PHYSICIAN/SUPPLIER PART-B STANDARD ANALYTICAL VARIABLE LENGTH FILE

(BMAD ~~1990~~ 1991 1992)

OESCRIPTION:
 THIS STANOARD ANALYTICAL FILE CONTAINS 100% OF THE
 PHYSICIAN/SUPPLIER PART B OATA IN A VARIABLE
 LENGTH RECORO, 'PACKEO ANO SIGNEO'.

DATA CHARACTERISTICS:
   - TAPE: RESIOES IN THE ROBOT
   - SORT SEQUENCE: ASCENOING CLAIM LOCATOR NUMBER
                   (HIC)
   - BLOCK SIZE: 32,760
   - RECOROING MODE: EBCOIC
   - RECORO FORMAT: VARIABLE LENGTH
   - RECORD SIZE: MAXIMUM LENGTH = 3,504
   - NUMBER OF RECOROS: VARIES ANNUALLY
   - RECORO NAME: PHYSICIAN/SUPPLIER PART-B
               CLAIM RECORO

REQUEST INFORMATION:
   - HCFA CONTACT: MIKE HAOAO - BOMS,OSOM,OSO,ESB
                   (410) 597-3658
   - CREATION CYCLE: JULY OF THE FOLLOWING YEAR
   - CUTOFF DATE FOR FILE: JUNE OF THE FOLLOWING
                       YEAR

FILE COMPLETENESS INFORMATION:
   - 97% COMPLETE IN JULY OF FOLLOWING YEAR

NAME	TYPE	LENGTH	POSITIONS BEG	END	CONTENTS
**** PHYSICIAN SUPPLIER PART-B CLAIM RECORD	REC	VAR			PHYSICIAN/SUPPLIER PART-B CLAIM RECORD FOR VERSION G OF THE NCH.

STANDARD ALIAS: PHYSN_SUPLR_PTB_CLM_REC
COBOL ALIAS: CWFB_PTB_CLM_REC

NAME	TYPE	LENGTH	POSITIONS BEG	END	CONTENTS
**** PHYSICIAN SUPPLIER PART-B CLAIM FIXED GROUP	GROUP	112	1	112	FIXED PORTION OF THE PHYSICIAN/SUPPLIER PART-B CLAIM RECORD FOR VERSION G OF THE NCH.

STANDARD ALIAS: PHYSN_SUPLR_PTB_CLM_FIX_GRP
COBOL ALIAS: CWFB_PTB_CLM_FXD_GRP

NAME	TYPE	LENGTH	POSITIONS BEG	END	CONTENTS
1. CLAIM NEAR LINE RECORD IDENTIFICATION CODE	CHAR	1	1	1	A CODE DEFINING THE TYPE OF RECORD BEING PROCESSED.

STANDARD ALIAS: CLM_NEAR_LINE_RIC_CD
COMMON ALIAS: RIC
SAS ALIAS: RIC_CD

CODES:
O = PART B (CWFB) PHYSICIAN/SUPPLIER
    CLAIM RECORD
V = PART A INSTITUTIONAL CLAIM RECORD
    (INPATIENT (IP), SKILLED NURSING
    FACILITY (SNF), CHRISTIAN SCIENCE
    (CS), HOME HEALTH AGENCY (HHA), OR
    HOSPICE)
W = PART B INSTITUTIONAL CLAIM RECORD
    (OUTPATIENT (OP), HHA)
M = PART B (CWFB) DMEPOS CLAIM RECORD
    (EFFECTIVE 10/93)

SOURCE:
NCH QA PROCESS

NAME	TYPE	LENGTH	POSITIONS BEG	END	CONTENTS
2. CLAIM NEAR-LINE RECORD VERSION CODE	CHAR	1	2	2	THE CODE INDICATING THE RECORD VERSION OF THE NEAR-LINE FILE WHERE THE INSTITUTIONAL OR CWFB CLAIMS DATA IS STORED.

STANDARD ALIAS: CLM_NEAR_LINE_REC_VRSN_CD
SAS ALIAS: REC_LVL

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

SOURCE:
NCH

PHYSICIAN SUPPLIER PART-B CLAIM RECORD

NAME	TYPE	LENGTH	POSITIONS BEG	END	CONTENTS
**** CLAIM LOCATOR NUMBER GROUP	GROUP	11	3	13	THIS NUMBER UNIQUELY IDENTIFIES THE BENEFICIARY.

STANDARD ALIAS: CLM_LCTR_NUM_GRP
COMMON ALIAS: HIC

NAME	TYPE	LENGTH	BEG	END	CONTENTS
3. BENEFICIARY CLAIM ACCOUNT NUMBER	CHAR	9	3	11	THE NUMBER IDENTIFYING THE PRIMARY BENEFICIARY UNDER THE SSA OR RRB PROGRAMS.

STANDARD ALIAS: BENE_CLM_ACNT_NUM
COMMON ALIAS: CAN
SAS ALIAS: SSN

SOURCE:
SSA,RRB

LIMITATIONS:
RRB-ISSUED NUMBERS CONTAIN AN OVERPUNCH IN
THE FIRST POSITION THAT MAY APPEAR AS A PLUS
ZERO OR A-G.   RRB-FORMATTED NUMBERS MAY
CAUSE MATCHING PROBLEMS ON NON-IBM MACHINES.

NAME	TYPE	LENGTH	BEG	END	CONTENTS
4. CATEGORY EQUATABLE BENEFICIARY IDENTIFICATION CODE	CHAR	2	12	13	THE CODE CATEGORIZING GROUPS OF BICS REPRESENTING SIMILAR RELATIONSHIPS BETWEEN THE BENEFICIARY AND THE PRIMARY WAGE EARNER.

THE EQUATABLE BIC MODULE ELECTRONICALLY MATCHES
TWO RECORDS THAT CONTAIN DIFFERENT BICS WHERE
IT IS APPARENT THAT BOTH ARE RECORDS FOR THE
SAME BENEFICIARY. IT VALIDATES THE BIC AND
RETURNS A BASE BIC UNDER WHICH TO HOUSE THE
RECORD IN THE NATIONAL CLAIM HISTORY (NCH)
DATABASES. (ALL RECORDS FOR A BENEFICIARY
ARE STORED UNDER A SINGLE BIC.)

STANDARD ALIAS: CTGRY_EQTBL_BENE_IDENT_CD
COMMON ALIAS: NCH_BASE_CATEGORY_BIC
SAS ALIAS: EQ_BIC

CODES:
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NCH BIC                 SSA CATEGORIES
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A   = A;J1;J2;J3;J4;M;M1;T;TA
B   = B;B2;B6;D;D4;D6;E;E1;K1;K2;K3;K4;W;W6;
      TB(F);TD(F);TE(F);TW(F)
B1  = B1;BR;BY;D1;D5;DC;E4;E5;W1;WR;TB(M)
      TD(M);TE(M);TW(M)
B3  = B3;B5;B9;D2;D7;D9;E2;E3;K5;K6;K7;K8;W2
      W7;TG(F);TL(F);TR(F);TX(F)
B4  = B4;BT;BW;D3;DM;DP;E6;E9;W3;WT;TG(M)
      TL(M);TR(M);TX(M)
B8  = B8;B7;BN;D8;DA;DV;E7;EB;K9;KA;KB;KC;W4
      W8;TH(F);TM(F);TS(F);TY(F)
BA  = BA;BK;BP;DD;DL;DW;E8;EC;KD;KE;KF;KG;W9
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NAME	TYPE	LENGTH	POSITIONS BEG	END	CONTENTS

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                                      WC;TJ(F);TN(F);TT(F);TZ(F)
                                 BD = BD;BL;BQ;DG;DN;DY;EA;ED;KH;KJ;KL;KM;WF
                                      WJ;TK(F);TP(F);TU(F);TV(F)
                                 BG = BG;DH;DQ;DS;EF;EJ;W5;TH(M);TM(M);TS(M)
                                      TY(M)
                                 BH = BH;DJ;DR;DX;EG;EK;WB;TJ(M);TN(M);TT(M)
                                      TZ(M)
                                 BJ = BJ;DK;DT;DZ;EH;EM;WG;TK(M);TP(M);TU(M)
                                      TV(M)
                                 C1 = C1;TC
                                 C2 = C2;T2
                                 C3 = C3;T3
                                 C4 = C4;T4
                                 C5 = C5;T5
                                 C6 = C6;T6
                                 C7 = C7;T7
                                 C8 = C8;T8
                                 C9 = C9;T9
                                 F1 = F1;TF
                                 F2 = F2;TQ
                                 F3-F8 = EQUATABLE ONLY TO ITSELF (E.G. F3 IS
                                         EQUATABLE TO F3)
                                 CA-CZ = EQUATABLE ONLY TO ITSELF.  (E.G. CA IS
                                         ONLY EQUATABLE TO CA)

                                 ----------------------------------------
                                            RRB CATEGORIES

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

                                 SOURCE:
                                 BIC EQUATE MODULE
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| 5. BENEFICIARY IDENTIFICATION CODE | CHAR | 2 | 14 | 15 | THE CODE IDENTIFYING THE TYPE OF RELATIONSHIP BETWEEN AN INDIVIDUAL AND A PRIMARY SOCIAL SECURITY ADMINISTRATION (SSA) BENEFICIARY. |

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                                 STANDARD ALIAS: BENE_IDENT_CD
                                 COMMON ALIAS: BIC
                                 SAS ALIAS: BIC

                                 CODES:
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PHYSICIAN SUPPLIER PART-B CLAIM RECORD

NAME	TYPE	LENGTH	POSITIONS BEG	END	CONTENTS
					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)
					DJ = AGED WIDOWER (4TH CLAIMANT)
					DK = AGED WIDOWER (5TH CLAIMANT)
					DL = REMARRIED WIDOW (4TH CLAIMANT)
					DM = SURVIVING DIVORCED HUSBAND (2ND CLAIMANT)

NAME	TYPE	LENGTH	POSITIONS BEG	END	CONTENTS

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                                                DN = REMARRIED WIDOW (5TH CLAIMANT)
                                                DP = REMARRIED WIDOWER (2ND CLAIMANT)
                                                DQ = REMARRIED WIDOWER (3RD CLAIMANT)
                                                DR = REMARRIED WIDOWER (4TH CLAIMANT)
                                                DS = SURVIVING DIVORCED HUSBAND (3RD
                                                        CLAIMANT)
                                                DT = REMARRIED WIDOWER (5TH CLAIMANT)
                                                DV = SURVIVING DIVORCED WIFE (3RD CLAIMANT)
                                                DW = SURVIVING DIVORCED WIFE (4TH CLAIMANT)
                                                DX = SURVIVING DIVORCED HUSBAND (4TH
                                                        CLAIMANT)
                                                DY = SURVIVING DIVORCED WIFE (5TH CLAIMANT)
                                                DZ = SURVIVING DIVORCED HUSBAND (5TH
                                                        CLAIMANT)
                                                E  = MOTHER (WIDOW) (1ST CLAIMANT)
                                                E1 = SURVIVING DIVORCED MOTHER (1ST
                                                        CLAIMANT)
                                                E2 = MOTHER (WIDOW) (2ND CLAIMANT)
                                                E3 = SURVIVING DIVORCED MOTHER (2ND
                                                        CLAIMANT)
                                                E4 = FATHER (WIDOWER) (1ST CLAIMANT)
                                                E5 = SURVIVING DIVORCED FATHER (WIDOWER)
                                                        (1ST CLAIMANT)
                                                E6 = FATHER (WIDOWER) (2ND CLAIMANT)
                                                E7 = MOTHER (WIDOW) (3RD CLAIMANT)
                                                E8 = MOTHER (WIDOW) (4TH CLAIMANT)
                                                E9 = SURVIVING DIVORCED FATHER (WIDOWER)
                                                        (2ND CLAIMANT)
                                                EA = MOTHER (WIDOW) (5TH CLAIMANT)
                                                EB = SURVIVING DIVORCED MOTHER (3RD
                                                        CLAIMANT)
                                                EC = SURVIVING DIVORCED MOTHER (4TH
                                                        CLAIMANT)
                                                ED = SURVIVING DIVORCED MOTHER (5TH
                                                        CLAIMANT
                                                EF = FATHER (WIDOWER) (3RD CLAIMANT)
                                                EG = FATHER (WIDOWER) (4TH CLAIMANT)
                                                EH = FATHER (WIDOWER) (5TH CLAIMANT)
                                                EJ = SURVIVING DIVORCED FATHER (3RD
                                                        CLAIMANT)
                                                EK = SURVIVING DIVORCED FATHER (4TH
                                                        CLAIMANT)
                                                EM = SURVIVING DIVORCED FATHER (5TH
                                                        CLAIMANT)
                                                F1 = FATHER
                                                F2 = MOTHER
                                                F3 = STEPFATHER
                                                F4 = STEPMOTHER
                                                F5 = ADOPTING FATHER
                                                F6 = ADOPTING MOTHER
                                                F7 = SECOND ALLEGED FATHER
                                                F8 = SECOND ALLEGED MOTHER
                                                J1 = PRIMARY PROUTY ENTITLED TO HIB
                                                        (LESS THAN 3 Q.C.) (GENERAL FUND)
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PHYSICIAN SUPPLIER PART-B CLAIM RECORD

