS_2ND_MDFR_CD. With Version H, a prefix was added to denote the location of this field on each claim type (institutional: REV_CNTR and non-institutional: LINE).
SOURCE:
CWF

MDFCD3{x}

Revenue Center HCPCS Third Modifier Code

where {x} ranges from 1 to 58

Variable Name

Label

Effective with Version I, a third modifier to the procedure code to make it more specific than the second modifier code to identify the procedures performed on the beneficiary for the claim.
DB2 ALIAS: REV_HCPCS_3RD_CD
SAS ALIAS: MDFR_CD3
STANDARD ALIAS: REV_CNTR_HCPCS_3RD_MDFR_CD
TITLE ALIAS: THIRD_MODIFIER
EDIT-RULES:
CARRIER INFORMATION FILE
COMMENT:
NOTE: Beginning with NCH weekly process date 8/18/00, this field will be populated with data. Claims processed prior to 8/18/00 will contain spaces in this field.
SOURCE:
CWF

MDFCD4{x}

Revenue Center HCPCS Fourth Modifier Code

where { x } ranges from 1 to 58

Effective with Version I, a fourth modifier to the procedure code to make it more specific than the third modifier code to identify the procedures performed on the beneficiary for the claim.
DB2 ALIAS: REV_HCPCS_4TH_CD
SAS ALIAS: MDFR_CD4
STANDARD ALIAS: REV_CNTR_HCPCS_4TH_MDFR_CD
TITLE ALIAS: FOURTH_MODIFIER
EDIT-RULES:
CARRIER INFORMATION FILE
COMMENT:
NOTE: Beginning with NCH weekly process date 8/18/00, this field will be populated with data. Claims processed prior to 8/18/00 will contain spaces in this field.
SOURCE:
CWF

MDFCD5{x}

Revenue Center HCPCS Fifth Modifier Code

where { x } ranges from 1 to 58

Effective with Version I, a fifth modifier to the procedure code to make it more specific than the fourth modifier code to identify the procedures performed on the beneficiary for the claim.
DB2 ALIAS: REV_HCPCS_5TH_CD
SAS ALIAS: MDFR_CD5
STANDARD ALIAS: REV_CNTR_HCPCS_5TH_MDFR_CD
TITLE ALIAS: FIFTH_MODIFIER
EDIT-RULES:
CARRIER INFORMATION FILE
COMMENT:
NOTE: Beginning with NCH weekly process date 8/18/00, this field will be populated with data. Claims processed prior to 8/18/00 will contain spaces in this field.
SOURCE:
CWF

Variable Name

Label

PMTHD{x}

Revenue Center Payment Method Indicator Code

where { x } ranges from 1 to 58

Effective with Version 'I', the code used to identify how the service is priced for payment. This field is made up of two pieces of data,

1st position being the service indicator and the 2nd position being the payment indicator.

NOTE: Beginning with NCH weekly process date 8/18/00, this field will be populated with data.

Claims processed prior to 8/18/00 will contain spaces in this field.

DB2 ALIAS: REV_PMT_MTHD_CD

SAS ALIAS: PMTMTHD

STANDARD ALIAS: REV_CNTR_PMT_MTHD_IND_CD

SYSTEM ALIAS: LTPMTHD

TITLE ALIAS: PMT_MTHD

CODES:

REFER TO: REV_CNTR_PMT_MTHD_IND_TB

IN THE CODES APPENDIX

SOURCE:

CWF

DSCNTD{x}

Revenue Center Discount Indicator Code

where { x } ranges from 1 to 58

Effective with Version 'I', for all services subject to Outpatient PPS, this code represents a factor that specifies the amount of any APC

discount. The discounting factor is applied to a line item with a service indicator (part of the REV_CNTR_PMT_MTHD_IND_CD) of 'T'. The flag is applicable when more than one significant procedure is performed. **If there is no discounting the factor will be 1.0.**

NOTE1: Beginning with NCH weekly process date 8/18/00, this field will be populated with data.

Claims processed prior to 8/18/00 will contain spaces in this field.

