

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
**** Medicare Provider Analysis and Review (MEDPAR) Expanded Modified Record	REC	838			<p>The representation of a beneficiary stay in an Inpatient hospital or in a skilled nursing facility (SNF) which may include one or more final action claims.</p> <p>The 1995 Medicare provider analysis and review (MEDPAR) file contains data from claims for services provided to Medicare beneficiaries admitted to Medicare-certified hospitals and skilled nursing facilities (SNF). The file is created quarterly in March, June, September, and December, and is generally available two weeks after the end of the quarter. Each MEDPAR record represents a beneficiary stay in an Inpatient hospital (where discharged) or in a SNF (may be 'still a patient'; complete discharge data not always received), and may include one claim or multiple claims. (Approximately 95% of Inpatient MEDPAR records and 50% of SNF MEDPAR records involve a single claim.)</p> <p>Beginning in June 1995, the Inpatient and SNF claims from the national claims history (NCH) 100% nearline file became the source of MEDPAR. Also effective June, 1995, a MEDPAR record represents final action claims data in which all adjustments have been resolved (thereby eliminating credit-only situations).</p> <p>(Prior to June 1995, MEDPAR was created from claims from the Medicare quality assurance (MQA) system; a MEDPAR record represented an accumulation of adjustment claims, sometimes including credit-only stays.)</p> <p>Effective with the 9/96 update the 1995 MEDPAR was created as follows:</p> <ol style="list-style-type: none"> <li>1. Each month Inpatient and SNF claims are accumulated from the NCH nearline repository.</li> <li>2. At the end of each quarter, the monthly files are merged into a database containing all claims for the current year and prior two years. The database is processed through the final action algorithms.</li> <li>3. The final-actioned database is split into two segments for each year. Inpatient claims with discharge dates and SNF claims with admission dates in January through September are in the first segment; claims with dates in October through December are in the second segment. This allows for the creation of fiscal year or calendar year files as needed.</li> </ol>

4. The claims remaining from the final action processing are collapsed by claim number, admission date, and provider number (all in ascending order) to create a stay record. The records are further sorted by claim from date, claim thru date, (both in ascending order), HCFA process date (descending), and query code (descending); and the results are used to create MEDPAR.

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<p>For the 6/95 through the 6/96 updates the 1995 MEDPAR was created as follows:</p> <p>* Each month Inpatient and SNF claims are accumulated from the NCH nearline repository.</p> <p>* At the end of each quarter, the monthly files are merged into a database containing all claims for the current year and prior two years. The database is split into two segments for each year. Inpatient claims with discharge dates and SNF claims with admission dates in January through September are in the first segment; claims with dates in October through December are in the second segment. This allows for the creation of fiscal year or calendar year files as needed.</p> <p>* The segments are processed through the final action algorithms. The claims remaining from the final action processing are collapsed by claim number, admission date, and provider number (all in ascending order) to create a stay record. The records are further sorted by claim from date, claim thru date, (both in ascending order), HCFA process date (descending), and query code (descending); and the results are used to create MEDPAR.</p> <p>SYSTEM ALIAS: MED2K788</p>					
**** DESY Header Group	GROUP	50	1	50	
1. DESY System User	CHAR	30	1	30	A user-defined field that holds the description of the request. For example, cross-referenced HICs.
2. DESY Filler	CHAR	11	31	41	Filler
3. DESY Sort Key	CHAR	9	42	50	This field contains the key to tie claims together for one beneficiary regardless of HICAN.
**** MEDPAR Claim Locator Number Group	GROUP	11	51	61	THIS NUMBER UNIQUELY IDENTIFIES THE BENEFICIARY.

STANDARD ALIAS: MEDPAR\_CLM\_LCTR\_NUM\_GRP

4. MEDPAR Beneficiary Claim Account Number CHAR 9 51 59 The number identifying the primary beneficiary under the SSA or RRB programs submitted.

NOTE: This field comes from the CAN that is present on the first claim record included in the stay.

COMMON ALIAS: CAN  
DB2 ALIAS: BENE\_CLM\_ACNT\_NUM  
SAS ALIAS: CAN  
STANDARD ALIAS: MEDPAR\_BENE\_CLM\_ACNT\_NUM

SOURCE:  
NCH

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5. MEDPAR Category Equatable Beneficiary Identification Code	CHAR	2	60	61	The code which categorizes 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.)

NOTE: This field comes from the NCH category base BIC that is present on the first claim record included in the stay.

COMMON ALIAS: EQ\_BIC  
DB2 ALIAS: CTGRY\_EQTBL\_BIC  
SAS ALIAS: EQ\_BIC  
STANDARD ALIAS: MEDPAR\_CTGRY\_EQTBL\_BIC\_CD

CODES:  
REFER TO: CTGRY\_EQTBL\_BENE\_IDENT\_TB  
IN THE CODES APPENDIX

SOURCE:  
NCH

6. MEDPAR Beneficiary Age Count NUM 3 62 64 The beneficiary's age as of date of admission.

3 DIGITS UNSIGNED

DB2 ALIAS: MEDPAR\_AGE\_CNT

SAS ALIAS: AGE\_CNT  
STANDARD ALIAS: MEDPAR\_BENE\_AGE\_CNT

DERIVATION:  
This field is derived by subtracting the bene date of birth from the admission date, present on the first claim record included in the stay. Exception: If the resulting age is 64, and the MSC = 10 or 11, the age is changed to 65.

SOURCE:  
NCH

7. MEDPAR Beneficiary Sex Code CHAR 1 65 65 The sex of a beneficiary.

NOTE: This field comes from the sex code that is present on the first claim record included in the stay.

COMMON ALIAS: SEX  
DB2 ALIAS: BENE\_SEX\_IDENT\_CD  
SAS ALIAS: SEX  
STANDARD ALIAS: MEDPAR\_BENE\_SEX\_CD  
SYSTEM ALIAS: LTSEX

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			BEG	END	

CODES:  
1 = Male  
2 = Female  
0 = Unknown

SOURCE:  
NCH

8. MEDPAR Beneficiary Race Code CHAR 1 66 66 The race of a beneficiary.

NOTE: This field comes from the race code that is present on the first claim record included in the stay.

COMMON ALIAS: RACE  
DB2 ALIAS: BENE\_RACE\_CD  
SAS ALIAS: RACE  
STANDARD ALIAS: MEDPAR\_BENE\_RACE\_CD  
SYSTEM ALIAS: LTRACE

CODES:  
0 = Unknown  
1 = White  
2 = Black  
3 = Other

4 = Asian  
 5 = Hispanic  
 6 = North American Native

SOURCE:  
 NCH

9. MEDPAR Beneficiary Medicare Status Code CHAR 2 67 68 The CWF-derived reason for a beneficiary's entitlement to Medicare benefits, as of the reference date (CLM\_THRU\_DT).

COMMON ALIAS: MSC  
 DB2 ALIAS: BENE\_MDCR\_STUS\_CD  
 SAS ALIAS: MS\_CD  
 STANDARD ALIAS: MEDPAR\_BENE\_MDCR\_STUS\_CD  
 SYSTEM ALIAS: LTMSC

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:

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		LENGTH	BEG	END	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

SOURCE:  
 NCH

\*\*\*\* MEDPAR Beneficiary State GROUP 5 69 73

County Group

10. MEDPAR Beneficiary Residence SSA Standard State Code CHAR 2 69 70 The SSA standard state code of a beneficiary's residence.

NOTE: This field comes from the state code that is present on the first claim record included in the stay.

COMMON ALIAS: STATE  
 DB2 ALIAS: BENE\_SSA\_STATE\_CD  
 SAS ALIAS: STATE\_CD  
 STANDARD ALIAS: MEDPAR\_BENE\_RSDNC\_SSA\_STATE\_CD  
 SYSTEM ALIAS: LTSTATE

CODES:  
 REFER TO: GEO\_SSA\_STATE\_TB  
 IN THE CODES APPENDIX

SOURCE:  
 NCH

11. MEDPAR Beneficiary Residence SSA Standard County Code CHAR 3 71 73 The SSA standard county code of a beneficiary's residence.

NOTE: This field comes from the county code that is present on the first claim record included in the stay.

COMMON ALIAS: COUNTY\_CODE  
 DB2 ALIAS: BENE\_SSA\_CNTY\_CD  
 SAS ALIAS: CNTY\_CD  
 STANDARD ALIAS: MEDPAR\_BENE\_RSDNC\_SSA\_CNTY\_CD

SOURCE:  
 NCH

12. MEDPAR Beneficiary Mailing Contact Zip Code CHAR 5 74 78 The zip code of the mailing address where the beneficiary may be contacted.

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NOTE: This field comes from the zip code that is present on the first claim record included in the stay.

COMMON ALIAS: ZIP\_CODE  
 DB2 ALIAS: BENE\_MLG\_ZIP\_CD  
 SAS ALIAS: BENE\_ZIP  
 STANDARD ALIAS: MEDPAR\_BENE\_MLG\_CNTCT\_ZIP\_CD

SOURCE:  
 NCH

13. FILLER CHAR 4 79 82

14. MEDPAR Admission Day Code NUM 1 83 83 The code indicating the day of the week on which the beneficiary was admitted to a facility.

1 DIGIT UNSIGNED

COMMON ALIAS: DAY\_OF\_ADMISSION  
DB2 ALIAS: ADMSN\_DAY\_CD  
SAS ALIAS: ADMSNDAY  
STANDARD ALIAS: MEDPAR\_ADMSN\_DAY\_CD

DERIVATION:  
This field is derived from the admission date that is present on the first claim record included in the stay.

CODES:  
1 = Sunday  
2 = Monday  
3 = Tuesday  
4 = Wednesday  
5 = Thursday  
6 = Friday  
7 = Saturday

SOURCE:  
NCH

15. MEDPAR Beneficiary Discharge Status Code CHAR 1 84 84 The code used to identify the status of the patient as of the CLM\_THRU\_DT.

COMMON ALIAS: DISCHARGE\_STATUS  
DB2 ALIAS: MEDPAR\_DSCHRG\_CD  
SAS ALIAS: DSCHRGCD  
STANDARD ALIAS: MEDPAR\_BENE\_DSCHRG\_STUS\_CD

DERIVATION:  
This field is derived from the claim status code that is present on the last claim record included in the stay.

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		LENGTH	BEG	END	
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CODES:  
A = Discharged alive (claim status code other than 20 or 30)  
B = Discharged dead (claim status code = 20)  
C = Still a patient (claim status code = 30)

SOURCE:  
NCH

16. MEDPAR GHO Paid Code CHAR 1 85 85

The code indicating whether or not a GHO has paid the provider for the claim(s).

NOTE: This field comes from the GHO-paid indicator that is present on the first claim record included in the stay.

COMMON ALIAS: HMO\_PAID\_INDICATOR  
DB2 ALIAS: MEDPAR\_GHO\_PD\_CD  
SAS ALIAS: GHOPDCD  
STANDARD ALIAS: MEDPAR\_GHO\_PD\_CD

CODES:  
1 = GHO has paid the provider  
Blank Or 0 = GHO has not paid the provider

SOURCE:  
NCH

17. MEDPAR PPS Indicator Code CHAR 1 86 86

The code indicating whether or not the facility is being paid under the prospective payment system (PPS).

COMMON ALIAS: PPS\_INDICATOR  
DB2 ALIAS: MEDPAR\_PPS\_IND\_CD  
SAS ALIAS: PPS\_IND  
STANDARD ALIAS: MEDPAR\_PPS\_IND\_CD

DERIVATION:  
If the condition code not equal 65 on all of the claims included in the stay and the third position of the provider number is numeric set MEDPAR\_PPS\_IND\_CD to 2 (PPS). Otherwise set it to 0 (Non PPS.)

CODES:  
0 = Non PPS  
2 = PPS

SOURCE:  
NCH

\*\*\*\* MEDPAR Provider Number GROUP 6 87 92  
Group

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NAME	TYPE	LENGTH	BEG	END	POSITIONS	CONTENTS
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18. MEDPAR Provider State Code NUM 2 87 88 The first two positions of the provider number, identifying



the state of the institutional provider that furnished services to the beneficiary during the stay.

2 DIGITS UNSIGNED

COMMON ALIAS: PROVIDER\_STATE  
DB2 ALIAS: MEDPAR\_PRVDR\_STATE  
SAS ALIAS: PRVSTATE  
STANDARD ALIAS: MEDPAR\_PRVDR\_STATE\_CD  
SYSTEM ALIAS: LTSTATE

DERIVATION:

This field comes from positions 1 & 2 of the provider number that is present on the first claim record included in the stay.

CODES:

REFER TO: GEO\_SSA\_STATE\_TB  
IN THE CODES APPENDIX

SOURCE:

NCH

19. MEDPAR Provider Number Third Position Code CHAR 1 89 89

The third position of the provider number, identifying the category of institutional provider that furnished services to the beneficiary during the stay.

COMMON ALIAS: PROVIDER\_CATEGORY  
DB2 ALIAS: PRVDR\_NUM\_3RD\_CD  
SAS ALIAS: PRVNUM3  
STANDARD ALIAS: MEDPAR\_PRVDR\_NUM\_3RD\_CD

DERIVATION:

This field is position 3 of the provider number from the first claim record included in the stay modified as follows:

Where position 3 is an alpha character it is moved to the MEDPAR provider number special unit code and replaced with '0'.

SOURCE:

NCH

20. MEDPAR Provider Number Serial Code CHAR 3 90 92

The last three positions of the provider number, identifying the specific serial numbers of the institutional provider that furnished services to the beneficiary during the stay.

COMMON ALIAS: PROVIDER\_SEQUENCE\_NUMBER  
DB2 ALIAS: MEDPAR\_SRL\_CD  
SAS ALIAS: PRVDRSRL  
STANDARD ALIAS: MEDPAR\_PRVDR\_NUM\_SRL\_CD

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
21. MEDPAR Provider Number Special Unit Code	CHAR	1	93	93	<p>DERIVATION: This field comes from positions 4 - 6 of the provider number on the first claim record included in the stay.</p> <p>SOURCE: NCH</p> <p>The code identifying the special numbering system for units of hospitals that are excluded from PPS or hospitals with SNF swing-bed designation.</p> <p>COMMON ALIAS: SPECIAL_UNIT DB2 ALIAS: MEDPAR_SPCL_CD SAS ALIAS: SPCLUNIT STANDARD ALIAS: MEDPAR_PRVDR_NUM_SPCL_UNIT_CD</p> <p>DERIVATION: If the third position of the provider number from the first claim record included in the stay equals 'S', 'T', 'U', 'W', 'Y' or 'Z', it is moved to this field, otherwise it is blank.</p> <p>CODES: S = PPS-exempt psychiatric unit T = PPS-exempt rehabilitation unit U = Swing-bed short-term/acute care hospital W = Swing-bed long-term hospital Y = Swing-bed rehabilitation hospital Z = Swing-bed rural primary care hospital; eff. 10/97 changed to critical access hospitals Blanks = Not PPS-exempt or swing-bed designation</p> <p>SOURCE: NCH</p>
22. MEDPAR Short Stay/Long Stay/SNF Indicator Code	CHAR	1	94	94	<p>The code indicating whether the stay is a short stay, long stay, or SNF.</p> <p>COMMON ALIAS: STAY_INDICATOR DB2 ALIAS: SS_LS_SNF_IND_CD SAS ALIAS: SSLSSNF STANDARD ALIAS: MEDPAR_SS_LS_SNF_IND_CD</p> <p>DERIVATION: This field is derived from the third position of the provider number that is present on the first claim record included in the stay.</p> <p>CODES:</p>

N = SNF Stay (Prvdr3 = 5, 6, U, W, Y, or Z)  
 S = Short-Stay (Prvdr3 = 0, S, T)  
 L = Long-Stay (All Others)

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NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
23. MEDPAR Stay Final Action Claims Count	NUM	4	95	98	<p>SOURCE: NCH</p> <p>The count of the number of claim records (final action) included in the stay.</p> <p>3 DIGITS SIGNED</p> <p>COMMON ALIAS: NUMBER_OF_BILLS            DB2 ALIAS: FINL_ACTN_CLM_CNT            SAS ALIAS: FACLMCNT            STANDARD ALIAS: MEDPAR_STAY_FINL_ACTN_CLM_CNT</p> <p>DERIVATION:            This field is derived by counting the number of final action claims used to create the stay.</p> <p>SOURCE: NCH</p>
24. MEDPAR Latest Claim Accretion Date	NUM	7	99	105	<p>The date the latest claim record included in the stay was accreted (posted/processed) to the beneficiary master record at the CWF host).</p> <p>7 DIGITS UNSIGNED</p> <p>COMMON ALIAS: ACCRETION_DATE            DB2 ALIAS: LTST_ACRTN_DT            SAS ALIAS: ACRTNDT            STANDARD ALIAS: MEDPAR_LTST_CLM_ACRTN_DT</p> <p>EDIT-RULES: YYYYDDD</p> <p>DERIVATION:            This field comes from the highest accretion date that is present on the claim records included in the stay.</p> <p>SOURCE: NCH</p>
25. MEDPAR Beneficiary Medicare Benefit Exhausted Date	NUM	7	106	112	<p>The last date for which the beneficiary had Medicare coverage. This field is completed only where benefits were</p>

exhausted before the discharge date and during the period covered by stay.

