Research Data Distribution Center
LDS DMERC Claim Record
Data Dictionary

Variable Name	***Label***
CLAIM_NO	*CLAIM NUMBER* The unique number used to identify a unique claim. SAS ALIAS: CLAIM_NO STANDARD ALIAS: CLAIM_NO
DSYSRTKY	*DESY SORT KEY* This field contains the key to link data for each beneficiary across all claim files. SAS ALIAS: DSYSRTKY STANDARD ALIAS: DESY_SORT_KEY
REC_LVL	*NCH Near-Line Record Version Code* The code indicating the record version of the Nearline file where the institutional, carrier or DMERC claims data are stored: DB2 ALIAS: NCH_REC_VRSN_CD SAS ALIAS: REC_LVL STANDARD ALIAS: NCH_NEAR_LINE_REC_VRSN_CD TITLE ALIAS: NCH_VERSION CODES: A = Record format as of January 1991 B = Record format as of April 1991 C = Record format as of May 1991 D = Record format as of January 1992 E = Record format as of March 1992 F = Record format as of May 1992 G = Record format as of October 1993 H = Record format as of September 1998 I = Record format as of July 2000

Variable Name	*Label*
RIC_CD	*NCN Near Line Record Identification Code*

A code defining the type of claim record being processed.
COMMON ALIAS: RIC

DB2 ALAIS: NEAR_LINE_RIC_CD
SAS ALIAS: RIC_CD
STANDARD ALIAS:NCH_NEAR_LINE_RIC_CD
TITLE ALIAS: RIC
CODES:
REFER TO: NCH_NEAR_LINE_RIC_TB
IN THE CODES APPENDIX
COMMENT:
Prior to Version H this field was named:
RIC_CD
SOURCE:
NCH

CLM_TYPE	*NCH Claim Type Code*

The code used to identify the type of claim record being processed in NCH.
NOTE1: During the Version H conversion this field was populated with data through-out history (back to service year 1991).
NOTE2: During the Version I conversion this field was expanded to include inpatient 'full' encounter claims (for service data after 6/30/97).
Placeholders for Physician and Outpatient encounters (available in NMUD) have also been added.

DB2 ALIAS: NCH_CLM_TYPE_CD
SAS ALIAS: CLM_TYPE
STANDARD ALIAS: UTLDMERI_NCH_CLM_TYPE_CD
SYSTEM ALIAS: LTTYPE
TITLE ALIAS: CLAIM_TYPE
DERIVATION:
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
INPATIENT 'FULL' ENCOUNTER TYPE CODE DERIVED
FROM:
(HDC processing -- AVAILABLE IN NMUD)
FI_NUM
INPATIENT 'ABBREVIATED' ENCOUNTER TYPE
CODE DERIVED
FROM: (HDC processing -- AVAILABLE IN NMUD)
FI_NUM
CLM_FAC_TYPE_CD
CLM_SRVC_CLSFCTN_TYPE_CD
CLM_FREQ_CD
NOTE: From 7/1/97 to the start of HDC processing(?), abbreviated inpatient encounter claims are not available in NCH or NMUD.
PHYSICIAN 'FULL' ENCOUNTER TYPE CODE
DERIVED FROM:
(AVAILABLE IN NMUD)
CARR_NUM
CLM_DEMO_ID_NUM
OUTPATIENT 'FULL' ENCOUNTER TYPE CODE

DERIVED FROM:
(AVAILABLE IN NMUD)
FI_NUM
OUTPATIENT 'ABBREVIATED' ENCOUNTER TYPE
DERIVED FROM: (AVAILABLE IN NMUD)
FI_NUM
CLM_FAC_TYPE_CD
CLM_SRVC_CLSFCTN_TYPE_CD
CLM_FREQ_CD
DERIVATION RULES:
SET CLM_TYPE_CD TO 10 (HHA CLAIM) WHERE THE FOLLOWING CONDITIONS ARE MET:
1. CLM_NEAR_LINE_RIC_CD EQUAL 'V','W' OR 'U'
2. PMT_EDIT_RIC_CD EQUAL 'F'
3. CLM_TRANS_CD EQUAL '5'
SET CLM_TYPE_CD TO 20 (SNF NON-SWING BED CLAIM)
WHERE THE FOLLOWING CONDITIONS ARE MET:
1. CLM_NEAR_LINE_RIC_CD EQUAL 'V'
2. PMT_EDIT_RIC_CD EQUAL 'C' OR 'E'
3. CLM_TRANS_CD EQUAL '0' OR '4'
4. POSITION 3 OF PRVDR_NUM IS NOT 'U', 'W', 'Y' OR 'Z'
SET CLM_TYPE_CD TO 30 (SNF SWING BED CLAIM)
WHERE THE FOLLOWING CONDITIONS ARE MET:
1. CLM_NEAR_LINE_RIC_CD EQUAL 'V'
2. PMT_EDIT_RIC_CD EQUAL 'C' OR 'E'
3. CLM_TRANS_CD EQUAL '0' OR '4'
4. POSITION 3 OF PRVDR_NUM EQUAL 'U', 'W', 'Y' 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 41 (OUTPATIENT 'FULL' ENCOUNTER CLAIM -- AVAILABLE IN NMUD)
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'
4. FI_NUM = 80881
SET CLM_TYPE_CD TO 42 (OUTPATIENT ENCOUNTER CLAIMS -- AVAILABLE IN NMUD)
1. FI_NUM = 80881
2. CLM_FAC_TYPE_CD = '1' OR '8';
CLM_SRVC_ CLSFCTN_TYPE_CD = '2', '3' OR '4'
& CLM_FREQ_CD = 'Z', 'Y' OR 'X'
SET CLM_TYPE_CD TO 50 (HOSPICE CLAIM)
WHERE THE FOLLOWING CONDITIONS ARE MET:
1. CLM_NEAR_LINE_RIC_CD EQUAL 'V'
2. PMT_EDIT_RIC_CD EQUAL 'I'
3. CLM_TRANS_CD EQUAL 'H'
SET CLM_TYPE_CD TO 60 (INPATIENT CLAIM)
WHERE THE FOLLOWING CONDITIONS ARE MET:
1. CLM_NEAR_LINE_RIC_CD EQUAL 'V'
2. PMT_EDIT_RIC_CD EQUAL 'C' OR 'E'
3. CLM_TRANS_CD EQUAL '1' '2' OR '3'
SET CLM_TYPE_CD TO 61 (INPATIENT 'FULL' ENCOUNTER
CLAIM - PRIOR TO HDC PROCESSING - AFTER 6/30/97 - 12/4/00) WHERE THE FOLLOWING CONDITIONS ARE MET:
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

