

OUTPATIENT (1986-88) STANDARD ANALYTICAL VARIABLE LENGTH FILE

These are similar to MEDICAID, 20%  
derived from Med. Aid. data.

Variable names are defined accordingly.

(OUTPAT 1986-88)

DESCRIPTION:

THIS STANDARD ANALYTICAL FILE CONTAINS 100% OF INSTITUTIONAL OUTPATIENT SERVICES THAT CONTAIN CLAIM DATA ELEMENTS AND PERTINENT BENEFICIARY ENROLLMENT DATA IN A VARIABLE LENGTH RECORD, 'PACKED AND SIGNED'.

DATA CHARACTERISTICS:

- TAPE: RESIDES IN THE ROBOT
- SORT SEQUENCE: ASCENDING CLAIM LOCATOR NUMBER (HIC)
- BLOCK SIZE: 32,760
- RECORDING MODE: EBCDIC
- RECORD FORMAT: VARIABLE LENGTH
- RECORD SIZE: MAXIMUM LENGTH = 3,179
- NUMBER OF RECORDS: VARIES ANNUALLY
  - 1986 = 19,360,288 RECORDS
  - 1987 = 46,102,967 RECORDS
  - 1988 = 39,072,424 RECORDS
- RECORD NAME: INSTITUTIONAL OUTPATIENT CLAIM RECORD (1986-88)

REQUEST INFORMATION:

- HCFA CONTACT: MIKE HADAD - BDMS, OSDM, DSD, ESB (410) 597-3658
- CREATION CYCLE: JULY OF THE FOLLOWING YEAR
- CUTOFF DATE FOR FILE: JUNE OF THE FOLLOWING YEAR

FILE COMPLETENESS INFORMATION:

- 98% COMPLETE IN JULY OF FOLLOWING YEAR

*NOTE: This is a copy of the original record. It is not a duplicate.*

INSTITUTIONAL OUTPATIENT CLAIM RECORD (1986-88)

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
**** INSTITUTIONAL OUTPATIENT CLAIM RECORD (1986-88)	REC	VAR			INSTITUTIONAL CLAIM RECORD FOR OUTPATIENT SERVICES PROVIDED FROM 1986-88.
1. RECORD IDENTIFICATION CODE <i>ORECID</i>	CHAR	1	1	1	A CODE DEFINING THE TYPE OF RECORD BEING PROCESSED (E.G., OUTPATIENT CLAIM).  CODES: W = PART B OUTPATIENT (OP)  SOURCE: INSTITUTIONAL/CWFB CLAIMS
2. CLAIM NEAR-LINE RECORD VERSION CODE <i>OCNLRVC</i>	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
3. BENEFICIARY CLAIM ACCOUNT NUMBER <i>HC</i>	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.
4. CATEGORY EQUATABLE BENEFICIARY IDENTIFICATION CODE <i>BIC</i>	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

INSTITUTIONAL OUTPATIENT CLAIM RECORD (1986-88)

NAME	TYPE	LENGTH	POSITIONS BEG ENO	CONTENTS
				<p>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.)</p> <p>STANDARD ALIAS: CTGRY_EQTBL_BENE_IOENT_CO COMMON ALIAS: NCH_BASE_CATEGORY_BIC SAS ALIAS: EQ_BIC</p> <p>COOES: NCH BIC</p> <p>SSA CATEGORIES</p> <p>A = A; J1; J2; J3; J4; M; M1; T; TA B = B; B2; B6; O; O4; O6; E; E1; K1; K2; K3; K4; W; W6; TB(F); TO(F); TE(F); TW(F) B1 = B1; BR; BY; O1; O5; OC; E4; E5; W1; WR; TB(M) TO(M); TE(M); TW(M) B3 = B3; B5; B9; O2; O7; O9; E2; E3; K5; K6; K7; K8; W2 W7; TG(F); TL(F); TR(F); TX(F) B4 = B4; BT; BW; O3; OM; OP; E6; E9; W3; WT; TG(M) TL(M); TR(M); TX(M) B8 = B8; B7; BN; O8; OA; OV; E7; EB; K9; KA; KB; KC; W4 W8; TH(F); TM(F); TS(F); TY(F) BA = BA; BK; BP; OO; OL; OW; E8; EC; KO; KE; KF; KG; W9 WC; TJ(F); TN(F); TT(F); TZ(F) BO = BO; BL; BQ; OG; ON; OY; EA; EO; KH; KJ; KL; KM; WF WJ; TK(F); TP(F); TU(F); TV(F) BG = BG; OH; OQ; OS; EF; EJ; W5; TH(M); TM(M); TS(M) TY(M) BH = BH; OJ; OR; OX; EG; EK; WB; TJ(M); TN(M); TT(M) TZ(M) BJ = BJ; OK; OT; OZ; 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)</p>
				RRB CATEGORIES

INSTITUTIONAL OUTPATIENT CLAIM RECORD (1986-88)

NAME	TYPE	LENGTH	POSITIONS BEG END	CONTENTS
				10 = 10 11 = 11 13 = 13; 17 14 = 14; 16 15 = 15 43 = 43 45 = 45 46 = 46 80 = 80 83 = 83 84 = 84; 86 85 = 85  SOURCE: BIC EQUATE MODULE
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.  STANDARD ALIAS: BENE_IDENT_CD COMMON ALIAS: BIC SAS ALIAS: BIC  CODES: A = PRIMARY CLAIMANT B = AGED WIFE, AGE 62 OR OVER (1ST CLAIMANT) B1 = AGED HUSBAND, AGE 62 OR OVER (1ST CLAIMANT) B2 = YOUNG WIFE, WITH A CHILD IN HER CARE (1ST CLAIMANT) B3 = AGED WIFE (2ND CLAIMANT) B4 = AGED HUSBAND (2ND CLAIMANT) B5 = YOUNG WIFE (2ND CLAIMANT) B6 = DIVORCED WIFE, AGE 62 OR OVER (1ST CLAIMANT) B7 = YOUNG WIFE (3RD CLAIMANT) B8 = AGED WIFE (3RD CLAIMANT) B9 = DIVORCED WIFE (2ND CLAIMANT) BA = AGED WIFE (4TH CLAIMANT) BD = AGED WIFE (5TH CLAIMANT) BG = AGED HUSBAND (3RD CLAIMANT) BH = AGED HUSBAND (4TH CLAIMANT) BJ = AGED HUSBAND (5TH CLAIMANT) BK = YOUNG WIFE (4TH CLAIMANT) BL = YOUNG WIFE (5TH CLAIMANT) BN = DIVORCED WIFE (3RD CLAIMANT) BP = DIVORCED WIFE (4TH CLAIMANT) BQ = DIVORCED WIFE (5TH CLAIMANT) BR = DIVORCED HUSBAND (1ST CLAIMANT) BT = DIVORCED HUSBAND (2ND CLAIMANT) BW = YOUNG HUSBAND (2ND CLAIMANT)

0006BIC

INSTITUTIONAL OUTPATIENT CLAIM RECORD (1986-88)

NAME	TYPE	LENGTH	POSITIONS BEG END	CONTENTS
				BY = YOUNG HUSBAND (1ST CLAIMANT)
				C1-C9, CA-CK = CHILD (INCLUDES MINDR, 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 (REARRIED AFTER ATTAINMENT OF AGE 60) (1ST CLAIMANT)
				D5 = WIDOWER (REARRIED 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 = REARRIED WIDOW (2ND CLAIMANT)
				DA = REARRIED 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 = REARRIED WIDOW (4TH CLAIMANT)
				DM = SURVIVING DIVORCED HUSBAND (2ND CLAIMANT)
				DN = REARRIED WIDOW (5TH CLAIMANT)
				DP = REARRIED WIDOWER (2ND CLAIMANT)
				DQ = REARRIED WIDOWER (3RD CLAIMANT)
				DR = REARRIED WIDOWER (4TH CLAIMANT)
				DS = SURVIVING DIVORCED HUSBAND (3RD CLAIMANT)
				DT = REARRIED 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)

