

NAME	LENGTH	BEG	END	CONTENTS
*** DMERC Claim Record (NCH)	VAR	1	4387	REC
carrier NCH.				Durable medical equipment (DME) regional (DMERC) claim record for version I of the  STANDARD ALIAS : DMERC_CLM_REC SYSTEM ALIAS : UTLDMERI
1. DMERC Claim Fixed Group	341	1	341	GRP
equipment				Fixed portion of the durable medical regional carrier (DMERC) claim record for version I of the NCH.  STANDARD ALIAS : DMERC_CLM_FIX_GRP
2. Claim Record Identification Group	8	1	8	GRP
moved				Effective with Version 'I' the record length, version code, record identification, code and NCH derived claim type code were to this group for internal NCH processing.  STANDARD ALIAS : CLM_REC_IDENT_GRP
3. Record Length Count	3	1	3	PACK
bytes) field				Effective with Version H, the count (in of the length of the claim record.  NOTE: During the Version H conversion this 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
Nearline file claims data are				The code indicating the record version of the where the institutional, carrier or DMERC 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

internal  
being processed

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

10/3/97 this  
processed prior

NOTE: Beginning with NCH weekly process date field was populated with data. Claims 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

record being

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

field was  
to

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

field was  
encounter

NOTE2: During the Version I conversion this expanded to include inpatient 'full' 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

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

FROM:

(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:

'U'

1. CLM\_NEAR\_LINE\_RIC\_CD EQUAL 'V', 'W' OR
2. PMT\_EDIT\_RIC\_CD EQUAL 'F'
3. CLM\_TRANS\_CD EQUAL '5'

CLAIM)

SET CLM\_TYPE\_CD TO 20 (SNF NON-SWING BED

WHERE THE FOLLOWING CONDITIONS ARE MET:

'W', 'Y'

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:

'W', 'Y'

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'

ENCOUNTER

6/30/97 -

MET:

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

THE

ENCOUNTER

WHERE THE

SET CLM\_TYPE\_CD TO 61 (INPATIENT 'FULL'

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  
more line item(s) match the HCPCS on  
DMEPOS table).

or  
the

SET CLM\_TYPE\_CD TO 81 (RIC M non-DMEPOS

CLAIM)

WHERE THE FOLLOWING CONDITIONS ARE MET:

1. CLM\_NEAR\_LINE\_RIC\_CD EQUAL 'M'  
2. HCPCS\_CD not on DMEPOS table

DMERC

SET CLM\_TYPE\_CD TO 82 (RIC M DMEPOS DMERC

WHERE THE FOLLOWING CONDITIONS ARE MET:

1. CLM\_NEAR\_LINE\_RIC\_CD EQUAL 'M'  
2. HCPCS\_CD on DMEPOS table (NOTE: if one  
more line item(s) match the HCPCS on  
DMEPOS table).

CLAIM)

or  
the

SOURCE : NCH

CODE TABLE : NCH\_CLM\_TYPE\_TB

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

several  
had

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,

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

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

beneficiary in

This number uniquely identifies the the NCH Nearline.

COMMON ALIAS : HIC  
STANDARD ALIAS : CLM\_LCTR\_NUM\_GRP  
TITLE ALIAS : HICAN

10. Beneficiary Claim Account Number 9 9 17 CHAR

beneficiary

The number identifying the primary 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.

matches

The equatable BIC module electronically

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

between an  
Administration  
(RRB)

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

Nearline file  
specific service

The code identifying the segment of the NCH containing the beneficiary's record for a year. Effective 12/96, segmentation is by

CLM\_LCTR\_NUM,  
state. (Prior  
county codes within

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

beneficiary's residence.

The SSA standard state code of a

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

Date').

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

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

covering

The last day on the billing statement

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

(posted/

The date the claim record is accreted processed) to the beneficiary master record at the CWF host site and authorization for payment is returned to the fiscal intermediary 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

indicates

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

date

the position of the claim within that day's processing at the CWF host. \*\*(Exception: If 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, field allows CMS to associate each line item with its respective claim.

SOURCE : CWF

EDIT RULES :  
LEFT JUSTIFY

this

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 processed by CMS' CWFMQA system (used for purposes).

Effective with Version I, this date is used with the NCH Segment Link Number to keep multiple records/ segments together.

NOTE1: With Version 'H' this field was data beginning with NCH weekly process date Under Version 'I' claims prior to 10/3/97, blank under Version 'H', were populated with

record was  
internal editing

in conjunction  
claims with

populated with  
10/3/97.  
that were  
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



records/segments

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

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 2 Group 194 134 327 GRP

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

STANDARD ALIAS : CARR\_DMERC\_CLM\_CMN\_2\_GRP

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	
the processing					Code indicating the disposition or outcome of 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	
internal editing claim after  10/3/97 this processed prior					Effective with Version H, a code used (for purposes) to indicate the disposition of the editing in the CWFMQA process.  NOTE: Beginning with NCH weekly process date field was populated with data. Claims 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	
internal that was BIC.  10/3/97 this processed field.					Effective with Version H, the code used (for editing purposes) to identify a claim record submitted with an incorrect HA, HB, or HC  NOTE: Beginning with NCH weekly process date field was populated with data. Claims prior to 10/3/97 will contain spaces in this
				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	
beneficiary's residence.					The SSA standard county code of a

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

physician  
non-

The scheduled date of payment to the or supplier, as appearing on the original 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

forwarded the claim  
purposes).

10/3/97 this  
processed  
field.

Effective with Version H, the date CWF record to CMS (used for internal editing

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

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

a  
Administrative  
existing

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

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

housed in  
transi-  
field  
MAC  
effective

NOTE: The 5-position MAC number will be the existing CARR\_NUM field. During the transition from a carrier to a MAC the CARR\_NUM could contain either a Carrier number or a number. See the CARR\_NUM table of codes to identify the new MAC numbers and their 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

from

Effective with Version H, the number assigned to each batch of claims transactions sent

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

The ZIP code of the mailing address where 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

4. ESRD Indicator
5. Beneficiary Claim Number

Items 1,3,4,5 come from the CWF Beneficiary Master Record; item 2 comes from the

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

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

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 surname (last name) as reported by the on the claim.

