

Durable Medical Equipment (DMERC)

Variable Name

Variable Label

ACRTN_DT	CWF CLAIM ACCRETION DATE
ACRTN_NM	CWF CLAIM ACCRETION NUMBER
ALOWCHRG	NCH CARRIER ALLOWED CHARGE AMOUNT
ASGMNTCD	CARRIER PROVIDER ASSIGNMENT INDICATOR SWITCH
BENE_DOB	BENEFICIARY DATE OF BIRTH
BENE_PMT	NCH BENEFICIARY PAYMENT AMOUNT
BENEPaid	BENEFICIARY PAID AMOUNT
BETOS	NCH BETOS CODE
CLM_TYPE	NCH CLAIM TYPE CODE
CMS_VRFY	HCFA number verified by CMS
COINAMT	LINE COINSURANCE AMOUNT
DAILY_DT	NCH DAILY PROCESS DATE
DCMTN_CD	ADDITIONAL CLAIM DOCUMENTATION INDICATOR CODE
DCSN_IND	LINE DECISION INDICATOR SWITCH
DDEMCNT	DEMONSTRATION ID COUNT
DDGNCNT	DIAGNOSIS CODE COUNT
DED_SW	LINE DEDUCTIBLE INDICATOR SWITCH
DEDAPPLY	CARRIER APPLIED DEDUCTIBLE AMOUNT
DEDCNT	DMERC NCH EDIT CODE COUNT
DEMOIND1 – DEMOIND5	DEMONSTRATION TRAILER INDICATOR CODE
DEMONUM1 – DEMONUM5	DEMONSTRATION IDENTIFICATION NUMBER
DGNS_CD1 – DGNS_CD4	CLAIM DIAGNOSIS CODE
DGNSIND1 – DGNSIND4	DIAGNOSIS TRAILER INDICATOR CODE
DISP_CD	CLAIM DISPOSITION CODE
DLINECNT	CLAIM LINE COUNT
DMCOCNT	DMERC MCO PERIOD COUNT
DME_PURC	DME PURCHASE PRICE AMOUNT
DME_UNIT	LINE MILES/TIME/UNITS/SERVICES COUNT
DPATCNT	DMERC NCH PATCH CODE COUNT
DPLNCNT	HEALTH PLAN ID COUNT
EDITDISP	NCH EDIT DISPOSITION CODE
EDTCD01 – EDTCD13	NCH EDIT CODE

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EDTIND01 – EDTIND13	NCH EDIT TRAILER INDICATOR CODE
ENTRY_CD	CARRIER CLAIM ENTRY CODE
EXPNSDT1	LINE FIRST EXPENSE DATE
EXPNSDT2	LINE LAST EXPENSE DATE
FROM_DT	CLAIM FROM DATE
FRWRD_DT	CWF FOWARDED DATE
HCFA SPCL	HCFA PROVIDER SPECIALITY CODE
HCPCS_CD	LINE HCPCS CODE
HCPCS_YR	HCPCS YEAR CODE
HOSPOVRD	CARRIER HOSPICE OVERRIDE INDICATOR CODE
LALOWCHG	LINE ALLOWED CHARGE AMOUNT
LBENPMT	LINE BENEFICIARY PAYMENT AMOUNT
LDEDAMT	LINE BENEFICIARY PART B DEDUCTIBLE AMOUNT
LINECNT	CLAIM TOTAL LINE COUNT
LINEDGNS	LINE DIAGNOSIS CODE
LINEIND	NCH LINE ITEM TRAILER INDICATOR CODE
LINEPMT	LINE NCH PAYMENT AMOUNT
LINT_AMT	LINE INTEREST AMOUNT
LPRPAYCD	LINE BENEFICIARY PRIMARY PAYER CODE
LPRPDAMT	LINE BENEFICIARY PRIMARY PAYER PAID AMOUNT
LPRVPMT	LINE PROVIDER PAYMENT AMOUNT
LSBMTCHG	LINE SUBMITTED CHARGE AMOUNT
MCEFFDT1	MCO PERIOD EFFECTIVE DATE
MCEFFDT2	MCO PERIOD EFFECTIVE DATE
MCOIND1	NCH MCO TRAILER INDICATOR CODE
MCOIND2	NCH MCO TRAILER INDICATOR CODE
MCOOPTN1	MCO OPTION CODE
MCOOPTN2	MCO OPTION CODE
MCOOVRD	CARRIER MCO OVERRIDE INDICATOR CODE
MCTRMDT1	MCO PERIOD TERMINATION DATE
MCTRMDT2	MCO PERIOD TERMINATION DATE
MDFR_CD1	HCPCS INITIAL MODIFIER CODE

