

# *Research Data Distribution Center*

## *Medicare Provider Analysis And Review (MEDPAR)*

### *Record -- Dictionary For SAS and CSV Datasets*

<i>Variable Name</i>	<i>Label</i>
<i>BID</i>	<i>Beneficiary Identification Number</i> Beneficiary Identification Number for this data request
<i>CAN</i>	<i>Beneficiary Claim Account Number (BLANKED)</i> DB2 ALIAS: BENE_CLM_ACNT_NUM NCH SOURCE: SAS ALIAS: CAN COMMON ALIAS: CAN first claim record included in the stay. NOTE: This field comes from the CAN that is present on STANDARD ALIAS: MEDPAR_BENE_CLM_ACNT_NUM The number identifying the primary beneficiary under the SSAor RRB programs submitted.
<i>EQ_BIC</i>	<i>MEDPAR Category Equatable Beneficiary Identification Code</i> is present on the first claim record included in the SOURCE: IN THE CODES APPENDIX REFER TO: CTGRY_EQTBL_BENE_IDENT_TB CODES: STANDARD ALIAS: MEDPAR_CTGRY_EQTBL_BIC_CD SAS ALIAS: EQ_BIC DB2 ALIAS: CTGRY_EQTBL_BIC stay. NCH NOTE: This field comes from the NCH category base BIC that for a beneficiary are stored under a single BIC.) the national claims history (NCH) databases. (All records and returns a base BIC under which to house the record in are records for the same beneficiary. It validates the BIC that contain different BICs where it is apparent that both The equatable BIC module electronically matches two records The code which categorizes groups of BICs representing similar relationships between the beneficiary and the primary wage earner. COMMON ALIAS: EQ_BIC

***Variable Name***

***Label***

*AGE\_CNT*

***MEDPAR Beneficiary Age Count***

resulting age is 64, and the MSC = 10 or 11, the age NCH is changed to 65.  
This field is derived by subtracting the bene date of claim record included in the stay. Exception: If the birth from the admission date, present on the first The beneficiary's age as of date of admission. 3 DIGITS UNSIGNED  
DB2 ALIAS: MEDPAR\_AGE\_CNT  
SAS ALIAS: AGE\_CNT  
STANDARD ALIAS: MEDPAR\_BENE\_AGE\_CNT  
DERIVATION:  
SOURCE:

*SEX*

***MEDPAR Beneficiary Sex Code***

DB2 ALIAS: BENE\_SEX\_IDENT\_CD  
SAS ALIAS: SEX  
NCH  
SOURCE:  
0 = Unknown  
2 = Female  
1 = Male  
CODES:  
SYSTEM ALIAS: LTSEX  
COMMON ALIAS: SEX  
on the first claim record included in the stay.  
NOTE: This field comes from the sex code that is present The sex of a beneficiary.  
STANDARD ALIAS: MEDPAR\_BENE\_SEX\_CD

*RACE*

***MEDPAR Beneficiary Race Code***

1 = White  
5 = Hispanic  
4 = Asian  
3 = Other  
STANDARD ALIAS: MEDPAR\_BENE\_RACE\_CD  
SAS ALIAS: RACE  
2 = Black  
DB2 ALIAS: BENE\_RACE\_CD  
COMMON ALIAS: RACE  
NCH  
6 = North American Native  
The race of a beneficiary. NOTE: This field comes from the race code that is present  
0 = Unknown  
CODES:  
SYSTEM ALIAS: LTRACE  
on the first claim record included in the stay.  
SOURCE:

*Variable Name*

*Label*

*MS\_CD*

*MEDPAR Beneficiary Medicare Status Code*

SAS ALIAS: MS\_CD  
 4. ESRD indicator  
 3. Original/Current reasons for entitlement  
 2. Claim through date  
 1. Date of birth  
 CWF derives MSC from the following:  
 DERIVATION:  
 SYSTEM ALIAS: LTMSC  
 NCH  
 31 = ESRD only  
 20 = Disabled without ESRD  
 11 = Aged with ESRD  
 10 = Aged without ESRD  
 5. Beneficiary claim number  
 STANDARD ALIAS: MEDPAR\_BENE\_MDCR\_STUS\_CD  
 SOURCE:  
 DB2 ALIAS: BENE\_MDCR\_STUS\_CD  
 COMMON ALIAS: MSC  
 The CWF-derived reason for a beneficiary's entitlement to Medicare benefits, as of the reference date (CLM\_THRU\_DT).

31	NO	NO	YES	ANY AGE	T.
21	NO	YES	YES	UNDER 65	N/A
20	NO	YES	NO	UNDER 65	N/A
11	YES	N/A	YES	65 AND OVER	N/A
10	YES	N/A	NO	65 AND OVER	N/A

MSC	OASI	DIB	ESRD	AGE	BIC
-----	------	-----	------	-----	-----

claim record. MSC is assigned as follows:  
 master record; Item 2 comes from the FI/Carrier  
 Items 1,3,4,5 come from the CWF beneficiary  
 CODES:  
 21 = Disabled with ESRD

*STATE\_CD*

*MEDPAR Beneficiary Residence SSA Standard State Code*

The SSA standard state code of a beneficiary's residence.  
 NOTE: This field comes from the state code that is present  
 SYSTEM ALIAS: LTSTATE  
 CODES:  
 REFER TO: GEO\_SSA\_STATE\_TB  
 IN THE CODES APPENDIX  
 STANDARD ALIAS:  
 MEDPAR\_BENE\_RSDNC\_SSA\_STATE\_CD  
 SAS ALIAS: STATE\_CD  
 DB2 ALIAS: BENE\_SSA\_STATE\_CD  
 COMMON ALIAS: STATE  
 on the first claim record included in the stay.  
 SOURCE:  
 NCH

***Variable Name***

***Label***

*CNTY\_CD*

***MEDPAR Beneficiary Residence SSA Standard County Code***

The SSA standard county code of a beneficiary's residence.

NOTE: This field comes from the county code that is

STANDARD ALIAS:

MEDPAR\_BENE\_RSDNC\_SSA\_CNTY\_CD

SOURCE:

NCH

SAS ALIAS: CNTY\_CD

DB2 ALIAS: BENE\_SSA\_CNTY\_CD

COMMON ALIAS: COUNTY\_CODE

on the first claim record included in the stay.

*BENE\_ZIP*

***MEDPAR Beneficiary Mailing Contact Zip Code***

NOTE: This field comes from the zip code that is present on

SAS ALIAS: BENE\_ZIP

the first claim record included in the stay.

COMMON ALIAS: ZIP\_CODE

DB2 ALIAS: BENE\_MLG\_ZIP\_CD

NCH

SOURCE:

STANDARD ALIAS: MEDPAR\_BENE\_MLG\_CNTCT\_ZIP\_CD

The zip code of the mailing address where the beneficiary may be contacted.

*ADMSNDAY*

***MEDPAR Admission Day Code***

3 = Tuesday

The code indicating the day of the week on which the beneficiary was admitted to a facility.

1 DIGIT UNSIGNED

COMMON ALIAS: DAY\_OF\_ADMISSION

DB2 ALIAS: ADMSN\_DAY\_CD

SAS ALIAS: ADMSNDAY

STANDARD ALIAS: MEDPAR\_ADMSN\_DAY\_CD

DERIVATION:

5 = Thursday

1 = Sunday

This field is derived from the admission date that

SOURCE:

6 = Friday

NCH

4 = Wednesday

2 = Monday

CODES:

the stay.

is present on the first claim record included in

7 = Saturday

*Variable Name*

*Label*

*DSCHRGCD*

*MEDPAR Beneficiary Discharge Status Code*

C = Still a patient (claim status code = 30)  
SOURCE:  
present on the last claim record included in the stay.  
B = Discharged dead (claim status code = 20)  
A = Discharged alive (claim status code other than 20 or  
COMMON ALIAS: DISCHARGE\_STATUS  
This field is derived from the claim status code that is  
The code used to identify the status of the patient as of the  
CLM\_THRU\_DT.  
DB2 ALIAS: MEDPAR\_DSCHRG\_CD  
SAS ALIAS: DSCHRGCD  
DERIVATION:  
30)  
NCH  
STANDARD ALIAS: MEDPAR\_BENE\_DSCHRG\_STUS\_CD  
CODES:

*GHOPDCD*

*MEDPAR GHO Paid Code*

stay.  
NCH  
SOURCE:  
Blank Or 0 = GHO has not paid the provider  
1 = GHO has paid the provider  
CODES:  
STANDARD ALIAS: MEDPAR\_GHO\_PD\_CD  
SAS ALIAS: GHOPDCD  
COMMON ALIAS: HMO\_PAID\_INDICATOR  
present on the first claim record included in the  
NOTE: This field comes from the GHO-paid indicator that is  
The code indicating whether or not a GHO has paid the  
provider for the claim(s).  
DB2 ALIAS: MEDPAR\_GHO\_PD\_CD

*PPS\_IND*

*MEDPAR PPS Indicator Code*

2 = PPS  
SOURCE:  
0 = Non PPS  
CODES:  
2 (PPS). Otherwise set it to 0 (Non PPS.)  
provider number is numeric set MEDPAR\_PPS\_IND\_CD to  
included in the stay and the third position of the  
If the condition code not equal 65 on all of the claims  
DERIVATION:  
STANDARD ALIAS: MEDPAR\_PPS\_IND\_CD  
SAS ALIAS: PPS\_IND  
DB2 ALIAS: MEDPAR\_PPS\_IND\_CD  
COMMON ALIAS: PPS\_INDICATOR  
The code indicating whether or not the facility is being  
paid under the prospective payment system (PPS).  
NCH

***Variable Name***

***Label***

*PRVSTATE*

*MEDPAR Provider State Code*

SYSTEM ALIAS: LTSTATE  
NCH  
SAS ALIAS: PRVSTATE  
DB2 ALIAS: MEDPAR\_PRVDR\_STATE  
COMMON ALIAS: PROVIDER\_STATE  
2 DIGITS UNSIGNED  
services to the beneficiary during the stay.  
The first two positions of the provider number, identifying the state of the institutional provider that furnished  
STANDARD ALIAS: MEDPAR\_PRVDR\_STATE\_CD  
DERIVATION:  
SOURCE:  
number that is present on the first claim record included in the stay.  
CODES:  
REFER TO: GEO\_SSA\_STATE\_TB  
IN THE CODES APPENDIX  
This field comes from positions 1 & 2 of the provider

*PRVNUM3*

*MEDPAR Provider Number Third Position Code*

COMMON ALIAS: PROVIDER\_CATEGORY  
The third position of the provider number, identifying the category of institutional provider that furnished services to the beneficiary during the stay.  
SAS ALIAS: PRVNUM3  
STANDARD ALIAS: MEDPAR\_PRVDR\_NUM\_3RD\_CD  
DERIVATION:  
This field is position 3 of the provider number moved to the MEDPAR provider number special unit code and replaced with '0'.  
modified as follows:  
Where position 3 is an alpha character it is from the first claim record included in the stay  
NCH  
DB2 ALIAS: PRVDR\_NUM\_3RD\_CD  
SOURCE:

*PRVDRSRL*

*MEDPAR Provider Number Serial Code*

DB2 ALIAS: MEDPAR\_SRL\_CD  
DERIVATION:  
This field comes from positions 4 - 6 of the provider number on the first claim record included in the stay.  
SOURCE:  
NCH  
STANDARD ALIAS: MEDPAR\_PRVDR\_NUM\_SRL\_CD  
The last three positions of the provider number, identifying the specific serial numbers of the institutional provider that furnished services to the beneficiary during the stay.  
SAS ALIAS: PRVDRSRL  
COMMON ALIAS: PROVIDER\_SEQUENCE\_NUMBER

***Variable Name***

***Label***

*SPCLUNIT*

*MEDPAR Provider Number Special Unit Code*

**CODES:**

The code identifying the special numbering system for units of hospitals that are excluded from PPS or hospitals with SNF swing-bed designation.

NCH

**SOURCE:**

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

**COMMON ALIAS:** SPECIAL\_UNIT

10/97 changed to critical access hospitals

Blanks = Not PPS-exempt or swing-bed designation

Z = Swing-bed rural primary care hospital; eff.

S = PPS-exempt psychiatric unit

Y = Swing-bed rehabilitation hospital

W = Swing-bed long-term hospital

U = Swing-bed short-term/acute care hospital

T = PPS-exempt rehabilitation unit

otherwise it is blank.

**DB2 ALIAS:** MEDPAR\_SPCL\_CD

**SAS ALIAS:** SPCLUNIT

**DERIVATION:**

**STANDARD ALIAS:**

MEDPAR\_PRVDR\_NUM\_SPCL\_UNIT\_CD

*SSLSSNF*

*MEDPAR Short Stay/Long Stay/SNF Indicator Code*

**SAS ALIAS:** SSLSSNF

L = Long-Stay (All Others)

N = SNF Stay (Prvdr3 = 5, 6, U, W, Y, or Z)

**CODES:**

record included in the stay.

provider number that is present on the first claim

This field is derived from the third position of the

**STANDARD ALIAS:** MEDPAR\_SS\_LS\_SNF\_IND\_CD

**SOURCE:**

**DB2 ALIAS:** SS\_LS\_SNF\_IND\_CD

**COMMON ALIAS:** STAY\_INDICATOR

The code indicating whether the stay is a short stay, long stay, or SNF.

**DERIVATION:**

S = Short-Stay (Prvdr3 = 0, S, T)

NCH

***Variable Name***

***Label***

*FACLMCNT*

*MEDPAR Stay Final Action Claims Count*

The count of the number of claim records (final action) included in the stay.