THE MCO_PRD_EFCTV_DT &

MCO_PRD_TRMNTN_DT ENROLLMENT PERIODS
SET_CLM_TYPE_CD TO 61 (INPATIENT
'FULL' ENCOUNTER
CLAIM -- EFFECTIVE WITH HDC PROCESSING) 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'
4. FI_NUM = 80881
SET CLM_TYPE_CD TO 62 (INPATIENT 'ABBREVIATED'
ENCOUNTER CLAIM -- AVAILABLE IN NMUD) WHERE
THE FOLLOWING CONDITIONS ARE MET:
1. FI_NUM = 80881 AND
2. CLM_FAC_TYPE_CD = '1'; CLM_SRVC_CLSFCTN_
TYPE_CD = '1'; CLM_FREQ_CD = 'Z'
SET CLM_TYPE_CD TO 71 (RIC O non-DMEPOS CLAIM)
WHERE THE FOLLOWING CONDITIONS ARE MET:
1. CLM_NEAR_LINE_RIC_CD EQUAL 'O'
2. HCPCS_CD not on DMEPOS table
SET CLM_TYPE_CD TO 72 (RIC O DMEPOS CLAIM)
WHERE THE FOLLOWING CONDITIONS ARE MET:
1. CLM_NEAR_LINE_RIC_CD EQUAL 'O'
2. HCPCS_CD on DMEPOS table (NOTE: if one
or more line item(s) match the HCPCS on the
DMEPOS table).
SET CLM_TYPE_CD TO 73 (PHYSICIAN
ENCOUNTER CLAIM--
SET CLM_TYPE_CD TO 81 (RIC M non-DMEPOS
EFFECTIVE WITH HDC PROCESSING) WHERE THE
FOLLOWING
CONDITIONS ARE MET:
1. CARR_NUM = 80882 AND
2. CLM_DEMO_ID_NUM = 38
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

SET CLM_TYPE_CD TO 82 (RIC M DMEPOS DMERC
CLAIM)
WHERE THE FOLLOWING CONDITIONS ARE MET:
1. CLM_NEAR_LINE_RIC_CD EQUAL 'M'
2. HCPCS_CD on DMEPOS table (NOTE: if one
or more line item(s) match the HCPCS on the
DMEPOS table).
CODES:
REFER TO: NCH_CLM_TYPE_TB
IN THE CODES APPENDIX
SOURCE:
NCH

Variable Name	*Label*
STATE_CD	*Beneficiary Residence SSA Standard State Code*

The SSA standard state code of a beneficiary's residence.
DA3 ALIAS: SSA_STANDARD_STATE_CODE DB2 ALIAS: BENE_SSA_STATE_CD
SAS ALIAS: STATE_CD
STANDARD ALIAS: BENE_RSDNC_SSA_STD_STATE_CD
TITLE ALIAS: BENE_STATE_CD
EDIT-RULES:
OPTIONAL: MAY BE
BLANK CODES:
REFER TO: GEO_SSA_STATE_TB
IN THE CODES APPENDIX

COMMENT:
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

THRU_DT	*Claim Through Date*

The last day on the billing statement covering services rendered to the beneficiary (a.k.a 'Statement Covers Thru Date').
For the ENCRYPTED Standard View of the DME files, the claim through date is coded as when the claim through date occurred.
NOTE: For Home Health PPS claims, the 'from' date and the 'thru' date on the RAP (initial claim) must always match.
8 DIGITS UNSIGNED
DB2 ALIAS: CLM_THRU_DT
SAS ALIAS: THRU_DT
STANDARD ALIAS: CLM_THRU_DT TITLE ALIAS: THRU_DATE EDIT-RULES FOR ENCRYPTED DATA: CCYYMMDD WHERE CCYY REPRESENTS THE YEAR.
SOURCE:
CWF

SGMT_CNT	*Claim Total Segment Count*

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.
2 DIGITS UNSIGNED
DB2 ALIAS: TOT_SGMT_CNT
SAS ALIAS: SGMT_CNT
STANDARD ALIAS: CLM_TOT_SGMT_CNT TITLE ALIAS: SEGMENT_COUNT SOURCE:
CWF

Variable Name	*Label*
SGMT_NUM	*Claim Segment Number*

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.
2 DIGITS UNSIGNED
DB2 ALIAS: CLM_SGMT_NUM
SAS ALIAS: SGMT_NUM
STANDARD ALIAS:
CLM_SGMT_NUM TITLE ALIAS:
SEGMENT_NUMBER SOURCE:
CWF

CNTY_CD — *Beneficiary Residence SSA Standard County Code*

The SSA standard county code of a beneficiary's residence. DA3 ALIAS: SSA_STANDARD_COUNTY_CODE
DB2 ALIAS: BENE_SSA_CNTY_CD
SAS ALIAS: CNTY_CD
STANDARD ALIAS:
TITLE ALIAS: BENE_COUNTY_CD
EDIT-RULES:
OPTIONAL: MAY BE
BLANK SOURCE:
SSA/EDB

CARR_NUM — *Carrier Number*

The identification number assigned by HCFA to a carrier authorized to process claims from a physician or supplier.
DB2 ALIAS: CARR_NUM
SAS ALIAS: CARR_NUM
STANDARD ALIAS: CARR_NUM
SYSTEM ALIAS: LTCARR TITLE
ALIAS: CARRIER CODES:

REFER TO: CARR_NUM_TB
IN THE CODES APPENDIX
COMMENT:
Prior to Version H this field was named: FICARR_IDENT_NUM.
SOURCE:
CWF

SEX — *Beneficiary Sex Identification Code*

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
SYSTEM ALIAS: LTSEX
TITLE ALIAS:
SEX_CD EDIT-
RULES: REQUIRED
FIELD CODES:
1 = Male
2 = Female
0 = Unknown
SOURCE:
SSA,RRB,EDB

Variable Name	*Label*
RACE	*Beneficiary Race Code*

The race of a beneficiary. DA3 ALIAS:
RACE_CODE DB2 ALIAS: BENE_RACE_CD
SAS ALIAS: RACE
STANDARD ALIAS: BENE_RACE_CD
SYSTEM ALIAS: LTRACE
TITLE ALIAS:
RACE_CD CODES:
0 = Unknown
1 = White
2 = Black
3 = Other
4 = Asian
5 = Hispanic
6 = North American
Native SOURCE:
SSA

BENE_DOB	*Beneficiary Birth Date*

The beneficiary's date of birth. For the ENCRYPTED Standard View of the DMERC files, the beneficiary's date of birth (age) is coded as a range. 8 DIGITS UNSIGNED
DB2 ALIAS: BENE_BIRTH_DT
SAS ALIAS: BENE_DOB
STANDARD ALIAS: BENE_BIRTH_DT
TITLE ALIAS: BENE_BIRTH_DATE
EDIT-RULES FOR ENCRYPTED
DATA: 0000000R
WHERE R HAS ONE OF THE FOLLOWING VALUES.
0 = Unknown
1 = <65
2 = 65 Thru 69
3 = 70 Thru 74
4 = 75 Thru 79
5 = 80 Thru 84
6 = >84
SOURCE:
CWF

MS_CD	*CWF Beneficiary Medicare Status Code*

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
SYSTEM ALIAS: LTMSC
TITLE ALIAS: MSC
DERIVATION:
CWF derives MSC from the following:
1. Date of Birth
2. Claim Through Date
3. Original/Current Reasons for entitlement

