NAME	LENGTH	BEG	END	CONTENTS
*** Carrier Claim Record (NCH)	VAR	1	4863	REC

Carrier claim record (other than DMERC) for version I of the NCH.

STANDARD ALIAS : CARR_CLM_REC
SYSTEM ALIAS : UTLCARRI

LIMITATIONS :

REFER TO :
CARR_LINE_RX_NUM_LIM

1. Carrier Claim Fixed Group	375	1	375	GRP

Fixed portion of the carrier claim record for version I of the NCH.

STANDARD ALIAS : CARR_CLM_FIX_GRP

2. Claim Record Identification Group	8	1	8	GRP

Effective with Version 'I' the record length, version code, record identification, code and NCH derived claim type code were moved to this group for internal NCH processing.

STANDARD ALIAS : CLM_REC_IDENT_GRP

3. Record Length Count	3	1	3	PACK

Effective with Version H, the count (in bytes) of the length of the claim record.

NOTE: During the Version H conversion this field was populated with data throughout history (back to service year 1991).

DB2 ALIAS : REC_LNGTH_CNT
SAS ALIAS : REC_LEN
STANDARD ALIAS : REC_LNGTH_CNT

LENGTH : 5 SIGNED : Y

SOURCE : NCH

4. NCH Near-Line Record Version Code	1	4	4	CHAR

The code indicating the record version of the Nearline file where the institutional, carrier or DMERC claims data are stored.

DB2 ALIAS : NCH_REC_VRSN_CD
SAS ALIAS : REC_LVL
STANDARD ALIAS : NCH_NEAR_LINE_REC_VRSN_CD
TITLE ALIAS : NCH_VERSION

LENGTH : 1

COMMENTS :
Prior to Version H this field was named: CLM_NEAR_LINE_REC_VRSN_CD.

SOURCE : NCH

CODE TABLE : NCH_NEAR_LINE_REC_VRSN_TB

5. NCH Near Line Record Identification Code

1	5	5	CHAR

A code defining the type of claim record being processed.

COMMON ALIAS : RIC
DB2 ALIAS : NEAR_LINE_RIC_CD
SAS ALIAS : RIC_CD
STANDARD ALIAS : NCH_NEAR_LINE_RIC_CD
TITLE ALIAS : RIC

LENGTH : 1

COMMENTS :
Prior to Version H this field was named: RIC_CD.

SOURCE : NCH

CODE TABLE : NCH_NEAR_LINE_RIC_TB

6. NCH MQA RIC Code

1	6	6	CHAR

Effective with Version H, the code used (for internal editing purposes) to identify the record being processed through CMS' CWFMQA system.

NOTE: Beginning with NCH weekly process date 10/3/97 this field was populated with data. Claims processed prior to 10/3/97 will contain spaces in this field.

DB2 ALIAS : NCH_MQA_RIC_CD
SAS ALIAS : MQA_RIC
STANDARD ALIAS : NCH_MQA_RIC_CD
TITLE ALIAS : MQA_RIC

LENGTH : 1

SOURCE : NCH QA PROCESS

CODE TABLE : NCH_MQA_RIC_TB

7. NCH Claim Type Code

2	7	8	CHAR

The code used to identify the type of claim record being processed in NCH.

NOTE1: During the Version H conversion this field was populated with data throughout history (back to service year 1991).

NOTE2: During the Version I conversion this field was expanded to include inpatient 'full' encounter claims (for service dates after 6/30/97).

DB2 ALIAS : NCH_CLM_TYPE_CD
SAS ALIAS : CLM_TYPE
STANDARD ALIAS : NCH_CLM_TYPE_CD
TITLE ALIAS : CLAIM_TYPE

LENGTH : 2

FROM:

'U'

CLAIM)

'W', 'Y'

'W', 'Y'

ENCOUNTER

6/30/97 -

MET:

THE

ENCOUNTER

DERIVATIONS :
FFS CLAIM TYPE CODES DERIVED FROM:
  NCH CLM_NEAR_LINE_RIC_CD
  NCH PMT_EDIT_RIC_CD
  NCH CLM_TRANS_CD
  NCH PRVDR_NUM

INPATIENT 'FULL' ENCOUNTER TYPE CODE DERIVED

  (Pre-HDC processing -- AVAILABLE IN NCH)
  CLM_MCO_PD_SW
  CLM_RLT_COND_CD
  MCO_CNTRCT_NUM
  MCO_OPTN_CD
  MCO_PRD_EFCTV_DT
  MCO_PRD_TRMNTN_DT

DERIVATION RULES:

  SET CLM_TYPE_CD TO 10 (HHA CLAIM) WHERE THE
  FOLLOWING CONDITIONS ARE MET:
  1.   CLM_NEAR_LINE_RIC_CD EQUAL 'V','W' OR

  2.   PMT_EDIT_RIC_CD EQUAL 'F'
  3.   CLM_TRANS_CD EQUAL '5'

  SET CLM_TYPE_CD TO 20 (SNF NON-SWING BED

  WHERE THE FOLLOWING CONDITIONS ARE MET:
  1.   CLM_NEAR_LINE_RIC_CD EQUAL 'V'
  2.   PMT_EDIT_RIC_CD EQUAL 'C' OR 'E'
  3.   CLM_TRANS_CD EQUAL '0' OR '4'
  4.   POSITION 3 OF PRVDR_NUM IS NOT 'U',

       OR 'Z'

  SET CLM_TYPE_CD TO 30 (SNF SWING BED CLAIM)
  WHERE THE FOLLOWING CONDITIONS ARE MET:
  1.   CLM_NEAR_LINE_RIC_CD EQUAL 'V'
  2.   PMT_EDIT_RIC_CD EQUAL 'C' OR 'E'
  3.   CLM_TRANS_CD EQUAL '0' OR '4'
  4.   POSITION 3 OF PRVDR_NUM EQUAL 'U',

       OR 'Z'

  SET CLM_TYPE_CD TO 40 (OUTPATIENT CLAIM)
  WHERE THE FOLLOWING CONDITIONS ARE MET:
  1.   CLM_NEAR_LINE_RIC_CD EQUAL 'W'
  2.   PMT_EDIT_RIC_CD EQUAL 'D'
  3.   CLM_TRANS_CD EQUAL '6'

  SET CLM_TYPE_CD TO 50 (HOSPICE CLAIM)
  WHERE THE FOLLOWING CONDITIONS ARE MET:
  1.   CLM_NEAR_LINE_RIC_CD EQUAL 'V'
  2.   PMT_EDIT_RIC_CD EQUAL 'I'
  3.   CLM_TRANS_CD EQUAL 'H'

  SET CLM_TYPE_CD TO 60 (INPATIENT CLAIM)
  WHERE THE FOLLOWING CONDITIONS ARE MET:
  1.   CLM_NEAR_LINE_RIC_CD EQUAL 'V'
  2.   PMT_EDIT_RIC_CD EQUAL 'C' OR 'E'
  3.   CLM_TRANS_CD EQUAL '1' '2' OR '3'

  SET CLM_TYPE_CD TO 61 (INPATIENT 'FULL'

  CLAIM - PRIOR TO HDC PROCESSING - AFTER

  12/4/00) WHERE THE FOLLOWING CONDITIONS ARE

  1.   CLM_MCO_PD_SW = '1'
  2.   CLM_RLT_COND_CD = '04'
  3.   MCO_CNTRCT_NUM
       MCO_OPTN_CD = 'C'
       CLM_FROM_DT & CLM_THRU_DT ARE WITHIN

       MCO_PRD_EFCTV_DT & MCO_PRD_TRMNTN_DT
       ENROLLMENT PERIODS

  SET_CLM_TYPE_CD TO 61 (INPATIENT 'FULL'

WHERE THE

CLAIM -- EFFECTIVE WITH HDC PROCESSING)

FOLLOWING CONDITIONS ARE MET:
1. CLM_NEAR_LINE_RIC_CD EQUAL 'V'
2. PMT_EDIT_RIC_CD EQUAL 'C' OR 'E'
3. CLM_TRANS_CD EQUAL '1' '2' OR '3'
4. FI_NUM = 80881

CLAIM)

SET CLM_TYPE_CD TO 71 (RIC O non-DMEPOS

WHERE THE FOLLOWING CONDITIONS ARE MET:
1. CLM_NEAR_LINE_RIC_CD EQUAL 'O'
2. HCPCS_CD not on DMEPOS table

SET CLM_TYPE_CD TO 72 (RIC O DMEPOS CLAIM)
WHERE THE FOLLOWING CONDITIONS ARE MET:
1. CLM_NEAR_LINE_RIC_CD EQUAL 'O'
2. HCPCS_CD on DMEPOS table (NOTE: if one

or

more line item(s) match the HCPCS on

the

DMEPOS table).

SET CLM_TYPE_CD TO 81 (RIC M non-DMEPOS

DMERC

CLAIM)
WHERE THE FOLLOWING CONDITIONS ARE MET:
1. CLM_NEAR_LINE_RIC_CD EQUAL 'M'
2. HCPCS_CD not on DMEPOS table

SET CLM_TYPE_CD TO 82 (RIC M DMEPOS DMERC

CLAIM)

WHERE THE FOLLOWING CONDITIONS ARE MET:
1. CLM_NEAR_LINE_RIC_CD EQUAL 'M'
2. HCPCS_CD on DMEPOS table (NOTE: if one

or

more line item(s) match the HCPCS on

the

DMEPOS table).

SOURCE : NCH

CODE TABLE : NCH_CLM_TYPE_TB

8. Carrier/DMERC Claim Link Group 125 9 133 GRP

Effective with Version 'I', this group
was added to the carrier and DMERC records
to keep fields common across all record types
in the same position. Due to OP PPS,

several

fields on the Institutional record had to be
moved to a link group so those same fields

had

to be moved on the carrier records eventhough
OP PPS only affects institutional claims.

STANDARD ALIAS : CARR_DMERC_CLM_LINK_GRP

9. Claim Locator Number Group 11 9 19 GRP

This number uniquely identifies the

beneficiary in

the NCH Nearline.

COMMON ALIAS : HIC
STANDARD ALIAS : CLM_LCTR_NUM_GRP
TITLE ALIAS : HICAN

10. Beneficiary Claim Account Number 9 9 17 CHAR

The number identifying the primary

beneficiary

under the SSA or RRB programs submitted.

COMMON ALIAS : CAN

DB2 ALIAS : BENE_CLM_ACNT_NUM
SAS ALIAS : CAN
STANDARD ALIAS : BENE_CLM_ACNT_NUM
TITLE ALIAS : CAN

LENGTH : 9

SOURCE : SSA,RRB

LIMITATIONS :
RRB-issued numbers contain an overpunch in the first position that may appear as a plus zero or A-G. RRB-formatted numbers may cause matching problems on non-IBM machines.

11. NCH Category Equatable Beneficiary Identification Code

2	18	19	CHAR

The code categorizing groups of BICs representing similar relationships between the beneficiary and the primary wage earner.

The equatable BIC module electronically matches two records that contain different BICs where it is apparent that both are records for the same beneficiary. It validates the BIC and returns a base BIC under which to house the record in the National Claims History (NCH) databases. (All records for a beneficiary are stored under a single BIC.)

COMMON ALIAS : NCH_BASE_CATEGORY_BIC
DB2 ALIAS : CTGRY_EQTBL_BIC
SAS ALIAS : EQ_BIC
STANDARD ALIAS : NCH_CTGRY_EQTBL_BIC_CD
TITLE ALIAS : EQUATED_BIC

LENGTH : 2

COMMENTS :
Prior to Version H this field was named: CTGRY_EQTBL_BENE_IDENT_CD.

SOURCE : BIC EQUATE MODULE

CODE TABLE : CTGRY_EQTBL_BENE_IDENT_TB

12. Beneficiary Identification Code

2	20	21	CHAR

The code identifying the type of relationship between an individual and a primary Social Security Administration (SSA) beneficiary or a primary Railroad Board (RRB) beneficiary.

COMMON ALIAS : BIC
DA3 ALIAS : BENE_IDENT_CODE
DB2 ALIAS : BENE_IDENT_CD
SAS ALIAS : BIC
STANDARD ALIAS : BENE_IDENT_CD
TITLE ALIAS : BIC

LENGTH : 2

SOURCE : SSA/RRB

EDIT RULES :
EDB REQUIRED FIELD

CODE TABLE : BENE_IDENT_TB

13. NCH State Segment Code

1	22	22	CHAR

The code identifying the segment of the NCH Nearline file containing the beneficiary's record for a

specific service
CLM_LCTR_NUM,
state. (Prior
county codes within

year. Effective 12/96, segmentation is by
then final action sequence within residence
to 12/96, segmentation was by ranges of
the residence state.)

DB2 ALIAS : NCH_STATE_SGMT_CD
SAS ALIAS : ST_SGMT
STANDARD ALIAS : NCH_STATE_SGMT_CD
TITLE ALIAS : NEAR_LINE_SEGMENT

LENGTH : 1

COMMENTS :
Prior to Version H this field was named:
BENE_STATE_SGMT_NEAR_LINE_CD.

SOURCE : NCH

CODE TABLE : NCH_STATE_SGMT_TB

14. Beneficiary Residence SSA Standard State Code

2	23	24	CHAR

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

DA3 ALIAS : SSA_STANDARD_STATE_CODE
DB2 ALIAS : BENE_SSA_STATE_CD
SAS ALIAS : STATE_CD
STANDARD ALIAS : BENE_RSDNC_SSA_STD_STATE_CD
TITLE ALIAS : BENE_STATE_CD

LENGTH : 2

COMMENTS :
1. Used in conjunction with a county code, as selection criteria for the determination of payment rates for HMO reimbursement.
2. Concerning individuals directly billable
for
Part B and/or Part A premiums, this element is used to determine if the beneficiary will receive a bill in English or Spanish.
3. Also used for special studies.

SOURCE : SSA/EDB

EDIT RULES :
OPTIONAL: MAY BE BLANK

CODE TABLE : GEO_SSA_STATE_TB

15. Claim From Date

8	25	32	NUM

The first day on the billing statement
covering services rendered to the bene-
ficiary (a.k.a. 'Statement Covers From
Date').

NOTE: For Home Health PPS claims, the 'from' date and the 'thru' date on the RAP (initial claim) must always match.

DB2 ALIAS : CLM_FROM_DT
SAS ALIAS : FROM_DT
STANDARD ALIAS : CLM_FROM_DT
TITLE ALIAS : FROM_DATE

LENGTH : 8 SIGNED : N

SOURCE : CWF

EDIT RULES :
YYYYMMDD

16. Claim Through Date

8 33 40 NUM

The last day on the billing statement covering

services rendered to the beneficiary (a.k.a 'Statement Covers Thru Date').

NOTE: For Home Health PPS claims, the 'from' date and the 'thru' date on the RAP (initial claim) must always match.

DB2 ALIAS : CLM_THRU_DT
SAS ALIAS : THRU_DT
STANDARD ALIAS : CLM_THRU_DT
TITLE ALIAS : THRU_DATE

LENGTH : 8 SIGNED : N

SOURCE : CWF

EDIT RULES :
YYYYMMDD

17. NCH Weekly Claim Processing Date

8 41 48 NUM

The date the weekly NCH database load process cycle begins, during which the claim records are loaded into the Nearline file. This date will always be a Friday, although the claims will actually be appended to the database subsequent to the date.

DB2 ALIAS : NCH_WKLY_PROC_DT
SAS ALIAS : WKLY_DT
STANDARD ALIAS : NCH_WKLY_PROC_DT
TITLE ALIAS : NCH_PROCESS_DT

LENGTH : 8 SIGNED : N

COMMENTS :
Prior to Version H this field was named: HCFA_CLM_PROC_DT.

SOURCE : NCH

EDIT RULES :
YYYYMMDD

18. CWF Claim Accretion Date

8 49 56 NUM

The date the claim record is accreted (posted/

processed) to the beneficiary master record at the CWF host site and authorization for payment is returned to the fiscal interme- diary or carrier.

DB2 ALIAS : CWF_CLM_ACRTN_DT
SAS ALIAS : ACRTN_DT
STANDARD ALIAS : CWF_CLM_ACRTN_DT
TITLE ALIAS : ACCRETION_DT

LENGTH : 8 SIGNED : N

SOURCE : CWF

EDIT RULES :
YYYYMMDD

19. CWF Claim Accretion Number

2 57 58 PACK

The sequence number assigned to the claim record when accreted (posted/processed) to the beneficiary master record at the CWF host site on a given date. This element indicates

the position of the claim within that day's processing at the CWF host. **(Exception: If

date

the claim record is missing the accretion

CMS' CWFMQA system places a zero in the accretion number.

DB2 ALIAS : CWF_CLM_ACRTN_NUM
SAS ALIAS : ACRTN_NM
STANDARD ALIAS : CWF_CLM_ACRTN_NUM
TITLE ALIAS : ACCRETION_NUMBER

LENGTH : 3 SIGNED : Y

SOURCE : CWF

20. Carrier Claim Control Number 15 59 73 CHAR

Unique control number assigned by a carrier to a non-institutional claim.

