

Outpatient SAF

Variable Name

Variable Label

ACRTN_DT	CLAIM ACCRETION DATE
ACRTN_NM	CLAIM ACCRETION NUMBER
ACTIONCD	FI CLAIM ACTION CODE
APCPPS01- APCPPS45	REVENUE CENTER APC/HIPPS CODE
APRVL_DT	FI CLAIM PROCESS DATE
BENE_DOB	BENEFICIARY DATE OF BIRTH
BENEPMT	BENEFICIARY PAYMENT AMOUNT
BLD_RPLC	BLOOD PINTS REPLACED QUANTITY
BLDDEDAM	BENEFICIARY BLOOD DEDUCTIBLE LIABILITY AMOUNT
BLDDEDPT	BLOOD DEDUCTIBLE PINTS QUANTITY
BLDFRNSH	BLOOD PINTS FURNISHED QUANTITY
BLDNRPLC	BLOOD PINTS NOT REPLACED QUANTITY
CANCELCD	FI REQUESTED CLAIM CANCEL REASON CODE
CLM_TYPE	CLAIM TYPE CODE
CMS_VRFY	HCFA number verified by CMS
CNDND01 – CNDND30	CONDITION TRAILER INDICATOR CODE
DAILY_DT	DAILY PROCESS DATE
DEMOIND1 – DEMOIND5	DEMONSTRATION TRAILER INDICATOR CODE
DGNS_E	CLAIM DIAGNOSIS E CODE
DGNSCD01 – DGNSCD10	CLAIM DIAGNOSIS CODE
DGNSND01 – DGNSND10	DIAGNOSIS TRAILER INDICATOR CODE
DISP_CD	CLAIM DISPOSITION CODE
DSCTND01 – DSCTND45	REVENUE CENTER DISCOUNT INDICATOR CODE
EDITCD01 – EDITCD13	EDIT CODE
EDITDISP	EDIT DISPOSITION CODE
EDTND01 – EDTND13	EDIT TRAILER INDICATOR CODE
ESRDMTHD	ESRD METHOD OF REIMBURSEMENT CODE
FAC_TYPE	CLAIM FACILITY TYPE CODE
FREQ_CD	CLAIM FREQUENCY CODE
FROM_DT	CLAIM FROM DATE
FRWRD_DT	CWF FORWARDED DATE
HCPCSD01 – HCPCSD45	REVENUE CENTER HCPCS CODE

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Variable Name

INTRMDED
LINECNT
MCFFDT1
MCFFDT2
MCOIND1
MCOIND2
MCOOPTN1
MCOOPTN2
MCOPDSW
MCTRMMDT1
MCTRMMDT2
MDFCD101 - MDFCD145
MDFCD201 - MDFCD245
MDFCD301 - MDFCD345
MDFCD401 - MDFCD445
MDFCD501 - MDFCD545
MQA_RIC
MQAQUERY
MS_CD
NOPAY_CD
OCRCCD01 - OCRCCD30
OCRCDT01 - OCRCDT30
OCRCND01 - OCRCND30
OP_RFRL
OPCONCNT
OPDEMCNT
OPDGCNCNT
OPEDCNT
OPMCOCNT
OPOCRCNT
OPPATICNT
OPPLNCNT