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                              POSITIONS
        NAME            TYPE  LENGTH BEG  END                              CONTENTS
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                                                          J2 = PRIMARY PROUTY ENTITLED TO HIB
                                                               (OVER 2 Q.C.) (RSI TRUST FUND)
                                                          J3 = PRIMARY PROUTY NOT ENTITLED TO HIB
                                                               (LESS THAN 3 Q.C.) (GENERAL FUND)
                                                          J4 = PRIMARY PROUTY NOT ENTITLED TO HIB
                                                               (OVER 2 Q.C.) (RSI TRUST FUND)
                                                          K1 = PROUTY WIFE ENTITLED TO HIB (LESS THAN
                                                               3 Q.C.) (GENERAL FUND) (1ST CLAIMANT)
                                                          K2 = PROUTY WIFE ENTITLED TO HIB (OVER 2
                                                               Q.C.) (RSI TRUST FUND) (1ST CLAIMANT)
                                                          K3 = PROUTY WIFE NOT ENTITLED TO HIB (LESS
                                                               THAN 3 Q.C.) (GENERAL FUND) (1ST
                                                               CLAIMANT)
                                                          K4 = PROUTY WIFE NOT ENTITLED TO HIB (OVER
                                                               2 Q.C.) (RSI TRUST FUND) (1ST
                                                               CLAIMANT)
                                                          K5 = PROUTY WIFE ENTITLED TO HIB (LESS THAN
                                                               3 Q.C.) (GENERAL FUND) (2ND CLAIMANT)
                                                          K6 = PROUTY WIFE ENTITLED TO HIB (OVER 2
                                                               Q.C.) (RSI TRUST FUND) (2ND CLAIMANT)
                                                          K7 = PROUTY WIFE NOT ENTITLED TO HIB (LESS
                                                               THAN 3 Q.C.) (GENERAL FUND) (2ND
                                                               CLAIMANT)
                                                          K8 = PROUTY WIFE NOT ENTITLED TO HIB (OVER
                                                               2 Q.C.) (RSI TRUST FUND) (2ND
                                                               CLAIMANT)
                                                          K9 = PROUTY WIFE ENTITLED TO HIB (LESS THAN
                                                               3 Q.C.) (GENERAL FUND) (3RD CLAIMANT)
                                                          KA = PROUTY WIFE ENTITLED TO HIB (OVER 2
                                                               Q.C.) (RSI TRUST FUND) (3RD CLAIMANT)
                                                          KB = PROUTY WIFE NOT ENTITLED TO HIB (LESS
                                                               THAN 3 Q.C.) (GENERAL FUND) (3RD
                                                               CLAIMANT)
                                                          KC = PROUTY WIFE NOT ENTITLED TO HIB (OVER
                                                               2 Q.C.) (RSI TRUST FUND) (3RD
                                                               CLAIMANT)
                                                          KD = PROUTY WIFE ENTITLED TO HIB (LESS THAN
                                                               3 Q.C.) (GENERAL FUND) (4TH CLAIMANT)
                                                          KE = PROUTY WIFE ENTITLED TO HIB (OVER 2 Q.C
                                                               (4TH CLAIMANT)
                                                          KF = PROUTY WIFE NOT ENTITLED TO HIB (LESS
                                                               THAN 3 Q.C.)(4TH CLAIMANT)
                                                          KG = PROUTY WIFE NOT ENTITLED TO HIB (OVER
                                                               2 Q.C.)(4TH CLAIMANT)
                                                          KH = PROUTY WIFE ENTITLED TO HIB (LESS THAN
                                                               3 Q.C.)(5TH CLAIMANT)
                                                          KJ = PROUTY WIFE ENTITLED TO HIB (OVER 2
                                                               Q.C.) (5TH CLAIMANT)
                                                          KL = PROUTY WIFE NOT ENTITLED TO HIB (LESS
                                                               THAN 3 Q.C.)(5TH CLAIMANT)
                                                          KM = PROUTY WIFE NOT ENTITLED TO HIB (OVER
                                                               2 Q.C.) (5TH CLAIMANT)
                                                          M  = UNINSURED-NOT QUALIFIED FOR DEEMED HIB
                                                          M1 = UNINSURED-QUALIFIED BUT REFUSED HIB
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NAME	TYPE	LENGTH	POSITIONS BEG	END	CONTENTS
					T = UNINSURED-ENTITLED TO HIB UNDER DEEMED OR RENAL PROVISIONS
					TA = MQGE (PRIMARY CLAIMANT)
					TB = MQGE AGED SPOUSE (FIRST CLAIMANT)
					TC = MQGE DISABLED ADULT CHILD (FIRST CLAIMANT)
					TD = MQGE AGED WIDOW(ER) (FIRST CLAIMANT)
					TE = MQGE YOUNG WIDOW(ER) (FIRST CLAIMANT)
					TF = MQGE PARENT (MALE)
					TG = MQGE AGED SPOUSE (SECOND CLAIMANT)
					TH = MQGE AGED SPOUSE (THIRD CLAIMANT)
					TJ = MQGE AGED SPOUSE (FOURTH CLAIMANT)
					TK = MQGE AGED SPOUSE (FIFTH CLAIMANT)
					TL = MQGE AGED WIDOW(ER) (SECOND CLAIMANT)
					TM = MQGE AGED WIDOW(ER) (THIRD CLAIMANT)
					TN = MQGE AGED WIDOW(ER) (FOURTH CLAIMANT)
					TP = MQGE AGED WIDOW(ER) (FIFTH CLAIMANT)
					TQ = MQGE PARENT (FEMALE)
					TR = MQGE YOUNG WIDOW(ER) (SECOND CLAIMANT)
					TS = MQGE YOUNG WIDOW(ER) (THIRD CLAIMANT)
					TT = MQGE YOUNG WIDOW(ER) (FOURTH CLAIMANT)
					TU = MQGE YOUNG WIDOW(ER) (FIFTH CLAIMANT)
					TV = MQGE DISABLED WIDOW(ER) FIFTH CLAIMANT
					TW = MQGE DISABLED WIDOW(ER) FIRST CLAIMANT
					TX = MQGE DISABLED WIDOW(ER) SECOND CLAIMANT
					TY = MQGE DISABLED WIDOW(ER) THIRD CLAIMANT
					TZ = MQGE DISABLED WIDOW(ER) FOURTH CLAIMANT
					T2-T9 = DISABLED CHILD (SECOND TO NINTH CLAIMANT)
					W = DISABLED WIDOW, AGE 50 OR OVER (1ST CLAIMANT)
					W1 = DISABLED WIDOWER, AGE 50 OR OVER (1ST CLAIMANT)
					W2 = DISABLED WIDOW (2ND CLAIMANT)
					W3 = DISABLED WIDOWER (2ND CLAIMANT)
					W4 = DISABLED WIDOW (3RD CLAIMANT)
					W5 = DISABLED WIDOWER (3RD CLAIMANT)
					W6 = DISABLED SURVIVING DIVORCED WIFE (1ST CLAIMANT)
					W7 = DISABLED SURVIVING DIVORCED WIFE (2ND CLAIMANT)
					W8 = DISABLED SURVIVING DIVORCED WIFE (3RD CLAIMANT)
					W9 = DISABLED WIDOW (4TH CLAIMANT)
					WB = DISABLED WIDOWER (4TH CLAIMANT)
					WC = DISABLED SURVIVING DIVORCED WIFE (4TH CLAIMANT)
					WF = DISABLED WIDOW (5TH CLAIMANT)
					WG = DISABLED WIDOWER (5TH CLAIMANT)
					WJ = DISABLED SURVIVING DIVORCED WIFE (5TH CLAIMANT)
					WR = DISABLED SURVIVING DIVORCED HUSBAND (1ST CLAIMANT)
					WT = DISABLED SURVIVING DIVORCED HUSBAND (2ND CLAIMANT)

NAME	TYPE	LENGTH	POSITIONS BEG	END	CONTENTS
					SOURCE: SSA
6. BENEFICIARY RESIOENCE SSA STANDARD STATE CODE	CHAR	2	16	17	THE SSA STANDARD STATE CODE OF A BENEFICIARY'S RESIDENCE.

STANDARD ALIAS: BENE_RSONC_SSA_STD_STATE_CO
SAS ALIAS: STATE_CO

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

PHYSICIAN SUPPLIER PART-B CLAIM RECORD

NAME	TYPE	LENGTH	POSITIONS BEG	END	CONTENTS
					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

7. BENEFICIARY RESIDENCE SSA STANDARD COUNTY CODE — CHAR 3 18 20 — THE SSA STANDARD COUNTY CODE OF A BENEFICIARY'S RESIDENCE.

STANDARD ALIAS: BENE_RSDNC_SSA_STD_CNTY_CD
SAS ALIAS: CNTY_CD

SOURCE:
SSA

8. BENEFICIARY STATE SEGMENT — CHAR 1 21 21 — THE CODE IDENTIFYING THE SEGMENT OF THE NEAR-LINE

NAME	TYPE	LENGTH	POSITIONS BEG	END	CONTENTS
NEAR-LINE CODE					FILE CONTAINING THE BENEFICIARY'S RECORD FOR A SPECIFIC SERVICE YEAR. SEGMENTATION IS BY RANGES OF COUNTY CODES WITHIN THE RESIDENCE STATE.

STANDARD ALIAS: BENE_STATE_SGMT_NEAR_LINE_CD
SAS ALIAS: ST_SGMT

SOURCE:
NCH

NAME	TYPE	LENGTH	POSITIONS BEG	END	CONTENTS
9. BENEFICIARY MAILING CONTACT ZIP CODE	CHAR	5	22	26	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

NAME	TYPE	LENGTH	POSITIONS BEG	END	CONTENTS
10. BENEFICIARY SEX IDENTIFICATION CODE	CHAR	1	27	27	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

NAME	TYPE	LENGTH	POSITIONS BEG	END	CONTENTS
11. BENEFICIARY RACE CODE	CHAR	1	28	28	THE RACE OF A BENEFICIARY.

STANDARD ALIAS: BENE_RACE_CD
SAS ALIAS: RACE_CD

CODES:
0 = UNKNOWN
1 = WHITE
2 = BLACK
3 = OTHER
4 = ASIAN
5 = HISPANIC
6 = NORTH AMERICAN NATIVE

SOURCE:
SSA

NAME	TYPE	LENGTH	POSITIONS BEG	END	CONTENTS
12. BENEFICIARY BIRTH DATE	BIN	4	29	32	THE BENEFICIARY'S DATE OF BIRTH.

9 DIGITS SIGNED

NAME	TYPE	LENGTH	POSITIONS BEG	END	CONTENTS
					STANDARD ALIAS: BENE_BIRTH_DT
					COMMON ALIAS: DOB
					SAS ALIAS: DOB
					EDIT-RULES:
					YYYYMMDD
					SOURCE:
					EDB

13. BENEFICIARY MEDICARE STATUS   CHAR   2   33   34   THE REASON FOR A BENEFICIARY'S ENTITLEMENT TO
    CODE   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

14. HCFA CLAIM PROCESSING DATE   BIN   4   35   38   THE DATE THE WEEKLY HCFA QUALITY ASSURANCE/
                                                             DATABASE LOAD PROCESS CYCLE BEGINS, DURING

NAME	TYPE	LENGTH	POSITIONS BEG END		CONTENTS
					WHICH THE INSTITUTIONAL OR CWFB CLAIMS ARE LOADED INTO THE DATABASES. THIS DATE WILL ALWAYS BE A FRIDAY, ALTHOUGH THE CLAIMS WILL ACTUALLY BE APPENDED TO THE DATABASE SUBSEQUENT TO THE DATE.

9 DIGITS SIGNED

STANDARD ALIAS: HCFA_CLM_PROC_DT
SAS ALIAS: PROC_DT

EDIT-RULES:
YYYYMMDD

SOURCE:
NCH

15. CLAIM FROM DATE   BIN   4   39   42   ON AN INSTITUTIONAL OR CWFB CLAIM, THE FIRST DAY OF THE INSTITUTIONAL PROVIDER'S OR PHYSICIAN/SUPPLIER'S BILLING STATEMENT FOR SERVICES RENDERED TO THE BENEFICIARY.

9 DIGITS SIGNED

STANDARD ALIAS: CLM_FROM_DT
SAS ALIAS: FROM_DT

EDIT-RULES:
YYYYMMDD

SOURCE:
CWF

16. CLAIM THROUGH DATE   BIN   4   43   46   ON AN INSTITUTIONAL OR CWFB CLAIM, THE LAST DAY OF THE INSTITUTIONAL PROVIDER'S OR PHYSICIAN/ SUPPLIER'S BILLING STATEMENT FOR SERVICES RENDERED TO THE BENEFICIARY.

THIS DATE IS USED AS MATCHING CRITERIA WHEN CHECKING FOR DUPLICATE AND ADJUSTMENT CLAIMS. THIS DATE IS ALSO USED TO EXTEND THE BENEFIT PERIOD AND FOR CALCULATIONS TO SEE IF A CLAIM LINKS TO ANOTHER SPELL.

9 DIGITS SIGNED

STANDARD ALIAS: CLM_THRU_DT
SAS ALIAS: THRU_DT

EDIT-RULES:
YYYYMMDD

SOURCE:
CWF

NAME	TYPE	LENGTH	POSITIONS BEG	END	CONTENTS

17. BENEFICIARY CWF LOCATION   CHAR   1   47   47   IOENTIFIES THE COMMON WORKING FILE (CWF)
    CODE   LOCATION (THE HOST SITE) WHERE A BENEFICIARY'S
                                                         RECORO IS MAINTAINEO.

                                                         STANOARO ALIAS: BENE_CWF_LOC_CO
                                                         COMMON ALIAS: CWF_HOST
                                                         SAS ALIAS: CWFLOCCO

                                                         COOES:
                                                         B = MIO-ATLANTIC
                                                         C = SOUTHWEST
                                                         O = NORTHEAST
                                                         E = GREAT LAKES
                                                         F = GREAT WESTERN
                                                         G = KEYSTONE
                                                         H = SOUTHEAST
                                                         I = SOUTH
                                                         J = PACIFIC

                                                         SOURCE:
                                                         CWF

18. CWF CLAIM ACCRETION OATE   BIN   4   48   51   THE OATE THE INSTITUTIONAL OR CWFB CLAIM IS
                                                         ACCRETEO (POSTEO/PROCESSEO) TO THE BENEFICIARY
                                                         MASTER RECORO AT THE CWF HOST SITE ANO
                                                         AUTHORIZATION FOR PAYMENT IS RETURNEO TO THE
                                                         FISCAL INTERMEOIARY OR CARRIER.

                                                         9 OIGITS SIGNEO

                                                         STANOARO ALIAS: CWF_CLM_ACRTN_OT
                                                         SAS ALIAS: ACRTN_OT

                                                         EOIT-RULES:
                                                         YYYYMMOO

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

                                                         SOURCE:
                                                         CWF

19. CWF CLAIM ACCRETION NUMBER   PACK   2   52   53   THE SEQUENCE NUMBER ASSIGNEO TO THE
                                                         INSTITUTIONAL OR CWFB CLAIM WHEN ACCRETEO
                                                         (POSTEO/PROCESSEO) TO THE BENEFICIARY MASTER
                                                         RECORO AT THE CWF HOST SITE ON A GIVEN OAY.
                                                         THIS ELEMENT INOICATES THE POSITION OF THE
                                                         CLAIM WITHIN THAT OAY'S PROCESSING AT THE

NAME	TYPE	LENGTH	POSITIONS BEG	END	CONTENTS
					CWF HOST.
					3 DIGITS SIGNED
					STANDARD ALIAS: CWF_CLM_ACRTN_NUM
					SAS ALIAS: ACRTN_NM
					SOURCE:
					CWF
20. CLAIM DISPOSITION CODE	CHAR	2	54	55	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

| 21. FISCAL INTERMEDIARY/CARRIER IDENTIFICATION NUMBER | CHAR | 5 | 56 | 60 | THE IDENTIFICATION NUMBER ASSIGNED BY HCFA TO AN INTERMEDIARY AUTHORIZED TO PROCESS INSTITUTIONAL CLAIMS FROM PROVIDERS AND TO A CARRIER AUTHORIZED TO PROCESS CWFB CLAIMS FROM PHYSICIANS/SUPPLIERS. |

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

SOURCE:
CWF

| 22. CARRIER CLAIM CONTROL NUMBER | CHAR | 15 | 61 | 75 | UNIQUE CONTROL NUMBER ASSIGNED BY A CARRIER TO A CWFB CLAIM. |

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

EDIT-RULES:
LEFT JUSTIFY

NAME	TYPE	LENGTH	POSITIONS BEG	END	CONTENTS
					COMMENT: FOR THE CWFB CLAIM, THIS FIELD ALLOWS HCFA TO ASSOCIATE EACH LINE ITEM WITH ITS RESPECTIVE CLAIM.
					SOURCE: CWF
23. FISCAL INTERMEDIARY/CARRIER CLAIM RECEIPT DATE	BIN	4	76	79	THE DATE THE FISCAL INTERMEDIARY RECEIVES THE INSTITUTIONAL CLAIM FROM THE PROVIDER, OR THE CARRIER RECEIVES THE CWFB CLAIM FROM THE PHYSICIAN/SUPPLIER.
					9 DIGITS SIGNED
					STANDARD ALIAS: FICARR_CLM_RCPT_DT SAS ALIAS: RCPT_DT
					EDIT-RULES: YYYYMMDD
					SOURCE: CWF
24. FISCAL INTERMEDIARY/CARRIER CLAIM PAYMENT DATE	BIN	4	80	83	THE SCHEDULED DATE OF PAYMENT TO THE PROVIDER, PHYSICIAN, OR SUPPLIER, AS APPEARING ON THE ORIGINAL INSTITUTIONAL OR CWFB CLAIM SENT TO THE CWF HOST. NOTE: THIS DATE IS CONSIDERED TO BE THE DATE PAID SINCE NO ADDITIONAL INFORMATION AS TO THE ACTUAL PAYMENT DATE IS AVAILABLE.
					9 DIGITS SIGNED
					STANDARD ALIAS: FICARR_CLM_PMT_DT COMMON ALIAS: SCHEDULED_PAYMENT_DATE SAS ALIAS: PMT_DT
					EDIT-RULES: YYYYMMDD
					SOURCE: CWF
25. CWFB CLAIM ENTRY CODE	CHAR	1	84	84	CARRIER-GENERATED CODE DESCRIBING WHETHER PART B CLAIM IS ORIGINAL DEBIT, FULL CREDIT, OR REPLACEMENT DEBIT.
					STANDARD ALIAS: CWFB_CLM_ENTRY_CD SAS ALIAS: ENTRY_CD
					CODES: 1 = ORIGINAL DEBIT; VOID OF ORIGINAL DEBIT*

			POSITIONS		
NAME	TYPE	LENGTH	BEG	END	CONTENTS
					3 = FULL CREDIT
					5 = REPLACEMENT DEBIT
					9 = ACCRETE BILL HISTORY ONLY (INTERNAL; EFFECTIVE 2/22/91)

                  *IF CLM_DISP_CD = 3, CODE 1 MEANS
                   VOIDED ORIGINAL DEBIT.

          SOURCE:
          CWF

			POSITIONS		
26. CWFB CLAIM PAYMENT DENIAL CODE	CHAR	1	85	85	THE CODE INDICATING TO WHOM PAYMENT WAS MADE FOR THE CWFB CLAIM, OR IF A CWFB CLAIM WAS DENIED.

          STANDARD ALIAS: CWFB_CLM_PMT_DNL_CD
          SAS ALIAS: PMTDNLCD

          CODES:
          D = DENIED
          1 = PHYSICIAN/SUPPLIER
          2 = BENEFICIARY
          3 = BOTH PHYSICIAN/SUPPLIER AND BENEFICIARY
          4 = HOSPITAL (HOSPITAL BASED PHYSICIANS)
          5 = BOTH HOSPITAL AND BENEFICIARY
          6 = GROUP PRACTICE
          7 = OTHER ENTRIES
          8 = FEDERALLY FUNDED
          9 = PA SERVICE
          A = BENEFICIARY UNDER LIMITATION OF LIABILITY
          B = PHYSICIAN/SUPPLIER UNDER LIMITATION OF LIABILITY
          P = PHYSICIAN OWNERSHIP DENIAL (EFF 3/92)
          X = MSP - COST AVOIDED (EFF 12/90)
          Y = IRS/SSA DATA MATCH PROJECT - MSP COST AVOIDED (EFF 12/90)

          SOURCE:
          CWF

			POSITIONS		
27. CWFB CLAIM REFERRING PHYSICIAN PROFILING NUMBER	CHAR	14	86	99	CARRIER-ASSIGNED IDENTIFICATION (PROFILING) NUMBER OF THE PHYSICIAN WHO REFERRED THE BENEFICIARY TO THE PHYSICIAN THAT PERFORMED THE PART B SERVICES.