COMMON ALIAS : CCN
DB2 ALIAS : CARR_CLM_CNTL_NUM
SAS ALIAS : CARRCNTL
STANDARD ALIAS : CARR_CLM_CNTL_NUM
TITLE ALIAS : CCN

LENGTH : 15

COMMENTS :
For the physician/supplier or DMERC claim,

this

field allows CMS to associate each line item with its respective claim.

SOURCE : CWF

EDIT RULES :
LEFT JUSTIFY

21. FILLER 38 74 111 CHAR

DB2 ALIAS : FILLER

LENGTH : 38

22. NCH Daily Process Date 8 112 119 NUM

Effective with Version H, the date the claim

record was

processed by CMS' CWFMQA system (used for

internal editing

purposes).

Effective with Version I, this date is used

in conjunction

with the NCH Segment Link Number to keep

claims with

multiple records/ segments together.

NOTE1: With Version 'H' this field was

populated with

data beginning with NCH weekly process date

10/3/97.

Under Version 'I' claims prior to 10/3/97,

that were

blank under Version 'H', were populated with

a date.

DB2 ALIAS : NCH_DAILY_PROC_DT
SAS ALIAS : DAILY_DT
STANDARD ALIAS : NCH_DAILY_PROC_DT
TITLE ALIAS : DAILY_PROCESS_DT

LENGTH : 8 SIGNED : N

SOURCE : NCH

EDIT RULES :
YYYYMMDD

23. NCH Segment Link Number

5 120 124 PACK

Effective with Version 'I', the system generated number used in conjunction with the NCH daily process date to keep

records/segments

belonging to a specific claim together. This field was added to ensure that records/segments that come in on the same batch with the same identifying information in the link group are not mixed with each other.

NOTE: During the Version I conversion this field was populated with data throughout history (back to service year 1991).

DB2 ALIAS : NCH_SGMT_LINK_NUM
SAS ALIAS : LINK_NUM
STANDARD ALIAS : NCH_SGMT_LINK_NUM
TITLE ALIAS : LINK_NUM

LENGTH : 9 SIGNED : Y

SOURCE : NCH

24. Claim Total Segment Count

2 125 126 NUM

Effective with Version I, the count used to identify the total number of segments associated with a given claim. Each claim could have up to 10 segments.

NOTE: During the Version I conversion, this field was populated with data throughout history (back to service year 1991). For institutional claims, the count for claims prior to 7/00 will be 1 or 2 (1 if 45 or less revenue center lines on a claim and 2 if more than 45 revenue center lines on a claim). For noninstitutional claims, the count will always be 1.

DB2 ALIAS : TOT_SGMT_CNT
SAS ALIAS : SGMT_CNT
STANDARD ALIAS : CLM_TOT_SGMT_CNT
TITLE ALIAS : SEGMENT_COUNT

LENGTH : 2 SIGNED : N

SOURCE : CWF

25. Claim Segment Number

2 127 128 NUM

Effective with Version I, the number used to identify an actual record/segment (1 - 10) associated with a given claim.

NOTE: During the Version I conversion this field was populated with data throughout history (back to service year 1991). For institutional claims prior to 7/00, this number will be either 1 or 2. For noninstitutional claims, the number will always be 1.

DB2 ALIAS : CLM_SGMT_NUM
SAS ALIAS : SGMT_NUM
STANDARD ALIAS : CLM_SGMT_NUM
TITLE ALIAS : SEGMENT_NUMBER

LENGTH : 2 SIGNED : N

SOURCE : CWF

26. Claim Total Line Count

3 129 131 NUM

Effective with Version I, the count used to

identify the total number of revenue center lines associated with the claim.

NOTE: During the Version I conversion this field was populated with data throughout history (back to service year 1991). Prior to Version 'I', the maximum line count will be no more than 58. Effective with Version 'I', the maximum line count could be 450.

DB2 ALIAS : TOT_LINE_CNT
SAS ALIAS : LINECNT
STANDARD ALIAS : CLM_TOT_LINE_CNT
TITLE ALIAS : TOTAL_LINE_COUNT

LENGTH : 3 SIGNED : N

SOURCE : CWF

27. Claim Segment Line Count

2	132	133	NUM

Effective with Version I, the count used to identify the number of lines on a record/segment.

NOTE: During the Version I conversion this field was populated with data throughout history (back to service year 1991). The maximum line count per record/segment on the revenue center trailer is 45. The maximum number of lines on carrier and DMERC claims are 13.

DB2 ALIAS : SGMT_LINE_CNT
SAS ALIAS : SGMTLINE
STANDARD ALIAS : CLM_SGMT_LINE_CNT
TITLE ALIAS : SEGMENT_LINE_COUNT

LENGTH : 2 SIGNED : N

SOURCE : CWF

28. Carrier/DMERC Claim Common 1 Group

194	134	327	GRP

Information common to both carrier and DMERC claims for version I of NCH.

29. FILLER

5	134	138	CHAR

DB2 ALIAS : FILLER

LENGTH : 5

30. Carrier Claim Entry Code

1	139	139	CHAR

Carrier-generated code describing whether the Part B claim is an original debit, full credit, or replacement debit.

DB2 ALIAS : CARR_CLM_ENTRY_CD
SAS ALIAS : ENTRY_CD
STANDARD ALIAS : CARR_CLM_ENTRY_CD
TITLE ALIAS : ENTRY_CD

LENGTH : 1

COMMENTS :
Prior to Version H this field was named: CWFB_CLM_ENTRY_CD.

SOURCE : CWF

31. FILLER

1	140	140	CHAR

DB2 ALIAS : FILLER

LENGTH : 1

32. Claim Disposition Code

2	141	142	CHAR

Code indicating the disposition or outcome of the processing of the claim record.

DB2 ALIAS : CLM_DISP_CD
SAS ALIAS : DISP_CD
STANDARD ALIAS : CLM_DISP_CD
TITLE ALIAS : DISPOSITION_CD

LENGTH : 2

SOURCE : CWF

CODE TABLE : CLM_DISP_TB

33. NCH Edit Disposition Code

2	143	144	CHAR

Effective with Version H, a code used (for internal editing purposes) to indicate the disposition of the claim after editing in the CWFMQA process.

NOTE: Beginning with NCH weekly process date 10/3/97 this field was populated with data. Claims processed prior to 10/3/97 will contain spaces in this field.

DB2 ALIAS : NCH_EDIT_DISP_CD
SAS ALIAS : EDITDISP
STANDARD ALIAS : NCH_EDIT_DISP_CD
TITLE ALIAS : NCH_EDIT_DISP

LENGTH : 2

SOURCE : NCH QA Process

CODE TABLE : NCH_EDIT_DISP_TB

34. NCH Claim BIC Modify H Code

1	145	145	CHAR

Effective with Version H, the code used (for internal editing purposes) to identify a claim record that was submitted with an incorrect HA, HB, or HC BIC.

NOTE: Beginning with NCH weekly process date 10/3/97 this field was populated with data. Claims processed prior to 10/3/97 will contain spaces in this field.

DB2 ALIAS : NCH_BIC_MDFY_CD
SAS ALIAS : BIC_MDFY
STANDARD ALIAS : NCH_CLM_BIC_MDFY_CD
TITLE ALIAS : BIC_MODIFY_CD

LENGTH : 1

SOURCE : NCH QA Process

CODE TABLE : NCH_CLM_BIC_MDFY_TB

35. Beneficiary Residence SSA Standard County Code

3	146	148	CHAR

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

DB2 ALIAS : BENE_SSA_CNTY_CD
SAS ALIAS : CNTY_CD
STANDARD ALIAS : BENE_RSDNC_SSA_STD_CNTY_CD
TITLE ALIAS : BENE_COUNTY_CD

LENGTH : 3

SOURCE : SSA/EDB

EDIT RULES :
OPTIONAL: MAY BE BLANK

36. Carrier Claim Receipt Date

8 149 156 NUM

The date the carrier receives the non-institutional claim.

DB2 ALIAS : CLM_RCPT_DT
SAS ALIAS : RCPT_DT

LENGTH : 8 SIGNED : N

COMMENTS :
Prior to Version 'H' this field was named: FICARR_CLM_RCPT_DT.

SOURCE : CWF

EDIT RULES :
YYYYMMDD

37. Carrier Claim Scheduled Payment Date

8 157 164 NUM

The scheduled date of payment to the physician or supplier, as appearing on the original non-institutional claim sent to the CWF host. **Note: This date is considered to be the date paid since no additional information as to the actual payment date is available.

DB2 ALIAS : CARR_SCHLD_PMT_DT
SAS ALIAS : SCHLD_DT
STANDARD ALIAS : CARR_CLM_SCHLD_PMT_DT
TITLE ALIAS : SCHLD_PMT_DT

LENGTH : 8 SIGNED : N

COMMENTS :
Prior to Version H this field was named: FICARR_CLM_PMT_DT.

SOURCE : CWF

EDIT RULES :
YYYYMMDD

38. CWF Forwarded Date

8 165 172 NUM

Effective with Version H, the date CWF forwarded the claim record to CMS (used for internal editing purposes).

NOTE: Beginning with NCH weekly process date 10/3/97 this field was populated with data. Claims processed prior to 10/3/97 will contain zeroes in this field.

DB2 ALIAS : CWF_FRWRD_DT
SAS ALIAS : FRWRD_DT
STANDARD ALIAS : CWF_FRWRD_DT
TITLE ALIAS : FORWARD_DT

LENGTH : 8 SIGNED : N

SOURCE : CWF

EDIT RULES :
YYYYMMDD

39. Carrier Number 5 173 177 CHAR

The identification number assigned by CMS to a carrier authorized to process claims from a physician or supplier.

Effective July 2006, the Medicare Administrative Contractors (MACs) began replacing the existing carriers and started processing physician or supplier claim records for states assigned to its jurisdiction.

NOTE: The 5-position MAC number will be housed in the existing CARR_NUM field. During the transi- tion from a carrier to a MAC the CARR_NUM field could contain either a Carrier number or a MAC number. See the CARR_NUM table of codes to identify the new MAC numbers and their effective dates.

DB2 ALIAS : CARR_NUM
SAS ALIAS : CARR_NUM
STANDARD ALIAS : CARR_NUM
TITLE ALIAS : CARRIER

LENGTH : 5

COMMENTS :
Prior to Version H this field was named: FICARR_IDENT_NUM.

SOURCE : CWF

CODE TABLE : CARR_NUM_TB

40. FILLER 8 178 185 CHAR

DB2 ALIAS : FILLER

LENGTH : 8

41. CWF Transmission Batch Number 4 186 189 CHAR

Effective with Version H, the number assigned to each batch of claims transactions sent from CWF(used for internal editing purposes).

NOTE: Beginning 11/98, this field will be populated with data. Claims processed prior to 11/98 will contain spaces in this field.

DB2 ALIAS : TRNSMSN_BATCH_NUM
SAS ALIAS : FIBATCH
STANDARD ALIAS : CWF_TRNSMSN_BATCH_NUM
TITLE ALIAS : BATCH_NUM

LENGTH : 4

SOURCE : CWF

42. Beneficiary Mailing Contact ZIP Code 9 190 198 CHAR

The ZIP code of the mailing address where the

beneficiary may be contacted.

DB2 ALIAS : BENE_MLG_ZIP_CD
SAS ALIAS : BENE_ZIP
STANDARD ALIAS : BENE_MLG_CNTCT_ZIP_CD
TITLE ALIAS : BENE_ZIP

LENGTH : 9

SOURCE : EDB

43. Beneficiary Sex Identification Code

1	199	199	CHAR

The sex of a beneficiary.

COMMON ALIAS : SEX_CD
DA3 ALIAS : SEX_CODE
DB2 ALIAS : BENE_SEX_IDENT_CD
SAS ALIAS : SEX
STANDARD ALIAS : BENE_SEX_IDENT_CD
TITLE ALIAS : SEX_CD

LENGTH : 1

SOURCE : SSA,RRB,EDB

EDIT RULES :
REQUIRED FIELD

CODE TABLE : BENE_SEX_IDENT_TB

44. Beneficiary Race Code

1	200	200	CHAR

The race of a beneficiary.

DA3 ALIAS : RACE_CODE
DB2 ALIAS : BENE_RACE_CD
SAS ALIAS : RACE
STANDARD ALIAS : BENE_RACE_CD
TITLE ALIAS : RACE_CD

LENGTH : 1

SOURCE : SSA

CODE TABLE : BENE_RACE_TB

45. Beneficiary Birth Date

8	201	208	NUM

The beneficiary's date of birth.

COMMON ALIAS : DOB
DA3 ALIAS : BIRTH_DATE
DB2 ALIAS : BENE_BIRTH_DT
SAS ALIAS : BENE_DOB
STANDARD ALIAS : BENE_BIRTH_DT
TITLE ALIAS : BENE_BIRTH_DATE

LENGTH : 8 SIGNED : N

SOURCE : CWF

EDIT RULES :
YYYYMMDD

46. CWF Beneficiary Medicare Status Code

2	209	210	CHAR

The CWF-derived reason for a beneficiary's entitlement to Medicare benefits, as of the reference date (CLM_THRU_DT).

COBOL ALIAS : MSC
COMMON ALIAS : MSC
DB2 ALIAS : BENE_MDCR_STUS_CD
SAS ALIAS : MS CD

STANDARD ALIAS : CWF_BENE_MDCR_STUS_CD
TITLE ALIAS : MSC

LENGTH : 2

DERIVATIONS :
CWF derives MSC from the following:
1. Date of Birth
2. Claim Through Date
3. Original/Current Reasons for

entitlement

4. ESRD Indicator
5. Beneficiary Claim Number
Items 1,3,4,5 come from the CWF Beneficiary Master Record; item 2 comes from the

FI/Carrier

claim record. MSC is assigned as follows:

MSC	OASI	DIB	ESRD	AGE
10	YES	N/A	NO	65 and over
11	YES	N/A	YES	65 and over
20	NO	YES	NO	under 65
21	NO	YES	YES	under 65
31	NO	NO	YES	any age

BIC

_____

N/A

N/A

N/A

N/A

T.

COMMENTS :
Prior to Version H this field was named: BENE_MDCR_STUS_CD. The name has been changed to distinguish this CWF-derived field from

the

EDB-derived MSC (BENE_MDCR_STUS_CD).

SOURCE : CWF

CODE TABLE : BENE_MDCR_STUS_TB

47. Claim Patient 6 Position Surname
6 211 216 CHAR

The first 6 positions of the Medicare

patient's

surname (last name) as reported by the

provider

on the claim.

NOTE1: Prior to Version H, this field was

only

present on the IP/SNF claim record. Effective with Version H, this field is present on all claim types.

NOTE2: For OP, HHA, Hospice and all Carrier claims, data was populated beginning with NCH weekly process 10/3/97. Claims processed prior to 10/3/97 will contain spaces in this field.

COMMON ALIAS : PATIENT_SURNAME
DB2 ALIAS : PTNT_6_PSTN_SRNM
SAS ALIAS : SURNAME
STANDARD ALIAS : CLM_PTNT_6_PSTN_SRNM_NAME
TITLE ALIAS : PATIENT_SURNAME

LENGTH : 6

SOURCE : CWF

48. Claim Patient 1st Initial Given Name
1 217 217 CHAR

The first initial of the Medicare patient's given name (first name) as reported by the provider on the claim.

NOTE1: Prior to Version H, this field was only present on the IP/SNF claim record. Effective with Version H, this field is present on all claim types.

NOTE2: For OP, HHA, Hospice and all Carrier claims, data was populated beginning with NCH weekly process date 10/3/97. Claims processed prior to 10/3/97 will contain spaces in this field.

COMMON ALIAS : PATIENT_GIVEN_NAME
DB2 ALIAS : 1ST_INITL_GVN_NAME
SAS ALIAS : FRSTINIT
STANDARD ALIAS : CLM_PTNT_1ST_INITL_GVN_NAME
TITLE ALIAS : PATIENT_FIRST_INITIAL

LENGTH : 1

SOURCE : CWF

49. Claim Patient First Initial Middle Name

1	218	218	CHAR

The first initial of the Medicare patient's middle name as reported by the provider on the claim.

NOTE1: Prior to Version H, this field was only present on the IP/SNF claim record. Effective with Version H, this field is present on all claim types.

NOTE2: For OP, HHA, Hospice and all Carrier claims, data was populated beginning with NCH weekly process date 10/3/97. Claims processed prior to 10/3/97 will contain spaces in this field.

COMMON ALIAS : PATIENT_MIDDLE_NAME
DB2 ALIAS : 1ST_INITL_MDL_NAME
SAS ALIAS : MDL_INIT
STANDARD ALIAS : CLM_PTNT_1ST_INITL_MDL_NAME
TITLE ALIAS : PATIENT_MIDDLE_INITIAL

LENGTH : 1

SOURCE : CWF

50. Beneficiary CWF Location Code

1	219	219	CHAR

The code that identifies the Common Working File (CWF) location (the host site) where a beneficiary's Medicare utilization records are maintained.