7 DIGITS UNSIGNED

COMMON ALIAS: EXHAUSTED\_BENEFITS\_DATE  
DB2 ALIAS: MDCR\_BNFT\_EXHST\_DT  
SAS ALIAS: EXHST\_DT  
STANDARD ALIAS: MEDPAR\_BENE\_MDCR\_BNFT\_EXHST\_DT

EDIT-RULES:  
YYYYDDD

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NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	

DERIVATION:  
This field comes from the highest benefits exhausted date that is present on the claim records included in the stay.

SOURCE:  
NCH

26. MEDPAR SNF Qualification From Date NUM 7 113 119

The beginning date of the beneficiary's qualifying stay. For Inpatient claims, the date relates to the PPS portion of the inlier for which there is no utilization to benefits. For SNF claims, the date relates to the qualifying stay from a hospital that is at least two days in a row if the source of admission is an 'a', or at least three days in a row if the source of admission is other than an 'a'.

7 DIGITS UNSIGNED

DB2 ALIAS: QLFY\_STAY\_FROM\_DT  
SAS ALIAS: QLFYFROM  
STANDARD ALIAS: MEDPAR\_SNF\_QUALN\_FROM\_DT

EDIT-RULES:  
YYYYDDD

DERIVATION:  
This field comes from occurrence span code = 70 and related occurrence span from date, if present on any of the claim records included in the stay. If more than one record has an occurrence span code = 70, with different span dates, the date from the last claim record included in the stay is used.

SOURCE:  
NCH

27. MEDPAR SNF Qualification Through Date      NUM            7    120   126    The ending date of the beneficiary's qualifying stay. For Inpatient claims, the date relates to the PPS portion of the inlier for which there is no utilization to benefits. For SNF claims, the date relates to the qualifying stay from a hospital that is at least two days in a row if the source of admission is an 'A', or at least three days in a row if the source of admission is other than an 'A'.

7 DIGITS UNSIGNED

DB2 ALIAS: QUALN\_STAY\_THRU\_DT  
 SAS ALIAS: QLFYTHRU  
 STANDARD ALIAS: MEDPAR\_SNF\_QUALN\_THRU\_DT

EDIT-RULES:  
 YYYYDDD

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NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
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DERIVATION:  
 This field comes from the occurrence span code = 70 and related occurrence span thru date, if present on any of the claims included in the stay. If more than one record has an occurrence span code = 70, with different span dates, the date from the last claim record included in the stay is used.

SOURCE:  
 NCH

28. MEDPAR Admission Date                    NUM            7    127   133    The date the beneficiary was admitted for Inpatient care or the date that care started.

NOTE: This field comes from the admission date that is present on the first claim record included in the stay.

7 DIGITS UNSIGNED

COMMON ALIAS: ADMISSION\_DATE  
 DB2 ALIAS: MEDPAR\_ADMSN\_DT  
 SAS ALIAS: ADMSNDT  
 STANDARD ALIAS: MEDPAR\_ADMSN\_DT

EDIT-RULES:  
 YYYYDDD

SOURCE:

NCH

29. MEDPAR Discharge Date NUM 7 134 140 The date on which the beneficiary was discharged or died.

NOTE: This field comes from the highest claim thru date that is present on the claim records included in the stay, where the claim status code is other than '30' (still patient) on the last claim record included in the stay. Inpatient claims will always have a discharge date; SNF claims could have a zero date.

7 DIGITS UNSIGNED

COMMON ALIAS: DISCHARGE\_DATE  
DB2 ALIAS: MEDPAR\_DSCHRG\_DT  
SAS ALIAS: DSCHRGDT  
STANDARD ALIAS: MEDPAR\_DSCHRG\_DT

EDIT-RULES:  
YYYYDDD

SOURCE:  
NCH

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NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	

30. MEDPAR Covered Level Care Thru Date NUM 7 141 147 The date on which a covered level of care ended in a SNF.

7 DIGITS UNSIGNED

COMMON ALIAS: DATE\_CARE\_ENDED  
DB2 ALIAS: CVR\_LVL\_THRU\_DT  
SAS ALIAS: CVRLVLDT  
STANDARD ALIAS: MEDPAR\_CVR\_LVL\_CARE\_THRU\_DT

EDIT-RULES:  
YYYYDDD

DERIVATION:  
This field comes from the date associated with occurrence code = 22 if present on any of the claims included in the stay. If multiple dates, the highest date is used. This field is only applicable to SNF claims.

SOURCE:  
NCH

31. MEDPAR Beneficiary Death Date NUM 7 148 154 The date the beneficiary died.

7 DIGITS UNSIGNED

DB2 ALIAS: BENE\_DEATH\_DT  
SAS ALIAS: DEATHDT  
STANDARD ALIAS: MEDPAR\_BENE\_DEATH\_DT

EDIT-RULES:  
YYYYDDD

DERIVATION:  
This field comes from the beneficiary death date, if present on the enrollment database, which is accessed prior to creation of the quarterly MEDPAR file.

SOURCE:  
EDB

LIMITATIONS:  
REFER TO: MEDPAR\_DOD\_LIM  
IN THE LIMITATIONS APPENDIX

32. MEDPAR Beneficiary Death Date Verified Code CHAR 1 155 155 The code indicating whether the beneficiary's date of death has been verified (SOURCE: SSA's MBR) or originated from a claim record.

COMMON ALIAS: DEATH\_INDICATOR  
DB2 ALIAS: DEATH\_DT\_VRFY\_CD  
SAS ALIAS: DEATHCD  
STANDARD ALIAS: MEDPAR\_BENE\_DEATH\_DT\_VRFY\_CD

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DERIVATION:  
This field is derived from the enrollment database's beneficiary source death date code, or from the presence of a claim status code = '20' (expired) on the last claim record included in the stay.

CODES:  
V = Date of death verified (EDB received DOD from SSA's MBR)  
B = Date of death taken from claim (EDB received DOD from claim)  
N = Date of death not verified (neither V or B applicable, but claim status code indicated death)  
Space = No date of death indicated

SOURCE:  
EDB,NCH

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**** MEDPAR Internal Use SSI      GROUP      6   156  161  STANDARD ALIAS: MEDPAR_INTRNL_USE_SSI_GRP
      Group

33. MEDPAR Internal Use SSI      CHAR       1   156  156  DB2 ALIAS: INTRNL_USE_SSI_CD
      Indicator Code              SAS ALIAS: SSICD
                                  STANDARD ALIAS: MEDPAR_INTRNL_USE_SSI_IND_CD

                                  COMMENT:
                                  Limited availability; for internal use only; applicable to
                                  Inpatient claims only.  Where not available, this field is
                                  blank.

34. MEDPAR Internal Use SSI Day  NUM         4   157  160  3 DIGITS SIGNED
      Count
                                  DB2 ALIAS: SSI_DAY_CNT
                                  SAS ALIAS: SSIDAY
                                  STANDARD ALIAS: MEDPAR_INTRNL_USE_SSI_DAY_CNT

                                  COMMENT:
                                  Limited availability; for internal use; applicable to Inpati
                                  claims only.  Where not available, this field will contain
                                  zeroes.

35. FILLER                        CHAR       1   161  161

36. MEDPAR Length of Stay Day   NUM         6   162  167  The count in days of the total length of a beneficiary's
      Count                       stay in a hospital or SNF.

                                  5 DIGITS SIGNED

                                  COMMON ALIAS: LENGTH_OF_STAY
                                  DB2 ALIAS: MEDPAR_LOS_DAY_CNT
                                  SAS ALIAS: LOSCNT
                                  STANDARD ALIAS: MEDPAR_LOS_DAY_CNT

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NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
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DERIVATION:
This field is derived by subtracting the date of
discharge (or thru date in SNF cases where beneficiary
is still a patient) from the date of admission. If
difference is '0,' the value becomes a '1.'

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SOURCE:
NCH

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37. MEDPAR Outlier Day Count     NUM         4   168  171  The count of the number of days paid as outliers (either a
                                  day or cost outlier) under PPS beyond the DRG threshold.

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3 DIGITS SIGNED

COMMON ALIAS: OUTLIER\_DAYS  
DB2 ALIAS: OUTLIER\_DAY\_CNT  
SAS ALIAS: OUTLRDAY  
STANDARD ALIAS: MEDPAR\_OUTLIER\_DAY\_CNT

DERIVATION:

This field is derived by checking the MEDPAR utilization day count against the DRG threshold table (DRG weights file).

SOURCE:  
MEDPAR

38. MEDPAR Utilization Day Count      NUM      4    172  175

The count of the number of covered days of care that are chargeable to Medicare utilization for the stay.

3 DIGITS SIGNED

COMMON ALIAS: COVERED\_DAYS  
DB2 ALIAS: UTLZTN\_DAY\_CNT  
SAS ALIAS: UTIL\_DAY  
STANDARD ALIAS: MEDPAR\_UTLZTN\_DAY\_CNT

DERIVATION:

This field is derived by accumulating the utilization day count that is present on any of the claim records included in the stay (i.e., the sum of utilization days reported on the claims that comprise the stay).

SOURCE:  
NCH

39. MEDPAR Beneficiary Total Coinsurance Day Count      NUM      4    176  179

The count of the total number of coinsurance days involved with the beneficiary's stay in a facility. For Inpatient services, the beneficiary is liable for a daily coinsurance amount after the 60th day and before the 91st day in a single spell of illness; for SNF services, the beneficiary is liable for a daily coinsurance amount after the 20th day and before the 101st day in a single spell of illness.

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3 DIGITS SIGNED

COMMON ALIAS: COINSURANCE\_DAYS  
DB2 ALIAS: COINSRNC\_DAY\_CNT

SAS ALIAS: COIN\_DAY  
STANDARD ALIAS: MEDPAR\_TOT\_COINSRNC\_DAY\_CNT

DERIVATION:  
This field is derived by accumulating the coinsurance day count that is present on any of the claim records included in the stay (i.e., the sum of coinsurance days reported on the claims that comprise the stay).

SOURCE:  
NCH

40. MEDPAR Beneficiary LRD Used NUM 4 180 183 The count of the number of lifetime reserve days (LRD) used  
Count by the beneficiary for this stay.

3 DIGITS SIGNED

COMMON ALIAS: LIFETIME\_RESERVE\_DAYS  
DB2 ALIAS: BENE\_LRD\_USE\_CNT  
SAS ALIAS: LRD\_USE  
STANDARD ALIAS: MEDPAR\_BENE\_LRD\_USE\_CNT

DERIVATION:  
This field is derived by accumulating the lifetime reserve days used count that is present on any of the claim records included in the stay (i.e., the sum of LRD reported on the claims that comprise the stay).

SOURCE:  
NCH

41. FILLER CHAR 12 184 195

42. MEDPAR Beneficiary Part A NUM 8 196 203 The amount of money (rounded to whole dollars) identified  
Coinsurance Liability as the beneficiary's liability for part A coinsurance for  
Amount the stay.

7 DIGITS SIGNED

COMMON ALIAS: COINSURANCE\_AMOUNT  
DB2 ALIAS: PTA\_COINSRNC\_AMT  
SAS ALIAS: COIN\_AMT  
STANDARD ALIAS: MEDPAR\_BENE\_PTA\_COINSRNC\_AMT

EDIT-RULES:  
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-----	----	-----	BEG	END	-----

DERIVATION:

This field is derived by accumulating the beneficiary's part a coinsurance liability amount that is present on any of the claim records included in the stay (i.e., the sum of coinsurance amounts reported on the claims that comprise the stay).

SOURCE:

NCH

43. MEDPAR Beneficiary  
Inpatient Deductible  
Liability Amount

NUM 8 204 211

The amount of money (rounded to whole dollars) identified as the beneficiary's liability for the Inpatient deductible for the stay.

7 DIGITS SIGNED

COMMON ALIAS: INPATIENT\_DEDUCTIBLE

DB2 ALIAS: BENE\_IP\_DDCTBL\_AMT

SAS ALIAS: DED\_AMT

STANDARD ALIAS: MEDPAR\_BENE\_IP\_DDCTBL\_AMT

EDIT-RULES:

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

Rounded; On-size (overflow) Situation = All nines

DERIVATION:

This field is derived by accumulating the beneficiary Inpatient deductible amount that is present on any of the claim records included in the stay (i.e., the sum of the Inpatient deductibles reported on the claims that comprise the stay).

SOURCE:

NCH

44. MEDPAR Beneficiary Blood  
Deductible Liability Amount

NUM 8 212 219

The amount of money (rounded to whole dollars) identified as the beneficiary's liability for the blood deductible for the stay.

7 DIGITS SIGNED

COMMON ALIAS: BLOOD\_DEDUCTIBLE

DB2 ALIAS: BLOOD\_DDCTBL\_AMT

SAS ALIAS: BLDDEDAM

STANDARD ALIAS: MEDPAR\_BENE\_BLOOD\_DDCTBL\_AMT

EDIT-RULES:

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

Rounded; On-size (overflow) Situation = All nines

NAME	TYPE	LENGTH	BEG	END	CONTENTS
					<p>DERIVATION: This field is derived by accumulating the beneficiary blood deductible liability amount that is present on any of the claim records included in the stay (i.e., the sum of the blood deductibles reported on the claims that comprise the stay).</p> <p>SOURCE: NCH</p>
45. MEDPAR Beneficiary Primary Payer Amount	NUM	8	220	227	<p>The amount of payment (rounded to whole dollars) made on behalf of the beneficiary by a primary payer other than Medicare, which has been applied to the covered Medicare charges for the stay.</p> <p>7 DIGITS SIGNED</p> <p>COMMON ALIAS: PRIMARY_PAYER_AMOUNT DB2 ALIAS: BENE_PRMRY_PYR_AMT SAS ALIAS: PRPAYAMT STANDARD ALIAS: MEDPAR_BENE_PRMRY_PYR_AMT</p> <p>EDIT-RULES: +\$\$\$\$\$\$ Rounded; On-size (overflow) situation = All nines</p> <p>DERIVATION: This field is derived by accumulating the beneficiary primary payer payment amount that is present on any of the claim records included in the stay (i.e., the sum of the primary payer amounts reported on the claims that comprise the stay).</p> <p>SOURCE: NCH</p>
46. MEDPAR DRG Outlier Approved Payment Amount	NUM	8	228	235	<p>The amount of additional payment (rounded to whole dollars) approved due to an outlier situation over the DRG allowance for the stay.</p> <p>7 DIGITS SIGNED</p> <p>COMMON ALIAS: OUTLIER_AMOUNT DB2 ALIAS: OUTLIER_PMT_AMT SAS ALIAS: OUTLRAMT STANDARD ALIAS: MEDPAR_DRG_OUTLIER_PMT_AMT</p> <p>EDIT-RULES: +\$\$\$\$\$\$ ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES</p>

DERIVATION:  
 This field is derived by accumulating the DRG outlier approved payment amount (value code = 17 amount) that is present on any of the claim records included in the stay (i.e., the sum of outlier amounts reported on the claims that comprise the stay).