STANDARD ALIAS:

MEDPAR\_STAY\_FINL\_ACTN\_CLM\_CNT

COMMON ALIAS: NUMBER\_OF\_BILLS

3 DIGITS SIGNED

DERIVATION:

SOURCE:

action claims used to create the stay.

SAS ALIAS: FACLMCNT

DB2 ALIAS: FINL\_ACTN\_CLM\_CNT

This field is derived by counting the number of final NCH

*ACRTNDT*

*MEDPAR Latest Claim Accretion Date*

The date the latest claim record included in the stay was accreted (posted/processed) to the beneficiary master record at the CWF host).

SOURCE:

NCH

YYYYDDD

is present on the claim records included in the stay.

DERIVATION:

SAS ALIAS: ACRTNDT

7 DIGITS UNSIGNED

COMMON ALIAS: ACCRETION\_DATE

EDIT-RULES:

DB2 ALIAS: LTST\_ACRTN\_DT

STANDARD ALIAS: MEDPAR\_LTST\_CLM\_ACRTN\_DT

This field comes from the highest accretion date that

*EXHST\_DT*

*MEDPAR Beneficiary Medicare Benefit Exhausted Date*

DERIVATION:

covered by stay.

The last date for which the beneficiary had Medicare coverage. This field is completed only where benefits were exhausted before the discharge date and during the period the stay.

7 DIGITS UNSIGNED

EDIT-RULES:

SOURCE:

date that is present on the claim records included in

This field comes from the highest benefits exhausted

YYYYDDD

STANDARD ALIAS:

MEDPAR\_BENE\_MDCR\_BNFT\_EXHST\_DT

SAS ALIAS: EXHST\_DT

DB2 ALIAS: MDCR\_BNFT\_EXHST\_DT

COMMON ALIAS: EXHAUSTED\_BENEFITS\_DATE

NCH

*Variable Name*

*Label*

*QLFYFROM*

*MEDPAR SNF Qualification From Date*

NCH  
This field comes from occurrence span code = 70 and  
SAS ALIAS: QLFYFROM  
EDIT-RULES:  
YYYYDDD  
DERIVATION:  
related occurrence span from date, if present on any  
of the claim records included in the stay. If more  
than one record has an occurrence span code = 70, with  
different span dates, the date from the last claim  
SOURCE:  
DB2 ALIAS: QLFY\_STAY\_FROM\_DT  
record included in the stay is used.  
of admission is an 'a', or at least three days in a row if  
STANDARD ALIAS: MEDPAR\_SNF\_QUALN\_FROM\_DT  
7 DIGITS UNSIGNED  
The beginning date of the beneficiary's qualifying stay. For  
Inpatient claims, the date relates to the PPS portion of the  
inlier for which there is no utilization to benefits.  
a hospital that is at least two days in a row if the source  
of the source of admission is other than an 'a'.  
For SNF claims, the date relates to the qualifying stay from

*QLFYTHRU*

*MEDPAR SNF Qualification Through Date*

dates, the date from the last claim record included in  
the stay is used.  
DB2 ALIAS: QUALN\_STAY\_THRU\_DT  
has an occurrence span code = 70, with different span  
YYYYDDD  
the claims included in the stay. If more than one record  
SOURCE:  
related occurrence span thru date, if present on any of  
NCH  
source of admission is other than an 'A'.  
hospital that is at least two days in a row if the source of  
SNF claims, the date relates to the qualifying stay from a  
7 DIGITS UNSIGNED  
DERIVATION:  
SAS ALIAS: QLFYTHRU  
STANDARD ALIAS: MEDPAR\_SNF\_QUALN\_THRU\_DT  
This field comes from the occurrence span code = 70 and  
EDIT-RULES:  
admission is an 'A', or at least three days in a row if the  
The ending date of the beneficiary's qualifying stay. For  
Inpatient claims, the date relates to the PPS portion of  
the inlier for which there is no utilization to benefits. For

***Variable Name***

***Label***

***ADMSNDT***

***MEDPAR Admission Date***

NOTE: This field comes from the admission date that is  
NCH  
COMMON ALIAS: ADMISSION\_DATE  
The date the beneficiary was admitted for Inpatient care or  
the date that care started.  
SOURCE:  
present on the first claim record included in the  
stay.  
7 DIGITS UNSIGNED  
DB2 ALIAS: MEDPAR\_ADMSN\_DT  
YYYYDDD  
SAS ALIAS: ADMSNDT  
STANDARD ALIAS: MEDPAR\_ADMSN\_DT  
EDIT-RULES:

***DSCHRGDT***

***MEDPAR Discharge Date***

DB2 ALIAS: MEDPAR\_DSCHRG\_DT  
COMMON ALIAS: DISCHARGE\_DATE  
7 DIGITS UNSIGNED  
claims could have a zero date.  
Inpatient claims will always have a discharge date; SNF  
patient) on the last claim record included in the stay.  
where the claim status code is other than '30' (still  
SAS ALIAS: DSCHRGDT  
NOTE: This field comes from the highest claim thru date  
NCH  
The date on which the beneficiary was discharged or died.  
STANDARD ALIAS: MEDPAR\_DSCHRG\_DT  
EDIT-RULES:  
YYYYDDD  
SOURCE:  
that is present on the claim records included in the stay,

***CVRLVLDT***

***MEDPAR Covered Level Care Thru Date***

occurrence code = 22 if present on any of the claims  
This field comes from the date associated with  
date is used. This field is only applicable to SNF claims.  
The date on which a covered level of care ended in a SNF.  
7 DIGITS UNSIGNED  
SOURCE:  
DB2 ALIAS: CVR\_LVL\_THRU\_DT  
COMMON ALIAS: DATE\_CARE\_ENDED  
DERIVATION:  
YYYYDDD  
EDIT-RULES:  
STANDARD ALIAS: MEDPAR\_CVR\_LVL\_CARE\_THRU\_DT  
SAS ALIAS: CVRLVLDT  
NCH  
included in the stay. If multiple dates, the highest

***Variable Name***

***Label***

***DEATHDT***

***MEDPAR Beneficiary Death Date***

present on the enrollment database, which is accessed  
SAS ALIAS: DEATHDT  
The date the beneficiary died. 7 DIGITS UNSIGNED  
DB2 ALIAS: BENE\_DEATH\_DT  
STANDARD ALIAS: MEDPAR\_BENE\_DEATH\_DT  
EDIT-RULES:  
YYYYDDD  
LIMITATIONS:  
This field comes from the beneficiary death date, if  
REFER TO: MEDPAR\_DOD\_LIM  
prior to creation of the quarterly MEDPAR file.  
SOURCE:  
DERIVATION:  
EDB  
IN THE LIMITATIONS APPENDIX

***DEATHCD***

***MEDPAR Beneficiary Death Date Verified Code***

from claim)  
The code indicating whether the beneficiary's date of  
death has been verified (SOURCE: SSA's MBR) or  
originated from a claim record.  
COMMON ALIAS: DEATH\_INDICATOR  
DB2 ALIAS: DEATH\_DT\_VRFY\_CD  
SAS ALIAS: DEATHCD  
STANDARD ALIAS:  
MEDPAR\_BENE\_DEATH\_DT\_VRFY\_CD  
DERIVATION:  
This field is derived from the enrollment database's  
beneficiary source death date code, or from the presence  
of a claim status code = '20' (expired) on the last  
claim record included in the stay.  
CODES:  
V = Date of death verified (EDB received DOD from SSA's  
B = Date of death taken from claim (EDB received DOD  
N = Date of death not verified (neither V or B  
applicable, but claim status code indicated death)  
EDB,NCH  
SOURCE:  
Space = No date of death indicated  
MBR)

***SSICD***

***MEDPAR Internal Use SSI Indicator Code***

DB2 ALIAS: INTRNL\_USE\_SSI\_CD  
SAS ALIAS: SSICD  
STANDARD ALIAS: MEDPAR\_INTRNL\_USE\_SSI\_IND\_CD  
COMMENT:  
Limited availability; for internal use only; applicable to  
inpatient claims only. Where not available, this field is  
blank.

<i>Variable Name</i>	<i>Label</i>
<i>SSIDAY</i>	<p><i>MEDPAR Internal Use SSI Day Count</i></p> <p>Limited availability; for internal use; applicable to Inpati claims only. Where not available, this field will contain COMMENT: STANDARD ALIAS: MEDPAR_INTRNL_USE_SSI_DAY_CNT</p> <p>SAS ALIAS: SSIDAY 3 DIGITS SIGNED DB2 ALIAS: SSI_DAY_CNT zeroes.</p>
<i>LOSCNT</i>	<p><i>MEDPAR Length of Stay Day Count</i></p> <p>DB2 ALIAS: MEDPAR_LOS_DAY_CNT SAS ALIAS: LOSCNT The count in days of the total length of a beneficiary's stay in a hospital or SNF. 5 DIGITS SIGNED STANDARD ALIAS: MEDPAR_LOS_DAY_CNT COMMON ALIAS: LENGTH_OF_STAY DERIVATION: This field is derived by subtracting the date of discharge (or thru date in SNF cases where beneficiary is still a patient) from the date of admission. If difference is '0,' the value becomes a '1.' SOURCE: NCH</p>
<i>OUTLRDAY</i>	<p><i>MEDPAR Outlier Day Count</i></p> <p>day count against the DRG threshold table (DRG weights The count of the number of days paid as outliers (either a day or cost outlier) under PPS beyond the DRG threshold. 3 DIGITS SIGNED COMMON ALIAS: OUTLIER_DAYS DB2 ALIAS: OUTLIER_DAY_CNT SAS ALIAS: OUTLRDAY STANDARD ALIAS: MEDPAR_OUTLIER_DAY_CNT SOURCE: This field is derived by checking the MEDPAR utilization file). MEDPAR DERIVATION:</p>
<i>UTIL_DAY</i>	<p><i>MEDPAR Utilization Day Count</i></p> <p>3 DIGITS SIGNED NCH SOURCE: reported on the claims that comprise the stay). included in the stay (i.e., the sum of utilization days count that is present on any of the claim records This field is derived by accumulating the utilization day DERIVATION: STANDARD ALIAS: MEDPAR_UTLZTN_DAY_CNT DB2 ALIAS: UTLZTN_DAY_CNT COMMON ALIAS: COVERED_DAYS SAS ALIAS: UTIL_DAY The count of the number of covered days of care that are chargeable to Medicare utilization for the stay.</p>

***Variable Name***

***Label***

***COIN\_DAY***

***MEDPAR Beneficiary Total Coinsurance Day Count***

is liable for a daily coinsurance amount after the 20th day  
COMMON ALIAS: COINSURANCE\_DAYS  
3 DIGITS SIGNED  
and before the 101st day in a single spell of illness.  
NCH  
amount after the 60th day and before the 91st day in a  
single spell of illness; for SNF services, the beneficiary  
DB2 ALIAS: COINSRNC\_DAY\_CNT  
SAS ALIAS: COIN\_DAY  
STANDARD ALIAS:  
DERIVATION:  
This field is derived by accumulating the coinsurance day  
count that is present on any of the claim records  
included in the stay (i.e., the sum of coinsurance days  
SOURCE:  
The count of the total number of coinsurance days involved  
with the beneficiary's stay in a facility. For Inpatient  
services, the beneficiary is liable for a daily coinsurance  
reported on the claims that comprise the stay).

***LRD\_USE***

***MEDPAR Beneficiary LRD Used Count***

SAS ALIAS: LRD\_USE  
SOURCE:  
reported on the claims that comprise the stay).  
claim records included in the stay (i.e., the sum of LRD  
reserve days used count that is present on any of the  
This field is derived by accumulating the lifetime  
STANDARD ALIAS: MEDPAR\_BENE\_LRD\_USE\_CNT  
NCH  
DB2 ALIAS: BENE\_LRD\_USE\_CNT  
COMMON ALIAS: LIFETIME\_RESERVE\_DAYS  
3 DIGITS SIGNED  
The count of the number of lifetime reserve days (LRD)  
used by the beneficiary for this stay.  
DERIVATION:

***COIN\_AMT***

***MEDPAR Beneficiary Part A Coinsurance Liability Amount***

+\$\$\$\$\$\$  
The amount of money (rounded to whole dollars) identified  
as the beneficiary's liability for part A coinsurance for the  
stay.  
7 DIGITS SIGNED  
COMMON ALIAS: COINSURANCE\_AMOUNT  
DB2 ALIAS: PTA\_COINSRNC\_AMT  
SAS ALIAS: COIN\_AMT  
STANDARD ALIAS:  
MEDPAR\_BENE\_PTA\_COINSRNC\_AMT  
EDIT-RULES:  
sum of coinsurance amounts reported on the claims that  
comprise the stay).  
any of the claim records included in the stay (i.e., the  
part a coinsurance liability amount that is present on  
This field is derived by accumulating the beneficiary's  
NCH  
DERIVATION:  
SOURCE:

***Variable Name***

***Label***

***DED\_AMT***

***MEDPAR Beneficiary Inpatient Deductible Liability Amount***

+\$\$\$\$\$\$  
Rounded; On-size (overflow) Situation = All nines  
SOURCE:  
comprise the stay).  
Inpatient deductibles reported on the claims that  
claim records included in the stay (i.e., the sum of the  
Inpatient deductible amount that is present on any of the  
This field is derived by accumulating the beneficiary  
NCH  
7 DIGITS SIGNED  
DERIVATION:  
The amount of money (rounded to whole dollars) identified  
asthe beneficiary's liability for the Inpatient deductible  
forthe stay.  
COMMON ALIAS: INPATIENT\_DEDUCTIBLE  
DB2 ALIAS: BENE\_IP\_DDCTBL\_AMT  
SAS ALIAS: DED\_AMT  
STANDARD ALIAS: MEDPAR\_BENE\_IP\_DDCTBL\_AMT  
EDIT-RULES:

***BLDDEDAM***

***MEDPAR Beneficiary Blood Deductible Liability Amount***

DB2 ALIAS: BLOOD\_DDCTBL\_AMT  
DERIVATION:  
that comprise the stay).  
SOURCE:  
of the claim records included in the stay (i.e., the sum  
NCH  
blood deductible liability amount that is present on any  
This field is derived by accumulating the beneficiary  
of the blood deductibles reported on the claims  
7 DIGITS SIGNED  
+\$\$\$\$\$\$  
EDIT-RULES:  
STANDARD ALIAS:  
MEDPAR\_BENE\_BLOOD\_DDCTBL\_AMT  
SAS ALIAS: BLDDEDAM  
The amount of money (rounded to whole dollars) identified  
asthe beneficiary's liability for the blood deductible for  
thestay.  
COMMON ALIAS: BLOOD\_DEDUCTIBLE  
Rounded; On-size (overflow) Situation = All nines

***Variable Name***

***Label***

***PRPAYAMT***

***MEDPAR Beneficiary Primary Payer Amount***

**DERIVATION:**

This field is derived by accumulating the beneficiary primary payer payment amount that is present on any of the claim records included in the stay (i.e., the sum of Rounded; On-size (overflow) situation = All nines comprise the stay).

