

Carrier SAF

Variable Name

Variable Label

ACRTN_DT	CLAIM ACCRETION DATE
ACRTN_NM	CLAIM ACCRETION NUMBER
ALOWCHRG	CARRIER CLAIM ALLOWED CHARGE AMOUNT
ANSTHUNT	ANESTHESIA BASE UNIT COUNT
ASGMNTCD	CARRIER CLAIM PROVIDER ASSIGNMENT INDICATOR SWITCH
ASTNT_CD	REDUCED PAYMENT PHYSICIAN ASSISTANT CODE
BENE_DOB	BENEFICIARY DATE OF BIRTH
BENE_PMT	BENEFICIARY PAYMENT AMOUNT
BENEPaid	CARRIER CLAIM BENEFICIARY PAID AMOUNT
BETOS	LINE NCH BETOS CODE
BLD_DED	CLAIM BLOOD DEDUCTIBLE PINTS QUANTITY
BLDFRNSH	BLOOD PINTS FURNISHED QUANTITY
CDEMCNT	CARRIER CLAIM DEMONSTRATION ID COUNT
CDGNCNT	CARRIER CLAIM DIAGNOSIS CODE COUNT
CEDCNT	CARRIER NCH EDIT CODE COUNT
CLIAALRT	CLIA ALERT INDICATOR CODE
CLINECNT	CARRIER CLAIM LINE COUNT
CLM_TYPE	CLAIM TYPE CODE
CMCOCNT	CARRIER MCO PERIOD COUNT
CMS_VRFY	HCFA number verified by CMS
COINAMT	LINE COINSURANCE AMOUNT
CPATCNT	CARRIER NCH PATCH CODE COUNT
CPLNCNT	CARRIER CLAIM HEALTH PLANID COUNT
DAILY_DT	DAILY PROCESS DATE
DCMTN_CD	ADDITIONAL CLAIM DOCUMENTATION INDICATOR CODE
DED_SW	LINE SERVICE DEDUCTIBLE INDICATOR SWITCH
DEDAPPLY	CLAIM CASH DEDUCTIBLE APPLIED AMOUNT
DEMOIND1 – DEMOIND5	DEMONSTRATION TRAILER INDICATOR CODE
DEMONUM1 – DEMONUM5	DEMONSTRATION IDENTIFICATION NUMBER
DEMOTXT1 – DEMOTXT5	CLAIM DEMONSTRATION INFORMATION TEXT
DGNS_CD1 – DGNS_CD4	CLAIM DIAGNOSIS CODE
DGNSIND1 – DGNSIND4	DIAGNOSIS TRAILER INDICATOR CODE

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DISP_CD	CLAIM DISPOSITION CODE
DME_PURC	DME PURCHASE PRICE AMOUNT
DMEST_DT	DME COVERAGE PERIOD START DATE
DOB_DD	DATE OF BIRTH - DAY
DOB_MM	DATE OF BIRTH - MONTH
DOB_YYYY	DATE OF BIRTH - YEAR
EDITDISP	EDIT DISPOSITION CODE
EDT_CD01 – EDT_CD13	EDIT CODE
EDTIND01 – EDTIND13	EDIT TRAILER INDICATOR CODE
ENTRY_CD	CARRIER CLAIM ENTRY CODE
EXPNSDT1	LINE FIRST EXPENSE DATE
EXPNSDT2	LINE LAST EXPENSE DATE
FIBATCH	CWF TRANSMISSION BATCH NUMBER
FROM_DT	CLAIM FROM DATE
FRWRD_DT	CWF FORWARDED DATE
HCASPCL	LINE PROVIDER SPECIALTY CODE
HCPCS_CD	LINE HCPCS CODE
HCPCS_YR	CARRIER CLAIM HCPCS YEAR CODE
HOSPOVRD	CARRIER CLAIM HOSPICE OVERRIDE INDICATOR CODE
LAB_AMT	CLINICAL LAB CHARGE AMOUNT
LALOWCHG	LINE ALLOWED CHARGE AMOUNT
LBENPMT	LINE BENEFICIARY PAYMENT AMOUNT
LBLD_DED	BLOOD DEDUCTIBLE PINTS QUANTITY
LDEDAMT	LINE BENEFICIARY PART B DEDUCTIBLE AMOUNT
LINE_IDE	LINE IDE NUMBER
LINECNT	CLAIM TOTAL LINE COUNT
LINEDGNS	LINE DIAGNOSIS CODE
LINEIND	LINE ITEM TRAILER INDICATOR CODE
LINEPMT	LINE NCH PAYMENT AMOUNT
LINK_NUM	SEGMENT LINK NUMBER
LINT_AMT	LINE INTEREST AMOUNT
LLMTAMT	PSYCH./OCC. THERAPY/PHYS. THERAPY LIMIT AMOUNT