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			BEG	END	
47. MEDPAR Inpatient Disproportionate Share Amount	NUM	8	236	243	<p>present on any of the claim records included in the stay (i.e., the sum of outlier amounts reported on the claims that comprise the stay).</p> <p>COMMENT:            THIS AMOUNT IS ALREADY INCLUDED IN THE MEDPAR MEDICARE PAYMENT AMOUNT.</p> <p>SOURCE:            NCH</p> <p>The amount paid over the DRG amount (rounded to whole dollars) for the disproportionate share hospital for the stay.</p> <p>7 DIGITS SIGNED</p> <p>COMMON ALIAS: DISPROPORTIONATE_SHARE            DB2 ALIAS: DSPRPRTNT_SHR_AMT            SAS ALIAS: DISP_SHR            STANDARD ALIAS: MEDPAR_IP_DSPRPRTNT_SHR_AMT</p> <p>EDIT-RULES:            +\$\$\$\$\$\$\$            ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES</p> <p>DERIVATION:            This field is derived by accumulating the value amount associated with value code = 18 that is present on any of the claim records included in the stay (i.e., the sum of value code 18 amounts reported on the claims that comprise the stay).</p> <p>COMMENT:            THIS AMOUNT IS ALREADY INCLUDED IN THE MEDPAR MEDICARE PAYMENT AMOUNT.</p> <p>SOURCE:            NCH</p>
48. MEDPAR Indirect Medical Education (IME) Amount	NUM	8	244	251	<p>The amount of additional payment (rounded to whole dollars) made to teaching hospitals for IME for the stay.</p> <p>7 DIGITS SIGNED</p>

DB2 ALIAS: MEDPAR\_IME\_AMT  
SAS ALIAS: IME\_AMT  
STANDARD ALIAS: MEDPAR\_IME\_AMT

EDIT-RULES:  
+\$\$\$\$\$\$  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

DERIVATION:  
This field is derived by accumulating the value amount associated with value code = 19 that is present on any of Modified Record -- 06/2003

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		LENGTH	BEG END	
49. MEDPAR DRG Price Amount	NUM	8	252 259	<p>the claim records included in the stay (i.e., the sum of IME amounts - value code 19 amounts - reported on the claims that comprise the stay).</p> <p>COMMENT: This amount is already included in the MEDPAR Medicare payme amount.</p> <p>SOURCE: NCH</p> <p>The amount (called the 'DRG price' for purposes of MEDPAR analysis) that would have been paid if no deductibles, coinsurance, primary payers, or outliers were involved (rounded to whole dollars).</p> <p>7 DIGITS SIGNED</p> <p>COMMON ALIAS: DRG_PRICE DB2 ALIAS: DRG_PRICE_AMT SAS ALIAS: DRGPRICE STANDARD ALIAS: MEDPAR_DRG_PRICE_AMT</p> <p>EDIT-RULES: +\$\$\$\$\$\$ ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES</p> <p>DERIVATION: This field is derived by accumulating the following amounts: MEDPAR Medicare payment amount, MEDPAR beneficiary primary payer payment amount, MEDPAR beneficiary coinsurance liability amount, MEDPAR beneficiary Inpatient deductible liability amount, MEDPAR beneficiary blood deductible amount; and then subtracting from the sum the MEDPAR DRG outlier approved payment amount.</p>

SOURCE:  
NCH

50. MEDPAR Total Pass Through Amount NUM 8 260 267 The total of all claim pass through amounts (rounded to whole dollars) for the stay.

7 DIGITS SIGNED

COMMON ALIAS: BILL\_TOTAL\_PER\_DIEM  
DB2 ALIAS: PASS\_THRU\_AMT  
SAS ALIAS: PASSTHRU  
STANDARD ALIAS: MEDPAR\_PASS\_THRU\_AMT

EDIT-RULES:  
+\$\$\$\$\$\$  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

DERIVATION:  
This field is derived by multiplying the  
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			BEG	END	

pass thru per diem amount that is present on the last claim record included in the stay times the MEDPAR utilization day count (the sum of the utilization (covered) days reported on the claims that comprise the stay).

COMMENT:  
Items reimbursed as pass through include capital-related cos direct medical education costs, kidney acquisition costs for hospitals approved as rtc's, and bad debts (per provider reimbursement manual, part 1, section 2405.2).

The MEDPAR pass thru amount is not included in the MEDPAR Medicare payment amount.

SOURCE:  
NCH

51. MEDPAR Total PPS Capital Amount NUM 8 268 275 The total amount (rounded to whole dollars) that is payable for capital PPS (e.g., reimbursement for depreciation, rent, certain interest, real estate taxes for hospital buildings/equipment subject to PPS).

7 DIGITS SIGNED

COMMON ALIAS: PPS\_CAPITAL  
DB2 ALIAS: TOT\_PPS\_CPTL\_AMT  
SAS ALIAS: PPS\_CPTL  
STANDARD ALIAS: MEDPAR\_TOT\_PPS\_CPTL\_AMT

EDIT-RULES:  
 +\$\$\$\$\$\$  
 ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

DERIVATION:  
 This field is derived by accumulating the total PPS capital amount that is present on any of the claim records included in the stay (i.e., the sum of total PPS capital amounts reported on the claims that comprise the stay).

COMMENT:  
 This field is already included in the MEDPAR Medicare payment amount.

SOURCE:  
 NCH

52. FILLER CHAR 12 276 287

53. MEDPAR Total Charge Amount NUM 8 288 295 The total amount (rounded to whole dollars) of all charges (covered and noncovered) for all services provided to the beneficiary for the stay.

7 DIGITS SIGNED

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NAME	TYPE	LENGTH	BEG	END	POSITIONS	CONTENTS
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COMMON ALIAS: TOTAL\_CHARGES  
 DB2 ALIAS: TOT\_CHRG\_AMT  
 SAS ALIAS: TOTCHRG  
 STANDARD ALIAS: MEDPAR\_TOT\_CHRG\_AMT

EDIT-RULES:  
 +\$\$\$\$\$\$  
 ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

DERIVATION:  
 This field is derived by accumulating the total charge amount from all claim records included in the stay (i.e., the sum of total charges reported on the claims that comprise the stay).

SOURCE:  
 NCH

54. MEDPAR Total Covered Charge Amount NUM 8 296 303 The portion of the total charges amount (rounded to whole dollars) that is covered by Medicare for the stay.



7 DIGITS SIGNED

COMMON ALIAS: COVERED\_CHARGES  
DB2 ALIAS: TOT\_CVR\_CHRG\_AMT  
SAS ALIAS: CVRCHRG  
STANDARD ALIAS: MEDPAR\_TOT\_CVR\_CHRG\_AMT

EDIT-RULES:  
+\$\$\$\$\$\$  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

DERIVATION:  
This field is derived by calculating the covered charges from all claim records included in the stay (i.e., subtract the revenue center noncovered charge amount from the revenue center total charge amount for revenue center code = 0001 that is reported on the claims that comprise the stay; sum the results). Exception: if there exists an erroneous condition relative to revenue center code 0001, the calculation will be made for each revenue center code included on the claims that comprise the stay with the results summed to create the total.

SOURCE:  
NCH

55. MEDPAR Medicare Payment            NUM            8    304   311   Amount of payment made from the Medicare trust fund for the services covered by the claim record. Generally, the amount is calculated by the fi; and represents what was paid to the institutional provider, with the exceptions noted below.  
Amount  
\*\*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

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		LENGTH	BEG	END	
-----	----	-----	-----	-----	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 on 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), in- direct 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.

Exceptions: For claims involving demos and bba encounter 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'.

For bba encounter data (non-demo) -- 'claims' contain amount Medicare would have paid under ffs, instead of the actual payment to the bba plan.

7 DIGITS SIGNED

COMMON ALIAS: REIMBURSEMENT\_AMOUNT  
DB2 ALIAS: MDCR\_PMT\_AMT  
SAS ALIAS: PMT\_AMT  
STANDARD ALIAS: MEDPAR\_MDCR\_PMT\_AMT

EDIT-RULES:  
+\$\$\$\$\$\$

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			BEG	END	

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

DERIVATION:  
This field is derived by accumulating the payment amount that is present on all of the claim records included in

the stay (i.e, the sum of payment (reimbursement) reported on the claims that comprise the stay).

SOURCE:  
NCH

56. MEDPAR All Accommodations NUM 8 312 319  
Total Charge Amount

The total charge amount (rounded to whole dollars) for all accommodations (routine hospital room and board charges for general care, coronary care and/or intensive care units) related to a beneficiary's stay.

7 DIGITS SIGNED

COMMON ALIAS: TOTAL\_ACCOMMODATIONS\_CHARGES  
DB2 ALIAS: ACMDTNS\_CHRG\_AMT  
SAS ALIAS: ACMDTNS  
STANDARD ALIAS: MEDPAR\_ACMDTNS\_TOT\_CHRG\_AMT

EDIT-RULES:  
+\$\$\$\$\$\$\$  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

DERIVATION:  
This field is the sum of MEDPAR private room charge amount, MEDPAR semiprivate room charge amount, MEDPAR ward charge amount, MEDPAR intensive care charge amount, and MEDPAR coronary care charge amount (i.e., the accumulation of the revenue center total charge amount associated with revenue center codes 0100 - 0219 from all claim records included in the stay).

SOURCE:  
NCH

57. MEDPAR Departmental Total NUM 8 320 327  
Charge Amount

The total charge amount (rounded to whole dollars) for all ancillary departments (other than routine room and board, CCU, and ICU) related to a beneficiary's stay.

7 DIGITS SIGNED

COMMON ALIAS: TOTAL\_DEPARTMENTAL\_CHARGES  
DB2 ALIAS: DPRTMNTL\_CHRG\_AMT  
SAS ALIAS: DPRTMNTL  
STANDARD ALIAS: MEDPAR\_DPRTMNTL\_TOT\_CHRG\_AMT

EDIT-RULES:  
+\$\$\$\$\$\$\$  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

DERIVATION:  
This field is derived by accumulating the revenue center

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
					total charge amount associated with revenue center codes 0220 - 0999 from all claim records included in the stay (i.e, the sum of charges for all revenue centers other than accommodations 0100 - 0219).
					SOURCE: NCH
**** MEDPAR Accomodations Days Group	GROUP	20	328	347	STANDARD ALIAS: MEDPAR_ACMDTNS_DAYS_GRP
58. MEDPAR Private Room Day Count	NUM	4	328	331	The count of the number of private room days used by the beneficiary for the stay.  3 DIGITS SIGNED  COMMON ALIAS: PRIVATE_ROOM_DAYS DB2 ALIAS: PRVT_ROOM_DAY_CNT SAS ALIAS: PRVTDAY STANDARD ALIAS: MEDPAR_PRVT_ROOM_DAY_CNT  DERIVATION: This field is derived by accumulating the revenue center unit count associated with accommodation revenue center codes 011x and 014x from all claim records included in the stay.  Exception for SNF rugs demo eff 3/96 SNF update: field is derived from revenue center codes in the 9033-9044 series.  SOURCE: NCH
59. MEDPAR Semiprivate Room Day Count	NUM	4	332	335	The count of the number of semi-private room days used by the beneficiary for the stay.  3 DIGITS SIGNED  COMMON ALIAS: SEMI_PRIVATE_ROOM_DAYS DB2 ALIAS: SEMIPRVT_DAY_CNT SAS ALIAS: SPRVTDAY STANDARD ALIAS: MEDPAR_SEMIPRVT_ROOM_DAY_CNT  DERIVATION: This field is derived by accumulating the revenue center unit count associated with accommodation revenue center codes 010X, 012X, 013X, 016X - 019X from all claim records included in the stay.

Exception for SNF rugs demo eff 3/96 SNF update:  
 field is derived from revenue center codes  
 in the 9019-9032 series.

SOURCE:  
 NCH

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		LENGTH	BEG	END	
60. MEDPAR Ward Day Count	NUM	4	336	339	<p>The count of the number of ward days used by the beneficiary for the stay.</p> <p>3 DIGITS SIGNED</p> <p>COMMON ALIAS: WARD_DAYS            DB2 ALIAS: WARD_DAY_CNT            SAS ALIAS: WARDDAY            STANDARD ALIAS: MEDPAR_WARD_DAY_CNT</p> <p>DERIVATION:            This field is derived by accumulating the revenue center unit count associated with accommodation revenue center code 015x from all claim records included in the stay.</p> <p>Exception for SNF rugs demo eff 3/96 SNF update:            field is derived from revenue center codes            in the 9000-9018 series.</p> <p>SOURCE:            NCH</p>
61. MEDPAR Intensive Care Day Count	NUM	4	340	343	<p>The count of the number of intensive care days used by the beneficiary for the stay.</p> <p>3 DIGITS SIGNED</p> <p>COMMON ALIAS: INTENSIVE_CARE_DAYS            DB2 ALIAS: INTNSV_CARE_CNT            SAS ALIAS: ICARECNT            STANDARD ALIAS: MEDPAR_INTNSV_CARE_DAY_CNT</p> <p>DERIVATION:            This field is derived by accumulating the revenue center unit count associated with accommodation revenue center codes 020X (all 9 subcategories) from all claims included in the stay.</p> <p>SOURCE:            NCH</p>

LIMITATIONS:

There is approximately a 20% error rate in the revenue center code category 0206 due to coders misunderstanding the term 'post ICU' as including any day after an ICU stay rather than just days in a step-down/lower case version of an ICU. 'Post' was removed from the revenue center code 0206 description, effective 10/1/96 (12/96 MEDPAR update). 0206 Is now defined as 'intermediate ICU'.

62. MEDPAR Coronary Care Day Count NUM 4 344 347 The count of the number of coronary care days used by the beneficiary for the stay.

3 DIGITS SIGNED

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NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	

COMMON ALIAS: CORONARY\_CARE\_DAYS  
DB2 ALIAS: CRNRY\_CARE\_DAY\_CNT  
SAS ALIAS: CRNRYDAY  
STANDARD ALIAS: MEDPAR\_CRNRY\_CARE\_DAY\_CNT

DERIVATION:

This field is derived by accumulating the revenue center unit count associated with accommodation revenue center code 021x (all six subcategories) from all claim records included in the stay.

SOURCE:

NCH

LIMITATIONS:

There is approximately a 20% error rate in the revenue center code category 0214 due to coders misunderstanding the term 'post ccu' as including any day after a ccu stay rather than just days in a step-down/lower case version of a ccu. 'Post' was removed from the revenue center code 0214 description, effective 10/1/96 (12/96 MEDPAR update). 0214 Is now defined as 'intermediate ccu'.

\*\*\*\* MEDPAR Accomodations Charges Group GROUP 40 348 387 STANDARD ALIAS: MEDPAR\_ACMDTNS\_CHRG\_GRP

63. MEDPAR Private Room Charge Amount NUM 8 348 355 The charge amount (rounded to whole dollars) for private room accommodations related to a beneficiary's stay.

7 DIGITS SIGNED

COMMON ALIAS: PRIVATE\_ROOM\_CHARGES

DB2 ALIAS: PRVT\_ROOM\_CHRG\_AMT  
SAS ALIAS: PRVTAMT  
STANDARD ALIAS: MEDPAR\_PRVT\_ROOM\_CHRG\_AMT

EDIT-RULES:  
+\$\$\$\$\$\$  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

DERIVATION:  
This field is derived by accumulating the revenue center total charge amount associated with revenue center codes 011x and 014x from all claim records included in the stay.

Exception for SNF rugs demo eff 3/96 SNF update:  
field is derived from revenue center codes in the 9033-9044 series.

SOURCE:  
NCH

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		LENGTH	BEG END	
64. MEDPAR Semi-Private Room Charge Amount	NUM	8	356 363	The charge amount (rounded to whole dollars) for semi-private room accommodations related to a beneficiary's stay.

7 DIGITS SIGNED

COMMON ALIAS: SEMI\_PRIVATE\_ROOM\_CHARGES  
DB2 ALIAS: SEMIPRVT\_CHRG\_AMT  
SAS ALIAS: SPRVTAMT  
STANDARD ALIAS: MEDPAR\_SEMIPRVT\_ROOM\_CHRG\_AMT

EDIT-RULES:  
+\$\$\$\$\$\$  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

DERIVATION:  
This field is derived by accumulating the revenue center total charge amount associated with revenue center codes 010x, 012x, 013x, and 016x - 019x from all claim records included in the stay.

