PART B PHYSICIAN SAMPLE FILE

(BMAD 1985-90)

DATA CHARACTERISTICS:
- MEDIA: CARTRIDGE
- TAPE DENSITY: 88KC
- TAPE LABEL: IBM STANDARD
- BLOCK SIZE: 20,200
- RECORDING MODE: EBCDIC
- RECORD FORMAT: FIXED BLOCK
- RECORD SIZE: 202
- NUMBER OF RECORDS: 28,355,602
- NUMBER OF REELS: 16
- RETENTION: INDEFINITE
- RECORD NAME: PART B PHYSICIAN SAMPLE RECORD

REQUEST INFORMATION:
- HCFA CONTACT: MIKE HADAD - BDMS,OSDM,DSD,ESB
             (410) 597-3658
- CREATION CYCLE: BY REQUEST

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                                POSITIONS
           NAME              TYPE  LENGTH  BEG   END                                   CONTENTS
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                                                        STANDARD ALIAS: BENE_IDENT_CD
                                                        COMMON ALIAS: BIC
                                                        SAS ALIAS: BIC

                                                        CODES:
                                                        A  = PRIMARY CLAIMANT
                                                        B  = AGED WIFE, AGE 62 OR OVER (1ST
                                                             CLAIMANT)
                                                        B1 = AGED HUSBAND, AGE 62 OR OVER (1ST
                                                             CLAIMANT)
                                                        B2 = YOUNG WIFE, WITH A CHILD IN HER CARE
                                                             (1ST CLAIMANT)
                                                        B3 = AGED WIFE (2ND CLAIMANT)
                                                        B4 = AGED HUSBAND (2ND CLAIMANT)
                                                        B5 = YOUNG WIFE (2ND CLAIMANT)
                                                        B6 = DIVORCED WIFE, AGE 62 OR OVER (1ST
                                                             CLAIMANT)
                                                        B7 = YOUNG WIFE (3RD CLAIMANT)
                                                        B8 = AGED WIFE (3RD CLAIMANT)
                                                        B9 = DIVORCED WIFE (2ND CLAIMANT)
                                                        BA = AGED WIFE (4TH CLAIMANT)
                                                        BD = AGED WIFE (5TH CLAIMANT)
                                                        BG = AGED HUSBAND (3RD CLAIMANT)
                                                        BH = AGED HUSBAND (4TH CLAIMANT)
                                                        BJ = AGED HUSBAND (5TH CLAIMANT)
                                                        BK = YOUNG WIFE (4TH CLAIMANT)
                                                        BL = YOUNG WIFE (5TH CLAIMANT)
                                                        BN = DIVORCED WIFE (3RD CLAIMANT)
                                                        BP = DIVORCED WIFE (4TH CLAIMANT)
                                                        BQ = DIVORCED WIFE (5TH CLAIMANT)
                                                        BR = DIVORCED HUSBAND (1ST CLAIMANT)
                                                        BT = DIVORCED HUSBAND (2ND CLAIMANT)
                                                        BW = YOUNG HUSBAND (2ND CLAIMANT)
                                                        BY = YOUNG HUSBAND (1ST CLAIMANT)
                                                        C1-C9,CA-CK = CHILD (INCLUDES MINOR, STUDENT
                                                                       OR DISABLED CHILD)
                                                        D  = AGED WIDOW, 60 OR OVER (1ST CLAIMANT)
                                                        D1 = AGED WIDOWER, AGE 60 OR OVER (1ST
                                                             CLAIMANT)
                                                        D2 = AGED WIDOW (2ND CLAIMANT)
                                                        D3 = AGED WIDOWER (2ND CLAIMANT)
                                                        D4 = WIDOW (REMARRIED AFTER ATTAINMENT OF
                                                             AGE 60) (1ST CLAIMANT)
                                                        D5 = WIDOWER (REMARRIED AFTER ATTAINMENT OF
                                                             AGE 60) (1ST CLAIMANT)
                                                        D6 = SURVIVING DIVORCED WIFE, AGE 60 OR OVER
                                                             (1ST CLAIMANT)
                                                        D7 = SURVIVING DIVORCED WIFE (2ND CLAIMANT)
                                                        D8 = AGED WIDOW (3RD CLAIMANT)
                                                        D9 = REMARRIED WIDOW (2ND CLAIMANT)
                                                        DA = REMARRIED WIDOW (3RD CLAIMANT)
                                                        DD = AGED WIDOW (4TH CLAIMANT)
                                                        DG = AGED WIDOW (5TH CLAIMANT)
                                                        DH = AGED WIDOWER (3RD CLAIMANT)
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NAME	TYPE	LENGTH	POSITIONS BEG END	CONTENTS

DJ = AGED WIDOWER (4TH CLAIMANT)
DK = AGED WIDOWER (5TH CLAIMANT)
DL = REMARRIED WIDOW (4TH CLAIMANT)
DM = SURVIVING DIVORCED HUSBAND (2ND
     CLAIMANT)
DN = REMARRIED WIDOW (5TH CLAIMANT)
DP = REMARRIED WIDOWER (2ND CLAIMANT)
DQ = REMARRIED WIDOWER (3RD CLAIMANT)
DR = REMARRIED WIDOWER (4TH CLAIMANT)
DS = SURVIVING DIVORCED HUSBAND (3RD
     CLAIMANT)
DT = REMARRIED WIDOWER (5TH CLAIMANT)
DV = SURVIVING DIVORCED WIFE (3RD CLAIMANT)
DW = SURVIVING DIVORCED WIFE (4TH CLAIMANT)
DX = SURVIVING DIVORCED HUSBAND (4TH
     CLAIMANT)
DY = SURVIVING DIVORCED WIFE (5TH CLAIMANT)
DZ = SURVIVING DIVORCED HUSBAND (5TH
     CLAIMANT)
E = MOTHER (WIDOW) (1ST CLAIMANT)
E1 = SURVIVING DIVORCED MOTHER (1ST
     CLAIMANT)
E2 = MOTHER (WIDOW) (2ND CLAIMANT)
E3 = SURVIVING DIVORCED MOTHER (2ND
     CLAIMANT)
E4 = FATHER (WIDOWER) (1ST CLAIMANT)
E5 = SURVIVING DIVORCED FATHER (WIDOWER)
     (1ST CLAIMANT)
E6 = FATHER (WIDOWER) (2ND CLAIMANT)
E7 = MOTHER (WIDOW) (3RD CLAIMANT)
E8 = MOTHER (WIDOW) (4TH CLAIMANT)
E9 = SURVIVING DIVORCED FATHER (WIDOWER)
     (2ND CLAIMANT)
EA = MOTHER (WIDOW) (5TH CLAIMANT)
EB = SURVIVING DIVORCED MOTHER (3RD
     CLAIMANT)
EC = SURVIVING DIVORCED MOTHER (4TH
     CLAIMANT)
ED = SURVIVING DIVORCED MOTHER (5TH
     CLAIMANT
EF = FATHER (WIDOWER) (3RD CLAIMANT)
EG = FATHER (WIDOWER) (4TH CLAIMANT)
EH = FATHER (WIDOWER) (5TH CLAIMANT)
EJ = SURVIVING DIVORCED FATHER (3RD
     CLAIMANT)
EK = SURVIVING DIVORCED FATHER (4TH
     CLAIMANT)
EM = SURVIVING DIVORCED FATHER (5TH
     CLAIMANT)
F1 = FATHER
F2 = MOTHER
F3 = STEPFATHER
F4 = STEPMOTHER
F5 = ADOPTING FATHER

NAME	TYPE	LENGTH	POSITIONS BEG	END	CONTENTS
					CLAIMANT)
					WR = DISABLED SURVIVING DIVORCED HUSBAND (1ST CLAIMANT)
					WT = DISABLED SURVIVING DIVORCED HUSBAND (2ND CLAIMANT)
					SOURCE: SSA
4. BENEFICIARY RESIDENCE SSA STANDARD STATE CODE	CHAR	2	14	15	THE SSA STANDARD STATE CODE OF A BENEFICIARY'S RESIDENCE.

STANDARD ALIAS: BENE_RSDNC_SSA_STD_STATE_CD
SAS ALIAS: STATE_CD

CODES:
01 = ALABAMA
02 = ALASKA
03 = ARIZONA
04 = ARKANSAS
05 = CALIFORNIA
05 = COLORADO
07 = CONNECTICUT
08 = DELAWARE
09 = DISTRICT OF COLUMBIA
10 = FLORIDA
11 = GEORGIA
12 = HAWAII
13 = IDAHO
14 = ILLINOIS
15 = INDIANA
16 = IOWA
17 = KANSAS
18 = KENTUCKY
19 = LOUISIANA
20 = MAINE
21 = MARYLAND
22 = MASSACHUSETTS
23 = MICHIGAN
24 = MINNESOTA
25 = MISSISSIPPI
26 = MISSOURI
27 = MONTANA
28 = NEBRASKA
29 = NEVADA
30 = NEW HAMPSHIRE
31 = NEW JERSEY
32 = NEW MEXICO
33 = NEW YORK
34 = NORTH CAROLINA
35 = NORTH DAKOTA
36 = OHIO
37 = OKLAHOMA
38 = OREGON

NAME	TYPE	LENGTH	POSITIONS BEG	END	CONTENTS

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                                                39 = PENNSYLVANIA
                                                40 = PUERTO RICO
                                                41 = RHODE ISLAND
                                                42 = SOUTH CAROLINA
                                                43 = SOUTH DAKOTA
                                                44 = TENNESSEE
                                                45 = TEXAS
                                                46 = UTAH
                                                47 = VERMONT
                                                48 = VIRGIN ISLANDS
                                                49 = VIRGINIA
                                                50 = WASHINGTON
                                                51 = WEST VIRGINIA
                                                52 = WISCONSIN
                                                53 = WYOMING
                                                54 = AFRICA
                                                55 = CALIFORNIA; INSTITUTIONAL PROVIDER
                                                     OF SERVICES (IPS) ONLY
                                                56 = CANADA
                                                57 = CENTRAL AMERICA AND WEST INDIES
                                                58 = EUROPE
                                                59 = MEXICO
                                                60 = OCEANIA
                                                61 = PHILIPPINES
                                                62 = SOUTH AMERICA
                                                63 = U.S. POSSESSIONS
                                                64 = AMERICAN SAMOA
                                                65 = GUAM
                                                66 = SAIPAN
                                                67 = TEXAS; INSTITUTIONAL PROVIDER
                                                     OF SERVICES (IPS) ONLY
                                                97 = NORTHERN MARIANAS
                                                98 = GUAM
                                                99 = WITH 000 COUNTY CODE IS AMERICAN SAMOA;
                                                     OTHERWISE UNKNOWN

                                                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

5. BENEFICIARY RESIDENCE SSA   CHAR   3   16   18   THE SSA STANDARD COUNTY CODE OF A BENEFICIARY'S
   STANDARD COUNTY CODE                               RESIDENCE.