COMMON ALIAS : CWF_HOST
DB2 ALIAS : BENE_CWF_LOC_CD
SAS ALIAS : CWFLOCCD
STANDARD ALIAS : BENE_CWF_LOC_CD
TITLE ALIAS : CWF_HOST

LENGTH : 1

SOURCE : CWF

CODE TABLE : BENE_CWF_LOC_TB

51. Claim Principal Diagnosis Code

5	220	224	CHAR

The ICD-9-CM diagnosis code identifying the diagnosis, condition, problem or other reason for the

medical record to be
provided.

admission/encounter/visit shown in the
chiefly responsible for the services

is also
the diagnosis

NOTE: Effective with Version H, this data
redundantly stored as the first occurrence of
trailer.

DB2 ALIAS : PRNCPAL_DGNS_CD
SAS ALIAS : PDGNS_CD
STANDARD ALIAS : CLM_PRNCPAL_DGNS_CD
TITLE ALIAS : PRINCIPAL_DIAGNOSIS

LENGTH : 5

SOURCE : CWF

EDIT RULES :
ICD-9-CM

52. FILLER CHAR
1 225 225
DB2 ALIAS : FILLER

LENGTH : 1

53. Carrier Claim Payment Denial Code
1 226 226 CHAR

The code on a noninstitutional claim
indicating to
whom payment was made or if the claim was
denied.

NOTE: Effective 4/1/02, this field was
expanded
to two bytes to accommodate new values. The
NCH Nearline file did not expand the current
1-byte field but instituted a crosswalk of
the
2-byte field to the 1-byte character value.
See table of code for the crosswalk.

DB2 ALIAS : CARR_PMT_DNL_CD
SAS ALIAS : PMTDNLCD
STANDARD ALIAS : CARR_CLM_PMT_DNL_CD
TITLE ALIAS : PMT_DENIAL_CD

LENGTH : 1

COMMENTS :
Prior to Version H this field was named:
CWFB_CLM_PMT_DNL_CD.

SOURCE : CWF

CODE TABLE : CARR_CLM_PMT_DNL_TB

54. Claim Excepted/Nonexcepted Medical Treatment Code
1 227 227 CHAR

Effective with Version I, the code used to
identify
whether or not the medical care or treatment
received
by a beneficiary, who has elected care from a
Religious Nonmedical Health Care Institution
(RNHCI),
is excepted or nonexcepted. Excepted is
medical care
or treatment that is received involuntarily
or is re-
quired under Federal, State or local law.
Nonexcepted is
defined as medical care or treatment other
than excepted.

DB2 ALIAS : EXCPTD NEXCPTD CD

SAS ALIAS : TRTMT_CD
STANDARD ALIAS : CLM_EXCPTD_NEXCPTD_TRTMT_CD
TITLE ALIAS : EXCPTD_NEXCPTD_CD

LENGTH : 1

SOURCE : CWF

CODE TABLE : CLM_EXCPTD_NEXCPTD_TRTMT_TB

55. Claim Payment Amount 6 228 233 PACK

Amount of payment made from the Medicare
services covered by the claim record.
is calculated by the FI or carrier; and
paid to the institutional provider,
with the exceptions noted below. **NOTE: In
situations, a negative claim payment amount
sent; e.g., (1) when a beneficiary is charged
deductible during a short stay and the
the amount Medicare pays; or (2) when a
charged a coinsurance amount during a long
coinsurance amount exceeds the amount
prevalent situation involves psych hospitals
daily per diem rate no matter what the

Under IP PPS, inpatient hospital services are
a predetermined rate per discharge, using the
classification system and the PRICER program.
PPS claim, the payment amount includes the
approved payment amount, disproportionate
5/1/86), indirect medical education (since
PPS capital (since 10/1/91). After 4/1/03,
amount could also include a "new technology"
It does NOT include the pass-thru amounts
related costs, direct medical education
acquisition costs, bad debts); or any
amounts (i.e., deductibles and coinsurance);
any other payer reimbursement.
Under IRFPPS, inpatient rehabilitation
based on a predetermined rate per discharge,
Case Mix Group (CMG) classification system
program. From the CMG on the IRF PPS claim,
based on a standard payment amount for
capital cost for that facility (including
ancillary services). The payment is
the % of low-income patients (LIP), locality,

trust fund for the
Generally, the amount
represents what was
physician, or supplier,
some
may be pre-
the full
deductible exceeded
beneficiary is
stay and the
Medicare pays (most
who are paid a
charges are.)

paid based on
DRG patient
On the IP
DRG outlier
share (since
10/1/88), total
the payment
add-on amount.
(i.e., capital-
costs, kidney
beneficiary-paid
or any

services are paid
using the
and the PRICER
payment is
operating and
routine and
adjusted for wage,

transfers,
and high
adjustments could
certain pass-
education
payer reim-
scope of PPS.

services are paid
based on the
based on a
inpatient operating
and ancillary
through costs
new technologies
the payment
interrupted stays,
living adjust-

beneficiaries using the
III. For the
calculate/return the rate
revenue center code =
count; and then
revenue center
payment amount.

payment
for each APC
claim payment.
payment and

classified into
Home Health
generated
(HHRG).

payment amount
60% (for first
the case mix
index adjusted.

of the amount

interrupted stays, short stay cases, deaths, cost outliers. Some or all of these apply. The CMG payment does NOT include through costs (i.e. bad debts, approved activities); beneficiary-paid amounts, other bursement,and other services outside of the

Under LTCH PPS, long term care hospital based on a predetermined rate per discharge DRG and the PRICER program. Payments are single standard Federal rate for both and capital-related costs (including routine services), but do NOT include certain pass- (i.e. bad debts, direct medical education, and blood clotting factors). Adjustments to may occur due to short-stay outliers, high cost outliers, wage index, and cost of ments.

Under SNF PPS, SNFs will classify patient classification system known as RUGS SNF PPS claim, the SNF PRICER will for each revenue center line item with '0022'; multiply the rate times the units sum the amount payable for all lines with code '0022' to determine the total claim

Under Outpatient PPS, the national ambulatory classification (APC) rate that is calculated group is the basis for determining the total The payment amount also includes the outlier interest.

Under Home Health PPS, beneficiaries will be an appropriate case mix category known as the Resource Group. A HIPPS code is then corresponding to the case mix category

For the RAP, the PRICER will determine the appropriate to the HIPPS code by computing episode) or 50% (for subsequent episodes) of episode payment. The payment is then wage

For the final claim, PRICER calculates 100%

an adjustment
full. Although
the provider will
payment may

BBA encounter
not just

contain
special
payment system

'claims'
FFS,

actual
negotiated
services.
Part A
'Y4'.   The
claims
been no

'claims' contain
instead of

was S9(7)V99. Also,
this field as a line
is a claim level
item field has been

and

Medicare

due, because the final claim is processed as
to the RAP, reversing the RAP payment in
final claim will show 100% payment amount,
actually receive the 40% or 50% payment. The
also include outlier payments.
Exceptions: For claims involving demos and
data, the amount reported in this field may
represent the actual provider payment.
For demo Ids '01','02','03','04' -- claims
amount paid to the provider, except that
'differentials' paid outside the normal
are not included.
For demo Ids '05','15' -- encounter data
contain amount Medicare would have paid under
instead of the actual payment to the MCO.
For demo Ids '06','07','08' -- claims contain
provider payment but represent a special
bundled payment for both Part A and Part B
To identify what the conventional provider
payment would have been, check value code =
related noninstitutional (physician/supplier)
contain what would have been paid had there
demo.
For BBA encounter data (non-demo) --
amount Medicare would have paid under FFS,
the actual payment to the BBA plan.

COMMON   ALIAS : REIMBURSEMENT
DB2   ALIAS : CLM_PMT_AMT
SAS   ALIAS : PMT_AMT
STANDARD ALIAS : CLM_PMT_AMT
TITLE   ALIAS : REIMBURSEMENT

LENGTH   : 9.2   SIGNED : Y

COMMENTS :
Prior to Version H the size of this field
the noninstitutional claim records carried
item. Effective with Version H, this element
field across all claim types (and the line
renamed.)

SOURCE   : CWF

LIMITATIONS :
Prior to 4/6/93, on inpatient, outpatient,
physician/supplier claims containing a
CLM_DISP_CD of '02', the amount shown as the
reimbursement does not take into

consideration

erroneous

30% of

over

any CWF automatic adjustments (involving deductibles in most cases). In as many as the claims (30% IP, 15% OP, 5% PART B), the reimbursement reported on the claims may be or under the actual Medicare payment amount.

REFER TO :
PMT_AMT_EXCEDG_CHRG_AMT_LIM

EDIT RULES :
$$$$$$$$$CC

56. Carrier Claim Primary Payer Paid Amount

6	234	239	PACK

Effective with Version H, the amount of a payment made on behalf of a Medicare beneficiary by a primary payer other than

Medicare,

that the provider is applying to covered Medicare charges on a non-institutional

claim.

NOTE: During the Version H conversion, this

field

was populated with data throughout history

(back to

service year 1991) by summing up the line

item primary

payer amounts.

DB2 ALIAS : CARR_PRMRY_PYR_AMT
SAS ALIAS : PRPAYAMT
STANDARD ALIAS : CARR_CLM_PRMRY_PYR_PD_AMT
TITLE ALIAS : PRIMARY_PAYER_AMOUNT

LENGTH : 9.2 SIGNED : Y

SOURCE : CWF

EDIT RULES :
$$$$$$$$$CC

57. FILLER

1	240	240	CHAR

DB2 ALIAS : FILLER

LENGTH : 1

58. Carrier Claim Referring UPIN Number

6	241	246	CHAR

The unique physician identification number (UPIN) of the physician who referred the beneficiary to the physician who performed the Part B services.

COMMON ALIAS : REFERRING_PHYSICIAN_UPIN
DB2 ALIAS : RFRG_UPIN_NUM
SAS ALIAS : RFR_UPIN
STANDARD ALIAS : CARR_CLM_RFRG_UPIN_NUM
TITLE ALIAS : REFERRING_PHYSICIAN_UPIN

LENGTH : 6

COMMENTS :
Prior to Version H this field was named: CWFB_CLM_RFRG_UPIN_NUM.

SOURCE : CWF

59. Carrier Claim Referring Physician NPI Number

10	247	256	CHAR

The national provider identifier (NPI) number of the physician who referred the beneficiary to the physician who performed the Part B

services.

NOTE: Effective May 2007, the NPI will become the national standard identifier for covered health care providers. NPIs will replace current OSCAR provider number, UPINs, NSC numbers, and local contractor provider identification numbers (PINs) on standard HIPPA claim transactions. (During the NPI transition phase (4/3/06 - 5/23/07) the capability was there for the NCH to receive NPIs along with an existing legacy number (UPIN, PIN, OSCAR provider number, etc.)).

NOTE1: CMS has determined that dual provider identifiers (old legacy numbers and new NPI) must be available on the NCH. After the 5/07 NPI implementation, the standard system maintainers will add the legacy number to the claim when it is adjudicated. We will continue to receive any currently issued UPINs. Effective May 2007, no new UPINs (legacy number) will be generated for new physicians (Part B and Outpatient claims) so there will only be NPIs sent in to the NCH for those physicians.

DB2 ALIAS : RFRG_PHYSN_NPI_NUM
SAS ALIAS : RFR_NPI

LENGTH : 10

SOURCE : CWF

60. Carrier Claim Provider Assignment Indicator Switch
1 257 257 CHAR

A switch indicating whether or not the provider accepts assignment for the noninstitutional claim.

DB2 ALIAS : PRVDR_ASGNMT_SW
SAS ALIAS : ASGMNTCD
STANDARD ALIAS : CARR_CLM_PRVDR_ASGNMT_IND_SW
TITLE ALIAS : ASSIGNMENT_SW

LENGTH : 1

COMMENTS :
Prior to Version H this field was named: CWFB_CLM_PRVDR_ASGNMT_IND_SW.

SOURCE : CWF

CODE TABLE : CARR_CLM_PRVDR_ASGNMT_IND_TB

61. NCH Claim Provider Payment Amount
6 258 263 PACK

Effective with Version H, the total payments made to the provider for this claim (sum of line item provider payment amounts.)

NOTE: Beginning with NCH weekly process date 10/3/97 this field was populated with data. Claims processed prior to 10/3/97 will contain zeroes in this field.

DB2 ALIAS : NCH_PRVDR_PMT_AMT
SAS ALIAS : PROV_PMT
STANDARD ALIAS : NCH_CLM_PRVDR_PMT_AMT
TITLE ALIAS : PRVDR_PMT

LENGTH : 9.2 SIGNED : Y

SOURCE : NCH QA Process

62. NCH Claim Beneficiary Payment Amount
6 264 269 PACK

Effective with Version H, the total payments made to the beneficiary for this claim (sum of line payment amounts to the beneficiary.)

NOTE: Beginning with NCH weekly process date 10/3/97 this field was populated with data. Claims processed prior to 10/3/97 will contain zeroes in this field.

DB2 ALIAS : NCH_BENE_PMT_AMT
SAS ALIAS : BENE_PMT
STANDARD ALIAS : NCH_CLM_BENE_PMT_AMT
TITLE ALIAS : BENE_PMT

LENGTH : 9.2 SIGNED : Y

SOURCE : NCH QA Process

63. Carrier Claim Beneficiary Paid Amount
6 270 275 PACK

Effective with Version H, the amount paid by the beneficiary for the non-institutional Part B services.

NOTE: Beginning with NCH weekly process date 10/3/97 this field was populated with data. Claims processed prior to 10/3/97 will contain zeroes in this field.

DB2 ALIAS : CARR_BENE_PD_AMT
SAS ALIAS : BENEPAID
STANDARD ALIAS : CARR_CLM_BENE_PD_AMT
TITLE ALIAS : BENE_PD_AMT

LENGTH : 9.2 SIGNED : Y

SOURCE : CWF

64. NCH Carrier Claim Submitted Charge Amount
6 276 281 PACK

Effective with Version H, the total submitted charges on the claim (the sum of line item submitted charges).

NOTE: During the Version H conversion this field was populated with data throughout history (back to service year 1991).

DB2 ALIAS : CARR_SBMT_CHRG_AMT
SAS ALIAS : SBMTCHRG
STANDARD ALIAS : NCH_CARR_SBMT_CHRG_AMT
TITLE ALIAS : SBMT_CHRG

LENGTH : 9.2 SIGNED : Y

SOURCE : NCH QA Process

EDIT RULES :
$$$$$$$$$CC

65. NCH Carrier Claim Allowed Charge Amount
6 282 287 PACK

Effective with Version H, the total allowed charges on the claim (the sum of line item allowed charges).

NOTE1: The amount includes beneficiary-paid amounts (i.e., deductible and coinsurance).

NOTE2: During the Version H conversion this field was populated with data throughout history (back to service year 1991).

DB2 ALIAS : CARR_ALOW_CHRG_AMT
SAS ALIAS : ALOWCHRG
STANDARD ALIAS : NCH_CARR_ALOW_CHRG_AMT
TITLE ALIAS : ALOW_CHRG

LENGTH : 9.2 SIGNED : Y

SOURCE : NCH QA Process

EDIT RULES :
$$$$$$$CC

66. Carrier Claim Cash Deductible Applied Amount

6 288 293 PACK

Effective with Version H, the amount of the cash deductible as submitted on the claim.

NOTE: Beginning with NCH weekly process date 10/3/97 this field was populated with data. Claims processed prior to 10/3/97 will contain zeroes in this field.

DB2 ALIAS : CASH_DDCTBL_AMT
SAS ALIAS : DEDAPPLY
STANDARD ALIAS : CARR_CLM_CASH_DDCTBL_APPLY_AMT

TITLE ALIAS : CASH_DDCTBL

LENGTH : 9.2 SIGNED : Y

SOURCE : CWF

67. Carrier Claim HCPCS Year Code

1 294 294 NUM

Effective with Version H, the terminal digit of HCPCS version used to code the claim.

NOTE: Beginning with NCH weekly process date 10/3/97 this field was populated with data. Claims processed prior to 10/3/97 will contain zeroes in this field.

DB2 ALIAS : CARR_HCPCS_YR_CD
SAS ALIAS : HCPCS_YR
STANDARD ALIAS : CARR_CLM_HCPCS_YR_CD
TITLE ALIAS : HCPCS_YR

LENGTH : 1 SIGNED : N

SOURCE : CWF

68. Carrier Claim MCO Override Indicator Code

1 295 295 CHAR

Effective with Version H, the code used to indicate whether or not an MCO investigation applies to the claim (used for internal CWFMQA editing purposes).

NOTE: Beginning with NCH weekly process date 10/3/97 this field was populated with data. Claims processed prior to 10/3/97 will contain spaces in this field.

