Research Data Distribution Center
DMERC Claim Record -- Data 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'

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

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

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

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

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

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

ORD_UPIN — *DMERC Claim Ordering Physician UPIN Number*

Effective with Version G, the unique physician identification number (UPIN) of the physician ordering the Part B services/DMEPOS item.
DB2 ALIAS: ORDRG_PHYSN_UPIN
SAS ALIAS: ORD_UPIN
STANDARD ALIAS:
DMERC_CLM_ORDRG_PHYSN_UPIN_NUM
TITLE ALIAS: ORDRG_UPIN
COMMENT:
Prior to Version H this field was named:
CWFB_CLM_ORDRG_PHYSN_UPIN_NUM.
SOURCE:
CWF

ORD_NPI — *DMERC Claim Ordering Physician NPI Number*

A placeholder field (effective with Version H) for storing the NPI assigned to the physician ordering the Part B services/DMEPOS item.
COMMON ALIAS: ORDERING_PHYSICIAN_NPI
DB2 ALIAS: ORDRG_PHYSN_NPI
SAS ALIAS: ORD_NPI
STANDARD ALIAS:
DMERC_CLM_ORDRG_PHYSN_NPI_NUM
TITLE ALIAS: ORDRG_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

DEDCNT — *DMERC NCH Edit Code Count*

The count of the number of edit codes annotated to the DMERC 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: DMERC_EDIT_CD_CNT
SAS ALIAS: DEDCNT
STANDARD ALIAS: DMERC_NCH_EDIT_CD_CNT
COMMENT:
Prior to Version H this field was named:
CLM_EDIT_CD_CNT.
SOURCE:
NCH

DPATCNT — *DMERC NCH Patch Code Count*

Effective with Version H, the count of the number of HCFA patch codes annotated to the

DMERC 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: DMERC_PATCH_CD_CNT
SAS ALIAS: DPATCNT
STANDARD ALIAS: DMERC_NCH_PATCH_CD_I_CNT
SOURCE:
NCH

DMCOCNT *DMERC MCO Period Count*

Effective with Version H, the count of the number of
Managed Care Organization (MCO)
periods reported on a DMERC 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: DMERC_MCO_PRD_CNT
SAS ALIAS: DMCOCNT
STANDARD ALIAS: DMERC_MCO_PRD_CNT
EDIT-RULES:
RANGE: 0 TO 2
SOURCE:
NCH

DPLNCNT *DMERC Claim Health PlanID Count*

A placeholder field (effective with Version H) for storing the
count of the number of Health PlanIDs reported on the
DMERC 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:
DMERC_CLM_PAYERID_CNT.
1 DIGIT UNSIGNED
DB2 ALIAS: DMERC_PLANID_CNT
SAS ALIAS: DPLNCNT
STANDARD ALIAS: DMERC_CLM_HLTH_PLANID_CNT
EDIT-RULES:
RANGE: 0 TO 3
SOURCE:
NCH

DDEMCNT *DMERC Claim Demonstration ID Count*

Effective with Version H, the count of the number of claim
demonstration IDs reported on an DMERC 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

Variable Name *Label*

identifiable.
1 DIGIT UNSIGNED
DB2 ALIAS: DMERC_DEMO_ID_CNT
SAS ALIAS: DDEMCNT
STANDARD ALIAS: DMERC_CLM_DEMO_ID_CNT
EDIT-RULES:
RANGE: 0 TO 5
SOURCE:
NCH

DDGNCNT *DMERC Claim Diagnosis Code Count*

The count of the number of diagnosis codes (both principal and other) reported on a DMERC claim. The purpose of this count is to indicate how many claim diagnosis trailers are present.
1 DIGIT UNSIGNED
DB2 ALIAS: DMERC_DGNS_CD_CNT
SAS ALIAS: DDGNCNT
STANDARD ALIAS: DMERC_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

DLINECNT *DMERC Claim Line Count*

The count of the number of line items reported on the DMERC claim. The purpose of this count is to indicate how many line item trailers are present.
2 DIGITS UNSIGNED
DB2 ALIAS: DMERC_CLM_LINE_CNT
SAS ALIAS: DLINECNT
STANDARD ALIAS: DMERC_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

Variable Name *Label*

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 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.

Variable Name   *Label*

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:
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:

Variable Name	Label

*****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
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

Variable Name ***Label***

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.
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

Variable Name | *Label*

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

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 appro-priate 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.

Variable Name ***Label***

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 tradi-
tionally noncovered physician services for
medical consultation furnished via two-way, inter-
active 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.
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 desig-
nated 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 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.