                                                STANDARD ALIAS: BENE_RSDNC_SSA_STD_CNTY_CD
                                                SAS ALIAS: CNTY_CD
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NAME	TYPE	LENGTH	POSITIONS BEG	END	CONTENTS
					SOURCE: SSA
6. BENEFICIARY MAILING CONTACT ZIP CODE	CHAR	5	19	23	THE ZIP CODE OF THE MAILING ADDRESS WHERE THE BENEFICIARY MAY BE CONTACTED. STANDARD ALIAS: BENE_MLG_CNTCT_ZIP_CD SAS ALIAS: ZIP_CD SOURCE: EDB
7. BENEFICIARY SEX IDENTIFICATION CODE	CHAR	1	24	24	THE SEX OF A BENEFICIARY. STANDARD ALIAS: BENE_SEX_IDENT_CD COMMON ALIAS: SEX_CD SAS ALIAS: SEX_CD CODES: 1 = MALE 2 = FEMALE 0 = UNKNOWN SOURCE: SSA,CWF,RRB,EDB
8. BENEFICIARY RACE CODE	CHAR	1	25	25	THE RACE OF A BENEFICIARY. STANDARD ALIAS: BENE_RACE_CD SAS ALIAS: RACE_CD CODES: 0 = UNKNOWN 1 = WHITE 2 = BLACK 3 = OTHER SOURCE: SSA
9. BENEFICIARY BIRTH DATE	BIN	4	26	29	THE BENEFICIARY'S DATE OF BIRTH. 9 DIGITS SIGNED STANDARD ALIAS: BENE_BIRTH_DT COMMON ALIAS: DOB SAS ALIAS: DOB EDIT-RULES: YYYYMMDD SOURCE: EDB

NAME	TYPE	LENGTH	POSITIONS BEG	END	CONTENTS

10. BENEFICIARY MEDICARE STATUS CODE — CHAR — 2 — 30 — 31

THE REASON FOR A BENEFICIARY'S ENTITLEMENT TO MEDICARE BENEFITS, AS OF A PARTICULAR DATE.

STANDARD ALIAS: BENE_MDCR_STUS_CD
COMMON ALIAS: MSC
SAS ALIAS: MS_CD

DERIVATION:
BENE_MDCR_STUS_CD IS DERIVED FROM THE FOLLOWING:

    (1) ENTITLEMENT BASED ON OASI
    (2) ENTITLEMENT BASED ON DISABILITY
    (3) ENTITLEMENT BASED ON ESRD (299I)

THE BENE_MDCR_STUS_CD IS ASSIGNED BASED ON THE FOLLOWING DECISION LOGIC TABLE. THE TERM 'N/A' IN A COLUMN INDICATES THAT THE PARTICULAR CONDITION AS NOTED BY THE COLUMN DOES NOT AFFECT THE VALUE OF THE BENE_MDCR_STUS_CD. ALL INFORMATION IS VALUED AS OF A GIVEN REFERENCE DATE.

BENE_MDCR_STUS_CD	OASI(1)	DISABLED(2)	ESRD(3)
10	YES	N/A	NO
11	YES	N/A	YES
20	NO	YES	NO
21	NO	YES	YES
31	NO	NO	YES

CODES:
10 = AGED WITHOUT ESRD
11 = AGED WITH ESRD
20 = DISABLED WITHOUT ESRD
21 = DISABLED WITH ESRD
31 = ESRD ONLY

SOURCE:
EDB

11. CWF CLAIM ACCRETION DATE — BIN — 4 — 32 — 35

THE DATE THE INSTITUTIONAL OR CWFB CLAIM IS ACCRETED (POSTED/PROCESSED) TO THE BENEFICIARY MASTER RECORD AT THE CWF HOST SITE AND AUTHORIZATION FOR PAYMENT IS RETURNED TO THE FISCAL INTERMEDIARY OR CARRIER.

9 DIGITS SIGNED

STANDARD ALIAS: CWF_CLM_ACRTN_DT
SAS ALIAS: ACRTN_DT

NAME	TYPE	LENGTH	POSITIONS BEG	END	CONTENTS
					EDIT-RULES: YYYYMMDD

COMMENT:
PRIOR TO 1992, NCH STORED THIS ELEMENT ON THE
CWFB CLAIM ONLY; IN 1/92, NCH ADDED THIS
ELEMENT TO INSTITUTIONAL INPATIENT (100%
AND 5%), HOME HEALTH, AND HOSPICE RECORDS.
EFFECTIVE 1/92 THIS ELEMENT IS STORED ON
ALL CLAIM TYPES.

SOURCE:
CWF

NAME	TYPE	LENGTH	BEG	END	CONTENTS
12. CWF CLAIM ACCRETION NUMBER	PACK	2	36	37	THE SEQUENCE NUMBER ASSIGNED TO THE INSTITUTIONAL OR CWFB CLAIM WHEN ACCRETED (POSTED/PROCESSED) TO THE BENEFICIARY MASTER RECORD AT THE CWF HOST SITE ON A GIVEN DAY. THIS ELEMENT INDICATES THE POSITION OF THE CLAIM WITHIN THAT DAY'S PROCESSING AT THE CWF HOST.

3 DIGITS SIGNED

STANDARD ALIAS: CWF_CLM_ACRTN_NUM
SAS ALIAS: ACRTN_NM

SOURCE:
CWF

NAME	TYPE	LENGTH	BEG	END	CONTENTS
13. CLAIM DISPOSITION CODE	CHAR	2	38	39	CODE INDICATING THE DISPOSITION OR OUTCOME OF THE PROCESSING OF THE INSTITUTIONAL OR CWFB CLAIM.

STANDARD ALIAS: CLM_DISP_CD
SAS ALIAS: DISP_CD

CODES:
01 = DEBIT ACCEPTED
02 = DEBIT ACCEPTED (AUTOMATIC ADJUSTMENT)
     APPLICABLE THROUGH 4/4/93
03 = CANCEL ACCEPTED
61 = *CONVERSION CODE: DEBIT ACCEPTED
62 = *CONVERSION CODE: DEBIT ACCEPTED
     (AUTOMATIC ADJUSTMENT)
63 = *CONVERSION CODE: CANCEL ACCEPTED

   *USED ONLY DURING CONVERSION PERIOD:
        1/1/91 - 2/21/91

SOURCE:
CWF

NAME	TYPE	LENGTH	BEG	END	CONTENTS
14. FISCAL INTERMEDIARY/CARRIER	CHAR	5	40	44	THE IDENTIFICATION NUMBER ASSIGNED BY HCFA TO AN

PART B PHYSICIAN SAMPLE RECDRD

NAME	TYPE	LENGTH	POSITIONS BEG	END	CONTENTS
IDENTIFICATIDN NUMBER					INTERMEDIARY AUTHDRIZED TD PRDCESS INSTITUTIDNAL CLAIMS FRDM PRDVIDERS AND TD A CARRIER AUTHDRIZED TD PRDCESS CWFB CLAIMS FRDM PHYSICIANS/SUPPLIERS.

STANDARD ALIAS: FICARR_IDENT_NUM
CDMMDN ALIAS: INTERMEDIARY_NUM/CARRIER_NUM
SAS ALIAS: FICARR

SDURCE:
CWF

15. CARRIER CLAIM CDNTRDL NUMBER CHAR 15 45 59 UNIQUE CDNTRDL NUMBER ASSIGNED BY A CARRIER TD A CWFB CLAIM.

STANDARD ALIAS: CARR_CLM_CNTL_NUM
CDMMDN ALIAS: CCN
SAS ALIAS: CARRCNTL

EDIT-RULES:
LEFT JUSTIFY

CDMMENT:
FDR THE CWFB CLAIM, THIS FIELD ALLDWS HCFA
TD ASSDCIATE EACH LINE ITEM WITH ITS
RESPECTIVE CLAIM.

SDURCE:
CWF

16. CWFB CLAIM REFERRING PHYSICIAN PRDFILING NUMBER CHAR 10 60 69 CARRIER-ASSIGNED IDENTIFICATIDN (PRDFILING) NUMBER DF THE PHYSICIAN WHD REFERRED THE BENEFICIARY TD THE PHYSICIAN THAT PERFDRMED THE PART B SERVICES.