DB2 ALIAS: REV_DSCNT_IND_CD

SAS ALIAS: DSCNTIND

STANDARD ALIAS: REV_CNTR_DSCNT_IND_CD

SYSTEM ALIAS: LTDSCNT

TITLE ALIAS: REV_CNTR_DSCNT_IND_CD

CODES:

DISCOUNTING FORMULAS

1 = 1.0

2 = (1.0+D(U-1))/U

3 = T/U

4 = (1+D)/U

5 = D

6 = TD/U

7 = D(1+D)/U

8 = 2.0/U

SOURCE:

CWF

PCKGND{x}

Revenue Center Packaging Indicator Code

where { x } ranges from 1 to 58

Variable Name

Label

Effective with Version 'I', for all services subject to Outpatient PPS, the code used to identify those services that are packaged/
bundled with another service.
NOTE: Beginning with NCH weekly process date 8/18/00, this field will be populated with data. Claims processed prior to 8/18/00 will contain spaces in this field.
DB2 ALIAS: REV_PACKG_IND_CD
SAS ALIAS: PACKGIND
STANDARD ALIAS: REV_CNTR_PACKG_IND_CD
SYSTEM ALIAS: LTPACKG
TITLE ALIAS: REV_CNTR_PACKG_IND
CODES:
0 = Not packaged
1 = Packaged service (service indicator N)
2 = Packaged as part of partial hospitalization per diem or daily mental health service per diem
SOURCE:
CWF

PRICNG{x}

Revenue Center Pricing Indicator Code

where { x } ranges from 1 to 58

Effective with Version 'I', the code used to identify if there was a deviation from the standard method of calculating payment amount.
NOTE: Beginning with NCH weekly process date 8/18/00, this field will be populated with data. Claims processed prior to 8/18/00 will contain spaces in this field.
DB2 ALIAS: REV_PRICNG_IND_CD
SAS ALIAS: PRICNG
STANDARD ALIAS: REV_CNTR_PRICNG_IND_CD
SYSTEM ALIAS: LTPRICNG
TITLE ALIAS: REV_CNTR_PRICNG_IND
CODES:
REFER TO: REV_CNTR_PRICNG_IND_TB
IN THE CODES APPENDIX
SOURCE:
CWF

OTAF_1{x}

Revenue Center Obligation to Accept As Full (OTAF) Payment

where { x } ranges from 1 to 58

Effective with Version 'I' the code used to indicate that the provider was obligated to accept as full payment the amount received from the primary (or secondary) payer.
NOTE: Beginning with NCH weekly process date 7/7/00, this field will be populated with data. Claims processed prior to 7/7/00 will contain spaces in this field.
DB2 ALIAS: REV_OTAF1_IND_CD
SAS ALIAS: OTAF_1
STANDARD ALIAS: REV_CNTR_OTAF_1_IND_CD
TITLE ALIAS: REV_CNTR_OTAF_1_IND_CD
EDIT-RULES:

Variable Name

Label

Y = provider is obligated to accept the payment as payment in full for the service.
N or blank = provider is not obligated to accept the payment, or there is no payment by a prior payer.
SOURCE:
CWF

OTAF_2{x}

Revenue Center Obligation to Accept As Full (OTAF) Payment

where {x} ranges from 1 to 58

*****FIELD NOT POPULATED***** This field was intended to collect information for two payers if Medicare was tertiary. It was discovered that MSP system only deals with one payer so there is no need to have 2 OTAF fields.
DB2 ALIAS: REV_OTAF2_IND_CD
SAS ALIAS: OTAF_2
STANDARD ALIAS: REV_CNTR_OTAF_2_IND_CD
TITLE ALIAS: REV_CNTR_OTAF_2_IND_CD
SOURCE:
CWF

