Research Data Distribution Center
Carrier Claim Record -- Data Dictionary For SAS and CSV Datasets

Variable Name	Label
BID	Beneficiary Identification Number

Beneficiary Identification Number for this data request

REC_LEN	Record Length Count

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_LNGTH_CNT
SAS ALIAS: REC_LEN
STANDARD ALIAS: REC_LNGTH_CNT
SOURCE:
NCH

REC_LVL	NCH Near-Line Record Version Code

The code indicating the record version of the Nearline file where the institutional, carrier or DMERC claims data are stored.
DB2 ALIAS: NCH_REC_VRSN_CD
SAS ALIAS: REC_LVL
STANDARD ALIAS: NCH_NEAR_LINE_REC_VRSN_CD
TITLE ALIAS: NCH_VERSION
CODES:
A = Record format as of January 1991
B = Record format as of April 1991
C = Record format as of May 1991
D = Record format as of January 1992
E = Record format as of March 1992
F = Record format as of May 1992
G = Record format as of October 1993
H = Record format as of September 1998
I = Record format as of July 2000
COMMENT:
Prior to Version H this field was named: CLM_NEAR_LINE_REC_VRSN_CD.
SOURCE:
NCH

RIC_CD	NCH Near Line Record Identification Code

A code defining the type of claim record being processed.
COMMON ALIAS: RIC
DB2 ALIAS: NEAR_LINE_RIC_CD
SAS ALIAS: RIC_CD
STANDARD ALIAS: NCH_NEAR_LINE_RIC_CD
TITLE ALIAS: RIC
CODES:
REFER TO: NCH_NEAR_LINE_RIC_TB

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 bene- ficiary (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

Variable Name	Label
	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
ACRTN_DT	*CWF Claim Accretion Date*
	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 interme- diary 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
ACRTN_NM	*CWF Claim Accretion Number*
	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
CARRCNTL	*Carrier Claim Control Number*
	Unique control number assigned by a carrier to a non-institutional claim. COMMON ALIAS: CCN DB2 ALIAS: CARR_CLM_CNTL_NUM SAS ALIAS: CARRCNTL STANDARD ALIAS: CARR_CLM_CNTL_NUM TITLE ALIAS: CCN EDIT-RULES: LEFT JUSTIFY COMMENT: For the physician/supplier or DMERC claim, this

Variable Name	Label
	field allows HCFA to associate each line item with its respective claim. SOURCE: CWF
DAILY_DT	*NCH Daily Process Date*
	Effective with Version H, the date the claim record was processed by HCFA's CWFMQA 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 pop- ulated 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 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 gen- erated 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

Variable Name	Label
	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). 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

Variable Name	Label
	DB2 ALIAS: SGMT_LINE_CNT SAS ALIAS: SGMTLINE STANDARD ALIAS: CLM_SGMT_LINE_CNT TITLE ALIAS: SEGMENT_LINE_COUNT SOURCE: CWF
ENTRY_CD	*Carrier Claim Entry Code*
	Carrier-generated code describing whether the Part B claim is an original debit, full credit, or replacement debit. DB2 ALIAS: CARR_CLM_ENTRY_CD SAS ALIAS: ENTRY_CD STANDARD ALIAS: CARR_CLM_ENTRY_CD TITLE ALIAS: ENTRY_CD CODES: 1 = Original debit; void of original debit (If CLM_DISP_CD = 3, code 1 means voided original debit) 3 = Full credit 5 = Replacement debit 9 = Accrete bill history only (internal; effective 2/22/91) COMMENT: Prior to Version H this field was named: CWFB_CLM_ENTRY_CD. SOURCE: CWF
DISP_CD	*Claim Disposition Code*
	Code indicating the disposition or outcome of the processingof 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 CODES: 00 = No MQA errors 10 = Possible duplicate 20 = Utilization error 30 = Consistency error

Variable Name	Label
	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	*Carrier Claim Receipt Date*
	The date the carrier receives the non- institutional claim. 8 DIGITS UNSIGNED DB2 ALIAS: CARR_CLM_RCPT_DT SAS ALIAS: RCPT_DT STANDARD ALIAS: CARR_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	*Carrier Claim Scheduled Payment Date*
	The scheduled date of payment to the physician or supplier, as appearing on the original non- institutional claim sent 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.

Variable Name	*Label*
	8 DIGITS UNSIGNED DB2 ALIAS: CARR_SCHLD_PMT_DT SAS ALIAS: SCHLD_DT STANDARD ALIAS: CARR_CLM_SCHLD_PMT_DT TITLE ALIAS: SCHLD_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
CARR_NUM	*Carrier Number*
	The identification number assigned by HCFA to a carrier authorized to process claims from a physician or supplier. DB2 ALIAS: CARR_NUM SAS ALIAS: CARR_NUM STANDARD ALIAS: CARR_NUM SYSTEM ALIAS: LTCARR TITLE ALIAS: CARRIER CODES: REFER TO: CARR_NUM_TB IN THE CODES APPENDIX COMMENT: Prior to Version H this field was named: FICARR_IDENT_NUM. SOURCE: CWF
FIBATCH	*CWF Transmission Batch Number*
	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

Variable Name	Label
	TITLE ALIAS: BATCH_NUM SOURCE: CWF
BENE_ZIP	*Beneficiary Mailing Contact ZIP Code*
	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
SEX	*Beneficiary Sex Identification Code*
	The sex of a beneficiary. COMMON ALIAS: SEX_CD DA3 ALIAS: SEX_CODE DB2 ALIAS: BENE_SEX_IDENT_CD SAS ALIAS: SEX STANDARD ALIAS: BENE_SEX_IDENT_CD SYSTEM ALIAS: LTSEX TITLE ALIAS: SEX_CD EDIT-RULES: REQUIRED FIELD CODES: 1 = Male 2 = Female 0 = Unknown SOURCE: SSA,RRB,EDB
RACE	*Beneficiary Race Code*
	The race of a beneficiary. DA3 ALIAS: RACE_CODE DB2 ALIAS: BENE_RACE_CD SAS ALIAS: RACE STANDARD ALIAS: BENE_RACE_CD SYSTEM ALIAS: LTRACE TITLE ALIAS: RACE_CD CODES: 0 = Unknown 1 = White 2 = Black 3 = Other 4 = Asian 5 = Hispanic 6 = North American Native SOURCE: SSA
BENE_DOB	*Beneficiary Birth Date*
	The beneficiary's date of birth. 8 DIGITS UNSIGNED DB2 ALIAS: BENE_BIRTH_DT SAS ALIAS: BENE_DOB STANDARD ALIAS: BENE_BIRTH_DT TITLE ALIAS: BENE_BIRTH_DATE

Variable Name	*Label*

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
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

Variable Name	Label
	spaces in this field. COMMON ALIAS: PATIENT_SURNAME DB2 ALIAS: PTNT_6_PSTN_SRNM SAS ALIAS: SURNAME STANDARD ALIAS: CLM_PTNT_6_PSTN_SRNM_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, 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

Variable Name	Label
	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
PMTDNLCD	*Carrier Claim Payment Denial Code*
	The code on a noninstitutional claim indicating to whom payment was made or if the claim was denied. DB2 ALIAS: CARR_PMT_DNL_CD SAS ALIAS: PMTDNLCD STANDARD ALIAS: CARR_CLM_PMT_DNL_CD TITLE ALIAS: PMT_DENIAL_CD CODES: REFER TO: CARR_CLM_PMT_DNL_TB IN THE CODES APPENDIX COMMENT: Prior to Version H this field was named: CWFB_CLM_PMT_DNL_CD. SOURCE: CWF
TRTMT_CD	*Claim Excepted/Nonexcepted Medical Treatment Code*
	Effective with Version I, the code used to identify whether or not the medical care or treatment received by a beneficiary, who has elected care from a Religious Nonmedical Health Care Institution (RNHCI), is excepted or nonexcepted. Excepted is medical care or treatment that is received involuntarily or is required under Federal, State or local law. Nonexcepted is defined as medical care or treatment other than excepted. DB2 ALIAS: EXCPTD_NEXCPTD_CD SAS ALIAS: TRTMT_CD

Variable Name	*Label*
	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 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