**SOURCE:**

the primary payer amounts reported on the claims that +\$\$\$\$\$\$

**EDIT-RULES:**

DB2 ALIAS: BENE\_PRMRY\_PYR\_AMT

SAS ALIAS: PRPAYAMT

COMMON ALIAS: PRIMARY\_PAYER\_AMOUNT

charges for the stay.

The amount of payment (rounded to whole dollars) made on behalf of the beneficiary by a primary payer other than Medicare, which has been applied to the covered Medicare NCH

STANDARD ALIAS: MEDPAR\_BENE\_PRMRY\_PYR\_AMT  
7 DIGITS SIGNED

***OUTLRAMT***

***MEDPAR DRG Outlier Approved Payment Amount***

THIS AMOUNT IS ALREADY INCLUDED IN THE MEDPAR

The amount of additional payment (rounded to whole dollars) approved due to an outlier situation over the DRG allowance for the stay.

7 DIGITS SIGNED

COMMON ALIAS: OUTLIER\_AMOUNT

DB2 ALIAS: OUTLIER\_PMT\_AMT

SAS ALIAS: OUTLRAMT

STANDARD ALIAS: MEDPAR\_DRG\_OUTLIER\_PMT\_AMT

**EDIT-RULES:**

+\$\$\$\$\$\$

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

**DERIVATION:**

present on any of the claim records included in the stay

**COMMENT:**

(i.e., the sum of outlier amounts reported on the claims MEDICARE PAYMENT AMOUNT.

approved payment amount (value code = 17 amount) that is

This field is derived by accumulating the DRG outlier

NCH

**SOURCE:**

that comprise the stay).

***Variable Name***

***Label***

*DISP\_SHR*

*MEDPAR Inpatient Disproportionate Share Amount*

STANDARD ALIAS:  
EDIT-RULES:  
NCH  
7 DIGITS SIGNED  
The amount paid over the DRG amount (rounded to whole dollars) for the disproportionate share hospital for the stay.  
COMMON ALIAS: DISPROPORTIONATE\_SHARE  
DB2 ALIAS: DSPRPRTNT\_SHR\_AMT  
value code 18 amounts reported on the claims that  
SAS ALIAS: DISP\_SHR  
MEDICARE PAYMENT AMOUNT.  
THIS AMOUNT IS ALREADY INCLUDED IN THE MEDPAR  
comprise the stay).  
SOURCE:  
the claim records included in the stay (i.e., the sum of  
associated with value code = 18 that is present on any of  
This field is derived by accumulating the value amount  
DERIVATION:  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL  
NINES  
+\$\$\$\$\$\$  
COMMENT:

*IME\_AMT*

*MEDPAR Indirect Medical Education (IME) Amount*

SOURCE:  
+\$\$\$\$\$\$  
NCH  
7 DIGITS SIGNED  
DB2 ALIAS: MEDPAR\_IME\_AMT  
SAS ALIAS: IME\_AMT  
STANDARD ALIAS: MEDPAR\_IME\_AMT  
EDIT-RULES:  
amount.  
This amount is already included in the MEDPAR Medicare  
payme  
COMMENT:  
claims that comprise the stay).  
the claim records included in the stay (i.e., the sum of  
DERIVATION:  
associated with value code = 19 that is present on any of  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL  
NINES  
The amount of additional payment (rounded to whole  
dollars) made to teaching hospitals for IME for the stay.  
This field is derived by accumulating the value amount  
IME amounts - value code 19 amounts - reported on the

*Variable Name*

*Label*

*DRGPRICE*

*MEDPAR DRG Price Amount*

This field is derived by accumulating the following  
COMMON ALIAS: DRG\_PRICE  
7 DIGITS SIGNED  
(rounded to whole dollars).  
coinsurance, primary payers, or outliers were involved  
The amount (called the 'DRG price' for purposes of  
MEDPAR analysis) that would have been paid if no  
SAS ALIAS: DRGPRICE  
EDIT-RULES:  
DB2 ALIAS: DRG\_PRICE\_AMT  
DERIVATION:  
STANDARD ALIAS: MEDPAR\_DRG\_PRICE\_AMT  
amounts: MEDPAR Medicare payment amount, MEDPAR  
beneficiary primary payer payment amount, MEDPAR  
beneficiary coinsurance liability amount, MEDPAR  
beneficiary Inpatient deductible liability amount,  
MEDPAR beneficiary blood deductible amount; and then  
NCH  
SOURCE:  
approved payment amount.  
subtracting from the sum the MEDPAR DRG outlier  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL  
NINES  
+\$\$\$\$\$\$

*PASSTHRU*

*MEDPAR Total Pass Through Amount*

pass thru per diem amount that is present on the last  
7 DIGITS SIGNED  
COMMON ALIAS: BILL\_TOTAL\_PER\_DIEM  
DB2 ALIAS: PASS\_THRU\_AMT  
SAS ALIAS: PASSTHRU  
STANDARD ALIAS: MEDPAR\_PASS\_THRU\_AMT  
+\$\$\$\$\$\$  
The total of all claim pass through amounts (rounded to  
whole dollars) for the stay.  
This field is derived by multiplying the  
EDIT-RULES:  
claim record included in the stay times the MEDPAR  
utilization day count (the sum of the utilization  
(covered) days reported on the claims that comprise the  
stay).  
COMMENT:  
Items reimbursed as pass through include capital-related cos  
DERIVATION:  
The MEDPAR pass thru amount is not included in the  
MEDPAR  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL  
NINES  
NCH  
Medicare payment amount.  
reimbursement manual, part 1, section 2405.2).  
hospitals approved as rtc's, and bad debts (per provider  
direct medical education costs, kidney acquisition costs for  
SOURCE:

*Variable Name*

*Label*

*PPS\_CPTL*

*MEDPAR Total PPS Capital Amount*

STANDARD ALIAS: MEDPAR\_TOT\_PPS\_CPTL\_AMT  
capital amount that is present on any of the claim records included in the stay (i.e., the sum of total PPS NCH  
This field is derived by accumulating the total PPS  
SOURCE:  
SAS ALIAS: PPS\_CPTL  
amount.  
DB2 ALIAS: TOT\_PPS\_CPTL\_AMT  
COMMENT:  
COMMON ALIAS: PPS\_CAPITAL  
EDIT-RULES:  
capital amounts reported on the claims that comprise the +\$\$\$\$\$\$  
stay).  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES  
DERIVATION:  
The total amount (rounded to whole dollars) that is payable for capital PPS (e.g., reimbursement for depreciation, rent, certain interest, real estate taxes for hospital buildings/equipment subject to PPS).  
7 DIGITS SIGNED  
This field is already included in the MEDPAR Medicare paymen

*TOTCHRG*

*MEDPAR Total Charge Amount*

the sum of total charges reported on the claims that  
COMMON ALIAS: TOTAL\_CHARGES  
The total amount (rounded to whole dollars) of all charges (covered and noncovered) for all services provided to the SOURCE:  
comprise the stay).  
amount from all claim records included in the stay (i.e.,  
This field is derived by accumulating the total charge  
DERIVATION:  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES  
+\$\$\$\$\$\$  
EDIT-RULES:  
STANDARD ALIAS: MEDPAR\_TOT\_CHRG\_AMT  
SAS ALIAS: TOTCHRG  
7 DIGITS SIGNED  
DB2 ALIAS: TOT\_CHRG\_AMT  
NCH  
beneficiary for the stay.

*Variable Name*

*Label*

*CVRCHRG*

*MEDPAR Total Covered Charge Amount*

stay with the results summed to create the total.  
SAS ALIAS: CVRCHRG  
The portion of the total charges amount (rounded to whole dollars) that is covered by Medicare for the stay.  
SOURCE:  
NCH  
an erroneous condition relative to revenue center code the stay; sum the results). Exception: if there exists 7 DIGITS SIGNED  
DB2 ALIAS: TOT\_CVR\_CHRG\_AMT  
STANDARD ALIAS: MEDPAR\_TOT\_CVR\_CHRG\_AMT  
code = 0001 that is reported on the claims that comprise EDIT-RULES:  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES  
DERIVATION:  
This field is derived by calculating the covered charges 0001, the calculation will be made for each revenue from all claim records included in the stay (i.e., subtract the revenue center noncovered charge amount the revenue center total charge amount for revenue center +\$\$\$\$\$\$  
COMMON ALIAS: COVERED\_CHARGES  
center code included on the claims that comprise the

*Variable Name*

*Label*

*PMT\_AMT*

*MEDPAR Medicare Payment Amount*

SNF PPS claim, the SNF pricer will calculate/return the 5/1/86), in- direct medical education (since 10/1/88), total 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 '0022'; multiply the rate times the units count; and then for each revenue center line item with revenue center code PPS claim, the payment amount includes the DRG outlier institutional provider, with the exceptions noted below. patient classification system known as rugs III. For the classification system and the pricer program. On the ip a predetermined rate per discharge, using the DRG patient Under ip PPS, Inpatient hospital services are paid based on daily per diem rate no matter what the charges are.) prevalent situation involves psych hospitals who are paid a coinsurance amount exceeds the amount Medicare pays (most is charged a coinsurance amount during a long stay and exceeded the amount Medicare pays; or (2) when a beneficiary full deductible during a short stay and the deductible \*\*Note: in some situations, a negative claim payment 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; and represents what was paid to the PPS capital (since 10/1/91). It does not include the pass sum the amount payable for all lines with revenue center May be present; e.g., (1) when a beneficiary is charged the ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES the actual payment to the bba plan. 7 DIGITS SIGNED COMMON ALIAS: REIMBURSEMENT\_AMOUNT DB2 ALIAS: MDCR\_PMT\_AMT SAS ALIAS: PMT\_AMT STANDARD ALIAS: MEDPAR\_MDCR\_PMT\_AMT amount Medicare would have paid under ffs, instead of +\$\$\$\$\$\$ DERIVATION: approved payment amount, disproportionate share (since code '0022' to determine the total claim payment amount. This field is derived by accumulating the payment amount the stay (i.e, the sum of payment (reimbursement) reported on the claims that comprise the stay). SOURCE: NCH EDIT-RULES: represent the actual provider payment. that is present on all of the claim records included in For bba encounter data (non-demo) -- 'claims' contain data, the amount reported in this field May not just 'differentials' paid outside the normal payment system For demo ids '01','02','03','04' -- claims contain are not included.

*Variable Name*

*Label*

For demo ids '05','15' -- encounter data 'claims' payment would have been, check value code = 'y4'. instead of the actual pay- ment to the MCO. amount paid to the provider, except that special 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 contain amount Medicare would have paid under ffs, Exceptions: For claims involving demos and bba

*ACMDTNS*

*MEDPAR All Accommodations Total Charge Amount*

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES  
This field is the sum of MEDPAR private room charge amount, MEDPAR semiprivate room charge amount, MEDPAR ward charge amount, MEDPAR intensive care charge amount, and MEDPAR coronary care charge amount (i.e., the accumulation of the revenue center total charge amount associated with revenue center codes 0100 - 0219 from all claim records included in the stay).  
NCH  
EDIT-RULES:  
+\$\$\$\$\$\$  
SOURCE:  
SAS ALIAS: ACMDTNS  
related to a beneficiary's stay.  
DB2 ALIAS: ACMDTNS\_CHRG\_AMT  
The total charge amount (rounded to whole dollars) for all accommodations (routine hospital room and board charges for general care, coronary care and/or intensive care units)  
COMMON ALIAS: TOTAL\_ACCOMMODATIONS\_CHARGES  
7 DIGITS SIGNED  
DERIVATION:  
STANDARD ALIAS:  
MEDPAR\_ACMDTNS\_TOT\_CHRG\_AMT

***Variable Name***

***Label***

***DPRTMNTL***

***MEDPAR Departmental Total Charge Amount***

than accommodations 0100 - 0219).  
The total charge amount (rounded to whole dollars) for all ancillary departments (other than routine room and board, CCU, and ICU) related to a beneficiary's stay.  
7 DIGITS SIGNED  
COMMON ALIAS: TOTAL\_DEPARTMENTAL\_CHARGES  
DB2 ALIAS: DPRTMNTL\_CHRG\_AMT  
SAS ALIAS: DPRTMNTL  
(i.e. the sum of charges for all revenue centers other +\$\$\$\$\$\$)  
NCH  
STANDARD ALIAS:  
MEDPAR\_DPRTMNTL\_TOT\_CHRG\_AMT  
EDIT-RULES:  
total charge amount associated with revenue center codes  
This field is derived by accumulating the revenue center  
DERIVATION:  
SOURCE:  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES  
0220 - 0999 from all claim records included in the stay

***PRVTDAY***

***MEDPAR Private Room Day Count***

codes 011x and 014x from all claim records included in  
The count of the number of private room days used by the beneficiary for the stay.  
unit count associated with accommodation revenue center  
DERIVATION:  
STANDARD ALIAS: MEDPAR\_PRVT\_ROOM\_DAY\_CNT  
SAS ALIAS: PRVTDAY  
DB2 ALIAS: PRVT\_ROOM\_DAY\_CNT  
COMMON ALIAS: PRIVATE\_ROOM\_DAYS  
3 DIGITS SIGNED  
This field is derived by accumulating the revenue center  
Exception for SNF rugs demo eff 3/96 SNF update:  
field is derived from revenue center codes  
in the 9033-9044 series.  
SOURCE:  
NCH  
the stay.