Variable Name	*Label*	
		4. ESRD Indicator 5. Beneficiary Claim Number Items 1,3,4,5 come from the CWF Beneficiary Master Record; item 2 comes from the FI/Carrier claim record. MSC is assigned as follows: MSC OASI DIB ESRD AGE BIC _____ _____ _____ _____ _____ _____ 10 YES N/A NO 65 and over N/A 11 YES N/A YES 65 and over N/A 20 NO YES NO under 65 N/A 21 NO YES YES under 65 N/A 31 NO NO YES any age T. CODES: 10 = Aged without ESRD 11 = Aged with ESRD 20 = Disabled without ESRD 21 = Disabled with ESRD 31 = ESRD only COMMENT: Prior to Version H this field was named: BENE_MDCR_STUS_CD. The name has been changed to distinguish this CWF-derived field from the EDB-derived MSC (BENE_MDCR_STUS_CD). SOURCE: CWF
PDGNS_CD	*Claim Principal Diagnosis Code*	The ICD-9-CM diagnosis code identifying the diagnosis, condition, problem or other reason for the admission/encounter/visit shown in the medical record chiefly responsible for the services provided. NOTE: Effective with Version H, this data is also redundantly stored as the first occurrence of the diagnosis trailer. DB2 ALIAS: PRNCPAL_DGNS_CD SAS ALIAS: PDGNS_CD STANDARD ALIAS: CLM_PRNCPAL_DGNS_CD TITLE ALIAS: PRINCIPAL_DIAGNOSIS EDIT-RULES: ICD-9-CM SOURCE: CWF
PMTDNLCD	*Carrier Claim Payment Denial Code*	The code on a noninstitutional claim indicating to whom payment was made or if the claim was denied. DB2 ALIAS: CARR_PMT_DNL_CD SAS ALIAS: PMTDNLCD STANDARD ALIAS: CARR_CLM_PMT_DNL_CD TITLE ALIAS: PMT_DENIAL_CD CODES: REFER TO: CARR_CLM_PMT_DNL_TB IN THE CODES APPENDIX COMMENT: Prior to Version H this field was named: CWFB_CLM_PMT_DNL_CD. SOURCE: CWF

Variable Name	*Label*
TRTMT_CD	*Claim Excepted/Nonexcepted Medical Treatment Code*

Effective with Version I, the code used to identify whether or not the medical care or treatment received by a beneficiary, who has elected care from a Religious Nonmedical Health Care Institution (RNHCI), is excepted or nonexcepted. Excepted is medical care or treatment that is received involuntarily or is re-quired under Federal, State or local law. Nonexcepted is defined as medical care or treatment other than excepted. DB2 ALIAS: EXCPTD_NEXCPTD_CD
SAS ALIAS: TRTMT_CD
STANDARD ALIAS:
TITLE ALIAS:
EXCPTD_NEXCPTD_CD CODES:
0 = No Entry
1 = Excepted
2 = Nonexcepted
SOURCE:
CWF

PMT_AMT	*Claim Payment Amount*

Amount of payment made from the Medicare trust fund for the services covered by the claim record. Generally, the amount
is calculated by the FI or carrier; and represents what was paid to the institutional provider, physician, or supplier, with the exceptions noted below. **NOTE: In some situations, a negative claim payment amount may be sent; e.g., (1) when a beneficiary is charged the full deductible during a short stay and the deductible
the amount Medicare pays; or (2) when a beneficiary is charged a coinsurance amount during a long stay and the coinsurance amount exceeds the amount Medicare pays (most
prevalent situation involves psych hospitals who are paid daily per diem rate no matter what the charges are.)
Under IP PPS, inpatient hospital services are paid based a predetermined rate per discharge, using the DRG classification system and the PRICER program. On the PPS claim, the payment amount includes the DRG approved payment amount, disproportionate share 5/1/86), indirect medical education (since 10/1/88), total PPS capital (since 10/1/91). It does NOT include the pass thru amounts (i.e., capital-related costs, direct medical education costs, kidney acquisition costs, bad debts); or any beneficiary-paid amounts (i.e., deductibles and coinsurance); or any other payer reimbursement.
Under SNF PPS, SNFs will classify beneficiaries using the patient classification system known as RUGS III. For the SNF PPS claim, the SNF PRICER will calculate/return the rate
for each revenue center line item with revenue center '0022'; multiply the rate times the units count; and then sum the amount payable for all lines with revenue center code '0022' to determine the total claim payment amount.
Under Outpatient PPS, the national ambulatory payment

Variable Name	*Label*	
		classification (APC) rate that is calculated for each APC group is the basis for determining the total payment. The Medicare payment amount takes into account the wage adjustment and the beneficiary deductible and amounts. NOTE: There is no CWF edit check to validate the revenue center Medicare payment amount equals the claim level Medicare payment amount. Under Home Health PPS, beneficiaries will be classified an appropriate case mix category known as the Home Resource Group. A HIPPS code is then generated corresponding to the case mix category (HHRG). For the RAP, the PRICER will determine the payment appropriate to the HIPPS code by computing 60% (for first episode) or 50% (for subsequent episodes) of the case episode payment. The payment is then wage index For the final claim, PRICER calculates 100% of the due, because the final claim is processed as an to the RAP, reversing the RAP payment in full. Although final claim will show 100% payment amount, the provider actually receive the 40% or 50% payment. Exceptions: For claims involving demos and BBA data, the amount reported in this field may not just represent the actual provider payment. For demo Ids '01','02','03','04' -- claims contain amount paid to the provider, except that special 'differentials' paid outside the normal payment system are not included. For demo Ids '05','15' -- encounter data 'claims' contain amount Medicare would have paid under FFS, instead of the actual payment to the MCO. For demo Ids '06','07','08' -- claims contain actual provider payment but represent a special negotiated bundled payment for both Part A and Part B services. To identify what the conventional provider Part A payment would have been, check value code = 'Y4'. The related noninstitutional (physician/supplier) claims contain what would have been paid had there been no demo. For BBA encounter data (non-demo) -- 'claims' contain amount Medicare would have paid under FFS, instead of the actual payment to the BBA plan. 9.2 DIGITS SIGNED COMMON ALIAS: REIMBURSEMENT DB2 ALIAS: CLM_PMT_AMT SAS ALIAS: PMT_AMT STANDARD ALIAS: CLM_PMT_AMT TITLE ALIAS: REIMBURSEMENT EDIT-RULES: +9(9).99 COMMENT: Prior to Version H the size of this field was S9(7)V99. Also the noninstitutional claim records carried this field as a line item. Effective with Version H, this element is a claim level field across all claim types (and the line item field has been renamed). SOURCE: CWF

Variable Name	*Label*	
		LIMITATIONS: Prior to 4/6/93, on inpatient, outpatient, and physician/supplier claims containing a CLM_DISP_CD of '02', the amount shown as the Medicare reimbursement does not take into consideration any CWF automatic adjustments (involving erroneous deductibles in most cases). In as many as 30% of the claims (30% IP, 15% OP, 5% PART B), the reimbursement reported on the claims may be over or under the actual Medicare payment amount.
PRPAYAMT	*Carrier Claim Primary Payer Paid Amount*	
		Effective with Version H, the amount of a payment made on behalf of a Medicare bene- ficiary by a primary payer other than Medicare, that the provider is applying to covered Medicare charges on a non-institutional claim. NOTE: During the Version H conversion, this field was populated with data throughout history (back to service year 1991) by summing up the line item primary payer amounts. 9.2 DIGITS SIGNED DB2 ALIAS: CARR_PRMRY_PYR_AMT SAS ALIAS: PRPAYAMT STANDARD ALIAS: CARR_CLM_PRMRY_PYR_PD_AMT TITLE ALIAS: PRIMARY_PAYER_AMOUNT EDIT-RULES: +9(9).99 SOURCE: CWF
ORD_UPIN	*DMERC Claim Ordering Physician UPIN Number*	
		Effective with Version G, the unique physician identification number (UPIN) of the physician ordering the Part B services/DMEPOS item. This field is ENCRYPTED for the ENCRYPTED Standard View of the DMERC file. DB2 ALIAS: ORDRG_PHYSN_UPIN SAS ALIAS: ORD_UPIN STANDARD ALIAS: DMERC_CLM_ORDRG_PHYSN_UPIN_NUM TITLE ALIAS: ORDRG_UPIN COMMENT: Prior to Version H this field was named: CWFB_CLM_ORDRG_PHYSN_UPIN_NUM. SOURCE: CWF
ASGMNTCD	*Carrier Claim Provider Assignment Indicator Switch*	
		A switch indicating whether or not the provider accepts assignment for the noninstitutional claim. DB2 ALIAS: PRVDR_ASGNMT_SW SAS ALIAS: ASGMNTCD STANDARD ALIAS: CARR_CLM_PRVDR_ASGNMT_IND_SW TITLE ALIAS: ASSIGNMENT_SW CODES: A = Assigned claim N = Non-assigned claim COMMENT: Prior to Version H this field was named: CWFB_CLM_PRVDR_ASGNMT_IND_SW. SOURCE: CWF