Exception for SNF rugs demo eff 3/96 SNF update:  
field is derived from revenue center codes in the 9019-9032 series.

SOURCE:  
NCH

65. MEDPAR Ward Charge Amount NUM 8 364 371 The charge amount (rounded to whole dollars) for ward accommodations related to a beneficiary's stay.

7 DIGITS SIGNED

COMMON ALIAS: WARD\_CHARGES  
DB2 ALIAS: WARD\_CHRG\_AMT  
SAS ALIAS: WARDAMT  
STANDARD ALIAS: MEDPAR\_WARD\_CHRG\_AMT

EDIT-RULES:  
+\$\$\$\$\$\$  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

DERIVATION:  
This field is derived by accumulating the revenue center total charge amount amount associated with revenue center code 015x from all claim records included in the stay.

Exception for SNF rugs demo eff 3/96 SNF update:  
field is derived from revenue center codes in the 9000-9018 series.

SOURCE:  
NCH

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NAME	TYPE	LENGTH	BEG	END	POSITIONS	CONTENTS
66. MEDPAR Intensive Care Charge Amount	NUM	8	372	379		The charge amount (rounded to whole dollars) for intensive care accommodations related to a beneficiary's stay.  7 DIGITS SIGNED  COMMON ALIAS: INTENSIVE_CARE_CHARGES DB2 ALIAS: INTNSV_CARE_AMT SAS ALIAS: ICAREAMT STANDARD ALIAS: MEDPAR_INTNSV_CARE_CHRG_AMT  EDIT-RULES: +\$\$\$\$\$\$ ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES  DERIVATION: This field is derived by accumulating the revenue center total charge amount associated with accommodation revenue center code 020x from all claim records included in the stay.



SOURCE:  
NCH

67. MEDPAR Coronary Care Charge NUM 8 380 387 The charge amount (rounded to whole dollars) for coronary  
Amount care accommodations related to a beneficiary's stay.

7 DIGITS SIGNED

COMMON ALIAS: CORONARY\_CARE\_CHARGES  
DB2 ALIAS: CRNRY\_CHRG\_AMT  
SAS ALIAS: CRNRYAMT  
STANDARD ALIAS: MEDPAR\_CRNRY\_CARE\_CHRG\_AMT

EDIT-RULES:  
+\$\$\$\$\$\$  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

DERIVATION:  
This field is derived by accumulating the revenue center  
total charge amount associated with accommodation revenue  
center code 021X from all claim records included in the  
stay.

SOURCE:  
NCH

\*\*\*\* MEDPAR Service Charges GROUP 200 388 587 STANDARD ALIAS: MEDPAR\_SRVC\_CHRG\_GRP  
Group

68. MEDPAR Other Service Charge NUM 8 388 395 The charge amount (rounded to whole dollars) for other  
Amount services (revenue centers that do not fit into other  
categories) related to a beneficiary's stay.

7 DIGITS SIGNED

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						COMMON ALIAS: OTHER_CHARGES DB2 ALIAS: OTHR_SRVC_CHRG_AMT SAS ALIAS: OTHRAMT STANDARD ALIAS: MEDPAR_OTHR_SRVC_CHRG_AMT
						EDIT-RULES: +\$\$\$\$\$\$ ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES
						DERIVATION: This field is derived by accumulating the revenue center total charge amount associated with the 'other' revenue center codes from all claim records included in the stay.

the 'other' codes include 0002-0099, 022x, 023x, 024x, 052x, 053x, 055x - 060x, 064x - 070x, 076x - 078x, 090x - 095x, and 099x. (Some of these codes are not yet assigned.)

SOURCE:  
NCH

69. MEDPAR Pharmacy Charge Amount NUM 8 396 403

The charge amount (rounded to whole dollars) for pharmaceutical costs related to the beneficiary's stay.

7 DIGITS SIGNED

COMMON ALIAS: PHARMACY\_CHARGES  
DB2 ALIAS: PHRMCY\_CHRG\_AMT  
SAS ALIAS: PHRMCAMT  
STANDARD ALIAS: MEDPAR\_PHRMCY\_CHRG\_AMT

EDIT-RULES:  
+\$\$\$\$\$\$\$  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

DERIVATION:  
This field is derived by accumulating the revenue center total charge amount associated with revenue center codes 025x, 026x, and 063x from all claims records included in the stay.

SOURCE:  
NCH

70. MEDPAR Medical/Surgical Supplies Charge Amount NUM 8 404 411

The charge amount (rounded to whole dollars) for medical/surgical supplies related to the beneficiary's stay.

7 DIGITS SIGNED

COMMON ALIAS: MEDICAL\_SUPPLY\_CHARGES  
DB2 ALIAS: MDCL\_SUPLY\_AMT  
SAS ALIAS: SUPLYAMT  
STANDARD ALIAS: MEDPAR\_MDCL\_SUPLY\_CHRG\_AMT

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NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
-----	----	-----	-----	-----	-----
					EDIT-RULES: +\$\$\$\$\$\$\$ ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES
					DERIVATION: This field is derived by accumulating the revenue center total charge amount associated with revenue center codes

027x and 062x from all claim records included in the stay.

SOURCE:  
NCH

71. MEDPAR DME Charge Amount      NUM            8    412  419

The charge amount (rounded to whole dollars) for DME (purchase of new DME and rentals) related to the beneficiary's stay.

7 DIGITS SIGNED

COMMON ALIAS: DME\_CHARGES  
DB2 ALIAS: DME\_CHRG\_AMT  
SAS ALIAS: DME\_AMT  
STANDARD ALIAS: MEDPAR\_DME\_CHRG\_AMT

EDIT-RULES:  
+\$\$\$\$\$\$\$  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

DERIVATION:  
This field is derived by accumulating the revenue center total charge amount associated with revenue center codes 0290, 0291, 0292, and 0294 - 0299 from all claim records included in the stay.

SOURCE:  
NCH

72. MEDPAR Used DME Charge Amount      NUM            8    420  427

The charge amount (rounded to whole dollars) for used DME (purchase of used DME) related to the beneficiary's stay.

7 DIGITS SIGNED

COMMON ALIAS: USED\_DME\_CHARGES  
DB2 ALIAS: USED\_DME\_CHRG\_AMT  
SAS ALIAS: UDME\_AMT  
STANDARD ALIAS: MEDPAR\_USED\_DME\_CHRG\_AMT

EDIT-RULES:  
+\$\$\$\$\$\$\$  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

DERIVATION:  
This field is derived by accumulating the revenue center total charge amount associated with revenue center code 0293 from all claim records included in the stay.

Item	Code	Length	Start	End	Description
73. MEDPAR Physical Therapy Charge Amount	NUM	8	428	435	<p>SOURCE: NCH</p> <p>The charge amount (rounded to whole dollars) for physical therapy services provided during the beneficiary's stay.</p> <p>7 DIGITS SIGNED</p> <p>COMMON ALIAS: PHYSICAL_THERAPY_CHARGES DB2 ALIAS: PHYS_THRPY_AMT SAS ALIAS: PHYTHAMT STANDARD ALIAS: MEDPAR_PHYS_THRPY_CHRG_AMT</p> <p>EDIT-RULES: +\$\$\$\$\$\$ ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES</p> <p>DERIVATION: This field is derived by accumulating the revenue center total charge amount associated with revenue center code 042x from all claims records included in the stay.</p> <p>SOURCE: NCH</p>
74. MEDPAR Occupational Therapy Charge Amount	NUM	8	436	443	<p>The charge amount (rounded to whole dollars) for occupational therapy services provided during the beneficiary's stay.</p> <p>7 DIGITS SIGNED</p> <p>COMMON ALIAS: OCCUPATIONAL_THERAPY_CHARGES DB2 ALIAS: OCPTNL_THRPY_AMT SAS ALIAS: OCPTLAMT STANDARD ALIAS: MEDPAR_OCPTNL_THRPY_CHRG_AMT</p> <p>EDIT-RULES: +\$\$\$\$\$\$ ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES</p> <p>DERIVATION: This field is derived by accumulating the revenue center total charge amount associated with revenue center code 043x from all claims records included in the stay.</p> <p>SOURCE: NCH</p>
75. MEDPAR Speech Pathology Charge Amount	NUM	8	444	451	<p>The charge amount (rounded to whole dollars) for speech pathology services (speech, language, audiology) provided during the beneficiary's stay.</p>

7 DIGITS SIGNED

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NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
-----	-----	-----	-----	-----
				COMMON ALIAS: SPEECH_PATHOLOGY_CHARGES DB2 ALIAS: SPCH_PTHLGY_AMT SAS ALIAS: SPCH_AMT STANDARD ALIAS: MEDPAR_SPCH_PTHLGY_CHRG_AMT  EDIT-RULES: +\$\$\$\$\$\$ ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES  DERIVATION: This field is derived by accumulating the revenue center total charge amount associated with revenue center code 044x and 047x from all claim records included in the stay.  SOURCE: NCH
76. MEDPAR Inhalation Therapy Charge Amount	NUM	8	452 459	The charge amount (rounded to whole dollars) for inhalation therapy services (respiratory and pulmonary function) provided during the beneficiary's stay.  7 DIGITS SIGNED  COMMON ALIAS: INHALATION_THERAPY_CHARGES DB2 ALIAS: INHLTN_THRPY_AMT SAS ALIAS: INHLTAMT STANDARD ALIAS: MEDPAR_INHLTN_THRPY_CHRG_AMT  EDIT-RULES: +\$\$\$\$\$\$ ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES  DERIVATION: This field is derived by accumulating the revenue center total charge amount associated with revenue center codes 041x and 046x from all claim records included in the stay.  SOURCE: NCH
77. MEDPAR Blood Charge Amount	NUM	8	460 467	The charge amount (rounded to whole dollars) for blood provided during the beneficiary's stay.

7 DIGITS SIGNED

COMMON ALIAS: BLOOD\_CHARGES  
DB2 ALIAS: BLOOD\_CHRG\_AMT  
SAS ALIAS: BLOODAMT  
STANDARD ALIAS: MEDPAR\_BLOOD\_CHRG\_AMT

EDIT-RULES:  
+\$\$\$\$\$\$  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

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NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
78. MEDPAR Blood Administration Charge Amount	NUM	8	468	475	<p>DERIVATION: This field is derived by accumulating the revenue center total charge amount associated with revenue center code 038x from all claim records included in the stay.</p> <p>SOURCE: NCH</p> <p>The charge amount (rounded to whole dollars) for blood storage and processing related to the beneficiary's stay.</p> <p>7 DIGITS SIGNED</p> <p>COMMON ALIAS: BLOOD_ADMINISTRATION_CHARGES DB2 ALIAS: BLOOD_ADMIN_AMT SAS ALIAS: BLDADMIN STANDARD ALIAS: MEDPAR_BLOOD_ADMIN_CHRG_AMT</p> <p>EDIT-RULES: +\$\$\$\$\$\$ ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES</p> <p>DERIVATION: This field is derived by accumulating the revenue center total charge amount associated with revenue center code 039x from all claim records included in the stay.</p> <p>SOURCE: NCH</p>
79. MEDPAR Operating Room Charge Amount	NUM	8	476	483	<p>The charge amount (rounded to whole dollars) for the operating room, recovery room, and labor room delivery used by the beneficiary during the stay.</p> <p>7 DIGITS SIGNED</p> <p>COMMON ALIAS: OPERATING_ROOM_CHARGES</p>

DB2 ALIAS: OPRTG\_ROOM\_AMT  
SAS ALIAS: OROOMAMT  
STANDARD ALIAS: MEDPAR\_OPRTG\_ROOM\_CHRG\_AMT

EDIT-RULES:  
+\$\$\$\$\$\$  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

DERIVATION:  
This field is derived by accumulating the revenue center total charge amount associated with revenue center codes 036X, 071X, and 072X from all claim records included in the stay.

SOURCE:  
NCH

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	NAME	TYPE	POSITIONS			CONTENTS
			LENGTH	BEG	END	
80.	MEDPAR Lithotripsy Charge Amount	NUM	8	484	491	The charge amount (rounded to whole dollars) for lithotripsy services provided during the beneficiary's stay.  7 DIGITS SIGNED  COMMON ALIAS: LITHOTRIPSY_CHARGES DB2 ALIAS: LTHTRPSY_CHRG_AMT SAS ALIAS: LTHTRPSY STANDARD ALIAS: MEDPAR_LTHTRPSY_CHRG_AMT  EDIT-RULES: +\$\$\$\$\$\$ ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES  DERIVATION: This field is derived by accumulating the revenue center total charge amount associated with revenue center code 079X from all claim records included in the stay.  SOURCE: NCH
81.	MEDPAR Cardiology Charge Amount	NUM	8	492	499	The charge amount (rounded to whole dollars) for cardiology services and electrocardiogram(s) provided during the beneficiary's stay.  7 DIGITS SIGNED  COMMON ALIAS: CARDIOLOGY_CHARGES DB2 ALIAS: CRDLGY_CHRG_AMT SAS ALIAS: CRDLGY

STANDARD ALIAS: MEDPAR\_CRDLGY\_CHRG\_AMT

EDIT-RULES:

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

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

DERIVATION:

This field is derived by accumulating the revenue center total charge amount associated with revenue center codes 048X and 073X from all claim records included in the stay.

SOURCE:

NCH

82. MEDPAR Anesthesia Charge Amount      NUM            8    500   507    The charge amount (rounded to whole dollars) for anesthesia services provided during the beneficiary's stay.

7 DIGITS SIGNED

COMMON ALIAS: ANESTHESIA\_CHARGES

DB2 ALIAS: ANSTHSA\_CHRG\_AMT

SAS ALIAS: ANSTHSA

STANDARD ALIAS: MEDPAR\_ANSTHSA\_CHRG\_AMT

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NAME	TYPE	LENGTH	POSITIONS		CONTENTS
-----	----	-----	BEG	END	-----

EDIT-RULES:

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

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

DERIVATION:

This field is derived by accumulating the revenue center total charge amount associated with revenue center code 037X from all claim records included in the stay.

SOURCE:

NCH

83. MEDPAR Laboratory Charge Amount      NUM            8    508   515    The charge amount (rounded to whole dollars) for laboratory costs related to the beneficiary's stay.

7 DIGITS SIGNED

COMMON ALIAS: LABORATORY\_CHARGES

DB2 ALIAS: LAB\_CHRG\_AMT

SAS ALIAS: LAB\_AMT

STANDARD ALIAS: MEDPAR\_LAB\_CHRG\_AMT

EDIT-RULES:



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

DERIVATION:  
This field is derived by accumulating the revenue center total charge amount associated with revenue center codes 030x, 031x, 074x, and 075x from all claim records included in the stay.

SOURCE:  
NCH

84. MEDPAR Radiology Charge Amount      NUM      8      516      523      The charge amount (rounded to whole dollars) for radiology costs (including oncology, excluding MRI) related to a beneficiary's stay.

7 DIGITS SIGNED

COMMON ALIAS: RADIOLOGY\_CHARGES  
DB2 ALIAS: RDLGY\_CHRG\_AMT  
SAS ALIAS: RDLGYAMT  
STANDARD ALIAS: MEDPAR\_RDLGY\_CHRG\_AMT

EDIT-RULES:  
+\$\$\$\$\$\$\$  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

DERIVATION:  
This field is derived by accumulating revenue center total charge amount associated with revenue center codes 028x, 032x, 033x, 034x, 035x, and 040x from all claim records included in the stay.

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NAME	TYPE	LENGTH	POSITIONS		CONTENTS
-----	----	-----	BEG	END	-----

SOURCE:  
NCH

85. MEDPAR MRI Charge Amount      NUM      8      524      531      The charge amount (rounded to whole dollars) for MRI services provided during the beneficiary's stay.