Variable Name	Label
	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 Ids '01','02','03','04' -- claims contain amount paid to the provider, except that special 'differentials' paid outside the normal payment system are not included. For demo Ids '05','15' -- encounter data 'claims' contain amount Medicare would have paid under FFS, instead of the actual payment to the MCO. For demo Ids '06','07','08' -- claims contain actual provider payment but represent a special negotiated bundled payment for both Part A and Part B services. To identify what the conventional provider Part A payment would have been, check value code = 'Y4'. The related noninstitutional (physician/supplier) claims contain what would have been paid had there been no demo. For BBA encounter data (non-demo) -- 'claims' contain amount Medicare would have paid under FFS, instead of the actual payment to the BBA plan. 9.2 DIGITS SIGNED COMMON ALIAS: REIMBURSEMENT DB2 ALIAS: CLM_PMT_AMT SAS ALIAS: PMT_AMT STANDARD ALIAS: CLM_PMT_AMT TITLE ALIAS: REIMBURSEMENT EDIT-RULES: $$$$$$$$$CC COMMENT: Prior to Version H the size of this field was S9(7)V99. Als the noninstitutional claim records carried this field as a l item. Effective with Version H, this element is a claim lev field across all claim types (and the line item field has be renamed.) SOURCE: CWF LIMITATIONS: Prior to 4/6/93, on inpatient, outpatient, and physician/supplier claims containing a CLM_DISP_CD of '02', the amount shown as the Medicare reimbursement does not take into consideration any CWF automatic adjustments (involving erroneous deductibles in most cases). In as many as 30% of the claims (30% IP, 15% OP, 5% PART B), the reimbursement reported on the claims may be over or under the actual Medicare payment amount.
PRPAYAMT	*Carrier Claim Primary Payer Paid Amount*

Variable Name	Label
	Effective with Version H, the amount of a payment made on behalf of a Medicare bene- ficiary by a primary payer other than Medicare, that the provider is applying to covered Medicare charges on a non-institutional claim. NOTE: During the Version H conversion, this field was populated with data throughout history (back to service year 1991) by summing up the line item primary payer amounts. 9.2 DIGITS SIGNED DB2 ALIAS: CARR_PRMRY_PYR_AMT SAS ALIAS: PRPAYAMT STANDARD ALIAS: CARR_CLM_PRMRY_PYR_PD_AMT TITLE ALIAS: PRIMARY_PAYER_AMOUNT EDIT-RULES: $$$$$$$$$CC SOURCE: CWF
RFR_UPIN	*Carrier Claim Referring UPIN Number*
	The unique physician identification number (UPIN) of the physician who referred the beneficiary to the physician who performed the Part B services. COMMON ALIAS: REFERRING_PHYSICIAN_UPIN DB2 ALIAS: CARR_RFRG_UPIN_NUM SAS ALIAS: RFR_UPIN STANDARD ALIAS: CARR_CLM_RFRG_UPIN_NUM TITLE ALIAS: REFERRING_PHYSICIAN_UPIN COMMENT: Prior to Version H this field was named: CWFB_CLM_RFRG_UPIN_NUM. SOURCE: CWF
RFR_NPI	*Carrier Claim Referring Physician NPI Number*
	A placeholder field (effective with Version H) for storing the NPI assigned to the referring physician. COMMON ALIAS: REFERRING_PHYSICIAN_NPI DB2 ALIAS: RFRG_PHYSN_NPI_NUM SAS ALIAS: RFR_NPI STANDARD ALIAS: CARR_CLM_RFRG_PHYSN_NPI_NUM TITLE ALIAS: RFRG_PHYSN_NPI SOURCE: CWF
ASGMNTCD	*Carrier Claim Provider Assignment Indicator Switch*
	A switch indicating whether or not the provider accepts assignment for the noninstitutional claim. DB2 ALIAS: PRVDR_ASGNMT_SW SAS ALIAS: ASGMNTCD STANDARD ALIAS: CARR_CLM_PRVDR_ASGNMT_IND_SW TITLE ALIAS: ASSIGNMENT_SW CODES: A = Assigned claim N = Non-assigned claim COMMENT:

Variable Name	Label
	Prior to Version H this field was named: CWFB_CLM_PRVDR_ASGNMT_IND_SW. SOURCE: CWF
PROV_PMT	*NCH Claim Provider Payment Amount*
	Effective with Version H, the total payments made to the provider for this claim (sum of line item provider payment amounts.) NOTE: Beginning with NCH weekly process date 10/3/97 this field was populated with data. Claims processed prior to 10/3/97 will contain zeroes in this field. 9.2 DIGITS SIGNED DB2 ALIAS: NCH_PRVDR_PMT_AMT SAS ALIAS: PROV_PMT STANDARD ALIAS: NCH_CLM_PRVDR_PMT_AMT TITLE ALIAS: PRVDR_PMT SOURCE: NCH QA Process
BENE_PMT	*NCH Claim Beneficiary Payment Amount*
	Effective with Version H, the total payments made to the beneficiary for this claim (sum of line payment amounts to the beneficiary.) NOTE: Beginning with NCH weekly process date 10/3/97 this field was populated with data. Claims processed prior to 10/3/97 will contain zeroes in this field. 9.2 DIGITS SIGNED DB2 ALIAS: NCH_BENE_PMT_AMT SAS ALIAS: BENE_PMT STANDARD ALIAS: NCH_CLM_BENE_PMT_AMT TITLE ALIAS: BENE_PMT SOURCE: NCH QA Process
BENEPAID	*Carrier Claim Beneficiary Paid Amount*
	Effective with Version H, the amount paid by the beneficiary for the non-institutional Part B services. NOTE: Beginning with NCH weekly process date 10/3/97 this field was populated with data. Claims processed prior to 10/3/97 will contain zeroes in this field. 9.2 DIGITS SIGNED DB2 ALIAS: CARR_BENE_PD_AMT SAS ALIAS: BENEPAID STANDARD ALIAS: CARR_CLM_BENE_PD_AMT TITLE ALIAS: BENE_PD_AMT SOURCE: CWF
SBMTCHRG	*NCH Carrier Claim Submitted Charge Amount*
	Effective with Version H, the total submitted charges on the claim (the sum of line item submitted charges). NOTE: During the Version H conversion this field was populated with data throughout history (back to service year 1991).

Variable Name	Label
	9.2 DIGITS SIGNED DB2 ALIAS: CARR_SBMT_CHRG_AMT SAS ALIAS: SBMTCHRG STANDARD ALIAS: NCH_CARR_SBMT_CHRG_AMT TITLE ALIAS: SBMT_CHRG EDIT-RULES: $$$$$$$$$CC SOURCE: NCH QA Process
ALOWCHRG	*NCH Carrier Claim Allowed Charge Amount*
	Effective with Version H, the total allowed charges on the claim (the sum of line item allowed charges). NOTE: During the Version H conversion this field was populated with data throughout history (back to service year 1991). 9.2 DIGITS SIGNED DB2 ALIAS: CARR_ALOW_CHRG_AMT SAS ALIAS: ALOWCHRG STANDARD ALIAS: NCH_CARR_ALOW_CHRG_AMT TITLE ALIAS: ALOW_CHRG EDIT-RULES: $$$$$$$CC SOURCE: NCH QA Process
DEDAPPLY	*Carrier Claim Cash Deductible Applied Amount*
	Effective with Version H, the amount of the cash deductible as submitted on the claim. NOTE: Beginning with NCH weekly process date 10/3/97 this field was populated with data. Claims processed prior to 10/3/97 will contain zeroes in this field. 9.2 DIGITS SIGNED DB2 ALIAS: CASH_DDCTBL_AMT SAS ALIAS: DEDAPPLY STANDARD ALIAS: CARR_CLM_CASH_DDCTBL_APPLY_AMT TITLE ALIAS: CASH_DDCTBL SOURCE: CWF
HCPCS_YR	*Carrier Claim HCPCS Year Code*
	Effective with Version H, the terminal digit of HCPCS version used to code the claim. NOTE: Beginning with NCH weekly process date 10/3/97 this field was populated with data. Claims processed prior to 10/3/97 will contain zeroes in this field. 1 DIGIT UNSIGNED DB2 ALIAS: CARR_HCPCS_YR_CD SAS ALIAS: HCPCS_YR STANDARD ALIAS: CARR_CLM_HCPCS_YR_CD TITLE ALIAS: HCPCS_YR SOURCE: CWF
MCOOVRRD	*Carrier Claim MCO Override Indicator Code*