          STANDARD ALIAS: CWFB_CLM_RFRG_PHYSN_PRFLG_NUM
          COMMON ALIAS: REFERRING_PHYSICIAN_PIN
          SAS ALIAS: RFR_PRFL

          SOURCE:
          CWF

			POSITIONS		
28. CWFB CLAIM PROVIDER	CHAR	1	100	100	A SWITCH INDICATING WHETHER OR NOT THE PROVIDER

NAME	TYPE	LENGTH	POSITIONS BEG ENO		CONTENTS
ASSIGNMENT INOICATOR SWITCH					ACCEPTS ASSIGNMENT FOR THE CWFB CLAIM.

STANOARO ALIAS: CWFB_CLM_PRVOR_ASGNMT_INO_SW
SAS ALIAS: ASGMNTCO

COOES:
A = ASSIGNEO CLAIM
N = NON-ASSIGNEO CLAIM

SOURCE:
CWF

| 29. CWFB CLAIM REFERRING PHYSICIAN UPIN NUMBER | CHAR | 6 | 101 | 106 | THE UNIQUE PHYSICIAN IOENTIFICATION NUMBER (UPIN) OF THE PHYSICIAN WHO REFERREO THE BENEFICIARY TO THE PHYSICIAN WHO PERFORMEO THE PART B SERVICES. |

STANOARO ALIAS: CWFB_CLM_RFRG_PHYSN_UPIN_NUM
COMMON ALIAS: REFERRING_PHYSICIAN_UPIN
SAS ALIAS: RFR_UPIN

SOURCE:
CWF

| 30. CLAIM EOIT COOE COUNT | NUM | 1 | 107 | 107 | THE COUNT OF THE EOIT COOES ANNOTATEO TO THE INSTITUTIONAL OR CWFB CLAIM OURING THE QUALITY ASSURANCE PROCESS. THE PURPOSE OF THIS COUNT IS TO INOICATE HOW MANY CLAIM EOIT TRAILERS ARE PRESENT. |

1 OIGIT UNSIGNEO

STANOARO ALIAS: CLM_EOIT_CO_CNT
SAS ALIAS: EOCO_CNT

SOURCE:
NCH

| 31. CLAIM NEAR LINE ORIGINAL BENEFICIARY CLAIM NUMBER COUNT | NUM | 1 | 108 | 108 | THE COUNT OF THE ORIGINAL BENEFICIARY CLAIM ACCOUNT NUMBER OATA TRAILERS (INOICATES WHETHER THE CURRENT CLAIM NUMBER, AS REFLECTEO ON THE INSTITUTIONAL OR CWFB CLAIM, OIFFERS FROM THAT ORIGINALLY IN THE NEAR-LINE RECORO). |

1 OIGIT UNSIGNEO

STANOARO ALIAS: CLM_NEAR_LINE_ORGNL_CN_CNT
SAS ALIAS: ORGN_CNT

OERIVATION:
THIS ELEMENT IS OERIVEO FOR THE RETRIEVAL PROCESS
FOR CASES WHERE THE BENEFICIARY HAS MULTIPLE CLAIM
NUMBERS (BENE_CLM_ACNT_NUM ANO BENE_IOENT_CO).

NAME	TYPE	LENGTH	POSITIONS BEG	END	CONTENTS
					SOURCE:
					NCH
32. CLAIM DIAGNOSIS CODE COUNT	NUM	1	109	109	THE COUNT OF THE NUMBER OF DIAGNOSIS CODES (BOTH PRINCIPAL AND OTHER) REPORTED ON THE CWFB CLAIM. THE PURPOSE OF THIS COUNT IS TO INDICATE HOW MANY DIAGNOSIS TRAILERS ARE PRESENT.
					1 DIGIT UNSIGNED
					STANDARD ALIAS: CLM_DGNS_CD_CNT
					SAS ALIAS: DGNS_CNT
					SOURCE:
					NCH
33. CLAIM BLODD DATA COUNT	NUM	1	110	110	THE COUNT OF BLODD DATA TRAILERS PRESENT ON THE INSTITUTIONAL OR CWFB CLAIM.
					1 DIGIT UNSIGNED
					STANDARD ALIAS: CLM_BLODD_DATA_CNT
					SAS ALIAS: BLD_CNT
					DERIVATION: THE ELEMENT IS DERIVED BY CHECKING FOR THE PRESENCE OF THE INSTITUTIONAL OR CWFB CLAIM BASE ELEMENTS: CLM_BLODD_PT_FRNSH_QTY, CLM_BLODD_PT_NRPLC_QTY, CLM_BLODD_PT_RPLC_QTY, CLM_BLODD_DDCTBL_PT_QTY AND CLM_BLODD_DDCTBL_LBLTY_AMT.
					SOURCE:
					NCH
34. CWFB CLAIM NUMBER OF LINE ITEMS COUNT	NUM	2	111	112	THE COUNT OF THE NUMBER OF LINE ITEMS ASSOCIATED WITH THIS CWFB CLAIM CONTROL NUMBER.
					2 DIGITS UNSIGNED
					STANDARD ALIAS: CWFB_CLM_NUM_LINE_ITM_CNT
					SAS ALIAS: LINE_ITM
					SOURCE:
					CWFB CLAIMS
**** PHYSICIAN SUPPLIER PART-B CLAIM VARIABLE GROUP	GROUP				VARIABLE PORTION OF THE PHYSICIAN/SUPPLIER PART-B CLAIM RECORD FOR VERSION G OF THE NCH.
					STANDARD ALIAS: PHYSN_SUPLR_PTB_CLM_VAR_GRP
					CODBL ALIAS: CWFB_PTB_CLM_VRBL_GRP
**** CWF PART-B EDIT GROUP	GROUP	4			THE NUMBER OF CWF PART-B EDIT TRAILERS IS DETERMINED BY THE CLAIM EDIT CODE COUNT. THE

PHYSICIAN SUPPLIER PART-B CLAIM RECORD

NAME	TYPE	LENGTH	POSITIONS BEG END	CONTENTS

FIRST OCCURRENCE WILL CONTAIN THE CLAIM EDIT
CODE; THE SECOND OCCURRENCE WILL CONTAIN
THE CLAIM EDIT MULTIPLE INDICATOR SWITCH PLUS
THE CLAIM EDIT DISPOSITION CODE; THE THIRD
OCCURRENCE WILL CONTAIN THE CLAIM EDIT
PATCH INDICATOR CODE.

OCCURS: UP TO 9 TIMES
        DEPENDING ON CLM_EDIT_CD_CNT

STANDARD ALIAS: CWFB_EDIT_GRP

35. CLAIM EDIT CODE   CHAR   4

THE CODE ANNOTATED TO CLAIMS (INSTITUTIONAL AND
CWFB) INDICATING THE EDIT RESULTS SO USERS
WILL BE AWARE OF DATA DEFICIENCIES. ONLY
THE HIGHEST PRIORITY CODE IS STORED.

STANDARD ALIAS: CLM_EDIT_CD
COMMON ALIAS: QA_ERROR_CODE
SAS ALIAS: EDIT_CD

CODES:
        NOTE:
        (C) INDICATES CONSISTENCY ERROR
        (U) INDICATES UTILIZATION ERROR
        (E) INDICATES ENTITLEMENT ERROR
        (D) INDICATES DUPLICATE ERROR

AOX1 = (C) PHYSICIAN-SUPPLIER ZIP CODE
AOX3 = (C) UNIQUE PHY IDEN. (UPIN) INVALID
A001 = (C) BENEFICIARY IDENTIFICATION (BIC)
A002 = (C) CLAIM IDENTIFIER (CAN)
A003 = (C) BENEFICIARY IDENTIFICATION (BIC)
A004 = (C) PATIENT SURNAME BLANK
A005 = (C) PATIENT 1ST INITIAL NOT-ALPHABETIC
A006 = (C) DATE OF BIRTH IS NOT NUMERIC
A007 = (C) INVALID GENDER (0, 1, 2)
A008 = (C) INVALID QUERY-CODE (WAS CORRECTED)
A1X1 = (C) PERCENT ALLOWED INDICATOR
C050 = (U) HOSPICE - SPELL VALUE INVALID
D101 = (C) DME ORDERING PHY UPIN INVALID
D102 = (C) DME DATE OF BIRTH INVALID
D2X1 = (C) DME SCREEN SUSPENSION INVALID
D2X2 = (C) DME SCREEN SAVINGS INVALID
D2X3 = (C) DME SCREEN RESULT INVALID
D2X4 = (C) DME DECISION IND INVALID
D2X5 = (C) DME WAIVER OF PROV LIAB INVALID
D3X1 = (C) DME NATIONAL DRUG CODE INVALID
D4X1 = (C) DME BENE RESIDNC STATE CODE INVALID
D4X2 = (C) DME OUT OF DMERC SERVICE AREA
D5X1 = (C) DME HCPCS FOR DMEPOS INVALID
D5X2 = (C) DME HCPCS NOC & NOC DESCRIP MISSING
D5X3 = (C) DME INVALID USE OF MS MODIFIER
D6X1 = (C) DME SUPPLIER NUMBER MISSING

PHYSICIAN SUPPLIER PART-B CLAIM RECORD

NAME	TYPE	LENGTH	POSITIONS BEG	END	CONTENTS
					D7X1 = (C) DME PURCHACE ALLOWABLE INVALID
					D921 = (C) SHOE HCPC W/O MOD RT,LT REQ UNITS=2
					TEST = (C) TEST ERROR: FORCE TO ERROR REPORT
					XXXX = (D) SYS DUPL: HOST/BATCH/QUERY-CODE
					0011 = (C) ACTION CODE INVALID
					0020 = (C) CANCEL ONLY CODE INVALID
					0301 = (C) CLAIM IDENTIFIER (CAN)
					0302 = (C) BENEFICIARY IDENTIFICATION (BIC)
					04A1 = (C) PATIENT SURNAME BLANK (PHYS/SUP)
					04B1 = (C) PATIENT 1ST INITIAL NOT-ALPHABETIC
					0401 = (C) BILL TYPE/PROVIDER INVALID
					0406 = (C) MAMMOGRAPHY WITH NO HCPCS 76092
					0407 = (C) RESPITE CARE BILL TYPE 34X,NO REV 66
					0408 = (C) REV CODE 403 /TYPE 71X/ PROV3800-974
					0410 = (C) IMMUNO DRUG OCCR-36,NO REV-25 OR 636
					05X4 = (C) UPIN REQUIRED FOR TYPE-OF-SERVICE
					05X5 = (C) UPIN REQUIRED FOR DME HCPCS
					0501 = (C) UNIQUE PHY IDEN. (UPIN) BLANK
					0502 = (C) UNIQUE PHY IDEN. (UPIN) INVALID
					0601 = (C) GENDER INVALID
					0701 = (C) CONTRACTOR INVALID CARRIER/ETC
					0702 = (C) PROVIDER NUMBER INCONSISTANT
					0703 = (C) MAMMOGRAPHY FOR NOT FEMALE
					0705 = (C) PRV-STATUS EQUALS N OR NO-OVR
					0901 = (C) INVALID DISP CODE OF 02
					0902 = (C) INVALID DISP CODE OF SPACES
					0903 = (C) INVALID DISP CODE
					1001 = (C) PROF REVIEW/ACT CODE/BILL TYPE
					13X2 = (C) MULTIPLE ITEMS FOR SAME SERVICE
					1301 = (C) LINE COUNT NOT NUMERIC OR > 13
					1302 = (C) RECORD LENGTH INVALID
					1501 = (C) ADMIT DATE/ENTRY CODE INVALID
					1502 = (C) ADMIT DATE > STAY FROM DATE
					1503 = (C) ADMIT DATE INVALID WITH THRU DATE
					1504 = (C) ADM/FROM/THRU DATE > TODAYS DATE
					1601 = (C) INVESTIGATION IND INVALID
					1701 = (C) SPLIT IND INVALID
					1801 = (C) PAY-DENY CODE INVALID
					1802 = (C) HEADER AMT AND NOT DENIED CLAIM
					1803 = (C) HEADER AMT AND COSTS AVOIDED
					1901 = (C) AB CROSSOVER IND INVALID
					2001 = (C) HOSPICE OVERRIDE INVALID
					2101 = (C) HMO-OVERRIDE/PATIENT-STAT INVALID
					2102 = (C) FROM/THRU DATE OR KRON/PAT STAT
					2201 = (C) FROM/THRU DATE OR HCPCS YR INVAL
					2202 = (C) STAY-FROM DATE > THRU-DATE
					2203 = (C) THRU DATE INVALID
					2204 = (C) FROM DATE BEFORE EFFECTIVE DATE
					2205 = (C) DATE YEARS DIFFERENT ON OUTPAT
					2207 = (C) MAMMOGRAPHY BEFORE 1991
					2301 = (C) DOCUMENT CNTL OR UTIL DYS INVALID
					2302 = (C) COVERED DAYS INVALID OR INCONSIST
					2303 = (C) COST REPORT DAYS > ACCOMIDATION
					2304 = (C) UTIL DAYS = ZERO ON PATIENT BILL

NAME	TYPE	LENGTH	POSITIONS BEG END	CONTENTS
				2306 = (C) UTIL DYS/NOPAY/REIMB INCONSISTENT
				2307 = (C) COND = 40 AND VALU = 7 THRU 9
				2308 = (C) NOPAY = R WHEN UTIL DAYS = ZERO
				2401 = (C) NON-UTIL DAYS INVALID
				2501 = (C) CLAIM RCV DT OR COINSURANCE INVAL
				2502 = (C) COIN+LR DAYS>UTIL DAYS
				2503 = (C) COINSURANCE/TRANS TYPE/UTIL DAYS
				2504 = (C) COINSURANCE AMOUNT EXCESSIVE
				2505 = (C) COINSURANCE RATE > ALLOWED AMOUNT
				2506 = (C) COINSURANCE DAYS/AMOUNT INCONSIST
				2507 = (C) COIN+LR DAYS > TOTAL DAYS FOR YR
				2508 = (C) COINSURANCE DAYS INVALID FOR TRAN
				2601 = (C) CLAIM PAID DT INVALID OR LIFE RES
				2602 = (C) LR-DAYS SHOW, BUT NO AMT VAL 08,10
				2603 = (C) LIFE RESERVE > RATE FOR CAL YEAR
				2604 = (C) PPS BILL, NO DAY OUTLIER
				2605 = (C) LIFE RESERVE RATE > DAILY RATE AVR.
				28XA = (C) UTIL DAYS > FROM TO BENEF EXH
				28XB = (C) BENEFITS EXH DATE BEFORE FROM DATE
				28XC = (C) BENEFITS EXH DATE/INVALID TRANS TYPE
				28XD = (C) OCCUR 23 WITH SPAN 70 ON INPAT HOSP
				28XE = (C) MULTI BENE EXH DATE (OCCR A3,B3,C3)
				28X0 = (C) OCCUR = 23 FOR CAT OR HMO
				28X1 = (C) OCCUR DATE INVALID
				28X2 = (C) OCCUR = 20 AND TRANS = 4
				28X3 = (C) OCCUR 20 DATE < ADMIT DATE
				28X4 = (C) OCCUR 20 DATE > ADMIT + 12
				28X5 = (C) OCCUR 20 AND ADMIT NOT = FROM
				28X6 = (C) OCCUR 20 DATE < BENE EXH DATE
				28X7 = (C) OCCUR 20 DATE+UTIL-COIN>COVERAGE
				28X8 = (C) OCCUR 22 DATE < FROM OR > THRU
				28X9 = (C) UTIL > FROM - THRU LESS NCOV
				33X1 = (C) QUAL STAY DATES INVALID (SPAN=70)
				33X2 = (C) QS FROM DATE NOT < THRU (SPAN=70)
				33X3 = (C) QS THRU DATE NOT > FROM+2 (SPAN=70)
				33X4 = (C) QS THRU DATE > ADMIT DATE (SPAN=70)
				33X5 = (C) SPAN 70 INVALID FOR DATE OF SERVICE
				35X1 = (C) 60, 61, 66 & NON-PPS / 65 & PPS
				35X2 = (C) COND = 60 OR 61 AND NO VALU 17
				35X3 = (C) PRO APPROVAL COND C3,C7 REQ SPAN MO
				3701 = (C) ASSIGN CODE INVALID
				3801 = (C) AMT BENE PD INVALID
				4001 = (C) BLOOD PINTS FURNISHED INVALID
				4002 = (C) BLOOD FURNISHED/REPLACED INVALID
				4003 = (C) BLOOD FURNISHED/VERIFIED/DEDUCT
				4201 = (C) BLOOD PINTS UNREPLACED INVALID
				4202 = (C) BLOOD PINTS UNREPLACED/BLOOD DED
				4301 = (C) BLOOD DEDUCTABLE INVALID
				4302 = (C) BLOOD DEDUCT/FURNISHED PINTS
				4303 = (C) BLOOD DEDUCT > UNREPLACED BLOOD
				4304 = (C) BLOOD DEDUCT > 3 - REPLACED
				4501 = (C) PRIMARY DIAGNOSIS INVALID
				46XA = (C) MSP VET AND VET AT MEDICARE
				46XB = (C) MULTIPLE COIN VALU CODES (A2,B2,C2)