IDENDC{x}

Revenue Center IDE, NDC, UPC Number

where {x} ranges from 1 to 58

Effective with Version H, the exemption number assigned by the Food and Drug Administration (FDA) to an investigational device after a manufacturer has been approved by FDA to conduct a clinical trial on that device. HCFA established a new policy of covering certain IDE's which was implemented in claims processing on 10/1/96 (which is NCH weekly process 10/4/96) for service dates beginning 10/1/95. IDE's are always associated with revenue center code '0624'.
NOTE1: Prior to Version H a 'dummy' revenue center code '0624' trailer was created to store IDE's. The IDE number was housed in two fields: HCPCS code and HCPCS initial modifier; the second modifier contained the value 'ID'. There can be up to 7 distinct IDE numbers associated with an '0624' dummy trailer. During the Version H conversion IDE's were moved from the dummy '0624' trailer to this dedicated field.
NOTE2: Effective with Version 'I', this field was renamed to eventually accommodate the National Drug (NDC) and the Universal Product Code (UPC). This field could contain either of these 3 fields (there would never be an instance where more than one would come in on a claim). The size of this field was expanded to X(24) to accommodate either of the new fields (under Version 'H' it was X(7)). DATA ANAMOLY/LIMITATION: During an CWF MQA review an edit revealed the IDE was missing. The problem occurs in claim with an NCH weekly process dates of 6/9/00 through 9/8/00. During processing of the new format the program receives the IDE but then blanked out the data.
DB2 ALIAS: IDE_NDC_UPC_NUM

Variable Name

Label

SAS ALIAS: IDENDC
STANDARD ALIAS: REV_CNTR_IDE_NDC_UPC_NUM
TITLE ALIAS: IDE_NDC_UPC
SOURCE:
CWF

RVUNT{x}

Revenue Center Unit Count

where { x } ranges from 1 to 58

A quantitative measure (unit) of the number of times the service or procedure being reported was performed to the revenue center/HCPCS code definition as described an institutional claim.
Depending on type of service, units are measured by of covered days in a particular accommodation, pints of blood, emergency room visits, clinic visits, dialysis treatments (sessions or days), outpatient therapy visits, and outpatient clinical diagnostic laboratory tests.
NOTE1: When revenue center code = '0022' (SNF PPS) the unit count will reflect the number of covered days for each HIPPS code and, if applicable, the number of visits for each rehab therapy code.
7 DIGITS SIGNED
DB2 ALIAS: REV_CNTR_UNIT_CNT
SAS ALIAS: REV_UNIT
STANDARD ALIAS: REV_CNTR_UNIT_CNT
TITLE ALIAS: UNITS
SOURCE:
CWF

RVRT{x}

Revenue Center Rate Amount

where { x } ranges from 1 to 58

Charges relating to unit cost associated with the revenue center code. Exception (encounter data only): If plan (e.g. MCO) does not know the actual rate for the accommodations, \$1 will be reported in the field.
NOTE1: For SNF PPS claims (when revenue center code equals '0022'), HCFA has developed a SNF PRICER to compute the rate based on the provider supplied coding for the MDS RUGS III group and assessment type (HIPPS code, stored in revenue center HCPCS code field).
NOTE2: For OP PPS claims, HCFA has developed a PRICER to compute the rate based on the Ambulatory Payment Classification (APC), discount factor, units of service and the wage index.
NOTE3: Under HH PPS (when revenue center code equals '0023'), HCFA has developed a HHA PRICER to compute the rate. On the RAP, the rate is determined using the case mix weight associated with the HIPPS code, adjusting it for the wage index for the beneficiary's site of service, then multiplying the result by 60% or 50%, depending on whether or not the RAP is for a first episode. On the final claim, the HIPPS code could change the payment if the therapy threshold is not met, or partial episode payment (PEP) adjustment or a

Variable Name

Label

significant change in condition (SCIC) adjustment. In cases of SCICs, there will be more than one '0023' revenue center line, each representing the payment made at each case-mix level.
9.2 DIGITS SIGNED
DB2 ALIAS: REV_CNTR_RATE_AMT
SAS ALIAS: REV_RATE
STANDARD ALIAS: REV_CNTR_RATE_AMT
TITLE ALIAS: CHARGE_PER_UNIT
EFFECTIVE-DATE: 10/01/1993
COMMENT:
Prior to Version H the size of this field was: S9(7)V99.
SOURCE:
CWF