INSTITUTIONAL OUTPATIENT CLAIM RECORD (1986-88)

NAME	TYPE	LENGTH	BEG	END	POSITIONS	CONTENTS
						EA = MOTHER (WIDOW) (5TH CLAIMANT)
						EB = SURVIVING DIVORCED MOTHER (3RD CLAIMANT)
						EC = SURVIVING DIVORCED MOTHER (4TH CLAIMANT)
						ED = SURVIVING DIVORCED MOTHER (5TH CLAIMANT)
						EE = FATHER (WIDOWER) (3RD CLAIMANT)
						EF = FATHER (WIDOWER) (4TH CLAIMANT)
						EG = FATHER (WIDOWER) (5TH CLAIMANT)
						EH = SURVIVING DIVORCED FATHER (3RD CLAIMANT)
						EI = SURVIVING DIVORCED FATHER (4TH CLAIMANT)
						EJ = 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 PRUITY ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUNO)
						J2 = PRIMARY PRUITY ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUNO)
						J3 = PRIMARY PRUITY NOT ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUNO)
						J4 = PRIMARY PRUITY NOT ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUNO)
						K1 = PRUITY WIFE ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUNO) (1ST CLAIMANT)
						K2 = PRUITY WIFE ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUNO) (1ST CLAIMANT)
						K3 = PRUITY WIFE NOT ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUNO) (1ST CLAIMANT)
						K4 = PRUITY WIFE NOT ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUNO) (1ST CLAIMANT)
						K5 = PRUITY WIFE ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUNO) (2ND CLAIMANT)
						K6 = PRUITY WIFE ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUNO) (2ND CLAIMANT)
						K7 = PRUITY WIFE NOT ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUNO) (2ND CLAIMANT)
						K8 = PRUITY WIFE NOT ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUNO) (2ND CLAIMANT)
						K9 = PRUITY WIFE ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUNO) (3RD CLAIMANT)

INSTITUTIONAL OUTPATIENT CLAIM RECORD (1986-88)

NAME	TYPE	LENGTH	POSITIONS BEG END	CONTENTS
				KA = PRDUTY WIFE ENTITLED TD HIB (DVER 2 Q.C.) (RSI TRUST FUND) (3RD CLAIMANT)
				KB = PRDUTY WIFE NDT ENTITLED TD HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (3RD CLAIMANT)
				KC = PRDUTY WIFE NDT ENTITLED TD HIB (DVER 2 Q.C.) (RSI TRUST FUND) (3RD CLAIMANT)
				KD = PRDUTY WIFE ENTITLED TD HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (4TH CLAIMANT)
				KE = PRDUTY WIFE ENTITLED TD HIB (DVER 2 Q.C.) (4TH CLAIMANT)
				KF = PRDUTY WIFE NDT ENTITLED TD HIB (LESS THAN 3 Q.C.) (4TH CLAIMANT)
				KG = PRDUTY WIFE NDT ENTITLED TD HIB (DVER 2 Q.C.) (4TH CLAIMANT)
				KH = PRDUTY WIFE ENTITLED TD HIB (LESS THAN 3 Q.C.) (5TH CLAIMANT)
				KJ = PRDUTY WIFE ENTITLED TD HIB (DVER 2 Q.C.) (5TH CLAIMANT)
				KL = PRDUTY WIFE NDT ENTITLED TD HIB (LESS THAN 3 Q.C.) (5TH CLAIMANT)
				KM = PRDUTY WIFE NDT ENTITLED TD HIB (DVER 2 Q.C.) (5TH CLAIMANT)
				M = UNINSURED-NDT QUALIFIED FDR DEEMED HIB
				M1 = UNINSURED-QUALIFIED BUT REFUSED HIB
				T = UNINSURED-ENTITLED TD HIB UNDER DEEMED DR RENAL PRDVISIDNS
				TA = MQGE (PRIMARY CLAIMANT)
				TB = MQGE AGED SPDUSE (FIRST CLAIMANT)
				TC = MQGE DISABLED ADULT CHILD (FIRST CLAIMANT)
				TD = MQGE AGED WIDDW(ER) (FIRST CLAIMANT)
				TE = MQGE YDUNG WIDDW(ER) (FIRST CLAIMANT)
				TF = MQGE PARENT (MALE)
				TG = MQGE AGED SPDUSE (SECND CLAIMANT)
				TH = MQGE AGED SPDUSE (THIRD CLAIMANT)
				TJ = MQGE AGED SPDUSE (FDURTH CLAIMANT)
				TK = MQGE AGED SPDUSE (FIFTH CLAIMANT)
				TL = MQGE AGED WIDDW(ER) (SECND CLAIMANT)
				TM = MQGE AGED WIDDW(ER) (THIRD CLAIMANT)
				TN = MQGE AGED WIDDW(ER) (FDURTH CLAIMANT)
				TP = MQGE AGED WIDDW(ER) (FIFTH CLAIMANT)
				TQ = MQGE PARENT (FEMALE)
				TR = MQGE YDUNG WIDDW(ER) (SECND CLAIMANT)
				TS = MQGE YDUNG WIDDW(ER) (THIRD CLAIMANT)
				TT = MQGE YDUNG WIDDW(ER) (FDURTH CLAIMANT)
				TU = MQGE YDUNG WIDDW(ER) (FIFTH CLAIMANT)
				TV = MQGE DISABLED WIDDW(ER) FIFTH CLAIMANT
				TW = MQGE DISABLED WIDDW(ER) FIRST CLAIMANT
				TX = MQGE DISABLED WIDDW(ER) SECND CLAIMANT
				TY = MQGE DISABLED WIDDW(ER) THIRD CLAIMANT
				TZ = MQGE DISABLED WIDDW(ER) FDURTH CLAIMANT
				T2-T9 = DISABLED CHILD (SECND TD NINTH CLAIMANT)

INSTITUTIONAL DUTPATIENT CLAIM RECDRD (1986-88)

NAME	TYPE	LENGTH	BEG	END	CDNTENTS
					W = DISABLED WIDDW, AGE 50 DR DVER (1ST CLAIMANT)
					W1 = DISABLED WIDDWER, AGE 50 DR DVER (1ST CLAIMANT)
					W2 = DISABLED WIDDW (2ND CLAIMANT)
					W3 = DISABLED WIDDWER (2ND CLAIMANT)
					W4 = DISABLED WIDDW (3RD CLAIMANT)
					W5 = DISABLED WIDDWER (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 WIDDW (4TH CLAIMANT)
					WB = DISABLED WIDDWER (4TH CLAIMANT)
					WC = DISABLED SURVIVING DIVORCED WIFE (4TH CLAIMANT)
					WF = DISABLED WIDDW (5TH CLAIMANT)
					WG = DISABLED WIDDWER (5TH CLAIMANT)
					WJ = DISABLED SURVIVING DIVORCED WIFE (5TH CLAIMANT)
					WR = DISABLED SURVIVING DIVORCED HUSBAND (1ST CLAIMANT)
					WT = DISABLED SURVIVING DIVORCED HUSBAND (2ND CLAIMANT)
					SOURCE: SSA
6. BENEFICIARY RESIDENCE STANDARD STATE CDDE	SSA CHAR	2	16	17	THE SSA STANDARD STATE CDDE OF A BENEFICIARY'S RESIDENCE.
					STANDARD ALIAS: BENE_RSDNC_SSA_STD_STATE_CD SAS ALIAS: STATE_CD
					CDDDES: 01 = ALABAMA 02 = ALASKA 03 = ARIZDNA 04 = ARKANSAS 05 = CALIFORNIA 05 = CDLDRADD 07 = CDNNECTICUT 08 = DELAWARE 09 = DISTRICT DF COLUMBIA 10 = FLDRIDA 11 = GEDRGIA 12 = HAWAII 13 = IDAHD 14 = ILLINDIS 15 = INDIANA 16 = IDWA 17 = KANSAS