PHYSICIAN SUPPLIER PART-B CLAIM RECORD

NAME	TYPE	LENGTH	POSITIONS BEG	END	CONTENTS
					46XC = (C) CDIN VALUE (A2,B2,C2) DN INPATIENT
					46XG = (C) VALU CDDE 20 INVALID
					46XH = (C) VALUE CDDE 20 FDUND
					46X1 = (C) VALUE AMDUNT INVALID
					46X2 = (C) VALU 06 AND BLD-DED-PTS IS ZERD
					46X3 = (C) VALU 06 AND TTL-CHGS=NC-CHGS(001)
					46X4 = (C) VALU (A1,B1,C1): AMT > DEDUCT
					46X5 = (C) DEDUCT VALUE (A1,B1,C1) DN SNF BILL
					46X6 = (C) VALU 17 AND ND CDND CDDE 60 DR 61
					46X7 = (C) DUTLIER(VAL 17) > REIMB + VAL6-16
					46X8 = (C) MULTI CASH DED VALU CDDES (A1,B1,C1)
					4600 = (C) CAPITAL TDTAL NDT = CAP VALUES
					5051 = (E) EDB: NDMATCH DN 3 CHARACTERISTICS
					5052 = (E) EDB: NDMATCH DN MASTER-ID RECDRD
					5053 = (E) EDB: NDMATCH DN CLAIM-NUMBER
					51XA = (C) HCPCS EYEWARE & REV CDDE NDT 274
					51X1 = (C) REV CDDE CHECK
					51X2 = (C) REV CDDE INCDMPATIBLE BILL TYPE
					51X3 = (C) REV CDDE INCDMPATIBLE WITH BILL
					51X4 = (C) INP:CHGS/YR-RATE,ETC; DUTP:PSYCH>YR
					51X5 = (C) REVENUE NDN-CDVERED > TDTAL CHRGE
					51X6 = (C) REV TDTAL CHARGES EQUAL ZERD
					51X7 = (C) REV CDDE 403 WITH ND BILL 14 23 71
					51X8 = (C) MAMMDGRAPHY SUBMISSIDN INVALID
					51X9 = (C) HCPCS/REV CDDE/BILL TYPE
					5100 = (U) TRANSITIDN SPELL / SNF
					5200 = (E) ENTITLEMENT EFFECTIVE DATE
					5202 = (E) ENTITLEMENT HDSPICE EFFECTIVE DATE
					5202 = (U) HDSPICE TRAILER ERRDR
					5203 = (E) ENTITLEMENT HDSPICE PERIDDS
					5203 = (U) HDSPICE TRAILER ERRDR
					5205 = (U) HDSPICE BENE EXHAUST/TERM DATE
					5206 = (U) HDSPICE DATE DIFF NDT 89
					5207 = (U) HDSPICE THRU > TERM DATE 2ND
					5208 = (U) 4TH SPL,THRU > TERM DATE 2ND
					5209 = (U) DAYS>90,THRU > TERM DATE 2ND
					5210 = (E) ENTITLEMENT FRM/TRU/END DATES
					5211 = (E) ENTITLEMENT DATE DEATH/THRU
					5212 = (E) ENTITLEMENT DATE DEATH/THRU
					5220 = (E) ENTITLEMENT FRDM/EFF DATES
					5233 = (E) ENTITLEMENT HMD PERIDDS
					5240 = (U) HDSPICE SPELL ERRDR
					5241 = (U) HDSPICE SPELL ERRDR
					5250 = (U) HDSPICE DDEBA/DDLBA
					5255 = (U) HDSPICE DAYS USED
					5256 = (U) HDSPICE DAYS USED > 999
					5299 = (U) HDSPICE PERIDD NUMBER ERRDR
					5320 = (U) BILL > DDEBA AND IND-1 = 2
					5350 = (U) HDSPICE DDEBA/DDLBA SECDNDARY
					5355 = (U) HDSPICE DAYS USED SECDNDARY
					5399 = (U) HDSPICE PERIDD NUM MATCH
					5410 = (U) INPAT DEDUCTABLE
					5425 = (U) PART B DEDUCTABLE CHECK
					5430 = (U) PART B DEDUCTABLE CHECK