Variable Name	*Label*
	Effective with Version H, the code used to indicate whether or not an MCO investigation applies to the claim (used for internal CWFMQA editing purposes). 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_OVRRD_IND_CD SAS ALIAS: MCOOVRRD STANDARD ALIAS: CARR_CLM_MCO_OVRRD_IND_CD TITLE ALIAS: MCO_OVERRIDE CODES: 0 = No Investigation 1 = MCO Investigation does not apply to this claim. SOURCE: CWF
HOSPOVRD	*Carrier Claim Hospice Override Indicator Code*
	Effective with Version H, the code used to indicate whether or not an Hospice investigation applies to the claim (used for internal CWFMQA editing purposes). 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: HOSPC_OVRRD_IND_CD SAS ALIAS: HOSPOVRD STANDARD ALIAS: CARR_CLM_HOSPC_OVRRD_IND_CD TITLE ALIAS: HOSPC_OVERRIDE CODES: 0 = No Investigation 1 = Hospice investigation shown not applicable to this claim. SOURCE: CWF
RFR_PRFL	*Carrier Claim Referring PIN Number*
	Carrier-assigned identification (profiling) number of the physician who referred the beneficiary to the physician that performed the Part B services. COMMON ALIAS: REFERRING_PHYSICIAN_PIN DB2 ALIAS: CARR_RFRG_PIN_NUM SAS ALIAS: RFR_PRFL STANDARD ALIAS: CARR_CLM_RFRG_PIN_NUM TITLE ALIAS: RFRG_PIN COMMENT: Prior to Version H this field was named: CWFB_CLM_RFRG_PHYSN_PRFLG_NUM. SOURCE: CWF
CPO_PROV	*Care Plan Oversight (CPO) Provider Number*

Variable Name	Label
	Effective with NCH weekly process date 3/7/97, the Medicare provider number of the HHA or Hospice rendering Medicare covered services during period the physician is providing care plan oversight. The purpose of this field is to ensure compliance with the CPO requirement that the beneficiary must be receiving covered HHA or Hospice services during the billing period. There can be only one CPO provider number per claim, and no other services but CPO physician services are to be reported on the claim. This field is only present on the non-DMERC processed carrier claim. NOTE: On the Version G format, this field is stored as a redefinition of the NEAR_LINE_ORGNL_BENE_CAN_NUM (the first 3 positions contain 'CPO', followed by the 6-position provider number). During the Version H conversion the data was moved to this dedicated field. DB2 ALIAS: CPO_PRVDR_NUM SAS ALIAS: CPO_PROV STANDARD ALIAS: CPO_PRVDR_NUM TITLE ALIAS: CPO_PRVDR SOURCE: CWF
CPO_NPI	*CPO Organization NPI Number*
	A placeholder field (effective with Version H) for storing the NPI assigned to the CPO organizational provider. DB2 ALIAS: CPO_ORG_NPI_NUM SAS ALIAS: CPO_NPI STANDARD ALIAS: CPO_ORG_NPI_NUM TITLE ALIAS: CPO_ORG_NPI SOURCE: CWF
BLDFRNSH	*Claim Blood Pints Furnished Quantity*
	Number of whole pints of blood furnished to the beneficiary, as reported on the carrier claim (non-DMERC). 3 DIGITS SIGNED DB2 ALIAS: BLOOD_PT_FRNSH_QTY SAS ALIAS: BLDFRNSH STANDARD ALIAS: CLM_BLOOD_PT_FRNSH_QTY TITLE ALIAS: BLOOD_PINTS_FURNISHED EDIT-RULES: NUMERIC COMMENT: Prior to Version H this field was stored in a blood trailer. Version H eliminated the blood trailer. SOURCE: CWF
BLD_DED	*Claim Blood Deductible Pints Quantity*
	The quantity of blood pints applied (blood deductible) as reported on the carrier claim (non-DMERC). 3 DIGITS SIGNED

Variable Name	Label
	DB2 ALIAS: BLOOD_DDCTBL_PT SAS ALIAS: BLD_DED STANDARD ALIAS: CLM_BLOOD_DDCTBL_PT_QTY TITLE ALIAS: BLOOD_PINTS_DEDUCTIBLE EDIT-RULES: NUMERIC COMMENT: Prior to Version H this field was stored in a blood trailer. Version H eliminated the blood trailer. SOURCE: CWF
CEDCNT	*Carrier NCH Edit Code Count*
	The count of the number of edit codes annotated to the carrier claim during HCFA's CWFMQA process. The purpose of this count is to indicate how many claim edit trailers are present. 2 DIGITS UNSIGNED DB2 ALIAS: CARR_EDIT_CD_CNT SAS ALIAS: CEDCNT STANDARD ALIAS: CARR_NCH_EDIT_CD_CNT COMMENT: Prior to Version H this field was named: CLM_EDIT_CD_CNT. SOURCE: NCH
CPATCNT	*Carrier NCH Patch Code Count*
	Effective with Version H, the count of the number of HCFA patch codes annotated to the carrier claim during the Nearline maintenance process. The purpose of this count is to indicate how many NCH patch trailers are present. NOTE: During the Version H conversion this field was populated with data throughout history (back to service year 1991). 2 DIGITS UNSIGNED DB2 ALIAS: CARR_PATCH_CD_CNT SAS ALIAS: CPATCNT STANDARD ALIAS: CARR_NCH_PATCH_CD_I_CNT SOURCE: NCH
CMCOCNT	*Carrier MCO Period Count*
	Effective with Version H, the count of the number of Managed Care Organization (MCO) periods reported on a carrier claim. 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: CARR_MCO_PRD_CNT

Variable Name	Label
	SAS ALIAS: CMCOCNT STANDARD ALIAS: CARR_MCO_PRD_CNT EDIT-RULES: RANGE: 0 TO 2 SOURCE: NCH
CPLNCNT	*Carrier Claim Health PlanID Count*
	A placeholder field (effective with Version H) for storing the count of the number of Health PlanIDs reported on the carrier 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: CARR_CLM_PAYERID_CNT. 1 DIGIT UNSIGNED DB2 ALIAS: CARR_PLANID_CNT SAS ALIAS: CPLNCNT STANDARD ALIAS: CARR_CLM_HLTH_PLANID_CNT EDIT-RULES: RANGE: 0 TO 3 SOURCE: NCH
CDEMCNT	*Carrier Claim Demonstration ID Count*
	Effective with Version H, the count of the number of claim demonstration IDs reported on an carrier 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: CARR_DEMO_ID_CNT SAS ALIAS: CDEMCNT STANDARD ALIAS: CARR_CLM_DEMO_ID_CNT EDIT-RULES: RANGE: 0 TO 5 SOURCE: NCH
CDGNCNT	*Carrier Claim Diagnosis Code Count*
	The count of the number of diagnosis codes (both principal and other) reported on an carrier claim. The purpose of this count is to indicate how many claim diagnosis trailers are present. 1 DIGIT UNSIGNED DB2 ALIAS: CARR_DGNS_CD_CNT SAS ALIAS: CDGNCNT STANDARD ALIAS: CARR_CLM_DGNS_CD_CNT EDIT-RULES: RANGE: 0 TO 4 COMMENT: Prior to Version H this field was named: CLM_DGNS_CD_CNT. SOURCE: NCH

Variable Name	*Label*
CLINECNT	*Carrier Claim Line Count*

The count of the number of line items reported on the carrier claim. The purpose of this count is to indicate how many line item trailers are present.
2 DIGITS UNSIGNED
DB2 ALIAS: CARR_CLM_LINE_CNT
SAS ALIAS: CLINECNT
STANDARD ALIAS: CARR_CLM_LINE_CNT
EDIT-RULES:
RANGE: 1 TO 13
COMMENT:
Prior to Version H this field was named: CWFB_CLM_NUM_LINE_ITM_CNT.
SOURCE:
CWFB CLAIMS

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

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

Variable Name	Label
	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. 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:

Variable Name	Label
	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 bene- ficiary's enrollment in the Managed Care Organization (MCO) became effective. 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_EFCTV_DT SAS ALIAS: MCOEFFDT

Variable Name	Label
	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 bene- ficiary'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 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.