DATE



INSTITUTIONAL OUTPATIENT CLAIM RECORD (1986-88)

NAME	TYPE	LENGTH	POSITIONS BEG END		CONTENTS
					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
					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

INSTITUTIONAL OUTPATIENT CLAIM RECORD (1986-88)

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
					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 STANDARD COUNTY CODE <i>COUNTY</i>	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 NEAR-LINE CODE <i>STATE</i>	CHAR	1	21	21	THE CODE IDENTIFYING THE SEGMENT OF THE NEAR-LINE 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
9. BENEFICIARY MAILING CONTACT ZIP CODE <i>ZIP</i>	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
10. BENEFICIARY SEX IDENTIFICATION CODE <i>SEX</i>	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

INSTITUTIONAL OUTPATIENT CLAIM RECORD (1986-88)

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
					0 = UNKNOWN
					SOURCE: SSA, CWF, RRB, EDB
11. BENEFICIARY RACE CODE ORACE	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  SOURCE: SSA
12. BENEFICIARY BIRTH DATE OBDATE	BIN	4	29	32	THE BENEFICIARY'S DATE OF BIRTH.  9 DIGITS SIGNED  STANDARD ALIAS: BENE_BIRTH_DT COMMON ALIAS: DOB SAS ALIAS: DOB  EDIT-RULES: YYYYMMDD  SOURCE: EDB
13. BENEFICIARY MEDICARE STATUS CODE OMEDSTA	CHAR	2	33	34	THE REASON FOR A BENEFICIARY'S ENTITLEMENT TO MEDICARE BENEFITS, AS OF A PARTICULAR DATE.  STANDARD ALIAS: BENE_MDCR_STUS_CD COMMON ALIAS: MSC SAS ALIAS: MS_CD  DERIVATION: BENE_MDCR_STUS_CD IS DERIVED FROM THE FOLLOWING:  (1) ENTITLEMENT BASED ON OASI (2) ENTITLEMENT BASED ON DISABILITY (3) ENTITLEMENT BASED ON ESRD (299I)  THE BENE_MDCR_STUS_CD IS ASSIGNED BASED ON THE FOLLOWING DECISION LOGIC TABLE. THE TERM 'N/A' IN A COLUMN INDICATES THAT THE PARTICULAR CONDITION AS NOTED BY THE COLUMN DOES NOT AFFECT THE VALUE OF THE BENE_MDCR_STUS_CD. ALL INFORMATION IS VALUED AS OF

INSTITUTIONAL OUTPATIENT CLAIM RECORD (1986-88)

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
-----					
A GIVEN REFERENCE DATE.					
BENE_MDCR_ OASI(1) DISABLED(2) ESRD(3)					
STUS_CD					
-----					
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 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.
<i>01/15/88</i>					
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.
<i>01/15/88</i>					
<i>01/15/88</i>					
9 DIGITS SIGNED					
STANDARD ALIAS: CLM_FROM_DT					
SAS ALIAS: FROM_DT					
EDIT-RULES:					
YYYYMMDD					
SOURCE:					

INSTITUTIONAL OUTPATIENT CLAIM RECORD (1986-88)

NAME	TYPE	LENGTH	POSITIONS BEG ENO		CONTENTS
					CWF
16. CLAIM THROUGH DATE <i>OCT1988</i> <i>OCT1988</i>	BIN	4	43	46	<p>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.</p> <p>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.</p> <p>9 DIGITS SIGNED</p> <p>STANDARD ALIAS: CLM_THRU_OT SAS ALIAS: THRU_OT</p> <p>EDIT-RULES: YYYYMMDD</p> <p>SOURCE: CWF</p>
17. BENEFICIARY CWF LOCATION CODE <i>OCWFLOCDE</i>	CHAR	1	47	47	<p>IDENTIFIES THE COMMON WORKING FILE (CWF) LOCATION (THE HOST SITE) WHERE A BENEFICIARY'S RECORD IS MAINTAINED.</p> <p>STANDARD ALIAS: BENE_CWF_LOC_CO COMMON ALIAS: CWF_HOST SAS ALIAS: CWFLOCDO</p> <p>COOES: B = MID-ATLANTIC C = SOUTHWEST O = NORTHEAST E = GREAT LAKES F = GREAT WESTERN G = KEYSTONE H = SOUTHEAST I = SOUTH J = PACIFIC</p> <p>SOURCE: CWF</p>
18. CWF CLAIM ACCRETION DATE <i>OCWFACDRT</i>	BIN	4	48	51	<p>THE DATE THE INSTITUTIONAL OR CWFB CLAIM IS ACCRETED (POSTED/PROCESSED) TO THE BENEFICIARY MASTER RECORD AT THE CWF HOST SITE AND AUTHORIZATION FOR PAYMENT IS RETURNED TO THE FISCAL INTERMEDIARY OR CARRIER.</p> <p>9 DIGITS SIGNED</p>

INSTITUTIONAL OUTPATIENT CLAIM RECORD (1986-88)

NAME	TYPE	LENGTH	POSITIONS BEG END	CONTENTS
				<p>STANDARD ALIAS: CWF_CLM_ACRTN_DT SAS ALIAS: ACRTN_DT</p> <p>EDIT-RULES: YYYYMMDD</p> <p>COMMENT: PRIOR TO 1992, NCH STORED THIS ELEMENT ON THE CWFB CLAIM ONLY; IN 1/92, NCH ADDED THIS ELEMENT TO INSTITUTIONAL INPATIENT (100% AND 5%), HOME HEALTH, AND HOSPICE RECORDS. EFFECTIVE 1/92 THIS ELEMENT IS STORED ON ALL CLAIM TYPES.</p> <p>SOURCE: CWF</p>
19. CWF CLAIM ACCRETION NUMBER <i>00000000</i>	PACK	2	52 53	<p>THE SEQUENCE NUMBER ASSIGNED TO THE INSTITUTIONAL OR CWFB CLAIM WHEN ACCRETED (POSTED/PROCESSED) TO THE BENEFICIARY MASTER RECORD AT THE CWF HOST SITE ON A GIVEN DAY. THIS ELEMENT INDICATES THE POSITION OF THE CLAIM WITHIN THAT DAY'S PROCESSING AT THE CWF HOST.</p> <p>3 DIGITS SIGNED</p> <p>STANDARD ALIAS: CWF_CLM_ACRTN_NUM SAS ALIAS: ACRTN_NM</p> <p>SOURCE: CWF</p>
20. CLAIM DISPOSITION CODE <i>010000</i>	CHAR	2	54 55	<p>CODE INDICATING THE DISPOSITION OR OUTCOME OF THE PROCESSING OF THE INSTITUTIONAL OR CWFB CLAIM.</p> <p>STANDARD ALIAS: CLM_DISP_CD SAS ALIAS: DISP_CD</p> <p>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</p> <p>*USED ONLY DURING CONVERSION PERIOD: 1/1/91 - 2/21/91</p> <p>SOURCE:</p>

INSTITUTIONAL OUTPATIENT CLAIM RECORD (1986-88)