***Variable Name***

***Label***

*SPRVTDAY*

***MEDPAR Semiprivate Room Day Count***

DB2 ALIAS: SEMIPRVT\_DAY\_CNT  
NCH  
SOURCE:  
in the 9019-9032 series.  
field is derived from revenue center codes  
Exception for SNF rugs demo eff 3/96 SNF update:  
records included in the stay.  
unit count associated with accommodation revenue center  
codes 010X, 012X, 013X, 016X - 019X from all claim  
COMMON ALIAS: SEMI\_PRIVATE\_ROOM\_DAYS  
The count of the number of semi-private room days used by  
the beneficiary for the stay.  
SAS ALIAS: SPRVTDAY  
STANDARD ALIAS:  
MEDPAR\_SEMIPRVT\_ROOM\_DAY\_CNT  
DERIVATION:  
This field is derived by accumulating the revenue center  
3 DIGITS SIGNED

*WARDDAY*

***MEDPAR Ward Day Count***

This field is derived by accumulating the revenue center  
DB2 ALIAS: WARD\_DAY\_CNT  
COMMON ALIAS: WARD\_DAYS  
3 DIGITS SIGNED  
NCH  
The count of the number of ward days used by the  
beneficiaryfor the stay.  
SAS ALIAS: WARDDAY  
DERIVATION:  
SOURCE:  
in the 9000-9018 series.  
field is derived from revenue center codes  
Exception for SNF rugs demo eff 3/96 SNF update:  
code 015x from all claim records included in the stay.  
unit count associated with accommodation revenue center  
STANDARD ALIAS: MEDPAR\_WARD\_DAY\_CNT

*Variable Name*

*Label*

*ICARECNT*

*MEDPAR Intensive Care Day Count*

3 DIGITS SIGNED  
center code category 0206 due to coders misunderstanding  
COMMON ALIAS: INTENSIVE\_CARE\_DAYS  
The count of the number of intensive care days used by the beneficiary for the stay.  
DB2 ALIAS: INTNSV\_CARE\_CNT  
NCH  
unit count associated with accommodation revenue center  
This field is derived by accumulating the revenue center  
DERIVATION:  
STANDARD ALIAS: MEDPAR\_INTNSV\_CARE\_DAY\_CNT  
SAS ALIAS: ICARECNT  
codes 020X (all 9 subcategories) from all claims  
revenue center code 0206 description, effective  
SOURCE:  
the term 'post ICU' as including any day after an ICU  
LIMITATIONS:  
There is approximately a 20% error rate in the revenue as 'intermediate ICU'.  
10/1/96 (12/96 MEDPAR update). 0206 Is now defined version of an ICU. 'Post' was removed from the stay rather than just days in a step-down/lower case included in the stay.

*CRNRYDAY*

*MEDPAR Coronary Care Day Count*

revenue center code 0214 description, effective  
LIMITATIONS:  
COMMON ALIAS: CORONARY\_CARE\_DAYS  
3 DIGITS SIGNED  
DB2 ALIAS: CRNRY\_CARE\_DAY\_CNT  
SAS ALIAS: CRNRYDAY  
STANDARD ALIAS: MEDPAR\_CRNRY\_CARE\_DAY\_CNT  
DERIVATION:  
This field is derived by accumulating the revenue center unit count associated with accommodation revenue center code 021x (all six subcategories) from all claim records included in the stay.  
as 'intermediate ccu'.  
NCH  
There is approximately a 20% error rate in the revenue center code category 0214 due to coders misunderstanding the term 'post ccu' as including any day after a ccu stay rather than just days in a step-down/lower case version of a ccu. 'Post' was removed from the 10/1/96 (12/96 MEDPAR update). 0214 Is now defined  
The count of the number of coronary care days used by the beneficiary for the stay.  
SOURCE:

***Variable Name***

***Label***

*PRVTAMT*

*MEDPAR Private Room Charge Amount*

7 DIGITS SIGNED  
The charge amount (rounded to whole dollars) for private room accommodations related to a beneficiary's stay.  
DB2 ALIAS: PRVT\_ROOM\_CHRG\_AMT  
COMMON ALIAS: PRIVATE\_ROOM\_CHARGES  
field is derived from revenue center codes  
SOURCE:  
SAS ALIAS: PRVTAMT  
NCH  
in the 9033-9044 series.  
Exception for SNF rugs demo eff 3/96 SNF update: stay.  
011x and 014x from all claim records included in the  
This field is derived by accumulating the revenue center  
DERIVATION:  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES  
+\$\$\$\$\$\$  
total charge amount associated with revenue center codes  
STANDARD ALIAS: MEDPAR\_PRVT\_ROOM\_CHRG\_AMT  
EDIT-RULES:

*SPRVTAMT*

*MEDPAR Semi-Private Room Charge Amount*

7 DIGITS SIGNED  
+\$\$\$\$\$\$  
EDIT-RULES:  
STANDARD ALIAS:  
MEDPAR\_SEMIPRVT\_ROOM\_CHRG\_AMT  
SAS ALIAS: SPRVTAMT  
The charge amount (rounded to whole dollars) for semi-private room accommodations related to a beneficiary's  
COMMON ALIAS: SEMI\_PRIVATE\_ROOM\_CHARGES  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES  
in the 9019-9032 series.  
DB2 ALIAS: SEMIPRVT\_CHRG\_AMT  
DERIVATION:  
This field is derived by accumulating the revenue center total charge amount associated with revenue center codes 010x, 012x, 013x, and 016x - 019x from all claim records included in the stay.  
field is derived from revenue center codes  
SOURCE:  
NCH  
Exception for SNF rugs demo eff 3/96 SNF update:

*Variable Name*

*Label*

*WARDAMT*

*MEDPAR Ward Charge Amount*

DERIVATION:  
COMMON ALIAS: WARD\_CHARGES  
The charge amount (rounded to whole dollars) for ward accommodations related to a beneficiary's stay.  
7 DIGITS SIGNED  
DB2 ALIAS: WARD\_CHRG\_AMT  
total charge amount amount associated with revenue  
This field is derived by accumulating the revenue center  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL  
NINES  
EDIT-RULES:  
code 015x from all claim records included in the stay.  
Exception for SNF rugs demo eff 3/96 SNF update:  
field is derived from revenue center codes  
in the 9000-9018 series.  
SOURCE:  
+\$\$\$\$\$\$  
NCH  
SAS ALIAS: WARDAMT  
STANDARD ALIAS: MEDPAR\_WARD\_CHRG\_AMT

*ICAREAMT*

*MEDPAR Intensive Care Charge Amount*

center code 020x from all claim records included in the  
SOURCE:  
This field is derived by accumulating the revenue center  
total charge amount associated with accommodation  
NCH  
7 DIGITS SIGNED  
stay.  
COMMON ALIAS: INTENSIVE\_CARE\_CHARGES  
DB2 ALIAS: INTNSV\_CARE\_AMT  
SAS ALIAS: ICAREAMT  
STANDARD ALIAS:  
EDIT-RULES:  
+\$\$\$\$\$\$  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL  
NINES  
DERIVATION:  
The charge amount (rounded to whole dollars) for intensive  
care accommodations related to a beneficiary's stay.

*Variable Name*

*Label*

*CRNRYAMT*

*MEDPAR Coronary Care Charge Amount*

NCH  
SOURCE:  
EDIT-RULES:  
total charge amount associated with accommodation  
This field is derived by accumulating the revenue center  
DERIVATION:  
STANDARD ALIAS: MEDPAR\_CRNRY\_CARE\_CHRG\_AMT  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL  
NINES  
+\$\$\$\$\$\$  
center code 021X from all claim records included in the  
SAS ALIAS: CRNRYAMT  
stay.  
The charge amount (rounded to whole dollars) for coronary  
care accommodations related to a beneficiary's stay.  
7 DIGITS SIGNED  
COMMON ALIAS: CORONARY\_CARE\_CHARGES  
DB2 ALIAS: CRNRY\_CHRG\_AMT

*OTHRAMT*

*MEDPAR Other Service Charge Amount*

SAS ALIAS: OTHRAMT  
DB2 ALIAS: OTHR\_SRVC\_CHRG\_AMT  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL  
NINES  
COMMON ALIAS: OTHER\_CHARGES  
STANDARD ALIAS: MEDPAR\_OTHR\_SRVC\_CHRG\_AMT  
7 DIGITS SIGNED  
+\$\$\$\$\$\$  
The charge amount (rounded to whole dollars) for other  
services (revenue centers that do not fit into other  
categories) related to a beneficiary's stay.  
DERIVATION:  
This field is derived by accumulating the revenue center  
total charge amount associated with the 'other' revenue  
center codes from all claim records included in the stay.  
the 'other' codes include 0002-0099, 022x, 023x, 024x,  
052x, 053x, 055x - 060x, 064x - 070x, 076x - 078x, 090x -  
095x, and 099x. (Some of these codes are not yet  
assigned.)  
SOURCE:  
NCH  
EDIT-RULES:

***Variable Name***

***Label***

***PHRMCAMT***

***MEDPAR Pharmacy Charge Amount***

EDIT-RULES:  
The charge amount (rounded to whole dollars) for pharmaceutical costs related to the beneficiary's stay.  
7 DIGITS SIGNED  
COMMON ALIAS: PHARMACY\_CHARGES  
DB2 ALIAS: PHRMCY\_CHRG\_AMT  
STANDARD ALIAS: MEDPAR\_PHRMCY\_CHRG\_AMT  
+\$\$\$\$\$\$  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES  
DERIVATION:  
This field is derived by accumulating the revenue center total charge amount associated with revenue center codes 025x, 026x, and 063x from all claims records included in the stay.  
SOURCE:  
NCH  
SAS ALIAS: PHRMCAMT

***SUPLYAMT***

***MEDPAR Medical/Surgical Supplies Charge Amount***

stay.  
DERIVATION:  
NCH  
SOURCE:  
027x and 062x from all claim records included in the total charge amount associated with revenue center codes  
This field is derived by accumulating the revenue center  
EDIT-RULES:  
DB2 ALIAS: MDCL\_SUPLY\_AMT  
SAS ALIAS: SUPLYAMT  
STANDARD ALIAS: MEDPAR\_MDCL\_SUPLY\_CHRG\_AMT  
+\$\$\$\$\$\$  
COMMON ALIAS: MEDICAL\_SUPPLY\_CHARGES  
7 DIGITS SIGNED  
The charge amount (rounded to whole dollars) for medical/surgical supplies related to the beneficiary's stay.  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

***Variable Name***

***Label***

***DME\_AMT***

***MEDPAR DME Charge Amount***

0290, 0291, 0292, and 0294 - 0299 from all claim records  
This field is derived by accumulating the revenue center  
SAS ALIAS: DME\_AMT  
STANDARD ALIAS: MEDPAR\_DME\_CHRG\_AMT  
NCH  
DB2 ALIAS: DME\_CHRG\_AMT  
included in the stay.  
beneficiary's stay.  
total charge amount associated with revenue center codes  
DERIVATION:  
EDIT-RULES:  
+\$\$\$\$\$\$  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL  
NINES  
COMMON ALIAS: DME\_CHARGES  
7 DIGITS SIGNED  
The charge amount (rounded to whole dollars) for DME  
(purchase of new DME and rentals) related to the  
SOURCE:

***UDME\_AMT***

***MEDPAR Used DME Charge Amount***

DERIVATION:  
COMMON ALIAS: USED\_DME\_CHARGES  
NCH  
SOURCE:  
0293 from all claim records included in the stay.  
total charge amount associated with revenue center code  
This field is derived by accumulating the revenue center  
+\$\$\$\$\$\$  
EDIT-RULES:  
STANDARD ALIAS: MEDPAR\_USED\_DME\_CHRG\_AMT  
DB2 ALIAS: USED\_DME\_CHRG\_AMT  
7 DIGITS SIGNED  
The charge amount (rounded to whole dollars) for used  
DME (purchase of used DME) related to the beneficiary's  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL  
NINES  
SAS ALIAS: UDME\_AMT