RVBLD{x}

Revenue Center Blood Deductible Amount

where { x } ranges from 1 to 58

Effective with Version 'I', the amount of money for which the intermediary determined the beneficiary is liable for the blood deductible for the line item service.
NOTE: Beginning with NCH weekly process date 7/7/00, this field will be populated with data. Claims processed prior to 7/7/00 will contain spaces in this field.
9.2 DIGITS SIGNED
DB2 ALIAS: REV_BLOOD_DDCTBL
SAS ALIAS: REVBLOOD
STANDARD ALIAS: REV_CNTR_BLOOD_DDCTBL_AMT
TITLE ALIAS: BLOOD_DDCTBL_AMT
SOURCE:
CWF

RVDTBL{x}

Revenue Center Cash Deductible Amount

where { x } ranges from 1 to 58

Effective with Version 'I' the amount of cash deductible the beneficiary paid for the line item service.
NOTE: Beginning with NCH weekly process date 7/7/00, this field will be populated with data. Claims processed prior to 7/7/00 will contain spaces in this field.
9.2 DIGITS SIGNED
DB2 ALIAS: REV_CASH_DDCTBL
SAS ALIAS: REVDCTBL
STANDARD ALIAS: REV_CNTR_CASH_DDCTBL_AMT
TITLE ALIAS: CASH_DDCTBL
SOURCE:
CWF

WGDJ{x}

Revenue Center Coinsurance/Wage Adjusted Coinsurance

where { x } ranges from 1 to 58

Effective with Version 'I', the amount of coinsurance applicable to the line item service defined by the revenue center and HCPCS codes. For those services subject to Outpatient PPS, the applicable coinsurance is wage adjusted.

Variable Name

Label

NOTE1: This field will have either a zero (for services for which coinsurance is not applicable), a regular coinsurance amount (calculated on either charges or a fee schedule) or if subject to OP PPS the national coinsurance amount will be wage adjusted. The wage adjusted coinsurance is based on the MSA where the provider is located or assigned as a result of a reclassification.
NOTE2: Beginning with NCH weekly process date 8/18/00, this field will be populated with data. Claims processed prior to 8/18/00 will contain spaces in this field.
9.2 DIGITS SIGNED
DB2 ALIAS: ADJSTD_COINSRNC
SAS ALIAS: WAGEADJ
STANDARD ALIAS:
REV_CNTR_WAGE_ADJSTD_COINS_AMT
TITLE ALIAS: WAGE_ADJSTD_COINS
SOURCE:
CWF

RDCDCN{x}

Revenue Center Reduced Coinsurance Amount

where {x} ranges from 1 to 58

Effective with Version 'I', for all services subject to Outpatient PPS, the amount of coinsurance applicable to particular service (HCPCS) for which the provider has elected to reduce the coinsurance amount.
NOTE1: The reduced coinsurance amount cannot be lower than 20% of the payment rate for the APC line.
NOTE2: Beginning with NCH weekly process date 8/18/00, this field will be populated with data. Claims processed prior to 8/18/00 will contain spaces in this field.
9.2 DIGITS SIGNED
DB2 ALIAS: RDCD_COINSRNC
SAS ALIAS: RDCDCOIN
STANDARD ALIAS: REV_CNTR_RDCD_COINS_AMT
TITLE ALIAS: REDUCED_COINS
SOURCE:
CWF

RVMSP1{x}

Revenue Center 1st Medicare Secondary Payer Paid Amount

where {x} ranges from 1 to 58

Effective with Version 'I', the amount paid by the primary payer when the payer is primary to Medicare (Medicare is secondary or tertiary).
NOTE: Beginning with NCH weekly process date 7/7/00, this field will be populated with data. Claims processed prior to 7/7/00 will contain spaces in this field.
9.2 DIGITS SIGNED
DB2 ALIAS: REV_MSP1_PD_AMT
SAS ALIAS: REV_MSP1
STANDARD ALIAS: REV_CNTR_MSP1_PD_AMT
TITLE ALIAS: MSP PAID AMOUNT

Variable Name

Label

SOURCE:
CWF

RVMSP2{x}

Revenue Center 2nd Medicare Secondary Payer Paid Amount

where { x } ranges from 1 to 58

Effective with Version 'I', the amount paid by the secondary payer when two payers are primary to Medicare (Medicare is the tertiary payer).