DB2 ALIAS : MCO_OVRRD_IND_CD
SAS ALIAS : MCOOVRRD
STANDARD ALIAS : CARR_CLM_MCO_OVRRD_IND_CD
TITLE ALIAS : MCO_OVERRIDE

LENGTH : 1

SOURCE : CWF

CODE TABLE : CARR_CLM_MCO_OVRRD_IND_TB

69. Carrier Claim Hospice Override Indicator Code

1	296	296	CHAR

Effective with Version H, the code used to indicate whether or not an Hospice investigation applies to the claim (used for internal CWFMQA editing purposes).

NOTE: Beginning with NCH weekly process date 10/3/97 this field was populated with data. Claims processed prior to 10/3/97 will contain spaces in this field.

DB2 ALIAS : HOSPC_OVRRD_IND_CD
SAS ALIAS : HOSPOVRD
STANDARD ALIAS : CARR_CLM_HOSPC_OVRRD_IND_CD
TITLE ALIAS : HOSPC_OVERRIDE

LENGTH : 1

SOURCE : CWF

CODE TABLE : CARR_CLM_HOSPC_OVRRD_IND_TB

70. Claim Business Segment Identifier Code

4	297	300	CHAR

Effective 10/1/2005 with the implementation of NCH/NMUD CR#2, the identifier that captures the 2-byte juris- diction code (represents the USPS state/territory abbreviation (i.e. NY = New York) and the 2-byte modifier that identifies the type of Medicare FFS contract (intermediary, RHHI, carrier or DMERC).

This 4-byte identifier along with the 5-byte FI/Carrier number comprises the Contractor Workload Identifier number. The business segment identifier (BSI) is intended to help sort work- loads that may be redistributed with the implemen- tation of contracting reform as required by MMA.

DB2 ALIAS : BUSNS_SGMT_ID_CD
SAS ALIAS : SGMT_ID
STANDARD ALIAS : CLM_BUSNS_SGMT_ID_CD

LENGTH : 4

SOURCE : CWF

71. Claim Clinical Trial Number

8	301	308	CHAR

Effective September 1, 2008 with the implementation of CR#3, the number used to identify all items and services provided to a beneficiary during their

72. FILLER	19	309	327	CHAR
73. Carrier Specific Group	34	328	361	GRP
74. Carrier Claim Referring PIN Number	14	328	341	CHAR
75. Care Plan Oversight (CPO) Provider Number	6	342	347	CHAR

participation in a clinical trial.

NOTE:
CMS is requesting the clinical trial number
be
voluntarily reported. The number is assigned
by
the National Library of Medicine (NLM)
Clinical
Trials Data Bank when a new study is
registered.

DB2 ALIAS : CLM_CLNCL_TRIL_NUM
SAS ALIAS : CTRILNUM

LENGTH : 8

DB2 ALIAS : FILLER

LENGTH : 19

This group identifies those fields specific to the carrier claim record.

Carrier-assigned identification (profiling) number of the physician who referred the beneficiary to the physician that performed the Part B services.

COMMON ALIAS : REFERRING_PHYSICIAN_PIN
DB2 ALIAS : RFRG_PIN_NUM
SAS ALIAS : RFR_PRFL
STANDARD ALIAS : CARR_CLM_RFRG_PIN_NUM
TITLE ALIAS : RFRG_PIN

LENGTH : 14

COMMENTS :
Prior to Version H this field was named: CWFB_CLM_RFRG_PHYSN_PRFLG_NUM.

SOURCE : CWF

Effective with NCH weekly process date
3/7/97,
the Medicare provider number of the HHA or
Hospice
rendering Medicare covered services during period the physician is providing care plan oversight. The purpose of this field is to ensure compliance with the CPO requirement
that
the beneficiary must be receiving covered HHA
or
Hospice services during the billing period.
There
can be only one CPO provider number per
claim, and
no other services but CPO physician services
are
to be reported on the claim. This field is
only
present on the non-DMERC processed carrier
claim.

NOTE: On the Version G format, this field
is stored
as a redefinition of the
NEAR LINE ORGNL BENE CAN NUM

(the first 3 positions contain 'CPO',

followed by

the 6-position provider number). During the Version H conversion the data was moved to

this

dedicated field.

DB2 ALIAS : CPO_PRVDR_NUM
SAS ALIAS : CPO_PROV
STANDARD ALIAS : CPO_PRVDR_NUM

LENGTH : 6

SOURCE : CWF

76. CPO Organization NPI Number
10 348 357 CHAR

The National Provider Identifier (NPI) number of the HHA or Hospice rendering Medicare services during the period the physician is providing care plan oversight. The purpose of this field is to ensure compliance with the CPO requirement that the beneficiary must be receiving covered HHA or Hospice services during the billing period. There can be only one CPO provider number per claim, and no other services but CPO physician services are to be reported on the claim. This field is

only

present on the non-DMERC processed carrier

claim.

NOTE: Effective May 2008, the NPI will

become the

national standard identifier for covered

health

care providers. NPIs will replace the current legacy provider numbers (UPINs, PINs, OSCAR provider numbers, etc.) on the standard HIPPA claim transactions. (During the NPI

transition

phase the capability was there for the NCH

to receive

NPIs along with an existing legacy number

(UPIN, NPIs,

OSCAR provider numbers, etc.)).

NOTE1: CMS has determined that dual provider

iden-

tifiers (legacy numbers and NPIs) must be

avail-

able on the NCH. After the 5/08 NPI

implementation,

the standard system maintainers will add the

legacy

number to the claim when it is adjudicated.

Effec-

tive May 2008, no NEW UPINs (legacy number)

will be

generated for NEW physicians (Part B and

Outpatient

claims) so there will only be NPIs sent in

to the

NCH for those physicians.

DB2 ALIAS : CPO_ORG_NPI_NUM
SAS ALIAS : CPO_NPI

LENGTH : 10

SOURCE : CWF

77. Claim Blood Pints Furnished Quantity
2 358 359 PACK

Number of whole pints of blood furnished to

the

beneficiary, as reported on the carrier claim (non-DMERC).

DB2 ALIAS : BLOOD_PT_FRNSH_QTY
SAS ALIAS : BLDFRNSH
STANDARD ALIAS : CLM_BLOOD_PT_FRNSH_QTY
TITLE ALIAS : BLOOD_PINTS_FURNISHED

LENGTH : 3 SIGNED : Y

COMMENTS :
Prior to Version H this field was stored in a blood trailer. Version H eliminated the blood trailer.

SOURCE : CWF

EDIT RULES :
NUMERIC

78. Claim Blood Deductible Pints Quantity
2 360 361 PACK

The quantity of blood pints applied (blood deductible) as reported on the carrier claim (non-DMERC).

DB2 ALIAS : BLOOD_DDCTBL_PT
SAS ALIAS : BLD_DED
STANDARD ALIAS : CLM_BLOOD_DDCTBL_PT_QTY
TITLE ALIAS : BLOOD_PINTS_DEDUCTIBLE

LENGTH : 3 SIGNED : Y

COMMENTS :
Prior to Version H this field was stored in a blood trailer. Version H eliminated the blood trailer.

SOURCE : CWF

EDIT RULES :
NUMERIC

79. Carrier NCH Edit Code Count
2 362 363 NUM

The count of the number of edit codes annotated to the carrier claim during HCFA's CWFMQA process. The purpose of this count is to indicate how many claim edit trailers are present.

DB2 ALIAS : EDIT_TRLR_CNT
SAS ALIAS : CEDCNT
STANDARD ALIAS : CARR_NCH_EDIT_CD_CNT

LENGTH : 2 SIGNED : N

COMMENTS :
Prior to Version H this field was named: CLM_EDIT_CD_CNT.

SOURCE : NCH

80. Carrier NCH Patch Code Count
2 364 365 NUM

Effective with Version H, the count of the number of HCFA patch codes annotated to the carrier claim during the Nearline maintenance process. The purpose of this count is to indicate how many NCH patch trailers are present.
NOTE: During the Version H conversion this field was populated with data throughout history (back to service year 1991).

DB2 ALIAS : PATCH TRLR CNT

SAS ALIAS : CPATCNT
STANDARD ALIAS : CARR_NCH_PATCH_CD_I_CNT

LENGTH : 2 SIGNED : N

SOURCE : NCH

81. Carrier MCO Period Count

1 366 366 NUM

Effective with Version H, the count of the number of Managed Care Organization (MCO) periods reported on a carrier claim. The purpose of this count is to indicate how many MCO period trailers are present.

NOTE: Beginning with NCH weekly process date 10/3/97 this field was populated with data. Claims processed prior to 10/3/97 will contain zeroes in this field.

DB2 ALIAS : CARR_MCO_PRD_CNT
SAS ALIAS : CMCOCNT
STANDARD ALIAS : CARR_MCO_PRD_CNT

LENGTH : 1 SIGNED : N

SOURCE : NCH

EDIT RULES :
RANGE: 0 TO 2

82. Carrier Claim Health PlanID Count

1 367 367 NUM

A placeholder field (effective with Version H) for storing the count of the number of Health PlanIDs reported on the carrier claim. The purpose of this count is to indicate how many Health PlanID trailers are present. NOTE: Prior to Version 'I' this field was named: CARR_CLM_PAYERID_CNT.

DB2 ALIAS : PAYERID_TRLR_CNT
SAS ALIAS : CPLNCNT
STANDARD ALIAS : CARR_CLM_HLTH_PLANID_CNT

LENGTH : 1 SIGNED : N

SOURCE : NCH

EDIT RULES :
RANGE: 0 TO 3

83. Carrier Claim Demonstration ID Count

1 368 368 NUM

Effective with Version H, the count of the number of claim demonstration IDs reported on an carrier claim. The purpose of this count is to indicate how many claim demonstration trailers are present.

NOTE: During the Version H conversion this field was populated with data where a demo was identifiable.

DB2 ALIAS : DEMO_TRLR_CNT
SAS ALIAS : CDEMCNT
STANDARD ALIAS : CARR_CLM_DEMO_ID_CNT

LENGTH : 1 SIGNED : N

SOURCE : NCH

EDIT RULES :
RANGE: 0 TO 5

84. Carrier Claim Diagnosis Code Count
1 369 369 NUM

The count of the number of diagnosis codes (both principal and other) reported on an carrier claim. The purpose of this indicate how many claim diagnosis trailers are present.

DB2 ALIAS : DGNS_TRLR_CNT
SAS ALIAS : CDGNCNT
STANDARD ALIAS : CARR_CLM_DGNS_CD_CNT

LENGTH : 1 SIGNED : N

COMMENTS :
Prior to Version H this field was named: CLM_DGNS_CD_CNT.

SOURCE : NCH

EDIT RULES :
RANGE: 0 TO 4

85. Carrier Claim Line Count
2 370 371 NUM

The count of the number of line items reported on the carrier claim. The purpose of this count are is to indicate how many line item trailers present.

DB2 ALIAS : LINE_ITM_TRLR_CNT
SAS ALIAS : CLINECNT
STANDARD ALIAS : CARR_CLM_LINE_CNT

LENGTH : 2 SIGNED : N

COMMENTS :
Prior to Version H this field was named: CWFB_CLM_NUM_LINE_ITM_CNT.

SOURCE : CWFB CLAIMS

EDIT RULES :
RANGE: 1 TO 13

86. FILLER
4 372 375 CHAR

DB2 ALIAS : FILLER

LENGTH : 4

87. Carrier Claim Variable Group
VAR 376 4863 GRP

Variable portion of the carrier claim record for version I of the NCH.

88. NCH Edit Group
5 376 380 GRP

The number of claim edit trailers is determined by the claim edit code count.

STANDARD ALIAS : NCH_EDIT_GRP

OCCURS MIN: 0 OCCURS MAX: 13

DEPENDING ON : CARR NCH EDIT CD CNT

89. NCH Edit Trailer Indicator Code

1	376	376	CHAR

Effective with Version H, the code indicating the presence of an NCH edit trailer.

NOTE: During the Version H conversion this field was populated throughout history (back to service year 1991).

DB2 ALIAS : EDIT_TRLR_IND_CD
SAS ALIAS : EDITIND
STANDARD ALIAS : NCH_EDIT_TRLR_IND_CD

LENGTH : 1

SOURCE : NCH QA Process

CODE TABLE : NCH_EDIT_TRLR_IND_TB

90. NCH Edit Code

4	377	380	CHAR

The code annotated to the claim indicating the CWFMQA editing results so users will be aware of data deficiencies.

NOTE: Prior to Version H only the highest priority code was stored. Beginning 11/98 up to 13 edit codes may be present.

COMMON ALIAS : QA_ERROR_CODE
DB2 ALIAS : NCH_EDIT_CD
SAS ALIAS : EDIT_CD
STANDARD ALIAS : NCH_EDIT_CD
TITLE ALIAS : QA_ERROR_CD

LENGTH : 4

SOURCE : NCH QA EDIT PROCESS

CODE TABLE : NCH_EDIT_TB

91. NCH Patch Group

11	1	11	GRP

STANDARD ALIAS : NCH_PATCH_GRP

OCCURS MIN: 0 OCCURS MAX: 30

DEPENDING ON : CARR_NCH_PATCH_CD_I_CNT

92. NCH Patch Trailer Indicator Code

1	1	1	CHAR

Effective with Version H, the code indicating the presence of an NCH patch trailer.

NOTE: During the Version H conversion this field was populated throughout history (back to service year 1991).

DB2 ALIAS : PATCH_TRLR_IND_CD
SAS ALIAS : PATCHIND
STANDARD ALIAS : NCH_PATCH_TRLR_IND_CD

LENGTH : 1

SOURCE : NCH

CODE TABLE : NCH_PATCH_TRLR_IND_TB

93. NCH Patch Code

2	2	3	CHAR

Effective with Version H, the code annotated to the claim indicating a patch was applied to the record during an NCH Nearline record conversion and/or during current processing.

NOTE: Prior to Version H this field was located in the third and fourth occurrence of the CLM_EDIT_CD.

DB2 ALIAS : NCH_PATCH_CD
SAS ALIAS : PATCHCD
STANDARD ALIAS : NCH_PATCH_CD
TITLE ALIAS : NCH_PATCH

LENGTH : 2

SOURCE : NCH

CODE TABLE : NCH_PATCH_TB

94. NCH Patch Applied Date

8	4	11	NUM

Effective with Version H, the date the NCH patch was applied to the claim.

DB2 ALIAS : NCH_PATCH_APPLY_DT
SAS ALIAS : PATCHDT
STANDARD ALIAS : NCH_PATCH_APPLY_DT
TITLE ALIAS : NCH_PATCH_DT

LENGTH : 8 SIGNED : N

SOURCE : NCH

EDIT RULES :
YYYYMMDD

95. MCO Period Group

37	1	37	GRP

The number of managed care organization (MCO) period data trailers present is determined by the claim MCO period trailer count. This field reflects the two most current MCO periods in the CWF beneficiary history record. It may have no connection to the services on the claim.

STANDARD ALIAS : MCO_PRD_GRP

OCCURS MIN: 0 OCCURS MAX: 2

DEPENDING ON : CARR_MCO_PRD_CNT

96. NCH MCO Trailer Indicator Code

1	1	1	CHAR

Effective with Version H, the code indicating the presence of a Managed Care Organization (MCO) trailer.

NOTE: Beginning with NCH weekly process date 10/3/97 this field was populated with data. Claims processed prior to 10/3/97 will contain spaces in this field.

COBOL ALIAS : MCO_IND
DB2 ALIAS : MCO_TRLR_IND_CD
SAS ALIAS : MCOIND
STANDARD ALIAS : NCH_MCO_TRLR_IND_CD
TITLE ALIAS : MCO_INDICATOR

LENGTH : 1

SOURCE : NCH QA Process

CODE TABLE : NCH_MCO_TRLR_IND_TB

97. MCO Contract Number

5	2	6	CHAR

Effective with Version H, this field represents the plan contract number of the Managed Care Organization (MCO).

NOTE: Beginning with NCH weekly process date 10/3/97 this field was populated with data. Claims processed prior to 10/3/97 will contain spaces in this field.

DB2 ALIAS : MCO_CNTRCT_NUM
SAS ALIAS : MCONUM
STANDARD ALIAS : MCO_CNTRCT_NUM
TITLE ALIAS : MCO_NUM

LENGTH : 5

SOURCE : CWF

98. MCO Option Code

1	7	7	CHAR

Effective with Version H, the code indicating Managed Care Organization (MCO) lock-in enrollment status of the beneficiary.

NOTE: Beginning with NCH weekly process date 10/3/97 this field was populated with data. Claims processed prior to 10/3/97 will contain spaces in this field.

DB2 ALIAS : MCO_OPTN_CD
SAS ALIAS : MCOOPTN
STANDARD ALIAS : MCO_OPTN_CD
TITLE ALIAS : MCO_OPTION_CD

LENGTH : 1

SOURCE : CWF

CODE TABLE : MCO_OPTN_TB

99. MCO Period Effective Date

8	8	15	NUM

Effective with Version H, the date the beneficiary's enrollment in the Managed Care Organization (MCO) became effective.

NOTE: Beginning with NCH weekly process date 10/3/97 this field was populated with data. Claims processed prior to 10/3/97 will contain zeroes in this field.