*Variable Name*

*Label*

*PHYTHAMT*

*MEDPAR Physical Therapy Charge Amount*

NCH  
total charge amount associated with revenue center code  
This field is derived by accumulating the revenue center  
DERIVATION:  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL  
NINES  
+\$\$\$\$\$\$  
EDIT-RULES:  
The charge amount (rounded to whole dollars) for physical  
therapy services provided during the beneficiary's stay.  
SOURCE:  
SAS ALIAS: PHYTHAMT  
DB2 ALIAS: PHYS\_THRPY\_AMT  
COMMON ALIAS: PHYSICAL\_THERAPY\_CHARGES  
7 DIGITS SIGNED  
042x from all claims records included in the stay.  
STANDARD ALIAS: MEDPAR\_PHYS\_THRPY\_CHRG\_AMT

*OCPTLAMT*

*MEDPAR Occupational Therapy Charge Amount*

EDIT-RULES:  
total charge amount associated with revenue center code  
The charge amount (rounded to whole dollars) for  
occupational therapy services provided during the  
beneficiary's stay.  
SAS ALIAS: OCPTLAMT  
NCH  
043x from all claims records included in the stay.  
This field is derived by accumulating the revenue center  
DERIVATION:  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL  
NINES  
+\$\$\$\$\$\$  
STANDARD ALIAS:  
MEDPAR\_OCPTNL\_THRPY\_CHRG\_AMT  
DB2 ALIAS: OCPTNL\_THRPY\_AMT  
COMMON ALIAS: OCCUPATIONAL\_THERAPY\_CHARGES  
7 DIGITS SIGNED  
SOURCE:

*Variable Name*

*Label*

*SPCH\_AMT*

*MEDPAR Speech Pathology Charge Amount*

SOURCE:  
EDIT-RULES:  
total charge amount associated with revenue center code  
This field is derived by accumulating the revenue center  
DERIVATION:  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL  
NINES  
+\$\$\$\$\$\$  
STANDARD ALIAS: MEDPAR\_SPCH\_PTHLGY\_CHRG\_AMT  
  
SAS ALIAS: SPCH\_AMT  
DB2 ALIAS: SPCH\_PTHLGY\_AMT  
COMMON ALIAS: SPEECH\_PATHOLOGY\_CHARGES  
7 DIGITS SIGNED  
044x and 047x from all claim records included in the  
stay.  
NCH  
The charge amount (rounded to whole dollars) for speech  
pathology services (speech, language, audiology) provided  
during the beneficiary's stay.

*INHLTAMT*

*MEDPAR Inhalation Therapy Charge Amount*

+\$\$\$\$\$\$  
EDIT-RULES:  
The charge amount (rounded to whole dollars) for  
inhalation therapy services (respiratory and pulmonary  
function) provided during the beneficiary's stay.  
7 DIGITS SIGNED  
COMMON ALIAS: INHALATION\_THERAPY\_CHARGES  
DB2 ALIAS: INHLTN\_THRPY\_AMT  
DERIVATION:  
STANDARD ALIAS:  
MEDPAR\_INHLTN\_THRPY\_CHRG\_AMT  
NCH  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL  
NINES  
This field is derived by accumulating the revenue center  
total charge amount associated with revenue center codes  
041x and 046x from all claim records included in the  
stay.  
SOURCE:  
SAS ALIAS: INHLTAMT

*Variable Name*

*Label*

*BLOODAMT*

*MEDPAR Blood Charge Amount*

COMMON ALIAS: BLOOD\_CHARGES  
7 DIGITS SIGNED  
total charge amount associated with revenue center code  
SOURCE:  
NCH  
DB2 ALIAS: BLOOD\_CHRG\_AMT  
038x from all claim records included in the stay.  
The charge amount (rounded to whole dollars) for blood  
provided during the beneficiary's stay.  
This field is derived by accumulating the revenue center  
DERIVATION:  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL  
NINES  
+\$\$\$\$\$\$  
EDIT-RULES:  
STANDARD ALIAS: MEDPAR\_BLOOD\_CHRG\_AMT  
SAS ALIAS: BLOODAMT

*BLDADMIN*

*MEDPAR Blood Administration Charge Amount*

COMMON ALIAS: BLOOD\_ADMINISTRATION\_CHARGES  
+\$\$\$\$\$\$  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL  
NINES  
SAS ALIAS: BLDADMIN  
STANDARD ALIAS: MEDPAR\_BLOOD\_ADMIN\_CHRG\_AMT  
  
7 DIGITS SIGNED  
EDIT-RULES:  
DB2 ALIAS: BLOOD\_ADMIN\_AMT  
The charge amount (rounded to whole dollars) for blood  
storage and processing related to the beneficiary's stay.  
SOURCE:  
039x from all claim records included in the stay.  
total charge amount associated with revenue center code  
This field is derived by accumulating the revenue center  
DERIVATION:  
NCH

*Variable Name*

*Label*

*OROOMAMT*

*MEDPAR Operating Room Charge Amount*

7 DIGITS SIGNED  
the stay.  
The charge amount (rounded to whole dollars) for the operating room, recovery room, and labor room delivery used by the beneficiary during the stay.  
SOURCE:  
036X, 071X, and 072X from all claim records included in total charge amount associated with revenue center codes  
This field is derived by accumulating the revenue center  
DERIVATION:  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES  
+\$\$\$\$\$\$  
EDIT-RULES:  
STANDARD ALIAS: MEDPAR\_OPRTG\_ROOM\_CHRG\_AMT  
SAS ALIAS: OROOMAMT  
DB2 ALIAS: OPRTG\_ROOM\_AMT  
COMMON ALIAS: OPERATING\_ROOM\_CHARGES  
NCH

*LTHTRPSY*

*MEDPAR Lithotripsy Charge Amount*

STANDARD ALIAS: MEDPAR\_LTHTRPSY\_CHRG\_AMT  
EDIT-RULES:  
DB2 ALIAS: LTHTRPSY\_CHRG\_AMT  
+\$\$\$\$\$\$  
COMMON ALIAS: LITHOTRIPSY\_CHARGES  
NCH  
7 DIGITS SIGNED  
The charge amount (rounded to whole dollars) for lithotripsy services provided during the beneficiary's stay.  
SAS ALIAS: LTHTRPSY  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES  
DERIVATION:  
This field is derived by accumulating the revenue center total charge amount associated with revenue center code 079X from all claim records included in the stay.  
SOURCE:

*Variable Name*

*Label*

*CRDLGY*

*MEDPAR Cardiology Charge Amount*

COMMON ALIAS: CARDIOLOGY\_CHARGES  
stay.  
DERIVATION:  
This field is derived by accumulating the revenue center  
048X and 073X from all claim records included in the  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL  
NINES  
+\$\$\$\$\$\$  
EDIT-RULES:  
STANDARD ALIAS: MEDPAR\_CRDLGY\_CHRG\_AMT  
DB2 ALIAS: CRDLGY\_CHRG\_AMT  
7 DIGITS SIGNED  
The charge amount (rounded to whole dollars) for  
cardiology services and electrocardiogram(s) provided  
during the beneficiary's stay.  
NCH  
SOURCE:  
SAS ALIAS: CRDLGY  
total charge amount associated with revenue center codes

*ANSTHSA*

*MEDPAR Anesthesia Charge Amount*

SOURCE:  
037X from all claim records included in the stay.  
SAS ALIAS: ANSTHSA  
DB2 ALIAS: ANSTHSA\_CHRG\_AMT  
COMMON ALIAS: ANESTHESIA\_CHARGES  
NCH  
The charge amount (rounded to whole dollars) for  
anesthesia services provided during the beneficiary's stay.  
total charge amount associated with revenue center code  
EDIT-RULES:  
STANDARD ALIAS: MEDPAR\_ANSTHSA\_CHRG\_AMT  
+\$\$\$\$\$\$  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL  
NINES  
DERIVATION:  
This field is derived by accumulating the revenue center  
7 DIGITS SIGNED

***Variable Name***

***Label***

***LAB\_AMT***

***MEDPAR Laboratory Charge Amount***

+\$\$\$\$\$\$  
NCH  
SOURCE:  
included in the stay.  
030x, 031x, 074x, and 075x from all claim records  
total charge amount associated with revenue center codes  
This field is derived by accumulating the revenue center  
The charge amount (rounded to whole dollars) for  
laboratory costs related to the beneficiary's stay.  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL  
NINES  
7 DIGITS SIGNED  
EDIT-RULES:  
STANDARD ALIAS: MEDPAR\_LAB\_CHRG\_AMT  
SAS ALIAS: LAB\_AMT  
DB2 ALIAS: LAB\_CHRG\_AMT  
COMMON ALIAS: LABORATORY\_CHARGES  
DERIVATION:

***RDLGYAMT***

***MEDPAR Radiology Charge Amount***

records included in the stay.  
The charge amount (rounded to whole dollars) for  
radiology costs (including oncology, excluding MRI) related  
to a beneficiary's stay.  
NCH  
SOURCE:  
7 DIGITS SIGNED  
028x, 032x, 033x, 034x, 035x, and 040x from all claim  
total charge amount associated with revenue center codes  
This field is derived by accumulating revenue center  
DERIVATION:  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL  
NINES  
+\$\$\$\$\$\$  
EDIT-RULES:  
STANDARD ALIAS: MEDPAR\_RDLGY\_CHRG\_AMT  
SAS ALIAS: RDLGYAMT  
COMMON ALIAS: RADIOLOGY\_CHARGES  
DB2 ALIAS: RDLGY\_CHRG\_AMT

*Variable Name*

*Label*

*MRI\_AMT*

*MEDPAR MRI Charge Amount*

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES  
COMMON ALIAS: MRI\_CHARGES  
7 DIGITS SIGNED  
SAS ALIAS: MRI\_AMT  
The charge amount (rounded to whole dollars) for MRI services provided during the beneficiary's stay.  
STANDARD ALIAS: MEDPAR\_MRI\_CHRG\_AMT  
DB2 ALIAS: MRI\_CHRG\_AMT  
+\$\$\$\$\$\$  
from all claim records included in the stay.  
DERIVATION:  
This field is derived by accumulating the revenue center NCH  
total charge amount associated with revenue center 061x  
SOURCE:  
EDIT-RULES:

*OPSRVC*

*MEDPAR Outpatient Service Charge Amount*

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES  
EDIT-RULES:  
The charge amount (rounded to whole dollars) for outpatient services provided during the beneficiary's stay.  
7 DIGITS SIGNED  
COMMON ALIAS: OP\_SERVICES\_CHARGES  
DB2 ALIAS: OP\_SRVC\_CHRG\_AMT  
This field is derived by accumulating the revenue center  
STANDARD ALIAS: MEDPAR\_OP\_SRVC\_CHRG\_AMT  
NCH  
+\$\$\$\$\$\$  
DERIVATION:  
total charge amount associated with revenue center code 049x and 050x from all claim records included in the stay.  
SOURCE:  
SAS ALIAS: OPSRVC

***Variable Name***

***Label***

*ER\_AMT*

*MEDPAR Emergency Room Charge Amount*

COMMON ALIAS: EMERGENCY\_ROOM\_CHARGES  
SOURCE:  
SAS ALIAS: ER\_AMT  
STANDARD ALIAS: MEDPAR\_ER\_CHRG\_AMT  
EDIT-RULES:  
+\$\$\$\$\$\$  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL  
NINES  
DERIVATION:  
This field is derived by accumulating the revenue center  
045X from all claim records included in the stay.  
DB2 ALIAS: MEDPAR\_ER\_CHRG\_AMT  
NCH  
7 DIGITS SIGNED  
The charge amount (rounded to whole dollars) for  
emergency room services provided during the beneficiary's  
stay.  
total charge amount associated with revenue center code

*AMBLNC*

*MEDPAR Ambulance Charge Amount*

+\$\$\$\$\$\$  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL  
NINES  
DERIVATION:  
DB2 ALIAS: AMBLNC\_CHRG\_AMT  
This field is derived by accumulating the revenue center  
total charge amount associated with revenue center code  
EDIT-RULES:  
054x from all claim records included in the stay.  
SOURCE:  
NCH  
STANDARD ALIAS: MEDPAR\_AMBLNC\_CHRG\_AMT  
SAS ALIAS: AMBLNC  
7 DIGITS SIGNED  
The charge amount (rounded to whole dollars) for  
ambulance services related to a beneficiary's stay.  
COMMON ALIAS: AMBULANCE\_CHARGES

***Variable Name***

***Label***

***PROFFEES***

***MEDPAR Professional Fees Charge Amount***

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES  
The charge amount (rounded to whole dollars) for professional fees related to a beneficiary's stay.  
7 DIGITS SIGNED  
COMMON ALIAS: PROFESSIONAL\_FEES  
DB2 ALIAS: PROFNL\_FEES\_AMT  
the stay.  
096x, 097x, and 098x from all claims records included in total charge amount associated with revenue center codes  
DERIVATION:  
+\$\$\$\$\$\$  
EDIT-RULES:  
STANDARD ALIAS:  
SAS ALIAS: PROFFEES  
NCH  
SOURCE:  
This field is derived by accumulating the revenue center

***ORGNAMT***

***MEDPAR Organ Acquisition Charge Amount***

SOURCE:  
stay.  
The charge amount (rounded to whole dollars) for organ acquisition or other donor bank services related to a beneficiary's stay.  
+\$\$\$\$\$\$  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES  
DERIVATION:  
This field is derived by accumulating the revenue center 081x and 089x from all claim records included in the  
EDIT-RULES:  
NCH  
STANDARD ALIAS:  
MEDPAR\_ORGN\_ACQSTN\_CHRG\_AMT  
SAS ALIAS: ORGNAMT  
DB2 ALIAS: ORGN\_ACQSTN\_AMT  
COMMON ALIAS: ORGAN\_ACQUISITION\_CHARGES  
7 DIGITS SIGNED  
total charge amount associated with revenue center codes

***Variable Name***

***Label***

***ESRDSETG***

***MEDPAR ESRD Revenue Setting Charge Amount***

SOURCE:  
080x, 082x - 088x from all claim records included in the NCH stay.  
COMMON ALIAS: ESRD\_REVENUE\_SETTING\_CHARGES  
7 DIGITS SIGNED  
total charge amount associated with revenue center codes  
DB2 ALIAS: ESRD\_REV\_SETG\_AMT  
SAS ALIAS: ESRDSETG  
STANDARD ALIAS:  
MEDPAR\_ESRD\_REV\_SETG\_CHRG\_AMT  
EDIT-RULES:  
+\$\$\$\$\$\$  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES  
DERIVATION:  
This field is derived by accumulating the revenue center The charge amount (rounded to whole dollars) for ESRD services (other than organ acquisition and other donor bank)related to a beneficiary's stay.