NOTE1: Prior to Version H, this field was 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.

entitlement

FI/Carrier

BIC

N/A

N/A

N/A

N/A

T.

the

patient's

provider

only

only

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

claims,

NOTE2: For OP, HHA, Hospice and all Carrier 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.

only

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

claims,

NOTE2: For OP, HHA, Hospice and all Carrier 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 (CWF) location (the host site) where a Medicare utilization records are maintained.

File

beneficiary's

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 condition, problem or other reason for the

diagnosis,



medical record to be provided.

is also the diagnosis

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

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 1 225 225

CHAR
DB2 ALIAS : FILLER
LENGTH : 1

53. Carrier Claim Payment Denial Code 1 226 226

CHAR
The code on a noninstitutional claim whom payment was made or if the claim was

indicating to denied.

expanded

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

the

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: CWF\_B\_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 whether or not the medical care or treatment by a beneficiary, who has elected care from a Religious Nonmedical Health Care Institution is excepted or nonexcepted. Excepted is or treatment that is received involuntarily quired under Federal, State or local law. defined as medical care or treatment other

identify received

(RNHCI),

medical care

or is re-

Nonexcepted is

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

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,

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,

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

56. Carrier Claim Primary Payer Paid Amount  
6 234 239

Medicare,  
claim.  
field  
(back to  
item primary

57. FILLER  
1 240 240

58. DMERC Claim Ordering Physician UPIN Number  
6 241 246

physician

DMERC\_CLM\_ORDRG\_PHYSN\_UPIN\_NUM

59. DMERC Claim Ordering Physician NPI Number  
10 247 256

assigned

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

PACK

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

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

NOTE: During the Version H conversion, this  
was populated with data throughout history  
service year 1991) by summing up the line  
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

CHAR

DB2 ALIAS : FILLER

LENGTH : 1

CHAR

Effective with Version G, the unique  
identification number (UPIN) of the physician  
ordering the Part B services/DMEPOS item.

DB2 ALIAS : ORDRG\_PHYSN\_UPIN  
SAS ALIAS : ORD\_UPIN  
STANDARD ALIAS :

TITLE ALIAS : ORDRG\_UPIN

LENGTH : 6

COMMENTS :  
Prior to Version H this field was named:  
CWFB\_CLM\_ORDRG\_PHYSN\_UPIN\_NUM.

SOURCE : CWF

CHAR

The National Provider Identifier (NPI)  
to the physician ordering the Part B/DMEPOS

become

maintainers

it

UPINs

physi-

there will

physicians.

line item.

NOTE: Effective May 2007, the NPI will

the national standard identifier for covered health care providers. NPIs will replace the current legacy provider numbers (UPINs, NPIs, OSCAR provider numbers, etc.) on the standard HIPAA 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.

NOTE1: CMS has determined that dual provider identifiers (legacy numbers and NPIs) must be available on the NCH. After the 5/07 NPI implementation, the standard system

will add the legacy number to the claim when

is adjudicated. Effective May 2007, no NEW

(legacy number) will be generated for NEW

claims (Part B and Outpatient claims) so

only be NPIs sent in to the NCH for those

COMMON ALIAS : ORDERING\_PHYSICIAN\_NPI  
DB2 ALIAS : ORDRG\_PHYSN\_NPI  
SAS ALIAS : ORD\_NPI  
TITLE ALIAS : ORDRG\_NPI

LENGTH : 10

SOURCE : CWF

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

provider

claim.

A switch indicating whether or not the accepts assignment for the noninstitutional

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:  
CWF\_B\_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

contain

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

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

62. NCH Claim Beneficiary Payment Amount  
6 264 269

of

contain

SOURCE : NCH QA Process

PACK

Effective with Version H, the total payments made to the beneficiary for this claim (sum 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

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

Part B

contain

PACK

Effective with Version H, the amount paid by the beneficiary for the non-institutional 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

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

field

(back to

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 was populated with data throughout history 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

field  
(back to

amounts (i.e., deductible and coinsurance).  
NOTE2: During the Version H conversion this  
was populated with data throughout history  
service year 1991).

DB2 ALIAS : CARR\_ALLOW\_CHRG\_AMT  
SAS ALIAS : ALLOWCHRG  
STANDARD ALIAS : NCH\_CARR\_ALLOW\_CHRG\_AMT  
TITLE ALIAS : ALLOW\_CHRG  
LENGTH : 9.2 SIGNED : Y  
SOURCE : NCH QA Process  
EDIT RULES :  
\$\$\$\$\$\$CC

66. Carrier Claim Cash Deductible Applied Amount  
6 288 293

cash

contain

CARR\_CLM\_CASH\_DDCTBL\_APPLY\_AMT

PACK  
Effective with Version H, the amount of the  
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  
zeroes in this field.

DB2 ALIAS : CASH\_DDCTBL\_AMT  
SAS ALIAS : DEDAPPLY  
STANDARD ALIAS :  
TITLE ALIAS : CASH\_DDCTBL  
LENGTH : 9.2 SIGNED : Y  
SOURCE : CWF

67. Carrier Claim HCPCS Year Code  
1 294 294

contain

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  
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

CWFMQA

contain

CHAR  
Effective with Version H, the code used to  
indicate whether or not an MCO investigation  
applies to the claim (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  
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

CWFMQA

applies to the claim (used for internal editing purposes).

contain

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

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 CR#2, the identifier that captures the 2-diction code (represents the USPS abbreviation (i.e. NY = New York) and the 2-modifier that identifies the type of Medicare contract (intermediary, RHHI, carrier or

of NCH/NMUD

byte juris-

state/territory

byte

FFS

DMERC).

This 4-byte identifier along with the 5-byte FI/Carrier number comprises the Contractor Workload Identifier number. The business

segment

work-

implemen-

MMA.

identifier (BSI) is intended to help sort loads that may be redistributed with the tation of contracting reform as required by

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 of CR#3, the number used to identify all and services provided to a beneficiary during participation in a clinical trial.

implementation

items

their

be  
by  
Clinical  
registered.