7 DIGITS SIGNED

COMMON ALIAS: MRI\_CHARGES  
DB2 ALIAS: MRI\_CHRG\_AMT  
SAS ALIAS: MRI\_AMT  
STANDARD ALIAS: MEDPAR\_MRI\_CHRG\_AMT

EDIT-RULES:  
+\$\$\$\$\$\$\$

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

DERIVATION:

This field is derived by accumulating the revenue center total charge amount associated with revenue center 061x from all claim records included in the stay.

SOURCE:

NCH

86. MEDPAR Outpatient Service Charge Amount NUM 8 532 539

The charge amount (rounded to whole dollars) for outpatient services provided during the beneficiary's stay.

7 DIGITS SIGNED

COMMON ALIAS: OP\_SERVICES\_CHARGES

DB2 ALIAS: OP\_SRVC\_CHRG\_AMT

SAS ALIAS: OPSRVC

STANDARD ALIAS: MEDPAR\_OP\_SRVC\_CHRG\_AMT

EDIT-RULES:

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

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

DERIVATION:

This field is derived by accumulating the revenue center total charge amount associated with revenue center code 049x and 050x from all claim records included in the stay.

SOURCE:

NCH

87. MEDPAR Emergency Room Charge Amount NUM 8 540 547

The charge amount (rounded to whole dollars) for emergency room services provided during the beneficiary's stay.

7 DIGITS SIGNED

COMMON ALIAS: EMERGENCY\_ROOM\_CHARGES

DB2 ALIAS: MEDPAR\_ER\_CHRG\_AMT

SAS ALIAS: ER\_AMT

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NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
-----	----	-----	-----	-----	-----

STANDARD ALIAS: MEDPAR\_ER\_CHRG\_AMT

EDIT-RULES:

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

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

DERIVATION:

This field is derived by accumulating the revenue center total charge amount associated with revenue center code 045X from all claim records included in the stay.

SOURCE:  
NCH

88. MEDPAR Ambulance Charge Amount      NUM            8    548   555

The charge amount (rounded to whole dollars) for ambulance services related to a beneficiary's stay.

7 DIGITS SIGNED

COMMON ALIAS: AMBULANCE\_CHARGES  
DB2 ALIAS: AMBLNC\_CHRG\_AMT  
SAS ALIAS: AMBLNC  
STANDARD ALIAS: MEDPAR\_AMBLNC\_CHRG\_AMT

EDIT-RULES:  
+\$\$\$\$\$\$  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

DERIVATION:  
This field is derived by accumulating the revenue center total charge amount associated with revenue center code 054x from all claim records included in the stay.

SOURCE:  
NCH

89. MEDPAR Professional Fees Charge Amount      NUM            8    556   563

The charge amount (rounded to whole dollars) for professional fees related to a beneficiary's stay.

7 DIGITS SIGNED

COMMON ALIAS: PROFESSIONAL\_FEES  
DB2 ALIAS: PROFNL\_FEES\_AMT  
SAS ALIAS: PROFFEES  
STANDARD ALIAS: MEDPAR\_PROFNL\_FEES\_CHRG\_AMT

EDIT-RULES:  
+\$\$\$\$\$\$  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

DERIVATION:  
This field is derived by accumulating the revenue center total charge amount associated with revenue center codes 096x, 097x, and 098x from all claims records included in the stay.

SOURCE:  
NCH

90. MEDPAR Organ Acquisition Charge Amount NUM 8 564 571

The charge amount (rounded to whole dollars) for organ acquisition or other donor bank services related to a beneficiary's stay.

7 DIGITS SIGNED

COMMON ALIAS: ORGAN\_ACQUISITION\_CHARGES  
DB2 ALIAS: ORGN\_ACQSTN\_AMT  
SAS ALIAS: ORGNAMT  
STANDARD ALIAS: MEDPAR\_ORGN\_ACQSTN\_CHRG\_AMT

EDIT-RULES:  
+\$\$\$\$\$\$  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

DERIVATION:  
This field is derived by accumulating the revenue center total charge amount associated with revenue center codes 081x and 089x from all claim records included in the stay.

SOURCE:  
NCH

91. MEDPAR ESRD Revenue Setting Charge Amount NUM 8 572 579

The charge amount (rounded to whole dollars) for ESRD services (other than organ acquisition and other donor bank) related to a beneficiary's stay.

7 DIGITS SIGNED

COMMON ALIAS: ESRD\_REVENUE\_SETTING\_CHARGES  
DB2 ALIAS: ESRD\_REV\_SETG\_AMT  
SAS ALIAS: ESRDSETG  
STANDARD ALIAS: MEDPAR\_ESRD\_REV\_SETG\_CHRG\_AMT

EDIT-RULES:  
+\$\$\$\$\$\$  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

DERIVATION:  
This field is derived by accumulating the revenue center total charge amount associated with revenue center codes 080x, 082x - 088x from all claim records included in the stay.

SOURCE:  
NCH

92. MEDPAR Clinic Visit Charge NUM 8 580 587

The charge amount (rounded to whole dollars) for clinic

Amount

visits (e.g., visits to chronic pain or dental centers or to clinics providing psychiatric, ob-gyn, pediatric services) related to the beneficiary's stay.

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NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
-----	-----	-----	-----	-----	-----
					7 DIGITS SIGNED
					COMMON ALIAS: CLINIC_VISIT_CHARGES DB2 ALIAS: CLNC_VISIT_AMT SAS ALIAS: CLNC_AMT STANDARD ALIAS: MEDPAR_CLNC_VISIT_CHRG_AMT
					EDIT-RULES: +\$\$\$\$\$\$\$ ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES
					DERIVATION: This field is derived by accumulating the revenue center total charge amount associated with revenue center code 051x from all claim records included in the stay.
					SOURCE: NCH
**** MEDPAR Accommodations/Services Indicator Group	GROUP	23	588	610	STANDARD ALIAS: MEDPAR_ACMDTNS_SRVC_IND_GRP
93. MEDPAR Intensive Care Unit (ICU) Indicator Code	CHAR	1	588	588	The code indicating that the beneficiary has spent time under intensive care during the stay. It also specifies the type of ICU.  COMMON ALIAS: INTENSIVE_CARE_INDICATOR DB2 ALIAS: MEDPAR_ICU_IND_CD SAS ALIAS: ICUINDCD STANDARD ALIAS: MEDPAR_ICU_IND_CD  DERIVATION: This field is derived by checking for the presence of icu revenue center codes (listed below) on any of the claim records included in the stay. If more than one of the revenue center codes listed below are included on these claims, the code with the highest revenue center total charge amount is used.  CODES: 0 = General (revenue center 0200) 1 = Surgical (revenue center 0201) 2 = Medical (revenue center 0202)

3 = Pediatric (revenue center 0203)  
 4 = Psychiatric (revenue center 0204)  
 6 = Intermediate ICU (revenue center 0206)  
 prior to 12/96 update was 'post ICU'  
 7 = Burn care (revenue center 0207)  
 8 = Trauma (revenue center 0208)  
 9 = Other intensive care (revenue code 0209)  
 BLANK = No intensive care indication

SOURCE:  
 NCH

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NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
					LIMITATIONS: There is approximately a 20% error rate in the revenue center code category 0206 due to coders misunderstanding the term 'post ICU' as including any day after an ICU stay rather than just days in a step-down/lower case version of an ICU. 'Post' was removed from the revenue center code 0206 description, effective 10/1/96 (12/96 MEDPAR update). 0206 is now defined as 'intermediate ICU'.
94. MEDPAR Coronary Care Indicator Code	CHAR	1	589	589	The code indicating that the beneficiary has spent time under coronary care during the stay. It also specifies the type of coronary care unit.  COMMON ALIAS: CORONARY_CARE_INDICATOR DB2 ALIAS: CRNRY_CARE_IND_CD SAS ALIAS: CRNRY_CD STANDARD ALIAS: MEDPAR_CRNRY_CARE_IND_CD  DERIVATION: This field is derived by checking for the presence of coronary care revenue center codes (listed below) on any of the claim records included in the stay. If more than one of the revenue center codes listed below are included on these claims, the code with the highest revenue center total charge amount is used.  CODES: BLANK = No coronary care indication 0 = General (revenue code 0210) 1 = Myocardial (revenue code 0211) 2 = Pulmonary care (revenue code 0212) 3 = Heart transplant (revenue code 0213) 4 = Intermediate CCU (revenue code 0214) prior to 12/96 update was 'post ccu' 9 = Other coronary care (revenue code 0219)

SOURCE:  
NCH

LIMITATIONS:

There is approximately a 20% error rate in the revenue center code category 0214 due to coders misunderstanding the term 'post CCU' as including any day after a CCU stay rather than just days in a step-down/lower case version of a CCU. 'Post' was removed from the revenue center code 0214 description, effective 10/1/96 (12/96 MEDPAR update). 0214 Is now defined as 'intermediate CCU'.

95. MEDPAR Pharmacy Indicator      NUM            1    590   590    The code indicating whether or not the beneficiary received drugs during the stay. It also specifies the type of drugs.  
Code

1 DIGIT UNSIGNED

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NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
-----	-----	-----	-----	-----
				COMMON ALIAS: PHARMACY_INDICATOR DB2 ALIAS: PHRMCY_IND_CD SAS ALIAS: PHRMCYCD STANDARD ALIAS: MEDPAR_PHRMCY_IND_CD
				DERIVATION: This field is derived by checking for the presence of drug-specific revenue center codes (listed below) on any of the claim records included in the stay.
				CODES: 0 = No drugs (revenue code other than those listed below) 1 = General drugs and/pr IV therapy (revenue code 025x, 026x) 2 = Erythropoietin (epoetin: revenue code 0630, 0635, 0637, 0639) 3 = Blood clotting drugs (revenue code 0636) 4 = General drugs and/or IV therapy; and epoetin (combination of values 1 and 2) 5 = General drugs and/or IV therapy; and blood clotting drugs (combination of values 1 and 3)

SOURCE:  
NCH

96. MEDPAR Transplant Indicator    NUM            1    591   591    The code indicating whether or not the beneficiary received a organ transplant during the stay.  
Code

1 DIGIT UNSIGNED

COMMON ALIAS: TRANSPLANT\_INDICATOR  
 DB2 ALIAS: TRNSPLNT\_IND\_CD  
 SAS ALIAS: TRNSPLNT  
 STANDARD ALIAS: MEDPAR\_TRNSPLNT\_IND\_CD

DERIVATION:  
 This field is derived by checking for the presence of the  
 transplant revenue center code (listed below) on any of  
 the claim records included in the stay.

CODES:  
 0 = No organ or kidney transplant  
     (revenue code not 0362 or 0367)  
 2 = Organ transplant other than kidney (revenue code  
     0362)  
 7 = Kidney transplant (revenue code 0367)

SOURCE:  
 NCH

\*\*\*\* MEDPAR Radiology Indicators GROUP 6 592 597 STANDARD ALIAS: MEDPAR\_RDLGY\_IND\_GRP  
 Group

97. MEDPAR Radiology Oncology NUM 1 592 592 The switch indicating whether or not the beneficiary  
 Indicator Switch received radiology oncology services during the stay.

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NAME	TYPE	LENGTH	BEG	END	POSITIONS	CONTENTS
-----	----	-----	-----	-----	-----	-----
						1 DIGIT UNSIGNED
						COMMON ALIAS: RADIOLOGY_ONCOLOGY_INDICATOR DB2 ALIAS: RDLGY_ONCLGY_SW SAS ALIAS: ONCLGY_SW STANDARD ALIAS: MEDPAR_RDLGY_ONCLGY_IND_SW
						DERIVATION: This field is derived by checking for revenue center code 028X on any of the claim records included in the stay.
						CODES: 0 = No radiology-oncology (revenue code not 028x) 1 = Yes radiology-oncology (revenue code 028x)
						SOURCE: NCH

98. MEDPAR Radiology Diagnostic NUM 1 593 593 The switch indicating whether or not the beneficiary  
 Indicator Switch received radiology diagnostic services during the stay.



1 DIGIT UNSIGNED

COMMON ALIAS: RADIOLOGY\_DIAGNOSTIC\_INDICATOR  
DB2 ALIAS: RDLGY\_DGNSTC\_SW  
SAS ALIAS: DGNSTCSW  
STANDARD ALIAS: MEDPAR\_RDLGY\_DGNSTC\_IND\_SW

DERIVATION:

This field is derived by checking for revenue center code 032x on any of the claim records included in the stay.

CODES:

0 = No radiology-diagnostic (revenue code not 032x)  
1 = Yes radiology-diagnostic (revenue code 032x)

SOURCE:

NCH

99. MEDPAR Radiology  
Therapeutic Indicator  
Switch

NUM 1 594 594

The switch indicating whether or not the beneficiary received radiology therapeutic services during the stay.

1 DIGIT UNSIGNED

COMMON ALIAS: RADIOLOGY\_THERAPEUTIC\_INDICATOR  
DB2 ALIAS: RDLGY\_THRPTC\_SW  
SAS ALIAS: THRPTCSW  
STANDARD ALIAS: MEDPAR\_RDLGY\_THRPTC\_IND\_SW

DERIVATION:

This field is derived by checking for revenue center code 033X on any of the claim records included in the stay.

CODES:

0 = No radiology-therapeutic (revenue code not 033X)  
1 = Yes radiology-therapeutic (revenue code 033X)

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NAME	TYPE	LENGTH	POSITIONS		CONTENTS
-----	----	-----	BEG	END	-----

SOURCE:

NCH

100. MEDPAR Radiology Nuclear  
Medicine Indicator Switch

NUM 1 595 595

The switch indicating whether or not the beneficiary received radiology nuclear medicine services during the stay.

1 DIGIT UNSIGNED

COMMON ALIAS: NUCLEAR\_MEDICINE\_INDICATOR  
DB2 ALIAS: NUCLR\_MDCN\_SW  
SAS ALIAS: NUCLR\_SW

STANDARD ALIAS: MEDPAR\_RDLGY\_NUCLR\_MDCN\_IND\_SW

DERIVATION:

This field is derived by checking for revenue center code 034x on any of the claim records included in the stay.

CODES:

0 = No nuclear medicine (revenue code not 034x)  
1 = Yes nuclear medicine (revenue code 034x)

SOURCE:

NCH

101. MEDPAR Radiology CT Scan Indicator Switch      NUM            1    596 596

The switch indicating whether or not the beneficiary received radiology computed tomographic (CT) scan services during the stay.

1 DIGIT UNSIGNED

COMMON ALIAS: RADIOLOGY\_CT\_SCAN\_INDICATOR

DB2 ALIAS: RDLGY\_CT\_SCAN\_SW

SAS ALIAS: CTSCANSW

STANDARD ALIAS: MEDPAR\_RDLGY\_CT\_SCAN\_IND\_SW

DERIVATION:

This field is derived by checking for revenue center code 035X on any of the claim records included in the stay.

CODES:

0 = No radiology CT scan (revenue code not 035X)  
1 = Yes radiology CT scan (revenue code 035X)

SOURCE:

NCH

102. MEDPAR Radiology Other Imaging Indicator Switch      NUM            1    597 597

The switch indicating whether or not the beneficiary received radiology other imaging services during the stay.

1 DIGIT UNSIGNED

COMMON ALIAS: OTHER\_IMAGING\_SERVICES

DB2 ALIAS: OTHR\_IMGNG\_SW

SAS ALIAS: IMGNG\_SW

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NAME	TYPE	LENGTH	POSITIONS		CONTENTS
-----	----	-----	BEG	END	-----

STANDARD ALIAS: MEDPAR\_RDLGY\_OTHR\_IMGNG\_IND\_SW

DERIVATION:

This field is derived by checking for revenue center code 040X on any of the claim records included in the stay.

CODES:  
0 = No other imaging services (revenue code not 040x)  
1 = Yes other imaging services (revenue code 040x)

SOURCE:  
NCH

103. MEDPAR Outpatient Services    NUM        1    598   598  
Indicator Code

The code indicating whether or not the beneficiary has received outpatient services, ambulatory surgical care, or both.

1 DIGIT UNSIGNED

COMMON ALIAS: OUTPATIENT\_SERVICES\_INDICATOR  
DB2 ALIAS: OP\_SRVC\_IND\_CD  
SAS ALIAS: OPSRVCCD  
STANDARD ALIAS: MEDPAR\_OP\_SRVC\_IND\_CD

DERIVATION:  
This field is derived by checking for the presence of the outpatient services revenue center codes listed below on any of the claim records included in the stay.