DB2 ALIAS : MCO_PRD_EFCTV_DT
SAS ALIAS : MCOEFFDT
STANDARD ALIAS : MCO_PRD_EFCTV_DT
TITLE ALIAS : MCO_PERIOD_EFF_DT

LENGTH : 8 SIGNED : N

SOURCE : CWF

EDIT RULES :
YYYYMMDD

100. MCO Period Termination Date

8	16	23	NUM

Effective with Version H, the date the bene-
ficiary's enrollment in the Managed Care
Organization (MCO) was terminated.

NOTE: Beginning with NCH weekly process date
10/3/97 this field was populated with data.
Claims processed prior to 10/3/97 will

contain

zeroes in this field.

DB2   ALIAS : MCO_PRD_TRMNTN_DT
SAS   ALIAS : MCOTRMDT
STANDARD ALIAS : MCO_PRD_TRMNTN_DT
TITLE   ALIAS : MCO_PERIOD_TERM_DT

LENGTH   : 8   SIGNED : N

SOURCE   : CWF

EDIT RULES :
      YYYYMMDD

101. MCO Health PLANID Number
14 24 37 CHAR

A placeholder field (effective with Version

H)

for storing the Health PlanID associated with
the Managed Care Organization (MCO). Prior

to

Version 'I' this field was named:
MCO_PAYERID_NUM.

DB2   ALIAS : MCO_PLANID_NUM
SAS   ALIAS : MCOPLNID
STANDARD ALIAS : MCO_HLTH_PLANID_NUM
TITLE   ALIAS : MCO_PLANID

LENGTH   : 14

COMMENTS :
Prior to Version I this field was named:
MCO_PAYERID_NUM.

SOURCE   : CWF

102. Claim Health PlanID Group
16 1 16 GRP

The number of Health PlanID data trailers is

determined

by the claim Health PlanID trailer count.

Prior

to Version 'I' this field was named:
CLM_PAYERID_GRP.

STANDARD ALIAS : CLM_HLTH_PLANID_GRP

OCCURS MIN: 0 OCCURS MAX: 3

   DEPENDING ON : CARR_CLM_HLTH_PLANID_CNT

103. NCH Health PlanID Trailer Indicator Code
1 1 1 CHAR

A placeholder field (effective with Version

H)

for storing the code that indicates the

presence

of a Health PlanID trailer. NOTE: Prior to
Version 'I' this field was named:
NCH_PAYERID_TRLR_IND_CD.

DB2   ALIAS : NCH_HLTH_PLANID_TR
SAS   ALIAS : PLANIDIN
STANDARD ALIAS : NCH_HLTH_PLANID_TRLR_IND_CD

LENGTH   : 1

COMMENTS :

Prior to Version I this field was named: NCH_PAYERID_TRLR_IND_CD.

SOURCE : NCH

CODE TABLE : NCH_HLTH_PLANID_TRLR_IND_TB

104. Claim Health PlanID Code

1	2	2	CHAR

A placeholder field (effective with Version H)

for storing the code identifying the type of Health PlanID. Prior to Version 'I' this field

was named: CLM_PAYERID-CD

DB2 ALIAS : HLTH_PLANID_CD
SAS ALIAS : PLANIDCD
STANDARD ALIAS : CLM_HLTH_PLANID_CD
TITLE ALIAS : PLANID_TYPE

LENGTH : 1

COMMENTS :
Prior to Version I this field was named: CLM_PAYERID_CD.

SOURCE : CWF

CODE TABLE : CLM_HLTH_PLANID_TB

105. Claim Health PlanID Number

14	3	16	CHAR

A placeholder field (effective with Version H)

for storing the Health PlanID number. Prior to Version 'I' this field was named: CLM_PAYERID_NUM.

DB2 ALIAS : HLTH_PLANID_NUM
SAS ALIAS : PLANID
STANDARD ALIAS : CLM_HLTH_PLANID_NUM
TITLE ALIAS : PLANID

LENGTH : 14

COMMENTS :
Prior to Version I this field was named: CLM_PAYERID_NUM.

SOURCE : CWF

106. Claim Demonstration Identification Group

18	1	18	GRP

The number of demonstration identification trailers present is determined by the claim demonstration identification trailer count.

STANDARD ALIAS : CLM_DEMO_ID_GRP

OCCURS MIN: 0 OCCURS MAX: 5

DEPENDING ON : CARR_CLM_DEMO_ID_CNT

107. NCH Demonstration Trailer Indicator Code

1	1	1	CHAR

Effective with Version H, the code indicating the presence of a demo trailer.

NOTE: During the Version H conversion this field

was populated throughout history (back to service

year 1991).

COBOL ALIAS : DEMO IND

DB2 ALIAS : NCH_DEMO_TRLR_IND_
SAS ALIAS : DEMOIND
STANDARD ALIAS : NCH_DEMO_TRLR_IND_CD
TITLE ALIAS : DEMO_INDICATOR

LENGTH : 1

SOURCE : NCH

CODE TABLE : NCH_DEMO_TRLR_IND_TB

108. Claim Demonstration Identification Number 2 2 3 CHAR

Effective with Version H, the number assigned to identify a demo. This field is also used

to

denote special processing (a.k.a. Special

Processing

Number, SPN).

in the

NOTE: Prior to Version H, Demo ID was stored

positions

redefined Claim Edit Group, 4th occurrence,

field was

3 and 4. During the H conversion, this

appro-

populated with data throughout history (as

by

private either by moving ID on Version G or

deriving from specific demo criteria).

NHCMQ

01 = Nursing Home Case-Mix and Quality:

(RUGS) Demo -- testing PPS for SNFs in 6 states, using a case-mix classification system based on resident characteristics and actual resources used. The claims carry a RUGS indicator and one or more revenue center codes in the 9,000 series.

NOTE1: Effective for SNF claims with NCH

weekly

process date after 2/8/96 (and service date

after

12/31/95) -- beginning 4/97, Demo ID '01'

was

derived in NCH based on presence of RUGS

phase #

'2','3' or '4' on incoming claim; since 7/97,

CWF

has been adding ID to claim.

ID

NOTE2: During the Version H conversion, Demo

date

'01' was populated back to NCH weekly process

(stored

2/9/96 based on the RUGS phase indicator

position,

in Claim Edit Group, 3rd occurrence, 4th

in Version G).

02 = National HHA Prospective Payment Demo -- testing PPS for HHAs in 5 states, using two alternate methods of paying HHAs: per visit by type of HHA visit and per episode of HH care.

NOTE1: Effective for HHA claims with NCH

weekly

process date after 5/31/95 -- beginning 4/97, Demo ID '02' was derived in NCH based on

HCFA/

CHPP-supplied listing of provider # and

start/

stop dates of participants.

ID

NOTE2: During the Version H conversion, Demo

'02' was populated back to NCH weekly process date 6/95 based on the CHPP criteria.

tradi-

03 = Telemedicine Demo -- testing covering

inter-

tionally noncovered physician services for medical consultation furnished via two-way, active video systems (i.e. teleconsultation) in 4 states. The claims contain line items with 'QQ' HCPCS code.

(nonDMERC)

NOTE1: Effective for physician/supplier claims with NCH weekly process date after

12/31/96

(and service date after 9/30/96) -- since

7/97,

CWF has been adding Demo ID '03' to claim.

'03'

NOTE2: During Version H conversion, Demo ID was populated back to NCH weekly process date

1/97

based on the presence of 'QQ' HCPCS on one

or more

line items.

04 = United Mine Workers of America (UMWA)

Managed

Care Demo -- testing risk sharing for Part A services, paying special capitation rates for all UMWA beneficiaries residing in 13 desig-nated counties in 3 states. Under the

demo,

UMWA will waive the 3-day qualifying

hospital

stay for a SNF admission. The claims

contain

TOB '18X','21X','28X' and '51X'; condition code = W0; claim MCO paid switch = not '0'; and MCO contract # = '90091'.

NOTE: Initially scheduled to be implemented

for

all SNF claims for admission or services on 1/1/97 or later, CWF did not transmit any

Demo

ID '04' annotated claims until on or about

2/98.

05 = Medicare Choices (MCO encounter data)

demo --

testing expanding the type of Managed Care plans available and different payment methods at 16 MCOs in 9 states. The claims contain one of the specific MCO Plan Contract # assigned to the Choices Demo site.

NOTE1: Effective for all claim types with

NCH

weekly process date after 7/31/97 -- CWF adds Demo ID '05' to claim based on the presence

of

the MCO Plan Contract #. ***Demonstration

was

terminated 12/31/2000.***

NOTE2: During the Version H conversion, Demo

ID

'05' was populated back to NCH weekly process date 8/97 based on the presence of the

Choices

indicator (stored as an alpha character

cross-

walked from MCO plan contract # in the Claim Edit Group, 4th occurrence, 2nd position, in Version 'G').

06 = Coronary Artery Bypass Graft (CABG) Demo

--

Date

claim.

follow-

'106'

150897,

=00700/31143

(VCSI)

Partner-

consortium of

non-

open

of

data on

to

The

process

carriers

payment

will

'109';

contain

is 4/1/03.

id

claims, the

testing bundled payment (all-inclusive global pricing) for hospital + physician services related to CABG surgery in 7 hospitals in 7 states. The inpatient claims contain a DRG '106' or '107'.

NOTE1: Effective for Inpatient claims and physician/supplier claims with Claim Edit

no earlier than 6/1/91 (not all CABG sites started at the same time) -- on 5/1/97, CWF started transmitting Demo ID '06' on the

The FI adds the ID to the claim based on the presence of DRG '106' or '107' from specific providers for specified time periods; the carrier adds the ID to the claim based on receiving 'Daily Census List' from parti-cipating hospitals. ***Demo terminated in 1998.***

NOTE2: During the Version H conversion, any claims where Medicare is the primary payer that were not already identified as Demo ID '06' (stored in the redefined Claim Edit Group, 4th occurrence, positions 3 and 4, Version G) were annotated based on the

ing criteria: Inpatient - presence of DRG

or '107' and a provider number=220897,

380897,450897,110082,230156 or 360085 for specified service dates; noninstitutional - presence of HCPCS modifier (initial and/or second) = 'Q2' and a carrier number

00630,01380,00900,01040/00511,00710,00623, or 13630 for specified service dates.

07 = Virginia Cardiac Surgery Initiative

(formerly referred to as Medicare Quality

ships Demo) -- this is a voluntary

the cardiac surgery physician groups and the

Veterans Administration hospitals providing

heart surgical services in the Commonwealth

Virginia. The goal of the demo is to share

quality and process innovations in an attempt

improve the care for all cardiac patients.

demonstration only affects those FIs that

claims from hospitals in Virginia and the

that process claims from physicians providing inpatient services at those hospitals. The hospitals will be reimbursed on a global

basis for selected cardiac surgical diagnosis related groups (DRGs). The inpatient claims

contain a DRG '104', '105', '106', '107',

the related physician/supplier claims will

the claim payment denial reason code = 'D'.

NOTE: The implementation date for this demo

The FI will annotate the claim with the demo

add Demo ID '07' to claim. For carrier

the

per-case

Organization

associated

hospitals

carrier will

--

imple-

to

DMERC)

(and

Demo ID

code = EY;

adds

SEN-

UNDER THE

THESE

TO

(access

not really

Standard Systems will annotate the claim with '07' demo number.

08 = Provider Partnership Demo -- testing payment approaches for acute inpatient hospitalizations, making a lump-sum payment (combining the normal Part A PPS payment with the Part B allowed charges into a single fee schedule) to a Physician/Hospital for all Part A and Part B services with a hospital admission. From 3 to 6 in the Northeast and Mid-Atlantic regions may participate in the demo.

NOTE: The demo is on HOLD. The FI and add Demo ID '08' to claim.

15 = ESRD Managed Care (MCO encounter data) testing open enrollment of ESRD beneficiaries and capitation rates adjusted for patient treatment needs at 3 MCOs in 3 States. The claims contain one of the specific MCO Plan Contract # assigned to the ESRD demo site.

NOTE: Effective 10/1/97 (but not actually mented at a site until 1/1/98) for all claim types -- the FI and carrier add Demo ID '15' claim based on the presence of the MCO plan contract #.

30 = Lung Volume Reduction Surgery (LVRS) or National Emphysema Treatment Trial (NETT) Clinical Study -- evaluating the effectiveness of LVRS and maximum medical therapy (including pulmonary rehab) for Medicare beneficiaries in last stages of emphysema at 18 hospitals nationally, in collaboration with NIH.

NOTE: Effective for all claim types (except with NCH weekly process date after 2/27/98 service date after 10/31/97) -- the FI adds '30' based on the presence of a condition the participating physician (not the carrier) ID to the noninstitutional claim. DUE TO THE SITIVE NATURE OF THIS CLINICAL TRIAL AND TERMS OF THE INTERAGENCY AGREEMENT WITH NIH, CLAIMS ARE PROCESSED BY CWF AND TRANSMITTED HCFA BUT NOT STORED IN THE NEARLINE FILE is restricted to study evaluators only).

31 = VA Pricing Special Processing (SPN) -- a demo but special request from VA due to court settlement; not Medicare services but VA inpatient and physician services submitted to FI 00400 and Carrier 00900 to obtain Medicare pricing -- CWF WILL PROCESS VA CLAIMS ANNOTATED WITH DEMO ID '31', BUT WILL NOT TRANSMIT TO HCFA (not in Nearline File).

37 = Medicare Coordinated Care Demonstration

-- to test
to
care
A and
Coordinated
will
for the

carriers;

purpose
on costs
management
prescription
diag-
failure,
demon-
demonstration
4/1/2003).

California
for trans-
NOEs.

of this
encounter
Center (HDC).
claim go
which
**NOT

not be
encounter claims.

Claims -- The
processing
claims
be
trans-
processing.

claims.

whether coordinated care services furnished
certain beneficiaries improves outcome of
and reduces Medicare expenditures under Part
Part B. There will be at least 14
Care Entities (CCEs). The selected entities
be assigned a provider number specifically
demonstration services.
NOTE: All claims will be processed by
no FI processing (except for Georgetown site)
37 = Medicare Disease Management (DMD) -- the
of this demonstration is to study the impact
and health outcomes of applying disease
services supplemented with coverage for
drugs for certain Medicare beneficiaries with
nosed, advanced-stage congestive heart
diabetes, or coronary heart disease. Three
stration sites will be used for this
and it will last for 3 years. (Effective

NOTE: All claims will be processed by NHIC-
(Carrier). FIs will only serve as a conduit
mitting information to and from CWF about the

38 = Physician Encounter Claims - the purpose
demo id is to identify the physician
claims being processed at the HCFA Data
This number will help EDS in making the
through the appropriate processing logic,
differs from that for fee-for-service.
IN NCH.**
NOTE: Effective October, 2000. Demo ids will
assigned to Inpatient and Outpatient

39 = Centralized Billing of Flu and PPV
purpose of this demo is to facilitate the
carrier, Trailblazers, paying flu and PPV
based on payment localities. Providers will
giving the shots throughout the country and
mitting the claims to Trailblazers for

NOTE: Effective October, 2000 for carrier

40 = Payment of Physician and Nonphysician

Services

of

clinics.

reim-

IHS

in

This

Medicare

institutional and

purpose

of the

medical

beneficiaries as

services

beneficiaries

in not

health ser-

the amount

services

claims.

in certain Indian Providers -- the purpose of this demo is to extend payment for services

physician and nonphysician practitioners furnished in hospitals and ambulatory care

Prior to the legislation change in BIPA,

bursement for Medicare services provided in

facilities was limited to services provided

hospitals and skilled nursing facilities.

change will allow payment for IHS, Tribe and Tribal Organization providers under the

physician fee schedule.

NOTE: Effective July 1, 2001 for

carrier claims.

48 = Medical Adult Day-Care Services -- the

of this demonstration is to provide, as part

episode of care for home health services,

adult day care services to Medicare

a substitute for a portion of home health

that would otherwise be provided in the

home. This demo would last approx. 3 years

more than 5 sites. Payment for each home

vice episode of care will be set at 95% of

that would otherwise be paid for home health

provided entirely in the home.

NOTE: Effective July 5, 2005 for HHA

DB2 ALIAS : CLM_DEMO_ID_NUM
SAS ALIAS : DEMONUM
STANDARD ALIAS : CLM_DEMO_ID_NUM
TITLE ALIAS : DEMO_ID

LENGTH : 2

SOURCE : CWF

109. Claim Demonstration Information Text 15 4 18 CHAR

that

example,

would

first

Effective with Version H, the text field contains related demo information. For a claim involving a CHOICES demo id '05' contain the MCO plan contract number in the five positions of this text field.

NOTE: During the Version H conversion this field was populated with data throughout history.