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

72. FILLER

19 309 327

DB2 ALIAS : CLM\_CLNCL\_TRIL\_NUM  
SAS ALIAS : CTRLNUM  
LENGTH : 8

CHAR

DB2 ALIAS : FILLER  
LENGTH : 19

73. DMERC NCH Edit Code Count

2 328 329

NUM

The count of the number of edit codes  
annotated to the DMERC claim during  
HCFA's CWFQA process. The purpose of  
this count is to indicate how many claim  
edit trailers are present.  
Prior to Version H this field was named:  
CLM\_EDIT\_CD\_CNT.

DB2 ALIAS : EDIT\_TRLR\_CNT  
SAS ALIAS : DEDCNT  
STANDARD ALIAS : DMERC\_NCH\_EDIT\_CD\_CNT  
LENGTH : 2 SIGNED : N

COMMENTS :  
Prior to Version H this field was named:  
CLM\_EDIT\_CD\_CNT.

SOURCE : NCH

74. DMERC NCH Patch Code Count

2 330 331

NUM

Effective with Version H, the count of the  
number of HCFA patch codes annotated to the  
DMERC claim during the Nearline maintenance  
process. The purpose of this count is to  
indicate how many NCH patch trailers are  
present.

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

DB2 ALIAS : DMERC\_PATCH\_CD\_CNT  
SAS ALIAS : DPATCNT  
STANDARD ALIAS : DMERC\_NCH\_PATCH\_CD\_I\_CNT

LENGTH : 2 SIGNED : N

SOURCE : NCH

75. DMERC MCO Period Count

1 332 332

NUM

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

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

zeroes in this field.

DB2 ALIAS : DMERC MCO PRD CNT

contain

SAS ALIAS : DMCOCNT  
STANDARD ALIAS : DMERC\_MCO\_PRD\_CNT  
LENGTH : 1 SIGNED : N  
SOURCE : NCH  
EDIT RULES :  
RANGE: 0 TO 2

76. DMERC Claim Health PlanID Count  
1 333 333

H)

many  
Prior

NUM  
A placeholder field (effective with Version  
for storing the count of the number of Health  
PlanIDs reported on the DMERC claim. The  
purpose of this count is to indicate how  
Health PlanId trailers are present. NOTE:  
to Version 'I' this field was named:  
DMERC\_CLM\_PAYERID\_CNT.

DB2 ALIAS : PAYERID\_TRLR\_CNT  
SAS ALIAS : DPLNCNT  
STANDARD ALIAS : DMERC\_CLM\_HLTH\_PLANID\_CNT  
LENGTH : 1 SIGNED : N  
SOURCE : NCH  
EDIT RULES :  
RANGE: 0 TO 3

77. DMERC Claim Demonstration ID Count  
1 334 334

number

field

NUM  
Effective with Version H, the count of the  
of claim demonstration IDs reported on an  
DMERC claim. The purpose of this count is  
to indicate how many claim demonstration  
trailers are present.  
NOTE: During the Version H conversion this  
was populated with data where a demo was  
identifiable.

DB2 ALIAS : DEMO\_TRLR\_CNT  
SAS ALIAS : DDEMCNT  
STANDARD ALIAS : DMERC\_CLM\_DEMO\_ID\_CNT  
LENGTH : 1 SIGNED : N  
SOURCE : NCH  
EDIT RULES :  
RANGE: 0 TO 5

78. DMERC Claim Diagnosis Code Count  
1 335 335

(both  
claim.

NUM  
The count of the number of diagnosis codes  
principal and other) reported on a DMERC  
The purpose of this count is to indicate how  
many claim diagnosis trailers are present.

DB2 ALIAS : DGNS\_TRLR\_CNT  
SAS ALIAS : DDGNCNT  
STANDARD ALIAS : DMERC\_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
79.	DMERC Claim Line Count	2	336	337	NUM
reported					
count					
are					
					The count of the number of line items on the DMERC claim. The purpose of this is to indicate how many line item trailers are present.
				DB2	ALIAS : LINE_ITM_TRLR_CNT
				SAS	ALIAS : DLINECNT
				STANDARD	ALIAS : DMERC_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
80.	FILLER	4	338	341	CHAR
				DB2	ALIAS : FILLER
				LENGTH	: 4
81.	DMERC Claim Variable Group				GRP
	VAR		342	4387	
equipment					
					Variable portion of the durable medical (DME) regional carrier (DMERC) claim record For Version I of the NCH.
					STANDARD ALIAS : DMERC_CLM_VAR_GRP
82.	NCH Edit Group	5	342	346	GRP
determined					
					The number of claim edit trailers is by the claim edit code count.
					STANDARD ALIAS : NCH_EDIT_GRP
					OCCURS MIN: 0 OCCURS MAX: 13
					DEPENDING ON : DMERC_NCH_EDIT_CD_CNT
83.	NCH Edit Trailer Indicator Code	1	342	342	CHAR
field					
service					
					Effective with Version H, the code indicating the presence of an NCH edit trailer.
					NOTE: During the Version H conversion this was populated throughout history (back to 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

84. NCH Edit Code 4 343 346 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

85. NCH Patch Group 11 1 11 GRP

STANDARD ALIAS : NCH\_PATCH\_GRP

OCCURS MIN: 0 OCCURS MAX: 30

DEPENDING ON : DMERC\_NCH\_PATCH\_CD\_I\_CNT

86. NCH Patch Trailer Indicator Code 1 1 1 CHAR

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

field  
service

NOTE: During the Version H conversion this was populated throughout history (back to 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

87. 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.

located

NOTE: Prior to Version H this field was 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