Variable Label

BENEFICIARY INTERIM DEDUCTIBLE AMOUNT
CLAIM TOTAL LINE COUNT
MCO PERIOD EFFECTIVE DATE
MCO PERIOD EFFECTIVE DATE
MCO TRAILER INDICATOR CODE
MCO TRAILER INDICATOR CODE
MCO OPTION CODE
MCO OPTION CODE
CLAIM MCO PAID SWITCH
MCO TERMINATION DATE
MCO TERMINATION DATE
REVENUE CENTER HCPCS INITIAL MODIFIER CODE
REVENUE CENTER HCPCS SECOND MODIFIER CODE
REVENUE CENTER HCPCS THIRD MODIFIER CODE
REVENUE CENTER HCPCS FOURTH MODIFIER CODE
REVENUE CENTER HCPCS FIFTH MODIFIER CODE
MQA RIC CODE
MQA QUERY PATCH CODE
CWF BENEFICIARY MEDICARE STATUS CODE
CLAIM MEDICARE NON PAYMENT REASON CODE
CLAIM RELATED OCCURRENCE CODE
CLAIM RELATED OCCURRENCE DATE
OCCURRENCE TRAILER INDICATOR CODE
CLAIM OUTPATIENT REFERRAL CODE
OUTPATIENT CLAIM RELATED CONDITION CODE COUNT
OUTPATIENT CLAIM DEMONSTRATION ID COUNT
OUTPATIENT CLAIM DIAGNOSIS CODE COUNT
OUTPATIENT NCH EDIT CODE COUNT
OUTPATIENT MCO PERIOD COUNT
OUTPATIENT CLAIM RELATED OCCURRENCE CODE COUNT
OUTPATIENT NCH PATCH CODE COUNT
OUTPATIENT CLAIM HEALTH PLAN ID COUNT

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OPPRCCNT	OUTPATIENT CLAIM PROCEDURE CODE COUNT
OPREVCNT	OUTPATIENT REVENUE CENTER CODE COUNT
OPSPNCN	OUTPATIENT CLAIM OCCURRENCE SPAN CODE COUNT
OPSRVTYP	CLAIM OUTPATIENT SERVICE TYPE CODE
OPVALCNT	OUTPATIENT CLAIM VALUE CODE COUNT
OTAF_101 - OTAF_145	REVENUE CENTER OTAF PAYMENT CODE - PRIMARY PAYER
OTAF_201 - OTAF_245	REVENUE CENTER OTAF PAYMENT CODE - SECONDARY PAYER
PCCHGAM	PROFESSIONAL COMPONENT CHARGE AMOUNT
PCKGND01 – PCKGND45	REVENUE CENTER PACKAGING INDICATOR CODE
PDGNS_CD	CLAIM PRINCIPAL DIAGNOSIS CODE
PE_RIC	PAYMENT AND EDIT RECORD IDENTIFICATION CODE
PLNDCD1	CLAIM HEALTH PLAN ID CODE
PLNDCD2	CLAIM HEALTH PLAN ID CODE
PLNDCD3	CLAIM HEALTH PLAN ID CODE
PLNDND1	HEALTH PLAN ID TRAILER INDICATOR CODE
PLNDND2	HEALTH PLAN ID TRAILER INDICATOR CODE
PLNDND3	HEALTH PLAN ID TRAILER INDICATOR CODE
PMT_AMT	CLAIM PAYMENT AMOUNT
PMTTHD01 – PMTTHD45	REVENUE CENTER PAYMENT METHOD INDICATOR CODE
PPS_IND	CLAIM PPS INDICATOR CODE
PRCDRCD1 – PRCDRCD6	CLAIM PROCEDURE CODE
PRCDRDT1 – PRCDRDT6	CLAIM PROCEDURE PERFORMED DATE
PRCDRND1 – PRCDRND6	PROCEDURE TRAILER INDICATOR CODE
PRICNG01 – PRICNG45	REVENUE CENTER PRICING INDICATOR CODE
PRO_DT	CLAIM PRO PROCESS DATE
PRPAY_CD	PRIMARY PAYER CODE
PRPAYAMT	PRIMARY PAYER CLAIM PAID AMOUNT
PRVDRPMT	PROVIDER PAYMENT AMOUNT
PTB_COIN	BENEFICIARY PART B COINSURANCE AMOUNT
PTB_DED	BENEFICIARY PART B DEDUCTIBLE AMOUNT
PTCHCD01 – PTCHCD30	PATCH CODE
PTCHDT01 – PTCHDT30	PATCH APPLIED DATE