STANDARD ALIAS: CWFB_CLM_RFRG_PHYSN_PRFLG_NUM
CDMMDN ALIAS: REFERRING_PHYSICIAN_PIN
SAS ALIAS: RFR_PRFL

SDURCE:
CWF

17. CWFB CLAIM REFERRING PHYSICIAN UPIN NUMBER CHAR 6 70 75 THE UNIQUE PHYSICIAN IDENTIFICATIDN NUMBER (UPIN) DF THE PHYSICIAN WHD REFERRED THE BENEFICIARY TD THE PHYSICIAN WHD PERFDRMED THE PART B SERVICES.

STANDARD ALIAS: CWFB_CLM_RFRG_PHYSN_UPIN_NUM
CDMMDN ALIAS: REFERRING_PHYSICIAN_UPIN
SAS ALIAS: RFR_UPIN

SDURCE:
CWF

**** CWF PART B DIAGNDSIS GRDUP GRDUP 20 76 95 THE PRINCIPAL DIAGNDSIS CDDE, SHDWN IN THE

NAME	TYPE	LENGTH	PDSITIDNS BEG END		CDNTENTS
					MEDICAL RECDRD TD BE CHIEFLY RESPDNSIBLE FDR THE SERVICES PRDVIDED IS THE FIRST DCCURRENCE.
					STANDARD ALIAS: CWFB_DGNS_GRP
18. CWFB CLAIM DIAGNDSIS CDDE	CHAR	5	76	80	DN A CWFB CLAIM, THE ICD-9-CM CDDE IDENTIFYING THE PRIMARY CDNDITIDN (PRINCIPAL DIAGNDSIS) AND ANY CDEXISTING CDNDITIDN (DTHER DIAGNDSIS) SHDWN IN THE MEDICAL RECDRDS AS AFFECTING THE SERVICES PRDVIDED.
					DCCURS: 4 TIMES
					STANDARD ALIAS: CWFB_CLM_DGNS_CD SAS ALIAS: DGNS_CD
					EDIT-RULES: ICD-9-CM
					SDURCE: CWF
19. CWFB HCFA PRDVIDER SPECIALTY CDDE	CHAR	2	96	97	HCFA SPECIALTY CDDE USED FDR PRICING THE SERVICE FDR THIS LINE ITEM DN THE CWFB CLAIM.
					STANDARD ALIAS: CWFB_HCFA_PRVDR_SPCLTY_CD SAS ALIAS: HCFASPCL

CDDES:

PRIDR TD 5/92

01 = GENERAL PRACTICE
02 = GENERAL SURGERY
03 = ALLERGY (REVISED 10/91 TD MEAN ALLERGY/
        IMMUNDLDGY)
04 = DTDLDGY, LARYNGDLDGY, RHINDLDGY (RE-
        VISED 10/91 TD MEAN DTDLARYNGDLDGY)
D5 = ANESTHESIDLDGY
06 = CARDIDVASCULAR DISEASE (REVISED 10/91
        TD MEAN CARDIDLDGY)
07 = DERMATDLDGY
08 = FAMILY PRACTICE
09 = GYNECDLDGY--DSTEDPATHS DNLY (DELETED
        10/91; CHANGED TD '16')
10 = GASTRDENTERDLDGY
11 = INTERNAL MEDICINE
12 = MANIPULATIVE THERAPY (DSTEDPATHS DNLY)
        (REVISED 10/91 TD MEAN DSTEDPATHIC
        MANIPULATIVE THERAPY)
13 = NEURDLDGY
14 = NEURDLDGICAL SURGERY (REVISED 1D/91 TD
        MEAN NEURDSURGERY)
15 = DBSTETRICS--DSTEDPATHS DNLY (DELETED
        10/91; CHANGED TD '16')

NAME	TYPE	LENGTH	POSITIONS BEG	END	CONTENTS

16 = OB-GYNECOLOGY
17 = OPHTHALMOLOGY, OTOLOGY, LARYNGOLOGY
     RHINOLOGY--OSTEOPATHS ONLY (DELETED
     10/91; CHANGED TO '18' IF PHYSICIANS
     PRACTICE IS MORE THAN 50% OPHTHALMOLOGY
     OR TO '04' IF PHYSICIAN'S PRACTICE IS
     MORE THAN 50% OTOLARYNGOLOGY. IF
     PRACTICE IS 50/50, CHOOSE SPECIALTY
     WITH GREATER ALLOWED CHARGES.
18 = OPHTHALMOLOGY
19 = ORAL SURGERY (DENTISTS ONLY)
20 = ORTHOPEDIC SURGERY
21 = PATHOLOGIC ANATOMY, CLINICAL PATHOLOGY-
     OSTEOPATHS ONLY (DELETED 10/91;
     CHANGED TO '22')
22 = PATHOLOGY
23 = PERIPHERAL VASCULAR DISEASE OR SURGERY
     (DELETED 10/91; CHANGED TO '76')
24 = PLASTIC SURGERY (REVISED TO MEAN
     PLASTIC AND RECONSTRUCTIVE SURGERY).
25 = PHYSICAL MEDICINE AND REHABILITATION
26 = PSYCHIATRY
27 = PSYCHIATRY, NEUROLOGY (OSTEOPATHS ONLY)
     (DELETED 10/91; CHANGED TO '86')
28 = PROCTOLOGY (REVISED 10/91 TO MEAN
     COLORECTAL SURGERY).
29 = PULMONARY DISEASE
30 = RADIOLOGY (REVISED 10/91 TO MEAN DIAG-
     NOSTIC RADIOLOGY)
31 = ROENTGENOLOGY, RADIOLOGY (OSTEOPATHS)
     (DELETED 10/91; CHANGED TO '30')
32 = RADIATION THERAPY--OSTEOPATHS (DELETED
     10/91; CHANGED TO '92')
33 = THORACIC SURGERY
34 = UROLOGY
35 = CHIROPRACTOR, LICENSED (REVISED 10/91
     TO MEAN CHIROPRACTIC)
36 = NUCLEAR MEDICINE
37 = PEDIATRICS (REVISED 10/91 TO MEAN PEDI-
     ATRIC MEDICINE)
38 = GERIATRICS (REVISED 10/91 TO MEAN GERI-
     ATRIC MEDICINE)
39 = NEPHROLOGY
40 = HAND SURGERY
41 = OPTOMETRIST - SERVICES RELATED TO
     CONDITION OF APHAKIA (REVISED 10/91 TO
     MEAN OPTOMETRIST)
42 = CERTIFIED NURSE MIDWIFE (ADDED 7/88)
43 = CERTIFIED REGISTERED NURSE ANESTHETIST
     (REVISED 10/91 TO MEAN CRNA,
     ANESTHESIA ASSISTANT)
44 = INFECTIOUS DISEASE
46 = ENDOCRINOLOGY (ADDED 10/91)
48 = PODIATRY - SURGERY CHIROPODY (REVISED

NAME	TYPE	LENGTH	POSITIONS BEG END	CONTENTS

10/91 TO MEAN PODIATRY)
49 = MISCELLANEOUS (INC ASCS)
51 = MEDICAL SUPPLY COMPANY WITH C.O. CER-
TIFICATION (CERTIFIED ORTHOTIST -
CERTIFIED BY AMERICAN BOARD FOR CER-
TIFICATION IN PROSTHETICS AND ORTHO-
TICS.
52 = MEDICAL SUPPLY COMPANY WITH C.P. CERTI-
FICATION (CERTIFIED PROSTHETIST - CER-
TIFIED BY AMERICAN BOARD FOR CERTIFI-
CATION IN PROSTHETICS AND ORTHOTICS).
53 = MEDICAL SUPPLY COMPANY WITH C.P.O. CER-
TIFICATION (CERTIFIED PROSTHETICS -
ORTHOTIST - CERTIFIED BY AMERICAN
BOARD FOR CERTIFICATION IN PROSTHETICS
AND ORTHOTICS).
54 = MEDICAL SUPPLY COMPANY NOT INCLUDED IN
51, 52, OR 53.
55 = INDIVIDUAL CERTIFIED ORTHOTIST
56 = INDIVIDUAL CERTIFIED PROSTHETIST
57 = INDIVIDUAL CERTIFIED PROSTHETICS -
ORTHOTIST
58 = INDIVIDUALS NOT INCLUDED IN 55,56 OR 57
59 = AMBULANCE SERVICE SUPPLIER (E.G. PRI-
VATE AMBULANCE COMPANIES, FUNERAL
HOMES, ETC.)
60 = PUBLIC HEALTH OR WELFARE AGENCIES
(FEDERAL, STATE, AND LOCAL)
61 = VOLUNTARY HEALTH OR CHARITABLE AGENCIES
(E.G. NATIONAL CANCER SOCIETY, NATION-
AL HEART ASSOCIATION, CATHOLIC CHAR-
ITIES)
62 = PSYCHOLOGIST--BILLING INDEPENDENTLY
63 = PORTABLE X-RAY SUPPLIER--BILLING IN-
DEPENDENTLY (REVISED 10/91 TO MEAN
PORTABLE X-RAY SUPPLIER)
64 = AUDIOLOGIST (BILLING INDEPENDENTLY)
65 = PHYSICAL THERAPIST (INDEPENDENT PRAC-
TICE)
66 = RHEUMATOLOGY (ADDED 10/91)
67 = OCCUPATIONAL THERAPIST--INDEPENDENT
PRACTICE
68 = CLINICAL PSYCHOLOGIST
69 = INDEPENDENT LABORATORY--BILLING
INDEPENDENTLY (REVISED 10/91 TO MEAN
INDEPENDENT CLINICAL LABORATORY --
BILLING INDEPENDENTLY)
70 = CLINIC OR OTHER GROUP PRACTICE, EXCEPT
GROUP PRACTICE PREPAYMENT PLAN (GPPP)
71 = GROUP PRACTICE PREPAYMENT PLAN - DIAG-
NOSTIC X-RAY
72 = GROUP PRACTICE PREPAYMENT PLAN - DIAG-
NOSTIC LABORATORY
73 = GROUP PRACTICE PREPAYMENT PLAN -