88.	NCH Patch Applied Date	8	4	11	NUM	<p>Effective with Version H, the date the NCH was applied to the claim.</p> <p>DB2 ALIAS : NCH_PATCH_APPLY_DT  SAS ALIAS : PATCHDT  STANDARD ALIAS : NCH_PATCH_APPLY_DT  TITLE ALIAS : NCH_PATCH_DT</p> <p>LENGTH : 8 SIGNED : N</p> <p>SOURCE : NCH</p> <p>EDIT RULES :  YYYYMMDD</p>
patch						
89.	MCO Period Group	37	1	37	GRP	<p>The number of managed care organization (MCO) period data trailers present is determined by the claim MCO period trailer count. This reflects the two most current MCO periods in CWF beneficiary history record. It may have connection to the services on the claim.</p> <p>STANDARD ALIAS : MCO_PRD_GRP</p> <p>OCCURS MIN: 0 OCCURS MAX: 2</p> <p>DEPENDING ON : DMERC_MCO_PRD_CNT</p>
field the no						
90.	NCH MCO Trailer Indicator Code	1	1	1	CHAR	<p>Effective with Version H, the code indicating the presence of a Managed Care Organization trailer.</p> <p>NOTE: Beginning with NCH weekly process date 10/3/97 this field was populated with data. Claims processed prior to 10/3/97 will spaces in this field.</p> <p>COBOL ALIAS : MCO_IND  DB2 ALIAS : MCO_TRLR_IND_CD  SAS ALIAS : MCOIND  STANDARD ALIAS : NCH_MCO_TRLR_IND_CD  TITLE ALIAS : MCO_INDICATOR</p> <p>LENGTH : 1</p> <p>SOURCE : NCH QA Process</p> <p>CODE TABLE : NCH_MCO_TRLR_IND_TB</p>
(MCO)  contain						
91.	MCO Contract Number	5	2	6	CHAR	<p>Effective with Version H, this field the plan contract number of the Managed Care Organization (MCO).</p> <p>NOTE: Beginning with NCH weekly process date 10/3/97 this field was populated with data. Claims processed prior to 10/3/97 will spaces in this field.</p>
represents  contain						

DB2 ALIAS : MCO\_CNTRCT\_NUM  
SAS ALIAS : MCONUM  
STANDARD ALIAS : MCO\_CNTRCT\_NUM  
TITLE ALIAS : MCO\_NUM  
  
LENGTH : 5  
  
SOURCE : CWF

92. 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

93. 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

94. MCO Period Termination Date

8 16 23

NUM

Effective with Version H, the date the beneficiary'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

95. MCO Health PLANID Number 14 24 37 CHAR  
H) A placeholder field (effective with Version  
to for storing the Health PlanID associated with  
the Managed Care Organization (MCO). Prior  
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

96. Claim Health PlanID Group 16 1 16 GRP  
determined The number of Health PlanID data trailers is  
Prior by the claim Health PlanID trailer count.  
to Version 'I' this field was named:  
CLM\_PAYERID\_GRP.  
STANDARD ALIAS : CLM\_HLTH\_PLANID\_GRP  
OCCURS MIN: 0 OCCURS MAX: 3  
DEPENDING ON : DMERC\_CLM\_HLTH\_PLANID\_CNT

97. NCH Health PlanID Trailer Indicator Code 1 1 1 CHAR  
H) A placeholder field (effective with Version  
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

98. Claim Health PlanID Code 1 2 2 CHAR  
H) A placeholder field (effective with Version  
field for storing the code identifying the type of  
Health PlanID. Prior to Version 'I' this  
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

99. Claim Health PlanID Number 14 3 16 CHAR

H)

A placeholder field (effective with Version  
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

100. 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 : DMERC\_CLM\_DEMO\_ID\_CNT

101. NCH Demonstration Trailer Indicator Code 1 1 1 CHAR

field  
service

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

NOTE: During the Version H conversion this  
was populated throughout history (back to  
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

102. Claim Demonstration Identification Number 2 2 3 CHAR

to  
Processing

Effective with Version H, the number assigned  
to identify a demo. This field is also used  
denote special processing (a.k.a. Special  
Number, SPN).

in the  
positions  
field was  
appro-  
by

NHCMQ

weekly  
after  
was  
phase #  
CWF

ID  
date  
(stored  
position,

weekly  
HCFA/  
start/

ID

tradi-  
inter-

(nonDMERC)  
12/31/96  
7/97,

NOTE: Prior to Version H, Demo ID was stored redefined Claim Edit Group, 4th occurrence, 3 and 4. During the H conversion, this populated with data throughout history (as private either by moving ID on Version G or deriving from specific demo criteria).

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 process date after 2/8/96 (and service date 12/31/95) -- beginning 4/97, Demo ID '01' derived in NCH based on presence of RUGS '2','3' or '4' on incoming claim; since 7/97, has been adding ID to claim.

NOTE2: During the Version H conversion, Demo '01' was populated back to NCH weekly process 2/9/96 based on the RUGS phase indicator 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 process date after 5/31/95 -- beginning 4/97, Demo ID '02' was derived in NCH based on CHPP-supplied listing of provider # and stop dates of participants.

NOTE2: During the Version H conversion, Demo '02' was populated back to NCH weekly process date 6/95 based on the CHPP criteria.

03 = Telemedicine Demo -- testing covering 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.

NOTE1: Effective for physician/supplier claims with NCH weekly process date after (and service date after 9/30/96) -- since CWF has been adding Demo ID '03' to claim.

'03'  
1/97  
or more  
  
Managed  
  
demo,  
hospital  
contain  
  
for  
  
Demo  
2/98.  
  
demo --  
  
NCH  
  
of  
was  
  
ID  
  
Choices  
cross-  
  
--  
  
Date  
  
claim.

NOTE2: During Version H conversion, Demo ID was populated back to NCH weekly process date based on the presence of 'QQ' HCPCS on one line items.

04 = United Mine Workers of America (UMWA)  
  
Care Demo -- testing risk sharing for Part A services, paying special capitation rates for all UMWA beneficiaries residing in 13 designated counties in 3 states. Under the UMWA will waive the 3-day qualifying stay for a SNF admission. The claims 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 all SNF claims for admission or services on 1/1/97 or later, CWF did not transmit any ID '04' annotated claims until on or about

05 = Medicare Choices (MCO encounter data)  
  
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 weekly process date after 7/31/97 -- CWF adds Demo ID '05' to claim based on the presence the MCO Plan Contract #. \*\*\*Demonstration terminated 12/31/2000.\*\*\*

NOTE2: During the Version H conversion, Demo '05' was populated back to NCH weekly process date 8/97 based on the presence of the indicator (stored as an alpha character walked from MCO plan contract # in the Claim Edit Group, 4th occurrence, 2nd position, in Version 'G').