Variable Name	*Label*
PROV_PMT	*NCH Claim Provider Payment Amount*

Effective with Version H, the total payments made to the provider for this claim (sum of line item provider payment amounts.)
NOTE: Beginning with NCH weekly process date 10/3/97 this field was populated with data. Claims processed prior to 10/3/97 will contain zeroes in this field.
9.2 DIGITS SIGNED
DB2 ALIAS: NCH_PRVDR_PMT_AMT
SAS ALIAS: PROV_PMT
STANDARD ALIAS: NCH_CLM_PRVDR_PMT_AMT
TITLE ALIAS: PRVDR_PMT
EDIT-RULES:
+9(9).99
SOURCE:
NCH QA Process

BENE_PMT — *NCH Claim Beneficiary Payment Amount*

Effective with Version H, the total payments made to the beneficiary for this claim (sum of line payment amounts to the beneficiary.)
NOTE: Beginning with NCH weekly process date 10/3/97 this field was populated with data. Claims processed prior to 10/3/97 will contain zeroes in this field.
9.2 DIGITS SIGNED
DB2 ALIAS: NCH_BENE_PMT_AMT
SAS ALIAS: BENE_PMT
STANDARD ALIAS: NCH_CLM_BENE_PMT_AMT
TITLE ALIAS: BENE_PMT
EDIT-RULES:
+9(9).99
SOURCE:
NCH QA Process

BENEPAID — *Carrier Claim Beneficiary Paid Amount*

Effective with Version H, the amount paid by the beneficiary for the non-institutional Part B services.
NOTE: Beginning with NCH weekly process date 10/3/97 this field was populated with data. Claims processed prior to 10/3/97 will contain zeroes in this field.
9.2 DIGITS SIGNED
DB2 ALIAS: CARR_BENE_PD_AMT
SAS ALIAS: BENEPAID
STANDARD ALIAS: CARR_CLM_BENE_PD_AMT
TITLE ALIAS: BENE_PD_AMT
EDIT-RULES:
+9(9).99
SOURCE:
CWF

Variable Name	*Label*
SBMTCHRG	*NCH Carrier Claim Submitted Charge Amount*

Effective with Version H, the total submitted charges on the claim (the sum of line item submitted charges). NOTE: During the Version H conversion this field was populated with data throughout history (back to service year 1991).

9.2 DIGITS SIGNED
DB2 ALIAS: CARR_SBMT_CHRG_AMT
SAS ALIAS: SBMTCHRG
STANDARD ALIAS: NCH_CARR_SBMT_CHRG_AMT
TITLE ALIAS: SBMT_CHRG
EDIT-RULES:
+9(9).99
SOURCE:
NCH QA Process

ALOWCHRG — *NCH Carrier Claim Allowed Charge Amount*

Effective with Version H, the total allowed charges on the claim (the sum of line item allowed charges). NOTE: During the Version H conversion this field was populated with data throughout history (back to service year 1991).
9.2 DIGITS SIGNED
DB2 ALIAS: CARR_ALOW_CHRG_AMT
SAS ALIAS: ALOWCHRG
STANDARD ALIAS: NCH_CARR_ALOW_CHRG_AMT
TITLE ALIAS: ALOW_CHRG
EDIT-RULES:
+9(9).99
SOURCE:
NCH QA Process

DEDAPPLY — *Carrier Claim Cash Deductible Applied Amount*

Effective with Version H, the amount of the cash deductible as submitted on the claim. NOTE: Beginning with NCH weekly process date 10/3/97 this field was populated with data. Claims processed prior to 10/3/97 will contain zeroes in this field.
9.2 DIGITS SIGNED
DB2 ALIAS: CASH_DDCTBL_AMT
SAS ALIAS: DEDAPPLY
STANDARD ALIAS:
CARR_CLM_CASH_DDCTBL_APPLY_AMT
TITLE ALIAS: CASH_DDCTBL EDIT-
RULES:
+9(9).99
SOURCE:
CWF

DDGNCNT — *DMERC Claim Diagnosis Code Count*

The count of the number of diagnosis codes (both principal and other) reported on a DMERC claim. The purpose of this count is to indicate how many claim diagnosis trailers are present.
1 DIGIT UNSIGNED
DB2 ALIAS: DMERC_DGNS_CD_CNT
SAS ALIAS: DDGNCNT
STANDARD ALIAS:

DMERC_CLM_DGNS_CD_CNT EDIT-RULES:
RANGE: 0 TO
4 COMMENT:
Prior to Version H this field was
named: CLM_DGNS_CD_CNT

SOURCE:
NCH

Variable Name ***Label***

DLINECNT *DMERC Claim Line Count*

The count of the number of line items reported on the DMERC claim. The purpose of this count is to indicate how many line item trailers are present.
2 DIGITS UNSIGNED
DB2 ALIAS: DMERC_CLM_LINE_CNT
SAS ALIAS: DLINECNT
STANDARD ALIAS:
DMERC_CLM_LINE_CNT EDIT-RULES:
RANGE: 1 TO 13
COMMENT:
Prior to Version H this field was named:
CWFB_CLM_NUM_LINE_ITM_CNT
SOURCE:
CWFB CLAIMS

DGNSCD{x} *Claim Diagnosis Code*

where { x } ranges from 1 to 8

The ICD -9- CM based code identifying the beneficiary's principal or other diagnosis (including E
code) NOTE:
Prior to Version H, the principal diagnosis code was not stored with the 'OTHER' diagnosis codes. During the Version H conversion the CLM_PRNCPAL_DGNS_CD was added as the first occurrence.
DB2 ALIAS: CLM_DGNS_CD
SAS ALIAS: DGNSCD{x}
STANDARD ALIAS:
CLM_DGNS_CD {x}
TITLE ALIAS: DIAGNOSIS EDIT-
RULES:
ICD-9-CM
COMMENT:
Prior to Version H this field was
named: CLM_OTHR_DGNS_CD

SPLRNM{x} *DMERC Line Supplier Provider Number*

where { x } ranges from 1 to 13

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

DB2 ALIAS: SUPLR_PRVDR_NUM
SAS ALIAS: SPLRNM{x}
STANDARD ALIAS:
TITLE ALIAS:
SUPLR_NUM COMMENT:
Prior to Version H this field was named:
CWFB_SUPLR_PRVDR_NUM.
SOURCE:
CWF