DB2 ALIAS : CLM_DEMO_INFO_TXT
SAS ALIAS : DEMOTXT
STANDARD ALIAS : CLM_DEMO_INFO_TXT
TITLE ALIAS : DEMO_INFO

LENGTH : 15

contain
RUGS phase
field
'G', RUGS
Group,

field
equal to

field will
HCPCS is

contain
present.
text

will con-
follow-
number
that 1st
the
effective/termination
within
CHOICES

will

re-

ID is

field
ESRD/

will

DERIVATIONS :
DERIVATION RULES:
Demo ID = 01 (RUGS) -- the text field will
a 2, 3 or 4 to denote the RUGS phase. If
is blank or not one of the above the text
will reflect 'INVALID'. NOTE: In Version
phase was stored in redefined Claim Edit
3rd occurrence, 4th position.
Demo ID = 02 (Home Health demo) -- the text
will contain PROV#. When demo number not
02 then text will reflect 'INVALID'.
Demo ID = 03 (Telemedicine demo) -- text
contain the HCPCS code. If the required
not shown then the text field will reflect
'INVALID'.
Demo ID = 04 (UMWA) -- text field will
W0 denoting that condition code W0 was
If condition code W0 not present then the
field will reflect 'INVALID'.
Demo ID = 05 (CHOICES) -- the text field
tain the CHOICES plan number, if both of the
ing conditions are met: (1) CHOICES plan
present and PPS or Inpatient claim shows
3 positions of provider number as '210' and
admission date is within HMO
date; or non-PPS claim and the from date is
HMO effective/termination date and (2)
plan number matches the HMO plan number. If
either condition is not met the text field
reflect 'INVALID CHOICES PLAN NUMBER'. When
CHOICES plan number not present, text will
flect 'INVALID'.
NOTE: In Version 'G', a valid CHOICES plan
stored as alpha character in redefined Claim
Edit Group, 4th occurrence, 2nd position. If
invalid, CHOICES indicator 'ZZ' displayed.
Demo ID = 15 (ESRD Managed Care) -- text
will contain the ESRD/MCO plan number. If
MCO plan number not present the field will
reflect 'INVALID'.
Demo ID = 38 (Physician Encounter Claims) --
text field will contain the MCO plan number.
When MCO plan number not present the field
reflect 'INVALID'.

SOURCE : CWF

LIMITATIONS :

REFER TO :
CHOICES_DEMO_LIM

110. Carrier Claim Diagnosis Group

7	1	7	GRP

OCCURS MIN: 0 OCCURS MAX: 8

DEPENDING ON : CARR_CLM_DGNS_CD_CNT

111. NCH Diagnosis Trailer Indicator Code

1	1	1	CHAR

Effective with Version H, the code indicating the presence of a diagnosis trailer.

NOTE: During the Version H conversion this field was populated throughout history (back to service year 1991).

DB2 ALIAS : DGNS_TRLR_IND_CD
SAS ALIAS : DGNSIND
STANDARD ALIAS : NCH_DGNS_TRLR_IND_CD

LENGTH : 1

SOURCE : NCH

CODE TABLE : NCH_DGNS_TRLR_IND_TB

112. Claim Diagnosis Code

5	2	6	CHAR

The ICD-9-CM based code identifying the beneficiary's principal or other diagnosis (including E code).

NOTE:
Prior to Version H, the principal diagnosis code was not stored with the 'OTHER' diagnosis codes. During the Version H conversion the CLM_PRNCPAL_DGNS_CD was added as the first occurrence.

DB2 ALIAS : CLM_DGNS_CD
SAS ALIAS : DGNS_CD
STANDARD ALIAS : CLM_DGNS_CD
TITLE ALIAS : DIAGNOSIS

LENGTH : 5

COMMENTS :
Prior to Version H this field was named: CLM_OTHR_DGNS_CD.

EDIT RULES :
ICD-9-CM

113. FILLER

1	7	7	CHAR

DB2 ALIAS : FILLER

LENGTH : 1

114. Carrier Line Item Group

294	1	294	GRP

The line item trailer group may occur multiple times in one carrier claim. Up to 13 occurrences may be present.

OCCURS MIN: 1OCCURS MAX: 13

DEPENDING ON : CARR_CLM_LINE_CNT

115. NCH Line Item Trailer Indicator Code
1 1 1 CHAR

Effective with Version H, the code indicating the presence of a line item trailer on the non-institutional claim.

NOTE: During the Version H conversion this field was populated throughout history (back to service year 1991).

DB2 ALIAS : LINE_TRLR_IND_CD
SAS ALIAS : LINEIND
STANDARD ALIAS : NCH_LINE_TRLR_IND_CD

LENGTH : 1

SOURCE : NCH

CODE TABLE : NCH_LINE_TRLR_IND_TB

116. Carrier Line Performing PIN Number
10 2 11 CHAR

The profiling identification number (PIN) of the physician\supplier (assigned by the carrier) who performed the service for this line item on the carrier claim (non-DMERC).

COMMON ALIAS : PHYSICIAN/SUPPLIER_PROVIDER_NUM

DB2 ALIAS : LINE_PRFRMG_PIN
SAS ALIAS : PRF_PRFL
STANDARD ALIAS : CARR_LINE_PRFRMG_PIN_NUM
TITLE ALIAS : PRFRMG_PIN

LENGTH : 10

COMMENTS :
Prior to Version H this field was named: CWFB_PRFRMG_PRVDR_PRFLG_NUM.

SOURCE : CWF

117. Carrier Line Performing UPIN Number
6 12 17 CHAR

The unique physician identification number (UPIN) of the physician who performed the service for this line item on the carrier claim (non-DMERC).

DB2 ALIAS : LINE_PRFRMG_UPIN
SAS ALIAS : PRF_UPIN
STANDARD ALIAS : CARR_LINE_PRFRMG_UPIN_NUM
TITLE ALIAS : PRFRMG_UPIN

LENGTH : 6

COMMENTS :
Prior to Version H this field was named: CWFB_PRFRMG_PRVDR_UPIN_NUM.

SOURCE : CWF

LIMITATIONS :

REFER TO :
CARR_LINE_PRFRMG_UPIN_LIM

118. Carrier Line Performing NPI Number
10 18 27 CHAR

H)

performing

A placeholder field (effective with Version

for storing the NPI assigned to the

provider.

DB2 ALIAS : LINE_PRFRMG_NPI
SAS ALIAS : PRFNPI

LENGTH : 10

SOURCE : CWF

119. Carrier Line Performing Group NPI Number
10 28 37 GRP
CHAR

physician

become

(During

the

NPIs

identifiers

available

implementation, the

legacy

We

Effective

be

Outpatient

to the

The National Provider Identifier (NPI) of the group practice, where the performing

is part of that group.

NOTE: Effective May 2007, the NPI will

the national standard identifier for covered health care providers. NPIs will replace the current legacy numbers (UPINs, PINs, etc.) on the standard HIPPA claim transactions.

the NPI transition phase (4/3/06 - 5/23/07)

capability was there for the NCH to receive

along with an existing legacy number.

CMS has determined that dual provider

(old legacy numbers and new NPI) must be

in the NCH. After the 5/07 NPI

standard system maintainers will add the

number to the claim when it is adjudicated.

will continue to receive the OSCAR provider number and any currently issued UPINs.

May 2007, no NEW UPINs (legacy number) will

generated for NEW physicians (Part B and

claims), so there will only be NPIs sent in

NCH for those physicians.

DB2 ALIAS : PRFRMG_GRP_NPI
SAS ALIAS : PRGRPNPI

LENGTH : 10

SOURCE : CWF

120. Carrier Line Provider Type Code
1 38 38 CHAR

Code identifying the type of provider furnishing the service for this line item on the carrier claim (non-DMERC).

DB2 ALIAS : LINE_PRVDR_TYPE_CD
SAS ALIAS : PRV_TYPE
STANDARD ALIAS : CARR_LINE_PRVDR_TYPE_CD
TITLE ALIAS : PRVDR_TYPE

LENGTH : 1

COMMENTS :
Prior to Version H this field was named: CWFB PRVDR TYPE CD.

SOURCE : CWF

CODE TABLE : CARR_LINE_PRVDR_TYPE_TB

121. Line Provider Tax Number

10	39	48	CHAR

Social security number or employee identification number of physician/supplier used to identify to whom payment is made for the line item service on the noninstitutional claim.

DB2 ALIAS : LINE_PRVDR_TAX_NUM
SAS ALIAS : TAX_NUM
STANDARD ALIAS : LINE_PRVDR_TAX_NUM
TITLE ALIAS : PRVDR_TAX_NUM

LENGTH : 10

COMMENTS :
Prior to Version H this field was named: CWFB_PRVDR_TAX_NUM.

SOURCE : NCH

122. Line NCH Provider State Code

2	49	50	CHAR

Effective with Version H, the two position SSA state code where provider facility is located.

NOTE: During the Version H conversion this field was populated with data throughout history (back to service year 1991).

DB2 ALIAS : LINE_PRVDR_STATE
SAS ALIAS : PRVSTATE
STANDARD ALIAS : LINE_NCH_PRVDR_STATE_CD
TITLE ALIAS : PRVDR_STATE

LENGTH : 2

DERIVATIONS :
DERIVED FROM:
CARR_LINE_PRFRMG_PRVDR_ZIP_CD

DERIVATION RULES:

Use the first three positions of the provider zip code to derive the LINE_NCH_PRVDR_STATE_CD from a crosswalk file. Where a match is not achieved this field will be blank.

SOURCE : NCH

CODE TABLE : GEO_SSA_STATE_TB

123. Carrier Line Performing Provider ZIP Code

9	51	59	CHAR

The ZIP code of the physician/supplier who performed the Part B service for this line item on the carrier claim (non-DMERC).

DB2 ALIAS : LINE_PRVDR_ZIP_CD
SAS ALIAS : PROVZIP
STANDARD ALIAS : CARR_LINE_PRFRMG_PRVDR_ZIP_CD

TITLE ALIAS : PRVDR_ZIP_CD

LENGTH : 9

COMMENTS :

Prior to Version H this field was named: CWFB_PRFRMG_PRVDR_ZIP_CD and the field size was S9(9).

SOURCE : CWF

124. Line HCFA Provider Specialty Code

2	60	61	CHAR

CMS specialty code used for pricing the line item service on the noninstitutional claim.

DB2 ALIAS : HCFA_SPCLTY_CD
SAS ALIAS : HCFASPCL
STANDARD ALIAS : LINE_HCFA_PRVDR_SPCLTY_CD
TITLE ALIAS : HCFA_PRVDR_SPCLTY

LENGTH : 2

COMMENTS :
Prior to Version H this field was named: CWFB_HCFA_PRVDR_SPCLTY_CD.

SOURCE : CWF

CODE TABLE : HCFA_PRVDR_SPCLTY_TB

125. Carrier Line Provider Specialty Code

2	62	63	CHAR

The carrier's specialty code for the provider (usually different from HCFA's) used for pricing the service for this line item on the carrier claim (non-DMERC).

NOTE: The LINE_HCFA_PRVDR_SPCLTY_CD is the
code to use,
This code is an hold over field from the
days before the
Physician Fee Schedule was implemented. CMS
allowed
carriers to have their own set of codes for
developing
local pricing profiles, i.e. prevailing
charge, customary
charge, or reasonable charge systems.
Physician services
are no longer priced using this method. Some
carriers
still maintain these local specialties but
they are NOT
recognized by CMS.

It has been determined that this field is
useless for
national pricing or statistics. CWF systems
still allows
this field and passes the data (if
submitted) on to the
NCH.

DB2 ALIAS : PRVDR_SPCLTY_CD
SAS ALIAS : CARRSPCL
STANDARD ALIAS : CARR_LINE_PRVDR_SPCLTY_CD
TITLE ALIAS : CARR_PRVDR_SPCLTY

LENGTH : 2

COMMENTS :
Prior to Version H this field was named: CWFB_CARR_PRVDR_SPCLTY_CD.

SOURCE : CWF

EDIT RULES :
CARRIER INFORMATION FILE

126. Line Provider Participating Indicator Code

1	64	64	CHAR

Code indicating whether or not a provider is participating or accepting assignment for this line item service on the noninstitutional claim.

DB2 ALIAS : PRVDR_PRTCPTG_CD
SAS ALIAS : PRTCPTG
STANDARD ALIAS : LINE_PRVDR_PRTCPTG_IND_CD
TITLE ALIAS : PRVDR_PRTCPTG_IND

LENGTH : 1

COMMENTS :
Prior to Version H this field was named: CWFB_PRVDR_PRTCPTG_IND_CD.

SOURCE : CWF

CODE TABLE : LINE_PRVDR_PRTCPTG_IND_TB

127. Carrier Line Reduced Payment Physician Assistant Code (non-DMERC)

1 65 65 CHAR

Effective 1/92, the code on the carrier line item that identifies claims that have been paid a reduced fee schedule amount (65%, 75% or 85%) because a physician's assistant performed the services.

COMMON ALIAS : PA_65/75/85%_FEE
DB2 ALIAS : PHYSN_ASTNT_CD
SAS ALIAS : ASTNT_CD
STANDARD ALIAS : CARR_LINE_RDCD_PHYSN_ASTNT_CD
TITLE ALIAS : PHYSN_ASTNT_CD

LENGTH : 1

COMMENTS :
Prior to Version H this field was named: CWFB_RDCD_PMT_PHYSN_ASTNT_CD.

SOURCE : CWF

CODE TABLE : CARR_LINE_RDCD_PHYSN_ASTNT_TB

128. Line Service Count

2 66 67 PACK

The count of the total number of services processed for the line item on the non-institutional claim.

DB2 ALIAS : SRVC_CNT
SAS ALIAS : SRVC_CNT
STANDARD ALIAS : LINE_SRVC_CNT

LENGTH : 3 SIGNED : Y

COMMENTS :
Prior to Version H this field was named: CWFB_SRVC_CNT.

SOURCE : CWF

129. Line HCFA Type Service Code

1 68 68 CHAR

Code indicating the type of service, as defined in the CMS Medicare Carrier Manual, for this line item on the non-institutional claim.

DB2 ALIAS : HCFA_TYPE_SRVC_CD
SAS ALIAS : TYPSRVCB

STANDARD ALIAS : LINE_HCFA_TYPE_SRVC_CD
TITLE ALIAS : HCFA_TYPE_SRVC

LENGTH : 1

COMMENTS :
Prior to Version H this field was named: CWFB_HCFA_TYPE_SRVC_CD.

SOURCE : CWF

EDIT RULES :
The only type of service codes applicable to DMERC

claims are: 1, 9, A, E, G, H, J, K, L, M, P,

R, and S.

CODE TABLE : CMS_TYPE_SRVC_TB

130. Carrier Line Type Service Code

2	69	70	CHAR

Carrier's type of service code (usually different from HCFA's) used for pricing the service reported on the line item on the carrier claim (non-DMERC).

DB2 ALIAS : LINE_TYPE_SRVC_CD
SAS ALIAS : PTYPESRV
STANDARD ALIAS : CARR_LINE_TYPE_SRVC_CD
TITLE ALIAS : CARR_TYPE_SRVC

LENGTH : 2

COMMENTS :
Prior to Version H this field was named: CWFB_CARR_TYPE_SRVC_CD.

SOURCE : CWF

131. Line Place of Service Code

2	71	72	CHAR

The code indicating the place of service, as defined in the Medicare Carrier Manual, for this line item on the noninstitutional claim.

COMMON ALIAS : POS
DB2 ALIAS : LINE_PLC_SRVC_CD
SAS ALIAS : PLCSRVC
STANDARD ALIAS : LINE_PLC_SRVC_CD
TITLE ALIAS : PLC_SRVC

LENGTH : 2

COMMENTS :
Prior to Version H this field was named: CWFB_PLC_SRVC_CD.

SOURCE : CWF

132. Carrier Line Pricing Locality Code

2	73	74	CHAR

Code denoting the carrier-specific locality used for pricing the service for this line item on the carrier claim (non-DMERC).

DB2 ALIAS : PRCNG_LCLTY_CD
SAS ALIAS : LCLTY_CD
STANDARD ALIAS : CARR_LINE_PRCNG_LCLTY_CD
TITLE ALIAS : PRICING_LOCALITY

LENGTH : 2

COMMENTS :
Prior to Version H this field was named: CWFB_CARR_PRCNG_LCLTY_CD.

SOURCE : CWF

EDIT RULES :
CARRIER INFORMATION FILE

133. Line First Expense Date

8	75	82	NUM

Beginning date (1st expense) for this line item service on the noninstitutional claim.

DB2 ALIAS : LINE_1ST_EXPNS_DT
SAS ALIAS : EXPNSDT1
STANDARD ALIAS : LINE_1ST_EXPNS_DT
TITLE ALIAS : 1ST_EXPNS_DT

LENGTH : 8 SIGNED : N

COMMENTS :
Prior to Version H this field was named: CWFB_1ST_EXPNS_DT.

SOURCE : CWF

EDIT RULES :
YYYYMMDD

134. Line Last Expense Date

8	83	90	NUM

The ending date (last expense) for the line item service on the noninstitutional claim.