NOTE: Beginning with NCH weekly process date 7/7/00, this field will be populated with data.

Claims processed prior to 7/7/00 will contain spaces in this field.

9.2 DIGITS SIGNED

DB2 ALIAS: REV_MSP2_PD_AMT

SAS ALIAS: REV_MSP2

STANDARD ALIAS: REV_CNTR_MSP2_PD_AMT

TITLE ALIAS: MSP PAID AMOUNT

SOURCE:

CWF

RVPCHG{x}

Revenue Center Professional Component Amount

where { x } ranges from 1 to 58

*****FIELD NOT POPULATED***** Intended to be populated for line item services subject to PPS, as the amount associated with

Value Code '05'. However, with line item date

of service reporting, there is no way to

correctly allocate professional component charges

reported in value code '05' to specific line items

on the claim.

9.2 DIGITS SIGNED

DB2 ALIAS: REV_PROFNL_CMPNT

SAS ALIAS: REVPCCHG

STANDARD ALIAS: REV_CNTR_PROFNL_CMPNT_AMT

TITLE ALIAS: PROFNL_CMPNT_CHARGES

SOURCE:

CWF

RPRPMT{x}

Revenue Center Provider Payment Amount

where { x } ranges from 1 to 58

Effective with Version 'I', the amount paid to the provider for the services reported on the line item.

NOTE: Beginning with NCH weekly process date 7/7/00, this field will be populated with data.

Claims processed prior to 7/7/00 will contain spaces in this field.

9.2 DIGITS SIGNED

DB2 ALIAS: REV_PRVDR_PMT_AMT

SAS ALIAS: RPRVDPMT

STANDARD ALIAS: REV_CNTR_PRVDR_PMT_AMT

TITLE ALIAS: REV_PRVDR_PMT

SOURCE:

CWF

RBNPMT{x}

Revenue Center Beneficiary Payment Amount

where { x } ranges from 1 to 58

Effective with Version I, the amount paid to the beneficiary for the services reported on the line item.

Variable Name

Label

NOTE: Beginning with NCH weekly process date 7/7/00, this field will be populated with data. Claims processed prior to 7/7/00 will contain spaces in this field.
9.2 DIGITS SIGNED
DB2 ALIAS: REV_BENE_PMT_AMT
SAS ALIAS: RBENEPMT
STANDARD ALIAS: REV_CNTR_BENE_PMT_AMT
TITLE ALIAS: REV_BENE_PMT
SOURCE:
CWF

PTNRSP{x}

Revenue Center Patient Responsibility Payment Amount

where { x } ranges from 1 to 58

Effective with Version I, the amount paid by the beneficiary to the provider for the line item service.
NOTE: Beginning with NCH weekly process date 7/7/00 this field was populated with data. Claims processed prior to 7/7/00 will contain zeroes in this field.
9.2 DIGITS SIGNED
DB2 ALIAS: REV_PTNT_RESP_AMT
SAS ALIAS: PTNTRESP
STANDARD ALIAS: REV_CNTR_PTNT_RESP_PMT_AMT
TITLE ALIAS: REV_PTNT_RESP
SOURCE:
CWF