Variable Name ***Label***

PRCGST{x} *DMERC Line Pricing State Code*

where { x } ranges from 1 to 13

Effective with Version G, the SSA standard state code (converted from the state postal abbreviation) representing the pricing location of the service reported on the DMERC line item. This is usually the beneficiary state of residence.
Note: The BENE_RSDNC_SSA_STD_STATE_CD in the fixed portion of the DMERC claim record may differ from this field. This can happen when the beneficiary is in another state when the service is rendered (other than the primary residence state), or the beneficiary has moved to another state and the CWF master record has not yet been changed.
DB2 ALIAS: DMERC_PRCNG_STATE
SAS ALIAS: PRCGST{x}
STANDARD ALIAS: DMERC_LINE_PRCNG_STATE_CD
TITLE ALIAS: DMERC_PRCNG_STATE_CD
CODES:
REFER TO:
GEO_SSA_STATE_TB IN THE
CODES APPENDIX COMMENT:
Prior to Version H this field was named:
CWFB_DME_PRCNG_STATE_CD
SOURCE:
CWF/NCH

PRVSTT{x} *DMERC Line Provider State Code*

where { x } ranges from 1 to 13

Effective with Version G, the SSA standard state code (converted from the state postal abbreviation) representing the supplier's location, as reported on the DMERC line item.
NOTE: Although created for Version 'G', this field was blank until 1/95 when the spuplier state code was added to the DME claim record as a required field.
DB2 ALIAS: DMERC_PRVDR_STATE
SAS ALIAS: PRVSTT{x}
STANDARD ALIAS: DMERC_LINE_PRVDR_STATE_CD
TITLE ALIAS: DMERC_PRVDR_STATE_CD
CODES:
REFER TO:
GEO_SSA_STATE_TB IN THE
CODES APPENDIX COMMENT:
Prior to Version H this field was named:
CWFB_DME_PRVDR_STATE_CD
SOURCE:
CWF/NCH

HCFPCL{x} *Line HCFA Provider Specialty Code*

where { x } ranges from 1 to 13

HCFA specialty code used for pricing the line item service on the noninstitutional claim.
DB2 ALIAS: HCFA_SPCLTY_CD
SAS ALIAS: HCFPCL{x}
STANDARD ALIAS: LINE_HCFA_PRVDR_SPCLTY_CD
TITLE ALIAS: HCFA_PRVDR_SPCLTY
CODES:
REFER TO: HCFA_PRVDR_SPCLTY_TB
IN THE CODES APPENDIX
COMMENT:
Prior to Version H this field was named:
CWFB_HCFA_PRVDR_SPCLTY_CD
SOURCE:
CWF

Variable Name ***Label***

PRTPTG{x} *Line Provider Participating Indicator Code*

where { x } ranges from 1 to 13

Code indicating whether or not a provider is participating or accepting assignment for this line item service on the noninstitutional claim.
DB2 ALIAS: PRVDR_PRTCPTG_CD
SAS ALIAS: PRTPTG{x}
STANDARD ALIAS: LINE_PRVDR_PRTCPTG_IND_CD
TITLE ALIAS: PRVDR_PRTCPTG_IND
CODES:
REFER TO: LINE_PRVDR_PRTCPTG_IND_TB
IN THE CODES APPENDIX
COMMENT:
Prior to Version H this field was named:
CWFB_PRVDR_PRTCPTG_IND_CD
SOURCE:
CWF

SRVCNT{x} *Line Service Count*

where { x } ranges from 1 to 13

The count of the total number of services processed for the line item on the
non-institutional claim.
3 DIGITS SIGNED
DB2 ALIAS: SRVC_CNT
SAS ALIAS: SRVCNT{x}
STANDARD ALIAS: LINE_SRVC_CNT
EDIT - CODES:
+999
COMMENT:
Prior to Version H this field was named: CWFB_SRVC_CNT.
SOURCE:
CWF

TYPVCB{x} *Line HCFA Type Service Code*

where { x } ranges from 1 to 13

Code indicating the type of service, as defined in the HCFA Medicare Carrier Manual, for this line item on the on-institutional claim.
DB2 ALIAS: HCFA_TYPE_SRVC_CD
SAS ALIAS: TYPVCB{x}
STANDARD ALIAS: LINE_HCFA_TYPE_SRVC_CD
SYSTEM ALIAS: LTTOS
TITLE ALIAS: HCFA_TYPE_SRVC
EDIT-RULES:
The only type of service codes applicable to DMERC claims are: 1, 9, A, E, G, H, J, K, L, M, P, R, and S.
CODES:

REFER TO:
HCFA_TYPE_SRVC_TB IN THE
CODES APPENDIX COMMENT:
Prior to Version H this field was named:
CWFB_HCFA_TYPE_SRVC_CD.
SOURCE:
CWF

Variable Name	***Label***

PLCRVC{x} *Line Place Of Service Code*

where { x } ranges from 1 to 13

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: PLCRVC{x}
STANDARD ALIAS: LINE_PLC_SRVC_CD
TITLE ALIAS: PLC_SRVC
CODES:
REFER TO:
LINE_PLC_SRVC_TB IN THE
CODES APPENDIX COMMENT:
Prior to Version H this field was
named: CWFB_PLC_SRVC_CD.
SOURCE:
CWF

EXDT2_{x} *Line Last Expense Date*

where { x } ranges from 1 to 13

The ending date (last expense) for the line item service
on the noninstitutional claim.
8 DIGITS UNSIGNED
For the ENCRYPTED Standard View of the DMERC
files, the line last expense date is coded as
the quarter of the calendar year when
the last line expense date occurred.
COBOL ALIAS: LST_EXP_DT
DB2 ALIAS: LINE_LAST_EXPNS_DT
SAS ALIAS: EXDT2_{x}
STANDARD ALIAS: LINE_LAST_EXPNS_DT
TITLE ALIAS: LAST_EXPNS_DT
EDIT-RULES FOR ENCRYPTED DATA:
YYYYQ000 WHERE Q IS ONE OF
THE FOLLOWING VALUES.
1 = FIRST QUARTER OF THE CALENDAR YEAR
2 = SECOND QUARTER OF THE CALENDAR YEAR
3 = THIRD QUARTER OF THE CALENDAR YEAR
4 = FOURTH QUARTER OF THE CALENDAR YEAR
COMMENT:
Prior to Version H this field was
named: CWFB_LAST_EXPNS_DT.
SOURCE:
CWF

Variable Name	*Label*
HCPSCD{x}	*Line HCPCS Code*

where { x } ranges from 1 to 13

The Health Care Financing Administration (HCFA) 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: HCPSCD{x}
STANDARD ALIAS: LINE_HCPCS_CD
TITLE ALIAS: HCPCS_CD
COMMENT:
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 on each claim type (institutional: REV_CNTR and noninstitutional: LINE).
Level I
Codes and descriptors copyrighted by the American Medical Association's Current Procedural Terminology, Fourth Edition (CPT-4). These are
5 position numeric codes representing physician and nonphysician services.
**** Note: ****
CPT-4 codes including both long and short descriptions shall be used in accordance with the HCFA/AMA agreement. Any other use violates the AMA copyright.
Level II
Includes codes and descriptors copyrighted by the American Dental Association's Current Dental Terminology, Second Edition (CDT-2). These are
5 position alpha-numeric codes comprising the D series. All other level II codes and descriptors are approved and maintained jointly by the alpha-numeric editorial panel (consisting of HCFA, the Health Insurance Association of America, and the Blue Cross and Blue Shield Association). These are 5 position alpha-numeric codes representing primarily items and non-physician services that are not represented in the level I codes. Level III
Codes and descriptors developed by Medicare carriers for use at the local (carrier) level. These

are 5 position alpha-numeric codes in the W, X, Y or Z series representing physician and nonphysician services that are not represented in the level I or level II codes.

