

Home Health Agency SAF

Variable Name

ACRTN_DT
ACRTN_NM
ACTIONCD
APCPPS01 – APCPPS45
APRVL_DT
BENE_DOB
CANCELCD
CLM_TYPE
CMS_VRFY
CNDND01 – CNDND30
DAILY_DT
DEMOIND1 – DEMOIND5
DGNS_E
DGNSCD01 – DGNSCD10
DGNSND01 – DGNSND10
DISP_CD
DSCHRGDT
DSCTND01 – DSCTND45
EDITCD01 - EDITCD13
EDITDISP
EDTND01 - EDTND13
FAC_TYPE
FREQ_CD
FROM_DT
FRWRD_DT
HCPSCD01 – HCPSCD45
HHA_RFRL
HHCONCNT
HHDEMCNT
HDGNCNT
HHEDCNT
HHMCOCNT

Variable Label

CLAIM ACCRETION DATE
CLAIM ACCRETION NUMBER
FI CLAIM ACTION CODE
REVENUE CENTER APC/HIPPS CODE
FI CLAIM PROCESS DATE
BENEFICIARY BIRTHDATE
FI REQUESTED CLAIM CANCEL REASON CODE
CLAIM TYPE CODE
HCFA number verified by CMS
CONDITION TRAILER INDICATOR CODE
DAILY PROCESS DATE
DEMONSTRATION TRAILER INDICATOR CODE
CLAIM DIAGNOSIS E CODE
CLAIM DIAGNOSIS CODE
DIAGNOSIS TRAILER INDICATOR CODE
CLAIM DISPOSITION CODE
BENEFICIARY DISCHARGE DATE
REVENUE CENTER DISCOUNT INDICATOR CODE
EDIT CODE
EDIT DISPOSITION CODE
EDIT TRAILER INDICATOR CODE
CLAIM FACILITY TYPE CODE
CLAIM FREQUENCY CODE
CLAIM FROM DATE
CWF FORWARDED DATE
PROCEDURE CODING SYSTEM CODE
CLAIM HHA REFERRAL CODE
HHA CLAIM RELATED CONDITION CODE COUNT
HHA CLAIM DEMONSTRATION ID COUNT
HHA CLAIM DIAGNOSIS CODE COUNT
HHA NCH EDIT CODE COUNT
HHA MCO PERIOD COUNT

Home Health Agency SAF

Variable Name

Variable Label

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|---------------------|--|
| HHOCRCNT | HHA CLAIM RELATED OCCURRENCE CODE COUNT |
| HPATCNT | HHA NCH PATCH CODE COUNT |
| HHPLANNT | HHA CLAIM HEALTH PLANID COUNT |
| HHREVCNT | HHA REVENUE CENTER CODE COUNT |
| HHSPNCNT | HHA CLAIM OCCURRENCE SPAN CODE COUNT |
| HHSTRTDT | CLAIM HHA CARE START DATE |
| HHVALCNT | HHA CLAIM VALUE CODE COUNT |
| LINECNT | CLAIM TOTAL LINE COUNT |
| LUPAIND | PAYMENT ADJUSTMENT (LUPA) INDICATOR CODE |
| MCFFDT1 | MCO PERIOD EFFECTIVE DATE |
| MCFFDT2 | MCO PERIOD EFFECTIVE DATE |
| MCOIND1 | MCO TRAILER INDICATOR CODE |
| MCOIND2 | MCO TRAILER INDICATOR CODE |
| MCOOPTN1 | MCO OPTION CODE |
| MCOOPTN2 | MCO OPTION CODE |
| MCOPDSW | CLAIM MCO PAID SWITCH |
| MCTRMDT1 | MCO TERMINATION DATE |
| MCTRMDT2 | MCO TERMINATION DATE |
| MDFCD101 - MDFCD145 | REVENUE CENTER HCPCS INITIAL MODIFIER CODE |
| MDFCD201 - MDFCD245 | REVENUE CENTER HCPCS SECOND MODIFIER CODE |
| MDFCD301 - MDFCD345 | REVENUE CENTER HCPCS THIRD MODIFIER CODE |
| MDFCD401 - MDFCD445 | REVENUE CENTER HCPCS FOURTH MODIFIER CODE |
| MDFCD501 - MDFCD545 | REVENUE CENTER HCPCS FIFTH MODIFIER CODE |
| MQA_RIC | MQA RIC CODE |
| MQAQUERY | MQA QUERY PATCH CODE |
| MS_CD | CWF BENFICIARY MEDICARE STATUS CODE |
| NOPAY_CD | CLAIM MEDICARE NON PAYMENT REASON CODE |
| OCRCCD01 – OCRCCD30 | CLAIM RELATED OCCURRENCE CODE |
| OCRCDT01 – OCRCDT30 | CLAIM RELATED OCCURENCE DATE |
| OCRCND01 – OCRCND30 | OCCURRENCE TRAILER INDICATOR CODE |
| OTAF_101 - OTAF_145 | REVENUE CENTER OTAF PAYMENT CODE - PRIMARY PAYER |
| OTAF_201 - OTAF_245 | REVENUE CENTER OTAF PAYMENT CODE - SECONDARY PAYER |