NAME	TYPE	LENGTH	POSITIONS BEG	END	CONTENTS

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                                           PHYSIDTHERAPY
                                      74 = GRDUP PRACTICE PREPAYMENT PLAN - DCCU-
                                           PATIDNAL THERAPY
                                      75 = GRDUP PRACTICE PREPAYMENT PLAN - DTHER
                                           MEDICAL CARE
                                      76 = PERIPHERAL VASCULAR DISEASE
                                           (ADDED 1D/91)
                                      77 = VASCULAR SURGERY (ADDED 1D/91)
                                      78 = CARDIAC SURGERY (ADDED 1D/91)
                                      79 = ADDICTIDN MEDICINE (ADDED 1D/91)
                                      8D = CLINICAL SDCIAL WDRKER (1991)
                                      81 = CRITICAL CARE-INTENSIVISTS (ADDED 1D/91
                                      82 = DPHTHALMDLDGY, CATARACTS SPECIALTY
                                             (ADDED 1D/91)
                                      83 = HEMATDLDGY/DNCDLDGY (ADDED 1D/91)
                                      84 = PREVENTIVE MEDICINE (ADDED 1D/91)
                                      85 = MAXILLDFACIAL SURGERY (ADDED 1D/91)
                                      86 = NEURDPSYCHIATRY (ADDED 1D/91)
                                      87 = ALL DTHER (E.G. DRUG AND DEPARTMENT
                                           STDRES) (REVISED 1D/91 TD MEAN ALL
                                           DTHER SUPPLIERS)
                                      88 = UNKNDWN (REVISED 1D/91 TD MEAN
                                           PHYSICIAN ASSISTANT)
                                      9D = MEDICAL DNCDLDGY (ADDED 1D/91)
                                      91 = SURGICAL DNCDLDGY (ADDED 1D/91)
                                      92 = RADIATIDN DNCDLDGY (ADDED 1D/91)
                                      93 = EMERGENCY MEDICINE (ADDED 1D/91)
                                      94 = INTERVENTIDNAL RADIDLDGY (ADDED 1D/91)
                                      95 = INDEPENDENT PHYSIDLDGICAL LABDRATDRY
                                           (ADDED 1D/91)
                                      96 = UNKNDWN PHYSICIAN SPECIALTY
                                           (ADDED 1D/91)
                                      99 = UNKNDWN--INCL. SDCIAL WDRKER'S PSY-
                                           CHIATRIC SERVICES (REVISED 1D/91 TD
                                           MEAN UNKNDWN SUPPLIER/PRDVIDER)
                                           -----------------------------------
                                               **EFFECTIVE 5/92**

                                      DD = CARRIER WIDE
                                      D1 = GENERAL PRACTICE
                                      D2 = GENERAL SURGERY
                                      D3 = ALLERGY/IMMUNDLDGY
                                      D4 = DTDLARYNGDLDGY
                                      D5 = ANESTHESIDLDGY
                                      D6 = CARDIDLDGY
                                      D7 = DERMATDLDGY
                                      D8 = FAMILY PRACTICE
                                      D9 = GYNECDLDGY (DSTEDPATHS DNLY)
                                           (DISCDNTINUED 5/92 USE CDDE 16)
                                      1D = GASTRDENTERDLDGY
                                      11 = INTERNAL MEDICINE
                                      12 = DSTEDPATHIC MANIPULATIVE THERAPY
                                      13 = NEURDLDGY
                                      14 = NEURDSURGERY
```

NAME	TYPE	LENGTH	PDSITIDNS BEG END	CDNTENTS
				15 = DBSTETRICS (DSTEDPATHS DNLY) (DISCDNTINUED 5/92 USE CDDE 16)
				16 = DBSTETRICS/GYNECDLDGY
				17 = DPHTHALMDLDGY, DTDLDGY, LARYNGDLDGY, RHINDLDGY (DSTEDPATHS DNLY) (DISCDNTINUED 5/92 USE CDDES 18 DR D4 DEPENDING DN PERCENTAGE DF PRACTICE)
				18 = DPHTHALMDLDGY
				19 = DRAL SURGERY (DENTISTS DNLY)
				2D = DRTHDPEDIC SURGERY
				21 = PATHDLDGIC ANATDMY, CLINICAL PATHDLDGY (DSTEDPATHS DNLY) (DISCDNTINUED 5/92 USE CDDE 22)
				22 = PATHDLDGY
				23 = PERIPHERAL VASCULAR DISEASE, MEDICAL DR SURGICAL (DSTEDPATHS DNLY) (DISCDNTINUED 5/92 USE CDDE 76)
				24 = PLASTIC AND RECDNSTRUCTIVE SURGERY
				25 = PHYSICAL MEDICINE AND REHABILITATIDN
				26 = PSYCHIATRY
				27 = PSYCHIATRY, NEURDLDGY (DSTEDPATHS DNLY) (DISCDNTINUED 5/92 USE CDDE 86)
				28 = CDLDRECTAL SURGERY (FDRMERLY PRDCTDLDGY)
				29 = PULMDNARY DISEASE
				3D = DIAGNDSTIC RADIDLDGY
				31 = RDENTGENDLDGY, RADIDLDGY (DSTEDPATHS DNLY) (DISCDNTINUED 5/92 USE CDDE 3D)
				32 = RADIATIDN THERAPY (DSTEDPATHS DNLY) (DISCDNTINUED 5/92 USE CDDE 92)
				33 = THDRACIC SURGERY
				34 = URDLDGY
				35 = CHIRDPRACTIC
				36 = NUCLEAR MEDICINE
				37 = PEDIATRIC MEDICINE
				38 = GERIATRIC MEDICINE
				39 = NEPHRDLDGY
				4D = HAND SURGERY
				41 = DPTDMETRY (REVISED 1D/93 TD MEAN DPTDMETRIST)
				42 = CERTIFIED NURSE MIDWIFE (EFF 1/87)
				43 = CRNA, ANESTHESIA ASSISTANT (EFF 1/87)
				44 = INFECTIDUS DISEASE
				45 = MAMMDGRAPHY SCREENING CENTER
				46 = ENDDCRINDLDGY (EFF 5/92)
				48 = PDDIATRY
				49 = AMBULATDRY SURGICAL CENTER (FDRMERLY MISCELLANEDUS)
				5D = NURSE PRACTITIDNER
				51 = MEDICAL SUPPLY CDMPANY WITH CERTIFIED DRTHDTIST (CERTIFIED BY AMERICAN BDARD FDR CERTIFICATIDN IN PRDSTHETICS AND DRTHDTICS)

NAME	TYPE	LENGTH	POSITIONS BEG	END	CONTENTS