Variable Name ***Label***

MDCD1_{x} *Line HCPCS Initial Modifier Code*

where { x } ranges from 1 to 13

A first modifier to the HCPCS procedure code to enable a more specific procedure identification for the line item on the noninstitutional claim.
DB2 ALIAS: HCPCS_1ST_MDFR_CD
SAS ALIAS: MDCD1_{x}
STANDARD ALIAS:
LINE_HCPCS_INITL_MDFR_CD {x}
TITLE ALIAS: INITIAL_MODIFIER
EDIT-RULES:
CARRIER INFORMATION
FILE COMMENT:
Prior to Version H this field was named: HCPCS_INITL_MDFR_CD. With Version H, a prefix was added to denote the location of this field on each claim type (institutional: REV_CNTR and noninstitutional: LINE).
SOURCE:
CWF

MDCD2_{x} *Line HCPCS Second Modifier Code*

where { x } ranges from 1 to 13

A second modifier to the HCPCS procedure code to make it more specific than the first modifier code to identify the line item procedures for this claim.
DB2 ALIAS: HCPCS_2ND_MDFR_CD
SAS ALIAS: MDCD2_{x}
STANDARD ALIAS:
LINE_HCPCS_2ND_MDFR_CD {x}
TITLE ALIAS: SECOND_MODIFIER
EDIT-RULES:
CARRIER INFORMATION
FILE COMMENT:
Prior to Version H this field was named: HCPCS_2ND_MDFR_CD. With Version H, a prefix was added to denote the location of this field on each claim type (institutional: REV_CNTR and noninstitutional: LINE).
SOURCE:
CWF

MDCD3_{x} *DMERC Line HCPCS Third Modifier Code*

where { x } ranges from 1 to 13

Effective with Version G, a third modifier to the HCPCS procedure code used to process the DMERC line item.
DB2 ALIAS: HCPCS_3RD_MDFR_CD
SAS ALIAS: MDCD3_{x}
STANDARD ALIAS:
DMERC_LINE_HCPCS_3RD_MDFR_CD{x}
TITLE ALIAS: HCPCS_3RD_MDFR
COMMENT:
Prior to Version H this field was named: HCPCS_3RD_MDFR_CD.
SOURCE:
CWF

Variable Name ***Label***

MDCD4_{x} *DMERC Line HCPCS Fourth Modifier Code*

where { x } ranges from 1 to 13

Effective with Version G, a fourth modifier to the HCPCS procedure code used to process the DMERC line item.
DB2 ALIAS: HCPCS_4TH_MDFR_CD
SAS ALIAS: MDCD4_{x}
STANDARD ALIAS:
DMERC_LINE_HCPCS_4TH_MDFR_CD{x}
TITLE ALIAS: HCPCS_4TH_MDFR
COMMENT:
Prior to Version H this field was named: HCPCS_4TH_MDFR_CD.
SOURCE:
CWF

BETOS{x} *Line NCH BETOS Code*

where { x } ranges from 1 to 13

Effective with Version H, the Berenson-Eggers type of service (BETOS) for the procedure code based on generally agreed upon clinically meaningful groupings of procedures and services. This field is included as a line item on the noninstitutional claim.
NOTE: During the Version H conversion this field was populated with data throughout history (back to service year 1991).
DB2 ALIAS: LINE_NCH_BETOS_CD
SAS ALIAS: BETOS{x}
STANDARD ALIAS: LINE_NCH_BETOS_CD
SYSTEM ALIAS: LTBETOS
TITLE ALIAS: BETOS
DERIVATION:
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. CODES:
REFER TO: BETOS_TB

IN THE CODES APPENDIX
SOURCE:
NCH

Variable Name ***Label***

LNID{x} *Line IDE Number*

where { x } ranges from 1 to 13

Effective with Version H, the exemption number assigned by the Food and Drug Administration (FDA) to an investigational device after a manufacturer has been approved by FDA to conduct a clinical trial on that device. HCFA established a new 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 service dates beginning 10/1/95.

NOTE: Prior to Version H a dummy line item was created in the last occurrence of line item group to store IDE. The IDE number was housed in two fields: HCPCS code and HCPCS initial modifier; the second modifier contained the value 'ID'. There will be only one distinct IDE number reported on the non-institutional claim. During the Version H conversion, the IDE was moved from the dummy line item to its own dedicated field for each line item (i.e., the IDE was repeated on all line items on the claim.)
DB2 ALIAS: LINE_IDE_NUM
SAS ALIAS: LNID{x}
STANDARD ALIAS: LINE_IDE_NUM
TITLE ALIAS: IDE_NUMBER
SOURCE:
CWF

NDC_CD{x} *Line National Drug Code*

where { x } ranges from 1 to 13

Effective 1/1/94 on the DMERC claim, the National Drug Code identifying the oral anti-cancer drugs.
Effective with Version H, this line item field was added as a placeholder on the carrier claim.
DB2 ALIAS: LINE_NATL_DRUG_CD
SAS ALIAS: NDC_CD{x}

STANDARD ALIAS: LINE_NATL_DRUG_CD
TITLE ALIAS: NDC_CD
SOURCE:
CWF

LNPMT{x} *Line NCH Payment Amount*

where { x } ranges from 1 to 13

Amount of payment made from the trust funds (after deductible and coinsurance amounts have been paid) for the line item service on the non-institutional claim.
9.2 DIGITS SIGNED
COMMON ALIAS: REIMBURSEMENT
DB2 ALIAS: LINE_NCH_PMT_AMT
SAS ALIAS: LNPMT{x}
STANDARD ALIAS: LINE_NCH_PMT_AMT
TITLE ALIAS: REIMBURSEMENT EDIT-RULES:
+9(9).99
COMMENT:
Prior to Version H this line item field was named: CLM_PMT_AMT and the size of this field wasS9(7)V99.
SOURCE:
NCH

Variable Name ***Label***

LBNPMT{x} *Line Beneficiary Payment Amount*

where { x } ranges from 1 to 13

Effective with Version H, the payment (reimbursement) made to the beneficiary related to the line item service on the non-institutional 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.
9.2 DIGITS SIGNED
DB2 ALIAS: LINE_BENE_PMT_AMT
SAS ALIAS: LBNPMT{x}
STANDARD ALIAS:
LINE_BENE_PMT_AMT TITLE ALIAS:
BENE_PMT_AMT EDIT-RULES:
+9(9).99
SOURCE:
CWF

LPRPMT{x} *Line Provider Payment Amount*

where { x } ranges from 1 to 13

Effective with Version H, the payment made to the provider for the line item service on the non-institutional
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.
9.2 DIGITS SIGNED
DB2 ALIAS: LINE_PRVDR_PMT_AMT
SAS ALIAS: LPRPMT{x}
STANDARD ALIAS:
LINE_PRVDR_PMT_AMT TITLE ALIAS:
PRVDR_PMT_AMT EDIT-RULES:
+9(9).99
SOURCE:
CWF