Variable Name	Label

NOTE: Effective 10/1/97 (but not actually imple-
mented 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 effective-
ness of LVRS and maximum medical therapy (in-
cluding pulmonary rehab) for Medicare bene-
ficiaries 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 SEN-
SITIVE NATURE OF THIS CLINICAL TRIAL AND UNDER
THE
TERMS OF THE INTERAGENCY AGREEMENT WITH NIH,
THESE
CLAIMS ARE PROCESSED BY CWF AND TRANSMITTED
TO
HCFA BUT NOT STORED IN THE NEARLINE FILE (access
is restricted to study evaluators only).
31 = VA Pricing Special Processing (SPN) -- not really
a demo but special request from VA due to
court settlement; not Medicare services but
VA inpatient and physician services submitted
to FI 00400 and Carrier 00900 to obtain
Medicare pricing -- CWF WILL PROCESS VA
CLAIMS ANNOTATED WITH DEMO ID '31', BUT WILL
NOT TRANSMIT TO HCFA (not in Nearline File).
37 = Medicare Coordinated Care Demonstration -- to test
whether coordinated care services furnished to
certain beneficiaries improve outcomes of care
and reduce Medicare expenditures under Part A and
Part B. There will be at least 9 Coordinated
Care Entities (CCEs). The selected entities will
be assigned a provider number specifically for the
demonstration services.
NOTE: The demo is on HOLD. The FI and carrier will
add Demo ID '37' to claim.
38 = Physician Encounter Claims - the purpose of this
demo id is to identify the physician encounter
claims being processed at the HCFA Data Center (HDC).
This number will help EDS in making the claim go
through the appropriate processing logic, which
differs from that for fee-for-service. **NOT
IN NCH -- AVAILABLE IN NMUD.**
NOTE: Effective October, 2000. Demo ids will not be
assigned to Inpatient and Outpatient encounter claims.
39 = Centralized Billing of Flu and PPV Claims -- The
purpose of this demo is to facilitate the processing
carrier, Trailblazers, paying flu and PPV claims
based on payment localities. Providers will be

Variable Name *Label*

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
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 con-
tain the CHOICES plan number, if both of the follow-
ing 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 re-
flect 'INVALID'.
NOTE: In Version 'G', a valid CHOICES plan ID is
stored as alpha character in redefined Claim

Variable Name *Label*

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
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

Variable Name ***Label***

STANDARD ALIAS: NCH_LINE_TRLR_IND_CD
CODES:
L = Line Item trailer present
Blank = No trailer present
SOURCE:
NCH

SPLRNM{x} *DMERC Line Supplier Provider Number*

where { x } ranges from 1 to 13

Effective with Version G, billing number assigned to the supplier of the Part B service/DMEPOS by the National Supplier Clearinghouse, as reported on the line item for the DMERC claim.
DB2 ALIAS: SUPLR_PRVDR_NUM
SAS ALIAS: SUPLRNUM
STANDARD ALIAS: DMERC_LINE_SUPLR_PRVDR_NUM
TITLE ALIAS: SUPLR_NUM
COMMENT:
Prior to Version H this field was named:
CWFB_SUPLR_PRVDR_NUM.
SOURCE:
CWF

SUPNPI{x} *DMERC Line Item Supplier NPI Number*

where { x } ranges from 1 to 13

A placeholder field (effective with Version H) for storing the NPI assigned to the supplier of the Part B service/DMEPOS line item.
COMMON ALIAS: SUPPLIER_NPI
DB2 ALIAS: SUPLR_NPI_NUM
SAS ALIAS: SUP_NPI
STANDARD ALIAS: DMERC_LINE_SUPLR_NPI_NUM
TITLE ALIAS: SUPLR_NPI
SOURCE:
CWF

PRCGST{x} *DMERC Line Pricing State Code*

where { x } ranges from 1 to 13

Effective with Version G, the SSA standard state code (converted from the state postal abbreviation) representing the pricing location of the service reported on the DMERC line item. This is usually the beneficiary state of residence.
Note: the BENE_RSDNC_SSA_STD_STATE_CD reported in the fixed portion of the DMERC claim record may differ from this field. This can happen when the beneficiary is in another state when the service is rendered (other than the primary residence state), or the beneficiary has moved to another state and the CWF master record has not yet been changed.
DB2 ALIAS: DMERC_PRCNG_STATE
SAS ALIAS: PRCNG_ST
STANDARD ALIAS: DMERC_LINE_PRCNG_STATE_CD
TITLE ALIAS: DMERC_PRCNG_STATE_CD
CODES:
REFER TO: GEO_SSA_STATE_TB
IN THE CODES APPENDIX