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

NOTE1: Effective for Inpatient claims and physician/supplier claims with Claim Edit 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 participating hospitals. \*\*\*Demo terminated in 1998.\*\*\*

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  
the  
  
per-case  
  
Organization  
associated  
hospitals

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 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

carrier will

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Demo ID

code = EY;

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will

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carriers;

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 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

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.

Services

of  
clinics.

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IHS

in

This

Medicare

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  
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.

institutional and  
purpose  
of the  
medical  
beneficiaries as  
services  
beneficiaries  
in not  
health ser-  
vice amount  
services  
claims.

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

103. 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

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'.

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

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

104. Carrier Claim Diagnosis Group 7 1 7 GRP

OCCURS MIN: 0 OCCURS MAX: 8

DEPENDING ON : DMERC\_CLM\_DGNS\_CD\_CNT

105. NCH Diagnosis Trailer Indicator Code 1 1 1 CHAR

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



field  
service

NOTE: During the Version H conversion this was populated throughout history (back to 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

106. Claim Diagnosis Code 5 2 6 CHAR

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

diagnosis

NOTE:  
Prior to Version H, the principal diagnosis code was not stored with the 'OTHER'

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

107. FILLER 1 7 7 CHAR

DB2 ALIAS : FILLER  
LENGTH : 1

108. DMERC Line Item Group 260 1 260 GRP

The DMERC line item trailer group may occur multiple times in one DMERC claim.

STANDARD ALIAS : DMERC\_LINE\_GRP  
OCCURS MIN: 0 OCCURS MAX: 13

DEPENDING ON : DMERC\_CLM\_LINE\_CNT

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

non-

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

field  
service

NOTE: During the Version H conversion this was populated throughout history (back to 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

110. DMERC Line Supplier Provider Number 11  
10 2

assigned  
by  
reported

CHAR  
Effective with Version 'G', billing number  
to the supplier of the Part B service/DMEPOS  
the National Supplier Clearinghouse, as  
on the line item for the DMERC claim.

DB2 ALIAS : SUPLR\_PRVDR\_NUM  
SAS ALIAS : SUPLRNUM  
STANDARD ALIAS : DMERC\_LINE\_SUPLR\_PRVDR\_NUM  
TITLE ALIAS : SUPLR\_NUM

LENGTH : 10

COMMENTS :  
Prior to Version H this field was named:  
CWFB\_SUPLR\_PRVDR\_NUM.

SOURCE : CWF

111. DMERC Line Item Supplier NPI Number 21  
10 12

assigned

become

NPIs

maintainers

NEW

phy-

CHAR  
The National Provider Identifier (NPI)  
to the supplier of the Part B service/DMEPOS  
line item.

NOTE: Effective May 2007, the NPI will  
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 (4/3/06 - 5/23/07) the capa-  
bility was there for the NCH to receive NPIs  
along with an existing legacy number (UPIN,  
OSCAR provider numbers, etc.).

NOTE1: CMS has determined that dual provider  
identifiers (legacy numbers and NPIs) must be  
available on the NCH. After the 5/07 NPI  
implementation, the standard system

will add the legacy number to the claim when  
it is adjudicated. Effective May 2007, no

UPINs will be generated for NEW physicians  
(Part B and Outpatient claims) so there will  
only be NPIs sent in to the NCH for those  
sicians.

COMMON ALIAS : SUPPLIER\_NPI  
DB2 ALIAS : SUPLR\_NPI\_NUM  
SAS ALIAS : SUP\_NPI  
STANDARD ALIAS : DMERC\_LINE\_SUPLR\_NPI\_NUM  
TITLE ALIAS : SUPLR\_NPI

LENGTH : 10

SOURCE : CWF

112. DMERC Line Pricing State Code 23  
2 22

CHAR  
Prior to Version H this field was named:  
CWFB DME PRCNG STATE CD.

DB2 ALIAS : DMERC\_PRCNG\_STATE  
SAS ALIAS : PRCNG\_ST  
STANDARD ALIAS : DMERC\_LINE\_PRCNG\_STATE\_CD  
TITLE ALIAS : DMERC\_PRCNG\_STATE\_CD  
  
LENGTH : 2  
  
COMMENTS :  
Prior to Version H this field was named:  
CWFB\_DME\_PRCNG\_STATE\_CD.  
  
SOURCE : CWF/NCH  
  
CODE TABLE : GEO\_SSA\_STATE\_TB

113. DMERC Line Provider State Code  
2 24 25 CHAR

Prior to Version H this field was named:  
CWFB\_DME\_PRVDR\_STATE\_CD.  
  
DB2 ALIAS : DMERC\_PRVDR\_STATE  
SAS ALIAS : PRVSTATE  
STANDARD ALIAS : DMERC\_LINE\_PRVDR\_STATE\_CD  
TITLE ALIAS : DMERC\_PRVDR\_STATE\_CD  
  
LENGTH : 2  
  
COMMENTS :  
Prior to Version H this field was named:  
CWFB\_DME\_PRVDR\_STATE\_CD.  
  
SOURCE : CWF/NCH  
  
CODE TABLE : GEO\_SSA\_STATE\_TB

114. DMERC Line Supplier Type Code  
1 26 26 CHAR

claim

Prior to Version H this field on the DMERC  
was named: CWFB\_PRVDR\_TYPE\_CD.  
  
DB2 ALIAS : SUPLR\_TYPE\_CD  
SAS ALIAS : SUP\_TYPE  
STANDARD ALIAS : DMERC\_LINE\_SUPLR\_TYPE\_CD  
TITLE ALIAS : SUPLR\_TYPE  
  
LENGTH : 1  
  
COMMENTS :  
Prior to Version H this field on the DMERC  
was named: CWFB\_PRVDR\_TYPE\_CD.  
  