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
					CWF
21. FISCAL INTERMEDIARY/CARRIER IDENTIFICATION NUMBER <i>OFICARR</i>	CHAR	5	56	60	<p>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.</p> <p>STANDARD ALIAS: FICARR_IDENT_NUM COMMON ALIAS: INTERMEDIARY_NUM/CARRIER_NUM SAS ALIAS: FICARR</p> <p>SOURCE: CWF</p>
22. FISCAL INTERMEDIARY/CARRIER CLAIM CONTROL NUMBER <i>OFICCON</i>	CHAR	15	61	75	<p>UNIQUE CONTROL NUMBER ASSIGNED BY AN INTERMEDIARY OR CARRIER TO AN INSTITUTIONAL OR CWFB CLAIM.</p> <p>COMMENT: FOR THE CWFB CLAIM, THIS FIELD ALLOWS HCFA TO ASSOCIATE EACH LINE ITEM WITH ITS RESPECTIVE CLAIM.</p> <p>SOURCE: INSTITUTIONAL/CWFB CLAIMS</p>
23. FISCAL INTERMEDIARY/CARRIER CLAIM RECEIPT DATE <i>OFICRCD</i>	BIN	4	76	79	<p>THE DATE THE FISCAL INTERMEDIARY RECEIVES THE INSTITUTIONAL CLAIM FROM THE PROVIDER, OR THE CARRIER RECEIVES THE CWFB CLAIM FROM THE PHYSICIAN/SUPPLIER.</p> <p>9 DIGITS SIGNED</p> <p>STANDARD ALIAS: FICARR_CLM_RCPT_DT SAS ALIAS: RCPT_DT</p> <p>EDIT-RULES: YYYYMMDD</p> <p>SOURCE: CWF</p>
24. FISCAL INTERMEDIARY CLAIM PROCESS DATE <i>OFICPRD</i>	BIN	4	80	83	<p>THE DATE THE FISCAL INTERMEDIARY COMPLETES PROCESSING AND RELEASES THE INSTITUTIONAL CLAIM TO THE CWF HOST.</p> <p>9 DIGITS SIGNED</p> <p>STANDARD ALIAS: FI_CLM_PRDC_DT SAS ALIAS: APRVL_DT</p> <p>EDIT-RULES: YYYYMMDD</p>

INSTITUTIONAL OUTPATIENT CLAIM RECORD (1986-88)

NAME	TYPE	LENGTH	POSITIONS BEG END	CONTENTS
				<p>COMMENT:  PRDR TO 1992, THIS ELEMENT WAS INCORRECTLY NAMED 'FICARR_CLM_PRDC_DT', AND INVALID DATA WAS STORED IN THIS FIELD FOR CWFB CLAIMS. SINCE THIS ELEMENT IS NOT PRESENT ON CARRIER CLAIMS, THE ELEMENT WAS RENAMED ON INSTITUTIONAL CLAIMS AND DELETED FROM CWFB CLAIMS.</p> <p>SOURCE:  CWF</p>
25. FISCAL INTERMEDIARY/CARRIER CLAIM PAYMENT DATE	BIN	4	84 87	<p>THE SCHEDULED DATE OF PAYMENT TO THE PROVIDER, PHYSICIAN, DR SUPPLIER, AS APPEARING ON THE ORIGINAL INSTITUTIONAL OR CWFB CLAIM SENT TO THE CWF HDST. NOTE: THIS DATE IS CONSIDERED TO BE THE DATE PAID SINCE NO ADDITIONAL INFORMATION AS TO THE ACTUAL PAYMENT DATE IS AVAILABLE.</p> <p>9 DIGITS SIGNED</p> <p>STANDARD ALIAS: FICARR_CLM_PMT_DT  COMMON ALIAS: SCHEDULED_PAYMENT_DATE  SAS ALIAS: PMT_DT</p> <p>EDIT-RULES:  YYYYMMDD</p> <p>SOURCE:  CWF</p>
<i>OFFICER</i>				
				<p><i>* changed from 20% MEDICARE  where it is  MEDICARE 1</i></p>
26. PROVIDER NUMBER	CHAR	6	88 93	<p>THE IDENTIFICATION NUMBER OF THE PROVIDER CERTIFIED BY MEDICARE TO PROVIDE SERVICES TO THE BENEFICIARY.</p> <p>STANDARD ALIAS: PRVDR_NUM  SAS ALIAS: PROVIDER</p> <p>CODES:</p> <ul style="list-style-type: none"> <li>- FIRST TWO POSITIONS ARE THE STATE CODE.  CODING SCHEME:  REFER TO SSA_STD_STATE_TB</li> <li>- POSITIONS 3 AND SOMETIMES 4 ARE USED AS A CATEGORY IDENTIFIER. THE REMAINING POSITIONS ARE SERIAL NUMBERS. THE FOLLOWING BLOCKS OF NUMBERS ARE RESERVED FOR THE FACILITIES INDICATED:</li> </ul> <p>DDD1-D899    SHORT-TERM (GENERAL AND SPECIALTY) HOSPITALS  D9DD-D999    MULTIPLE HOSPITAL COMPONENT IN A MEDICAL COMPLEX (NUMBERS RETIRED)  1DDD-1199    RESERVED FOR FUTURE USE</p>
<i>OPROVID</i>				



INSTITUTIONAL OUTPATIENT CLAIM RECORD (1986-88)

NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
				1200-1220 ALCDHDL/DRUG HOSPITALS (EXCLUDED FROM PPS-NUMBERS RETIRED)
				1221-1299 MEDICAL ASSISTANCE FACILITIES (MONTANA PROJECT)
				1300-1399 RURAL PRIMARY CARE HOSPITAL (RPCM)
				1400-1499 RESERVED FOR FUTURE USE
				1500-1799 HDSPICES
				1800-1899 FEDERALLY-FUNDED COMPREHENSIVE HEALTH CENTERS
				1900-1989 RESERVED FOR FUTURE USE
				1990-1999 CHRISTIAN SCIENCE SANATORIA (HOSPITAL SERVICES)
				2000-2299 LONG-TERM HOSPITALS (EXCLUDED FROM PPS)
				2300-2499 CHRONIC RENAL DISEASE FACILITIES (HOSPITAL BASED)
				2500-2899 NDN-HOSPITAL RENAL DISEASE TREATMENT CENTERS
				2900-2999 INDEPENDENT SPECIAL PURPOSE RENAL DIALYSIS FACILITY (1)
				3000-3024 FORMERLY TUBERCULOSIS HOSPITALS (NUMBERS RETIRED)
				3025-3099 REHABILITATION HOSPITALS (EXCLUDED FROM PPS)
				3100-3299 RESERVED FOR FUTURE USE
				3300-3399 CHILDREN'S HOSPITALS (EXCLUDED FROM PPS)
				3400-3499 RESERVED FOR FUTURE USE
				3500-3699 RENAL DISEASE TREATMENT CENTERS (HOSPITAL SATELLITES)
				3700-3799 HOSPITAL BASED SPECIAL PURPOSE RENAL DIALYSIS FACILITY (1)
				3800-3974 RURAL HEALTH CLINICS (FREE-STANDING)
				3975-3999 RURAL HEALTH CLINICS (PROVIDER-BASED)
				4000-4499 PSYCHIATRIC HOSPITALS (EXCLUDED FROM PPS)
				4500-4599 COMPREHENSIVE OUTPATIENT REHABILITATION FACILITIES (CDRF)
				4600-4999 RESERVED FOR FUTURE USE
				5000-5999 SKILLED NURSING FACILITIES
				6000-6499 RESERVED FOR FUTURE USE (2) (3)
				6500-6899 OUTPATIENT PHYSICAL THERAPY SERVICES
				6900-6989 RESERVED FOR FUTURE USE
				6990-6999 CHRISTIAN SCIENCE SANATORIA (SKILLED NURSING SERVICES)
				7000-7299 HOME HEALTH AGENCIES (4)
				7300-7399 SUBUNITS OF 'NONPROFIT' AND 'PROPRIETARY' HOME HEALTH AGENCIES (5)
				7400-7799 CONTINUATION OF 7000-7299 SERIES
				7800-7999 SUBUNITS OF STATE AND LOCAL GOVERNMENTAL HOME HEALTH AGENCIES (5)
				8000-8999 RESERVED FOR FUTURE USE
				9000-9799 RESERVED FOR FUTURE USE
				9800-9999 RESERVED FOR FUTURE USE
				A001-A999 NURSING FACILITY