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MDFR_CD2	HCPCS SECOND MODIFIER CODE
MDFR_CD3	HCPCS THIRD MODIFIER CODE
MDFR_CD4	HCPCS FOURTH MODIFIER CODE
MQA_RIC	NCH MQA RIC CODE
MS_CD	CWF BENEFICIARY MEDICARE STATUS CODE
NDC_CD	NATIONAL DRUG CODE
NOC_TXT	LINE NOT OTHERWISE CLASSIFIED HCPCS CODE
PDGNS_CD	CLAIM PRINCIPAL DIAGNOSIS CODE
PLCSRVC	PLACE OF SERVICE CODE
PLNDCD1	CLAIM HEALTH PLAN ID CODE
PLNDCD2	CLAIM HEALTH PLAN ID CODE
PLNDCD3	CLAIM HEALTH PLAN ID CODE
PLNDND1	HEALTH PLAN ID TRAILER INDICATOR CODE
PLNDND2	HEALTH PLAN ID TRAILER INDICATOR CODE
PLNDND3	HEALTH PLAN ID TRAILER INDICATOR CODE
PMT_AMT	CLAIM PAYMENT AMOUNT
PMTDNLCD	CARRIER CLAIM PAYMENT DENIAL CODE
PMTINDCD	LINE PAYMENT INDICATOR CODE
PMTINDSW	LINE PAYMENT 80%/100% CODE
PNLTYAMT	LINE 10% PENALTY REDUCTION AMOUNT
PRCNG_ST	LINE PRICING STATE CODE
PRCNGIND	LINE PROCESSING INDICATOR CODE
PROV_PMT	NCH PROVIDER PAYMENT AMOUNT
PRPAYAMT	CARRIER PRIMARY PAYER PAID AMOUNT
PRPYALOW	LINE PRIMARY PAYER ALLOWED AMOUNT
PRTCPTG	PROVIDER PARTICIPATING CODE
PTCHCD01 – PTCHCD99	NCH PATCH CODE
PTCHDT01 – PTCHDT99	NCH PATCH APPLIED DATE
PTCHND01 - PTCHND99	NCH PATCH TRAILER INDICATOR CODE
PUBLICID	PUBLIC USE ID
RACE	BENEFICIARY RACE CODE
RCPT_DT	CARRIER CLAIM RECEIPT DATE

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REC_LEN
REC_LVL
RIC_CD
RSLT_IND
SBMTCHRG
SCHLD_DT
SCRNSVGS
SEX
SGMT_CNT
SGMT_NUM
SGMTLINE
SRVC_CNT
SUP_TYPE
SUSP_IND
THRU_DT
TRTMT_CD
TYP SRVCB
UNIT_IND
WAIVERSW
WKLY_DT

Variable Label

RECORD LENGTH COUNT
NCH NEAR-LINE RECORD VERSION LEVEL
NCH NEAR LINE RECORD ID CODE
SCREEN RESULT INDICATOR CODE
CARRIER SUBMITTED CHARGE AMOUNT
CARRIER CLAIM SCHEDULED PAYMENT DATE
LINE SCREEN SAVINGS AMOUNT
BENEFICIARY SEX ID CODE
CLAIM TOTAL SEGMENT COUNT
CLAIM SEGMENT NUMBER
CLAIM SEGMENT LINE COUNT
LINE SERVICE COUNT
LINE SUPPLIER TYPE CODE
LINE SCREEN SUSPENSION INDICATOR CODE
CLAIM THROUGH DATE
EXCEPT/NONEXCEPT MEDICAL TREATMENT CODE
HCFA TYPE SERVICE CODE
LINE MILES/TIME/UNITS/SERVICES INDICATOR CODE
LINE WAIVER OF PROVIDER LIABILITY SWITCH
NCH WEEKLY CLAIM PROCESS DATE