SOURCE : CWF  
  
CODE TABLE : DMERC\_LINE\_SUPLR\_TYPE\_TB

claim

115. Line Provider Tax Number  
10 27 36 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

116. Line HCFA Provider Specialty Code  
2 37 38

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

117. Line Provider Participating Indicator Code  
1 39 39

CHAR

this  
claim.

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

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

118. Line Service Count  
2 40 41

PACK

institutional

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

119. Line HCFA Type Service Code  
1 42 42

CHAR

defined

Code indicating the type of service, as 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  
claims are: 1, 9, A, E, G, H, J, K, L,  
R, and S.

CODE TABLE : CMS\_TYPE\_SRVC\_TB

applicable to DMERC  
M, P,

120. Line Place of Service Code 2 43 44 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

121. Line First Expense Date 8 45 52 NUM

item

Beginning date (1st expense) for this line  
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

122. Line Last Expense Date 8 53 60 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

123. Line HCPCS Code

5 61 65 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).

American

Level I  
Codes and descriptors copyrighted by the

are

Medical Association's Current Procedural Terminology, Fourth Edition (CPT-4). These

physician

5 position numeric codes representing  
and nonphysician services.

the  
the

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

Dental

Level II  
Includes codes and descriptors copyrighted by the American Dental Association's Current

are

Terminology, Fifth Edition (CDT-5). These

jointly

5 position alpha-numeric codes comprising the D series. All other level II codes and descriptors are approved and maintained

(consisting

by the alpha-numeric editorial panel

and

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

level.

nonphysician services that are not represented in the level I codes.

the

Level III  
Codes and descriptors developed by Medicare carriers for use at the local (carrier)

These are 5 position alpha-numeric codes in

W, X, Y or Z series representing physician and nonphysician services that are not represented in the level I or level II codes.

124. Line HCPCS Initial Modifier Code  
2 66 67

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

was added to denote the location of this on each claim type (institutional: REV\_CNTR noninstitutional: LINE).

SOURCE : CWF

EDIT RULES :

CARRIER INFORMATION FILE

prefix  
field  
and

125. Line HCPCS Second Modifier Code  
2 68 69

CHAR

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

on each claim type (institutional: REV\_CNTR noninstitutional: LINE).

SOURCE : CWF

EDIT RULES :

CARRIER INFORMATION FILE

to  
modifier  
for

field  
and

126. DMERC Line HCPCS Third Modifier Code  
2 70 71

CHAR

Prior to Version H this field was named: HCPCS\_3RD\_MDFR\_CD.

DB2 ALIAS : HCPCS\_3RD\_MDFR\_CD  
SAS ALIAS : MDFR\_CD3  
STANDARD ALIAS : DMERC\_LINE\_HCPCS\_3RD\_MDFR\_CD  
TITLE ALIAS : HCPCS\_3RD\_MDFR

LENGTH : 2

COMMENTS :

Prior to Version H this field was named: HCPCS\_3RD\_MDFR\_CD.

SOURCE : CWF

127. DMERC Line HCPCS Fourth Modifier Code  
2 72 73

CHAR

Prior to Version H this field was named:  
HCPCS\_4TH\_MDFR\_CD.

DB2 ALIAS : HCPCS\_4TH\_MDFR\_CD  
SAS ALIAS : MDFR\_CD4  
STANDARD ALIAS : DMERC\_LINE\_HCPCS\_4TH\_MDFR\_CD  
TITLE ALIAS : HCPCS\_4TH\_MDFR

LENGTH : 2

COMMENTS :  
Prior to Version H this field was named:  
HCPCS\_4TH\_MDFR\_CD.

SOURCE : CWF

128. Line NCH BETOS Code

3 74 76

CHAR

Effective with Version H, the Berenson-Eggers  
type of service (BETOS) for the procedure

code  
services.

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

129. Line IDE Number

7 77 83

CHAR

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  
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.

number  
(FDA)  
manufacturer  
clinical  
new  
service

NOTE: Prior to Version H a dummy line item



was  
group  
two  
modifier;

During  
from  
field  
repeated

created in the last occurrence of line item  
to store IDE. The IDE number was housed in  
fields: HCPCS code and HCPCS initial

the second modifier contained the value 'ID'.  
There will be only one distinct IDE number  
reported on the non-institutional claim.

the Version H conversion, the IDE was moved  
the dummy line item to its own dedicated  
for each line item (i.e., the IDE was  
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

130. DMERC Line Not Otherwise Classified HCPCS Code Text  
14 84 97 CHAR

Prior to Version H this field was named:  
CWFB\_DME\_ITM\_NOC\_HCPCS\_CD\_TXT.

DB2 ALIAS : NOC\_HCPCS\_CD\_TXT  
SAS ALIAS : NOC\_TXT  
STANDARD ALIAS : DMERC\_LINE\_NOC\_HCPCS\_CD\_TXT  
TITLE ALIAS : NOC\_HCPCS\_TXT  
  
LENGTH : 14

COMMENTS :  
Prior to Version H this field was named:  
CWFB\_DME\_ITM\_NOC\_HCPCS\_CD\_TXT.

SOURCE : CWF

131. Line National Drug Code 11 98 108 CHAR

National  
drugs.  
field was

Effective 1/1/94 on the DMERC claim, the  
Drug Code identifying the oral anti-cancer  
Effective with Version H, this line item  
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

132. Line NCH Payment Amount 6 109 114 PACK

(after

Amount of payment made from the trust funds  
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  
CLM\_PMT\_AMT and the size of this field was  
S9(7)V99.

SOURCE : NCH

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

named:

133. Line Beneficiary Payment Amount  
6 115 120

PACK

Effective with Version H, the payment (reim-  
bursement) made to the beneficiary related  
to the line item service on the noninstitu-  
tional claim.

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

contain

zeroes in this field.

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

134. Line Provider Payment Amount  
6 121 126

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

135. Line Beneficiary Part B Deductible Amount  
6 127 132

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\_PTBL\_DDCTBL\_AMT  
TITLE ALIAS : PTB\_DED\_AMT

LENGTH : 9.2 SIGNED : Y

COMMENTS :  
Prior to Version H this field was named:  
BENE\_PTBL\_DDCTBL\_LBLTY\_AMT and the size of the  
field was S9(3)V99.