CODES:  
0 = No outpatient services/ambulatory surgical care (revenue code other than 049X, 050X)  
1 = Outpatient services (revenue code 050X)  
2 = Ambulatory surgical care (revenue code 049X)  
3 = Outpatient services and ambulatory surgical care (revenue codes 049X and 050X)

SOURCE:  
NCH

104. MEDPAR Organ Acquisition    CHAR       2    599   600  
Indicator Code

The code indicating the type of organ acquisition received by the beneficiary during the stay.

COMMON ALIAS: ORGAN\_INDICATOR  
DB2 ALIAS: ORGN\_ACQSTN\_IND\_CD  
SAS ALIAS: ORGNCD  
STANDARD ALIAS: MEDPAR\_ORGN\_ACQSTN\_IND\_CD

DERIVATION:  
This field is derived by checking for the presence of the organ acquisition indicator revenue center codes listed below on any of the claim records included in the stay.

CODES:  
K1 = General classification (revenue code 0810)  
K2 = Living donor kidney (revenue code 0811)

NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
				<p>K3 = Cadaver donor kidney (revenue code 0812)  K4 = Unknown donor kidney (revenue code 0813)  K5 = Other kidney acquisition (revenue code 0814)  H1 = Cadaver donor heart (revenue code 0815)  H2 = Other heart acquisition (revenue code 0816)  L1 = Donor liver (revenue code 0817)  01 = Other organ acquisition (revenue code 0819)  02 = General acquisition (revenue code 0890)  B1 = Bone donor bank (revenue code 0891)  03 = Organ donor bank other than kidney (revenue code 0892)  S1 = Skin donor bank (revenue code 0893)  04 = Other donor bank (revenue code 0899)  BLANK = No organ acquisition indication</p> <p>SOURCE:  NCH</p>
105. MEDPAR ESRD Setting Indicator Code	CHAR	2	601 602	<p>The code indicating the type of dialysis received by the beneficiary during the stay. Up to 5 2-position codes may be present.</p> <p>OCCURS: 5 TIMES</p> <p>COMMON ALIAS: ESRD_SETTING_INDICATOR  DB2 ALIAS: ESRD_SETG_IND_CD  SAS ALIAS: ESRDSETG  STANDARD ALIAS: MEDPAR_ESRD_SETG_IND_CD</p> <p>DERIVATION:  This field is derived from the presence of the dialysis revenue center codes listed below on any of the claim records included in the stay.</p> <p>CODES:  00 = Ip renal dialysis-general (revenue code 0800)  01 = Ip renal dialysis-hemodialysis (revenue code 0801)  02 = Ip renal dialysis-peritoneal (non-capd: revenue code 0802)  03 = Ip renal dialysis-capd (revenue code 0803)  04 = Ip renal dialysis-ccpd (revenue code 0804)  09 = Ip renal dialysis-other (revenue code 0809)  20 = Hemodialysis-op-general (revenue code 0820)  21 = Hemodialysis-op-hemodialysis/composite (revenue code 0821)  22 = Hemodialysis-op-home supplies (revenue code 0822)  23 = Hemodialysis-op-home equipment (revenue code 0823)  24 = Hemodialysis-op-maintenance/100% (revenue code 0824)  25 = Hemodialysis-op-support services (revenue code 0825)  29 = Hemodialysis-op-other (revenue code 0829)</p>

30 = Peritoneal-op/home-general (revenue code 0830)  
 31 = Peritoneal-op/home-peritoneal/composite (revenue code 0831)  
 32 = Peritoneal-op/home-home supplies (revenue code 0832)  
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NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
					33 = Peritoneal-op/home-home equipment (revenue code 0833)
					34 = Peritoneal-op/home-maintenance/100% (revenue code 0834)
					35 = Peritoneal-op/home-support services (revenue code 0835)
					39 = Peritoneal-op/home-other (revenue code 0839)
					40 = Capd-op-capd/general (revenue code 0840)
					41 = Capd-op-capd/composite (revenue code 0841)
					42 = Capd-op-home supplies (revenue code 0842)
					43 = Capd-op-home equipment (revenue code 0843)
					44 = Capd-op-maintenance/100% (revenue code 0844)
					45 = Capd-op-support services (revenue code 0845)
					49 = Capd-op-other (revenue code 0849)
					50 = Ccpd-op-ccpd/general (revenue code 0850)
					51 = Ccpd-op-ccpd/composite (revenue code 0851)
					52 = Ccpd-op-home supplies (revenue code 0852)
					53 = Ccpd-op-home equipment (revenue code 0853)
					54 = Ccpd-op-maintenance/100% (revenue code 0854)
					55 = Ccpd-op-support services (revenue code 0855)
					59 = Ccpd-op-other (revenue code 0859)
					80 = Miscellaneous dialysis-general (revenue code 0880)
					81 = Miscellaneous dialysis-ultrafiltration (revenue code 0881)
					89 = Miscellaneous dialysis-other (revenue code 0889)
					BLANK = No ESRD setting indication

SOURCE:  
NCH

\*\*\*\* MEDPAR Diagnosis Code Group GROUP 62 611 672 STANDARD ALIAS: MEDPAR\_DGNS\_CD\_GRP  
 106. MEDPAR Diagnosis Code Count NUM 2 611 612 The count of the number of diagnosis codes included in the stay.

2 DIGITS UNSIGNED

COMMON ALIAS: NUMBER\_OF\_DIAGNOSIS\_CODES  
 DB2 ALIAS: MEDPAR\_DGNS\_CD\_CNT  
 SAS ALIAS: DGNSCNT  
 STANDARD ALIAS: MEDPAR\_DGNS\_CD\_CNT

EDIT-RULES:  
RANGE: 1 through 10

DERIVATION:

This field is derived by adding '1' to the count of the other diagnosis codes reported on the last claim record included in the stay. The '1' represents the principal diagnosis code, which is reported separately from the other diagnosis.

SOURCE:

NCH

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NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
107. MEDPAR Diagnosis Code	CHAR	6	613	618	<p>The ICD-9-CM code identifying the primary condition or other coexisting conditions shown in the medical records as affecting the services provided during the beneficiary's stay. This element is part of the MEDPAR diagnosis group which May occur up to 10 times.</p> <p>OCCURS: 10 TIMES</p> <p>COMMON ALIAS: DIAGNOSIS_CODE DB2 ALIAS: MEDPAR_DGNS_CD SAS ALIAS: DGNS_CD STANDARD ALIAS: MEDPAR_DGNS_CD</p> <p>EDIT-RULES: 5 POSITION Diagnosis Code LEFT JUSTIFIED</p> <p>DERIVATION: This field is the actual principal diagnosis code (1st occurrence) or one of up to 9 other diagnosis codes that are present on the last claim record included in the stay.</p> <p>SOURCE: NCH</p>
108. MEDPAR Surgical Procedure Indicator Switch	CHAR	1	673	673	<p>The switch indicating whether or not there were any surgical procedures performed during the beneficiary's stay.</p> <p>COMMON ALIAS: SURGERY_INDICATOR DB2 ALIAS: SRGCL_PRCDR_IND_SW SAS ALIAS: PRCDRSW STANDARD ALIAS: MEDPAR_SRGCL_PRCDR_IND_SW</p> <p>DERIVATION: This field is derived by checking for the presence of procedure codes on the last claim record included in the stay.</p>

CODES:  
0 = No surgery indicated  
1 = Yes surgery indicated

SOURCE:  
NCH

****	MEDPAR Surgical Procedure Group	GROUP	88	674	761	STANDARD ALIAS: MEDPAR_SRGCL_PRCDR_GRP
109.	MEDPAR Surgical Procedure Code Count	NUM	2	674	675	The count of the number of surgical procedure codes included in the stay.

2 DIGITS UNSIGNED

COMMON ALIAS: NUMBER\_OF\_SURGICAL\_CODES  
DB2 ALIAS: SRGCL\_PRCDR\_CD\_CNT  
SAS ALIAS: PRCDCNT  
STANDARD ALIAS: MEDPAR\_SRGCL\_PRCDR\_CD\_CNT  
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NAME	TYPE	LENGTH	POSITIONS		CONTENTS
-----	----	-----	BEG	END	-----

EDIT-RULES:  
RANGE: 0 through 6

DERIVATION:  
This field is derived by counting the procedure codes that are reported on the last claim record included in the stay.

SOURCE:  
NCH

110.	MEDPAR Surgical Procedure Performed Date Count	NUM	2	676	677	The count of the number of dates associated with the surgical procedures included in the stay.
------	--	-----	---	-----	-----	--

2 DIGITS UNSIGNED

COMMON ALIAS: NUMBER\_OF\_SURGICAL\_DATES  
DB2 ALIAS: SRGCL\_PRCDR\_DT\_CNT  
SAS ALIAS: PRCDTCNT  
STANDARD ALIAS: MEDPAR\_SRGCL\_PRCDR\_DT\_CNT

EDIT-RULES:  
RANGE: 0 THROUGH 6

DERIVATION:  
This field is derived by counting the surgical procedures dates that are reported on the last claim record included in the stay.

SOURCE:  
NCH

111. MEDPAR Surgical Procedure Code CHAR 7 678 684

The ICD-9-CM code identifying the principal or other surgical procedure performed during the beneficiary's stay. This element is part of the MEDPAR surgical procedure group. It May occur up to 6 times.

OCCURS: 6 TIMES

COMMON ALIAS: SURGICAL\_CODE  
DB2 ALIAS: SRGCL\_PRCDR\_CD  
SAS ALIAS: PRCDR\_CD  
STANDARD ALIAS: MEDPAR\_SRGCL\_PRCDR\_CD

EDIT-RULES:  
4 POSITION Surgical Procedure Code LEFT JUSTIFIED

DERIVATION:  
This field is the actual principal surgical procedure code (1st occurrence) or one of up to 5 other surgical procedure codes that May be present on the last claim record included in the stay.

SOURCE:  
NCH

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NAME	TYPE	LENGTH	POSITIONS BEG END	CONTENTS
112. MEDPAR Surgical Procedure Performed Date	NUM	7	719 725	The date on which the icd-9-cm surgical procedure was performed during the beneficiary's stay. This element is part of the MEDPAR surgical procedure group. It can occur up to 6 times.  6 DIGITS SIGNED  OCCURS: 6 TIMES  COMMON ALIAS: SURGICAL_DATE DB2 ALIAS: PRCDR_PRFRM_DT SAS ALIAS: PRCDR_DT STANDARD ALIAS: MEDPAR_SRGCL_PRCDR_PRFRM_DT  EDIT-RULES: +YYYYDDD  DERIVATION: This field is the actual date associated with the principal or one of up to 5 other surgical procedure



codes that is present on the last claim record included in the stay.

SOURCE:  
NCH

113. MEDPAR Blood Pints  
Furnished Quantity            NUM            4    762 765    The quantity of blood (number of whole pints) furnished to the beneficiary during the stay. Note: this includes blood pints replaced as well as not replaced.

4 DIGITS SIGNED

COMMON ALIAS: BLOOD\_FURNISHED  
DB2 ALIAS: BLOOD\_PT\_FRNSH\_QTY  
SAS ALIAS: BLDFRNSH  
STANDARD ALIAS: MEDPAR\_BLOOD\_PT\_FRNSH\_QTY

DERIVATION:  
This field is derived by accumulating the blood pints furnished quantity from all claim records included in the stay.

SOURCE:  
NCH

114. MEDPAR Beneficiary  
Identification Code            CHAR            2    766 767    The BIC reported on the first claim record included in the stay, representing the values existing on the CWF beneficiary master record on the date the CWF host site processed the claim.

COMMON ALIAS: ORIGINAL\_BIC  
DB2 ALIAS: BENE\_IDENT\_CD  
SAS ALIAS: BIC  
STANDARD ALIAS: MEDPAR\_BENE\_IDENT\_CD

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NAME	TYPE	LENGTH	POSITIONS		CONTENTS
-----	----	-----	BEG	END	-----

CODES:  
REFER TO: BENE\_IDENT\_TB  
          IN THE CODES APPENDIX

SOURCE:  
NCH

115. MEDPAR DRG Code            NUM            3    768 770    The code indicating the DRG to which the claims that comprise the stay belong for payment purposes.

3 DIGITS UNSIGNED

COMMON ALIAS: DRG\_CODE

DB2 ALIAS: MEDPAR\_DRG\_CD  
 SAS ALIAS: DRG\_CD  
 STANDARD ALIAS: MEDPAR\_DRG\_CD

DERIVATION:

This field comes from the actual DRG code that is present on the last claim record included in the stay.  
 exception: if the DRG code is not present (e.g., claims from maryland and PPS-exempt hospital units do not have a DRG), a valid DRG is obtained using the grouper software and is moved to this field.

SOURCE:

NCH

116. MEDPAR Discharge  
 Destination Code

NUM 2 771 772

The code primarily indicating the destination of the beneficiary upon discharge from a facility; also denotes death or SNF/still patient situations.

2 DIGITS UNSIGNED

COMMON ALIAS: DISCHARGE\_DESTINATION  
 DB2 ALIAS: DSCHRG\_DSTNTN\_CD  
 SAS ALIAS: DSTNTNCD  
 STANDARD ALIAS: MEDPAR\_DSCHRG\_DSTNTN\_CD  
 SYSTEM ALIAS: LTCLMST

DERIVATION:

This field comes from the claim status code that is present on the last claim record included in the stay.

CODES:

REFER TO: PTNT\_DSCHRG\_STUS\_TB  
 IN THE CODES APPENDIX

SOURCE:

NCH

117. MEDPAR DRG/Outlier Stay  
 Code

NUM 1 773 773

The code identifying (1) for PPS providers if the stay has an unusually long length (day outlier) or high cost (cost outlier); or (2) for non-PPS providers the source for developing the DRG.

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NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
-----	----	-----	-----	-----	-----
					1 DIGIT UNSIGNED
					COMMON ALIAS: OUTLIER_CODE/DRG_SOURCE DB2 ALIAS: DRG_OUTLIER_CD SAS ALIAS: OUTLR_CD

STANDARD ALIAS: MEDPAR\_DRG\_OUTLIER\_STAY\_CD

DERIVATION:

This field is the actual DRG outlier stay code that is present on the last claim record included in the stay.

Applicable to PPS providers:

0 = No Outlier  
1 = Day Outlier  
2 = Cost Outlier

Applicable to Non-PPS Providers:

6 = Valid DRG Received From Intermediary  
7 = HCFA-Developed DRG  
8 = HCFA-Developed DRG Using Claim Status Code  
9 = Not Groupable

SOURCE:

NCH

118. MEDPAR Beneficiary Primary Payer Code CHAR 1 774 774

The code indicating the type of payer who has primary responsibility for the payment of the Medicare beneficiary's claims related to the stay.

COMMON ALIAS: PRIMARY\_PAYER\_CODE

DB2 ALIAS: BENE\_PRMRY\_PYR\_CD

SAS ALIAS: PRPAY\_CD

STANDARD ALIAS: MEDPAR\_BENE\_PRMRY\_PYR\_CD

DERIVATION:

This field comes from the primary payer code that is present on the first claim record included in the stay.