Variable Name	Label
	SOURCE: NCH
PLNDCD{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 STANDARD ALIAS: NCH_DEMO_TRLR_IND_CD TITLE ALIAS: DEMO_INDICATOR CODES: D = Demo trailer present SOURCE: NCH

Variable Name	*Label*
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 (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.

Variable Name	*Label*

	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 '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

Variable Name	*Label*
	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 '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

Variable Name	Label
	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 trans-mitting 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 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

Variable Name	*Label*	
		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
DGNSIND{x}	*NCH Diagnosis Trailer Indicator Code*	
where { x } ranges from 1 to 4		
		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

Variable Name	Label
	SAS ALIAS: DGNSIND STANDARD ALIAS: NCH_DGNS_TRLR_IND_CD CODES: Y = Diagnosis code trailer present SOURCE: NCH
DGNS_CD{x}	*Claim Diagnosis Code*
where { x } ranges from 1 to 4	
	The ICD-9-CM based code identifying the beneficiary's principal or other diagnosis (including E code). NOTE: Prior to Version H, the principal diagnosis code was not stored with the 'OTHER' diagnosis codes. During the Version H conversion the CLM_PRNCPAL_DGNS_CD was added as the first occurrence. DB2 ALIAS: CLM_DGNS_CD SAS ALIAS: DGNS_CD STANDARD ALIAS: CLM_DGNS_CD TITLE ALIAS: DIAGNOSIS EDIT-RULES: ICD-9-CM COMMENT: Prior to Version H this field was named: CLM_OTHR_DGNS_CD.
LNND{x}	*NCH Line Item Trailer Indicator Code*
where { x } ranges from 1 to 13	
	Effective with Version H, the code indicating the presence of a line item trailer on the non- institutional claim. NOTE: During the Version H conversion this field was populated throughout history (back to service year 1991). DB2 ALIAS: LINE_TRLR_IND_CD SAS ALIAS: LINEIND STANDARD ALIAS: NCH_LINE_TRLR_IND_CD CODES: L = Line Item trailer present Blank = No trailer present SOURCE: NCH
PRFRFL{x}	*Carrier Line Performing PIN Number*
where { x } ranges from 1 to 13	
	The profiling identification number (PIN) of the physician\supplier who performed the service for this line item on the carrier claim (non-DMERC). COMMON ALIAS: PHYSICIAN/SUPPLIER_PROVIDER_NUM DB2 ALIAS: LINE_PRFRMG_PIN SAS ALIAS: PRF_PRFL STANDARD ALIAS: CARR_LINE_PRFRMG_PIN_NUM TITLE ALIAS: PRFRMG_PIN COMMENT: Prior to Version H this field was named:

Variable Name	Label
	CWFB_PRFRMG_PRVDR_PRFLG_NUM. SOURCE: CWF
PRFUPN{x}	*Carrier Line Performing UPIN Number*
where { x } ranges from 1 to 13	
	The unique physician identification number (UPIN) of the physician who performed the service for this line item on the carrier claim (non-DMERC). DB2 ALIAS: LINE_PRFRMG_UPIN SAS ALIAS: PRF_UPIN STANDARD ALIAS: CARR_LINE_PRFRMG_UPIN_NUM TITLE ALIAS: PRFRMG_UPIN COMMENT: Prior to Version H this field was named: CWFB_PRFRMG_PRVDR_UPIN_NUM. SOURCE: CWF
PRFNPI{x}	*Carrier Line Performing NPI Number*
where { x } ranges from 1 to 13	
	A placeholder field (effective with Version H) for storing the NPI assigned to the performing provider. COMMON ALIAS: PERFORMING_PROVIDER_NPI DB2 ALIAS: LINE_PRFRMG_NPI SAS ALIAS: PRFNPI STANDARD ALIAS: CARR_LINE_PRFRMG_NPI_NUM TITLE ALIAS: PRFRMG_NPI SOURCE: CWF
PRGPNP{x}	*Carrier Line Performing Group NPI Number*
where { x } ranges from 1 to 13	
	A placeholder field (effective with Version H) for storing the NPI assigned to a group practice, where the performing physician is part of that group. If the physician is not part of a group, this field will be blank. DB2 ALIAS: PRFRMG_GRP_NPI SAS ALIAS: PRGRPNPI STANDARD ALIAS: CARR_LINE_PRFRMG_GRP_NPI_NUM TITLE ALIAS: PRFRMG_GROUP_NPI SOURCE: CWF
PRVTYP{x}	*Carrier Line Provider Type Code*
where { x } ranges from 1 to 13	
	Code identifying the type of provider furnishing the service for this line item on the carrier claim (non-DMERC). DB2 ALIAS: LINE_PRVDR_TYPE_CD SAS ALIAS: PRV_TYPE STANDARD ALIAS: CARR_LINE_PRVDR_TYPE_CD TITLE ALIAS: PRVDR_TYPE CODES: REFER TO: CARR_LINE_PRVDR_TYPE_TB IN THE CODES APPENDIX

Variable Name	*Label*
	COMMENT: Prior to Version H this field was named: CWFB_PRVDR_TYPE_CD. SOURCE: CWF
TAXNUM{x}	*Line Provider Tax Number*
where { x } ranges from 1 to 13	
	Social security number or employee identification number of physician/supplier used to identify to whom payment is made for the line item service on the noninstitutional claim. DB2 ALIAS: LINE_PRVDR_TAX_NUM SAS ALIAS: TAX_NUM STANDARD ALIAS: LINE_PRVDR_TAX_NUM TITLE ALIAS: PRVDR_TAX_NUM COMMENT: Prior to Version H this field was named: CWFB_PRVDR_TAX_NUM. SOURCE: CWF
PRVSTT{x}	*Line NCH Provider State Code*
where { x } ranges from 1 to 13	
	Effective with Version H, the two position SSA state code where provider facility is located. NOTE: During the Version H conversion this field was populated with data throughout history (back to service year 1991). DB2 ALIAS: LINE_PRVDR_STATE SAS ALIAS: PRVSTATE STANDARD ALIAS: LINE_NCH_PRVDR_STATE_CD TITLE ALIAS: PRVDR_STATE DERIVATION: DERIVED FROM: CARR_LINE_PRFRMG_PRVDR_ZIP_CD DERIVATION RULES: Use the first three positions of the provider zip code to derive the LINE_NCH_PRVDR_STATE_CD from a crosswalk file. Where a match is not achieved this field will be blank. CODES: REFER TO: GEO_SSA_STATE_TB IN THE CODES APPENDIX SOURCE: NCH
PRVZP{x}	*Carrier Line Performing Provider ZIP Code*
where { x } ranges from 1 to 13	
	The ZIP code of the physician/supplier who performed the Part B service for this line item on the carrier claim (non-DMERC). DB2 ALIAS: LINE_PRVDR_ZIP_CD SAS ALIAS: PROVZIP STANDARD ALIAS: CARR_LINE_PRFRMG_PRVDR_ZIP_CD TITLE ALIAS: PRVDR_ZIP_CD

Variable Name	Label
	COMMENT: Prior to Version H this field was named: CWFB_PRFRMG_PRVDR_ZIP_CD and the field size was S9(9). SOURCE: CWF
HCFPCL{x}	*Line HCFA Provider Specialty Code*
where { x } ranges from 1 to 13	
	HCFA specialty code used for pricing the line item service on the noninstitutional claim. DB2 ALIAS: HCFA_SPCLTY_CD SAS ALIAS: HCFASPCL STANDARD ALIAS: LINE_HCFA_PRVDR_SPCLTY_CD TITLE ALIAS: HCFA_PRVDR_SPCLTY CODES: REFER TO: HCFA_PRVDR_SPCLTY_TB IN THE CODES APPENDIX COMMENT: Prior to Version H this field was named: CWFB_HCFA_PRVDR_SPCLTY_CD. SOURCE: CWF
CRRPCL{x}	*Carrier Line Provider Specialty Code*
where { x } ranges from 1 to 13	
	The carrier's specialty code for the provider (usually different from HCFA's) used for pricing the service for this the carrier claim (non-DMERC). DB2 ALIAS: PRVDR_SPCLTY_CD SAS ALIAS: CARRSPCL STANDARD ALIAS: CARR_LINE_PRVDR_SPCLTY_CD TITLE ALIAS: CARR_PRVDR_SPCLTY EDIT-RULES: CARRIER INFORMATION FILE COMMENT: Prior to Version H this field was named: CWFB_CARR_PRVDR_SPCLTY_CD. SOURCE: CWF
PRTPTG{x}	*Line Provider Participating Indicator Code*
where { x } ranges from 1 to 13	
	Code indicating whether or not a provider is participating or accepting assignment for this line item service on the noninstitutional claim. DB2 ALIAS: PRVDR_PRTCPTG_CD SAS ALIAS: PRTCPTG STANDARD ALIAS: LINE_PRVDR_PRTCPTG_IND_CD TITLE ALIAS: PRVDR_PRTCPTG_IND CODES: REFER TO: LINE_PRVDR_PRTCPTG_IND_TB IN THE CODES APPENDIX COMMENT: Prior to Version H this field was named: CWFB_PRVDR_PRTCPTG_IND_CD. SOURCE: CWF