SOURCE : CWF

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

136. Line Beneficiary Primary Payer Code  
1 133 133

program  
responsibility  
service

CHAR  
The code specifying a federal non-Medicare  
or other source that has primary  
for the payment of the Medicare beneficiary's  
medical bills relating to the line item  
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

137. Line Beneficiary Primary Payer Paid Amount  
6 134 139

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

138. Line Coinsurance Amount  
6 140 145

contain

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

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

139. Line Interest Amount

	6	146	151	PACK	
item				Amount of interest to be paid for this line item service on the noninstitutional claim. **NOTE: This is not included in the line 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	
140. Line Primary Payer Allowed Charge Amount	6	152	157	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 zeroes in this field.	
				DB2 ALIAS : PRMRY_PYR_ALLOW_AMT SAS ALIAS : PRPYALOW STANDARD ALIAS : LINE_PRMRY_PYR_ALLOW_CHRG_AMT TITLE ALIAS : PRMRY_PYR_ALLOW_CHRG	
				LENGTH : 9.2 SIGNED : Y	
				SOURCE : CWF	
141. Line 10% Penalty Reduction Amount	6	158	163	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	
142. Line Submitted Charge Amount	6	164	169	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.	

contain

SOURCE : CWF

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

143. Line Allowed Charge Amount  
6 170 175

PACK

item

The amount of allowed charges for the line service on the noninstitutional claim. This charge is used to compute pay to providers or reimbursement to beneficiaries. \*\*NOTE: The

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

the

Note2: The allowed charge is determined by lower of three charges: prevailing, customary actual.

or

DB2 ALIAS : LINE\_ALLOW\_CHRG\_AMT  
SAS ALIAS : LALLOWCHG  
STANDARD ALIAS : LINE\_ALLOW\_CHRG\_AMT  
TITLE ALIAS : ALLOW\_CHRG

LENGTH : 9.2 SIGNED : Y

COMMENTS :  
Prior to Version H this field was named: CWF\_B\_ALLOW\_CHRG\_AMT and the field size was S9(5)V99.

SOURCE : CWF

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

144. DMERC Line Screen Savings Amount  
6 176 181

PACK

Prior to Version H this field was named: CWF\_B\_DME\_SCRN\_SVGS\_AMT and the field size was S9(5)V99.

DB2 ALIAS : LINE\_SCRN\_SVGS\_AMT  
SAS ALIAS : SCRNSVGS  
STANDARD ALIAS : DMERC\_LINE\_SCRN\_SVGS\_AMT  
TITLE ALIAS : SCRN\_SVGS

LENGTH : 9.2 SIGNED : Y

COMMENTS :  
Prior to Version H this field was named: CWF\_B\_DME\_SCRN\_SVGS\_AMT and the field size was S9(5)V99.

SOURCE : CWF

145. Line DME Purchase Price Amount  
6 182 187

PACK

rental

Effective 5/92, the amount representing the lower of fee schedule for purchase of new or used DME, or actual charge. In case of

applicable

DME, this amount represents the purchase cap; rental payments can only be made until the cap is met. This line item field is

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

146. Line Processing Indicator Code  
1 188 188

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  
The NCH Nearline file did not expand the  
1-byte field but instituted a crosswalk of  
2-byte field to the 1-byte character value.  
See table of code for the crosswalk.

values.  
current  
the

DB2 ALIAS : LINE\_PRC SG\_IND\_CD  
SAS ALIAS : PRCNGIND  
STANDARD ALIAS : LINE\_PRC SG\_IND\_CD  
TITLE ALIAS : PRC SG\_IND

LENGTH : 1

COMMENTS :  
Prior to Version H this field was named:  
CWFB\_PRC SG\_IND\_CD.

SOURCE : CWF

CODE TABLE : LINE\_PRC SG\_IND\_TB

147. Line Payment 80%/100% Code  
1 189 189

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

the  
item  
limitation

COMMON ALIAS : REIMBURSEMENT\_IND  
DB2 ALIAS : LINE\_PMT\_80\_100\_CD  
SAS ALIAS : PMTINDSW  
STANDARD ALIAS : LINE\_PMT\_80\_100\_CD  
TITLE ALIAS : REIMBURSEMENT\_IND

LENGTH : 1

COMMENTS :  
Prior to Version H this field was named:  
CWFB\_PMT\_80\_100\_CD.

SOURCE : CWF

148. Line Service Deductible Indicator Switch  
1 190 190

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

item  
subject

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

149. Line Payment Indicator Code  
1 191 191

to  
item

CHAR

Code that indicates the payment screen used  
determine the allowed charge for the line  
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

150. DMERC Line Miles/Time/Units/Services Count  
4 192 195

item  
number

PACK

Effective with Version G, the count of the  
total units associated with the DMERC line  
service needing unit reporting, including  
of services, volume of oxygen and drug dose.

DB2 ALIAS : DMERC\_MTUS\_CNT  
SAS ALIAS : DME\_UNIT  
STANDARD ALIAS : DMERC\_LINE\_MTUS\_CNT  
TITLE ALIAS : MTUS\_CNT

LENGTH : 7 SIGNED : Y

COMMENTS :  
Prior to Version H this field was named:  
CWFB\_DME\_MTUS\_CNT.

SOURCE : CWF

151. DMERC Line Miles/Time/Units/Services Indicator Code  
1 196 196

CHAR

Prior to Version H this field was named:  
CWFB\_DME\_MTUS\_IND\_CD.

DB2 ALIAS : DMERC\_MTUS\_IND\_CD  
SAS ALIAS : UNIT\_IND  
STANDARD ALIAS : DMERC\_LINE\_MTUS\_IND\_CD  
TITLE ALIAS : MTUS\_IND

LENGTH : 1

COMMENTS :  
Prior to Version H this field was named:  
CWFB\_DME\_MTUS\_IND\_CD.