***CLNC\_AMT***

***MEDPAR Clinic Visit Charge Amount***

SAS ALIAS: CLNC\_AMT  
SOURCE:  
051x from all claim records included in the stay.  
total charge amount associated with revenue center code  
This field is derived by accumulating the revenue center  
DERIVATION:  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES  
+\$\$\$\$\$\$  
STANDARD ALIAS: MEDPAR\_CLNC\_VISIT\_CHRG\_AMT  
7 DIGITS SIGNED  
DB2 ALIAS: CLNC\_VISIT\_AMT  
The charge amount (rounded to whole dollars) for clinic visits (e.g., visits to chronic pain or dental centers or to clinics providing psychiatric, ob-gyn, pediatric  
COMMON ALIAS: CLINIC\_VISIT\_CHARGES  
NCH  
EDIT-RULES:  
services) related to the beneficiary's stay.

*Variable Name*

*Label*

*ICUINDCD*

*MEDPAR Intensive Care Unit (ICU) Indicator Code*

This field is derived by checking for the presence of icu  
3 = Pediatric (revenue center 0203)  
1 = Surgical (revenue center 0201)  
CODES:  
charge amount is used.  
claims, the code with the highest revenue center total  
revenue center codes listed below are included on these  
4 = Psychiatric (revenue center 0204)  
revenue center codes (listed below) on any of the claim  
2 = Medical (revenue center 0202)  
DERIVATION:  
STANDARD ALIAS: MEDPAR\_ICU\_IND\_CD  
SAS ALIAS: ICUINDCD  
The code indicating that the beneficiary has spent time  
under intensive care during the stay. It also specifies  
thetype of ICU.  
COMMON ALIAS: INTENSIVE\_CARE\_INDICATOR  
DB2 ALIAS: MEDPAR\_ICU\_IND\_CD  
records included in the stay. If more than one of the  
There is approximately a 20% error rate in the revenue  
as 'intermediate ICU'.  
10/1/96 (12/96 MEDPAR update). 0206 Is now defined  
revenue center code 0206 description, effective  
version of an ICU. 'Post' was removed from the  
stay rather than just days in a step-down/lower case  
0 = General (revenue center 0200)  
center code category 0206 due to coders misunderstanding  
6 = Intermediate ICU (revenue center 0206)  
LIMITATIONS:  
NCH  
SOURCE:  
BLANK = No intensive care indication  
9 = Other intensive care (revenue code 0209)  
8 = Trauma (revenue center 0208)  
7 = Burn care (revenue center 0207)  
prior to 12/96 update was 'post ICU'  
the term 'post ICU' as including any day after an ICU

*Variable Name*

*Label*

*CRNRY\_CD*

*MEDPAR Coronary Care Indicator Code*

10/1/96 (12/96 MEDPAR update). 0214 Is now defined the term 'post CCU' as including any day after a CCU version of a CCU. 'Post' was removed from the as 'intermediate CCU'.  
revenue center code 0214 description, effective total charge amount is used.  
stay rather than just days in a step-down/lower case  
DB2 ALIAS: CRNRY\_CARE\_IND\_CD  
BLANK = No coronary care indication  
4 = Intermediate CCU (revenue code 0214)  
3 = Heart transplant (revenue code 0213)  
DERIVATION:  
STANDARD ALIAS: MEDPAR\_CRNRY\_CARE\_IND\_CD  
This field is derived by checking for the presence of center code category 0214 due to coders misunderstanding coronary care revenue center codes (listed below) on any  
CODES:  
The code indicating that the beneficiary has spent time under coronary care during the stay. It also specifies the type of coronary care unit.  
COMMON ALIAS: CORONARY\_CARE\_INDICATOR  
2 = Pulmonary care (revenue code 0212)  
1 = Myocardial (revenue code 0211)  
0 = General (revenue code 0210)  
SAS ALIAS: CRNRY\_CD  
of the claim records included in the stay. If more than one of the revenue center codes listed below are included on these claims, the code with the highest revenue center  
There is approximately a 20% error rate in the revenue  
LIMITATIONS:  
NCH  
SOURCE:  
9 = Other coronary care (revenue code 0219)  
prior to 12/96 update was 'post ccu'

***Variable Name***

***Label***

***PHRMCYCD***

***MEDPAR Pharmacy Indicator Code***

drugs (combination of values 1 and 3)  
SOURCE:  
COMMON ALIAS: PHARMACY\_INDICATOR  
5 = General drugs and/or IV therapy; and blood clotting  
(combination of values 1 and 2)  
4 = General drugs and/or IV therapy; and epoetin  
NCH  
0 = No drugs (revenue code other than those listed below)  
3 = Blood clotting drugs (revenue code 0636)  
drug-specific revenue center codes (listed below) on any  
This field is derived by checking for the presence of  
DERIVATION:  
0637, 0639)  
2 = Erythropoietin (epoetin: revenue code 0630, 0635,  
The code indicating whether or not the beneficiary  
received drugs during the stay. It also specifies the type of  
1 = General drugs and/pr IV therapy (revenue code 025x,  
CODES:  
of the claim records included in the stay.  
STANDARD ALIAS: MEDPAR\_PHRMCY\_IND\_CD  
SAS ALIAS: PHRMCYCD  
DB2 ALIAS: PHRMCY\_IND\_CD  
1 DIGIT UNSIGNED  
026x)

***TRNSPLNT***

***MEDPAR Transplant Indicator Code***

CODES:  
transplant revenue center code (listed below) on any of  
(revenue code not 0362 or 0367)  
1 DIGIT UNSIGNED  
COMMON ALIAS: TRANSPLANT\_INDICATOR  
DB2 ALIAS: TRNSPLNT\_IND\_CD  
SAS ALIAS: TRNSPLNT  
STANDARD ALIAS: MEDPAR\_TRNSPLNT\_IND\_CD  
This field is derived by checking for the presence of the  
The code indicating whether or not the beneficiary  
received a organ transplant during the stay.  
the claim records included in the stay.  
0 = No organ or kidney transplant  
2 = Organ transplant other than kidney (revenue code  
0362)  
7 = Kidney transplant (revenue code 0367)  
SOURCE:  
NCH  
DERIVATION:

***Variable Name***

***Label***

***ONCLGYSW***

***MEDPAR Radiology Oncology Indicator Switch***

DERIVATION:  
1 DIGIT UNSIGNED  
COMMON ALIAS: RADIOLOGY\_ONCOLOGY\_INDICATOR  
DB2 ALIAS: RDLGY\_ONCLGY\_SW  
SAS ALIAS: ONCLGYSW  
NCH  
The switch indicating whether or not the beneficiary received radiology oncology services during the stay.  
This field is derived by checking for revenue center code 028X on any of the claim records included in the stay.  
CODES:  
0 = No radiology-oncology (revenue code not 028x)  
1 = Yes radiology-oncology (revenue code 028x)  
SOURCE:  
STANDARD ALIAS: MEDPAR\_RDLGY\_ONCLGY\_IND\_SW

***DGNSTCSW***

***MEDPAR Radiology Diagnostic Indicator Switch***

NCH  
1 = Yes radiology-diagnostic (revenue code 032x)  
0 = No radiology-diagnostic (revenue code not 032x)  
CODES:  
032x on any of the claim records included in the stay.  
This field is derived by checking for revenue center code  
DERIVATION:  
STANDARD ALIAS: MEDPAR\_RDLGY\_DGNSTC\_IND\_SW  
SAS ALIAS: DGNSTCSW  
DB2 ALIAS: RDLGY\_DGNSTC\_SW  
COMMON ALIAS:  
1 DIGIT UNSIGNED  
The switch indicating whether or not the beneficiary received radiology diagnostic services during the stay.  
SOURCE:

***THRPTCSW***

***MEDPAR Radiology Therapeutic Indicator Switch***

The switch indicating whether or not the beneficiary received radiology therapeutic services during the stay.  
1 DIGIT UNSIGNED  
COMMON ALIAS:  
RADIOLOGY\_THERAPEUTIC\_INDICATOR  
DB2 ALIAS: RDLGY\_THRPTC\_SW  
SAS ALIAS: THRPTCSW  
STANDARD ALIAS: MEDPAR\_RDLGY\_THRPTC\_IND\_SW  
DERIVATION:  
This field is derived by checking for revenue center code 033X on any of the claim records included in the stay.  
CODES:  
0 = No radiology-therapeutic (revenue code not 033X)  
1 = Yes radiology-therapeutic (revenue code 033X)  
NCH  
SOURCE:

<i>Variable Name</i>	<i>Label</i>
<i>NUCLR_SW</i>	<p><i>MEDPAR Radiology Nuclear Medicine Indicator Switch</i></p> <p>1 = Yes nuclear medicine (revenue code 034x)  STANDARD ALIAS:  MEDPAR_RDLGY_NUCLR_MDCN_IND_SW  CODES:  The switch indicating whether or not the beneficiary received radiology nuclear medicine services during the 1 DIGIT UNSIGNED  COMMON ALIAS: NUCLEAR_MEDICINE_INDICATOR  SAS ALIAS: NUCLR_SW  DERIVATION:  This field is derived by checking for revenue center code 034x on any of the claim records included in the stay.  0 = No nuclear medicine (revenue code not 034x)  SOURCE:  NCH  DB2 ALIAS: NUCLR_MDCN_SW</p>
<i>CTSCANSW</i>	<p><i>MEDPAR Radiology CT Scan Indicator Switch</i></p> <p>DB2 ALIAS: RDLGY_CT_SCAN_SW  035X on any of the claim records included in the stay.  NCH  SOURCE:  1 = Yes radiology CT scan (revenue code 035X)  0 = No radiology CT scan (revenue code not 035X)  CODES:  The switch indicating whether or not the beneficiary received radiology computed tomographic (CT) scan services during the stay.  This field is derived by checking for revenue center code  DERIVATION:  SAS ALIAS: CTSCANSW  COMMON ALIAS: RADIOLOGY_CT_SCAN_INDICATOR  1 DIGIT UNSIGNED  STANDARD ALIAS: MEDPAR_RDLGY_CT_SCAN_IND_SW</p>
<i>IMGNG_SW</i>	<p><i>MEDPAR Radiology Other Imaging Indicator Switch</i></p> <p>STANDARD ALIAS:  MEDPAR_RDLGY_OTHR_IMGNG_IND_SW  DERIVATION:  The switch indicating whether or not the beneficiary received radiology other imaging services during the stay.  1 DIGIT UNSIGNED  COMMON ALIAS: OTHER_IMAGING_SERVICES  DB2 ALIAS: OTHR_IMGNG_SW  This field is derived by checking for revenue center code  NCH  SOURCE:  1 = Yes other imaging services (revenue code 040x)  0 = No other imaging services (revenue code not 040x)  CODES:  040X on any of the claim records included in the stay.  SAS ALIAS: IMGNG_SW</p>

*Variable Name*

*Label*

*OPSRVCCD*

*MEDPAR Outpatient Services Indicator Code*

2 = Ambulatory surgical care (revenue code 049X)  
COMMON ALIAS: OUTPATIENT\_SERVICES\_INDICATOR  
DB2 ALIAS: OP\_SRVC\_IND\_CD  
SOURCE:  
STANDARD ALIAS: MEDPAR\_OP\_SRVC\_IND\_CD  
This field is derived by checking for the presence of the NCH  
1 DIGIT UNSIGNED  
3 = Outpatient services and ambulatory surgical care (revenue code other than 049X, 050X)  
The code indicating whether or not the beneficiary has received outpatient services, ambulatory surgical care, or both.  
1 = Outpatient services (revenue code 050X)  
SAS ALIAS: OPSRVCCD  
outpatient services revenue center codes listed below on any of the claim records included in the stay.  
CODES:  
0 = No outpatient services/ambulatory surgical care (revenue codes 049X and 050X)  
DERIVATION:

*ORGNCD*

*MEDPAR Organ Acquisition Indicator Code*

SOURCE:  
DB2 ALIAS: ORGN\_ACQSTN\_IND\_CD  
SAS ALIAS: ORGNCD  
STANDARD ALIAS: MEDPAR\_ORGN\_ACQSTN\_IND\_CD  
DERIVATION:  
This field is derived by checking for the presence of the organ acquisition indicator revenue center codes listed below on any of the claim records included in the stay.  
CODES:  
K1 = General classification (revenue code 0810)  
K2 = Living donor kidney (revenue code 0811)  
K3 = Cadaver donor kidney (revenue code 0812)  
NCH  
The code indicating the type of organ acquisition received by the beneficiary during the stay.  
0892)  
BLANK = No organ acquisition indication  
04 = Other donor bank (revenue code 0899)  
K4 = Unknown donor kidney (revenue code 0813)  
S1 = Skin donor bank (revenue code 0893)  
K5 = Other kidney acquisition (revenue code 0814)  
03 = Organ donor bank other than kidney (revenue code 0891)  
B1 = Bone donor bank (revenue code 0891)  
02 = General acquisition (revenue code 0890)  
01 = Other organ acquisition (revenue code 0819)  
L1 = Donor liver (revenue code 0817)  
H2 = Other heart acquisition (revenue code 0816)  
H1 = Cadaver donor heart (revenue code 0815)  
COMMON ALIAS: ORGAN\_INDICATOR