Variable Name	*Label*

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

where { x } ranges from 1 to 13

Effective 1/92, the code on the carrier (non-DMERC) line item that identifies claims that have been paid a reduced fee schedule amount (65%, 75% or 85%) because a physician's assistant performed the services.
COMMON ALIAS: PA_65/75/85%_FEE
DB2 ALIAS: PHYSN_ASTNT_CD
SAS ALIAS: ASTNT_CD
STANDARD ALIAS: CARR_LINE_RDCD_PHYSN_ASTNT_CD
TITLE ALIAS: PHYSN_ASTNT_CD
CODES:
REFER TO: CARR_LINE_RDCD_PHYSN_ASTNT_TB IN THE CODES APPENDIX
COMMENT:
Prior to Version H this field was named: CWFB_RDCD_PMT_PHYSN_ASTNT_CD.
SOURCE:
CWF

SRVCNT{x} — *Line Service Count*

where { x } ranges from 1 to 13

The count of the total number of services processed for the line item on the non-institutional claim.
3 DIGITS SIGNED
DB2 ALIAS: SRVC_CNT
SAS ALIAS: SRVC_CNT
STANDARD ALIAS: LINE_SRVC_CNT
COMMENT:
Prior to Version H this field was named: CWFB_SRVC_CNT.
SOURCE:
CWF

TYPVCB{x} — *Line HCFA Type Service Code*

where { x } ranges from 1 to 13

Code indicating the type of service, as defined in the HCFA Medicare Carrier Manual, for this line item on the non-institutional claim.
DB2 ALIAS: HCFA_TYPE_SRVC_CD
SAS ALIAS: TYPSRVCB
STANDARD ALIAS: LINE_HCFA_TYPE_SRVC_CD
SYSTEM ALIAS: LTTOS
TITLE ALIAS: HCFA_TYPE_SRVC
EDIT-RULES:
The only type of service codes applicable to DMERC claims are: 1, 9, A, E, G, H, J, K, L, M, P, R, and S.
CODES:
REFER TO: HCFA_TYPE_SRVC_TB IN THE CODES APPENDIX
COMMENT:
Prior to Version H this field was named: CWFB_HCFA_TYPE_SRVC_CD.

Variable Name	Label
	SOURCE: CWF
PTYSRV{x}	*Carrier Line Type Service Code*
where { x } ranges from 1 to 13	
	Carrier's type of service code (usually different from HCFA's) used for pricing the service reported on the line item on carrier claim (non-DMERC). DB2 ALIAS: LINE_TYPE_SRVC_CD SAS ALIAS: PTYPESRV STANDARD ALIAS: CARR_LINE_TYPE_SRVC_CD TITLE ALIAS: CARR_TYPE_SRVC COMMENT: Prior to Version H this field was named: CWFB_CARR_TYPE_SRVC_CD. SOURCE: CWF
PLCRVC{x}	*Line Place Of Service Code*
where { x } ranges from 1 to 13	
	The code indicating the place of service, as defined in the Medicare Carrier Manual, for this line item on the noninstitutional claim. COMMON ALIAS: POS DB2 ALIAS: LINE_PLC_SRVC_CD SAS ALIAS: PLCSRVC STANDARD ALIAS: LINE_PLC_SRVC_CD TITLE ALIAS: PLC_SRVC CODES: REFER TO: LINE_PLC_SRVC_TB IN THE CODES APPENDIX COMMENT: Prior to Version H this field was named: CWFB_PLC_SRVC_CD. SOURCE: CWF
LCLYCD{x}	*Carrier Line Pricing Locality Code*
where { x } ranges from 1 to 13	
	Code denoting the carrier-specific locality used for pricing the service for this line item on the carrier claim (non-DMERC). DB2 ALIAS: PRCNG_LCLTY_CD SAS ALIAS: LCLTY_CD STANDARD ALIAS: CARR_LINE_PRCNG_LCLTY_CD TITLE ALIAS: PRICING_LOCALITY EDIT-RULES: CARRIER INFORMATION FILE COMMENT: Prior to Version H this field was named: CWFB_CARR_PRCNG_LCLTY_CD. SOURCE: CWF
EXPDT1{x}	*Line First Expense Date*
where { x } ranges from 1 to 13	

Variable Name	*Label*	
		Beginning date (1st expense) for this line item service on the noninstitutional claim. 8 DIGITS UNSIGNED DB2 ALIAS: LINE_1ST_EXPNS_DT SAS ALIAS: EXPNSDT1 STANDARD ALIAS: LINE_1ST_EXPNS_DT TITLE ALIAS: 1ST_EXPNS_DT EDIT-RULES: YYYYMMDD COMMENT: Prior to Version H this field was named: CWFB_1ST_EXPNS_DT. SOURCE: CWF
EXPDT2{x}	*Line Last Expense Date*	
where { x } ranges from 1 to 13		
		The ending date (last expense) for the line item service on the noninstitutional claim. 8 DIGITS UNSIGNED COBOL ALIAS: LST_EXP_DT DB2 ALIAS: LINE_LAST_EXPNS_DT SAS ALIAS: EXPNSDT2 STANDARD ALIAS: LINE_LAST_EXPNS_DT TITLE ALIAS: LAST_EXPNS_DT EDIT-RULES: YYYYMMDD COMMENT: Prior to Version H this field was named: CWFB_LAST_EXPNS_DT. SOURCE: CWF
HCPSCD{x}	*Line HCPCS Code*	
where { x } ranges from 1 to 13		
		The Health Care Financing Administration (HCFA) Common Procedure Coding System (HCPCS) is a collection of codes that represent procedures, supplies, products and services which may be provided to Medicare beneficiaries and to individuals enrolled in private health insurance programs. The codes are divided into three levels, or groups, as described below: DB2 ALIAS: LINE_HCPCS_CD SAS ALIAS: HCPCS_CD STANDARD ALIAS: LINE_HCPCS_CD TITLE ALIAS: HCPCS_CD COMMENT: Prior to Version H this line item field was named: HCPCS_CD. With Version H, a prefix was added to denote the location of this field on each claim type (institutional: REV_CNTR and noninstitutional: LINE). Level I Codes and descriptors copyrighted by the American Medical Association's Current Procedural

Variable Name	Label
	Terminology, Fourth Edition (CPT-4). These are 5 position numeric codes representing physician and nonphysician services. **** Note: **** CPT-4 codes including both long and short descriptions shall be used in accordance with the HCFA/AMA agreement. Any other use violates the AMA copyright. Level II Includes codes and descriptors copyrighted by the American Dental Association's Current Dental Terminology, Second Edition (CDT-2). These are 5 position alpha-numeric codes comprising the D series. All other level II codes and descriptors are approved and maintained jointly by the alpha-numeric editorial panel (consisting of HCFA, the Health Insurance Association of America, and the Blue Cross and Blue Shield Association). These are 5 position alpha-numeric codes representing primarily items and nonphysician services that are not represented in the level I codes. Level III Codes and descriptors developed by Medicare carriers for use at the local (carrier) level. These are 5 position alpha-numeric codes in the W, X, Y or Z series representing physician and nonphysician services that are not represented in the level I or level II codes.
MDFCD1{x}	*Line HCPCS Initial Modifier Code*
where { x } ranges from 1 to 13	
	A first modifier to the HCPCS procedure code to enable a more specific procedure identification for the line item on the noninstitutional claim. DB2 ALIAS: HCPCS_1ST_MDFR_CD SAS ALIAS: MDFR_CD1 STANDARD ALIAS: LINE_HCPCS_INITL_MDFR_CD TITLE ALIAS: INITIAL_MODIFIER EDIT-RULES: CARRIER INFORMATION FILE COMMENT: Prior to Version H this field was named: HCPCS_INITL_MDFR_CD. With Version H, a prefix was added to denote the location of this field on each claim type (institutional: REV_CNTR and noninstitutional: LINE). SOURCE: CWF
MDFCD2{x}	*Line HCPCS Second Modifier Code*
where { x } ranges from 1 to 13	
	A second modifier to the HCPCS procedure code to make it more specific than the first modifier code to identify the line item procedures for this claim. DB2 ALIAS: HCPCS_2ND_MDFR_CD SAS ALIAS: MDFR_CD2