INSTITUTIONAL OUTPATIENT CLAIM RECORD (1986-88)

NAME	TYPE	LENGTH	POSITIONS BEG END	CONTENTS
				BO01-B999 NURSING FACILITY (EXPANSION OF A001-A999)
				E001-E999 NURSING FACILITY
				FO01-F999 NURSING FACILITY (EXPANSION OF E001-E999)
				GO01-G999 INTERMEDIATE CARE FACILITY FOR THE MENTALLY RETARDED
				H001-H999 INTERMEDIATE CARE FACILITY FOR THE MENTALLY RETARDED (EXPANSION OF GO01-G999)
				PO01-P999 ORGAN PROCUREMENT ORGANIZATION

- (1) THESE FACILITIES (SPRDFs) WILL BE ASSIGNED THE SAME PROVIDER NUMBER WHENEVER THEY ARE RECERTIFIED.
- (2) THIS SERIES OF PROVIDER NUMBERS HAS BEEN RELEASED FOR USE BY THE STATE OF CALIFORNIA (05) FOR SKILLED NURSING FACILITIES ONLY.
- (3) THE 6400-6499 SERIES OF PROVIDER NUMBERS IN IDWA (16), SOUTH DAKOTA (43) AND TEXAS (45) HAVE BEEN USED IN REDUCING ACUTE CARE COSTS (RACC) EXPERIMENTS.
- (4) IN VIRGINIA (49), THE SERIES 7100-7299 HAS BEEN RESERVED FOR STATEWIDE SUBUNIT COMPONENTS OF THE VIRGINIA STATE HOME HEALTH AGENCIES.
- (5) PARENT AGENCY MUST HAVE A NUMBER IN THE 7000-7299 OR 7400-7799 SERIES.

NOTE:

THERE IS A SPECIAL NUMBERING SYSTEM FOR UNITS OF HOSPITALS THAT ARE EXCLUDED FROM PROSPECTIVE PAYMENT SYSTEM (PPS) AND HOSPITALS WITH SNF SWING-BED DESIGNATION. AN ALPHA CHARACTER IN THE THIRD POSITION OF THE PROVIDER NUMBER IDENTIFIES THE TYPE OF UNIT OR SWING-BED DESIGNATION AS FOLLOWS:

- S = PSYCHIATRIC UNIT (EXCLUDED FROM PPS)
- T = REHABILITATION UNIT (EXCLUDED FROM PPS)
- U = SHORT TERM/ACUTE CARE SWING-BED HOSPITAL
- V = ALCOHOL DRUG UNIT (PRIOR TO 10/87 ONLY)
- W = LONG TERM SNF SWING-BED HOSPITAL  
(EFF 3/91)
- Y = REHAB HOSPITAL SWING-BED (EFF 9/92)
- Z = RURAL PRIMARY CARE HOSPITALS  
(TO BE EFFECTIVE IN 1994)

SOURCE:  
MMACS

27. CLAIM QUERY CODE

000000

CHAR 1 94 94

CODE INDICATING THE TYPE OF CLAIM BEING PROCESSED WITH RESPECT TO PAYMENT.

INSTITUTIONAL OUTPATIENT CLAIM RECORD (1986-88)

NAME	TYPE	LENGTH	POSITIONS BEG END		CONTENTS
					STANDARD ALIAS: CLM_QUERY_CD SAS ALIAS: QUERY_CD
					CODES: 0 = CREDIT ADJUSTMENT. 1 = INTERIM BILL. 2 = HOME HEALTH AGENCY (HHA) BENEFITS EXHAUSTED. 3 = FINAL BILL. 4 = DISCHARGE NOTICE. 5 = DEBIT ADJUSTMENT.
					SOURCE: CWF
**** CLAIM TYPE CODE GROUP	GROUP	3	95	97	THE TYPE OF CLAIM CODE SUBMITTED ON AN INTERMEDIARY SUBMITTED CLAIM.  STANDARD ALIAS: CLM_TYPE_CD_GRP COMMON ALIAS: TOB
28. CLAIM FACILITY TYPE CODE	CHAR	1	95	95	THE FIRST DIGIT OF THE TYPE OF CLAIM CODE (CONTAINED ON AN INTERMEDIARY SUBMITTED CLAIM) USED TO INDICATE THE TYPE OF FACILITY THAT PROVIDED CARE TO THE BENEFICIARY.  STANDARD ALIAS: CLM_FAC_TYPE_CD COMMON ALIAS: TOB1 SAS ALIAS: FAC_TYPE
					CODES: 1 = HOSPITAL 2 = SKILLED NURSING FACILITY (SNF) 3 = HOME HEALTH ASSOCIATION (HHA) 4 = CHRISTIAN SCIENCE (CS) HOSPITAL 5 = CS EXTENDED CARE 6 = INTERMEDIATE CARE 7 = CLINIC (REQUIRES SPECIAL INFORMATION IN SERVICE CLASSIFICATION CODE 8 = SPECIAL FACILITY OR ASC SURGERY (REQUIRES SPECIAL INFORMATION IN SERVICE CLASSIFICATION CODE 9 = RESERVED
					SOURCE: CWF
29. CLAIM SERVICE CLASSIFICATION TYPE CODE	CHAR	1	96	96	THE SECOND DIGIT OF THE TYPE OF CLAIM CODE (CONTAINED ON AN INTERMEDIARY-SUBMITTED CLAIM) USED TO INDICATE THE CLASSIFICATION OF THE TYPE OF SERVICE PROVIDED TO THE BENEFICIARY.  STANDARD ALIAS: CLM_SRVC_CLSFCTN_TYPE_CD

*09/28/88* { # 28  
                  29  
                  30 } *all are clubbed together into a single variable.*

INSTITUTIONAL OUTPATIENT CLAIM RECORD (1986-88)

NAME	TYPE	LENGTH	BEG	END	CONTENTS
					<p>CDMMDN ALIAS: TDB2  SAS ALIAS: TYPESRVC</p> <p>CODES:</p> <p>FDR FACILITY TYPE CODE 1 THRU 6, AND 9</p> <p>1 = INPATIENT (INCLUDING PART A)  2 = INPATIENT (PART B ONLY) OR HOME HEALTH VISITS UNDER PART B  3 = OUTPATIENT (HHA-A ALSO)  4 = OTHER (PART B)  5 = INTERMEDIATE CARE - LEVEL I  6 = INTERMEDIATE CARE - LEVEL II  7 = INTERMEDIATE CARE - LEVEL III  8 = SWING BEDS  9 = RESERVED FOR NATIONAL ASSIGNMENT</p> <p>FDR FACILITY TYPE CODE 7</p> <p>1 = RURAL HEALTH  2 = HOSPITAL BASED OR INDEPENDENT RENAL DIALYSIS FACILITY  3 = INDEPENDENT PROVIDER BASED FEDERALLY QUALIFIED HEALTH CENTER (EFF 10/91)  4 = OTHER REHABILITATION FACILITY (DRF) AND COMMUNITY MENTAL HEALTH CENTER (CMHC EFF 10/91)  5 = COMPREHENSIVE REHABILITATION CENTER (CDRF)  6-8 = RESERVED FOR NATIONAL ASSIGNMENT  9 = OTHER</p> <p>FDR FACILITY TYPE CODE 8</p> <p>1 = HDSPICE (NDN-HOSPITAL BASED)  2 = HDSPICE (HOSPITAL BASED)  3 = AMBULATORY SURGICAL CENTER  4 = FREESTANDING BIRTHING CENTER  5-8 = RESERVED FOR NATIONAL USE  9 = OTHER</p> <p>SOURCE:  CWF</p>
3D. CLAIM FREQUENCY CODE	CHAR	1	97	97	<p>THE THIRD DIGIT OF THE TYPE OF CLAIM CODE USED TO INDICATE THE SEQUENCE OF A CLAIM IN THE BENEFICIARY'S CURRENT EPISODE OF CARE ASSOCIATED WITH A GIVEN FACILITY.</p> <p>STANDARD ALIAS: CLM_FREQ_CD  CDMMDN ALIAS: TDB3  SAS ALIAS: FREQ_CD</p> <p>CODES:</p>