COBOL ALIAS : LST_EXP_DT
DB2 ALIAS : LINE_LAST_EXPNS_DT
SAS ALIAS : EXPNSDT2
STANDARD ALIAS : LINE_LAST_EXPNS_DT
TITLE ALIAS : LAST_EXPNS_DT

LENGTH : 8 SIGNED : N

COMMENTS :
Prior to Version H this field was named: CWFB_LAST_EXPNS_DT.

SOURCE : CWF

EDIT RULES :
YYYYMMDD

135. Line HCPCS Code

5	91	95	CHAR

The Health Care Common Procedure Coding System (HCPCS) is a collection of codes that represent procedures, supplies, products and services which may be provided to Medicare beneficiaries and to individuals enrolled in private health insurance programs. The codes are divided into three levels, or groups as described below:

DB2 ALIAS : LINE_HCPCS_CD
SAS ALIAS : HCPCS_CD
STANDARD ALIAS : LINE_HCPCS_CD
TITLE ALIAS : HCPCS_CD

LENGTH : 5

COMMENTS :
Prior to Version H this line item field was named: HCPCS_CD. With Version H, a prefix was added to denote the location of this field and on each claim type (institutional: REV_CNTR noninstitutional: LINE).

Level I

Codes and descriptors copyrighted by the American Medical Association's Current Procedural Terminology, Fourth Edition (CPT-4). These are 5 position numeric codes representing physician and nonphysician services.

**** Note: ****
CPT-4 codes including both long and short descriptions shall be used in accordance with the CMS/AMA agreement. Any other use violates the AMA copyright.

Level II
Includes codes and descriptors copyrighted by the American Dental Association's Current Dental Terminology, Fifth Edition (CDT-5). These are 5 position alpha-numeric codes comprising the D series. All other level II codes and descriptors are approved and maintained jointly by the alpha-numeric editorial panel (consisting of CMS, the Health Insurance Association of America, and the Blue Cross and Blue Shield Association). These are 5 position alpha-numeric codes representing primarily items and nonphysician services that are not represented in the level I codes.

Level III
Codes and descriptors developed by Medicare carriers for use at the local (carrier) level. These are 5 position alpha-numeric codes in the W, X, Y or Z series representing physician and nonphysician services that are not represented in the level I or level II codes.

136. Line HCPCS Initial Modifier Code

2	96	97	CHAR

A first modifier to the HCPCS procedure code to enable a more specific procedure identification for the line item service on the noninstitutional claim.

DB2 ALIAS : UNDEFINED
SAS ALIAS : MDFR_CD1
STANDARD ALIAS : LINE_HCPCS_INITL_MDFR_CD
TITLE ALIAS : INITIAL_MODIFIER

LENGTH : 2

COMMENTS :
Prior to Version H this field was named: HCPCS_INITL_MDFR_CD. With Version H, a prefix was added to denote the location of this field and was added to denote the location of this field on each claim type (institutional: REV_CNTR and noninstitutional: LINE).

SOURCE : CWF

EDIT RULES :
CARRIER INFORMATION FILE

137. Line HCPCS Second Modifier Code

2	98	99	CHAR

to
modifier
for
A second modifier to the HCPCS procedure code
make it more specific than the first
code to identify the line item procedures
this claim.

DB2 ALIAS : UNDEFINED
SAS ALIAS : MDFR_CD2
STANDARD ALIAS : LINE_HCPCS_2ND_MDFR_CD
TITLE ALIAS : SECOND_MODIFIER

LENGTH : 2

COMMENTS :
Prior to Version H this field was named: HCPCS_2ND_MDFR_CD. With Version H, a prefix was added to denote the location of this
field
on each claim type (institutional: REV_CNTR
and
noninstitutional: LINE).

SOURCE : CWF

EDIT RULES :
CARRIER INFORMATION FILE

138. Line NCH BETOS Code 3 100 102 CHAR

code
services.
Effective with Version H, the Berenson-Eggers type of service (BETOS) for the procedure
based on generally agreed upon clinically meaningful groupings of procedures and
This field is included as a line item on the noninstitutional claim.

field
(back
NOTE: During the Version H conversion this
was populated with data throughout history
to service year 1991).

DB2 ALIAS : LINE_NCH_BETOS_CD
SAS ALIAS : BETOS
STANDARD ALIAS : LINE_NCH_BETOS_CD
TITLE ALIAS : BETOS

LENGTH : 3

DERIVATIONS :
DERIVED FROM:
LINE_HCPCS_CD
LINE_HCPCS_INITL_MDFR_CD
LINE_HCPCS_2ND_MDFR_CD
HCPCS MASTER FILE

DERIVATION RULES:
Match the HCPCS on the claim to the HCPCS on the HCPCS Master File to obtain the BETOS
code.

SOURCE : NCH

CODE TABLE : BETOS_TB

139. Line IDE Number 7 103 109 CHAR

number
(FDA)
manufacturer
Effective with Version H, the exemption
assigned by the Food and Drug Administration
to an investigational device after a
has been approved by FDA to conduct a

clinical
new
service
was
group
two
modifier;
During
from
field
repeated

trial on that device. HCFA established a policy of covering certain IDE's which was implemented in claims processing on 10/1/96 (which is NCH weekly process 10/4/96) for dates beginning 10/1/95.

NOTE: Prior to Version H a dummy line item created in the last occurrence of line item to store IDE. The IDE number was housed in fields: HCPCS code and HCPCS initial modifier; the second modifier contained the value 'ID'. There will be only one distinct IDE number reported on the non-institutional claim. During the Version H conversion, the IDE was moved from the dummy line item to its own dedicated field for each line item (i.e., the IDE was repeated on all line items on the claim.)

DB2 ALIAS : LINE_IDE_NUM
SAS ALIAS : LINE_IDE
STANDARD ALIAS : LINE_IDE_NUM
TITLE ALIAS : IDE_NUMBER

LENGTH : 7

SOURCE : CWF

140. Line National Drug Code 11 110 120 CHAR

National
drugs.
field was

Effective 1/1/94 on the DMERC claim, the National Drug Code identifying the oral anti-cancer drugs. Effective with Version H, this line item field was added as a placeholder on the carrier claim.

DB2 ALIAS : LINE_NATL_DRUG_CD
SAS ALIAS : NDC_CD
STANDARD ALIAS : LINE_NATL_DRUG_CD
TITLE ALIAS : NDC_CD

LENGTH : 11

SOURCE : CWF

141. Line NCH Payment Amount 6 121 126 PACK

(after
named:

Amount of payment made from the trust funds (after deductible and coinsurance amounts have been paid) for the line item service on the non-institutional claim.

COMMON ALIAS : REIMBURSEMENT
DB2 ALIAS : LINE_NCH_PMT_AMT
SAS ALIAS : LINEPMT
STANDARD ALIAS : LINE_NCH_PMT_AMT
TITLE ALIAS : REIMBURSEMENT

LENGTH : 9.2 SIGNED : Y

COMMENTS :
Prior to Version H this line item field was named: CLM_PMT_AMT and the size of this field was S9(7)V99.

SOURCE : NCH

EDIT RULES :
$$$$$$$$$CC

142. Line Beneficiary Payment Amount
6 127 132 PACK

Effective with Version H, the payment (reimbursement) made to the beneficiary related to the line item service on the noninstitutional claim.

NOTE: Beginning with NCH weekly process date 10/3/97 this field was populated with data. Claims processed prior to 10/3/97 will contain zeroes in this field.

DB2 ALIAS : LINE_BENE_PMT_AMT
SAS ALIAS : LBENPMT
STANDARD ALIAS : LINE_BENE_PMT_AMT
TITLE ALIAS : BENE_PMT_AMT

LENGTH : 9.2 SIGNED : Y

SOURCE : CWF

143. Line Provider Payment Amount
6 133 138 PACK

Effective with Version H, the payment made to the provider for the line item service on the noninstitutional claim.

NOTE: Beginning with NCH weekly process date 10/3/97 this field was populated with data. Claims processed prior to 10/3/97 will contain zeroes in this field.

DB2 ALIAS : LINE_PRVDR_PMT_AMT
SAS ALIAS : LPRVPMT
STANDARD ALIAS : LINE_PRVDR_PMT_AMT
TITLE ALIAS : PRVDR_PMT_AMT

LENGTH : 9.2 SIGNED : Y

SOURCE : CWF

144. Line Beneficiary Part B Deductible Amount
6 139 144 PACK

The amount of money for which the carrier has determined that the beneficiary is liable for the Part B cash deductible for the line item service on the noninstitutional claim.

DB2 ALIAS : LINE_DDCTBL_AMT
SAS ALIAS : LDEDAMT
STANDARD ALIAS : LINE_BENE_PTB_DDCTBL_AMT
TITLE ALIAS : PTB_DED_AMT

LENGTH : 9.2 SIGNED : Y

COMMENTS :
Prior to Version H this field was named: BENE_PTB_DDCTBL_LBLTY_AMT and the size of the field was S9(3)V99.

SOURCE : CWF

EDIT RULES :
$$$$$$$$$CC

145. Line Beneficiary Primary Payer Code
1 145 145 CHAR

The code specifying a federal non-Medicare

program

or other source that has primary

responsibility

for the payment of the Medicare beneficiary's medical bills relating to the line item

service

on the noninstitutional claim.

DB2 ALIAS : LINE_PRMRY_PYR_CD
SAS ALIAS : LPRPAYCD
STANDARD ALIAS : LINE_BENE_PRMRY_PYR_CD
TITLE ALIAS : PRIMARY_PAYER_CD

LENGTH : 1

COMMENTS :
Prior to Version H this field was named: BENE_PRMRY_PYR_CD.

SOURCE : CWF,VA,DOL,SSA

CODE TABLE : BENE_PRMRY_PYR_TB

146. Line Beneficiary Primary Payer Paid Amount
6 146 151 PACK

The amount of a payment made on behalf of a Medicare beneficiary by a primary payer other than Medicare, that the provider is applying to covered Medicare charges for to the line ITEM SERVICE ON THE NONINSTITUTIONAL.

DB2 ALIAS : LINE_PRMRY_PYR_PD
SAS ALIAS : LPRPDAMT
STANDARD ALIAS : LINE_BENE_PRMRY_PYR_PD_AMT
TITLE ALIAS : PRMRY_PYR_PD

LENGTH : 9.2 SIGNED : Y

COMMENTS :
Prior to Version H this field was named: BENE_PRMRY_PYR_PMY_AMT and the field size was S9(5)V99.

SOURCE : CWF

EDIT RULES :
$$$$$$$$$CC

147. Line Coinsurance Amount
6 152 157 PACK

Effective with Version H, the beneficiary coinsurance liability amount for this line item service on the noninstitutional claim.

NOTE: Beginning with NCH weekly process date 10/3/97 this field was populated with data. Claims processed prior to 10/3/97 will

contain

zeroes in this field.

DB2 ALIAS : LINE_COINSRNC_AMT
SAS ALIAS : COINAMT
STANDARD ALIAS : LINE_COINSRNC_AMT
TITLE ALIAS : COINSRNC_AMT

LENGTH : 9.2 SIGNED : Y

SOURCE : CWF

148. Carrier Line Psychiatric, Occupational Therapy, Physical Therapy Limit Amount
6 158 163 PACK

For type of service psychiatric, occupational therapy or physical therapy, the amount of allowed charges applied toward the limit cap for this line item service on the

noninstitutional

claim.

DB2 ALIAS : PSYCH_OT_PT_LMT
SAS ALIAS : LLMTAMT
STANDARD ALIAS : CARR_LINE_PSYCH_OT_PT_LMT_AMT
TITLE ALIAS : PSYCH_OT_PT_LIMIT

LENGTH : 9.2 SIGNED : Y

COMMENTS :
Prior to Version H this field was named: CWFB_PSYCH_OT_PT_LMT_AMT and the field size was S9(5)V99.

SOURCE : CWF

149. Line Interest Amount

6 164 169 PACK

Amount of interest to be paid for this line item service on the noninstitutional claim. **NOTE: This is not included in the line item

NCH payment (reimbursement) amount.

DB2 ALIAS : LINE_INTRST_AMT
SAS ALIAS : LINT_AMT
STANDARD ALIAS : LINE_INTRST_AMT
TITLE ALIAS : INTRST_AMT

LENGTH : 9.2 SIGNED : Y

COMMENTS :
Prior to Version H this field was named: CWFB_INTRST_AMT and the field size was S9(5)V99.

SOURCE : CWF

EDIT RULES :
$$$$$$$$$CC

150. Line Primary Payer Allowed Charge Amount

6 170 175 PACK

Effective with Version H, the primary payer allowed charge amount for the line item service on the noninstitutional claim.

NOTE: Beginning with NCH weekly process date 10/3/97 this field was populated with data. Claims processed prior to 10/3/97 will contain

zeroes in this field.

DB2 ALIAS : PRMRY_PYR_ALOW_AMT
SAS ALIAS : PRPYALOW
STANDARD ALIAS : LINE_PRMRY_PYR_ALOW_CHRG_AMT
TITLE ALIAS : PRMRY_PYR_ALOW_CHRG

LENGTH : 9.2 SIGNED : Y

SOURCE : CWF

151. Line 10% Penalty Reduction Amount

6 176 181 PACK

Effective with Version H, the 10% payment reduction amount (applicable to a late filing claim) for the line item service. on the noninstitutional claim.

DB2 ALIAS : TENPCT_PNLTY_AMT
SAS ALIAS : PNLTYAMT
STANDARD ALIAS : LINE_10PCT_PNLTY_RDCTN_AMT
TITLE ALIAS : TENPCT_PNLTY

LENGTH : 9.2 SIGNED : Y

SOURCE : CWF

152. Carrier Line Blood Deductible Pints Quantity

	2	182	183	PACK

The blood pints quantity (deductible) for the line item on the carrier claim (non-DMERC).

DB2 ALIAS : LINE_BLOOD_DDCTBL
SAS ALIAS : LBLD_DED
STANDARD ALIAS : CARR_LINE_BLOOD_DDCTBL_QTY
TITLE ALIAS : BLOOD_DDCTBL

LENGTH : 3 SIGNED : Y

COMMENTS :
Prior to Version H this field was named: CWFB_LINE_BLOOD_DDCTBL_QTY.

SOURCE : CWF

EDIT RULES :
NUMERIC

153. Line Submitted Charge Amount

6	184	189	PACK

The amount of submitted charges for the line item service on the noninstitutional claim.

DB2 ALIAS : LINE_SBMT_CHRG_AMT
SAS ALIAS : LSBMTCHG
STANDARD ALIAS : LINE_SBMT_CHRG_AMT
TITLE ALIAS : SBMT_CHRG

LENGTH : 9.2 SIGNED : Y

COMMENTS :
Prior to Version H this field was named: CWFB_SBMT_CHRG_AMT and the field size was S9(5)V99.

SOURCE : CWF

EDIT RULES :
$$$$$$$$$CC

154. Line Allowed Charge Amount

6	190	195	PACK

The amount of allowed charges for the line item service on the noninstitutional claim. This charge is used to compute pay to providers or reimbursement to beneficiaries. **NOTE: The lower of three charges: prevailing, customary or actual.

Note1: The amount includes beneficiary-paid amounts (i.e., deductible and coinsurance).

Note2: The allowed charge is determined by the

DB2 ALIAS : LINE_ALOW_CHRG_AMT
SAS ALIAS : LALOWCHG
STANDARD ALIAS : LINE_ALOW_CHRG_AMT
TITLE ALIAS : ALOW_CHRG

LENGTH : 9.2 SIGNED : Y

COMMENTS :
Prior to Version H this field was named: CWFB_ALOW_CHRG_AMT and the field size was S9(5)V99.

SOURCE : CWF

EDIT RULES :
$$$$$$$CC

155. Carrier Line Clinical Lab Number

10	196	205	CHAR

The identification number assigned to the clinical laboratory providing services for the line item on the carrier claim (non-DMERC).

DB2 ALIAS : CLNCL_LAB_NUM
SAS ALIAS : LAB_NUM
STANDARD ALIAS : CARR_LINE_CLNCL_LAB_NUM
TITLE ALIAS : LAB_NUM

LENGTH : 10

COMMENTS :
Prior to Version H this field was named: CWFB_CLNCL_LAB_NUM.

SOURCE : CWF

156. Carrier Line Clinical Lab Charge Amount

6	206	211	PACK

Fee schedule charge amount applied for the line item clinical laboratory service on the carrier claim (non-DMERC).

DB2 ALIAS : CLNCL_LAB_CHRG_AMT
SAS ALIAS : LAB_AMT
STANDARD ALIAS : CARR_LINE_CLNCL_LAB_CHRG_AMT
TITLE ALIAS : LAB_CHRG

LENGTH : 9.2 SIGNED : Y

COMMENTS :
Prior to Version H this field was named: CWFB_CLNCL_LAB_CHRG_AMT and the field size was S9(5)V99.

SOURCE : CWF

EDIT RULES :
$$$$$$$$C

157. Line Processing Indicator Code

1	212	212	CHAR

The code indicating the reason a line item on the noninstitutional claim was allowed or denied.