```
                                              52 = MEDICAL SUPPLY CDMPANY WITH
                                                   CERTIFIED PRDSTHETIST
                                                   (CERTIFIED BY AMERICAN BDARD FDR
                                                   CERTIFICATIDN IN PRDSTHETICS AND
                                                   DRTHDTICS)
                                              53 = MEDICAL SUPPLY CDMPANY WITH
                                                   CERTIFIED PRDSTHETIST-DRTHDTIST
                                                   (CERTIFIED BY AMERICAN BDARD FDR
                                                   CERTIFICATIDN IN PRDSTHETICS
                                                   AND DRTHDTICS)
                                              54 = MEDICAL SUPPLY CDMPANY NDT INCLUDED
                                                   IN 51, 52, DR 53. (REVISED 1D/93
                                                   TD MEAN MEDICAL SUPPLY CDMPANY)
                                              55 = INDIVIDUAL CERTIFIED DRTHDTIST
                                              56 = INDIVIDUAL CERTIFIED PRDSTHETIST
                                              57 = INDIVIDUAL CERTIFIED PROSTHETIST-
                                                   DRTHDTIST
                                              58 = INDIVIDUALS NDT INCLUDED IN 55, 56,
                                                   DR 57 (REVISED 1D/93  TD MEAN MEDICAL
                                                   SUPPLY CDMPANY WITH REGISTERED
                                                   PHARMACIST)
                                              59 = AMBULANCE SERVICE SUPPLIER, E.G.,
                                                   PRIVATE AMBULANCE CDMPANIES, FUNERAL
                                                   HDMES, ETC.
                                              6D = PUBLIC HEALTH DR WELFARE AGENCIES
                                                   (FEDERAL, STATE, AND LDCAL)
                                              61 = VDLUNTARY HEALTH DR CHARITABLE
                                                   AGENCIES (E.G., NATIDNAL CANCER
                                                   SDCIETY, NATIDNAL HEART ASSDCI-
                                                   ATIDN, CATHDLIC CHARITIES)
                                              62 = PSYCHDLDGIST (BILLING INDEPENDENTLY)
                                              63 = PDRTABLE X-RAY SUPPLIER
                                              64 = AUDIDLDGIST (BILLING INDEPENDENTLY)
                                              65 = PHYSICAL THERAPIST (INDEPENDENTLY
                                                   PRACTICING)
                                              66 = RHEUMATDLDGY (EFF 5/92)
                                              67 = DCCUPATIDNAL THERAPIST (INDEPEND-
                                                   ENTLY PRACTICING)
                                              68 = CLINICAL PSYCHDLDGIST
                                              69 = CLINICAL LABDRATDRY (BILLING
                                                   INDEPENDENTLY)
                                              7D = MULTISPECIALTY CLINIC DR GRDUP
                                                   PRACTICE
                                              71 = DIAGNDSTIC X-RAY (GPPP) (NDT TD
                                                   BE ASSIGNED AFTER 5/92)
                                              72 = DIAGNDSTIC LABDRATDRY (GPPP)
                                                   (NDT TD BE ASSIGNED AFTER 5/92)
                                              73 = PHYSIDTHERAPY (GPPP) (NDT TD BE
                                                   ASSIGNED AFTER 5/92)
                                              74 = DCCUPATIDNAL THERAPY (GPPP)
                                                   (NDT TD BE ASSIGNED AFTER 5/92)
                                              75 = DTHER MEDICAL CARE (GPPP) (NDT TD
                                                   ASSIGNED AFTER 5/92)
                                              76 = PERIPHERAL VASCULAR DISEASE
```

NAME	TYPE	LENGTH	POSITIONS BEG	END	CONTENTS
					(EFF 5/92)
					77 = VASCULAR SURGERY (EFF 5/92)
					78 = CARDIAC SURGERY (EFF 5/92)
					79 = ADDICTION MEDICINE (EFF 5/92)
					80 = LICENSED CLINICAL SOCIAL WORKER
					81 = CRITICAL CARE (INTENSIVISTS) (EFF 5/92)
					82 = HEMATOLOGY (EFF 5/92)
					83 = HEMATOLOGY/ONCOLOGY (EFF 5/92)
					84 = PREVENTIVE MEDICINE (EFF 5/92)
					85 = MAXILLOFACIAL SURGERY (EFF 5/92)
					86 = NEUROPSYCHIATRY (EFF 5/92)
					87 = ALL OTHER SUPPLIERS (E.G. DRUG AND DEPARTMENT STORES) (NOTE: DMERC USED 87 TO MEAN DEPARTMENT STORE FROM 10/93 THROUGH 9/94; RECODED EFF 10/94 TO A7; NCH CROSS-WALKED DMERC REPORTED 87 TO A7.
					88 = UNKNOWN SUPPLIER/PROVIDER SPECIALTY (NOTE: DMERC USED 87 TO MEAN GROCERY STORE FROM 10/93 - 9/94; RECODED EFF 10/94 TO A8; NCH CROSS-WALKED DMERC REPORTED 88 TO A8.
					89 = CERTIFIED CLINICAL NURSE SPECIALIST
					90 = MEDICAL ONCOLOGY (EFF 5/92)
					91 = SURGICAL ONCOLOGY (EFF 5/92)
					92 = RADIATION ONCOLOGY (EFF 5/92)
					93 = EMERGENCY MEDICINE (EFF 5/92)
					94 = INTERVENTIONAL RADIOLOGY (EFF 5/92)
					95 = INDEPENDENT PHYSIOLOGICAL LABORATORY (EFF 5/92)
					96 = OPTICIAN (EFF 10/93)
					97 = PHYSICIAN ASSISTANT (EFF 5/92)
					99 = UNKNOWN SUPPLIER/PROVIDER
					A0 = HOSPITAL (EFF 10/93)
					A1 = SNF (EFF 10/93)
					A2 = INTERMEDIATE CARE NURSING FACILITY (EFF 10/93)
					A3 = NURSING FACILITY, OTHER (EFF 10/93)
					A4 = HHA (EFF 10/93)
					A5 = PHARMACY (EFF 10/93)
					A6 = MEDICAL SUPPLY COMPANY WITH RESPIRATORY THERAPIST (EFF 10/93)
					A7 = DEPARTMENT STORE (FOR DMERC USE: EFF 10/94, BUT CROSS-WALKED FROM CODE 87 EFF 10/93)
					A8 = GROCERY STORE (FOR DMERC USE: EFF 10/94, BUT CROSS-WALKED FROM CODE 88 EFF 10/93)
					SOURCE: CWF
20. CWFB PROVIDER TYPE CODE	CHAR	1	98	98	CODE IDENTIFYING THE TYPE OF PROVIDER FURNISHING THE SERVICE FOR THIS LINE ITEM

			POSITIONS		
NAME	TYPE	LENGTH	BEG	ENO	CONTENTS
--------------------------	----	------	---------		---

ON THE PART B CLAIM.

STANOARO ALIAS: CWFB_PRVOR_TYPE_CO
SAS ALIAS: PRV_TYPE

COOES:
1 = PHYSICIANS OR SUPPLIERS REPORTING AS
    SOLO PRACTITIONERS
2 = SUPPLIERS (OTHER THAN SOLE PROPRIETOR-
    SHIP