# 28

INSTITUTIONAL OUTPATIENT CLAIM RECORD (1986-88)

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
					0 = NDN-PAYMENT/ZERO CLAIMS 1 = ADMIT THRU DISCHARGE CLAIM 2 = INTERIM - FIRST CLAIM 3 = INTERIM - CONTINUING CLAIM 4 = INTERIM - LAST CLAIM 5 = LATE CHARGE(S) ONLY CLAIM 6 = ADJUSTMENT OF PRDR CLAIM 7 = REPLACEMENT OF PRDR CLAIM; EFF 10/93, PROVIDER DEBIT 8 = VOID/CANCEL PRDR CLAIM; EFF 10/93, PROVIDER CANCEL 9 = RESERVED A = ADMISSION NOTICE - USED WHEN HDSPICE IS SUBMITTING THE HCFA-1450 AS AN ADMISSION NOTICE B = HDSPICE TERMINATION/REVDICATION NOTICE (EFF 9/93) C = HDSPICE CHANGE OF PROVIDER NOTICE (EFF 9/93) D = HDSPICE ELECTION VOID/CANCEL (EFF 9/93) F = BENEFICIARY INITIATED ADJUSTMENT (EFF 10/93) G = CWF GENERATED ADJUSTMENT (EFF 10/93) H = HCFA GENERATED ADJUSTMENT (EFF 10/93) I = MISC ADJUSTMENT CLAIM (OTHER THAN PRD DR PROVIDER) - USED TO IDENTIFY A DEBIT ADJUSTMENT INITIATED BY HCFA DR AN INTERMEDIARY - EFF 10/93, USED TO IDENTIFY INTERMEDIARY INITIATED ADJUSTMENT ONLY J = OTHER ADJUSTMENT REQUEST (EFF 10/93) K = DIG INITIATED ADJUSTMENT (EFF 10/93) M = MSP ADJUSTMENT (EFF 10/93) P = ADJUSTMENT REQUIRED BY PEER REVIEW ORGANIZATION (PRD) X = SPECIAL ADJUSTMENT PROCESSING - USED FOR QA EDITING (EFF 8/92)
					SOURCE: CWF
31. PAYMENT AND EDIT RECORD IDENTIFICATION CODE <i>OPERIC</i>	CHAR	1	98	98	THE CODE USED FOR PAYMENT AND EDITING PURPOSES THAT INDICATES THE TYPE OF FORM ON WHICH AN INSTITUTIONAL CLAIM ORIGINATED.  STANDARD ALIAS: PMT_EDIT_RIC_CD SAS ALIAS: PE_RIC  CODES: C = INPATIENT HOSPITAL, SNF D = OUTPATIENT E = CHRISTIAN SCIENCE F = HDME HEALTH AGENCY (HHA) G = DISCHARGE NOTICE

INSTITUTIONAL OUTPATIENT CLAIM RECORD (1986-88)

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
					<p>I = HDSPICE</p> <p>SOURCE: CWF</p>
<p>32. CLAIM TRANSACTION CODE</p> <p>OCTOBER</p>	CHAR	1	99	99	<p>THE CODE INDICATING THE TYPE OF CLAIM SUBMITTED BY AN INSTITUTIONAL PROVIDER.</p> <p>STANDARD ALIAS: CLM_TRANS_CD SAS ALIAS: TRANS_CD</p> <p>CODES:</p> <p>0 = CHRISTIAN SCIENCE BILL, SKILLED NURSING FACILITY (SNF) BILL, OR STATE BUY-IN. 1 = PSYCHIATRIC HOSPITAL FACILITY BILL OR DUMMY PSYCHIATRIC. 2 = TUBERCULOSIS HOSPITAL FACILITY BILL. 3 = GENERAL CARE HOSPITAL FACILITY BILL OR DUMMY LIFETIME RESERVE DAYS (LRD). 4 = REGULAR SNF BILL. 5 = HDME HEALTH AGENCY BILL (HHA). 6 = OUTPATIENT HOSPITAL BILL. C = COMPREHENSIVE REHABILITATION FACILITY BILL (CDF) - TYPE OF OUTPATIENT BILL IN THE HDME HEALTH BILL FORMAT. H = HDSPICE BILL.</p> <p>COMMENT: THIS CODE IS USED FOR PROCESSING PURPOSES. THE TYPE OF PROCESSING THAT IS DONE ON A PARTICULAR CLAIM IS DEPENDENT ON THIS CODE. THIS CODE IS ALSO USED TO SUBTRACT THE LIMITS FOR FULL COVERAGE AND COINSURANCE DAYS.</p> <p>SOURCE: CWF</p>
<p>33. MEDICAID PROVIDER IDENTIFICATION NUMBER</p> <p>OCTOBER</p>	CHAR	12	100	111	<p>A UNIQUE IDENTIFICATION NUMBER ASSIGNED TO EACH PROVIDER BY THE STATE MEDICAID AGENCY. THIS UNIQUE PROVIDER NUMBER IS USED TO ENSURE PROPER PAYMENT OF PROVIDERS AND TO MAINTAIN CLAIMS HISTORY ON INDIVIDUAL PROVIDERS FOR SURVEILLANCE AND UTILIZATION REVIEW.</p> <p>STANDARD ALIAS: MDCD_PRVDR_IDENT_NUM SAS ALIAS: MDCD_PRV</p> <p>SOURCE: CWF</p>
<p>34. CLAIM PAYMENT AMOUNT</p> <p>OCTOBER</p>	PACK	5	112	116	<p>AMOUNT OF PAYMENT MADE TO PROVIDER AND/OR BENEFICIARY FROM THE TRUST FUNDS (AFTER DEDUCTIBLE AND COINSURANCE AMOUNTS HAVE BEEN PAID) FOR THE SERVICES COVERED BY AN</p> <p>129</p>

INSTITUTIONAL OUTPATIENT CLAIM RECORD (1986-88)