NOTE2: Effective 4/1/02, this field was expanded to two bytes to accommodate new values. The NCH Nearline file did not expand the current 1-byte field but instituted a crosswalk of the 2-byte field to the 1-byte character value. See table of code for the crosswalk.

DB2 ALIAS : LINE_PRCSG_IND_CD
SAS ALIAS : PRCNGIND
STANDARD ALIAS : LINE_PRCSG_IND_CD
TITLE ALIAS : PRCSG_IND

LENGTH : 1

COMMENTS :
Prior to Version H this field was named: CWFB_PRCSG_IND_CD.

SOURCE : CWF

CODE TABLE : LINE_PRCSG_IND_TB

158. Line Payment 80%/100% Code

1	213	213	CHAR

The code indicating that the amount shown in the payment field on the noninstitutional line item represents either 80% or 100% of the allowed charges less any deductible, or 100% limitation of liability only.

COMMON ALIAS : REIMBURSEMENT_IND
DB2 ALIAS : LINE_PMT_80_100_CD
SAS ALIAS : PMTINDSW
STANDARD ALIAS : LINE_PMT_80_100_CD
TITLE ALIAS : REINBURSEMENT_IND

LENGTH : 1

COMMENTS :
Prior to Version H this field was named: CWFB_PMT_80_100_CD.

SOURCE : CWF

159. Line Service Deductible Indicator Switch

1	214	214	CHAR

Switch indicating whether or not the line item service on the noninstitutional claim is subject to a deductible.

DB2 ALIAS : SRVC_DDCTBL_SW
SAS ALIAS : DED_SW
STANDARD ALIAS : LINE_SRVC_DDCTBL_IND_SW
TITLE ALIAS : SRVC_DED_IND

LENGTH : 1

COMMENTS :
Prior to Version H this field was named: CWFB_SRVC_DDCTBL_IND_SW.

SOURCE : CWF

CODE TABLE : LINE_SRVC_DDCTBL_IND_TB

160. Line Payment Indicator Code

1	215	215	CHAR

Code that indicates the payment screen used to determine the allowed charge for the line item service on the noninstitutional claim.

DB2 ALIAS : LINE_PMT_IND_CD
SAS ALIAS : PMTINDCD
STANDARD ALIAS : LINE_PMT_IND_CD
TITLE ALIAS : PMT_IND

LENGTH : 1

COMMENTS :
Prior to Version H this field was named: CWFB_PMT_IND_CD.

SOURCE : CWF

161. Carrier Line Miles/Time/Units/Services Count

2	216	217	PACK

The count of the total units associated with services needing unit reporting such as transportation, miles, anesthesia time units, number of services, volume of oxygen or blood units. This is a line item field on the carrier allowed claim (non-DMERC) and is used for both and denied services.

this
intervals,
It
minutes

NOTE: For anesthesia (MTUS Indicator = 2) field should be reported in time unit i.e. 15 minute interals or fraction thereof. appears that some carriers are reporting instead of time units.

DB2 ALIAS : LINE_MTUS_CNT
SAS ALIAS : MTUS_CNT
STANDARD ALIAS : CARR_LINE_MTUS_CNT
TITLE ALIAS : MTUS_CNT

LENGTH : 3 SIGNED : Y

COMMENTS :
Prior to Version H this field was named: CWFB_MTUS_CNT.

SOURCE : CWF

EDIT RULES :
For CARR_LINE_MTUS_IND_CD equal to 2 (anesthesia time units) there is one implied decimal point.

162. Carrier Line Miles/Time/Units/Services Indicator Code

1	218	218	CHAR

Code indicating the units associated with services needing unit reporting on the line item for the carrier claim (non-DMERC).

DB2 ALIAS : LINE_MTUS_IND_CD
SAS ALIAS : MTUS_IND
STANDARD ALIAS : CARR_LINE_MTUS_IND_CD
TITLE ALIAS : MTUS_IND

LENGTH : 1

COMMENTS :
Prior to Version H this field was named: CWFB_MTUS_IND_CD.

SOURCE : CWF

CODE TABLE : CARR_LINE_MTUS_IND_TB

163. Line Diagnosis Code

5	219	223	CHAR

The ICD-9-CM code indicating the diagnosis supporting this line item procedure/service on the noninstitutional claim.

DB2 ALIAS : LINE_DGNS_CD
SAS ALIAS : LINEDGNS
STANDARD ALIAS : LINE_DGNS_CD
TITLE ALIAS : DGNS_CD

LENGTH : 5

COMMENTS :
Prior to Version H this field was named: CWFB_LINE_DGNS_CD.

SOURCE : CWF

EDIT RULES :
ICD-9-CM

164. FILLER

1	224	224	CHAR

DB2 ALIAS : FILLER

LENGTH : 1

165. Carrier Line Anesthesia Base Unit Count

2	225	226	PACK

The base number of units assigned to the line item anesthesia procedure on the carrier claim (non-DMERC).

DB2 ALIAS : ANSTHSA_UNIT_CNT
SAS ALIAS : ANSTHUNT
STANDARD ALIAS : CARR_LINE_ANSTHSA_UNIT_CNT
TITLE ALIAS : ANSTHSA_UNITS

LENGTH : 3 SIGNED : Y

COMMENTS :
Prior to Version H this field was named: CWFB_ANSTHSA_BASE_UNIT_CNT.

SOURCE : CWF

166. Carrier Line CLIA Alert Indicator Code

1	227	227	CHAR

Effective with Version G, the alert code (resulting from CLIA editing) added by CWF as a line item on the carrier claim (non-DMERC).

DB2 ALIAS : CLIA_ALERT_IND_CD
SAS ALIAS : CLIAALRT
STANDARD ALIAS : CARR_LINE_CLIA_ALERT_IND_CD
TITLE ALIAS : CLIA_ALERT

LENGTH : 1

COMMENTS :
Prior to Version H this field was named: CWFB_CLIA_ALERT_IND_CD.

SOURCE : CWF

CODE TABLE : CARR_LINE_CLIA_ALERT_IND_TB

167. Line Additional Claim Documentation Indicator Code

1	228	228	CHAR

Effective 5/92, the code indicating additional claim documentation was submitted for this line item service on the noninstitutional claim.

COMMON ALIAS : DOCUMENT_IND
DB2 ALIAS : ADDTNL_DCMTN_CD
SAS ALIAS : DCMTN_CD
STANDARD ALIAS : LINE_ADDTNL_CLM_DCMTN_IND_CD
TITLE ALIAS : ADDTNL_DCMTN_IND

LENGTH : 1

COMMENTS :
Prior to Version H this field was named: CWFB_ADDTNL_CLM_DCMTN_IND_CD.

SOURCE : CWF

EDIT RULES :
In any case where more than one value is applicable, highest number is shown.

CODE TABLE : LINE_ADDTNL_CLM_DCMTN_IND_TB

168. Carrier Line DME Coverage Period Start Date

8	229	236	NUM

Effective 5/92 through 6/94, as line item on the

carrier claim (non-DMERC), the date durable medical certificate of medical necessity, prescription, other documentation or carrier determination. This field is applicable to line items involving DME, prosthetic, orthotic and supply items, immunosuppressive drugs, pen, ESRD and oxygen items referred to as DMEPOS).

DB2 ALIAS : DME_CVRG_STRT_DT
SAS ALIAS : DMEST_DT
STANDARD ALIAS :
CARR_LINE_DME_CVRG_PRD_STRT_DT
TITLE ALIAS : DME_CVRG_START_DT

LENGTH : 8 SIGNED : N

COMMENTS :
Prior to Version H this field was named: CWFB_DME_CVRG_PRD_STRT_DT.

SOURCE : CWF

LIMITATIONS :
When the revised DME processing was implemented (phased in between 10/93-6/94), this field was not included on the new DMERC claim; it is being reported on the certificate of medical necessity (CMN) transaction. HCFA does not receivee CMN transaction from CWF.

EDIT RULES :
YYYYMMDD

169. Line DME Purchase Price Amount

6	237	242	PACK

Effective 5/92, the amount representing the lower of fee schedule for purchase of new or used DME, or actual charge. In case of rental DME, this amount represents the purchase cap; rental payments can only be made until the cap is met. This line item field is applicable to non-institutional claims involving DME, prosthetic, orthotic and supply items, immunosuppressive drugs, pen, ESRD and oxygen items referred to as DMEPOS.

DB2 ALIAS : DME_PURC_PRICE_AMT
SAS ALIAS : DME_PURC
STANDARD ALIAS : LINE_DME_PURC_PRICE_AMT
TITLE ALIAS : DME_PURC_PRICE

LENGTH : 9.2 SIGNED : Y

COMMENTS :
Prior to Version H this field was named: CWFB_DME_PURC_PRICE_AMT and the field size was S9(5)V99.

SOURCE : CWF

EDIT RULES :
$$$$$$$$$CC

170. Carrier Line DME Medical Necessity Month Count

2	243	244	PACK

Effective 5/92 through 6/94, as line item on the

determined by
(medical
date

involving
immuno-

implemented
was not

necessity

carrier claim (non-DMERC), the count
the carrier showing the length of need
necessity for DME in months from the start
through the determined period of need.
This field is applicable to line items
DME, prosthetic, orthotic and supply items,
suppressive drugs, pen, ESRD and oxygen items
referred to as DMEPOS).

Exception: If the DME is determined to be
medically necessary for the life
of the beneficiary, 99 is placed
in this field, rather than a month
count.

DB2 ALIAS : DME_NCSTY_MO_CNT
SAS ALIAS : NCSTY_MO
STANDARD ALIAS : CARR_LINE_DME_NCSTY_MO_CNT
TITLE ALIAS : DME_NCSTY_MONTHS

LENGTH : 3 SIGNED : Y

COMMENTS :
Prior to Version H this field was named:
CWFB_DME_MDCL_NCSTY_MO_CNT.

SOURCE : CWF

LIMITATIONS :
When the revised DME processing was
(phased in between 10/93-6/94), this field
included on the new DMERC claim; it is being
reported on the certificate of medical
(CMN) transaction. HCFA does not receive CMN
transaction from CWF.

171. Line Consolidated Billing Indicator Code
1 245 245 CHAR

NCH/NMUD
DMERC claims
therapy
subject
If the
prior
claim
will
are

NCH/NMUD
(FILLER)

longer be coming

Effective 1/1/2004 with implementation of
CR#1, this code is reflected on carrier &
to identify those line item services (i.e.
and nonroutine supply services) that are
to SNF and Home Health consolidated billing.
line item service was paid by a carrier
to the submission of the SNF or home health
an adjustment for the carrier or DMERC claim
be submitted identifying those services that
subject to consolidated billing.
NOTE1: Prior to 10/2005 (implementation of
CR#2), this data was stored in position 245
of the line item trailer.
Effective July 2005, this data will no
into the NCH.

DB2 ALIAS : CNSLDTD_BLG_CD
SAS ALIAS : LCNSLDTD
STANDARD ALIAS : LINE CNSLDTD BLG CD

172. Line Duplicate Claim Check Indicator Code
1 246 246 CHAR

NCH/NMUD
service that
reviewed by a
payment.

NCH/NMUD
(FILLER)

Effective 1/1/2004 with the implementation of CR#1, the code used to identify an item or appeared to be a duplicate but has been carrier and appropriately approved for

NOTE1: Prior to 10/2005 (implementation of CR#2), this data was stored in position 246 on the line item trailer.

DB2 ALIAS : DUP_CLM_CHK_IND_CD
SAS ALIAS : DUP_CHK
STANDARD ALIAS : LINE_DUP_CLM_CHK_IND_CD

LENGTH : 1

SOURCE : CWF

CODE TABLE : LINE_DUP_CLM_CHK_IND_TB

173. Carrier Line Point of Pickup Zip Code
5 247 251 CHAR

NCH/NMUD
pickup
pickup
services.

NCH/NMUD
251 on

Effective 1/1/2004 with the implementation of CR#1, the code identifying the point of zip code on carrier claims. The point of zip code is used for pricing ambulance

NOTE: Prior to 10/2005 (implementation of CR#2), this data was stored in positions 247- the carrier line item trailer.

DB2 ALIAS : PNT_PCKP_ZIP_CD
SAS ALIAS : PNT_PCKP
STANDARD ALIAS : CARR_LINE_PNT_PCKP_ZIP_CD

LENGTH : 5

SOURCE : CWF

174. Carrier Line HPSA/Scarcity Indicator Code
1 252 252 CHAR

of NCH/
professional
bonus

A
'AR'
1/1/2005,
by the
accept the

Effective 10/3/2005 with the implementation NMUD CR#2, the code used to track health shortage area (HPSA) and physician scarcity payments on carrier claims.

NOTE: Prior to 10/3/2005, claims contained a modifier code to indicate the bonus payment. 'QU' represented a HPSA bonus payment and an represented a scarcity bonus payment. As of the modifiers were no longer being reported provider. NCH & NMUD were not ready to

new field until 10/3/2005.

DB2 ALIAS : HPSA_SCRCTY_IND_CD
SAS ALIAS : HSCRCTY
STANDARD ALIAS : CARR_LINE_HPSA_SCRCTY_IND_CD

LENGTH : 1

SOURCE : CWF

CODE TABLE : CARR_LINE_HPSA_SCRCTY_IND_TB

175. Carrier Line RX Number

30	253	282	CHAR

The number used to identify the prescrip-
tion order number for drugs and biologicals
purchased through the competitive acquisition
program (CAP).

NOTE1: MMA required the implementation of a
competative acquisition program (CAP) for
Part B drugs and biologicals not paid on a
cost or PPS basis. Physicians will be given
a choice between buying and billing these
drugs under the average sales price (ASP) or
obtaining these drugs from an approved CAP
vendor. The prescription number is needed
to identify which claims were submitted for
CAP drugs and their administration.

NOTE2: Eventhough this field was implemented
with NCH/NMUD CR#2, data will not be coming
in
until 1/1/2006.

DB2 ALIAS : CARR_LINE_RX_NUM
SAS ALIAS : RX_NUM
STANDARD ALIAS : CARR_LINE_RX_NUM

LENGTH : 30

COMMENTS :
The prescription order number consist of:
--Vendor ID Number (positions 1 - 4)
--HCPCS Code (positions 5 - 9)
--Vendor Controlled Prescription Number
(positions 10 - 30)

SOURCE : CWF

176. Line Hematocrit/Hemoglobin Test Type Code

2	283	284	CHAR

Effective September 1, 2008 with the
implementation
of CR#3, the code used to identify which
reading is
reflected in the hematocrit/hemoglobin result
number
field on the noninstitutional claim.

DB2 ALIAS : HCT_HGB_TYPE_CD
SAS ALIAS : HTYPECD
STANDARD ALIAS : LINE_HCT_HGB_TYPE_CD

LENGTH : 2

CODE TABLE : LINE_HCT_HGB_TYPE_TB

177. Line Hematocrit/Hemoglobin Result Number

3	285	287	CHAR

Effective September 1, 2008, with the
implementation
of CR#3, the number used to identify the
most recent
hematocrit or hemoglobin reading on the
noninstitutional
claim.

NOTE: The hematocrit/hemoglobin test result
redefined field. The field is being defined
redefined as numeric (99V9). A numeric test
alphanumeric field is needed. Whenever a
use the field they must test the
numerics and if it is numeric then the 99V9
would be used. The older data will cause an
trying to process numeric data with
field is a
as X(3) and
on the
user wants to
alphanumeric field for
definition
abend if
characters.

DB2 ALIAS : HCT_HGB_RSLT_NUM
SAS ALIAS : HRSLTNUM
STANDARD ALIAS : LINE_HCT_HGB_RSLT_NUM

LENGTH : 3

178. Line Hematocrit/Hemoglobin Result Number -- Redefined
3 285 287 NUM

Effective September 1, 2008, with the
of CR#3, the number used to identify the
hematocrit or hemoglobin reading on the
claim.

NOTE: The hematocrit/hemoglobin test result
redefined field. The field is being defined
redefined as numeric (99V9). A numeric test
alphanumeric field is needed. Whenever a
use the field they must test the
numerics and if it is numeric then the 99V9
would be used. The older data will cause an
trying to process numeric data with
field is a
as X(3) and
on the
user wants to
alphanumeric field for
definition
abend if
characters.

DB2 ALIAS : HCT_HGB_RSLT_NUM
SAS ALIAS : HRLSTNUM
STANDARD ALIAS : LINE_HCT_HGB_RSLT_NUM_R

LENGTH : 2.1 SIGNED : N

REDEFINE : LINE_HCT_HGB_RSLT_NUM

179. FILLER
7 288 294 CHAR

DB2 ALIAS : FILLER

LENGTH : 7

180. End of Record Code
3 1 3 CHAR

Effective with Version 'I', the code used
to identify the end of a record/segment or
the end of the claim.

DB2 ALIAS : END_REC_CD
SAS ALIAS : EOR
STANDARD ALIAS : END_REC_CD
TITLE ALIAS : END_OF_REC

LENGTH : 3

COMMENTS :
Prior to Version I this field was named:

END_REC_CNSTNT.

SOURCE : NCH

CODE TABLE : END_REC_TB