3 = INSTITUTIONAL PROVIOER
4 = INOEPENOENT LABORATORIES
5 = CLINICS (MULTIPLE SPECIALTIES)
6 = GROUPS (SINGLE SPECIALTY)
7 = OTHER ENTITIES
O = CLINICS, GROUPS, ASSOCIATIONS, PARTNER-
        SHIPS, OR OTHER ENTITIES

SOURCE:
CWF

21. CWFB HCFA TYPE SERVICE COOE   CHAR   1   99   99   COOE INOICATING THE TYPE OF SERVICE, AS OEFINEO
                                                          IN THE HCFA MEOICARE CARRIER MANUAL, FOR THIS
                                                          LINE ITEM ON THE CWFB CLAIM.

STANOARO ALIAS: CWFB_HCFA_TYPE_SRVC_CO
SAS ALIAS: TYPSRVCB

COOES:
1 = MEOICAL CARE
2 = SURGERY
3 = CONSULTATION
4 = OIAGNOSTIC RAOIOLOGY
5 = OIAGNOSTIC LABORATORY
6 = THERAPEUTIC RAOIOLOGY
7 = ANESTHESIA
8 = ASSISTANCE AT SURGERY
9 = OTHER MEOICAL SERVICES
O = WHOLE BLOOO OR PACKEO REO CELLS
A = USEO OURABLE MEOICAL EQUIPMENT (OME),
    PROSTHETICS, ORTHOTICS
B = HIGH RISK MAMMOGRAPHY
C = LOW RISK MAMMOGRAPHY
F = AMBULATORY SURGICAL CENTER (FACILITY
    USAGE FOR SURGICAL SERVICES)
G = IMMUNOSUPPRESSIVE ORUGS
H = HOSPICE SERVICES
I = PURCHASE OF OME (INSTALLMENT BASIS)
L = RENAL SUPPLIER IN THE HOME
M = MONTHLY CAPITATION PAYMENT (OIALYSIS)
N = KIONEY OONOR
P = LUMPSUM PURCHASE OF OME, PROSTHETICS,
    ORTHOTICS
R = RENTAL OF OME

NAME	TYPE	LENGTH	POSITIONS BEG	END	CONTENTS
					T = PSYCHOLOGICAL THERAPY
					U = OCCUPATIONAL THERAPY
					V = PNEUMOCOCCAL VACCINE
					W = PHYSICAL THERAPY
					Y = SECOND OPINION ON ELECTIVE SURGERY
					Z = THIRD OPINION ON ELECTIVE SURGERY

SOURCE:
CWF

22. CWFB PROVIDER PARTICIPATING INDICATOR CODE   CHAR   1   100   100   CODE INDICATING WHETHER OR NOT A PROVIDER IS PARTICIPATING OR ACCEPTING ASSIGNMENT FOR THIS LINE ITEM ON THE PART B CLAIM.

STANDARD ALIAS: CWFB_PRVDR_PRTCPTG_IND_CD
SAS ALIAS: PRTCPTG

CODES:
1 = PARTICIPATING
2 = ALL OR SOME COVERED AND ALLOWED
    EXPENSES APPLIED TO DED. PARTICIPATING
3 = ASSIGNMENT ACCEPTED NON-PARTICIPATING
4 = ASSIGNMENT NOT ACCEPTED NON-PARTICI-
    PATING.
5 = ASSIGNMENT ACCEPTED BUT ALL OR SOME
    COVERED AND ALLOWED EXPENSES APPLIED
    TO DED. NON-PARTICIPATING.
6 = ASSIGNMENT NOT ACCEPTED AND ALL COVERED
    AND ALLOWED EXPENSES APPLIED TO DED.
    NON-PARTICIPATING.
7 = PARTICIPATING PROVIDER NOT ACCEPTING
    ASSIGNMENT.

SOURCE:
CWF

23. CWFB PROCESSING INDICATOR CODE   CHAR   1   101   101   THE CODE INDICATING THE REASON A LINE ITEM ON THE CWFB CLAIM WAS ALLOWED OR DENIED.

STANDARD ALIAS: CWFB_PRCSG_IND_CD
SAS ALIAS: PRCNGIND

CODES:
A = ALLOWED
B = BENEFITS EXHAUSTED
C = NONCOVERED CARE
D = DENIED (EXISTED PRIOR TO 1991; FROM
    BMAD)
I = INVALID DATA
L = CLIA (EFF 9/92
M = MULTIPLE SUBMITTAL--DUPLICATE LINE ITEM
N = MEDICALLY UNNECESSARY
O = OTHER
P = PHYSICIAN OWNERSHIP DENIAL (EFF 3/92)

NAME	TYPE	LENGTH	POSITIONS BEG	ENO	CONTENTS
					R = REPROCESSEO--AOJUSTMENTS BASEO ON SUBSEQUENT REPROCESSING OF CLAIM
					S = SECONOARY PAYER
					X = MSP COST AVOIOEO (EFF 12/90)
					Y = IRS/SSA OATA MATCH PROJECT - MSP COST AVOIOEO (EFF 12/90)

SOURCE:
CWF

24. CWFB PAYMENT 80%/100% COOE CHAR 1 102 102 THE COOE INOICATING THAT THE AMOUNT SHOWN IN THE PAYMENT FIELO ON THE CWFB CLAIM LINE ITEM REPRESENTS EITHER 80% OR 100% OF THE ALLOWEO CHARGES LESS ANY OEOUCTIBLE, OR 100% LIMITATION OF LIABILITY ONLY.

STANOARO ALIAS: CWFB_PMT_8O_1OO_CO
COMMON ALIAS: REIMBURSEMENT_INO
SAS ALIAS: PMTINOSW

COOES:
O = 80%
1 = 100%
3 = 100% LIMITATION OF LIABILITY ONLY

SOURCE:
CWF

25. CWFB REOUCEO PAYMENT PHYSICIAN ASSISTANT COOE CHAR 1 103 103 EFFECTIVE 1/92, THE COOE ON THE CWFB LINE ITEM THAT IOENTIFIES CLAIMS THAT HAVE BEEN PAIO A REOUCEO FEE SCHEOULE AMOUNT (65%, 75% OR 85%) BECAUSE A PHYSICIAN'S ASSISTANT PERFORMEO THE SERVICES.

STANOARO ALIAS: CWFB_ROCO_PMT_PHYSN_ASTNT_CO
COMMON ALIAS: PA_65/75/85%_FEE
SAS ALIAS: ASTNT_CO

COOES:
BLANK = AOJUSTMENT SITUATION (WHERE CLM_OISP_CO = 3)
O = NA
1 = 65%
    A) PHYSICIAN ASSISTANTS ASSISTING IN SURGERY
    B) NURSE MIOWIVES
2 = 75%
    A) PHYSICIAN ASSISTANTS PERFORMING SERVICES IN A HOSPITAL (OTHER THAN ASSISTING SURGERY)
    B) NURSE PRACTITIONERS ANO CLINICAL NURSE SPECIALISTS PERFORMING SERVICES IN RURAL AREAS
    C) CLINICAL SOCIAL WORKER SERVICES

PART B PHYSICIAN SAMPLE RECDRD

NAME	TYPE	LENGTH	POSITIONS BEG	END	CONTENTS
					3 = 85% A) PHYSICIAN ASSISTANT SERVICES FDR DTHER THAN ASSISTING SURGERY B) NURSE PRACTITIDNERS SERVICES EFFECTIVE-DATE: D1/D1/1992 SDURCE: CWF
26. CWFB SERVICE DEDUCTIBLE INDICATDR SWITCH	CHAR	1	1D4	1D4	SWITCH INDICATING WHETHER DR NDT THE SERVICE REFLECTED DN THE LINE ITEM DN THE CWFB CLAIM IS SUBJECT TD A DEDUCTIBLE. STANDARD ALIAS: CWFB_SRVC_DDCTBL_IND_SW SAS ALIAS: DDCTBLSW CDDES: D = SERVICE SUBJECT TD DEDUCTIBLE 1 = SERVICE NDT SUBJECT TD DEDUCTIBLE SDURCE: CWF
27. CWFB PAYMENT INDICATDR CDDE	CHAR	1	1D5	1D5	CDDE THAT INDICATES THE PAYMENT SCREEN USED TD DETERMINE THE ALLDWED CHARGE FDR THE LINE ITEM DN THE CWFB CLAIM. STANDARD ALIAS: CWFB_PMT_IND_CD SAS ALIAS: PMTINDCD CDDES: 1 = ACTUAL CHARGE 2 = CUSTDMARY CHARGE 3 = PREVAILING CHARGE (ADJUSTED, UNADJUSTED GAP FILL, ETC) 4 = DTHER (ASC FEES, RADIDLDGY AND DUTPATIENT LIMITS, AND NDN-PAYMENT BECAUSE DF DENIAL. 5 = LAB FEE SCHEDULE 6 = PHYSICIAN FEE SCHEDULE - FULL FEE SCHEDULE AMDUNT 7 = PHYSICIAN FEE SCHEDULE - TRANSITIDN 8 = CLINICAL PSYCHDLDGIST FEE SCHEDULE SOURCE: CWF
28. CWFB MILES/TIME/UNITS/SERVICES CDUNT	PACK	2	1D6	1D7	THE CDUNT DF THE TDTAL UNITS ASSDCIATED WITH SERVICES NEEDING UNIT REPDRTING SUCH AS TRANSPDRTATIDN, MILES, ANESTHESIA TIME UNITS, NUMBER DF SERVICES, VDLUME DF DXYGEN DR BLDDD UNITS. THIS IS A LINE ITEM FIELD DN THE CWFB CLAIM AND IS USED FDR BDTH ALLDWED AND DENIED

NAME	TYPE	LENGTH	POSITIONS BEG END	CONTENTS

SERVICES.

3 DIGITS SIGNED

STANDARD ALIAS: CWFB_MTUS_CNT
SAS ALIAS: MTUS_CNT

EDIT-RULES:
FOR CWFB_MTUS_IND_CD EQUAL TO 2 (ANESTHESIA
TIME UNITS) THERE IS ONE IMPLIED DECIMAL POINT.

SOURCE:
CWF

29. CWFB   CHAR   1   108 108   CODE INDICATING THE UNITS ASSOCIATED WITH
    MILE/TIME/UNITS/SERVICES   SERVICES NEEDING UNIT REPORTING ON THE LINE
    INDICATOR CODE   ITEM FOR THE CWFB CLAIM.

STANDARD ALIAS: CWFB_MTUS_IND_CD
SAS ALIAS: MTUS_IND

CODES:
0 = VALUES REPORTED AS ZERO (NO ALLOWED
    ACTIVITIES)
1 = TRANSPORTATION (AMBULANCE) MILES
2 = ANESTHESIA TIME UNITS
3 = SERVICES
4 = OXYGEN UNITS
5 = UNITS OF BLOOD
6 = ANESTHESIA BASE AND TIME UNITS (PRIOR
    TO 1991; FROM BMAD)

SOURCE:
CWF

30. HCFA COMMON PROCEDURE   CHAR   5   109 113   THE HEALTH CARE FINANCING ADMINISTRATION (HCFA)