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
					<p>INSTITUTIONAL CLAIM, DR FOR THE SERVICES INCLUDED AS A LINE ITEM ON A CWFB PHYSICIAN/SUPPLIER CLAIM. THIS PAYMENT AMOUNT DOES NOT INCLUDE ANY AUTOMATIC ADJUSTMENTS. FOR INSTITUTIONAL CLAIMS, THIS PAYMENT AMOUNT ALSO DOES NOT INCLUDE ANY PASS-THROUGH PER DIEM AMOUNTS OR ORGAN ACQUISITION COSTS.</p> <p>7.2 DIGITS SIGNED</p> <p>STANDARD ALIAS: CLM_PMT_AMT COMMON ALIAS: REIMBURSEMENT SAS ALIAS: PMT_AMT</p> <p>EDIT-RULES: \$\$\$\$\$CC</p> <p>SOURCE: CWF</p>
<p>35. PATIENT CONTROL NUMBER <i>OPVCTNO</i></p>	CHAR	17	117	133	<p>125 - 141</p> <p>THE UNIQUE ALPHANUMERIC IDENTIFIER ASSIGNED BY THE PROVIDER TO THE INSTITUTIONAL CLAIM TO FACILITATE RETRIEVAL OF INDIVIDUAL CASE RECORDS AND POSTING OF PAYMENTS.</p> <p>STANDARD ALIAS: PTNT_CNTL_NUM SAS ALIAS: PTNTCNTL</p> <p>SOURCE: CWF</p>
<p>36. CLAIM MEDICAL RECORD NUMBER <i>OPVCTNO</i></p>	CHAR	17	134	150	<p>142 - 152</p> <p>THE NUMBER ASSIGNED BY THE PROVIDER TO THE BENEFICIARY'S MEDICAL RECORD TO ASSIST IN RECORD RETRIEVAL.</p> <p>STANDARD ALIAS: CLM_MDCL_REC_NUM SAS ALIAS: MDCL_REC</p> <p>SOURCE: CWF</p>
<p>37. CLAIM TREATMENT AUTHORIZATION NUMBER <i>OPVCTNO</i></p>	CHAR	10	151	160	<p>153 - 163</p> <p>THE NUMBER ASSIGNED BY THE MEDICAL REVIEWER AND REPORTED BY THE PROVIDER TO IDENTIFY THE MEDICAL REVIEW (TREATMENT AUTHORIZATION) ACTION TAKEN AFTER REVIEW OF THE BENEFICIARY'S CASE.</p> <p>STANDARD ALIAS: CLM_TRTMT_AUTHRZTN_NUM COMMON ALIAS: TAN SAS ALIAS: AUTHRZTN</p> <p>COMMENT: THIS NUMBER IS USED BY THE INTERMEDIARY AND THE PEER REVIEW ORGANIZATION.</p>

INSTITUTIONAL OUTPATIENT CLAIM RECORD (1986-88)

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
38. BENEFICIARY PRIMARY PAYER CODE OPPCOE	CHAR	1	161	161	<p>SOURCE: CWF</p> <p>SPECIFIES A FEDERAL NON-MEDICARE PROGRAM OR OTHER SOURCE THAT HAS PRIMARY RESPONSIBILITY FOR THE PAYMENT OF THE MEDICARE BENEFICIARY'S MEDICAL BILLS.</p> <p>STANDARD ALIAS: BENE_PRMRY_PYR_CO SAS ALIAS: PRPAY_CO</p> <p>COOES: A = WORKING AGED BENE/SPOUSE WITH EMPLOYER GROUP HEALTH PLAN (EGHP) B = END STAGE RENAL DISEASE (ESRO) BENEFICIARY IN THE 12 MONTH COORDINATION PERIOD WITH AN EMPLOYER GROUP HEALTH PLAN C = CONDITIONAL PAYMENT BY MEDICARE; FUTURE REIMBURSEMENT EXPECTED D = AUTOMOBILE NO-FAULT OR ANY LIABILITY INSURANCE E = WORKERS' COMPENSATION F = PUBLIC HEALTH SERVICE OR OTHER FEDERAL AGENCY (OTHER THAN DEPT. OF VETERANS AFFAIRS) G = WORKING DISABLED H = BLACK LUNG I = DEPT. OF VETERANS AFFAIRS 1 = POTENTIAL WORKERS' COMPENSATION 2 = POTENTIAL BLACK LUNG 3 = POTENTIAL DEPT. OF VETERANS AFFAIRS</p> <p>*EFFECTIVE 12/90 FOR CWFB CLAIMS; 10/93 FOR INSTITUTIONAL CLAIMS</p> <p>M = OVERRIDE CODE: EGHP SERVICES INVOLVED N = OVERRIDE CODE: NON-EGHP SERVICES INVOLVED X = OVERRIDE CODE MSP COST AVOIDED BLANK = MEDICARE IS PRIMARY PAYER</p> <p>***PRIOR TO 12/90***</p> <p>Y = OTHER SECONDARY PAYER INVESTIGATION SHOWS MEDICARE AS PRIMARY PAYER Z = MEDICARE IS PRIMARY PAYER</p> <p>SOURCE: CWF, VA, OOL, SSA</p>
39. BENEFICIARY PRIMARY PAYER CLAIM PAYMENT AMOUNT OPPAMT	PACK	4	162	165	<p>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</p>



INSTITUTIONAL OUTPATIENT CLAIM RECORD (1986-88)

NAME	TYPE	LENGTH	POSITIONS BEG END	CONTENTS
				DR CWFB CLAIM.  5.2 DIGITS SIGNED  STANDARD ALIAS: BENE_PRMRY_PYR_CLM_PMT_AMT SAS ALIAS: PRPAYAMT  EDIT-RULES: \$\$\$\$\$CC  SOURCE: CWF
40. INTERMEDIARY CLAIM ACTION CODE <i>OICRCLM</i>	CHAR	1	<i>174 - 174</i> 166 166	THE TYPE OF ACTION REQUESTED BY THE INTERMEDIARY TO BE TAKEN ON AN INSTITUTIONAL CLAIM.  STANDARD ALIAS: INTRMDRY_CLM_ACTN_CD SAS ALIAS: ACTN_CD  CODES: 1 = ORIGINAL DEBIT ACTION (INCLUDES NON- ADJUSTMENT RTI CORRECTION ITEMS) - IT WILL ALWAYS BE A 1 IN REGULAR BILLS 2 = CANCEL BY CREDIT ADJUSTMENT - USED ONLY IN CREDIT/DEBIT PAIRS 3 = SECONDARY DEBIT ADJUSTMENT - USED ONLY IN CREDIT/DEBIT PAIRS 4 = CANCEL ONLY ADJUSTMENT 5 = FDRCE ACTION CODE 3 6 = FDRCE ACTION CODE 2 8 = BENEFITS REFUSED (FOR INPATIENT BILLS, AN 'R' NONPAYMENT CODE MUST ALSO BE PRESENT) 9 = PAYMENT REQUESTED (USED ON BILLS THAT REPLACE PREVIOUSLY-SUBMITTED BENEFITS- REFUSED BILLS, ACTION CODE 8. IN SUCH CASES A DEBIT/CREDIT PAIR IS NOT REQUIRED. FOR INPATIENT BILLS, A 'P' SHOULD BE ENTERED IN THE NONPAYMENT CODE.)  SOURCE: CWF
41. INTERMEDIARY REQUESTED CLAIM CANCEL REASON CODE <i>OIRCCRCO</i>	CHAR	1	<i>175 - 175</i> 167 167	THE REASON THAT AN INTERMEDIARY REQUESTED CANCELING A PREVIOUSLY SUBMITTED INSTITUTIONAL CLAIM.  STANDARD ALIAS: INTRMDRY_RQST_CLM_CNCL_RSN_CD SAS ALIAS: CANCELCD  CODES: C = COVERAGE TRANSFER P = PLAN TRANSFER S = SCRAMBLE

INSTITUTIONAL OUTPATIENT CLAIM RECORD (1986-88)