NAME	TYPE	LENGTH	POSITIONS BEG END	CONTENTS

```
5450 = (U) PART B COMPARE MED EXPENSE
5460 = (U) PART B COMPARE MED EXPENSE
5499 = (U) MED EXPENSE TRAILER MISSING
5500 = (U) FULL DAYS/SNF-HOSP FULL DAYS
5510 = (U) COIN DAYS/SNF COIN DAYS
5515 = (U) FULL DAYS/COIN DAYS
5516 = (U) SNF FULL DAYS/SNF COIN DAYS
5520 = (U) LIFE RESERVE DAYS
5530 = (U) UTIL DAYS/LIFE PSYCH DAYS
5600 = (D) LOGICAL DUPE, COVERED
5601 = (D) LOGICAL DUPE, QRY-CDE, RIC 123
5602 = (D) LOGICAL DUPE, PANDE C, E OR I
5603 = (D) LOGICAL DUPE, COVERED
5605 = (D) POSS DUPE, OUTPAT REIMB
5606 = (D) POSS DUPE, HOME HEALTH COVERED U
5623 = (U) NON-PAY CODE IS P
57X1 = (C) PROVIDER SPECIALITY CODE INVALID
57X2 = (C) PHYS THERAPY/PROVIDER SPEC INVAL
57X3 = (C) PLACE/TYPE/SPECIALTY/REIMB IND
57X4 = (C) HCFA-TYPE/PROVIDER SPEC INVALID
5700 = (U) LINKED TO THREE SPELLS
58X1 = (C) PROVIDER TYPE INVALID
59XA = (C) PROST ORTH HCPCS/FROM DATE
59XB = (C) HCPCS/FROM DATE/TYPE P OR I
59XC = (C) HCPCS Q0036,37,42,43,46/FROM DATE
59XD = (C) HCPCS Q0038-41/FROM DATE/TYPE
59XE = (C) HCPCS/MAMMOGRAPHY-RISK/ DIAGNOSIS
59XF = (C) PROC CODE MOD = RR/TYPE NOT R
59XG = (C) CAPPED/FREQ-MAINT/PROST HCPCS
59XH = (C) HCPCS E0620/TYPE/DATE
59XI = (C) HCPCS E0627-9/ DATE < 1991
59X1 = (C) TYPE OF SERVICE INVALID
59X2 = (C) ASC IND/TYPE OF SERVICE INVALID
59X3 = (C) TYPE 8,N / MOD = 80-82,AS
59X4 = (C) KIDNEY DONOR/TYPE/PLACE/REIMB
59X5 = (C) MAMMOGRAPHY FOR MALE
59X6 = (C) DRUG AND NON DRUG BILL LINE ITEMS
59X7 = (C) CAPPED-HCPCS/FROM DATE
59X8 = (C) FREQUENTLY MAINTAINED HCPCS
59X9 = (C) HCPCS E1220/FROM DATE/TYPE IS R
5901 = (U) ERROR CODE OF Q
60X1 = (C) ASSIGN IND INVALID
6000 = (U) ADJUSTMENT BILL SPELL DATA
6020 = (U) ADJUSTMENT BILL DOLBA < 1990
6030 = (U) ADJUSTMENT BILL SPELL DATA
6035 = (U) ADJUSTMENT BILL THRU DTE/DOLBA
61X1 = (C) PAY PROCESS IND INVALID
61X2 = (C) DENIED CLAIM/NO DENIED LINE
61X3 = (C) PAY PROCESS IND/ALLOWED CHARGES
61X4 = (C) RATE MISSING OR NON-NUMERIC
6101 = (C) REV COMPUTED CHARGES NOT=TOTAL
6102 = (C) REV COMPUTED NON-COVERED/NON-COV
6103 = (C) REV TOTAL CHARGES < PRIMARY PAYER
62XA = (C) PSYC OT PT/REIMB/TYPE
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PHYSICIAN SUPPLIER PART-B CLAIM RECORD

NAME	TYPE	LENGTH	POSITIONS BEG	END	CONTENTS
					62XB = (C) REIMB INOICATOR/TYPE
					62X1 = (C) OME/OATE/100% OR INVAL REIMB INO
					62X2 = (C) OME/FROM OATE/100% OEO
					62X6 = (C) RAO PATH/PLACE/TYPE/OATE/OEO
					62X7 = (C) ASC/FROM OATE/100% OEO
					62X8 = (C) KIONEY OONO/TYPE/100%
					62X9 = (C) PNEUM VACCINE/TYPE/100%
					6201 = (C) TOTAL OEOUCT > CHARGES/NON-COV
					6203 = (U) HOSPICE AOJUSTMENT PERIOO/OATE
					6204 = (U) HOSPICE AOJUSTMENT THRU>OOLBA
					6260 = (U) HOSPICE AOJUSTMENT STAY OAYS
					6261 = (U) HOSPICE AOJUSTMENT OAYS USEO
					6265 = (U) HOSPICE AOJUSTMENT OAYS USEO
					6269 = (U) HOSPICE AOJUSTMENT PERIOO# (MAIN)
					63X1 = (C) OEOUCT INO INVALIO
					6365 = (U) HOSPICE AOJUSTMENT SECONOARY OAYS
					6369 = (U) HOSPICE AOJUSTMENT PERIOO# (SECONO)
					64X1 = (C) PROVIOER INO INVALIO
					6430 = (U) PART B OEOUCTABLE CHECK
					65X1 = (C) PAYSCREEN INO INVALIO
					66?? = (O) POSS OUPE, CR/OB, OOC-IO
					66XX = (O) POSS OUPE, CR/OB, OOC-IO
					66X1 = (C) MT AMOUNT INVALIO
					66X2 = (C) MT INOICATOR/AMOUNT
					66X3 = (C) MT INOICATOR/AMOUNT
					66X4 = (C) MT INOICATOR/AMOUNT
					6600 = (U) AOJUSTMENT BILL FULL OAYS
					6610 = (U) AOJUSTMENT BILL COIN OAYS
					6620 = (U) AOJUSTMENT BILL LIFE RESERVE
					6630 = (U) AOJUSTMENT BILL LIFE PSYCH OYS
					67X1 = (C) MILES TRAVELEO INVALIO
					67X6 = (C) INVALIO PROC FOR MT INO 2, ANEST
					67X7 = (C) INVALIO UNITS INO WITH TOS OF BLOOO
					67X8 = (C) INVALIO PROC FOR MT INO 4, OXYGEN
					6700 = (U) AOJUSTMENT BILL FULL/SNF OAYS
					6710 = (U) AOJUSTMENT BILL COIN/SNF OAYS
					68X1 = (C) INVALIO HCPCS COOE
					68X2 = (C) MAMMOGRAPY/OATE/PROC NOT 76092
					68X3 = (C) TYPE OF SERVICE = G /PROC COOE
					68X4 = (C) HCPCS NOT VALIO FOR SERVICE OATE
					68X5 = (C) MOOIFIER NOT VALIO FOR HCPCS, ETC
					68X6 = (C) TYPE SERVICE INVALIO FOR HCPCS, ETC
					69XA = (C) MOOIFIER NOT VALIO FOR HCPCS/GLOBAL
					69X1 = (C) CAPPEO HCPCS/PROC COOE MOO MS/TYP
					69X2 = (C) CAPPEO HCPCS/PROC COOE MOO MS/TYP
					69X3 = (C) PROC COOE MOO = LL / TYPE = R
					69X4 = (C) PROC COOE MOO/OXYGEN
					69X5 = (C) NEW EOIT - PRIORITY 999
					69X6 = (C) PROC COOE MOO/NOT CAPPEO
					69X8 = (C) SPEC COOE NURSE PRACT, MOO INVAL
					69X9 = (C) SPEC COOE CLIN NURSE, MOO INVAL
					6901 = (C) KRON INO ANO UTIL OYS EQUALS ZERO
					6902 = (C) KRON INO ANO NO-PAY COOE B OR N
					6903 = (C) KRON INO ANO INPATIENT OEOUCT = O

PHYSICIAN SUPPLIER PART-B CLAIM RECORD

NAME	TYPE	LENGTH	POSITIONS BEG	END	CONTENTS
					69D4 = (C) KRDN IND AND TRANS CDDE IS 4
					691D = (C) REV CDDES DN HDME HEALTH
					6911 = (C) REV CDDE 274 DN DUTPAT AND HH DNLY
					6912 = (C) REV CDDE INVAL FDR PRDSTH AND DRTHD
					6913 = (C) REV CDDE INVAL FDR DXYGEN
					6914 = (C) REV CDDE INVAL FDR DME
					6915 = (C) PURCHASE DF RENT DME INVAL DN DATES
					6916 = (C) PURCHASE DF RENT DME INVAL DN DATES
					6917 = (C) PURCHASE DF LIFT CHAIR INVAL > 91DDD
					6918 = (C) HCPCS INVALID DN DATE RANGES
					6919 = (C) DME DXYGEN DN HH INVAL BEFDRE 7/1/89
					692D = (C) HCPCS INVAL DN REV 27D/BILL 32-33
					6921 = (C) HCPCS DN REV CDDE 272 BILL TYPE 83X
					6922 = (C) HCPCS DN BILL TYPE 83X -NDT REV 274
					6923 = (C) RENTAL DF DME CUSTDMIZE AND REV 291
					6924 = (C) INVAL MDDIFIER FDR CAPPED RENTAL
					6925 = (C) HCPCS ALLDWED DN BILL TYPES 32X-34X
					6929 = (U) ADJUSTMENT BILL LIFE RESERVE
					693D = (U) ADJUSTMENT BILL LIFE PSYCH DYS
					7DDD = (U) INVALID DDEBA/DDLBA
					7DD2 = (U) LESS THAN 6D/61 BETWEEN SPELLS
					71X1 = (C) SUBMITTED CHARGES INVALID
					71X2 = (C) MAMMDGRPY/PRDC CDDE MDD TC,26/CHG
					72X1 = (C) ALLDWED CHGS INVALID
					72X2 = (C) ALLDWED/SUBMITTED CHARGES/TYPE
					72X3 = (C) DENIED LINE/ALLDWED CHARGES
					73X1 = (C) SS NUMBER INVALID
					73X2 = (C) CARRIER ASSIGNED PRDV NUM MISSING
					74X1 = (C) LDCALITY CDDE INVAL FDR CDNTRACT
					77X1 = (C) PLACE DF SERVICE INVALID
					77X2 = (C) PHYS THERAPY/PLACE
					77X3 = (C) PHYS THERAPY/SPECIALTY/TYPE
					77X4 = (C) ASC/TYPE/PLACE/REIMB IND/DED IND
					7777 = (D) PDSS DUPE, PART B DDC-ID
					78XA = (C) MAMMDGRAPHY BEFDRE 1991
					78X1 = (C) THRU DATE INVALID
					78X3 = (C) FRDM DATE GREATER THAN THRU DATE
					78X4 = (C) FRDM DATE > RCVD DATE/PAY-DENY
					78X5 = (C) FRDM DATE > PAID DATE/TYPE/1DD%
					78X7 = (C) LAB EDIT/TYPE/1DD%/FRDM DATE
					78X8 = (C) ASC/PLACE/DATE BEFDRE 82244
					78X9 = (C) PNEUM VACCINE/TYPE/DATE
					79X3 = (C) THRU DATE>RECD DATE/NDT DENIED
					79X4 = (C) THRU DATE>PAID DATE/NDT DENIED
					81X1 = (C) NUM DF SERVICES INVALID
					82X1 = (C) INVALID HCPCS PRDCEDURE CDDE
					82X2 = (C) INACTIVE HCPCS FDR SERVICE DATE
					83X1 = (C) DIAGNDSIS INVALID
					83D1 = (C) PAP SMEAR FDR MALE
					84X1 = (C) PAP SMEAR/DIAGNDSIS/GENDER/PRDC
					84X2 = (C) INVALID DME START DATE
					84X3 = (C) INVALID DME START DATE W/HCPCS
					86X1 = (C) CLINICAL LAB ID (TEST)
					86X2 = (C) INVALID CLIA/NDN-WAIVER HCPCS (TEST)

NAME	TYPE	LENGTH	POSITIONS BEG	ENO	CONTENTS
					86X8 = (C) CLIA REQUIRES NON-WAIVER HCPCS
					88XX = (O) POSS OUPE, OOC-IO,UNITS,ENT,ALWO
					9000 = (U) OOEBA/OOLBA CALC
					9005 = (U) FULL/COINS HOSP OAYS CALC
					9010 = (U) FULL/COINS SNF OAYS CALC
					9015 = (U) LIFE RESERVE OAYS CALC
					9020 = (U) LIFE PSYCH OAYS CALC
					9030 = (U) INPAT OEOUCTABLE CALC
					9040 = (U) OATA INOICATOR 1 SET
					9050 = (U) OATA INOICATOR 2 SET
					91X1 = (C) PATIENT REIMB/PAY-OENY CODE
					92X1 = (C) PATIENT REIMB INVALIO
					92X2 = (C) PROVIOER REIMB INVALIO
					92X3 = (C) LINE OENIEO/PATIENT-PROV REIMB
					92X4 = (C) MSP COOE/AMT/OATE/ALLOWEO CHARGES
					92X5 = (C) CHARGES/REIMB AMT NOT CONSISTANT
					92X7 = (C) REIMB/PAY-OENY INCONSISTANT
					9201 = (C) UPIN REF NAME OR INITIAL MISSING
					9202 = (C) UPIN REF FIRST 3 CHAR INVALIO
					9203 = (C) UPIN REF LAST 3 CHAR NOT NUMERIC
					93X1 = (C) CASH OEOUCTABLE INVALIO
					93X2 = (C) OEOUCT INOICATOR/CASH OEOUCTIBLE
					93X3 = (C) OENIEO LINE/CASH OEOUCTIBLE
					93X4 = (C) FROM OATE/CASH OEOUCTIBLE
					93X5 = (C) TYPE/CASH OEOUCTIBLE/ALLOWEO CHGS
					93X6 = (C) TYPE/CASH OEOUCTIBLE
					9300 = (C) UPIN OTHER, NOT PRESENT
					9301 = (C) UPIN OPERATING, NAME OR INITIAL MISS
					9302 = (C) UPIN OPERATING, FIRST 3 NOT NUMERIC
					9303 = (C) UPIN OPERATING, LAST 3 CHAR NOT NUMR
					94A1 = (C) NON-COVEREO FROM OATE INVALIO
					94A2 = (C) NON-COVEREO FROM > THRU OATE
					94A3 = (C) NON-COVEREO THRU OATE INVALIO
					94A4 = (C) NON-COVEREO THRU OATE > AOMIT
					94A5 = (C) NON-COVEREO THRU OATE/AOMIT OATE
					94C1 = (C) PR-PSYCH OAYS INVALIO
					94C3 = (C) PR-PSYCH OAYS > PROVIOER LIMIT
					94F1 = (C) REIMBURSEMENT AMOUNT INVALIO
					94F2 = (C) REIMBURSE AMT NOT O FOR HMO PAIO
					94G1 = (C) NO-PAY COOE INVALIO
					94G2 = (C) NO-PAY COOE SPACE/NON-COVERO=TOTL
					94G3 = (C) NO-PAY/PROVIOER INCONSISTANT
					94G4 = (C) EOIT 94G4 (NEW)
					94X1 = (C) BLOOO LIMIT INVALIO
					94X2 = (C) TYPE/BLOOO OEOUCTIBLE
					94X3 = (C) TYPE/OATE/LIMIT AMOUNT
					94X4 = (C) BLOOO OEO/TYPE/NUMBER OF SERVICES
					94X5 = (C) BLOOO/MSP COOE/COMPUTEO LINE MAX
					9401 = (C) BLOOO OEOUCTIBLE AMT > 3
					9402 = (C) BLOOO FURNISHEO > OEOUCTIBLE
					9403 = (C) OATE OF BIRTH MISSING ON PRO-PAY
					9404 = (C) INVALIO GENOER COOE ON PRO-PAY
					9407 = (C) INVALIO ORG NUMBER
					9408 = (C) INVALIO ORG NUMBER (GLOBAL)

NAME	TYPE	LENGTH	POSITIONS BEG END	CONTENTS
				9409 = (C) INVALID SURG CODES MOVED TO OPER
				95X1 = (C) MSP CODE G/DATE BEFORE 1/1/87
				95X2 = (C) MSP AMOUNT APPLIED INVALID
				95X3 = (C) MSP AMOUNT APPLIED > SUB CHARGES
				95X4 = (C) MSP PRIMARY PAY/AMOUNT/CODE/DATE
				95X5 = (C) MSP CODE = G/DATE BEFORE 1987
				95X6 = (C) MSP CODE = X AND NOT AVOIDED
				96X1 = (C) OTHER AMOUNTS INVALID
				96X2 = (C) OTHER AMOUNTS > PAT-PROV REIMB
				97X1 = (C) OTHER AMOUNTS INDICATOR INVALID
				97X2 = (C) GRUDMAN SW/GRUDMAN AMT NOT > 0
				98X1 = (C) COINSURANCE INVALID
				98X3 = (C) MSP CODE/TYPE/COIN AMT/ALLOW/CSH
				98X4 = (C) DATE/MSP/TYPE/CASH DED/ALLOW/COI
				98X5 = (C) DATE/ALLOW/CASH DED/REIMB/MSP/TYP
				99XX = (D) POSS DUPE, PART B DOC-ID
				9901 = (C) REV CODE INVALID OR TRAILER CNT=0
				9902 = (C) ACCOMMODATION DAYS/FROM/THRU DATE
				9903 = (C) NO CLINIC VISITS FOR RHC
				9904 = (C) INCOMPATIBLE DATES/CLAIM TYPE
				9905 = (C) UTIL DAYS > SPAN OF DATES
				9910 = (C) EDIT 9910 (NEW)
				9911 = (C) BLOOD VERIFIED INVALID
				9920 = (C) EDIT 9920 (NEW)
				9921 = (C) VERIFIED CASH INVALID
				9930 = (C) EDIT 9930 (NEW)
				9931 = (C) OUTPAT COINSURANCE VALUES
				9933 = (C) RATE EXCEDES MAMMOGRAPHY LIMIT
				9940 = (C) EDIT 9940 (NEW)
				9941 = (C) PATIENT/PROVIDER REIMB INVALID
				9942 = (C) EDIT 9942 (NEW)
				9944 = (C) OUTPAT DISTB VERIFY AMOUNTS PAID
				9999 = (U) SPELL NON MATCH

SOURCE:
NCH QA EDIT PROCESS

| **** CLAIM EDIT SECOND GROUP | GROUP | 4 | | REDEFINITION OF: CLM_EDIT_CD |

THE SECOND OCCURRENCE OF THE CLAIM EDIT
GROUP.

STANDARD ALIAS: CLM_EDIT_2ND_GRP

| 36. CLAIM EDIT MULTIPLE INDICATOR SWITCH | NUM | 1 | | A SWITCH INDICATING WHETHER OR NOT MULTIPLE ERROR CONDITIONS WERE DETECTED IN THE QUALITY ASSURANCE (QA) EDITING OF INSTITUTIONAL OR CWFB CLAIMS. |

1 DIGIT UNSIGNED

STANDARD ALIAS: CLM_EDIT_MLTPL_IND_SW
COMMON ALIAS: MULTIPLE_ERROR_FLAG

NAME	TYPE	LENGTH	POSITIONS BEG END	CONTENTS

CODES:
0 = NO MULTIPLE ERRORS
1 = MULTIPLE ERROR CONDITION
9 = SPECIAL ADJUSTMENTS (USED ONLY FOR THE
    RECORDS PROCESSED 1/29/93 WEEK TO COTTECT
    ERROR WITH INITIALIZING UTILIZATION DATA)

SOURCE:
NCH QA EDIT PROCESS

37. CLAIM EDIT DISPOSITION CODE   NUM   2

CODE INDICATING THE DISPOSITION OF THE
INSTITUTIONAL OR CWFB CLAIM AFTER EDITING IN
THE QUALITY ASSURANCE (QA) PROCESS.

2 DIGITS UNSIGNED

STANDARD ALIAS: CLM_EDIT_DISP_CD
COMMON ALIAS: QA_DISPOSITION_CODE

CODES:
00 = ACCEPT
10 = POSSIBLE DUPLICATES

    CLASS OF ERROR

20 = UTILIZATION
21-29 = UTILIZATION AND ANOTHER CLASS ERROR
30 =   CONSISTENCY
31-39 = CONSISTENCY AND ANOTHER CLASS ERROR
40 = ENTITLEMENT
41-49 = ENTITLEMENT AND ANOTHER CLASS ERROR
50 =   IDENTITY
51-59 = IDENTITY AND ANOTHER CLASS ERROR
60 = DUPLICATE, LOGICAL
70 = DUPLICATE, SYSTEM

SOURCE:
NCH QA EDIT PROCESS

38. FILLER   CHAR   1

39. CLAIM EDIT PATCH INDICATOR   CHAR   4
    CODE

REDEFINITION OF: CLM_EDIT_CD

CODE ANNOTATED TO INSTITUTIONAL OR CWFB CLAIM
INDICATING PATCHES APPLIED TO THE RECORD DURING
NCH NEARLINE RECORD CONVERSION OR APPLIED TO
STANDARD ANALYTICAL FILES UPON THEIR CREATION.
THIS IS THE THIRD THROUGH NINTH OCCURRENCE OF THE
CLAIM EDIT GROUP.

STANDARD ALIAS: CLM_EDIT_PATCH_IND_CD

CODES:
FOR THIRD OCCURRENCE OF CLAIM EDIT GROUP

NAME	TYPE	LENGTH	POSITIONS BEG ENO	CONTENTS
				POSITION ONE: 1 = ZERO CWF_CLM_ACRTN_OT SET TO HCFA_PROC_OT BLANK OR O = NOT PATCHEO POSITION TWO: 1 = EQUATABLE BIC CHANGEO (RRB, PRE O3/91) BLANK OR O = NOT PATCHEO POSITION THREE: 1 = ZERO OATE FORWAROEO SET TO APPROVAL OATE PLUS 15 OAYS BLANK OR O = NOT PATCHEO POSITION FOUR: 1 = COUNTY CODE PATCHEO BLANK OR O = NOT PATCHEO FOR FOURTH OCCURRENCE OF CLAIM EOIT GROUP POSITION ONE: 1 = CLM_TRANS_CO MAOE CONSISTENT WITH PMT_EOIT_RIC_CO BLANK OR O = NOT PATCHEO POSITION TWO: 1 = CLM_TOT_CHRG_AMT SET TO ZERO (GARBAGE IN FIELO) BLANK OR O = NOT PATCHEO POSITION THREE: 1 = MQA CHANGEO BILL QUERY CODE TO ZERO ON AN ACTION 6 BILL 2 = MQA CHANGEO BILL QUERY CODE TO ZERO ON AN ACTION 4 BILL BLANK OR O = NOT PATCHEO POSITION FOUR: FUTURE USE THE FIFTH THROUGH NINTH OCCURRENCES OF THE CLAIM EOIT GROUP ARE FOR FUTURE USE. SOURCE: NCH
**** CWF PART-B ORIGINAL GROUP	GROUP	11		OCCURS: UP TO 1 TIMES OEPENOING ON CLM_NEAR_LINE_ORGNL_CN_CNT STANOARO ALIAS: CWFB_ORIG_GRP
4O. NEAR LINE ORIGINAL BENEFICIARY CLAIM ACCOUNT NUMBER	CHAR	9		THE ORIGINAL BENEFICIARY CLAIM ACCOUNT NUMBER (CAN), OERIVEO FOR RETRIEVAL PURPOSES IN CASES WHERE THE BENEFICIARY HAS HAO MULTIPLE CAN'S ANO THE CURRENT CAN OIFFERS FROM THAT ORIGINALLY IN THE NEAR-LINE CLAIMS RECORO. STANOARO ALIAS: NEAR_LINE_ORGNL_BENE_CAN_NUM

NAME	TYPE	LENGTH	POSITIONS BEG	END	CONTENTS
					COMMON ALIAS: ORIGINAL_CAN SAS ALIAS: ORGN_SSN DERIVATION: THE CURRENT CAN IS MOVED TO THE BENE_CLM_ACNT_ NUM; THE PRIOR BENE_CLM_ACNT_NUM IS PLACED IN THIS FIELD AS THE NEAR_LINE_ORGNL_BENE_CAN_NUM. SOURCE: NCH
41. NEAR LINE ORIGINAL BENEFICIARY IDENTIFICATION CODE	CHAR	2			THE ORIGINAL BENEFICIARY IDENTIFICATION CODE ASSOCIATED WITH THE ORIGINAL BENEFICIARY CLAIM ACCOUNT NUMBER (CAN), DERIVED FOR RETRIEVAL PURPOSES IN CASES WHERE THE BENEFICIARY HAS HAD MULTIPLE CAN'S AND THE CURRENT BIC DIFFERS FROM THAT ORIGINALLY IN THE NEAR-LINE CLAIMS RECORD. STANDARD ALIAS: NEAR_LINE_ORGNL_BIC_CD COMMON ALIAS: ORIGINAL_BIC SAS ALIAS: ORGN_BIC DERIVATION: THE CURRENT BIC IS MOVED TO THE BENE_IDENT_CD; THE PRIOR BIC IS PLACED IN THIS FIELD AS THE NEAR_LINE_ORGNL_BIC_CD.

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)
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NAME	TYPE	LENGTH	POSITIONS BEG END	CONTENTS
				BT = DIVORCED HUSBAND (2ND 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)
                                          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)
```

NAME	TYPE	LENGTH	POSITIONS BEG	END	CONTENTS
					E9 = SURVIVING DIVORCED FATHER (WIDOWER) (2ND CLAIMANT)
					EA = MOTHER (WIDOW) (5TH CLAIMANT)
					EB = SURVIVING DIVORCED MOTHER (3RD CLAIMANT)
					EC = SURVIVING DIVORCED MOTHER (4TH CLAIMANT)
					ED = SURVIVING DIVORCED MOTHER (5TH CLAIMANT
					EF = FATHER (WIDOWER) (3RD CLAIMANT)
					EG = FATHER (WIDOWER) (4TH CLAIMANT)
					EH = FATHER (WIDOWER) (5TH CLAIMANT)
					EJ = SURVIVING DIVORCED FATHER (3RD CLAIMANT)
					EK = SURVIVING DIVORCED FATHER (4TH CLAIMANT)
					EM = SURVIVING DIVORCED FATHER (5TH CLAIMANT)
					F1 = FATHER
					F2 = MOTHER
					F3 = STEPFATHER
					F4 = STEPMOTHER
					F5 = ADOPTING FATHER
					F6 = ADOPTING MOTHER
					F7 = SECOND ALLEGED FATHER
					F8 = SECOND ALLEGED MOTHER
					J1 = PRIMARY PRDUTY ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND)
					J2 = PRIMARY PRDUTY ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND)
					J3 = PRIMARY PRDUTY NOT ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND)
					J4 = PRIMARY PRDUTY NOT ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND)
					K1 = PRDUTY WIFE ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (1ST CLAIMANT)
					K2 = PRDUTY WIFE ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND) (1ST CLAIMANT)
					K3 = PRDUTY WIFE NOT ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (1ST CLAIMANT)
					K4 = PRDUTY WIFE NOT ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND) (1ST CLAIMANT)
					K5 = PRDUTY WIFE ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (2ND CLAIMANT)
					K6 = PRDUTY WIFE ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND) (2ND CLAIMANT)
					K7 = PRDUTY WIFE NOT ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (2ND CLAIMANT)
					K8 = PRDUTY WIFE NOT ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND) (2ND CLAIMANT)

NAME	TYPE	LENGTH	POSITIONS BEG	END	CONTENTS
					K9 = PROUTY WIFE ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (3RD CLAIMANT)
					KA = PROUTY WIFE ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND) (3RD CLAIMANT)
					KB = PROUTY WIFE NOT ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (3RD CLAIMANT)
					KC = PROUTY WIFE NOT ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND) (3RD CLAIMANT)
					KD = PROUTY WIFE ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (4TH CLAIMANT)
					KE = PROUTY WIFE ENTITLED TO HIB (OVER 2 Q.C (4TH CLAIMANT)
					KF = PROUTY WIFE NOT ENTITLED TO HIB (LESS THAN 3 Q.C.)(4TH CLAIMANT)
					KG = PROUTY WIFE NOT ENTITLED TO HIB (OVER 2 Q.C.)(4TH CLAIMANT)
					KH = PROUTY WIFE ENTITLED TO HIB (LESS THAN 3 Q.C.)(5TH CLAIMANT)
					KJ = PROUTY WIFE ENTITLED TO HIB (OVER 2 Q.C.) (5TH CLAIMANT)
					KL = PROUTY WIFE NOT ENTITLED TO HIB (LESS THAN 3 Q.C.)(5TH CLAIMANT)
					KM = PROUTY WIFE NOT ENTITLED TO HIB (OVER 2 Q.C.) (5TH CLAIMANT)
					M = UNINSURED-NOT QUALIFIED FOR DEEMED HIB
					M1 = UNINSURED-QUALIFIED BUT REFUSED HIB
					T = UNINSURED-ENTITLED TO HIB UNDER DEEMED OR RENAL PROVISIONS
					TA = MQGE (PRIMARY CLAIMANT)
					TB = MQGE AGED SPOUSE (FIRST CLAIMANT)
					TC = MQGE DISABLED ADULT CHILD (FIRST CLAIMANT)
					TD = MQGE AGED WIDOW(ER) (FIRST CLAIMANT)
					TE = MQGE YOUNG WIDOW(ER) (FIRST CLAIMANT)
					TF = MQGE PARENT (MALE)
					TG = MQGE AGED SPOUSE (SECOND CLAIMANT)
					TH = MQGE AGED SPOUSE (THIRD CLAIMANT)
					TJ = MQGE AGED SPOUSE (FOURTH CLAIMANT)
					TK = MQGE AGED SPOUSE (FIFTH CLAIMANT)
					TL = MQGE AGED WIDOW(ER) (SECOND CLAIMANT)
					TM = MQGE AGED WIDOW(ER) (THIRD CLAIMANT)
					TN = MQGE AGED WIDOW(ER) (FOURTH CLAIMANT)
					TP = MQGE AGED WIDOW(ER) (FIFTH CLAIMANT)
					TQ = MQGE PARENT (FEMALE)
					TR = MQGE YOUNG WIDOW(ER) (SECOND CLAIMANT)
					TS = MQGE YOUNG WIDOW(ER) (THIRD CLAIMANT)
					TT = MQGE YOUNG WIDOW(ER) (FOURTH CLAIMANT)
					TU = MQGE YOUNG WIDOW(ER) (FIFTH CLAIMANT)
					TV = MQGE DISABLED WIDOW(ER) FIFTH CLAIMANT
					TW = MQGE DISABLED WIDOW(ER) FIRST CLAIMANT
					TX = MQGE DISABLED WIDOW(ER) SECOND CLAIMANT
					TY = MQGE DISABLED WIDOW(ER) THIRD CLAIMANT
					TZ = MQGE DISABLED WIDOW(ER) FOURTH CLAIMANT