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Variable Name

Variable Label

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|---------------------|--|
| PCKGND01 – PCKGND45 | REVENUE CENTER PACKAGING INDICATOR CODE |
| PDGNS_CD | CLAIM PRINCIPAL DIAGNOSIS CODE |
| PE_RIC | PAYMENT AND EDIT RECORD IDENTIFICATION CODE |
| PLNDCD1 | CLAIM HEALTH PLAN ID CODE |
| PLNDCD2 | CLAIM HEALTH PLAN ID CODE |
| PLNDCD3 | CLAIM HEALTH PLAN ID CODE |
| PLNDND1 | HEALTH PLAN ID TRAILER INDICATOR CODE |
| PLNDND2 | HEALTH PLAN ID TRAILER INDICATOR CODE |
| PLNDND3 | HEALTH PLAN ID TRAILER INDICATOR CODE |
| PMT_AMT | CLAIM PAYMENT AMOUNT |
| PMTTHD01 – PMTTHD45 | REVENUE CENTER PAYMENT METHOD INDICATOR CODE |
| PPS_IND | CLAIM PPS INDICATOR CODE |
| PRICNG01 – PRICNG45 | REVENUE CENTER PRICING INDICATOR CODE |
| PRO_DT | CLAIM PRO PROCESS DATE |
| PRPAY_CD | PRIMARY PAYER CODE |
| PRPAYAMT | PRIMARY PAYER CLAIM PAID AMOUNT |
| PTCHCD01 – PTCHCD30 | PATCH CODE |
| PTCHDT01 – PTCHDT30 | PATCH APPLIED DATE |
| PTCHND01 – PTCHND30 | PATCH TRAILER INDICATOR CODE |
| PTNRSP01 – PTNRSP45 | PATIENT RESPONSIBILITY PAYMENT AMOUNT |
| PUBLICID | PUBLIC USE ID |
| QLFYFROM | NCH QUALIFIED STAY FROM DATE |
| QLFYTHRU | NCH QUALIFIED STAY THROUGH DATE |
| QUERY_CD | CLAIM QUERY CODE |
| RACE | BENEFICIARY RACE CODE |
| RBNPMT01 – RBNPMT45 | REVENUE CENTER BENEFICIARY PAYMENT AMOUNT |
| RCPT_DT | CLAIM RECEIPT DATE |
| RDCDCN01 – RDCDCN45 | REVENUE CENTER REDUCED COINSURANCE AMOUNT |
| REC_LEN | RECORD LENGTH COUNT |
| REC_LVL | NEAR-LINE RECORD VERSION CODE |
| REV_DT01 - REV_DT45 | REVENUE CENTER DATE |
| REVIND01 – REVIND45 | REVENUE CENTER TRAILER INDICATOR CODE |

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Variable Name

Variable Label

| | |
|---------------------|--|
| REVPMT01 - REVPMT45 | REVENUE CENTER PAYMENT AMOUNT |
| RIC_CD | NEAR-LINE RECORD IDENTIFICATION CODE |
| RLTCND01 – RLTCND30 | CLAIM RELATED CONDITION CODE |
| RPRPMT01 – RPRPMT45 | REVENUE CENTER PROVIDER PAYMENT AMOUNT |
| RVBLD01 – RVBLD45 | REVENUE CENTER BLOOD DEDUCTIBLE AMOUNT |
| RVCHRG01 – RVCHRG45 | REVENUE CENTER TOTAL CHARGE AMOUNT |
| RVCNTR01 – RVCNTR45 | REVENUE CENTER CODE |
| RVDDCD01 – RVDDCD45 | REVENUE CENTER DEDUCTIBLE COINSURANCE CODE |
| RVDTBL01 - RVDTBL45 | REVENUE CENTER CASH DEDUCTIBLE |
| RVMSP101 - RVMSP145 | FIRST MEDICARE SECONDARY PAYER PAID AMOUNT |
| RVMSP201 – RVMSP245 | SECOND MEDICARE SECONDARY PAYER PAID AMOUNT |
| RVNCVR01 – RVNCVR45 | REVENUE CENTER NON-COVERED CHARGE AMOUNT |
| RVNS101 - RVNS145 | REVENUE CENTER FIRST ANSI CODE |
| RVNS201 – RVNS245 | REVENUE CENTER SECOND ANSI CODE |
| RVNS301 – RVNS345 | REVENUE CENTER THIRD ANSI CODE |
| RVNS401 – RVNS445 | REVENUE CENTER FOURTH ANSI CODE |
| RVPCHG01 – RVPCHG45 | REVENUE CENTER PROFESSIONAL COMPONENT AMOUNT |
| RVRT01 - RVRT45 | REVENUE CENTER RATE AMOUNT |
| RVUNT01 – RVUNT45 | REVENUE CENTER UNIT COUNT |
| 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 |
| SPANCD01 – SPANCD10 | CLAIM OCCURRENCE SPAN CODE |
| SPNFRM01 – SPNFRM10 | CLAIM OCCURRENCE SPAN FROM DATE |
| SPNND01 – SPNND10 | SPAN TRAILER INDICATOR CODE |
| SPNTHR01 – SPNTHR10 | CLAIM OCCURRENCE SPAN THROUGH DATE |
| STUS_CD | PATIENT DISCHARGE STATUS |
| THRU_DT | CLAIM THROUGH DATE |
| TOT_CHRG | CLAIM TOTAL CHARGE AMOUNT |
| TRANS_CD | CLAIM TRANSACTION CODE |

Home Health Agency SAF

Variable Name

TRTMT_CD
TYPESRVC
VAL_CD01 - VAL_CD36
VALAMT01 – VALAMT36
VALIND01 – VALIND36
VISITCNT
WGDJ01 – WGDJ45
WKLY_DT

Variable Label

CLAIM EXCEPTED/NONEXCEPTED MEDICAL TREATMENT CODE
CLAIM SERVICE TYPE CODE
CLAIM VALUE CODE
CLAIM VALUE AMOUNT
VALUE TRAILER INDICATOR CODE
CLAIM HHA TOTAL VISIT COUNT
COINSURANCE/WAGE ADJUSTED COINSURANCE AMOUNT
WEEKLY CLAIM PROCESSING DATE