SOURCE : CWF

CODE TABLE : DMERC\_LINE\_MTUS\_IND\_TB

152. Line Diagnosis Code

5 197 201 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

153. FILLER

1 202 202 CHAR

CHAR

DB2 ALIAS : FILLER

LENGTH : 1

154. Line Additional Claim Documentation Indicator Code

1 203 203 CHAR

CHAR

additional  
line

Effective 5/92, the code indicating claim documentation was submitted for this 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 applicable, highest number is shown.

CODE TABLE : LINE\_ADDTNL\_CLM\_DCMTN\_IND\_TB

is

155. DMERC Line Screen Suspension Indicator Code

4 204 207 CHAR

CHAR

identifying  
DMERC

Effective with Version G, the code the medical review (MR) screen that caused line item to suspend.

DB2 ALIAS : SCRNSUSPNSN\_CD  
SAS ALIAS : SUSP\_IND  
STANDARD ALIAS :

TITLE ALIAS : SCRNSUSPNSN\_IND

LENGTH : 4

SOURCE : CWF

CODE TABLE :

DMERC\_LINE\_SCRN\_SUSPNSN\_IND\_CD

DMERC\_LINE\_SCRN\_SUSPNSN\_IND\_TB



156. DMERC Line Screen Result Indicator Code  
1 208 208

evaluation

CHAR

Effective with Version G, code indicating the outcome of the medical review (MR) unit's of the DMERC line item.

DB2 ALIAS : SCRNRSLT\_IND\_CD  
SAS ALIAS : RSLT\_IND  
STANDARD ALIAS : DMERC\_LINE\_SCRNRSLT\_IND\_CD  
TITLE ALIAS : SCRNRSLT\_IND

LENGTH : 1

COMMENTS :  
Prior to Version H this field was named:  
CWFB\_DME\_SCRNRSLT\_IND\_CD.

SOURCE : CWF

CODE TABLE : DMERC\_LINE\_SCRNRSLT\_IND\_TB

157. DMERC Line Waiver Of Provider Liability Switch  
1 209 209

indicating  
reported  
medically  
for

CHAR

Effective with Version G, the switch the beneficiary was notified that the item, as a DMERC line item, may not be considered necessary and has agreed in writing to pay the item.

DB2 ALIAS : WVR\_PRVDR\_LBLTY\_SW  
SAS ALIAS : WAIVERSW  
STANDARD ALIAS :

TITLE ALIAS : WAIVER\_LBLTY\_SW

LENGTH : 1

COMMENTS :  
Prior to Version H this field was named:  
CWFB\_DME\_WVR\_PRVDR\_LBLTY\_SW.

SOURCE : CWF

CODE TABLE : YES\_NO\_TB

DMERC\_LINE\_WVR\_PRVDR\_LBLTY\_SW

158. DMERC Line Decision Indicator Switch  
1 210 210

identifying  
original

CHAR

Effective with Version G, the switch whether the DMERC claim represents an decision or a reversal of an earlier decision on the original claim.

DB2 ALIAS : DMERC\_DCSN\_IND\_SW  
SAS ALIAS : DCSN\_IND  
STANDARD ALIAS : DMERC\_LINE\_DCSN\_IND\_SW  
TITLE ALIAS : DCSN\_IND

LENGTH : 1

COMMENTS :  
Prior to Version H this field was named:  
CWFB\_DME\_DCSN\_IND\_SW.

SOURCE : CWF

CODE TABLE : DMERC\_LINE\_DCSN\_IND\_TB

159. Line Consolidated Billing Indicator Code  
1 211 211

CHAR

Effective 1/1/2004 with implementation of

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

NCH/NMUD  
(FILLER)

longer be coming

160. Line Duplicate Claim Check Indicator Code  
1 212 212

NCH/NMUD  
service that  
reviewed by a  
payment.

NCH/NMUD  
(FILLER)

161. Line Hematocrit/Hemoglobin Test Type Code  
2 213 214

implementation  
reading is  
number

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  
LENGTH : 1  
CODE TABLE : LINE\_CNSLDTD\_BLG\_TB

CHAR

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

CHAR

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

DB2 ALIAS : HCT\_HGB\_TYPE\_CD  
SAS ALIAS : HTYPECD  
STANDARD ALIAS : LINE\_HCT\_HGB\_TYPE\_CD  
LENGTH : 2

162. Line Hematocrit/Hemoglobin Result Number				CODE TABLE	: LINE_HCT_HGB_TYPE_TB
	3	215	217	CHAR	
implementation					Effective September 1, 2008, with the
most recent					of CR#3, the number used to identify the
noninstitutional					hematocrit or hemoglobin reading on the
					claim.
field is a					NOTE: The hematocrit/hemoglobin test result
as X(3) and					redefined field. The field is being defined
on the					redefined as numeric (99V9). A numeric test
user wants to					alphanumeric field is needed. Whenever a
alphanumeric field for					use the field they must test the
definition					numerics and if it is numeric then the 99V9
abend if					would be used. The older data will cause an
characters.					trying to process numeric data with
				DB2	ALIAS : HCT_HGB_RSLT_NUM
				SAS	ALIAS : HRLSTNUM
				STANDARD	ALIAS : LINE_HCT_HGB_RSLT_NUM
				LENGTH	: 3
163. Line Hematocrit/Hemoglobin Result Number -- Redefined					
	3	215	217	NUM	
implementation					Effective September 1, 2008, with the
most recent					of CR#3, the number used to identify the
noninstitutional					hematocrit or hemoglobin reading on the
					claim.
field is a					NOTE: The hematocrit/hemoglobin test result
as X(3) and					redefined field. The field is being defined
on the					redefined as numeric (99V9). A numeric test
user wants to					alphanumeric field is needed. Whenever a
alphanumeric field for					use the field they must test the
definition					numerics and if it is numeric then the 99V9
abend if					would be used. The older data will cause an
characters.					trying to process numeric data with
				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
164. FILLER				CHAR	
	43	218	260	DB2	ALIAS : FILLER
				LENGTH	: 43
165. End of Record Code				CHAR	
	3	1	3		

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