    CODING SYSTEM CODE   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:

LEVEL I
    CODES COPYRIGHTED BY THE AMERICAN MEDICAL
    ASSOCIATION'S CURRENT PROCEDURAL
    TERMINOLOGY, FOURTH EDITION (CPT-4). THESE
    THESE ARE 5 POSITION NUMERIC CODES
    REPRESENTING PHYSICIAN AND NONPHYSICIAN
    SERVICES.

LEVEL II

NAME	TYPE	LENGTH	POSITIONS BEG ENO	CONTENTS
				CODES APPROVEO ANO MAINTAINEO JOINTLY BY THE ALPHA-NUMERIC WORKGROUP (CONSISTING OF HCFA, THE HEALTH INSURANCE ASSOCIATION OF AMERICA, ANO THE BLUE CROSS ANO BLUE SHIELO ASSOCIATION). THESE ARE 5 POSITION ALPHA-NUMERIC CODES REPRESENTING PHYSICIAN ANO NONPHYSICIAN SERVICES THAT ARE NOT REPRESENTEO IN THE LEVEL I COOES.

LEVEL III
   CODES OEVELOPEO BY MEOICARE 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
   PHYSICIAN ANO NONPHYSICIAN SERVICES THAT
   ARE NOT REPRESENTEO IN THE LEVEL I OR
   LEVEL II COOES.

STANOARO ALIAS: HCPCS_CO
SAS ALIAS: HCPCS_CO

COMMENT:
THIS ELEMENT IS USEO BY CARRIERS TO PAY SMI
CLAIMS ANO BY INTERMEOIARIES TO INOICATE
OIAGNOSTIC CLINICAL LABORATORY TESTS, SURGICAL
PROCEOURES, ANO OTHER PROCEOURES SUCH AS
RAOIOLOGY. NOT REQUIREO FOR INPATIENT CLAIMS.
NOT APPLICABLE WHERE THE CWFB OME NATIONAL
COOE (NOC) IS USEO. FOR OUTPATIENT INSTITUTIONAL
CLAIMS, A 'PSUEOO' HCPCS CAN REPRESENT THE NOC
IOENTIFYING ORAL ANTI-CANCER ORUG SERVICES.
   AMA UPOATES THE CPT-4 COOES ANNUALLY ANO
PROVIOES THEM TO HCFA. HCFA UPOATES THE
HCPCS COOES WITH THE AMA CPT-4 UPOATES IN
AOOITION TO ANY OTHER COOES THAT HCFA HAS
OEVELOPEO ANO PROVIOES THE COOES TO
INTERMEOIARIES.

SOURCE:
CWF

| 31. HCPCS INITIAL MOOIFIER CODE | CHAR | 2 | 114 115 | A FIRST MOOIFIER TO THE PROCEOURE CODE TO ENABLE A MORE SPECIFIC PROCEOURE IOENTIFICATION FOR THE INSTITUTIONAL OR CWFB CLAIM. |

STANOARO ALIAS: HCPCS_INITL_MOFR_CO
SAS ALIAS: MOFR_CO1

EOIT-RULES:
CARRIER INFORMATION FILE

SOURCE:
CWF

NAME	TYPE	LENGTH	POSITIONS BEG	END	CONTENTS

32. HCPCS SECOND MODIFIER CODE   CHAR   2   116   117   A SECOND MODIFIER TO THE PROCEDURE CODE TO
                                                            MAKE IT MORE SPECIFIC THAN THE FIRST MODIFIER
                                                            CODE TO IDENTIFY THE PROCEDURES PERFORMED ON
                                                            THE BENEFICIARY FOR THIS INSTITUTIONAL OR
                                                            CWFB CLAIM.

                                                            STANDARD ALIAS: HCPCS_2ND_MDFR_CD
                                                            SAS ALIAS: MDFR_CD2

                                                            EDIT-RULES:
                                                            CARRIER INFORMATION FILE

                                                            SOURCE:
                                                            CWF

33. CWFB SUBMITTED CHARGE   PACK   4   118   121   THE AMOUNT OF SUBMITTED CHARGES REPORTED ON
    AMOUNT   THE LINE ITEM ON THE CWFB CLAIM.

                                                        5.2 DIGITS SIGNED

                                                        STANDARD ALIAS: CWFB_SBMT_CHRG_AMT
                                                        SAS ALIAS: SBMTCHRG

                                                        EDIT-RULES:
                                                        $$$$$CC

                                                        SOURCE:
                                                        CWF

34. CWFB ALLOWED CHARGE AMOUNT   PACK   4   122   125   THE AMOUNT OF ALLOWED CHARGES REPORTED ON THE
                                                            LINE ITEM ON THE CWFB CLAIM.

                                                            5.2 DIGITS SIGNED

                                                            STANDARD ALIAS: CWFB_ALOW_CHRG_AMT
                                                            SAS ALIAS: ALOWCHRG

                                                            EDIT-RULES:
                                                            $$$$$CC
                                                            THE ALLOWED CHARGE IS DETERMINED BY THE
                                                            LOWER OF THREE CHARGES: PREVAILING, CUSTOMARY,
                                                            OR ACTUAL.

                                                            COMMENT:
                                                            THE CHARGE IS USED TO COMPUTE PAY TO PROVIDERS
                                                            OR REIMBURSEMENT TO BENEFICIARIES.

                                                            SOURCE:
                                                            CWF

35. CWFB PROVIDER TAX NUMBER   CHAR   10   126   135   SOCIAL SECURITY NUMBER OR EMPLOYEE
                                                            IDENTIFICATION NUMBER OF PHYSICIAN/SUPPLIER
                                                            USED TO IDENTIFY TO WHOM PAYMENT IS MADE FOR

PART B PHYSICIAN SAMPLE RECORD

			POSITIONS		
NAME	TYPE	LENGTH	BEG	END	CONTENTS

THE SERVICE INCLUDED AS A LINE ITEM ON THE
CWFB CLAIM.

STANDARD ALIAS: CWFB_PRVDR_TAX_NUM
SAS ALIAS: TAX_NUM

SOURCE:
CWFB CLAIMS

36. CWFB CARRIER PRICING LOCALITY CODE — CHAR — 2 — 136 — 137

CODE DENOTING THE CARRIER-SPECIFIC LOCALITY
USED FOR PRICING THE SERVICE FOR THIS LINE
ITEM ON THE CWFB CLAIM.

STANDARD ALIAS: CWFB_CARR_PRCNG_LCLTY_CD
SAS ALIAS: LCLTY_CD

EDIT-RULES:
CARRIER INFORMATION FILE

SOURCE:
CWF

37. CWFB CARRIER PROVIDER SPECIALTY CODE — CHAR — 2 — 138 — 139

CARRIER'S SPECIALTY CODE FOR THE PROVIDER
(USUALLY DIFFERENT FROM HCFA'S) USED FOR
PRICING THE SERVICE FOR THIS LINE ITEM ON
THE CWFB CLAIM.

STANDARD ALIAS: CWFB_CARR_PRVDR_SPCLTY_CD
SAS ALIAS: CARRSPCL

EDIT-RULES:
CARRIER INFORMATION FILE

SOURCE:
CWF

38. CWFB CARRIER TYPE SERVICE CODE — CHAR — 2 — 140 — 141

CARRIER'S TYPE OF SERVICE CODE (USUALLY
DIFFERENT FROM HCFA'S) USED FOR PRICING THE
SERVICE REPORTED ON THE LINE ITEM ON THE
CWFB CLAIM.

STANDARD ALIAS: CWFB_CARR_TYPE_SRVC_CD
SAS ALIAS: PTYPESRV

SOURCE:
CWF

39. CWFB PLACE OF SERVICE CODE — CHAR — 2 — 142 — 143

THE CODE INDICATING THE PLACE OF SERVICE, AS
DEFINED IN THE MEDICARE CARRIER MANUAL, FOR
THIS LINE ITEM ON THE CWFB CLAIM.

STANDARD ALIAS: CWFB_PLC_SRVC_CD
COMMON ALIAS: POS
SAS ALIAS: PLCSRVC