REVPMT{x}

Revenue Center Payment Amount

where { x } ranges from 1 to 58

Effective with Version 'I', the line item Medicare payment amount for the specific revenue center.
Under OP PPS, PRICER will compute the standard OPPS payment for a line item based on the payment APC.
Under HH PPS, PRICER will compute/return a line item payment amount for the case-mixed, wage-index adjusted HIPPS code assigned to the '0023' revenue center line. The HIPPS code will be stored in the Revenue Center HCPCS code field.
9.2 DIGITS SIGNED
COMMON ALIAS: REIMBURSEMENT
DB2 ALIAS: REV_CNTR_PMT_AMT
SAS ALIAS: REVPMT
STANDARD ALIAS: REV_CNTR_PMT_AMT
TITLE ALIAS: REIMBURSEMENT
EDIT-RULES:
\$\$\$\$\$\$\$CC
SOURCE:
CWF

RVCHRG{x}

Revenue Center Total Charge Amount

where { x } ranges from 1 to 58

The total charges (covered and non-covered) for all accommodations and services (related to the revenue code) for a billing period before reduction for the deductible and

Variable Name

Label

coinsurance amounts and before an adjustment for the cost of services provided. NOTE: For accommodation revenue center total charges must equal the rate times units (days).
 EXCEPTIONS:
 (1) For SNF RUGS demo claims only (9000 series revenue center codes), this field contains SNF customary accommodation charge, (ie., charges related to the accommodation revenue center code that would have applicable if the provider had not been participating in the demo).
 (2) For SNF PPS (non demo claims), when revenue center code = '0022', the total charges will be zero.
 (3) For Home Health PPS (RAPs), when revenue center code = '0023', the total charges will equal the dollar amount for the '0023' line.
 (4) For Home Health PPS (final claim), when revenue center code = '0023', the total charges will be the sum of the revenue center code lines (other than '0023').
 (5) For encounter data, if the plan (e.g. MCO) does not know the actual charges for the accommodations the total charges will be \$1 (rate) times units (days).
 9.2 DIGITS SIGNED
 DB2 ALIAS: REV_TOT_CHRG_AMT
 SAS ALIAS: REV_CHRG
 STANDARD ALIAS: REV_CNTR_TOT_CHRG_AMT
 TITLE ALIAS: REVENUE_CENTER_CHARGES
 EDIT-RULES:
 \$\$\$\$\$\$CC
 COMMENT:
 Prior to Version H the size of this field was:
 S9(7)V99.
 SOURCE:
 CWF

RVNCVR{x}

Revenue Center Non-Covered Charge Amount

where { x } ranges from 1 to 58

The charge amount related to a revenue center code for services that are not covered by Medicare.
 NOTE: Prior to Version H the field size was S9(7)V99 and the element was only present on the Inpatient/SNF format. As of NCH weekly process date 10/3/97 this field was added to all institutional claim types.
 9.2 DIGITS SIGNED
 DB2 ALIAS: REV_NCVR_CHRG_AMT
 SAS ALIAS: REV_NCVR
 STANDARD ALIAS: REV_CNTR_NCVR_CHRG_AMT
 TITLE ALIAS: REV_CENTER_NONCOVERED_CHARGES
 EDIT-RULES:
 \$\$\$\$\$\$CC
 SOURCE:
 CWF

RVDDCD{x}

Revenue Center Deductible Coinsurance Code

where { x } ranges from 1 to 58

Variable Name

Label

Code indicating whether the revenue center charges are subject to deductible and/or coinsurance.
DB2 ALIAS: DDCTBL_COINSRNC_CD
SAS ALIAS: REVDED CD
STANDARD ALIAS: REV_CNTR_DDCTBL_COINSRNC_CD
TITLE ALIAS: REVENUE_CENTER_DEDUCTIBLE_CD
CODES:
REFER TO: REV_CNTR_DDCTBL_COINSRNC_TB
IN THE CODES APPENDIX
SOURCE:
CWF

EOR

End of Record Code

Effective with Version 'I', the code used to identify the end of a record/segment or the end of the claim.
DB2 ALIAS: END_REC_CD
SAS ALIAS: EOR
STANDARD ALIAS: END_REC_CD
TITLE ALIAS: END_OF_REC
CODES:
EOR = End of Record/Segment
EOC= End of Claim
COMMENT:
Prior to Version I this field was named:
END_REC_CNSTNT.
SOURCE:
NCH