NAME	TYPE	LENGTH	POSITIONS BEG	END	CONTENTS
					T2-T9 = DISABLED CHILD (SECOND TO NINTH CLAIMANT)
					W = DISABLED WIDOW, AGE 50 OR OVER (1ST CLAIMANT)
					W1 = DISABLED WIDOWER, AGE 50 OR OVER (1ST CLAIMANT)
					W2 = DISABLED WIDOW (2ND CLAIMANT)
					W3 = DISABLED WIDOWER (2ND CLAIMANT)
					W4 = DISABLED WIDOW (3RD CLAIMANT)
					W5 = DISABLED WIDOWER (3RD CLAIMANT)
					W6 = DISABLED SURVIVING DIVORCED WIFE (1ST CLAIMANT)
					W7 = DISABLED SURVIVING DIVORCED WIFE (2ND CLAIMANT)
					W8 = DISABLED SURVIVING DIVORCED WIFE (3RD CLAIMANT)
					W9 = DISABLED WIDOW (4TH CLAIMANT)
					WB = DISABLED WIDOWER (4TH CLAIMANT)
					WC = DISABLED SURVIVING DIVORCED WIFE (4TH CLAIMANT)
					WF = DISABLED WIDOW (5TH CLAIMANT)
					WG = DISABLED WIDOWER (5TH CLAIMANT)
					WJ = DISABLED SURVIVING DIVORCED WIFE (5TH CLAIMANT)
					WR = DISABLED SURVIVING DIVORCED HUSBAND (1ST CLAIMANT)
					WT = DISABLED SURVIVING DIVORCED HUSBAND (2ND CLAIMANT)
					SOURCE: NCH
**** CWF PART-B DIAGNOSIS GROUP	GROUP	5			THE NEARLINE INTERNAL FORMAT ALLOWS FOR 0 TO 9 OCCURRENCES OF THE CWF PART B DIAGNOSIS GROUP. HOWEVER, 4 IS THE MAXIMUM NUMBER OF ACTUAL OCCURRENCES.
					OCCURS: UP TO 9 TIMES DEPENDING ON CLM_DGNS_CD_CNT
					STANDARD ALIAS: CWFB_DGNS_GRP
42. CWFB CLAIM DIAGNOSIS CODE	CHAR	5			ON A CWFB CLAIM, THE ICD-9-CM CODE IDENTIFYING THE PRIMARY CONDITION (PRINCIPAL DIAGNOSIS) AND ANY COEXISTING CONDITION (OTHER DIAGNOSIS) SHOWN IN THE MEDICAL RECORDS AS AFFECTING THE SERVICES PROVIDED.
					STANDARD ALIAS: CWFB_CLM_DGNS_CD SAS ALIAS: DGNS_CD
					EDIT-RULES: ICD-9-CM

NAME	TYPE	LENGTH	POSITIONS BEG	END	CONTENTS
					SOURCE: CWF
**** CWF PART-B BLOOD GROUP	GROUP	8			OCCURS: UP TO 1 TIMES DEPENDING ON CLM_BLOOD_DATA_CNT STANDARD ALIAS: CWFB_BLOOD_GRP
43. CLAIM BLOOD PINTS FURNISHED QUANTITY	PACK	2			NUMBER OF WHOLE PINTS OF BLOOD FURNISHED TO THE BENEFICIARY FOR THIS INSTITUTIONAL/CWFB CLAIM. 3 DIGITS SIGNED STANDARD ALIAS: CLM_BLOOD_PT_FRNSH_QTY SAS ALIAS: BLDFRNSH EDIT-RULES: NUMERIC SOURCE: CWF
44. CLAIM BLOOD PINTS REPLACED QUANTITY	PACK	2			NUMBER OF WHOLE PINTS OF BLOOD REPLACED FOR THIS INSTITUTIONAL OR CWFB CLAIM. 3 DIGITS SIGNED STANDARD ALIAS: CLM_BLOOD_PT_RPLC_QTY SAS ALIAS: BLD_RPLC EDIT-RULES: NUMERIC SOURCE: CWF
45. CLAIM BLOOD PINTS NOT REPLACED QUANTITY	PACK	2			NUMBER OF WHOLE PINTS OF BLOOD NOT REPLACED FOR THIS INSTITUTIONAL OR CWFB CLAIM. 3 DIGITS SIGNED STANDARD ALIAS: CLM_BLOOD_PT_NRPLC_QTY SAS ALIAS: BLDNRPLC EDIT-RULES: NUMERIC SOURCE: CWF
46. CLAIM BLOOD DEDUCTIBLE PINTS QUANTITY	PACK	2			THE QUANTITY OF BLOOD PINTS APPLIED (BLOOD DEDUCTIBLE) TO THE INSTITUTIONAL OR CWFB CLAIM. 3 DIGITS SIGNED

NAME	TYPE	LENGTH	POSITIONS BEG	END	CONTENTS

STANDARD ALIAS: CLM_BLOOD_DDCTBL_PT_QTY
SAS ALIAS: BLD_DED

EDIT-RULES:
NUMERIC

SOURCE:
CWF

**** CWF PART-B LINE ITEM GROUP GROUP 135

THE CWF PART B LINE ITEM TRAILER GROUP MAY OCCUR
MULTIPLE TIMES IN ONE PART B CLAIM. UP TO 13
OCCURRENCES MAY BE PRESENT.

OCCURS: UP TO 99 TIMES
        DEPENDING ON CWFB_CLM_NUM_LINE_ITM_CNT

STANDARD ALIAS: CWFB_LINE_ITM_GRP
COBOL ALIAS: CWFB_LINE_ITEM_GRP

47. CWFB HCFA PROVIDER   CHAR   2
    SPECIALTY CODE

HCFA SPECIALTY CODE USED FOR PRICING THE
SERVICE FOR THIS LINE ITEM ON THE CWFB CLAIM.

STANDARD ALIAS: CWFB_HCFA_PRVDR_SPCLTY_CD
SAS ALIAS: HCFASPCL

CODES:
            PRIOR TO 5/92

01 = GENERAL PRACTICE
02 = GENERAL SURGERY
03 = ALLERGY (REVISED 10/91 TO MEAN ALLERGY/
     IMMUNOLOGY)
04 = OTOLOGY, LARYNGOLOGY, RHINOLOGY (RE-
     VISED 10/91 TO MEAN OTOLARYNGOLOGY)
05 = ANESTHESIOLOGY
06 = CARDIOVASCULAR DISEASE (REVISED 10/91
     TO MEAN CARDIOLOGY)
07 = DERMATOLOGY
08 = FAMILY PRACTICE
09 = GYNECOLOGY--OSTEOPATHS ONLY (DELETED
     10/91; CHANGED TO '16')
10 = GASTROENTEROLOGY
11 = INTERNAL MEDICINE
12 = MANIPULATIVE THERAPY (OSTEOPATHS ONLY)
     (REVISED 10/91 TO MEAN OSTEOPATHIC
     MANIPULATIVE THERAPY)
13 = NEUROLOGY
14 = NEUROLOGICAL SURGERY (REVISED 10/91 TO
     MEAN NEUROSURGERY)
15 = OBSTETRICS--OSTEOPATHS ONLY (DELETED
     10/91; CHANGED TO '16')
16 = OB-GYNECOLOGY
17 = OPHTHALMOLOGY, OTOLOGY, LARYNGOLOGY

NAME	TYPE	LENGTH	POSITIONS BEG	END	CONTENTS
					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
     10/91 TO MEAN PODIATRY)
49 = MISCELLANEOUS (INC ASCS)