CODES:

A = Working aged bene/spouse with eghp  
B = ESRD bene in 18-month coordination period with eghp  
C = Conditional Medicare payment; future reimbursement expected  
D = Auto no-fault or any liability insurance  
E = Worker's compensation  
F = Phs or other federal agency (other than dept of veterans affairs)  
G = Working disabled  
H = Black lung  
I = Dept of veterans affairs  
J = Any liability insurance  
Z/BLANK = Medicare is primary payer

SOURCE:

NCH

NAME	TYPE	LENGTH	BEG	END	CONTENTS
119. MEDPAR ESRD Condition Code	NUM	2	775	776	<p>The code indicating if the beneficiary had an ESRD condition reported during the stay.</p> <p>2 DIGITS UNSIGNED</p> <p>DB2 ALIAS: ESRD_COND_CD  SAS ALIAS: ESRD_CD  STANDARD ALIAS: MEDPAR_ESRD_COND_CD</p> <p>DERIVATION:  This field is derived by checking for condition codes 70 - 76 on any of the claim records included in the stay.</p> <p>CODES:  00 = No ESRD Condition Codes  70 = Self-Administered Epo  71 = Full Care In Unit  72 = Self-Care In Unit  73 = Self-Care Training  74 = Home Dialysis  75 = Home Dialysis/100% Reimbursement  76 = Backup-In-Facility Dialysis</p> <p>SOURCE:  NCH</p>
120. MEDPAR Source Inpatient Admission Code	CHAR	1	777	777	<p>The code indicating the source of the beneficiary's admission to an Inpatient facility or, for newborn admission, the type of delivery.</p> <p>COMMON ALIAS: SOURCE_OF_ADMISSION  DB2 ALIAS: SRC_IP_ADMSN_CD  SAS ALIAS: SRC_ADMS  STANDARD ALIAS: MEDPAR_SRC_IP_ADMSN_CD</p> <p>DERIVATION:  This field comes from the source Inpatient admission code that is present on the last claim record included in the stay.</p> <p>CODES:  REFER TO: CLM_SRC_IP_ADMSN_TB  IN THE CODES APPENDIX</p> <p>SOURCE:  NCH</p>
121. MEDPAR Inpatient Admission Type Code	CHAR	1	778	778	<p>The code indicating the type and priority of the beneficiary's admission to a facility for the Inpatient hospital stay.</p>

COMMON ALIAS: TYPE\_OF\_ADMISSION  
 DB2 ALIAS: IP\_ADMSN\_TYPE\_CD  
 SAS ALIAS: TYPE\_ADM  
 STANDARD ALIAS: MEDPAR\_IP\_ADMSN\_TYPE\_CD

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NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
					DERIVATION: This field comes from the Inpatient admission type code that is present on the last claim record included in the stay.  SOURCE: NCH
122. MEDPAR Fiscal Intermediary/Carrier Identification Number	CHAR	5	779	783	The identification of the intermediary processing the beneficiary's claims related to the stay.  NOTE: This field comes from the intermediary number that is present on the first claim record included in the stay.  COMMON ALIAS: INTERMEDIARY_NUMBER DB2 ALIAS: FICARR_IDENT_NUM SAS ALIAS: FICARR STANDARD ALIAS: MEDPAR_FICARR_IDENT_NUM  SOURCE: NCH
123. MEDPAR Admitting Diagnosis Code	CHAR	5	784	788	The ICD-9-CM code indicating the beneficiary's initial diagnosis at the time of admission.  NOTE: This field comes from the admitting diagnosis code that is present on the last claim record included in the stay.  COMMON ALIAS: ADMISSION_DIAGNOSIS DB2 ALIAS: ADMTG_DGNS_CD SAS ALIAS: AD_DGNS STANDARD ALIAS: MEDPAR_ADMTG_DGNS_CD  SOURCE: NCH
124. FILLER	CHAR	4	789	792	
125. MEDPAR Admission Death Day Count	NUM	6	793	798	The count of the number of days from the date the beneficiary was admitted to a facility to the beneficiary's date of death (DOD).

5 DIGITS SIGNED

COMMON ALIAS: ADMISSION\_TO\_DEATH\_INTERVAL  
DB2 ALIAS: ADMSN\_DEATH\_CNT  
SAS ALIAS: DEATHDAY  
STANDARD ALIAS: MEDPAR\_ADMSN\_DEATH\_DAY\_CNT

DERIVATION:

This field is derived by counting the number of days between the MEDPAR admission date (the admission date present on the first claim record included in the stay) and MEDPAR beneficiary death date (the death date present

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NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
126. FILLER	CHAR	4	799	802	on the enrollment database, which is accessed prior to creation of the quarterly MEDPAR file).  SOURCE: NCH/EDB  LIMITATIONS: REFER TO: MEDPAR_ADMSN_DEATH_DAY_CNT_LIM IN THE LIMITATIONS APPENDIX
127. MEDPAR Internal Use (By IPSB) Code	NUM	3	803	805	Limited availability; for internal use only. Where not available, this field will contain zeroes.  3 DIGITS UNSIGNED  DB2 ALIAS: INTRNL_USE_IPSB_CD SAS ALIAS: IPSBCD STANDARD ALIAS: MEDPAR_INTRNL_USE_IPSB_CD
128. MEDPAR Internal Use File Date Code	NUM	1	806	806	Limited availability; for internal use only to to identify fiscal year/calendar year segments. Where not available, this field will contain a zero.  1 DIGIT UNSIGNED  DB2 ALIAS: INTRNL_FIL_DT_CD SAS ALIAS: FILDTC STANDARD ALIAS: MEDPAR_INTRNL_USE_FIL_DT_CD
129. MEDPAR Internal Use Sample Size Code	NUM	1	807	807	Limited availability; for internal use only to identify the MEDPAR sample size: 20% (HIC 9th digit = 0, 5); 20% (HIC 9th digit = 4, 8); 60% (remainder). Where not available, this field will contain a zero.

1 DIGIT UNSIGNED

DB2 ALIAS: SMPL\_SIZE\_CD  
SAS ALIAS: SMPLSIZE  
STANDARD ALIAS: MEDPAR\_INTRNL\_USE\_SMPL\_SIZE\_CD

130. MEDPAR Warning Indicators      NUM      18    808   825  
Code

The codes (commonly called warning indicators) specifying detailed billing information obtained from the claims analyzed for the stay process. The purpose of these codes is to provide additional information for the MEDPAR user; i.e., let the user know whether or not the stay included adjustments, a single claim or multiple claims, any error conditions, etc..

17 DIGITS SIGNED

COMMON ALIAS: WARNING\_INDICATORS  
DB2 ALIAS: MEDPAR\_WRNG\_IND\_CD  
SAS ALIAS: WRNGCD  
STANDARD ALIAS: MEDPAR\_WRNG\_IND\_CD

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NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	

DERIVATION:

This field is packed. Each of the digits identify a specific item of interest to users of the MEDPAR file. Warning indicators 1 and 6, and the first two values of indicator 8, are set early in the process - while processing all claims through the final action algorithm, prior to the creation of the stay record. The other indicators are derived from the claims remaining after the final action processing, which are used to create the stay record.

CODES:

Warning indicator 1 ('adjustment indicator' derived from the presence of query code values noted below on any of the claim records included in the analysis):  
0 = No adjustment (no query code = 0 or 5)  
1 = Credit adjustment (query code = 0)  
2 = Debit adjustment (query code = 5)  
3 = Credit and debit adjustment (both query code = 0 and 5)

Warning indicator 2 ('error condition' derived from checking the edit code trailer on the final action claims(s) that comprise the stay):

0 = No error

1 = Error condition

Warning indicator 3 ('reimbursement/total charge indicator' derived after summing up fields on the final action claim(s) that comprise the stay; checks resulting Medicare payment amount (commonly called reimbursement), total charge amount, as well as beneficiary primary payer amount and utilization day count):

0 = Medicare payment amount and total charge amount > zeroes

1 = Medicare payment amount and total charge amount < zeroes

2 = Medicare payment amount is a credit

3 = Total charge amount is a credit

4 = Medicare payment amount, total charge amount, beneficiary primary payer claim payment amount, and utilization day count = zeroes

Warning indicator 4 ('utilization day/los day indicator' derived after summing up fields on the final action claim(s) that comprise the stay; compares resulting utilization day count and length-of-stay count):

0 = Utilization day count = los day count

1 = Utilization day count < los day count

2 = Utilization day count > los day count

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NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
-----				
				warning indicator 5 ('single/multiple claim indicator' derived when the stay record is created by checking the number of final action claims that comprise the stay):
				0 = Stay includes a single final action claim
				1 = Stay includes multiple final action claims
				2 = Stay includes multiple final action claims and beneficiary is still a patient (applicable to SNF stays only)
				Warning indicator 6 ('intermediary cancel indicator' derived from the presence of the values noted below for intermediary claim action code and intermediary-requested claim cancel reason code on any of the claims included in the analysis. If multiple claims contain these values, latest claim is used. If both specified action code and cancel reason code are present, cancel reason code takes priority.):



0 = No cancel action  
 1 = Cancel action by credit adjustment (action code =  
 (2 or 6)  
 2 = Cancel action only (action code = 4)  
 3 = Coverage transfer (cancel reason code = C)  
 4 = Plan transfer (cancel reason code = P)  
 5 = Scramble (cancel reason code = S)  
 6 = Duplicate billing (cancel reason code = D)  
 7 = Other (cancel reason code = H)  
 8 = Combining 2 spells or 2 beneficiary records  
 (cancel reason code = L)

Warning indicator 7 ('state/county numeric indicator'  
 derived from checking the format of the beneficiary  
 residence SSA state code and beneficiary residence  
 county code on the final action claim(s) that comprise  
 the stay; determine if in numeric range):

0 = State and county codes are valid numeric values  
 1 = State and county codes are not in numeric range  
 2 = State code is not in numeric range  
 3 = County code is not in numeric range

Warning indicator 8 ('duplicate indicator' derived from  
 the presence of two claim records with the same claim  
 number, admission date, provider number, claim from/  
 thru date, HCFA process date and query code; death/  
 admission date indicator derived by comparing the  
 admission date on the final claim(s) that comprise the  
 stay to the beneficiary death date):

0 = Do duplicate record  
 1 = Duplicate record  
 2 = Death date < admission date  
 3 = Death date < admission date and duplicate record

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NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	

Warning indicator 9 ('pass-thru indicator' derived from  
 the presence of a pass thru per diem amount on the final  
 action claim(s) that comprise the stay):

0 = No pass thru per diem present (Non-PPS)  
 1 = Pass thru per diem present on final action claim

Warning indicator 10 (eff 3/96 update) (rugs indicator  
 applicable to 'nhcmq rugs III SNF demo' stay records  
 derived from the presence of 9,000 series revenue  
 center codes.)

0 = No rugs 9,000 series revenue center codes  
 2 = Rugs 9,000 series revenue center code(s) with  
 service date 1/1/96 or later  
 3 = Rugs 9,000 series revenue center code(s) with  
 service date 7/1/96 or later  
 4 = Rugs 9,000 series revenue center code(s) with  
 service date 1/1/97 or later

Warning indicators 11 - 17 (not yet assigned; zeroes  
 will be present)

SOURCE:  
 MEDPAR

131. MEDPAR Original Health Insurance Claim Number CHAR 11 826 836 This field specifies the original HIC provided by the requestor.

DB2 ALIAS: ORGNL\_HIC  
 STANDARD ALIAS: MEDPAR\_ORGNL\_HIC\_NUM

132. MEDPAR Active Cross-Reference Indicator Code CHAR 1 837 837 Specifies whether the HI claim number originated from a cross-reference.

DB2 ALIAS: ACTV\_XREF\_IND  
 STANDARD ALIAS: MEDPAR\_ACTV\_XREF\_IND\_CD

CODES:  
 X = Cross-Reference  
 A = Active

133. MEDPAR Select Reason Code CHAR 1 838 838 Specifies whether this record is a case or control record.

DB2 ALIAS: SLCT\_RSN\_CD  
 STANDARD ALIAS: MEDPAR\_SLCT\_RSN\_CD

CODES:  
 0 = Surgical or control  
 1 = Medical or Case  
 M = Medical  
 S = Surgical

SOURCE:  
 NCH

1

BENE\_IDENT\_TB

Beneficiary Identification Code (BIC) Table

Social Security Administration:

A = Primary claimant  
 B = Aged wife, age 62 or over (1st  
 claimant)

B1 = Aged husband, age 62 or over (1st claimant)  
B2 = Young wife, with a child in her care (1st claimant)  
B3 = Aged wife (2nd claimant)  
B4 = Aged husband (2nd claimant)  
B5 = Young wife (2nd claimant)  
B6 = Divorced wife, age 62 or over (1st claimant)  
B7 = Young wife (3rd claimant)  
B8 = Aged wife (3rd claimant)  
B9 = Divorced wife (2nd claimant)  
BA = Aged wife (4th claimant)  
BD = Aged wife (5th claimant)  
BG = Aged husband (3rd claimant)  
BH = Aged husband (4th claimant)  
BJ = Aged husband (5th claimant)  
BK = Young wife (4th claimant)  
BL = Young wife (5th claimant)  
BN = Divorced wife (3rd claimant)  
BP = Divorced wife (4th claimant)  
BQ = Divorced wife (5th claimant)  
BR = Divorced husband (1st claimant)  
BT = Divorced husband (2nd claimant)  
BW = Young husband (2nd claimant)  
BY = Young husband (1st claimant)  
C1-C9,CA-CZ = Child (includes minor, student or disabled child)  
D = Aged widow, 60 or over (1st claimant)  
D1 = Aged widower, age 60 or over (1st claimant)  
D2 = Aged widow (2nd claimant)  
D3 = Aged widower (2nd claimant)  
D4 = Widow (remarried after attainment of age 60) (1st claimant)  
D5 = Widower (remarried after attainment of age 60) (1st claimant)  
D6 = Surviving divorced wife, age 60 or over (1st claimant)  
D7 = Surviving divorced wife (2nd claimant)  
D8 = Aged widow (3rd claimant)  
D9 = Remarried widow (2nd claimant)  
DA = Remarried widow (3rd claimant)  
DC = Surviving divorced husband (1st claimant)  
DD = Aged widow (4th claimant)  
DG = Aged widow (5th claimant)  
DH = Aged widower (3rd claimant)  
DJ = Aged widower (4th claimant)  
DK = Aged widower (5th claimant)  
DL = Remarried widow (4th claimant)  
DM = Surviving divorced husband (2nd claimant)  
DN = Remarried widow (5th claimant)

-----

DP = Remarried widower (2nd claimant)  
DQ = Remarried widower (3rd claimant)  
DR = Remarried widower (4th claimant)  
DS = Surviving divorced husband (3rd  
claimant)  
DT = Remarried widower (5th claimant)  
DV = Surviving divorced wife (3rd claimant)  
DW = Surviving divorced wife (4th claimant)  
DX = Surviving divorced husband (4th  
claimant)  
DY = Surviving divorced wife (5th claimant)  
DZ = Surviving divorced husband (5th  
claimant)  
E = Mother (widow) (1st claimant)  
E1 = Surviving divorced mother (1st  
claimant)  
E2 = Mother (widow) (2nd claimant)  
E3 = Surviving divorced mother (2nd  
claimant)  
E4 = Father (widower) (1st claimant)  
E5 = Surviving divorced father (widower)  
(1st claimant)  
E6 = Father (widower) (2nd claimant)  
E7 = Mother (widow) (3rd claimant)  
E8 = Mother (widow) (4th claimant)  
E9 = Surviving divorced father (widower)  
(2nd claimant)  
EA = Mother (widow) (5th claimant)  
EB = Surviving divorced mother (3rd  
claimant)  
EC = Surviving divorced mother (4th  
claimant)  
ED = Surviving divorced mother (5th  
claimant)  
EF = Father (widower) (3rd claimant)  
EG = Father (widower) (4th claimant)  
EH = Father (widower) (5th claimant)  
EJ = Surviving divorced father (3rd  
claimant)  
EK = Surviving divorced father (4th  
claimant)  
EM = Surviving divorced father (5th  
claimant)  
F1 = Father  
F2 = Mother  
F3 = Stepfather  
F4 = Stepmother  
F5 = Adopting father  
F6 = Adopting mother  
F7 = Second alleged father

F8 = Second alleged mother  
 J1 = Primary prouty entitled to HIB  
     (less than 3 Q.C.) (general fund)  
 J2 = Primary prouty entitled to HIB  
     (over 2 Q.C.) (RSI trust fund)  
 J3 = Primary prouty not entitled to HIB  
     (less than 3 Q.C.) (general fund)  
 J4 = Primary prouty not entitled to HIB  
     Beneficiary Identification Code (BIC) Table  
     -----