**Variable Name**

**ESRDSETG{x}**

where { x } 1:5

**Label**

**MEDPAR ESRD Setting Indicator Code**

SOURCE:  
89 = Miscellaneous dialysis-other (revenue code 0889)  
NCH  
0881)  
81 = Miscellaneous dialysis-ultrafiltration (revenue code  
80 = Miscellaneous dialysis-general (revenue code 0880)  
59 = Ccpd-op-other (revenue code 0859)  
55 = Ccpd-op-support services (revenue code 0855)  
code 0802)  
49 = Capd-op-other (revenue code 0849)  
29 = Hemodialysis-op-other (revenue code 0829)  
25 = Hemodialysis-op-support services (revenue code 0825)  
24 = Hemodialysis-op-maintenance/100% (revenue code  
0824  
23 = Hemodialysis-op-home equipment (revenue code  
22 = Hemodialysis-op-home supplies (revenue code 0822)  
0821)  
21 = Hemodialysis-op-hemodialysis/composite (revenue  
20 = Hemodialysis-op-general (revenue code 0820)  
09 = Ip renal dialysis-other (revenue code 0809)  
31 = Peritoneal-op/home-peritoneal/composite (revenue  
03 = Ip renal dialysis-capd (revenue code 0803)  
code 0831)  
02 = Ip renal dialysis-peritoneal (non-capd: revenue  
01 = Ip renal dialysis-hemodialysis (revenue code 0801)  
00 = Ip renal dialysis-general (revenue code 0800)  
CODES:  
records included in the stay.  
revenue center codes listed below on any of the claim  
This field is derived from the presence of the dialysis  
DERIVATION:  
STANDARD ALIAS: MEDPAR\_ESRD\_SETG\_IND\_CD  
SAS ALIAS: ESRDSETGX  
04 = Ip renal dialysis-ccpd (revenue code 0804)  
42 = Capd-op-home supplies (revenue code 0842)  
53 = Ccpd-op-home equipment (revenue code 0853)  
52 = Ccpd-op-home supplies (revenue code 0852)  
51 = Ccpd-op-ccpd/composite (revenue code 0851)  
50 = Ccpd-op-ccpd/general (revenue code 0850)  
45 = Capd-op-support services (revenue code 0845)  
DB2 ALIAS: ESRD\_SETG\_IND\_CD  
The code indicating the type of dialysis received by the  
beneficiary during the stay. Up to 5 2-position codes may  
be present.  
OCCURS: 5 TIMES  
COMMON ALIAS: ESRD\_SETTING\_INDICATOR  
BLANK = No ESRD setting indication  
30 = Peritoneal-op/home-general (revenue code 0830)  
43 = Capd-op-home equipment (revenue code 0843)  
54 = Ccpd-op-maintenance/100% (revenue code 0854)  
41 = Capd-op-capd/composite (revenue code 0841)  
40 = Capd-op-capd/general (revenue code 0840)  
39 = Peritoneal-op/home-other (revenue code 0839)  
0835)  
35 = Peritoneal-op/home-support services (revenue code

**Variable Name**

**Label**

0834)  
34 = Peritoneal-op/home-maintenance/100% (revenue code 0833)  
33 = Peritoneal-op/home-home equipment (revenue code 32 = Peritoneal-op/home-home supplies (revenue code 44 = Capd-op-maintenance/100% (revenue code 0844)

**DGNSCNT**

**MEDPAR Diagnosis Code Count**

included in the stay. The '1' represents the principal  
The count of the number of diagnosis codes included in the stay.  
SOURCE:  
NCH  
diagnosis code, which is reported separately from the other diagnosis codes reported on the last claim record  
This field is derived by adding '1' to the count of the  
DERIVATION:  
COMMON ALIAS: NUMBER\_OF\_DIAGNOSIS\_CODES  
EDIT-RULES:  
STANDARD ALIAS: MEDPAR\_DGNS\_CD\_CNT  
SAS ALIAS: DGNSCNT  
DB2 ALIAS: MEDPAR\_DGNS\_CD\_CNT  
RANGE: 1 through 10  
other diagnosis.  
2 DIGITS UNSIGNED

**DGNS\_CDG{x}**  
where { x } 1:10

**MEDPAR Diagnosis Code**

EDIT-RULES:  
5 POSITION Diagnosis Code LEFT JUSTIFIED  
DERIVATION:  
This field is the actual principal diagnosis code (1st  
NCH  
STANDARD ALIAS: MEDPAR\_DGNS\_CD  
occurrence) or one of up to 9 other diagnosis codes that are present on the last claim record included in the stay.  
DB2 ALIAS: MEDPAR\_DGNS\_CD  
COMMON ALIAS: DIAGNOSIS\_CODE  
OCCURS: 10 TIMES  
which May occur up to 10 times.  
stay. This element is part of the MEDPAR diagnosis group affecting the services provided during the beneficiary's  
The ICD-9-CM code identifying the primary condition or othercoexisting conditions shown in the medical records as  
SOURCE:  
SAS ALIAS: DGNS\_CD

**CLM\_POA\_IND\_TB**

**MEDPAR Claim Present on Admission (POA) Indicator Code**

Effective September 1, 2008, with the implementation of CR#3, the code used to indicate a condition was present at the time the beneficiary was admitted to a general acute care facility.

NOTE: In the POA field, there can be up to 9 POA indicators for each diagnosis code reflected in the diagnosis trailer. This field will also contain a 1-byte indicator ('Z' or 'X') to identify the end of the POA codes

CODES:  
Y = Present at the time of inpatient admission  
N = Not present at the time of inpatient admission  
U = Documentation is insufficient to determine if condition was present on admission  
W = Provider is unable to clinically determine whether condition was present on admission or not.  
1 = Unreported/not used -- exempt from POA reporting -- this code is the equivalent code of a blank, however, it was determined that blanks were undesirable when submitting the data  
Z = Denotes the end of the POA indicators  
X = Denotes the end of the POA indicators in special data processing situations that may be identified by CMS in the future.  
STANDARD ALIAS: MEDPAR\_POA\_IND\_CD

***Variable Name***

***Label***

*PRCDRSW*

*MEDPAR Surgical Procedure Indicator Switch*

0 = No surgery indicated  
COMMON ALIAS: SURGERY\_INDICATOR  
The switch indicating whether or not there were any surgical procedures performed during the beneficiary's stay.  
SAS ALIAS: PRCDRSW  
STANDARD ALIAS: MEDPAR\_SRGCL\_PRCR\_IND\_SW  
DERIVATION:  
This field is derived by checking for the presence of procedure codes on the last claim record included in the  
DB2 ALIAS: SRGCL\_PRCR\_IND\_SW  
CODES:  
1 = Yes surgery indicated  
SOURCE:  
NCH  
stay.

*PRCDRCNT*

*MEDPAR Surgical Procedure Code Count*

that are reported on the last claim record included in  
NCH  
the stay.  
DERIVATION:  
EDIT-RULES:  
STANDARD ALIAS: MEDPAR\_SRGCL\_PRCR\_CD\_CNT  
SAS ALIAS: PRCDRCNT  
DB2 ALIAS: SRGCL\_PRCR\_CD\_CNT  
COMMON ALIAS: NUMBER\_OF\_SURGICAL\_CODES  
2 DIGITS UNSIGNED  
The count of the number of surgical procedure codes included in the stay.  
RANGE: 0 through 6  
SOURCE:  
This field is derived by counting the procedure codes

*PRCDTCNT*

*MEDPAR Surgical Procedure Performed Date Count*

2 DIGITS UNSIGNED  
The count of the number of dates associated with the surgical procedures included in the stay.  
COMMON ALIAS: NUMBER\_OF\_SURGICAL\_DATES  
DB2 ALIAS: SRGCL\_PRCR\_DT\_CNT  
SAS ALIAS: PRCDTCNT  
STANDARD ALIAS: MEDPAR\_SRGCL\_PRCR\_DT\_CNT  
EDIT-RULES:  
DERIVATION:  
This field is derived by counting the surgical procedure dates that are reported on the last claim record included in the stay.  
SOURCE:  
NCH  
RANGE: 0 THROUGH 6

***Variable Name***

***PRCDR\_CDG{x}***

where { x } 1:6

***Label***

***MEDPAR Surgical Procedure Code***

record included in the stay.  
It May occur up to 6 times.  
OCCURS: 6 TIMES  
COMMON ALIAS: SURGICAL\_CODE  
DB2 ALIAS: SRGCL\_PRCDR\_CD  
SAS ALIAS: PRCDR\_CD  
EDIT-RULES:  
DERIVATION:  
This field is the actual principal surgical procedure  
NCH  
procedure codes that May be present on the last claim  
SOURCE:  
The ICD-9-CM code identifying the principal or other  
surgical procedure performed during the beneficiary's stay.  
This element is part of the MEDPAR surgical procedure  
STANDARD ALIAS: MEDPAR\_SRGCL\_PRCDR\_CD  
code (1st occurrence) or one of up to 5 other surgical  
4 POSITION Surgical Procedure Code LEFT JUSTIFIED

***PRCDR\_DTG{x}***

where { x } 1:6

***MEDPAR Surgical Procedure Performed Date***

DERIVATION:  
up to 6 times.  
6 DIGITS SIGNED  
OCCURS: 6 TIMES  
COMMON ALIAS: SURGICAL\_DATE  
SAS ALIAS: PRCDR\_DT  
The date on which the icd-9-cm surgical procedure was  
performed during the beneficiary's stay. This element is  
part of the MEDPAR surgical procedure group. It can occur  
+YYYYDDD  
DB2 ALIAS: PRCDR\_PRFRM\_DT  
This field is the actual date associated with the  
principal or one of up to 5 other surgical procedure  
codes that is present on the last claim record  
included in the stay.  
SOURCE:  
NCH  
EDIT-RULES:  
STANDARD ALIAS:  
MEDPAR\_SRGCL\_PRCDR\_PRFRM\_DT

***Variable Name***

***Label***

***BLDFRNSH***

***MEDPAR Blood Pints Furnished Quantity***

The quantity of blood (number of whole pints) furnished to the beneficiary during the stay. Note: this includes bloodpints replaced as well as not replaced.

4 DIGITS SIGNED

COMMON ALIAS: BLOOD\_FURNISHED

DB2 ALIAS: BLOOD\_PT\_FRNSH\_QTY

SAS ALIAS: BLDFRNSH

STANDARD ALIAS: MEDPAR\_BLOOD\_PT\_FRNSH\_QTY

DERIVATION:

furnished quantity from all claim records included in the stay.

SOURCE:

This field is derived by accumulating the blood pints

NCH

***BIC***

***MEDPAR Beneficiary Identification Code***

CODES:

NCH

processed the claim.

STANDARD ALIAS: MEDPAR\_BENE\_IDENT\_CD

REFER TO: BENE\_IDENT\_TB

IN THE CODES APPENDIX

The BIC reported on the first claim record included in the

stay, representing the values existing on the CWF

beneficiary master record on the date the CWF host site

SOURCE:

SAS ALIAS: BIC

DB2 ALIAS: BENE\_IDENT\_CD

COMMON ALIAS: ORIGINAL\_BIC

***DRG\_CD***

***MEDPAR DRG Code***

NCH

SOURCE:

grouper software and is moved to this field.

do not have a DRG), a valid DRG is obtained using the

(e.g., claims from maryland and PPS-exempt hospital units

exception: if the DRG code is not present

on the last claim record included in the stay.

3 DIGITS UNSIGNED

SAS ALIAS: DRG\_CD

This field comes from the actual DRG code that is present

DB2 ALIAS: MEDPAR\_DRG\_CD

COMMON ALIAS: DRG\_CODE

The code indicating the DRG to which the claims that

comprise the stay belong for payment purposes.

DERIVATION:

STANDARD ALIAS: MEDPAR\_DRG\_CD

***Variable Name***

***Label***

*DSTNTNCD*

*MEDPAR Discharge Destination Code*

NCH  
SOURCE:  
REFER TO: PTNT\_DSCHRG\_STUS\_TB  
The code primarily indicating the destination of the beneficiary upon discharge from a facility; also denotes death or SNF/still patient situations.  
2 DIGITS UNSIGNED  
COMMON ALIAS: DISCHARGE\_DESTINATION  
DB2 ALIAS: DSCHRG\_DSTNTN\_CD  
This field comes from the claim status code that is  
STANDARD ALIAS: MEDPAR\_DSCHRG\_DSTNTN\_CD  
IN THE CODES APPENDIX  
SYSTEM ALIAS: LTCLMST  
DERIVATION:  
SAS ALIAS: DSTNTNCD  
CODES:  
present on the last claim record included in the stay.