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LPRPAYCD	LINE BENEFICIARY PRIMARY PAYER CODE
LPRPDAMT	LINE BENEFICIARY PRIMARY PAYER PAID AMOUNT
LPRVPMT	LINE PROVIDER PAYMENT AMOUNT
LSBMTCHG	LINE SUBMITTED CHARGE AMOUNT
MCEFFDT1	MCO PERIOD EFFECTIVE DATE
MCEFFDT2	MCO PERIOD EFFECTIVE DATE
MCOIND1	MCO TRAILER INDICATOR CODE
MCOIND2	MCO TRAILER INDICATOR CODE
MCOOPTN1	MCO OPTION CODE
MCOOPTN2	MCO OPTION CODE
MCOOVRD	CARRIER CLAIM MCO OVERRIDE INDICATOR CODE
MCTRMMDT1	MCO TERMINATION DATE
MCTRMMDT2	MCO TERMINATION DATE
MDFR_CD1	LINE HCPCS INITIAL MODIFIER CODE
MDFR_CD2	LINE HCPCS SECOND MODIFIER CODE
MQA_RIC	MQA RIC CODE
MS_CD	CWF BENEFICIARY MEDICARE STATUS CODE
MTUS_CNT	MILES/TIMES/UNITS/SERVICES COUNT
MTUS_IND	MILES/TIMES/UNITS/SERVICES INDICATOR CODE
NCSTY_MO	DME MEDICAL NECESSITY MONTH COUNT
NDC_CD	LINE NATIONAL DRUG CODE
PDGNS_CD	CLAIM PRINCIPAL DIAGNOSIS CODE
PLCSRVC	LINE PLACE OF SERVICE CODE
PLNDCD1	CLAIM HEALTH PLAN ID CODE
PLNDCD2	CLAIM HEALTH PLAN ID CODE
PLNDCD3	CLAIM HEALTH PLAN ID CODE
PLNDNID1	HEALTH PLAN ID TRAILER INDICATOR CODE
PLNDNID2	HEALTH PLAN ID TRAILER INDICATOR CODE
PLNDNID3	HEALTH PLAN ID TRAILER INDICATOR CODE
PMT_AMT	CLAIM PAYMENT AMOUNT
PMTDNLCD	CARRIER CLAIM PAYMENT DENIAL CODE
PMTINDCD	LINE PAYMENT INDICATOR CODE

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PMTINDSW	LINE PAYMENT 80%/100% CODE
PNLTYAMT	LINE 10% PENALTY REDUCTION AMOUNT
PRCNGIND	LINE PROCESSING INDICATOR CODE
PROV_PMT	CLAIM PROVIDER PAYMENT AMOUNT
PRPAYAMT	CARRIER CLAIM PRIMARY PAYER PAID AMOUNT
PRPYALOW	LINE PRIMARY PAYER ALLOWED CHARGE AMOUNT
PRTCPTG	LINE PROVIDER PARTICIPATING INDICATOR CODE
PRV_TYPE	CARRIER LINE PROVIDER TYPE CODE
PTCHCD01 – PTCHCD99	PATCH CODE
PTCHDT01 – PTCHDT99	PATCH APPLIED DATE
PTCHND01 - PTCHND99	PATCH TRAILER INDICATOR CODE
PTYPESRV	CARRIER LINE TYPE SERVICE CODE
PUBLICID	PUBLIC USE ID
RACE	BENEFICIARY RACE CODE
RCPT_DT	CLAIM RECEIPT DATE
REC_LEN	RECORD LENGTH COUNT
REC_LVL	NEAR-LINE RECORD VERSION CODE
RIC_CD	NEAR-LINE RECORD IDENTIFICATION CODE
SBMTCHRG	CARRIER CLAIM SUBMITTED CHARGE AMOUNT
SCHLD_DT	CLAIM SCHEDULED PAYMENT DATE
SEX	BENEFICIARY SEX IDENTIFICATION CODE
SGMT_CNT	CLAIM TOTAL SEGMENT TYPE
SGMT_NUM	CLAIM SEGMENT NUMBER
SGMTLINE	CLAIM SEGMENT LINE COUNT
SRVC_CNT	LINE SERVICE COUNT
THRU_DT	CLAIM THROUGH DATE
TRTMT_CD	CLAIM EXCEPTED/NONEXCEPTED MEDICAL TREATMENT CODE
TYPSRVCB	LINE HCFA TYPE SERVICE CODE
WKLY_DT	WEEKLY CLAIM PROCESSING DATE