(over 2 Q.C.) (RSI trust fund)  
 K1 = Prouty wife entitled to HIB (less than  
     3 Q.C.) (general fund) (1st claimant)  
 K2 = Prouty wife entitled to HIB (over 2  
     Q.C.) (RSI trust fund) (1st claimant)  
 K3 = Prouty wife not entitled to HIB (less  
     than 3 Q.C.) (general fund) (1st  
     claimant)  
 K4 = Prouty wife not entitled to HIB (over  
     2 Q.C.) (RSI trust fund) (1st  
     claimant)  
 K5 = Prouty wife entitled to HIB (less than  
     3 Q.C.) (general fund) (2nd claimant)  
 K6 = Prouty wife entitled to HIB (over 2  
     Q.C.) (RSI trust fund) (2nd claimant)  
 K7 = Prouty wife not entitled to HIB (less  
     than 3 Q.C.) (general fund) (2nd  
     claimant)  
 K8 = Prouty wife not entitled to HIB (over  
     2 Q.C.) (RSI trust fund) (2nd  
     claimant)  
 K9 = Prouty wife entitled to HIB (less than  
     3 Q.C.) (general fund) (3rd claimant)  
 KA = Prouty wife entitled to HIB (over 2  
     Q.C.) (RSI trust fund) (3rd claimant)  
 KB = Prouty wife not entitled to HIB (less  
     than 3 Q.C.) (general fund) (3rd  
     claimant)  
 KC = Prouty wife not entitled to HIB (over  
     2 Q.C.) (RSI trust fund) (3rd  
     claimant)  
 KD = Prouty wife entitled to HIB (less than  
     3 Q.C.) (general fund) (4th claimant)  
 KE = Prouty wife entitled to HIB (over 2 Q.C  
     (4th claimant)  
 KF = Prouty wife not entitled to HIB (less  
     than 3 Q.C.) (4th claimant)  
 KG = Prouty wife not entitled to HIB (over  
     2 Q.C.) (4th claimant)  
 KH = Prouty wife entitled to HIB (less than  
     3 Q.C.) (5th claimant)  
 KJ = Prouty wife entitled to HIB (over 2

Q.C.) (5th claimant)  
KL = Prouty wife not entitled to HIB (less than 3 Q.C.) (5th claimant)  
KM = Prouty wife not entitled to HIB (over 2 Q.C.) (5th claimant)  
M = Uninsured-not qualified for deemed HIB  
M1 = Uninsured-qualified but refused HIB  
T = Uninsured-entitled to HIB under deemed or renal provisions  
TA = MQGE (primary claimant)  
TB = MQGE aged spouse (first claimant)  
TC = MQGE disabled adult child (first claimant)  
TD = MQGE aged widow(er) (first claimant)  
TE = MQGE young widow(er) (first claimant)  
TF = MQGE parent (male)  
TG = MQGE aged spouse (second claimant)

1

BENE\_IDENT\_TB

Beneficiary Identification Code (BIC) Table

-----  
TH = MQGE aged spouse (third claimant)  
TJ = MQGE aged spouse (fourth claimant)  
TK = MQGE aged spouse (fifth claimant)  
TL = MQGE aged widow(er) (second claimant)  
TM = MQGE aged widow(er) (third claimant)  
TN = MQGE aged widow(er) (fourth claimant)  
TP = MQGE aged widow(er) (fifth claimant)  
TQ = MQGE parent (female)  
TR = MQGE young widow(er) (second claimant)  
TS = MQGE young widow(er) (third claimant)  
TT = MQGE young widow(er) (fourth claimant)  
TU = MQGE young widow(er) (fifth claimant)  
TV = MQGE disabled widow(er) fifth claimant  
TW = MQGE disabled widow(er) first claimant  
TX = MQGE disabled widow(er) second claimant  
TY = MQGE disabled widow(er) third claimant  
TZ = MQGE disabled widow(er) fourth claimant  
T2-T9 = Disabled child (second to ninth claimant)  
W = Disabled widow, age 50 or over (1st claimant)  
W1 = Disabled widower, age 50 or over (1st claimant)  
W2 = Disabled widow (2nd claimant)  
W3 = Disabled widower (2nd claimant)  
W4 = Disabled widow (3rd claimant)  
W5 = Disabled widower (3rd claimant)  
W6 = Disabled surviving divorced wife (1st claimant)  
W7 = Disabled surviving divorced wife (2nd claimant)  
W8 = Disabled surviving divorced wife (3rd claimant)  
W9 = Disabled widow (4th claimant)

WB = Disabled widower (4th claimant)  
WC = Disabled surviving divorced wife (4th claimant)  
WF = Disabled widow (5th claimant)  
WG = Disabled widower (5th claimant)  
WJ = Disabled surviving divorced wife (5th claimant)  
WR = Disabled surviving divorced husband (1st claimant)  
WT = Disabled surviving divorced husband (2nd claimant)

Railroad Retirement Board:

NOTE:

Employee: a Medicare beneficiary who is still working or a worker who died before retirement

Annuitant: a person who retired under the railroad retirement act on or after 03/01/37

Pensioner: a person who retired prior to 03/01/37 and was included in the railroad retirement act

1 BENE\_IDENT\_TB  
-----

Beneficiary Identification Code (BIC) Table  
-----

10 = Retirement - employee or annuitant  
80 = RR pensioner (age or disability)  
14 = Spouse of RR employee or annuitant (husband or wife)  
84 = Spouse of RR pensioner  
43 = Child of RR employee  
13 = Child of RR annuitant  
17 = Disabled adult child of RR annuitant  
46 = Widow/widower of RR employee  
16 = Widow/widower of RR annuitant  
86 = Widow/widower of RR pensioner  
43 = Widow of employee with a child in her care  
13 = Widow of annuitant with a child in her care  
83 = Widow of pensioner with a child in her care  
45 = Parent of employee  
15 = Parent of annuitant  
85 = Parent of pensioner  
11 = Survivor joint annuitant (reduced benefits taken to insure benefits for surviving spouse)

1 CLM\_SRC\_IP\_ADMSN\_TB  
-----

Claim Source Of Inpatient Admission Table  
-----

**\*\*For Inpatient/SNF Claims:\*\***

- 0 = ANOMALY: invalid value, if present, translate to '9'
- 1 = Physician referral - The patient was admitted upon the recommendation of a personal physician.
- 2 = Clinic referral - The patient was admitted upon the recommendation of this facility's clinic physician.
- 3 = HMO referral - The patient was admitted upon the recommendation of an health maintenance organization (HMO) physician.
- 4 = Transfer from hospital - The patient was admitted as an inpatient transfer from an acute care facility.
- 5 = Transfer from a skilled nursing facility (SNF) - The patient was admitted as an inpatient transfer from a SNF.
- 6 = Transfer from another health care facility - The patient was admitted as a transfer from a health care facility other than an acute care facility or SNF.
- 7 = Emergency room - The patient was admitted upon the recommendation of this facility's emergency room physician.
- 8 = Court/law enforcement - The patient was admitted upon the direction of a court of law or upon the request of a law enforcement agency's representative.
- 9 = Information not available - The means by which the patient was admitted is not known.
- A = Transfer from a Critical Access Hospital - patient was admitted/referred to this facility as a transfer from a Critical Access Hospital.

-----  
**\*\*For Newborn Type of Admission\*\***

- 1 = Normal delivery - A baby delivered with out complications.
- 2 = Premature delivery - A baby delivered with time and/or weight factors qualifying it for premature status.
- 3 = Sick baby - A baby delivered with medical complications, other than those



relating to premature status.  
4 = Extramural birth - A baby delivered in  
a nonsterile environment.  
5-8 = Reserved for national assignment.  
Claim Source Of Inpatient Admission Table

1 CLM\_SRC\_IP\_ADMSN\_TB  
-----

9 = Information not available.

1 CTGRY\_EQTBL\_BENE\_IDENT\_TB  
-----

Category Equatable Beneficiary Identification Code (BIC) Table  
-----

NCH BIC  
-----

SSA Categories  
-----

A = A;J1;J2;J3;J4;M;M1;T;TA  
B = B;B2;B6;D;D4;D6;E;E1;K1;K2;K3;K4;W;W6;  
TB (F) ; TD (F) ; TE (F) ; TW (F)  
B1 = B1;BR;BY;D1;D5;DC;E4;E5;W1;WR;TB (M)  
TD (M) ; TE (M) ; TW (M)  
B3 = B3;B5;B9;D2;D7;D9;E2;E3;K5;K6;K7;K8;W2  
W7;TG (F) ; TL (F) ; TR (F) ; TX (F)  
B4 = B4;BT;BW;D3;DM;DP;E6;E9;W3;WT;TG (M)  
TL (M) ; TR (M) ; TX (M)  
B8 = B8;B7;BN;D8;DA;DV;E7;EB;K9;KA;KB;KC;W4  
W8;TH (F) ; TM (F) ; TS (F) ; TY (F)  
BA = BA;BK;BP;DD;DL;DW;E8;EC;KD;KE;KF;KG;W9  
WC;TJ (F) ; TN (F) ; TT (F) ; TZ (F)  
BD = BD;BL;BQ;DG;DN;DY;EA;ED;KH;KJ;KL;KM;WF  
WJ;TK (F) ; TP (F) ; TU (F) ; TV (F)  
BG = BG;DH;DQ;DS;EF;EJ;W5;TH (M) ; TM (M) ; TS (M)  
TY (M)  
BH = BH;DJ;DR;DX;EG;EK;WB;TJ (M) ; TN (M) ; TT (M)  
TZ (M)  
BJ = BJ;DK;DT;DZ;EH;EM;WG;TK (M) ; TP (M) ; TU (M)  
TV (M)  
C1 = C1;TC  
C2 = C2;T2  
C3 = C3;T3  
C4 = C4;T4  
C5 = C5;T5  
C6 = C6;T6  
C7 = C7;T7  
C8 = C8;T8  
C9 = C9;T9  
F1 = F1;TF  
F2 = F2;TQ  
F3-F8 = Equatable only to itself (e.g., F3 IS  
equatable to F3)  
CA-CZ = Equatable only to itself. (e.g., CA is  
only equatable to CA)

-----  
RRB Categories

10 = 10  
11 = 11  
13 = 13;17  
14 = 14;16  
15 = 15  
43 = 43  
45 = 45  
46 = 46  
80 = 80  
83 = 83  
84 = 84;86  
85 = 85

1

GEO\_SSA\_STATE\_TB

State Table

-----  
01 = Alabama  
02 = Alaska  
03 = Arizona  
04 = Arkansas  
05 = California  
06 = Colorado  
07 = Connecticut  
08 = Delaware  
09 = District of Columbia  
10 = Florida  
11 = Georgia  
12 = Hawaii  
13 = Idaho  
14 = Illinois  
15 = Indiana  
16 = Iowa  
17 = Kansas  
18 = Kentucky  
19 = Louisiana  
20 = Maine  
21 = Maryland  
22 = Massachusetts  
23 = Michigan  
24 = Minnesota  
25 = Mississippi  
26 = Missouri  
27 = Montana  
28 = Nebraska  
29 = Nevada  
30 = New Hampshire  
31 = New Jersey  
32 = New Mexico  
33 = New York

34 = North Carolina  
35 = North Dakota  
36 = Ohio  
37 = Oklahoma  
38 = Oregon  
39 = Pennsylvania  
40 = Puerto Rico  
41 = Rhode Island  
42 = South Carolina  
43 = South Dakota  
44 = Tennessee  
45 = Texas  
46 = Utah  
47 = Vermont  
48 = Virgin Islands  
49 = Virginia  
50 = Washington  
51 = West Virginia  
52 = Wisconsin  
53 = Wyoming  
54 = Africa  
55 = Asia  
56 = Canada & Islands  
57 = Central America and West Indies

1      GEO\_SSA\_STATE\_TB      State Table  
-----

58 = Europe  
59 = Mexico  
60 = Oceania  
61 = Philippines  
62 = South America  
63 = U.S. Possessions  
64 = American Samoa  
65 = Guam  
66 = Saipan  
97 = Northern Marianas  
98 = Guam  
99 = With 000 county code is American Samoa;  
    otherwise unknown

1      PTNT\_DSCHRG\_STUS\_TB      Patient Discharge Status Table  
-----

01 = Discharged to home/self care (routine charge).  
02 = Discharged/transferred to other short term general hospital for inpatient care.  
03 = Discharged/transferred to skilled nursing facility (SNF) - (For hospitals with an approved swing bed arrangement, use Code 61 - swing bed. For reporting

- discharges/transfers to a non-certified SNF, the hospital must use Code 04 - ICF.
- 04 = Discharged/transferred to intermediate care facility (ICF).
- 05 = Discharged/transferred to another type of institution for inpatient care (including distinct parts).
- 06 = Discharged/transferred to home care of organized home health service organization.
- 07 = Left against medical advice or discontinued care.
- 08 = Discharged/transferred to home under care of a home IV drug therapy provider.
- 09 = Admitted as an inpatient to this hospital (effective 3/1/91). In situations where a patient is admitted before midnight of the third day following the day of an outpatient service, the outpatient services are considered inpatient.
- 20 = Expired (did not recover - Christian Science patient).
- 30 = Still patient.
- 40 = Expired at home (hospice claims only)
- 41 = Expired in a medical facility such as hospital, SNF, ICF, or freestanding hospice. (Hospice claims only)
- 42 = Expired - place unknown (Hospice claims only)
- 50 = Hospice - home (eff. 10/96)
- 51 = Hospice - medical facility (eff. 10/96)
- 61 = Discharged/transferred within this institution to a hospital-based Medicare approved swing bed (eff. 9/01)
- 62 = Discharged/transferred to an inpatient rehabilitation facility including distinct parts units of a hospital. (eff. 1/2002)
- 63 = Discharged/transferred to a long term care hospitals. (eff. 1/2002)
- 64 = Discharged/transferred to a nursing facility certified under Medicaid but not under Medicare (eff. 10/02)
- 71 = Discharged/transferred/referred to another institution for outpatient services as specified by the discharge plan of care (eff. 9/01)
- 72 = Discharged/transferred/referred to this institution for outpatient services as specified by the discharge plan of care

Patient Discharge Status Table

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(eff. 9/01)

## DATA LIMITATIONS

-----  
MEDPAR\_ADMSN\_DEATH\_DAY\_CNT\_LIM

FULL-NAME: MEDPAR Admission Death Day Count           Limitation

DESCRIPTION: MEDPAR Admission Death Day Count calculated incorrectly,  
on both the 3/00 and 6/00 MEDPAR updates.

BACKGROUND: Both the 3/00 and 6/00 MEDPAR updates incorrectly calculated the mortality days; i.e., days between the admission date and the beneficiary date of death. Users of the regular unencrypted MEDPAR file, this is not a problem, as the count can be calculated using the admission date and the date of death. The problem is with the encrypted file (the expanded modified MEDPAR) because the fields needed to calculate the mortality days are ranged.

CORRECTIVE-ACTION: The problem was corrected with the 12/00 MEDPAR update. NOTE: For users of the expanded modified MEDPAR file who needs the mortality days, the 12/00 update of the FY1999 file can be given as a replacement.

ADMINISTRATIVE-DATA: Contact: OIS/EDG/DEUDD

SOURCE:

AFFECTED-DATA: MEDPAR\_ADMSN\_DEATH\_DAY\_CNT

## DATA LIMITATIONS

-----  
MEDPAR\_DOD\_LIM

FULL-NAME: MEDPAR Date of Death Limitation

DESCRIPTION: The Date of Death on the MEDPAR files were not up-to-date for four cycles.

BACKGROUND: The MEDPAR process pulls in 10 segments of the HISKEW file, to get the date of death. The HISKEW file names were changed with no notification the change was being made. Because of this, MEDPAR kept using the HISKEW that was created in June 2000.

The incomplete MEDPAR cycles are: 12/2000, 3/2001, 6/2001 and 9/2001 (9/2000 MEDPAR was not run).

CORRECTIVE-ACTION: Since this anomaly causes no major problem to the

prime user of this data, a rerun will not take place.  
NOTE: The 12/01 quarterly update will access up-to-date information.

ADMINISTRATIVE-DATA: DISCOVERY DATE: 01/16/02

START DATE: 12/01/00

END DATE: 09/30/01

Contact: OIS/EDG/DEUDD

SOURCE:

AFFECTED-DATA: MEDPAR\_BENE\_DEATH\_DT

→