LDDMT{x} *Line Beneficiary Part B Deductible Amount*

where { x } ranges from 1 to 13

The amount of money for which the carrier has determined that the beneficiary is liable for the Part B for the line item service on the noninstitutional claim.
9.2 DIGITS SIGNED
DB2 ALIAS: LINE_DDCTBL_AMT
SAS ALIAS: LDDMT{x}
STANDARD ALIAS: LINE_BENE_PTB_DDCTBL_AMT
TITLE ALIAS: PTB_DED_AMT
EDIT-RULES:
+9(9).99
COMMENT:
Prior to Version H this field named:
BENE_PTB_DDCTBL_LBLTY_AMT and the size of the field was S9(3)V99.
SOURCE:
CWF

Variable Name ***Label***

LPRYCD{x} *Line Beneficiary Primary Payer Code*
where { x } ranges from 1 to 13

The code specifying a federal non-Medicare program or other source that has primary responsibility for the payment of the Medicare beneficiary's medical bills relating to the line item service on the noninstitutional claim.
DB2 ALIAS: LINE_PRMRY_PYR_CD
SAS ALIAS: LPRYCD{x}
STANDARD ALIAS: LINE_BENE_PRMRY_PYR_CD
TITLE ALIAS: PRIMARY_PAYER_CD
CODES:
REFER TO:
BENE_PRMRY_PYR_TB IN THE CODES APPENDIX COMMENT:
Prior to Version H this field was named: BENE_PRMRY_PYR_CD.
SOURCE:
CWF,VA,DOL,SSA

LPRDMT{x} *Line Beneficiary Primary Payer Paid Amount*
where { x } ranges from 1 to 13

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. 9.2 DIGITS SIGNED
DB2 ALIAS: LINE_PRMRY_PYR_PD
SAS ALIAS: LPRDMT{x}
STANDARD ALIAS: LINE_BENE_PRMRY_PYR_PD_AMT
TITLE ALIAS: PRMRY_PYR_PD
EDIT-RULES:
+9(9).99

COMMENT:
Prior to Version H this field was named: BENE_PRMRY_PYR_PMT_AMT and the field size was S9(5)V99.
SOURCE:
CWF

CNMT{x} *Line Coinsurance Amount*

where { x } ranges from 1 to 13

Effective with Version H, the beneficiary coinsurance liability amount for this line item service on the noninstitutional claim.
NOTE: Beginning with NCH weekly process date 10/3/97 this field was populated with data. Claims processed prior to 10/3/97 will contain zeroes in this field.
9.2 DIGITS SIGNED
DB2 ALIAS: LINE_COINSRNC_AMT
SAS ALIAS: CNMT{x}
STANDARD ALIAS: LINE_COINSRNC_AMT
TITLE ALIAS: COINSRNC_AMT
EDIT-RULES:
+9(9).99
SOURCE:
CWF

Variable Name ***Label***

LNTAMT{x} *Line Interest Amount*

where { x } ranges from 1 to 13

Amount of interest to be paid for this line item service on the noninstitutional claim.
**NOTE: This is not included in the line item NCH payment (reimbursement) amount. 9.2 DIGITS SIGNED
DB2 ALIAS: LINE_INTRST_AMT
SAS ALIAS: LNTAMT{x}
STANDARD ALIAS: LINE_INTRST_AMT
TITLE ALIAS: INTRST_AMT EDIT-RULES:
+9(9).99
COMMENT:
Prior to Version H this field was named: CWFB_INTRST_AMT and the field size was S9(5)V99.
SOURCE:
CWF

PRPYLW{x} *Line Primary Payer Allowed Charge Amount*

where { x } ranges from 1 to 13

Effective with Version H, the primary payer allowed charge amount for the line item service on the
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.
9.2 DIGITS SIGNED

DB2 ALIAS: PRMRY_PYR_ALOW_AMT
SAS ALIAS: PRPYLW{x}
STANDARD ALIAS:

LINE_PRMRY_PYR_ALOW_CHRG_AMT
TITLE ALIAS: PRMRY_PYR_ALOW_CHRG
EDIT-RULES:
+9(9).99
SOURCE:
CWF

PNLYMT{x} *Line 10% Penalty Reduction Amount*

where { x } ranges from 1 to 13

Effective with Version H, the 10% payment reduction amount (applicable to a late filing claim) for the line item on the noninstitutional claim.
9.2 DIGITS SIGNED
DB2 ALIAS: TENPCT_PNLTY_AMT
SAS ALIAS: PNLTYAMT{x}
STANDARD ALIAS: LINE_10PCT_PNLTY_RDCTN_AMT
TITLE ALIAS: TENPCT_PNLTY
EDIT-RULES:
+9(9).99
SOURCE:
CWF

Variable Name ***Label***

LSBCHG{x} *Line Submitted Charge Amount*

where { x } ranges from 1 to 13

The amount of submitted charges for the line item service on the noninstitutional claim. 9.2 DIGITS SIGNED DB2 ALIAS: LINE_SBMT_CHRG_AMT
SAS ALIAS: LSBCHG{x}
STANDARD ALIAS: LINE_SBMT_CHRG_AMT
TITLE ALIAS: SBMT_CHRG
EDIT-RULES:
+9(9).99
COMMENT:
Prior to Version H this field was named: CWFB_SBMT_CHRG_AMT and the field size was S9(5)V99.
SOURCE:
CWF

LLWCHG{x} *Line Allowed Charge Amount*

where { x } ranges from 1 to 13

The amount of allowed charges for the line item service on the noninstitutional claim. This charge is used to compute pay to providers or reimbursement to beneficiaries. **NOTE: The allowed charge is determined by the lower of three charges: prevailing, customary or actual.
9.2 DIGITS SIGNED
DB2 ALIAS: LINE_ALOW_CHRG_AMT
SAS ALIAS: LLWCHG{x}
STANDARD ALIAS: LINE_ALOW_CHRG_AMT

TITLE ALIAS: ALOW_CHRG
EDIT-RULES:
+9(9).99
COMMENT:
Prior to Version H this field was named:
CWFB_ALOW_CHRG_AMT and the field size was
S9(5)V99.
SOURCE:
CWF

SCRVGS{x} *DMERC Line Screen Savings Amount*

where { x } ranges from 1 to 13

Effective with Version G, the amount of savings
attributable to the coverage screen for this DMERC line
9.2 DIGITS SIGNED
DB2 ALIAS: LINE_SCRN_SVGS_AMT
SAS ALIAS: SCRVGS{x}
STANDARD ALIAS: DMERC_LINE_SCRN_SVGS_AMT
TITLE ALIAS: SCRN_SVGS
EDIT-RULES:
+9(9).99
COMMENT:
Prior to Version H this field was named:
CWFB_DME_SCRN_SVGS_AMT and the field size was
S9(5)V99.
SOURCE:
CWF

Variable Name ***Label***

DMPRC{x} *Line DME Purchase Price Amount*

where { x } ranges from 1 to 13

Effective 5/92, the amount representing the lower of
fee schedule for purchase of new or used DME, or
actual charge. In case of rental
DME, this amount represents the purchase
cap; rental payments can only be made until
the cap is met. This line item field is applicable
to non-institutional claims involving DME,
prosthetic, orthotic and supply items,
immunosuppressive drugs, pen, ESRD and
oxygen items referred to as DMEPOS.
9.2 DIGITS SIGNED
DB2 ALIAS: DME_PURC_PRICE_AMT
SAS ALIAS: DMPRC{x}
STANDARD ALIAS: LINE_DME_PURC_PRICE_AMT
TITLE ALIAS: DME_PURC_PRICE
EDIT-RULES:
+9(9).99
COMMENT:
Prior to Version H this field was named:
CWFB_DME_PURC_PRICE_AMT and the field
size was S9(5)V99.
SOURCE:
CWF