Variable Name	Label

COMMENT:
Prior to Version H this field was named:
CWFB_DME_PRCNG_STATE_CD.
SOURCE:
CWF/NCH

PRVSTT{x} — *DMERC Line Provider State Code*

where { x } ranges from 1 to 13

Effective with Version G, the SSA standard state code (converted from the state postal abbreviation) representing the supplier's location, as reported on the DMERC line item.
NOTE: Although created for Version 'G', this field was blank until 1/95 when the supplier state code was added to the DME claim record as a required field.
DB2 ALIAS: DMERC_PRVDR_STATE
SAS ALIAS: PRVSTATE
STANDARD ALIAS: DMERC_LINE_PRVDR_STATE_CD
TITLE ALIAS: DMERC_PRVDR_STATE_CD
CODES:
REFER TO: GEO_SSA_STATE_TB
IN THE CODES APPENDIX
COMMENT:
Prior to Version H this field was named:
CWFB_DME_PRVDR_STATE_CD.
SOURCE:
CWF/NCH

SPTYP{x} — *DMERC Line Supplier Type Code*

where { x } ranges from 1 to 13

Code identifying the type of supplier furnishing the line item service on the DMERC claim.
DB2 ALIAS: SUPLR_TYPE_CD
SAS ALIAS: SUP_TYPE
STANDARD ALIAS: DMERC_LINE_SUPLR_TYPE_CD
TITLE ALIAS: SUPLR_TYPE
CODES:
REFER TO: DMERC_LINE_SUPLR_TYPE_TB
IN THE CODES APPENDIX
COMMENT:
Prior to Version H this field on the DMERC claim 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:

Variable Name ***Label***

Prior to Version H this field was named:
CWFB_PRVDR_TAX_NUM.
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

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

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

Variable Name	***Label***

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.
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

EXPDT1{x} — *Line First Expense Date*
where { x } ranges from 1 to 13

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

Variable Name	*Label*

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 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
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

MDFCD3{x} *DMERC Line HCPCS Third Modifier Code*
where { x } ranges from 1 to 13

Effective with Version G, a third modifier to the HCPCS
procedure code used to process the DMERC line item.
DB2 ALIAS: HCPCS_3RD_MDFR_CD

Variable Name ***Label***

SAS ALIAS: MDFR_CD3
STANDARD ALIAS:
DMERC_LINE_HCPCS_3RD_MDFR_CD
TITLE ALIAS: HCPCS_3RD_MDFR
COMMENT:
Prior to Version H this field was named:
HCPCS_3RD_MDFR_CD.
SOURCE:
CWF

MDFCD4{x} *DMERC Line HCPCS Fourth Modifier Code*

where { x } ranges from 1 to 13

Effective with Version G, a fourth modifier to the HCPCS procedure code used to process the DMERC line item.
DB2 ALIAS: HCPCS_4TH_MDFR_CD
SAS ALIAS: MDFR_CD4
STANDARD ALIAS:
DMERC_LINE_HCPCS_4TH_MDFR_CD
TITLE ALIAS: HCPCS_4TH_MDFR
COMMENT:
Prior to Version H this field was named:
HCPCS_4TH_MDFR_CD.
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

Variable Name	*Label*

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
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

NOCTXT{x} — *DMERC Line Not Otherwise Classified HCPCS Code Text*
where { x } ranges from 1 to 13

Effective with Version G, the text describing the not
otherwise classified HCPCS code relating to this DMERC
line item.
DB2 ALIAS: NOC_HCPCS_CD_TXT
SAS ALIAS: NOC_TXT
STANDARD ALIAS: DMERC_LINE_NOC_HCPCS_CD_TXT
TITLE ALIAS: NOC_HCPCS_TXT
COMMENT:
Prior to Version H this field was named:
CWFB_DME_ITM_NOC_HCPCS_CD_TXT.
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.
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:
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.

Variable Name ***Label***

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

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

Variable Name *Label*

TITLE ALIAS: TENPCT_PNLTY
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

SCRVGS{x} *DMERC Line Screen Savings Amount*
where { x } ranges from 1 to 13

Effective with Version G, the amount of savings attributable to the coverage screen for this DMERC line item.
9.2 DIGITS SIGNED
DB2 ALIAS: LINE_SCRN_SVGS_AMT
SAS ALIAS: SCRNSVGS
STANDARD ALIAS: DMERC_LINE_SCRN_SVGS_AMT
TITLE ALIAS: SCRN_SVGS
COMMENT:
Prior to Version H this field was named:
CWFB_DME_SCRN_SVGS_AMT and the field size was
S9(5)V99.
SOURCE:

Variable Name ***Label***

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

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
STANDARD ALIAS: LINE_PMT_80_100_CD
TITLE ALIAS: REINBURSEMENT_IND
CODES:

Variable Name ***Label***

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

DMUNT{x} *DMERC Line Miles/Time/Units/Services Count*

where { x } ranges from 1 to 13

Effective with Version G, the count of the total units associated with the DMERC line item service needing unit reporting, including number
of services, volume of oxygen and drug dose.
7 DIGITS SIGNED
DB2 ALIAS: DMERC_MTUS_CNT
SAS ALIAS: DME_UNIT
STANDARD ALIAS: DMERC_LINE_MTUS_CNT
TITLE ALIAS: MTUS_CNT
COMMENT:
Prior to Version H this field was named:
CWFB_DME_MTUS_CNT.

Variable Name ***Label***

SOURCE:
CWF

UNTIND{x} *DMERC Line Miles/Time/Units/Services Indicator Code*
where { x } ranges from 1 to 13

Effective with Version G, the code indicating the type of units reported for the DMERC line item.
DB2 ALIAS: DMERC_MTUS_IND_CD
SAS ALIAS: UNIT_IND
STANDARD ALIAS: DMERC_LINE_MTUS_IND_CD
TITLE ALIAS: MTUS_IND
CODES:
0 = Values reported as zero
3 = Number of services
4 = Oxygen volume units
6 = Drug dosage
COMMENT:
Prior to Version H this field was named:
CWFB_DME_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

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.

Variable Name *Label*

SOURCE:
CWF

SSPIND{x} *DMERC Line Screen Suspension Indicator Code*
where { x } ranges from 1 to 13

Effective with Version G, the code identifying the medical review (MR) screen that caused DMERC line item to suspend.
DB2 ALIAS: SCRN_SUSPNSN_CD
SAS ALIAS: SUSP_IND
STANDARD ALIAS:
DMERC_LINE_SCRN_SUSPNSN_IND_CD
TITLE ALIAS: SCRN_SUSPNSN_IND
CODES:
MUXX = Mandated unbundling screens
UXXX = Local unbundling screens
CXXX = Statutorily noncovered screens
M1XX = Mandate CAT I screens
1XXX = Local CAT I screens
M2XX = Mandate CAT II screens
2XXX = Local CAT II screens
M3XX = Mandate CAT III screens
3XXX = Local CAT III screens
SOURCE:
CWF

RSLIND{x} *DMERC Line Screen Result Indicator Code*
where { x } ranges from 1 to 13

Effective with Version G, code indicating the outcome of the medical review (MR) unit's evaluation of the DMERC line item.
DB2 ALIAS: SCRN_RSLT_IND_CD
SAS ALIAS: RSLT_IND
STANDARD ALIAS: DMERC_LINE_SCRN_RSLT_IND_CD
TITLE ALIAS: SCRN_RSLT_IND
CODES:
REFER TO: DMERC_LINE_SCRN_RSLT_IND_TB
IN THE CODES APPENDIX
COMMENT:
Prior to Version H this field was named:
CWFB_DME_SCRN_RSLT_IND_CD.
SOURCE:
CWF

WVRSW{x} *DMERC Line Waiver Of Provider Liability Switch*
where { x } ranges from 1 to 13

Effective with Version G, the switch indicating the beneficiary was notified that the item, reported as a DMERC line item, may not be considered medically necessary and has agreed in writing to pay for the item.
DB2 ALIAS: WVR_PRVDR_LBLTY_SW
SAS ALIAS: WAIVERSW
STANDARD ALIAS:
DMERC_LINE_WVR_PRVDR_LBLTY_SW
TITLE ALIAS: WAIVER_LBLTY_SW
CODES:
Y = Yes
N = No

Variable Name	*Label*

COMMENT:
Prior to Version H this field was named:
CWFB_DME_WVR_PRVDR_LBLTY_SW.
SOURCE:
CWF

DCSIND{x} — *DMERC Line Decision Indicator Switch*

where { x } ranges from 1 to 13

Effective with Version G, the switch identifying whether the DMERC claim represents an original decision or a reversal of an earlier decision
on the original claim.
DB2 ALIAS: DMERC_DCSN_IND_SW
SAS ALIAS: DCSN_IND
STANDARD ALIAS: DMERC_LINE_DCSN_IND_SW
TITLE ALIAS: DCSN_IND
CODES:
O = Original MR determination
R = MR determination after reversal
of original decision
COMMENT:
Prior to Version H this field was named:
CWFB_DME_DCSN_IND_SW.
SOURCE:
CWF

EOR — *End of Record Code*

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