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Variable Name

PTCHND01 – PTCHND30
PTNRSP01 – PTNRSP45
PUBLICID
QUERY_CD
RACE
RBNPMT01 – RBNPMT45
RCPT_DT
RDCDCN01 – RDCDCN45
REC_LEN
REC_LVL
REV_DT01 -.REV_DT45
REVIND01 – REVIND45
REVPMT01 – REVPMT45
RIC_CD
RLTCND01 – RLTCND30
RPRPMT01 – RPRPMT45
RVBLD01 – RVBLD45
RVCHRG01 – RVCHRG45
RVCNTR01 – RVCNTR45
RVDDCD01 – RVDDCD45
RVDTBL01 – RVDTBL45
RVMSP101 - RVMSP145
RVMSP201 – RVMSP245
RVNCVR01 – RVNCVR45
RVNS101 - RVNS145
RVNS201 – RVNS245
RVNS301 – RVNS345
RVNS401 – RVNS445
RVPCHG01 – RVPCHG45
RVRT01 – RVRT45
RVUNT01 – RVUNT45
SCHLD_DT

Variable Label

PATCH TRAILER INDICATOR CODE
PATIENT RESPONSIBILITY PAYMENT AMOUNT
PUBLIC USE ID
CLAIM QUERY CODE
BENEFICIARY RACE CODE
REVENUE CENTER BENEFICIARY PAYMENT AMOUNT
LAIM RECEIPT DATE
REVENUE CENTER REDUCED COINSURANCE AMOUNT
RECORD LENGTH COUNT
NEAR-LINE RECORD VERSION CODE
REVENUE CENTER DATE
REVENUE CENTER TRAILER INDICATOR CODE
REVENUE CENTER PAYMENT AMOUNT
NEAR-LINE RECORD IDENTIFICATION CODE
CLAIM RELATED CONDITION CODE
REVENUE CENTER PROVIDER PAYMENT AMOUNT
REVENUE CENTER BLOOD DEDUCTIBLE AMOUNT
REVENUE CENTER TOTAL CHARGE AMOUNT
REVENUE CENTER CODE
REVENUE CENTER DEDUCTIBLE COINSURANCE CODE
REVENUE CENTER CASH DEDUCTIBLE AMOUNT
1ST MEDICARE SECONDARY PAYER PAID AMOUNT
2ND MEDICARE SECONDARY PAYER PAID AMOUNT
REVENUE CENTER NON-COVERED CHARGE AMOUNT
REVENUE CENTER FIRST ANSI CODE
REVENUE CENTER SECOND ANSI CODE
REVENUE CENTER THIRD ANSI CODE
REVENUE CENTER FOURTH ANSI CODE
REVENUE CENTER PROFESSIONAL COMPONENT AMOUNT
REVENUE CENTER RATE AMOUNT
REVENUE CENTER UNIT COUNT
CLAIM SCHEDULED PAYMENT DATE

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SEX
SGMT_CNT
SGMT_NUM
SGMTLINE
SPANCD01 – SPANCD10
SPNFRM01 – SPNFRM10
SPNND01 – SPNND10
SPNTHR01 – SPNTHR10
STUS_CD
THRU_DT
TOT_CHRG
TRANS_CD
TRANYPE
TRTMT_CD
TYPESRVC
VAL_CD01 - VAL_CD36
VALAMT01 – VALAMT36
VALIND01 – VALIND36
WGDJ01 – WGDJ45
WKLY_DT

Variable Label

BENEFICIARY SEX IDENTIFICATION CODE
CLAIM TOTAL SEGMENT TYPE
CLAIM SEGMENT NUMBER
CLAIM SEGMENT LINE COUNT
CLAIM OCCURRENCE SPAN CODE
CLAIM OCCURRENCE SPAN FROM DATE
SPAN TRAILER INDICATOR CODE
CLAIM OCCURRENCE SPAN THROUGH DATE
PATIENT DISCHARGE STATUS CODE
CLAIM THROUGH DATE
CLAIM TOTAL CHARGE AMOUNT
CLAIM TRANSACTION CODE
TRANSACTION TYPE CODE
CLAIM EXCEPTED/NONEXCEPTED MEDICAL TREATMENT CODE
CLAIM SERVICE TYPE CODE
CLAIM VALUE CODE
CLAIM VALUE AMOUNT
VALUE TRAILER INDICATOR CODE
REVENUE CENTER COINSURANCE/WAGE ADJUSTED AMOUNT
WEEKLY CLAIM PROCESSING DATE