PRCGND{x} *Line Processing Indicator Code*

where { x } ranges from 1 to 13

The code indicating the reason a line item on

the noninstitutional claim was allowed or denied.
DB2 ALIAS: LINE_PRCSG_IND_CD
SAS ALIAS: PRCGND{x}
STANDARD ALIAS: LINE_PRCSG_IND_CD
TITLE ALIAS: PRCSG_IND
CODES:
REFER TO:
LINE_PRCSG_IND_TB IN THE
CODES APPENDIX COMMENT:
Prior to Version H this field was
named: CWFB_PRCSG_IND_CD.
SOURCE:
CWF

PMTDSW{x} *Line Payment 80%/100% Code*

where { x } ranges from 1 to 13

The code indicating that the amount shown in the payment field on the noninstitutional line item represents either 80% or 100% of the allowed charges less any deductible, or 100% limitation of liability only.
COMMON ALIAS: REIMBURSEMENT_IND
DB2 ALIAS: LINE_PMT_80_100_CD
SAS ALIAS: PMTDSW{x}
STANDARD ALIAS: LINE_PMT_80_100_CD
TITLE ALIAS: REINBURSEMENT_IND
CODES:
0 = 80% 1
= 100%
3 = 100% Limitation of liability
only COMMENT:
Prior to Version H this field was
named: CWFB_PMT_80_100_CD.
SOURCE:
CWF

Variable Name ***Label***

DED_SW{x} *Line Service Deductible Indicator Switch*

where { x } ranges from 1 to 13

Switch indicating whether or not the line item service on the noninstitutional claim is subject to a deductible.
DB2 ALIAS: SRVC_DDCTBL_SW
SAS ALIAS: DED_SW{x}
STANDARD ALIAS: LINE_SRVC_DDCTBL_IND_SW
TITLE ALIAS: SRVC_DED_IND
CODES:
0 = Service subject to deductible
1 = Service not subject to deductible
COMMENT:
Prior to Version H this field was named:
CWFB_SRVC_DDCTBL_IND_SW.
SOURCE:
CWF

PMTDCD{x} *Line Payment Indicator Code*

where { x } ranges from 1 to 13

Code that indicates the payment screen used to determine the allowed charge for the line item service on the noninstitutional claim.
DB2 ALIAS: LINE_PMT_IND_CD
SAS ALIAS: PMTDCD{x}
STANDARD ALIAS: LINE_PMT_IND_CD

TITLE ALIAS: PMT_IND
CODES:
REFER TO: LINE_PMT_IND_TB
IN THE CODES APPENDIX
COMMENT:
Prior to Version H this field was
named: CWFB_PMT_IND_CD.
SOURCE:
CWF

DMUNT{x} *DMERC Line Miles/Time/Units/Services Count*

where { x } ranges from 1 to 13

Effective with Version G, the count of the total units
associated with the DMERC line item service needing
unit reporting, including number
of services, volume of oxygen and drug dose.
7 DIGITS SIGNED
DB2 ALIAS: DMERC_MTUS_CNT
SAS ALIAS: DMUNT{x}
STANDARD ALIAS: DMERC_LINE_MTUS_CNT
TITLE ALIAS: MTUS_CNT
EDIT- RULES:
+9(7)
COMMENT:
Prior to Version H this field was named:
CWFB_DME_MTUS_CNT.
SOURCE:
CWF

Variable Name ***Label***

UNTIND{x} *DMERC Line Miles/Time/Units/Services Indicator Code*

where { x } ranges from 1 to 13

Effective with Version G, the code indicating the type of
units reported for the DMERC line item.
DB2 ALIAS: DMERC_MTUS_IND_CD
SAS ALIAS: UNTIND{x}
STANDARD ALIAS: DMERC_LINE_MTUS_IND_CD
TITLE ALIAS: MTUS_IND
CODES:
0 = Values reported as zero
3 = Number of services
4 = Oxygen volume units
6 = Drug dosage
COMMENT:
Prior to Version H this field was named:
CWFB_DME_MTUS_IND_CD.
SOURCE:
CWF

LNDGNS{x} *Line Diagnosis Code*

where { x } ranges from 1 to 13

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: LNDGNS{x}
STANDARD ALIAS: LINE_DGNS_CD
TITLE ALIAS: DGNS_CD EDIT-
RULES:
ICD-9-CM
COMMENT:
Prior to Version H this field was named: CWFB_LINE_DGNS_CD.
SOURCE:
CWF

SSPIND{x} *DMERC Line Screen Suspension Indicator Code*

where { x } ranges from 1 to 13

Effective with Version G, the code identifying the medical review (MR) screen that caused DMERC line item to suspend.
DB2 ALIAS: SCRN_SUSPNSN_CD
SAS ALIAS: SSPIND{x}
STANDARD ALIAS:
DMERC_LINE_SCRN_SUSPNSN_IND_CD
TITLE ALIAS: SCRN_SUSPNSN_IND
CODES:
MUXX = Mandated unbundling screens
UXXX = Local unbundling screens
CXXX = Statutorily noncovered screens
M1XX = Mandate CAT I screens
1XXX = Local CAT I screens
M2XX = Mandate CAT II screens
2XXX = Local CAT II screens
M3XX = Mandate CAT III
screens 3XXX = Local CAT III
screens SOURCE:
CWF

Variable Name ***Label***

RSLIND{x} *DMERC Line Screen Result Indicator Code*

where { x } ranges from 1 to 13

Effective with Version G, code indicating the outcome of the medical review (MR) unit's evaluation of the DMERC line item.
DB2 ALIAS: SCRN_RSLT_IND_CD
SAS ALIAS: RSLIND{x}
STANDARD ALIAS: DMERC_LINE_SCRN_RSLT_IND_CD
TITLE ALIAS: SCRN_RSLT_IND
CODES:
REFER TO: DMERC_LINE_SCRN_RSLT_IND_TB IN THE CODES APPENDIX
COMMENT:
Prior to Version H this field was named: CWFB_DME_SCRN_RSLT_IND_CD.
SOURCE:
CWF

WVRSW{x} *DMERC Line Waiver Of Provider Liability Switch*

where { x } ranges from 1 to 13

Effective with Version G, the switch indicating the beneficiary was notified that the item, reported as a DMERC line item, may not be considered medically necessary and has agreed in writing to pay for the item.
DB2 ALIAS: WVR_PRVDR_LBLTY_SW
SAS ALIAS: WVRSW{x}
STANDARD ALIAS:
DMERC_LINE_WVR_PRVDR_LBLTY_SW
TITLE ALIAS: WAIVER_LBLTY_SW CODES:

Y = Yes
N = No
COMMENT:
Prior to Version H this field was named:
CWFB_DME_WVR_PRVDR_LBLTY_SW.
SOURCE:
CWF

DCSIND{x} *DMERC Line Decision Indicator Switch*

where { x } ranges from 1 to 13

Effective with Version G, the switch identifying whether the DMERC claim represents an original decision or a reversal of an earlier decision
on the original claim.
DB2 ALIAS: DMERC_DCSN_IND_SW
SAS ALIAS: DCSIND{x}
STANDARD ALIAS: DMERC_LINE_DCSN_IND_SW
TITLE ALIAS: DCSN_IND
CODES:
O = Original MR determination
R = MR determination after reversal
of original decision
COMMENT:
Prior to Version H this field was
named: CWFB_DME_DCSN_IND_SW.
SOURCE:
CWF