NAME	TYPE	LENGTH	POSITIONS BEG	END	CONTENTS

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 -
PHYSIOTHERAPY

74 = GROUP PRACTICE PREPAYMENT PLAN - OCCU-

PHYSICIAN SUPPLIER PART-B CLAIM RECORD

NAME	TYPE	LENGTH	POSITIONS BEG END	CONTENTS

```
                                             PATIONAL THERAPY
                                      75 = GROUP PRACTICE PREPAYMENT PLAN - OTHER
                                             MEOICAL CARE
                                      76 = PERIPHERAL VASCULAR OISEASE
                                             (AOOEO 10/91)
                                      77 = VASCULAR SURGERY (AOOEO 10/91)
                                      78 = CAROIAC SURGERY (AOOEO 10/91)
                                      79 = AOOICTION MEOICINE (AOOEO 10/91)
                                      80 = CLINICAL SOCIAL WORKER (1991)
                                      81 = CRITICAL CARE-INTENSIVISTS (AOOEO 10/91
                                      82 = OPHTHALMOLOGY, CATARACTS SPECIALTY
                                             (AOOEO 10/91)
                                      83 = HEMATOLOGY/ONCOLOGY (AOOEO 10/91)
                                      84 = PREVENTIVE MEOICINE (AOOEO 10/91)
                                      85 = MAXILLOFACIAL SURGERY (AOOEO 10/91)
                                      86 = NEUROPSYCHIATRY (AOOEO 10/91)
                                      87 = ALL OTHER (E.G. ORUG ANO OEPARTMENT
                                             STORES) (REVISEO 10/91 TO MEAN ALL
                                             OTHER SUPPLIERS)
                                      88 = UNKNOWN (REVISEO 10/91 TO MEAN
                                             PHYSICIAN ASSISTANT)
                                      90 = MEOICAL ONCOLOGY (AOOEO 10/91)
                                      91 = SURGICAL ONCOLOGY (AOOEO 10/91)
                                      92 = RAOIATION ONCOLOGY (AOOEO 10/91)
                                      93 = EMERGENCY MEOICINE (AOOEO 10/91)
                                      94 = INTERVENTIONAL RAOIOLOGY (AOOEO 10/91)
                                      95 = INOEPENOENT PHYSIOLOGICAL LABORATORY
                                             (AOOEO 10/91)
                                      96 = UNKNOWN PHYSICIAN SPECIALTY
                                             (AOOEO 10/91)
                                      99 = UNKNOWN--INCL. SOCIAL WORKER'S PSY-
                                             CHIATRIC SERVICES (REVISEO 10/91 TO
                                             MEAN UNKNOWN SUPPLIER/PROVIOER)
                                         ------------------------------------
                                                    **EFFECTIVE 5/92**

                                      00 = CARRIER WIOE
                                      01 = GENERAL PRACTICE
                                      02 = GENERAL SURGERY
                                      03 = ALLERGY/IMMUNOLOGY
                                      04 = OTOLARYNGOLOGY
                                      05 = ANESTHESIOLOGY
                                      06 = CAROIOLOGY
                                      07 = OERMATOLOGY
                                      08 = FAMILY PRACTICE
                                      09 = GYNECOLOGY (OSTEOPATHS ONLY)
                                             (OISCONTINUEO 5/92 USE COOE 16)
                                      10 = GASTROENTEROLOGY
                                      11 = INTERNAL MEOICINE
                                      12 = OSTEOPATHIC MANIPULATIVE THERAPY
                                      13 = NEUROLOGY
                                      14 = NEUROSURGERY
                                      15 = OBSTETRICS (OSTEOPATHS ONLY)
                                             (OISCONTINUEO 5/??        ----  -6)
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                                POSITIONS
        NAME               TYPE  LENGTH BEG  END                              CONTENTS
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                                                      16 = OBSTETRICS/GYNECOLOGY
                                                      17 = OPHTHALMOLOGY, OTOLOGY, LARYNGOLOGY,
                                                           RHINOLOGY (OSTEOPATHS ONLY)
                                                           (DISCONTINUED 5/92 USE CODES 18 OR 04
                                                           DEPENDING ON PERCENTAGE OF PRACTICE)
                                                      18 = OPHTHALMOLOGY
                                                      19 = ORAL SURGERY (DENTISTS ONLY)
                                                      20 = ORTHOPEDIC SURGERY
                                                      21 = PATHOLOGIC ANATOMY, CLINICAL
                                                           PATHOLOGY (OSTEOPATHS ONLY)
                                                           (DISCONTINUED 5/92 USE CODE 22)
                                                      22 = PATHOLOGY
                                                      23 = PERIPHERAL VASCULAR DISEASE, MEDICAL
                                                           OR SURGICAL (OSTEOPATHS ONLY)
                                                           (DISCONTINUED 5/92 USE CODE 76)
                                                      24 = PLASTIC AND RECONSTRUCTIVE SURGERY
                                                      25 = PHYSICAL MEDICINE AND REHABILITATION
                                                      26 = PSYCHIATRY
                                                      27 = PSYCHIATRY, NEUROLOGY (OSTEOPATHS
                                                           ONLY) (DISCONTINUED 5/92 USE CODE 86)
                                                      28 = COLORECTAL SURGERY (FORMERLY
                                                           PROCTOLOGY)
                                                      29 = PULMONARY DISEASE
                                                      30 = DIAGNOSTIC RADIOLOGY
                                                      31 = ROENTGENOLOGY, RADIOLOGY (OSTEOPATHS
                                                           ONLY) (DISCONTINUED 5/92 USE CODE 30)
                                                      32 = RADIATION THERAPY (OSTEOPATHS ONLY)
                                                           (DISCONTINUED 5/92 USE CODE 92)
                                                      33 = THORACIC SURGERY
                                                      34 = UROLOGY
                                                      35 = CHIROPRACTIC
                                                      36 = NUCLEAR MEDICINE
                                                      37 = PEDIATRIC MEDICINE
                                                      38 = GERIATRIC MEDICINE
                                                      39 = NEPHROLOGY
                                                      40 = HAND SURGERY
                                                      41 = OPTOMETRY (REVISED 10/93 TO
                                                           MEAN OPTOMETRIST)
                                                      42 = CERTIFIED NURSE MIDWIFE (EFF 1/87)
                                                      43 = CRNA, ANESTHESIA ASSISTANT
                                                           (EFF 1/87)
                                                      44 = INFECTIOUS DISEASE
                                                      45 = MAMMOGRAPHY SCREENING CENTER
                                                      46 = ENDOCRINOLOGY (EFF 5/92)
                                                      48 = PODIATRY
                                                      49 = AMBULATORY SURGICAL CENTER
                                                           (FORMERLY MISCELLANEOUS)
                                                      50 = NURSE PRACTITIONER
                                                      51 = MEDICAL SUPPLY COMPANY WITH
                                                           CERTIFIED ORTHOTIST (CERTIFIED BY
                                                           AMERICAN BOARD FOR CERTIFICATION IN
                                                           PROSTHETICS AND ORTHOTICS)
                                                      52 = MEDICAL SUPPLY COMPANY WITH
                                                           CERTIFIED PROSTHETIST
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PHYSICIAN SUPPLIER PART-B CLAIM RECORD

NAME	TYPE	LENGTH	POSITIONS BEG END	CONTENTS

(CERTIFIED BY AMERICAN BOARD FOR
CERTIFICATION IN PROSTHETICS AND
ORTHOTICS)

53 = MEDICAL SUPPLY COMPANY WITH
CERTIFIED PROSTHETIST-ORTHOTIST
(CERTIFIED BY AMERICAN BOARD FOR
CERTIFICATION IN PROSTHETICS
AND ORTHOTICS)

54 = MEDICAL SUPPLY COMPANY NOT INCLUDED
IN 51, 52, OR 53. (REVISED 10/93
TO MEAN MEDICAL SUPPLY COMPANY)

55 = INDIVIDUAL CERTIFIED ORTHOTIST

56 = INDIVIDUAL CERTIFIED PROSTHETIST

57 = INDIVIDUAL CERTIFIED PROSTHETIST-
ORTHOTIST

58 = INDIVIDUALS NOT INCLUDED IN 55, 56,
OR 57 (REVISED 10/93 TO MEAN MEDICAL
SUPPLY COMPANY WITH REGISTERED
PHARMACIST)

59 = AMBULANCE SERVICE SUPPLIER, E.G.,
PRIVATE 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, NATIONAL HEART ASSOCI-
ATION, CATHOLIC CHARITIES)

62 = PSYCHOLOGIST (BILLING INDEPENDENTLY)

63 = PORTABLE X-RAY SUPPLIER

64 = AUDIOLOGIST (BILLING INDEPENDENTLY)

65 = PHYSICAL THERAPIST (INDEPENDENTLY
PRACTICING)

66 = RHEUMATOLOGY (EFF 5/92)

67 = OCCUPATIONAL THERAPIST (INDEPEND-
ENTLY PRACTICING)

68 = CLINICAL PSYCHOLOGIST

69 = CLINICAL LABORATORY (BILLING
INDEPENDENTLY)

70 = MULTISPECIALTY CLINIC OR GROUP
PRACTICE

71 = DIAGNOSTIC X-RAY (GPPP) (NOT TO
BE ASSIGNED AFTER 5/92)

72 = DIAGNOSTIC LABORATORY (GPPP)
(NOT TO BE ASSIGNED AFTER 5/92)

73 = PHYSIOTHERAPY (GPPP) (NOT TO BE
ASSIGNED AFTER 5/92)

74 = OCCUPATIONAL THERAPY (GPPP)
(NOT TO BE ASSIGNED AFTER 5/92)

75 = OTHER MEDICAL CARE (GPPP) (NOT TO
ASSIGNED AFTER 5/92)

76 = PERIPHERAL VASCULAR DISEASE
(EFF 5/92)

77 = VASCULAR SURGERY (EFF 5/92)

NAME	TYPE	LENGTH	POSITIONS BEG END	CONTENTS

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

| 48. CWFB PROVIDER TYPE CODE | CHAR | 1 | | CODE IDENTIFYING THE TYPE OF PROVIDER FURNISHING THE SERVICE FOR THIS LINE ITEM ON THE PART B CLAIM. |

NAME	TYPE	LENGTH	POSITIONS BEG END	CONTENTS

STANDARD ALIAS: CWFB_PRVDR_TYPE_CD
SAS ALIAS: PRV_TYPE

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

SOURCE:
CWF

49. CWFB HCFA TYPE SERVICE CODE   CHAR   1

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

STANDARD ALIAS: CWFB_HCFA_TYPE_SRVC_CD
SAS ALIAS: TYPSRVCB

CODES:
1 = MEDICAL CARE
2 = SURGERY
3 = CONSULTATION
4 = DIAGNOSTIC RADIOLOGY
5 = DIAGNOSTIC LABORATORY
6 = THERAPEUTIC RADIOLOGY
7 = ANESTHESIA
8 = ASSISTANCE AT SURGERY
9 = OTHER MEDICAL SERVICES
0 = WHOLE BLOOD OR PACKED RED CELLS
A = USED DURABLE MEDICAL EQUIPMENT (DME),
    PROSTHETICS, ORTHOTICS
B = HIGH RISK MAMMOGRAPHY
C = LOW RISK MAMMOGRAPHY
F = AMBULATORY SURGICAL CENTER (FACILITY
    USAGE FOR SURGICAL SERVICES)
G = IMMUNOSUPPRESSIVE DRUGS
H = HOSPICE SERVICES
I = PURCHASE OF DME (INSTALLMENT BASIS)
L = RENAL SUPPLIER IN THE HOME
M = MONTHLY CAPITATION PAYMENT (DIALYSIS)
N = KIDNEY DONOR
P = LUMPSUM PURCHASE OF DME, PROSTHETICS,
    ORTHOTICS
R = RENTAL OF DME
T = PSYCHOLOGICAL THERAPY
U = OCCUPATIONAL THERAPY

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

SOURCE:
CWF

50. CWFB PROVIDER PARTICIPATING   CHAR   1
    INDICATOR CODE

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

51. CWFB PROCESSING INDICATOR   CHAR   1
    CODE

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)
R = REPROCESSED--ADJUSTMENTS BASED ON
    SUBSEQUENT REPROCESSING OF CLAIM

NAME	TYPE	LENGTH	POSITIONS BEG	END	CONTENTS

S = SECONDARY PAYER
X = MSP COST AVOIDED (EFF 12/90)
Y = IRS/SSA DATA MATCH PROJECT - MSP COST
    AVOIDED (EFF 12/90)

SOURCE:
CWF

52. CWFB PAYMENT 80%/100% CODE   CHAR   1

THE CODE INDICATING THAT THE AMOUNT SHOWN IN THE
PAYMENT FIELD ON THE CWFB CLAIM LINE ITEM
REPRESENTS EITHER 80% OR 100% OF THE ALLOWED
CHARGES LESS ANY DEDUCTIBLE, OR 100% LIMITATION
OF LIABILITY ONLY.

STANDARD ALIAS: CWFB_PMT_80_100_CD
COMMON ALIAS: REIMBURSEMENT_IND
SAS ALIAS: PMTINDSW

CODES:
0 = 80%
1 = 100%
3 = 100% LIMITATION OF LIABILITY ONLY

SOURCE:
CWF

53. CWFB SERVICE DEDUCTIBLE   CHAR   1
    INDICATOR SWITCH

SWITCH INDICATING WHETHER OR NOT THE SERVICE
REFLECTED ON THE LINE ITEM ON THE CWFB CLAIM
IS SUBJECT TO A DEDUCTIBLE.

STANDARD ALIAS: CWFB_SRVC_DDCTBL_IND_SW
SAS ALIAS: DDCTBLSW

CODES:
0 = SERVICE SUBJECT TO DEDUCTIBLE
1 = SERVICE NOT SUBJECT TO DEDUCTIBLE

SOURCE:
CWF

54. CWFB PAYMENT INDICATOR CODE   CHAR   1

CODE THAT INDICATES THE PAYMENT SCREEN USED TO
DETERMINE THE ALLOWED CHARGE FOR THE LINE ITEM
ON THE CWFB CLAIM.

STANDARD ALIAS: CWFB_PMT_IND_CD
SAS ALIAS: PMTINDCD

CODES:
1 = ACTUAL CHARGE
2 = CUSTOMARY CHARGE
3 = PREVAILING CHARGE (ADJUSTED, UNADJUSTED
    GAP FILL, ETC)
4 = OTHER (ASC FEES, RADIOLOGY AND
    OUTPATIENT LIMITS, AND NON-PAYMENT

PHYSICIAN SUPPLIER PART-B CLAIM RECORD

NAME	TYPE	LENGTH	POSITIONS BEG END	CONTENTS
				BECAUSE OF DENIAL. 5 = LAB FEE SCHEDULE 6 = PHYSICIAN FEE SCHEDULE - FULL FEE SCHEDULE AMOUNT 7 = PHYSICIAN FEE SCHEDULE - TRANSITION 8 = CLINICAL PSYCHOLOGIST FEE SCHEDULE SOURCE: CWF
55. CWFB MILES/TIME/UNITS/SERVICES COUNT	PACK	2		THE COUNT OF THE TOTAL UNITS ASSOCIATED WITH SERVICES NEEDING UNIT REPORTING SUCH AS TRANSPORTATION, MILES, ANESTHESIA TIME UNITS, NUMBER OF SERVICES, VOLUME OF OXYGEN OR BLOOD UNITS. THIS IS A LINE ITEM FIELD ON THE CWFB CLAIM AND IS USED FOR BOTH ALLOWED AND DENIED 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
56. CWFB MILE/TIME/UNITS/SERVICES INDICATOR CODE	CHAR	1		CODE INDICATING THE UNITS ASSOCIATED WITH SERVICES NEEDING UNIT REPORTING ON THE LINE 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
57. HCFA COMMON PROCEDURE CODING SYSTEM CODE	CHAR	5		THE HEALTH CARE FINANCING ADMINISTRATION (HCFA) COMMON PROCEDURE CODING SYSTEM (HCPCS) IS A COLLECTION OF CODES THAT REPRESENT PROCEDURES,

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                            POSITIONS
        NAME            TYPE  LENGTH BEG   END                              CONTENTS
------------------------------ ----  ------ ---------     ----------------------------------------------------------------
                                                          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
                                                             CODES 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
                                                             NONPHYSICIAN SERVICES THAT ARE NOT
                                                             REPRESENTED IN THE LEVEL I CODES.

                                                          LEVEL III
                                                             CODES 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
                                                             PHYSICIAN AND NONPHYSICIAN SERVICES THAT
                                                             ARE NOT REPRESENTED IN THE LEVEL I OR
                                                             LEVEL II CODES.

                                                          STANDARD ALIAS: HCPCS_CD
                                                          SAS ALIAS: HCPCS_CD

                                                          COMMENT:
                                                          THIS ELEMENT IS USED BY CARRIERS TO PAY SMI
                                                          CLAIMS AND BY INTERMEDIARIES TO INDICATE
                                                          DIAGNOSTIC CLINICAL LABORATORY TESTS, SURGICAL
                                                          PROCEDURES, AND OTHER PROCEDURES SUCH AS
                                                          RADIOLOGY.  NOT REQUIRED FOR INPATIENT CLAIMS.
                                                          NOT APPLICABLE WHERE THE CWFB DME NATIONAL
                                                          CODE (NDC) IS USED.  FOR OUTPATIENT INSTITUTIONAL
                                                          CLAIMS, A 'PSUEDO' HCPCS CAN REPRESENT THE NDC
                                                          IDENTIFYING ORAL ANTI-CANCER DRUG SERVICES.
                                                             AMA UPDATES THE CPT-4 CODES ANNUALLY AND
                                                          PROVIDES THEM TO HCFA.  HCFA UPDATES THE
                                                          HCPCS CODES WITH THE AMA CPT-4 UPDATES IN
                                                          ADDITION TO ANY  OTHER CODES THAT HCFA HAS
                                                          DEVELOPED AND PROVIDES THE CODES TO
                                                          INTERMEDIARIES.
```

NAME	TYPE	LENGTH	POSITIONS BEG END	CONTENTS
				SOURCE: CWF
58. HCPCS INITIAL MODIFIER CODE	CHAR	2		A FIRST MODIFIER TO THE PROCEDURE CODE TO ENABLE A MORE SPECIFIC PROCEDURE IDENTIFICATION FOR THE INSTITUTIONAL OR CWFB CLAIM. STANDARD ALIAS: HCPCS_INITL_MDFR_CD SAS ALIAS: MDFR_CD1 EDIT-RULES: CARRIER INFORMATION FILE SOURCE: CWF
59. HCPCS SECOND MODIFIER CODE	CHAR	2		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
60. CWFB SUBMITTED CHARGE AMOUNT	PACK	4		THE AMOUNT OF SUBMITTED CHARGES REPORTED ON 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
61. CWFB ALLOWED CHARGE AMOUNT	PACK	4		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

NAME	TYPE	LENGTH	POSITIONS BEG	END	CONTENTS
					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
62. CWFB PROVIDER TAX NUMBER	CHAR	10			SOCIAL SECURITY NUMBER OR EMPLOYEE IDENTIFICATION NUMBER OF PHYSICIAN/SUPPLIER USED TO IDENTIFY TO WHOM PAYMENT IS MADE FOR THE SERVICE INCLUDED AS A LINE ITEM ON THE CWFB CLAIM. STANDARD ALIAS: CWFB_PRVDR_TAX_NUM SAS ALIAS: TAX_NUM SOURCE: CWFB CLAIMS
63. CWFB CARRIER PRICING LOCALITY CODE	CHAR	2			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
64. CWFB CARRIER PROVIDER SPECIALTY CODE	CHAR	2			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
65. CWFB CARRIER TYPE SERVICE CODE	CHAR	2			CARRIER'S TYPE OF SERVICE CODE (USUALLY DIFFERENT FROM HCFA'S) USED FOR PRICING THE

| | | POSITIONS | |
NAME	TYPE	LENGTH BEG END	CONTENTS

SERVICE REPORTED ON THE LINE ITEM ON THE
CWFB CLAIM.

STANDARD ALIAS: CWFB_CARR_TYPE_SRVC_CD
SAS ALIAS: PTYPESRV

SOURCE:
CWF

66. CWFB PLACE OF SERVICE CODE   CHAR   2

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

CODES:
                PRIOR TO 1/92

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

              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 = SKILLED NURSING FACILITY
32 = NURSING FACILITY
33 = CUSTODIAL CARE FACILITY
34 = HOSPICE
41 = AMBULANCE - LAND
42 = AMBULANCE - AIR OR WATER
51 = INPATIENT PSYCHIATRIC FACILITY

		POSITIONS		
NAME	TYPE	LENGTH	BEG END	CONTENTS

```
                                                    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
                                                    81 = INOEPENOENT LABORATORY
                                                    99 = OTHER UNLISTEO FACILITY

                                                    SOURCE:
                                                    CWF
```

67. CWFB FIRST EXPENSE OATE   BIN   4

BEGINNING OATE (1ST EXPENSE) FOR THIS SERVICE
INCLUOEO AS A LINE ITEM ON THE CWFB CLAIM.

9 OIGITS SIGNEO

STANOARO ALIAS: CWFB_1ST_EXPNS_OT
SAS ALIAS: EXPNSOT1

EOIT-RULES:
YYYYMMOO

SOURCE:
CWF

68. CWFB LAST EXPENSE OATE   BIN   4

THE ENOING OATE (LAST EXPENSE) FOR A SERVICE
INCLUOEO AS A LINE ITEM ON THE CWFB CLAIM.

9 OIGITS SIGNEO

STANOARO ALIAS: CWFB_LAST_EXPNS_OT
SAS ALIAS: EXPNSOT2

EOIT-RULES:
YYYYMMOO

SOURCE:
CWF

69. CWFB PERFORMING PROVIOER   CHAR   10
     PROFILING NUMBER

THE PROFILING IOENTIFICATION NUMBER OF THE
PHYSICIAN\SUPPLIER WHO PERFORMEO THE SERVICE
FOR THIS LINE ITEM ON THE CWFB CLAIM.

NAME	TYPE	LENGTH	POSITIONS BEG	END	CONTENTS
					STANDARD ALIAS: CWFB_PRFRMG_PRVDR_PRFLG_NUM
					COMMON ALIAS: PHYSICIAN/SUPPLIER_PROVIDER_NUM
					SAS ALIAS: PRF_PRFL
					SOURCE:
					CWF
70. CWFB SERVICE COUNT	PACK	2			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:
					CWF
71. CWFB LINE DIAGNOSIS CODE	CHAR	5			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
72. CWFB CLINICAL LAB NUMBER	CHAR	10			THE IDENTIFICATION NUMBER ASSIGNED TO THE CLINICAL LABORATORY PROVIDING SERVICES FOR THE LINE ITEM ON THE CWFB CLAIM.
					STANDARD ALIAS: CWFB_CLNCL_LAB_NUM
					SAS ALIAS: LAB_NUM
					SOURCE:
					CWF
73. CWFB CLINICAL LAB CHARGE AMOUNT	PACK	4			FEE SCHEDULE CHARGE AMOUNT APPLIED FOR CLINICAL LABORATORY SERVICES REPORTED ON THE LINE ITEM ON THE THE CWFB CLAIM.
					5.2 DIGITS SIGNED
					STANDARD ALIAS: CWFB_CLNCL_LAB_CHRG_AMT
					SAS ALIAS: LAB_AMT
					EDIT-RULES:
					$$$$$CC
					SOURCE:

NAME	TYPE	LENGTH	POSITIONS BEG	ENO	CONTENTS
					CWF

74. CWFB ANESTHESIA BASE UNIT COUNT — PACK — 2

THE BASE NUMBER OF UNITS ASSIGNEO TO AN
ANESTHESIA PROCEOURE FOR THIS LINE ITEM
ON THE CWFB CLAIM.

3 OIGITS SIGNEO

STANOARO ALIAS: CWFB_ANSTHSA_BASE_UNIT_CNT
SAS ALIAS: ANSTHUNT

SOURCE:
CWF

75. CLAIM PAYMENT AMOUNT — PACK — 5

AMOUNT OF PAYMENT MAOE TO PROVIOER ANO/OR
BENEFICIARY FROM THE TRUST FUNOS (AFTER
OEOUCTIBLE ANO COINSURANCE AMOUNTS HAVE BEEN
PAIO) FOR THE SERVICES COVEREO BY AN
INSTITUTIONAL CLAIM, OR FOR THE SERVICES
INCLUOEO AS A LINE ITEM ON A CWFB PHYSICIAN/
SUPPLIER CLAIM. THIS PAYMENT AMOUNT OOES
NOT INCLUOE ANY AUTOMATIC AOJUSTMENTS.
FOR INSTITUTIONAL CLAIMS, THIS PAYMENT AMOUNT
ALSO OOES NOT INCLUOE ANY PASS-THROUGH PER
OIEM AMOUNTS OR ORGAN ACQUISITION COSTS.