*OUTLR\_CD*

*MEDPAR DRG/Outlier Stay Code*

DERIVATION:  
STANDARD ALIAS: MEDPAR\_DRG\_OUTLIER\_STAY\_CD  
SAS ALIAS: OUTLR\_CD  
DB2 ALIAS: DRG\_OUTLIER\_CD  
COMMON ALIAS: OUTLIER\_CODE/DRG\_SOURCE  
developing the DRG.  
1 DIGIT UNSIGNED  
This field is the actual DRG outlier stay code that is  
0 = No Outlier  
The code identifying (1) for PPS providers if the stay has an unusually long length (day outlier) or high cost (cost outlier); or (2) for non-PPS providers the source for  
Applicable to Non-PPS Providers:  
NCH  
SOURCE:  
9 = Not Groupable  
8 = HCFA-Developed DRG Using Claim Status Code  
present on the last claim record included in the stay.  
6 = Valid DRG Received From Intermediary  
2 = Cost Outlier  
1 = Day Outlier  
Applicable to PPS providers:  
7 = HCFA-Developed DRG

*Variable Name*

*Label*

*PRPAY\_CD*

*MEDPAR Beneficiary Primary Payer Code*

The code indicating the type of payer who has primary responsibility for the payment of the Medicare beneficiary's claims related to the stay.  
B = ESRD bene in 18-month coordination period with eghp  
COMMON ALIAS: PRIMARY\_PAYER\_CODE  
DB2 ALIAS: BENE\_PRMRY\_PYR\_CD  
SAS ALIAS: PRPAY\_CD  
STANDARD ALIAS: MEDPAR\_BENE\_PRMRY\_PYR\_CD  
F = Phs or other federal agency (other than dept of  
This field comes from the primary payer code that is present on the first claim record included in the stay.  
CODES:  
A = Working aged bene/spouse with eghp  
H = Black lung  
DERIVATION:  
NCH  
SOURCE:  
Z/BLANK = Medicare is primary payer  
J = Any liability insurance  
D = Auto no-fault or any liability insurance  
I = Dept of veterans affairs  
C = Conditional Medicare payment; future reimbursement  
G = Working disabled veterans affairs)  
E = Worker's compensation expected

*ESRD\_CD*

*MEDPAR ESRD Condition Code*

STANDARD ALIAS: MEDPAR\_ESRD\_COND\_CD  
75 = Home Dialysis/100% Reimbursement  
76 = Backup-In-Facility Dialysis  
SOURCE:  
NCH  
74 = Home Dialysis  
CODES:  
- 76 on any of the claim records included in the stay.  
The code indicating if the beneficiary had an ESRD condition reported during the stay.  
DERIVATION:  
SAS ALIAS: ESRD\_CD  
DB2 ALIAS: ESRD\_COND\_CD  
2 DIGITS UNSIGNED  
73 = Self-Care Training  
72 = Self-Care In Unit  
00 = No ESRD Condition Codes  
71 = Full Care In Unit  
70 = Self-Administered Epo  
This field is derived by checking for condition codes 70

<i>Variable Name</i>	<i>Label</i>
<i>SRC_ADMS</i>	<p><i>MEDPAR Source Inpatient Admission Code</i></p> <p>SOURCE: NCH The code indicating the source of the beneficiary's admission to an Inpatient facility or, for newborn admission, the type of delivery. IN THE CODES APPENDIX REFER TO: CLM_SRC_IP_ADMSN_TB CODES: stay. This field comes from the source Inpatient admission code DERIVATION: STANDARD ALIAS: MEDPAR_SRC_IP_ADMSN_CD SAS ALIAS: SRC_ADMS DB2 ALIAS: SRC_IP_ADMSN_CD COMMON ALIAS: SOURCE_OF_ADMISSION that is present on the last claim record included in the</p>
<i>TYPE_ADM</i>	<p><i>MEDPAR Inpatient Admission Type Code</i></p> <p>COMMON ALIAS: TYPE_OF_ADMISSION NCH SOURCE: stay. that is present on the last claim record included in the This field comes from the Inpatient admission type code DERIVATION: STANDARD ALIAS: MEDPAR_IP_ADMSN_TYPE_CD DB2 ALIAS: IP_ADMSN_TYPE_CD The code indicating the type and priority of the beneficiary's admission to a facility for the Inpatient SAS ALIAS: TYPE_ADM</p>
<i>FICARR</i>	<p><i>MEDPAR Fiscal Intermediary/Carrier Identification Number</i></p> <p>COMMON ALIAS: INTERMEDIARY_NUMBER DB2 ALIAS: FICARR_IDENT_NUM NCH SOURCE: The identification of the intermediary processing the beneficiary's claims related to the stay. SAS ALIAS: FICARR present on the first claim record included in the stay. STANDARD ALIAS: MEDPAR_FICARR_IDENT_NUM NOTE: This field comes from the intermediary number that</p>
<i>AD_DGNS</i>	<p><i>MEDPAR Admitting Diagnosis Code</i></p> <p>The ICD-9-CM code indicating the beneficiary's initial diagnosis at the time of admission. NOTE: This field comes from the admitting diagnosis code that is present on the last claim record included in the stay. SOURCE: SAS ALIAS: AD_DGNS DB2 ALIAS: ADMTG_DGNS_CD STANDARD ALIAS: MEDPAR_ADMTG_DGNS_CD NCH COMMON ALIAS: ADMISSION_DIAGNOSIS</p>

<i>Variable Name</i>	<i>Label</i>
<i>DEATHDAY</i>	<p><i>MEDPAR Admission Death Day Count</i></p> <p>NCH/EDB  present on the first claim record included in the stay) and MEDPAR beneficiary death date (the death date on the enrollment database, which is accessed prior to SOURCE:  LIMITATIONS:  REFER TO: MEDPAR_ADMSN_DEATH_DAY_CNT_LIM IN THE LIMITATIONS APPENDIX  creation of the quarterly MEDPAR file).  5 DIGITS SIGNED  between the MEDPAR admission date (the admission date The count of the number of days from the date the beneficiary was admitted to a facility to the beneficiary's date of death (DOD).  This field is derived by counting the number of days  COMMON ALIAS: ADMISSION_TO_DEATH_INTERVAL  DB2 ALIAS: ADMSN_DEATH_CNT  SAS ALIAS: DEATHDAY  STANDARD ALIAS: MEDPAR_ADMSN_DEATH_DAY_CNT  DERIVATION:</p>
<i>IPSBCD</i>	<p><i>MEDPAR Internal Use (By IPSB) Code</i></p> <p>STANDARD ALIAS: MEDPAR_INTRNL_USE_IPSB_CD  SAS ALIAS: IPSBCD  Limited availability; for internal use only. Where not available, this field will contain zeroes.  3 DIGITS UNSIGNED  DB2 ALIAS: INTRNL_USE_IPSB_CD</p>
<i>FILDTCD</i>	<p><i>MEDPAR Internal Use File Date Code</i></p> <p>1 DIGIT UNSIGNED  Limited availability; for internal use only to to identify fiscal year/calendar year segments. Where not available, this field will contain a zero.  SAS ALIAS: FILDTCD  STANDARD ALIAS: MEDPAR_INTRNL_USE_FIL_DT_CD  DB2 ALIAS: INTRNL_FIL_DT_CD</p>
<i>SMPLSIZE</i>	<p><i>MEDPAR Internal Use Sample Size Code</i></p> <p>Limited availability; for internal use only to identify the MEDPAR sample size: 20% (HIC 9th digit = 0, 5); 20% (HIC 9th digit = 4, 8; 60% (remainder). Where not available,  SAS ALIAS: SMPLSIZE  1 DIGIT UNSIGNED  DB2 ALIAS: SMPL_SIZE_CD  STANDARD ALIAS:  MEDPAR_INTRNL_USE_SMPL_SIZE_CD  this field will contain a zero.</p>

*Variable Name*

*Label*

WRNGCD

*MEDPAR Warning Indicators Code*

beneficiary is still a patient (applicable to SNF stays only)  
Warning indicator 6 ('intermediary cancel indicator' derived from the presence of the values noted below for intermediary claim action code and intermediary-requested claim cancel reason code on any of the claims included in the analysis. If multiple claims contain 0 = No cancel action (2 or 6) stay):  
1 = Cancel action by credit adjustment (action code = these values, latest claim is used. If both specified action code and cancel reason code are present, cancel reason code takes priority.);  
2 = Cancel action only (action code = 4)  
2 = Stay includes multiple final action claims and  
3 = Coverage transfer (cancel reason code = C)  
0 = Stay includes a single final action claim  
7 = Other (cancel reason code = H)  
the number of final action claims that comprise the applicable to 'nhcmq rugs III SNF demo' stay records derived from the presence of 9,000 series revenue is to provide additional information for the MEDPAR user; center codes.)  
0 = No rugs 9,000 series revenue center codes  
2 = Rugs 9,000 series revenue center code(s) with service date 1/1/96 or later  
3 = Rugs 9,000 series revenue center code(s) with service date 7/1/96 or later  
1 = Stay includes multiple final action claims number, admission date, provider number, claim from/  
5 = Scramble (cancel reason code = S)  
Warning indicator 9 ('pass-thru indicator' derived from  
3 = Death date < admission date and duplicate record  
2 = State code is not in numeric range  
3 = County code is not in numeric range  
action claim(s) that comprise the stay):  
the presence of two claim records with the same claim  
0 = No pass thru per diem present (Non-PPS) thru date, HCFA process date and query code; death/admission date indicator derived by comparing the admission date on the final claim(s) that comprise the stay to the beneficiary death date):  
0 = Do duplicate record  
1 = Duplicate record  
Warning indicator 8 ('duplicate indicator' derived from residence SSA state code and beneficiary residence derived when the stay record is created by checking  
6 = Duplicate billing (cancel reason code = D)  
0 = Utilization day count = los day count  
8 = Combining 2 spells or 2 beneficiary records (cancel reason code = L)  
the presence of a pass thru per diem amount on the final derived from checking the format of the beneficiary  
4 = Plan transfer (cancel reason code = P)

*Variable Name*

*Label*

county code on the final action claim(s) that comprise the stay; determine if in numeric range):  
0 = State and county codes are valid numeric values  
1 = State and county codes are not in numeric range  
Warning indicator 10 (eff 3/96 update) (rugs indicator  
1 = Pass thru per diem present on final action claim  
Warning indicator 7 ('state/county numeric indicator'  
after the final action processing, which are used to  
1 = Credit adjustment (query code = 0)  
a specific item of interest to users of the  
MEDPAR file. Warning indicators 1 and 6, and the first  
two values of indicator 8, are set early in the process -  
while processing all claims through the final action  
DERIVATION:  
other indicators are derived from the claims remaining  
STANDARD ALIAS: MEDPAR\_WRNG\_IND\_CD  
create the stay record.  
CODES:  
Warning indicator 1 ('adjustment indicator' derived  
from the presence of query code values noted below  
on any of the claim records included in the analysis):  
2 = Utilization day count > los day count  
algorithm, prior to the creation of the stay record. The  
MEDPAR  
i.e., let the user know whether or not the stay included  
adjustments, a single claim or multiple claims, any error  
conditions, etc..  
17 DIGITS SIGNED  
COMMON ALIAS: WARNING\_INDICATORS  
This field is packed. Each of the digits identify  
The codes (commonly called warning indicators) specifying  
detailed billing information obtained from the claims  
analyzed for the stay process. The purpose of these codes  
2 = Debit adjustment (query code = 5)  
SOURCE:  
will be present)  
Warning indicators 11 - 17 (not yet assigned; zeroes  
service date 1/1/97 or later  
4 = Rugs 9,000 series revenue center code(s) with  
SAS ALIAS: WRNGCD  
DB2 ALIAS: MEDPAR\_WRNG\_IND\_CD  
0 = Medicare payment amount and total charge amount >  
2 = Death date < admission date  
1 = Utilization day count < los day count  
utilization day count and length-of-stay count):  
claim(s) that comprise the stay; compares resulting  
derived after summing up fields on the final action  
Warning indicator 4 ('utilization day/los day indicator'  
and utilization day count = zeroes  
beneficiary primary payer claim payment amount,  
4 = Medicare payment amount, total charge amount,  
3 = Total charge amount is a credit  
2 = Medicare payment amount is a credit  
zeroes  
0 = No adjustment (no query code = 0 or 5)  
zeroes  
Warning indicator 3 ('reimbursement/total charge  
3 = Credit and debit adjustment (both query code = 0

<i>Variable Name</i>	<i>Label</i>	
		and 5) Warning indicator 2 ('error condition' derived from checking the edit code trailer on the final action claims(s) that comprise the stay): 1 = Medicare payment amount and total charge amount < 1 = Error condition Warning indicator 5 ('single/multiple claim indicator' indicator' derived after summing up fields on the final action claim(s) that comprise the stay; checks resulting Medicare payment amount (commonly called reimbursement), total charge amount, as well as beneficiary primary payer amount and utilization day count): 0 = No error
<i>ORGNL_HIC</i>	<i>MEDPAR Original Health Insurance Claim Number</i>	STANDARD ALIAS: MEDPAR_ORGNL_HIC_NUM This field specifies the original HIC provided by the DB2 ALIAS: ORGNL_HIC SAS ALIAS: ORGNL_HIC
<i>ACTV_XREF_IND</i>	<i>MEDPAR Active Cross-Reference Indicator Code</i>	SAS ALIAS: ACTV_XREF_IND DB2 ALIAS: ACTV_XREF_IND STANDARD ALIAS: MEDPAR_ACTV_XREF_IND_CD CODES: X = Cross-Reference A = Active Specifies whether the HI claim number originated from a cross-reference.
<i>SLCT_RSN_CD</i>	<i>MEDPAR Select Reason Code</i>	Specifies whether this record is a case or control record. NCH SOURCE: S = Surgical M = Medical 1 = Medical or Case 0 = Surgical or control CODES: STANDARD ALIAS: MEDPAR_SLCT_RSN_CD SAS ALIAS: SLCT_RSN_CD DB2 ALIAS: SLCT_RSN_CD