Variable Name	*Label*	
		STANDARD ALIAS: LINE_HCPCS_2ND_MDFR_CD TITLE ALIAS: SECOND_MODIFIER EDIT-RULES: CARRIER INFORMATION FILE COMMENT: Prior to Version H this field was named: HCPCS_2ND_MDFR_CD. With Version H, a prefix was added to denote the location of this field on each claim type (institutional: REV_CNTR and noninstitutional: LINE). SOURCE: CWF
BETOS{x}	*Line NCH BETOS Code*	
where { x } ranges from 1 to 13		
		Effective with Version H, the Berenson-Eggers type of service (BETOS) for the procedure code based on generally agreed upon clinically meaningful groupings of procedures and services. This field is included as a line item on the noninstitutional claim. NOTE: During the Version H conversion this field was populated with data throughout history (back to service year 1991). DB2 ALIAS: LINE_NCH_BETOS_CD SAS ALIAS: BETOS STANDARD ALIAS: LINE_NCH_BETOS_CD SYSTEM ALIAS: LTBETOS TITLE ALIAS: BETOS DERIVATION: DERIVED FROM: LINE_HCPCS_CD LINE_HCPCS_INITL_MDFR_CD LINE_HCPCS_2ND_MDFR_CD HCPCS MASTER FILE DERIVATION RULES: Match the HCPCS on the claim to the HCPCS on the HCPCS Master File to obtain the BETOS code. CODES: REFER TO: BETOS_TB IN THE CODES APPENDIX SOURCE: NCH
LNID{x}	*Line IDE Number*	
where { x } ranges from 1 to 13		
		Effective with Version H, the exemption number assigned by the Food and Drug Administration (FDA) to an investigational device after a manufacturer has been approved by FDA to conduct a clinical trial on that device. HCFA established a new policy of covering certain IDE's which was implemented in claims processing on 10/1/96 (which is NCH weekly process 10/4/96) for service dates beginning 10/1/95. NOTE: Prior to Version H a dummy line item was created in the last occurrence of line item group

Variable Name	*Label*
	to store IDE. The IDE number was housed in two fields: HCPCS code and HCPCS initial modifier; the second modifier contained the value 'ID'. There will be only one distinct IDE number reported on the non-institutional claim. During the Version H conversion, the IDE was moved from the dummy line item to its own dedicated field for each line item (i.e., the IDE was repeated on all line items on the claim.) DB2 ALIAS: LINE_IDE_NUM SAS ALIAS: LINE_IDE STANDARD ALIAS: LINE_IDE_NUM TITLE ALIAS: IDE_NUMBER SOURCE: CWF
NDC_CD{x}	*Line National Drug Code*
where { x } ranges from 1 to 13	
	Effective 1/1/94 on the DMERC claim, the National Drug Code identifying the oral anti-cancer drugs. Effective with Version H, this line item field was added as a placeholder on the carrier claim. DB2 ALIAS: LINE_NATL_DRUG_CD SAS ALIAS: NDC_CD STANDARD ALIAS: LINE_NATL_DRUG_CD TITLE ALIAS: NDC_CD SOURCE: CWF
LNPMT{x}	*Line NCH Payment Amount*
where { x } ranges from 1 to 13	
	Amount of payment made from the trust funds (after deductible and coinsurance amounts have been paid) for the line item service on the non-institutional claim. 9.2 DIGITS SIGNED COMMON ALIAS: REIMBURSEMENT DB2 ALIAS: LINE_NCH_PMT_AMT SAS ALIAS: LINEPMT STANDARD ALIAS: LINE_NCH_PMT_AMT TITLE ALIAS: REIMBURSEMENT EDIT-RULES: $$$$$$$$$CC COMMENT: Prior to Version H this line item field was named: CLM_PMT_AMT and the size of this field was S9(7)V99. SOURCE: NCH
LBNPMT{x}	*Line Beneficiary Payment Amount*
where { x } ranges from 1 to 13	
	Effective with Version H, the payment (reim- bursement) made to the beneficiary related to the line item service on the noninstitu- tional claim. NOTE: Beginning with NCH weekly process date 10/3/97 this field was populated with data.

Variable Name	Label
	Claims processed prior to 10/3/97 will contain zeroes in this field. 9.2 DIGITS SIGNED DB2 ALIAS: LINE_BENE_PMT_AMT SAS ALIAS: LBENPMT STANDARD ALIAS: LINE_BENE_PMT_AMT TITLE ALIAS: BENE_PMT_AMT SOURCE: CWF
LPRPMT{x}	*Line Provider Payment Amount*
where { x } ranges from 1 to 13	
	Effective with Version H, the payment made to the provider for the line item service on the noninstitutional claim. NOTE: Beginning with NCH weekly process date 10/3/97 this field was populated with data. Claims processed prior to 10/3/97 will contain zeroes in this field. 9.2 DIGITS SIGNED DB2 ALIAS: LINE_PRVDR_PMT_AMT SAS ALIAS: LPRVPMT STANDARD ALIAS: LINE_PRVDR_PMT_AMT TITLE ALIAS: PRVDR_PMT_AMT SOURCE: CWF
LDDMT{x}	*Line Beneficiary Part B Deductible Amount*
where { x } ranges from 1 to 13	
	The amount of money for which the carrier has determined that the beneficiary is liable for the Part B cash deductible for the line item service on the noninstitutional claim. 9.2 DIGITS SIGNED DB2 ALIAS: LINE_DDCTBL_AMT SAS ALIAS: LDEDAMT STANDARD ALIAS: LINE_BENE_PTB_DDCTBL_AMT TITLE ALIAS: PTB_DED_AMT EDIT-RULES: $$$$$$$$$CC COMMENT: Prior to Version H this field was named: BENE_PTB_DDCTBL_LBLTY_AMT and the size of the field was S9(3)V99. SOURCE: CWF
LPRYCD{x}	*Line Beneficiary Primary Payer Code*
where { x } ranges from 1 to 13	
	The code specifying a federal non-Medicare program or other source that has primary responsibility for the payment of the Medicare beneficiary's medical bills relating to the line item service on the noninstitutional claim. DB2 ALIAS: LINE_PRMRY_PYR_CD SAS ALIAS: LPRPAYCD STANDARD ALIAS: LINE_BENE_PRMRY_PYR_CD TITLE ALIAS: PRIMARY_PAYER_CD CODES:

Variable Name	Label
	REFER TO: BENE_PRMRY_PYR_TB IN THE CODES APPENDIX COMMENT: Prior to Version H this field was named: BENE_PRMRY_PYR_CD. SOURCE: CWF,VA,DOL,SSA
LPRDMT{x}	*Line Beneficiary Primary Payer Paid Amount*
where { x } ranges from 1 to 13	
	The amount of a payment made on behalf of a Medicare beneficiary by a primary payer other than Medicare, that the provider is applying to covered Medicare charges for to the line ITEM SERVICE ON THE NONINSTITUTIONAL. 9.2 DIGITS SIGNED DB2 ALIAS: LINE_PRMRY_PYR_PD SAS ALIAS: LPRPDAMT STANDARD ALIAS: LINE_BENE_PRMRY_PYR_PD_AMT TITLE ALIAS: PRMRY_PYR_PD EDIT-RULES: $$$$$$$$$CC COMMENT: Prior to Version H this field was named: BENE_PRMRY_PYR_PMT_AMT and the field size was S9(5)V99. SOURCE: CWF
CNMT{x}	*Line Coinsurance Amount*
where { x } ranges from 1 to 13	
	Effective with Version H, the beneficiary coinsurance liability amount for this line item service on the noninstitutional claim. NOTE: Beginning with NCH weekly process date 10/3/97 this field was populated with data. Claims processed prior to 10/3/97 will contain zeroes in this field. 9.2 DIGITS SIGNED DB2 ALIAS: LINE_COINSRNC_AMT SAS ALIAS: COINAMT STANDARD ALIAS: LINE_COINSRNC_AMT TITLE ALIAS: COINSRNC_AMT SOURCE: CWF
LLMTMT{x}	
where { x } ranges from 1 to 13	
	for this line item service on the noninstitutional claim. 9.2 DIGITS SIGNED DB2 ALIAS: PSYCH_OT_PT_LMT SAS ALIAS: LLMTAMT STANDARD ALIAS: CARR_LINE_PSYCH_OT_PT_LMT_AMT TITLE ALIAS: PSYCH_OT_PT_LIMIT COMMENT: Prior to Version H this field was named:

Variable Name	Label
	CWFB_PSYCH_OT_PT_LMT_AMT and the field size was S9(5)V99. SOURCE: CWF
LNTAMT{x}	*Line Interest Amount*
where { x } ranges from 1 to 13	
	Amount of interest to be paid for this line item service on the noninstitutional claim. **NOTE: This is not included in the line item NCH payment (reimbursement) amount. 9.2 DIGITS SIGNED DB2 ALIAS: LINE_INTRST_AMT SAS ALIAS: LINT_AMT STANDARD ALIAS: LINE_INTRST_AMT TITLE ALIAS: INTRST_AMT EDIT-RULES: $$$$$$$$$CC COMMENT: Prior to Version H this field was named: CWFB_INTRST_AMT and the field size was S9(5)V99. SOURCE: CWF
PRPYLW{x}	*Line Primary Payer Allowed Charge Amount*
where { x } ranges from 1 to 13	
	Effective with Version H, the primary payer allowed charge amount for the line item service on the noninstitutional NOTE: Beginning with NCH weekly process date 10/3/97 this field was populated with data. Claims processed prior to 10/3/97 will contain zeroes in this field. 9.2 DIGITS SIGNED DB2 ALIAS: PRMRY_PYR_ALOW_AMT SAS ALIAS: PRPYALOW STANDARD ALIAS: LINE_PRMRY_PYR_ALOW_CHRG_AMT TITLE ALIAS: PRMRY_PYR_ALOW_CHRG SOURCE: CWF
PNLYMT{x}	*Line 10% Penalty Reduction Amount*
where { x } ranges from 1 to 13	
	Effective with Version H, the 10% payment reduction amount (applicable to a late filing claim) for the line item on the noninstitutional claim. 9.2 DIGITS SIGNED DB2 ALIAS: TENPCT_PNLTY_AMT SAS ALIAS: PNLTYAMT STANDARD ALIAS: LINE_10PCT_PNLTY_RDCTN_AMT TITLE ALIAS: TENPCT_PNLTY SOURCE: CWF
LBLDDD{x}	*Carrier Line Blood Deductible Pints Quantity*
where { x } ranges from 1 to 13	

Variable Name	*Label*
	The blood pints quantity (deductible) for the line item on the carrier claim (non-DMERC). 3 DIGITS SIGNED DB2 ALIAS: LINE_BLOOD_DDCTBL SAS ALIAS: LBLD_DED STANDARD ALIAS: CARR_LINE_BLOOD_DDCTBL_QTY TITLE ALIAS: BLOOD_DDCTBL EDIT-RULES: NUMERIC COMMENT: Prior to Version H this field was named: CWFB_LINE_BLOOD_DDCTBL_QTY. SOURCE: CWF
LSBCHG{x}	*Line Submitted Charge Amount*
where { x } ranges from 1 to 13	
	The amount of submitted charges for the line item service on the noninstitutional claim. 9.2 DIGITS SIGNED DB2 ALIAS: LINE_SBMT_CHRG_AMT SAS ALIAS: LSBMTCHG STANDARD ALIAS: LINE_SBMT_CHRG_AMT TITLE ALIAS: SBMT_CHRG EDIT-RULES: $$$$$$$$$CC COMMENT: Prior to Version H this field was named: CWFB_SBMT_CHRG_AMT and the field size was S9(5)V99. SOURCE: CWF
LLWCHG{x}	*Line Allowed Charge Amount*
where { x } ranges from 1 to 13	
	The amount of allowed charges for the line item service on the noninstitutional claim. This charge is used to compute pay to providers or reimbursement to beneficiaries. **NOTE: The allowed charge is determined by the lower of three charges: prevailing, customary or actual. 9.2 DIGITS SIGNED DB2 ALIAS: LINE_ALOW_CHRG_AMT SAS ALIAS: LALOWCHG STANDARD ALIAS: LINE_ALOW_CHRG_AMT TITLE ALIAS: ALOW_CHRG EDIT-RULES: $$$$$$$$CC COMMENT: Prior to Version H this field was named: CWFB_ALOW_CHRG_AMT and the field size was S9(5)V99. SOURCE: CWF
LABNUM{x}	*Carrier Line Clinical Lab Number*
where { x } ranges from 1 to 13	

Variable Name	*Label*	
		The identification number assigned to the clinical laboratory providing services for the line item on the carrier claim (non-DMERC). DB2 ALIAS: CLNCL_LAB_NUM SAS ALIAS: LAB_NUM STANDARD ALIAS: CARR_LINE_CLNCL_LAB_NUM TITLE ALIAS: LAB_NUM COMMENT: Prior to Version H this field was named: CWFB_CLNCL_LAB_NUM. SOURCE: CWF
LABAMT{x}	*Carrier Line Clinical Lab Charge Amount*	
where { x } ranges from 1 to 13		
		Fee schedule charge amount applied for the line item clinical laboratory service on the carrier claim (non- 9.2 DIGITS SIGNED DB2 ALIAS: CLNCL_LAB_CHRG_AMT SAS ALIAS: LAB_AMT STANDARD ALIAS: TITLE ALIAS: LAB_CHRG EDIT-RULES: $$$$$$$$C COMMENT: Prior to Version H this field was named: CWFB_CLNCL_LAB_CHRG_AMT and the field size was S9(5)V99. SOURCE: CWF
PRCGND{x}	*Line Processing Indicator Code*	
where { x } ranges from 1 to 13		
		The code indicating the reason a line item on the noninstitutional claim was allowed or denied. DB2 ALIAS: LINE_PRCSG_IND_CD SAS ALIAS: PRCNGIND STANDARD ALIAS: LINE_PRCSG_IND_CD TITLE ALIAS: PRCSG_IND CODES: REFER TO: LINE_PRCSG_IND_TB IN THE CODES APPENDIX COMMENT: Prior to Version H this field was named: CWFB_PRCSG_IND_CD. SOURCE: CWF
PMTDSW{x}	*Line Payment 80%/100% Code*	
where { x } ranges from 1 to 13		
		The code indicating that the amount shown in the payment field on the noninstitutional line item represents either 80% or 100% of the allowed charges less any deductible, or 100% limitation of liability only. COMMON ALIAS: REIMBURSEMENT_IND DB2 ALIAS: LINE_PMT_80_100_CD SAS ALIAS: PMTINDSW

Variable Name	Label
	STANDARD ALIAS: LINE_PMT_80_100_CD TITLE ALIAS: REINBURSEMENT_IND CODES: 0 = 80% 1 = 100% 3 = 100% Limitation of liability only COMMENT: Prior to Version H this field was named: CWFB_PMT_80_100_CD. SOURCE: CWF
DED_SW{x}	*Line Service Deductible Indicator Switch*
where { x } ranges from 1 to 13	
	Switch indicating whether or not the line item service on the noninstitutional claim is subject to a deductible. DB2 ALIAS: SRVC_DDCTBL_SW SAS ALIAS: DED_SW STANDARD ALIAS: LINE_SRVC_DDCTBL_IND_SW TITLE ALIAS: SRVC_DED_IND CODES: 0 = Service subject to deductible 1 = Service not subject to deductible COMMENT: Prior to Version H this field was named: CWFB_SRVC_DDCTBL_IND_SW. SOURCE: CWF
PMTDCD{x}	*Line Payment Indicator Code*
where { x } ranges from 1 to 13	
	Code that indicates the payment screen used to determine the allowed charge for the line item service on the noninstitutional claim. DB2 ALIAS: LINE_PMT_IND_CD SAS ALIAS: PMTINDCD STANDARD ALIAS: LINE_PMT_IND_CD TITLE ALIAS: PMT_IND CODES: REFER TO: LINE_PMT_IND_TB IN THE CODES APPENDIX COMMENT: Prior to Version H this field was named: CWFB_PMT_IND_CD. SOURCE: CWF
MTSCNT{x}	*Carrier Line Miles/Time/Units/Services Count*
where { x } ranges from 1 to 13	
	The count of the total units associated with services needing unit reporting such as transportation, miles, anesthesia time units, number of services, volume of oxygen or blood units. This is a line item field on the carrier claim (non-DMERC) and is used for both allowed and denied services. 3 DIGITS SIGNED DB2 ALIAS: LINE_MTUS_CNT