7.2 OIGITS SIGNEO

STANOARO ALIAS: CLM_PMT_AMT
COMMON ALIAS: REIMBURSEMENT
SAS ALIAS: PMT_AMT

EOIT-RULES:
$$$$$$CC

SOURCE:
CWF

76. BENEFICIARY PART B OEOUCTIBLE LIABILITY AMOUNT — PACK — 3

THE AMOUNT OF MONEY FOR WHICH THE
INTERMEOIARY OR CARRIER HAS OETERMINEO THAT
THE BENEFICIARY IS LIABLE FOR THE PART B
CASH OEOUCTIBLE ON THE INSTITUTIONAL OR
CWFB CLAIM.

3.2 OIGITS SIGNEO

STANOARO ALIAS: BENE_PTB_OOCTBL_LBLTY_AMT
SAS ALIAS: PTB_OEO

EOIT-RULES:
$$$CC

SOURCE:
CWF

NAME	TYPE	LENGTH	POSITIONS BEG END	CONTENTS
77. CWFB PSYCHIATRIC, OCCUPATIONAL THERAPY, PHYSICAL THERAPY LIMIT AMOUNT	PACK	4		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

78. CWFB LINE BLOOD DEDUCTIBLE PINTS QUANTITY	PACK	2		THE BLOOD PINTS QUANTITY (DEDUCTIBLE) FOR THE LINE ITEM ON THE CWFB CLAIM.

3 DIGITS SIGNED

STANDARD ALIAS: CWFB_LINE_BLOOD_DDCTBL_QTY
SAS ALIAS: LBLD_DED

EDIT-RULES:
NUMERIC

SOURCE:
CWF

79. BENEFICIARY PRIMARY PAYER CLAIM PAYMENT AMOUNT	PACK	4		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

80. BENEFICIARY PRIMARY PAYER CODE	CHAR	1		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

NAME	TYPE	LENGTH	POSITIONS BEG	END	CONTENTS

SAS ALIAS: PRPAY_CO

CODES:
A = WORKING AGEO BENE/SPOUSE WITH EMPLOYER
        GROUP HEALTH PLAN (EGHP)
B = ENO STAGE RENAL OISEASE (ESRO) BENEFICIARY
        IN THE 18 MONTH COORDINATION PERIOO WITH
        AN EMPLOYER GROUP HEALTH PLAN
C = CONOITIONAL PAYMENT BY MEOICARE; FUTURE
        REIMBURSEMENT EXPECTEO
O = AUTOMOBILE NO-FAULT OR ANY LIABILITY
        INSURANCE
E = WORKERS' COMPENSATION
F = PUBLIC HEALTH SERVICE OR OTHER FEOERAL
        AGENCY (OTHER THAN OEPT. OF VETERANS
        AFFAIRS)
G = WORKING OISABLEO
H = BLACK LUNG
I = OEPT. OF VETERANS AFFAIRS
J = ANY LIABILITY INSURANCE
1 = POTENTIAL WORKERS' COMPENSATION
2 = POTENTIAL BLACK LUNG
3 = POTENTIAL OEPT. OF VETERANS AFFAIRS

    *EFFECTIVE 12/9D FOR CWFB CLAIMS;
                    10/93 FOR INSTITUTIONAL CLAIMS

M = OVERRIOE CODE: EGHP SERVICES INVOLVEO
N = OVERRIOE COOE: NON-EGHP SERVICES INVOLVEO
X = OVERRIOE CODE MSP COST AVOIOEO
BLANK = MEOICARE IS PRIMARY PAYER

                PRIOR TO 12/90

Y = OTHER SECONOARY PAYER INVESTIGATION
        SHOWS MEOICARE AS PRIMARY PAYER
Z = MEOICARE IS PRIMARY PAYER

SOURCE:
CWF,VA,OOL,SSA

| 81. CWFB INTEREST AMOUNT | PACK | 4 | | | |

AMOUNT OF INTEREST TO BE PAIO ON THIS LINE
ITEM FOR THE CWFB CLAIM.

5.2 OIGITS SIGNEO

STANOARO ALIAS: CWFB_INTRST_AMT
SAS ALIAS: INTRST

EOIT-RULES:
$$$$$CC

COMMENT:
THIS IS NOT INCLUOEO IN THE PAYMENT

PHYSICIAN SUPPLIER PART-B CLAIM RECORD

NAME	TYPE	LENGTH	POSITIONS BEG END	CONTENTS
				(REIMBURSEMENT) AMOUNT. SOURCE: CWF
82. CWFB PERFORMING PROVIOER UPIN NUMBER	CHAR	6		THE UNIQUE PHYSICIAN IOENTIFICATION NUMBER (UPIN) OF THE PHYSICIAN WHO PERFORMEO THE SERVICE FOR THIS LINE ITEM ON THE CWFB CLAIM. STANOARO ALIAS: CWFB_PRFRMG_PRVOR_UPIN_NUM SAS ALIAS: PRF_UPIN SOURCE: CWF
83. CWFB PERFORMING PROVIOER ZIP COOE	PACK	5		THE ZIP COOE OF THE PHYSICIAN/SUPPLIER WHO PERFORMEO THE PART B SERVICE FOR THIS LINE ITEM ON THE CWFB CLAIM. 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.
84. CWFB REOUCEO PAYMENT PHYSICIAN ASSISTANT COOE	CHAR	1		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

NAME	TYPE	LENGTH	POSITIONS BEG END	CONTENTS
				CODES:

CODES:
BLANK = ADJUSTMENT SITUATION (WHERE
      CLM_DISP_CD = 3)
0 = NA
1 = 65%
   A) PHYSICIAN ASSISTANTS ASSISTING IN
      SURGERY
   B) NURSE MIDWIVES
2 = 75%
   A) PHYSICIAN ASSISTANTS PERFORMING
      SERVICES IN A HOSPITAL (OTHER THAN
      ASSISTING SURGERY)
   B) NURSE PRACTITIONERS AND CLINICAL
      NURSE SPECIALISTS PERFORMING
      SERVICES IN RURAL AREAS
   C) CLINICAL SOCIAL WORKER SERVICES
3 = 85%
   A) PHYSICIAN ASSISTANT SERVICES FOR
      OTHER THAN ASSISTING SURGERY
   B) NURSE PRACTITIONERS SERVICES

EFFECTIVE-DATE: 01/01/1992

SOURCE:
CWF

85. CWFB CLIA ALERT INDICATOR CODE   CHAR   1

PHYSICIAN/SUPPLIER LINE ITEM ADDED BY CWF AS
THE RESULT OF CLIA EDITING.

STANDARD ALIAS: CWFB_CLIA_ALERT_IND_CD
SAS ALIAS: CLIAALRT

CODES:
(EFFECTIVE 9/92 BUT NOT STORED UNTIL 10/93)
0 = NO ALERT
1 = 77X9
2 = 77XA
3 = 77X5
4 = 77X6
5 = 77X7
6 = 77X8
7 = 77XB

EFFECTIVE-DATE: 10/01/1993

SOURCE:
CWF

86. CWFB ADDITIONAL CLAIM DOCUMENTATION INDICATOR CODE   CHAR   1

EFFECTIVE 5/92, THE CODE INDICATING ADDITIONAL
CLAIM DOCUMENTATION WAS SUBMITTED. THIS FIELD
IS APPLICABLE TO ALL CWF PART B CLAIM TYPES
INVOLVING BOTH DME AND NON-DME CLAIMS.

STANDARD ALIAS: CWFB_ADDTNL_CLM_DCMTN_IND_CD

NAME	TYPE	LENGTH	POSITIONS BEG END	CONTENTS
				COMMON ALIAS: DOCUMENT_IND SAS ALIAS: DCMTN_CD EDIT-RULES: IN ANY CASE WHERE MORE THAN ONE VALUE IS APPLICABLE, HIGHEST NUMBER IS SHOWN. CODES: 0 = NO ADDITIONAL DOCUMENTATION 1 = ADDITIONAL DOCUMENTATION SUBMITTED FOR NON-DME EMC CLAIM 2 = CMN/PRESCRIPTION/OTHER DOCUMENTATION SUBMITTED WHICH JUSTIFIES MEDICAL NECESSITY 3 = PRIOR AUTHORIZATION OBTAINED AND APPROVED 4 = PRIOR AUTHORIZATION REQUESTED BUT NOT APPROVED 5 = CMN/PRESCRIPTION/OTHER DOCUMENTATION SUBMITTED BUT DID NOT JUSTIFY MEDICAL NECESSITY 6 = CMN/PRESCRIPTION/OTHER DOCUMENTATION SUBMITTED AND APPROVED AFTER PRIOR AUTHORIZATION REJECTED 7 = RECERTIFICATION CMN/PRESCRIPTION/OTHER DOCUMENTATION SOURCE: CWF
87. CWFB DURABLE MEDICAL EQUIPMENT COVERAGE PERIOD START DATE	BIN	4		EFFECTIVE 5/92, THE DATE DURABLE MEDICAL EQUIPMENT (DME) COVERAGE PERIOD STARTED PER CERTIFICATE OF MEDICAL NECESSITY, PRESCRIPTION, OTHER DOCUMENTATION OR CARRIER DETERMINATION. 9 DIGITS SIGNED STANDARD ALIAS: CWFB_DME_CVRG_PRD_STRT_DT SAS ALIAS: DMEST_DT EDIT-RULES: YYYYMMDD COMMENT: THIS FIELD IS APPLICABLE TO CWF PART B CLAIMS (LINE ITEMS INVOLVING DME, PROSTHETIC, ORTHOTIC AND SUPPLY ITEMS, IMMUNOSUPPRESSIVE DRUGS, PEN, ESRD AND OXYGEN ITEMS REFERRED TO AS DMEPOS). THIS FIELD IS REQUIRED FOR SPECIFIED HCPCS WHERE TYPE OF SERVICE (TOS) = 'R' (I.E., HCPCS INVOLVING INEXPENSIVE OR ROUTINELY PURCHASED ITEMS, FREQUENT MAINTENANCE ITEMS, PROSTHETICS AND ORTHOTICS, CAPPED RENTAL ITEMS, ELECTRIC WHEELCHAIRS, AND OXYGEN ITEMS). IT IS ALSO FILLED FOR HCPCS RELATED TO ESRD HOME DIALYSIS EQUIPMENT (TOS = L); IMMUNOSUPPRESSIVE DRUGS (TOS = G); PARENTERAL AND ENTERAL NUTRITION ITEMS (NUTRIENTS, SUPPLIES AND PUMPS WITH TOS = 9); AND FOR REVISED CERTIFICATIONS/RECERTIFICATIONS. IT IS ZERO-FILLED FOR DME CLAIMS THAT ARE DENIED

NAME	TYPE	LENGTH	POSITIONS BEG	END	CONTENTS

FOR LACK OF MEDICAL NECESSITY. THIS FIELD IS
NOT FILLED IF TOS = P OR A, EXCEPT IN THE CASE
OF INITIAL PROSTHETIC AND ORTHOTIC CLAIMS WITH
SERVICE DATES ON OR AFTER 5/4/92; FOR THESE
CLAIMS,THE FIELD MUST BE FILLED TO COMPLY WITH
MEDICARE CARRIER SECTION 4105.2.

SOURCE:
CWF

LIMITATIONS:
THIS FIELD WAS REPORTED AS A PHYSICIAN/SUPPLIER
LINE ITEM UNTIL THE CHANGEOVER TO THE NEW DME
CLAIMS FORMAT (AND PROCESSING BY ONLY 4 REGIONAL
CARRIERS), WHICH WAS PHASED IN BETWEEN 10/93 AND
4/94. WHEN THE REVISED DME PROCESSING WAS
IMPLEMENTED, THIS FIELD WAS NOT INCLUDED ON THE
NEW DME CLAIM; IT IS BEING REPORTED ON THE
CERTIFICATE OF MEDICAL NECESSITY (CMN)
TRANSACTION. HCFA DOES NOT STORE CMN DATA.

88. CWFB DURABLE MEDICAL   PACK   4

    EQUIPMENT PURCHASE PRICE
    AMOUNT

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.

5.2 DIGITS SIGNED

STANDARD ALIAS: CWFB_DME_PURC_PRICE_AMT
SAS ALIAS: DME_PURC

EDIT-RULES:
$$$$$CC

COMMENT:
THIS FIELD IS APPLICABLE TO CWF PART B CLAIMS
(LINE ITEMS INVOLVING DME, PROSTHETIC, ORTHOTIC
AND SUPPLY ITEMS, IMMUNOSUPPRESSIVE DRUGS, PEN,
ESRD AND OXYGEN ITEMS REFERRED TO AS DMEPOS).

THIS FIELD IS NOT FILLED FOR DME ITEMS INVOLVING
(1) FREQUENT MAINTENANCE, PROSTHETICS AND
ORTHOTICS, CAPPED RENTALS, ELECTRIC WHEELCHAIRS
AND OXYGEN WHERE TOS = R; AND (2) ESRD HOME
DIALYSIS EQUIPMENT AND SUPPLIES WHERE TOS=L.

THIS FIELD WAS REPORTED AS A PHYSICIAN/SUPPLIER
LINE ITEM UNTIL THE CHANGEOVER TO THE NEW DME
CLAIMS FORMAT (AND PROCESSING BY ONLY 4 REGIONAL
CARRIERS), WHICH WAS PHASED IN BETWEEN 10/93 AND
4/94. WHEN THE REVISED DME PROCESSING WAS
IMPLEMENTED, THIS FIELD WAS INCLUDED AS A LINE

NAME	TYPE	LENGTH	POSITIONS BEG END	CONTENTS
				ITEM ON THE NEW DME CLAIM.

SOURCE:
CWF

89. CWFB DURABLE MEDICAL   PACK   2
EQUIPMENT MEDICAL NECESSITY
MONTH COUNT

EFFECTIVE 5/92, THE COUNT DETERMINED BY CARRIER,
SHOWING THE LENGTH OF NEED (MEDICAL NECESSITY)
FOR DME IN MONTHS FROM THE START DATE THROUGH
DETERMINED PERIOD OF NEED.

3 DIGITS SIGNED

STANDARD ALIAS: CWFB_DME_MDCL_NCSTY_MO_CNT
SAS ALIAS: NCSTY_MO

COMMENT:
THIS FIELD IS APPLICABLE TO CWF PART B CLAIMS
(LINE ITEMS INVOLVING DME, PROSTHETIC, ORTHOTIC
AND SUPPLY ITEMS, IMMUNOSUPPRESSIVE DRUGS, PEN,
ESRD AND OXYGEN ITEMS REFERRED TO AS DMEPOS).

THIS FIELD IS REQUIRED FOR SPECIFIED HCPCS WHERE
TYPE OF SERVICE (TOS) = 'R' (I.E., HCPCS
INVOLVING INEXPENSIVE OR ROUTINELY PURCHASED
ITEMS, FREQUENT MAINTENANCE ITEMS, PROSTHETICS
AND ORTHOTICS, CAPPED RENTAL ITEMS, ELECTRIC
WHEELCHAIRS, AND OXYGEN ITEMS). IT IS ALSO
FILLED FOR HCPCS RELATED TO ESRD HOME DIALYSIS
EQUIPMENT (TOS = L); IMMUNOSUPPRESSIVE DRUGS
(TOS = G); PARENTERAL AND ENTERAL NUTRITION ITEMS
(NUTRIENTS, SUPPLIES AND PUMPS WITH TOS = 9);
AND FOR REVISED CERTIFICATIONS/RECERTIFICATIONS.
IT IS ZERO-FILLED FOR DME CLAIMS THAT ARE DENIED
FOR LACK OF MEDICAL NECESSITY. THIS FIELD IS
NOT FILLED IF TOS = P OR A, EXCEPT IN THE CASE
OF INITIAL PROSTHETIC AND ORTHOTIC CLAIMS WITH
SERVICE DATES ON OR AFTER 5/4/92; FOR THESE
CLAIMS,THE FIELD MUST BE FILLED TO COMPLY WITH
MEDICARE CARRIER SECTION 4105.2.
EXCEPTION: IF THE DME IS DETERMINED TO BE
           MEDICALLY NECESSARY FOR THE LIFE
           OF THE BENEFICIARY, 99 IS PLACED
           IN THIS FIELD, RATHER THAN A MONTH
           COUNT.

SOURCE:
CWF

LIMITATIONS:
THIS FIELD WAS REPORTED AS A PHYSICIAN/SUPPLIER
LINE ITEM UNTIL THE CHANGEOVER TO THE NEW DME
CLAIMS FORMAT (AND PROCESSING BY ONLY 4 REGIONAL
CARRIERS), WHICH WAS PHASED IN BETWEEN 10/93 AND
4/94. WHEN THE REVISED DME PROCESSING WAS

PHYSICIAN SUPPLIER PART-B CLAIM RECORD

NAME	TYPE	LENGTH	POSITIONS BEG END	CONTENTS
				IMPLEMENTEO, THIS FIELO WAS NOT INCLUOEO ON THE NEW OME CLAIM; IT IS BEING REPORTEO ON THE CERTIFICATE OF MEOICAL NECESSITY (CMN) TRANSACTION. HCFA OOES NOT STORE CMN OATA.