```
                          POSITIONS
     NAME              TYPE  LENGTH BEG  ENO                              CONTENTS
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                                               COOES:
                                                             **PRIOR TO 1/92**

                                                 1 = OFFICE
                                                 2 = HOME
                                                 3 = INPATIENT HOSPITAL
                                                 4 = SNF
                                                 5 = OUTPATIENT HOSPITAL
                                                 6 = INOEPENOENT LAB
                                                 7 = OTHER
                                                 8 = INOEPENOENT KIONEY OISEASE TREATMENT
                                                     CENTER
                                                 9 = AMBULATORY
                                                 A = AMBULANCE SERVICE
                                                 H = HOSPICE
                                                 M = MENTAL HEALTH, RURAL MENTAL HEALTH
                                                 N = NURSING HOME
                                                 R = RURAL COOES

                                                   ------------------------------------------
                                                             **EFFECTIVE 1/92**

                                                11 = OFFICE
                                                12 = HOME
                                                21 = INPATIENT HOSPITAL
                                                22 = OUTPATIENT HOSPITAL
                                                23 = EMERGENCY ROOM - HOSPITAL
                                                24 = AMBULATORY SURGICAL CENTER
                                                25 = BIRTHING CENTER
                                                26 = MILITARY TREATMENT FACILITY
                                                31 = SKILLEO NURSING FACILITY
                                                32 = NURSING FACILITY
                                                33 = CUSTOOIAL CARE FACILITY
                                                34 = HOSPICE
                                                41 = AMBULANCE - LANO
                                                42 = AMBULANCE - AIR OR WATER
                                                51 = INPATIENT PSYCHIATRIC FACILITY
                                                52 = PSYCHIATRIC FACILITY PARTIAL HOSPITAL-
                                                     IZATION
                                                53 = COMMUNITY MENTAL HEALTH CENTER
                                                54 = INTERMEOIATE CARE FACILITY/MENTALLY
                                                     RETAROEO
                                                55 = RESIOENTIAL SUBSTANCE ABUSE TREATMENT
                                                     FACILITY
                                                56 = PSYCHIATRIC RESIOENTIAL TREATMENT
                                                     CENTER
                                                61 = COMPREHENSIVE INPATIENT REHABILITATION
                                                     FACILITY
                                                62 = COMPREHENSIVE OUTPATIENT REHABILITATION
                                                     FACILITY
                                                65 = ENO STAGE RENAL OISEASE TREATMENT
                                                71 = STATE OR LOCAL PUBLIC HEALTH CLINIC
                                                72 = RURAL HEALTH CLINIC
```

PART B PHYSICIAN SAMPLE RECORD

NAME	TYPE	LENGTH	POSITIONS BEG	END	CONTENTS
					81 = INDEPENDENT LABORATORY
					99 = OTHER UNLISTED FACILITY

SOURCE:
CWF

40. CWFB FIRST EXPENSE DATE BIN 4 144 147 BEGINNING DATE (1ST EXPENSE) FOR THIS SERVICE INCLUDED AS A LINE ITEM ON THE CWFB CLAIM.

9 DIGITS SIGNED

STANDARD ALIAS: CWFB_1ST_EXPNS_DT
SAS ALIAS: EXPNSDT1

EDIT-RULES:
YYYYMMDD

SOURCE:
CWF

41. CWFB LAST EXPENSE DATE BIN 4 148 151 THE ENDING DATE (LAST EXPENSE) FOR A SERVICE INCLUDED AS A LINE ITEM ON THE CWFB CLAIM.

9 DIGITS SIGNED

STANDARD ALIAS: CWFB_LAST_EXPNS_DT
SAS ALIAS: EXPNSDT2

EDIT-RULES:
YYYYMMDD

SOURCE:
CWF

42. CWFB PERFORMING PROVIDER PROFILING NUMBER CHAR 10 152 161 THE PROFILING IDENTIFICATION NUMBER OF THE PHYSICIAN\SUPPLIER WHO PERFORMED THE SERVICE FOR THIS LINE ITEM ON THE CWFB CLAIM.

STANDARD ALIAS: CWFB_PRFRMG_PRVDR_PRFLG_NUM
COMMON ALIAS: PHYSICIAN/SUPPLIER_PROVIDER_NUM
SAS ALIAS: PRF_PRFL

SOURCE:
CWF

43. CWFB SERVICE COUNT PACK 2 162 163 THE COUNT OF THE TOTAL NUMBER OF SERVICES PROCESSED FOR THE LINE ITEM ON THE CWFB CLAIM.

3 DIGITS SIGNED

STANDARD ALIAS: CWFB_SRVC_CNT
SAS ALIAS: SRVC_CNT

SOURCE:

NAME	TYPE	LENGTH	POSITIONS BEG END		CONTENTS
					CWF
44. CWFB LINE DIAGNOSIS CODE	CHAR	5	164	168	THE ICD-9-CM CODE INDICATING THE DIAGNOSIS SUPPORTING THIS PROCEDURE/SERVICE AT THE LINE ITEM LEVEL ON THE CWFB CLAIM.

STANDARD ALIAS: CWFB_LINE_DGNS_CD
SAS ALIAS: LINEDGNS

EDIT-RULES:
ICD-9-CM

SOURCE:
CWF

| 45. CWFB ANESTHESIA BASE UNIT COUNT | PACK | 2 | 169 | 170 | THE BASE NUMBER OF UNITS ASSIGNED TO AN ANESTHESIA PROCEDURE FOR THIS LINE ITEM ON THE CWFB CLAIM. |

3 DIGITS SIGNED

STANDARD ALIAS: CWFB_ANSTHSA_BASE_UNIT_CNT
SAS ALIAS: ANSTHUNT

SOURCE:
CWF

| 46. CLAIM PAYMENT AMOUNT | PACK | 5 | 171 | 175 | AMOUNT OF PAYMENT MADE TO PROVIDER AND/OR BENEFICIARY FROM THE TRUST FUNDS (AFTER DEDUCTIBLE AND COINSURANCE AMOUNTS HAVE BEEN PAID) FOR THE SERVICES COVERED BY AN INSTITUTIONAL CLAIM, OR FOR THE SERVICES INCLUDED AS A LINE ITEM ON A CWFB PHYSICIAN/ SUPPLIER CLAIM. THIS PAYMENT AMOUNT DOES NOT INCLUDE ANY AUTOMATIC ADJUSTMENTS. FOR INSTITUTIONAL CLAIMS, THIS PAYMENT AMOUNT ALSO DOES NOT INCLUDE ANY PASS-THROUGH PER DIEM AMOUNTS OR ORGAN ACQUISITION COSTS. |

7.2 DIGITS SIGNED

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

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

SOURCE:
CWF

| 47. BENEFICIARY PART B DEDUCTIBLE LIABILITY AMOUNT | PACK | 3 | 176 | 178 | THE AMOUNT OF MONEY FOR WHICH THE INTERMEDIARY OR CARRIER HAS DETERMINED THAT THE BENEFICIARY IS LIABLE FOR THE PART B |

NAME	TYPE	LENGTH	POSITIONS BEG	END	CONTENTS
					CASH DEDUCTIBLE ON THE INSTITUTIONAL OR CWFB CLAIM.
					3.2 DIGITS SIGNED
					STANDARD ALIAS: BENE_PTB_DDCTBL_LBLTY_AMT
					SAS ALIAS: PTB_DED
					EDIT-RULES: $$$CC
					SOURCE: CWF
48. CWFB PSYCHIATRIC, OCCUPATIONAL THERAPY, PHYSICAL THERAPY LIMIT AMOUNT	PACK	4	179	182	FOR TYPE OF SERVICE PSYCHIATRIC, OCCUPATIONAL THERAPY OR PHYSICAL THERAPY, THE AMOUNT OF ALLOWED CHARGES APPLIED TOWARD THE LIMIT CAP FOR THIS LINE ITEM ON THE CWFB CLAIM.
					5.2 DIGITS SIGNED
					STANDARD ALIAS: CWFB_PSYCH_OT_PT_LMT_AMT
					SAS ALIAS: LMT_AMT
					EDIT-RULES: $$$$$CC
					SOURCE: CWF
49. BENEFICIARY PRIMARY PAYER CLAIM PAYMENT AMOUNT	PACK	4	183	186	THE AMOUNT OF A PAYMENT MADE ON BEHALF OF A MEDICARE BENEFICIARY BY A PRIMARY PAYER OTHER THAN MEDICARE, THAT THE PROVIDER IS APPLYING TO COVERED MEDICARE CHARGES ON AN INSTITUTIONAL OR CWFB CLAIM.
					5.2 DIGITS SIGNED
					STANDARD ALIAS: BENE_PRMRY_PYR_CLM_PMT_AMT
					SAS ALIAS: PRPAYAMT
					EDIT-RULES: $$$$CC
					SOURCE: CWF
50. BENEFICIARY PRIMARY PAYER CODE	CHAR	1	187	187	SPECIFIES A FEDERAL NON-MEDICARE PROGRAM OR OTHER SOURCE THAT HAS PRIMARY RESPONSIBILITY FOR THE PAYMENT OF THE MEDICARE BENEFICIARY'S MEDICAL BILLS.
					STANDARD ALIAS: BENE_PRMRY_PYR_CD
					SAS ALIAS: PRPAY_CD

NAME	TYPE	LENGTH	POSITIONS BEG END	CONTENTS

```
                                                 CODES:
                                                 A = WORKING AGED BENE/SPOUSE WITH EMPLOYER
                                                     GROUP HEALTH PLAN (EGHP)
                                                 B = END STAGE RENAL DISEASE (ESRD) BENEFICIARY
                                                     IN THE 18 MONTH COORDINATION PERIOD WITH
                                                     AN EMPLOYER GROUP HEALTH PLAN
                                                 C = CONDITIONAL PAYMENT BY MEDICARE; FUTURE
                                                     REIMBURSEMENT EXPECTED
                                                 D = AUTOMOBILE NO-FAULT OR ANY LIABILITY
                                                     INSURANCE
                                                 E = WORKERS' COMPENSATION
                                                 F = PUBLIC HEALTH SERVICE OR OTHER FEDERAL
                                                     AGENCY (OTHER THAN DEPT. OF VETERANS
                                                     AFFAIRS)
                                                 G = WORKING DISABLED
                                                 H = BLACK LUNG
                                                 I = DEPT. OF VETERANS AFFAIRS
                                                 J = ANY LIABILITY INSURANCE
                                                 1 = POTENTIAL WORKERS' COMPENSATION
                                                 2 = POTENTIAL BLACK LUNG
                                                 3 = POTENTIAL DEPT. OF VETERANS AFFAIRS

                                                   *EFFECTIVE 12/90 FOR CWFB CLAIMS;
                                                             10/93 FOR INSTITUTIONAL CLAIMS

                                                 M = OVERRIDE CODE:  EGHP SERVICES INVOLVED
                                                 N = OVERRIDE CODE:  NON-EGHP SERVICES INVOLVED
                                                 X = OVERRIDE CODE MSP COST AVOIDED
                                                 BLANK = MEDICARE IS PRIMARY PAYER

                                                         ***PRIOR TO 12/90***

                                                 Y = OTHER SECONDARY PAYER INVESTIGATION
                                                     SHOWS MEDICARE AS PRIMARY PAYER
                                                 Z = MEDICARE IS PRIMARY PAYER

                                                 SOURCE:
                                                 CWF,VA,DOL,SSA
```

NAME	TYPE	LENGTH	POSITIONS BEG	END	CONTENTS
51. CWFB PERFORMING PROVIDER UPIN NUMBER	CHAR	6	188	193	THE UNIQUE PHYSICIAN IDENTIFICATION NUMBER (UPIN) OF THE PHYSICIAN WHO PERFORMED THE SERVICE FOR THIS LINE ITEM ON THE CWFB CLAIM.

```
                                                 STANDARD ALIAS: CWFB_PRFRMG_PRVDR_UPIN_NUM
                                                 SAS ALIAS: PRF_UPIN

                                                 SOURCE:
                                                 CWF
```

NAME	TYPE	LENGTH	POSITIONS BEG	END	CONTENTS
52. CWFB PERFORMING PROVIDER ZIP CODE	PACK	5	194	198	THE ZIP CODE OF THE PHYSICIAN/SUPPLIER WHO PERFORMED THE PART B SERVICE FOR THIS LINE ITEM ON THE CWFB CLAIM.

NAME	TYPE	LENGTH	POSITIONS BEG	ENO	CONTENTS
					9 OIGITS SIGNEO

STANOARO ALIAS: CWFB_PRFRMG_PRVOR_ZIP_CO
SAS ALIAS: PRF_ZIP

EOIT-RULES:
NATIONAL ZIP COOE OIRECTORY

COMMENT:
THIS ELEMENT WAS AOOEO TO THE CWFB BASE RECORO
TO ACCOMMOOATE PHYSICIAN PAYMENT REFORM. THE
CARRIER PUTS THE ZIP COOE ON THE CWFB CLAIM
FROM ITS PRICING ANO/OR PHYSICIAN/SUPPLIER
FILES; THE ZIP COOE SHOULO BE WITHIN THE
CARRIER LOCALITY.

SOURCE:
CWF

LIMITATIONS:
ALTHOUGH INSTRUCTIONS PROVIOE THAT THE ZIP
COOE SHOULO BE THE OFFICE WHERE THE SERVICE
WAS PERFORMEO, OFTEN THE ZIP COOE OF THE
BILLING OFFICE IS FURNISHEO.

NAME	TYPE	LENGTH	BEG	ENO	CONTENTS
53. HCFA CLAIM PROCESSING OATE	BIN	4	199	202	THE OATE THE WEEKLY HCFA QUALITY ASSURANCE/

OATABASE LOAO PROCESS CYCLE BEGINS, OURING
WHICH THE INSTITUTIONAL OR CWFB CLAIMS ARE
LOAOEO INTO THE OATABASES. THIS OATE WILL
ALWAYS BE A FRIOAY, ALTHOUGH THE CLAIMS WILL
ACTUALLY BE APPENOEO TO THE OATABASE
SUBSEQUENT TO THE OATE.

9 OIGITS SIGNEO

STANOARO ALIAS: HCFA_CLM_PROC_OT
SAS ALIAS: PROC_OT

EOIT-RULES:
YYYYMMOO

SOURCE:
NCH