Variable Name	Label
	SAS ALIAS: MTUS_CNT STANDARD ALIAS: CARR_LINE_MTUS_CNT TITLE ALIAS: MTUS_CNT EDIT-RULES: For CARR_LINE_MTUS_IND_CD equal to 2 (anesthesia time units) there is one implied decimal point. COMMENT: Prior to Version H this field was named: CWFB_MTUS_CNT. SOURCE: CWF
MTSIND{x}	*Carrier Line Miles/Time/Units/Services Indicator Code*
where { x } ranges from 1 to 13	
	Code indicating the units associated with services needing unit reporting on the line item for the carrier claim (non-DMERC). DB2 ALIAS: LINE_MTUS_IND_CD SAS ALIAS: MTUS_IND STANDARD ALIAS: CARR_LINE_MTUS_IND_CD TITLE ALIAS: MTUS_IND CODES: 0 = Values reported as zero (no allowed activities) 1 = Transportation (ambulance) miles 2 = Anesthesia time units 3 = Services 4 = Oxygen units 5 = Units of blood 6 = Anesthesia base and time units (prior to 1991; from BMAD) COMMENT: Prior to Version H this field was named: CWFB_MTUS_IND_CD. SOURCE: CWF
LNDGNS{x}	*Line Diagnosis Code*
where { x } ranges from 1 to 13	
	The ICD-9-CM code indicating the diagnosis supporting this line item procedure/service on the noninstitutional claim. DB2 ALIAS: LINE_DGNS_CD SAS ALIAS: LINEDGNS STANDARD ALIAS: LINE_DGNS_CD TITLE ALIAS: DGNS_CD EDIT-RULES: ICD-9-CM COMMENT: Prior to Version H this field was named: CWFB_LINE_DGNS_CD. SOURCE: CWF
ANSHNT{x}	*Carrier Line Anesthesia Base Unit Count*
where { x } ranges from 1 to 13	
	The base number of units assigned to the line item anesthesia procedure on the carrier claim (non-DMERC).

Variable Name	*Label*
	3 DIGITS SIGNED DB2 ALIAS: ANSTHSA_UNIT_CNT SAS ALIAS: ANSTHUNT STANDARD ALIAS: CARR_LINE_ANSTHSA_UNIT_CNT TITLE ALIAS: ANSTHSA_UNITS COMMENT: Prior to Version H this field was named: CWFB_ANSTHSA_BASE_UNIT_CNT. SOURCE: CWF
CLLRT{x}	*Carrier Line CLIA Alert Indicator Code*
where { x } ranges from 1 to 13	
	Effective with Version G, the alert code (resulting from CLIA editing) added by CWF as a line item on the carrier claim (non-DMERC). DB2 ALIAS: CLIA_ALERT_IND_CD SAS ALIAS: CLIAALRT STANDARD ALIAS: CARR_LINE_CLIA_ALERT_IND_CD TITLE ALIAS: CLIA_ALERT CODES: (Effective 9/92 but not stored until 10/93) 0 = No Alert 1 = 77X9 2 = 77XA 3 = 77X5 4 = 77X6 5 = 77X7 6 = 77X8 7 = 77XB COMMENT: Prior to Version H this field was named: CWFB_CLIA_ALERT_IND_CD. SOURCE: CWF
DCMNCD{x}	*Line Additional Claim Documentation Indicator Code*
where { x } ranges from 1 to 13	
	Effective 5/92, the code indicating additional claim documentation was submitted for this line item service on the noninstitutional claim. COMMON ALIAS: DOCUMENT_IND DB2 ALIAS: ADDTNL_DCMTN_CD SAS ALIAS: DCMTN_CD STANDARD ALIAS: LINE_ADDTNL_CLM_DCMTN_IND_CD TITLE ALIAS: ADDTNL_DCMTN_IND EDIT-RULES: In any case where more than one value is applicable, highest number is shown. CODES: REFER TO: LINE_ADDTNL_CLM_DCMTN_IND_TB IN THE CODES APPENDIX COMMENT: Prior to Version H this field was named: CWFB_ADDTNL_CLM_DCMTN_IND_CD. SOURCE: CWF

Variable Name	*Label*

DMSTDT{x} *Carrier Line DME Coverage Period Start Date*

where { x } ranges from 1 to 13

Effective 5/92 through 6/94, as line item on the carrier claim (non-DMERC), the date durable medical equipment (DME) coverage period started per certificate of medical necessity, prescription, other documentation or carrier determination. This field is applicable to line items involving DME, prosthetic, orthotic and supply items, immunosuppressive drugs, pen, ESRD and oxygen items referred to as DMEPOS).
8 DIGITS UNSIGNED
DB2 ALIAS: DME_CVRG_STRT_DT
SAS ALIAS: DMEST_DT
STANDARD ALIAS:
CARR_LINE_DME_CVRG_PRD_STRT_DT
TITLE ALIAS: DME_CVRG_START_DT
EDIT-RULES:
YYYYMMDD
COMMENT:
Prior to Version H this field was named:
CWFB_DME_CVRG_PRD_STRT_DT.
SOURCE:
CWF
LIMITATIONS:
When the revised DME processing was implemented (phased in between 10/93-6/94), this field was not included on the new DMERC claim; it is being reported on the certificate of medical necessity (CMN) transaction. HCFA does not receivee CMN transaction from CWF.

DMPRC{x} *Line DME Purchase Price Amount*

where { x } ranges from 1 to 13

Effective 5/92, the amount representing the lower of fee schedule for purchase of new or used DME, or actual charge. In case of rental DME, this amount represents the purchase cap; rental payments can only be made until the cap is met. This line item field is applicable to non-institutional claims involving DME, prosthetic, orthotic and supply items, immunosuppressive drugs, pen, ESRD and oxygen items referred to as DMEPOS.
9.2 DIGITS SIGNED
DB2 ALIAS: DME_PURC_PRICE_AMT
SAS ALIAS: DME_PURC
STANDARD ALIAS: LINE_DME_PURC_PRICE_AMT
TITLE ALIAS: DME_PURC_PRICE
EDIT-RULES:
$$$$$$$$$CC
COMMENT:
Prior to Version H this field was named:
CWFB_DME_PURC_PRICE_AMT and the field size was S9(5)V99.
SOURCE:
CWF

Variable Name	*Label*
NCSTYM{x}	*Carrier Line DME Medical Necessity Month Count*

where { x } ranges from 1 to 13

Effective 5/92 through 6/94, as line item on the carrier claim (non-DMERC), the count determined by the carrier showing the length of need (medical necessity for DME in months from the start date through the determined period of need.
This field is applicable to line items involving DME, prosthetic, orthotic and supply items, immuno-suppressive drugs, pen, ESRD and oxygen items referred to as DMEPOS).
Exception: If the DME is determined to be medically necessary for the life of the beneficiary, 99 is placed in this field, rather than a month count.
3 DIGITS SIGNED
DB2 ALIAS: DME_NCSTY_MO_CNT
SAS ALIAS: NCSTY_MO
STANDARD ALIAS: CARR_LINE_DME_NCSTY_MO_CNT
TITLE ALIAS: DME_NCSTY_MONTHS
COMMENT:
Prior to Version H this field was named: CWFB_DME_MDCL_NCSTY_MO_CNT.
SOURCE:
CWF
LIMITATIONS:
When the revised DME processing was implemented (phased in between 10/93-6/94), this field was not included on the new DMERC claim; it is being reported on the certificate of medical necessity (CMN) transaction. HCFA does not receive CMN transaction from 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