NAME	TYPE	LENGTH	POSITIONS BEG END	CONTENTS
				D = DUPLICATE BILLING H = OTHER DR BLANK  SOURCE: CWF
42. CLAIM PRIMARY CARE PHYSICIAN IDENTIFICATION NUMBER  OCCURRENCE	CHAR	10	176 - 185 168 177	DN AN INSTITUTIONAL CLAIM, THE STATE LICENSE NUMBER OR OTHER IDENTIFIER (LIKE UPIN, REQUIRED SINCE 1/92) OF THE PHYSICIAN WHO WOULD NORMALLY BE EXPECTED TO CERTIFY AND RECERTIFY THE MEDICAL NECESSITY OF THE SERVICES RENDERED AND/OR WHO HAS PRIMARY RESPONSIBILITY FOR THE BENEFICIARY'S MEDICAL CARE AND TREATMENT (ATTENDING PHYSICIAN). NOTE: WHERE UPIN IS PROVIDED, THE FIRST SIX POSITIONS OF THIS NUMBER ARE THE UPIN FOLLOWED BY THE FIRST FOUR POSITIONS OF THE PHYSICIAN'S SURNAME.  STANDARD ALIAS: CLM_PRMRY_CARE_PHYSN_IDENT_NUM COMMON ALIAS: ATTENDING_PHYSICIAN SAS ALIAS: PC_PHYSN  SOURCE: CWF
43. CLAIM STATUS CODE  OCCURRENCE	CHAR	2	186 - 187 178 179	THE STATUS OF THE BENEFICIARY AS OF THE SERVICE THRU DATE ON A CLAIM.  STANDARD ALIAS: CLM_STUS_CD COMMON ALIAS: DISCHARGE_DESTINATION/PATIENT_STATUS SAS ALIAS: STUS_CD  CODES: 01 = DISCHARGED TO HOME/SELF CARE (ROUTINE CHARGE). 02 = DISCHARGED/TRANSFERRED TO OTHER SHORT- TERM GENERAL HOSPITAL. 03 = DISCHARGED/TRANSFERRED TO SKILLED NURSING FACILITY (SNF). 04 = DISCHARGED/TRANSFERRED TO INTERMEDIATE CARE FACILITY (ICF). 05 = DISCHARGED/TRANSFERRED TO ANOTHER TYPE OF INSTITUTION (INCLUDING DISTINCT PARTS). 06 = DISCHARGED/TRANSFERRED TO HOME CARE OF ORGANIZED HOME HEALTH SERVICE. 07 = LEFT AGAINST MEDICAL ADVICE. 08 = DISCHARGED/TRANSFERRED TO HOME UNDER CARE OF A HOME IV DRUG THERAPY PROVIDER 09 = ADMITTED AS AN INPATIENT TO THIS HOSPITAL (EFFECTIVE 3/1/91). 10-19 = DISCHARGED TO BE DEFINED AT STATE LEVEL IF NECESSARY. 20 = EXPIRED (DID NOT RECOVER - CHRISTIAN

INSTITUTIONAL OUTPATIENT CLAIM RECORD (1986-88)

NAME	TYPE	LENGTH	POSITIONS BEG END	CONTENTS
				<p>SCIENCE PATIENT).</p> <p>21-29 = EXPIRED TO BE DEFINED AT STATE LEVEL, IF NECESSARY</p> <p>30 = STILL PATIENT.</p> <p>31-39 = STILL PATIENT TO BE DEFINED AT STATE LEVEL, IF NECESSARY.</p> <p>40 = EXPIRED AT HOME.</p> <p>41 = DIED IN A MEDICAL FACILITY SUCH AS HOSPITAL, SNF, ICF, OR FREESTANDING HOSPICE.</p> <p>42 = PLACE OF DEATH UNKNOWN.</p> <p>43-99 = RESERVED FOR NATIONAL ASSIGNMENT.</p> <p>COMMENT: TWO FIELDS (PATIENT STATUS AND ORG DISCHARGE DESTINATION) ON CWF SPECS WERE COMBINED INTO THIS ONE ELEMENT.</p> <p>SOURCE: CWF</p>
<p>44. CLAIM PRINCIPAL PROCEDURE PHYSICIAN IDENTIFICATION NUMBER</p> <p><i>OCCUPIN</i></p>	CHAR	10	<p><i>187 - 197</i></p> <p>180 189</p>	<p>ON AN INSTITUTIONAL CLAIM, THE STATE LICENSE NUMBER OR OTHER IDENTIFIER (LIKE UPIN, REQUIRED SINCE 1/92) OF THE PHYSICIAN WHO PERFORMED THE PRINCIPAL PROCEDURE. THIS ELEMENT IS USED BY THE PROVIDER TO IDENTIFY THE OPERATING PHYSICIAN WHO PERFORMED THE SURGICAL PROCEDURE. NOTE: WHERE THE UPIN IS PROVIDED, THE FIRST SIX POSITIONS OF THIS NUMBER ARE THE UPIN FOLLOWED BY THE FIRST FOUR POSITIONS OF THE PHYSICIAN'S SURNAME.</p> <p>STANDARD ALIAS: CLM_PRNCPAL_PRCOR_PHYSN_NUM COMMON ALIAS: OPERATING_PHYSICIAN SAS ALIAS: PP_PHYSN</p> <p>SOURCE: CWF</p>
<p>45. BENEFICIARY PART B DEDUCTIBLE LIABILITY AMOUNT</p> <p><i>OPBLIANT</i></p>	PACK	4	<p><i>198 - 201</i></p> <p>190 193</p>	<p>THE AMOUNT OF MONEY FOR WHICH THE INTERMEDIARY OR CARRIER HAS DETERMINED THAT THE BENEFICIARY IS LIABLE FOR THE PART B CASH DEDUCTIBLE ON THE INSTITUTIONAL OR CWF CLAIM.</p> <p>5.2 DIGITS SIGNED</p> <p>STANDARD ALIAS: BENE_PTB_DOCTBL_LBLTY_AMT SAS ALIAS: PTB_OEO</p> <p>EDIT-RULES: \$\$\$\$\$CC</p> <p>SOURCE:</p>

INSTITUTIONAL OUTPATIENT CLAIM RECORD (1986-88)

NAME	TYPE	LENGTH	POSITIONS BEG END	CDNTENTS
46. BENEFICIARY PART B CDINSURANCE LIABILITY AMOUNT <i>09/22/88</i>	PACK	4	<i>202-205</i> 194 197	<p>CWF</p> <p>THE AMOUNT OF MONEY FOR WHICH THE INTERMEDIARY HAS DETERMINED THAT THE BENEFICIARY IS LIABLE FOR PART B CDINSURANCE ON THE INSTITUTIONAL CLAIM.</p> <p>5.2 DIGITS SIGNED</p> <p>STANDARD ALIAS: BENE_PTB_CDINSRNC_LBLTY_AMT SAS ALIAS: PTB_CDIN</p> <p>EDIT-RULES: \$\$\$\$CC</p> <p>SOURCE: CWF</p>
47. BENEFICIARY SPECIAL PROGRAM CDDE <i>09/22/88</i>	CHAR	2	<i>206 207</i> 198 199	<p>A CDDE INDICATING THAT THE SERVICES INCLUDED ON THE CLAIM ARE RELATED TO A SPECIAL PROGRAM.</p> <p>STANDARD ALIAS: BENE_SPCL_PGM_CD SAS ALIAS: SPCL_PGM</p> <p>EDIT-RULES: OPTIONAL</p> <p>CDDES:</p> <p>D1 = EPSDT/CHAP - EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT</p> <p>02 = PHYSICALLY HANDICAPPED CHILDREN'S PROGRAM - SERVICES PROVIDED UNDER PROGRAM RECEIVE SPECIAL FUNDING THRU TITLE 8 OF THE SOCIAL SECURITY ACT OR THE CHAMPUS PROGRAM FOR HANDICAPPED</p> <p>03 = SPECIAL FEDERAL FUNDING - CDDE DESIGNED FOR UNIFORM USE BY STATE UNIFORM BILLING COMMITTEES.</p> <p>04 = FAMILY PLANNING - DESIGNED FOR UNIFORM USE BY STATE UNIFORM BILLING COMMITTEES.</p> <p>05 = DISABILITY - DESIGNED FOR UNIFORM USE BY STATE UNIFORM BILLING COMMITTEES.</p> <p>06 = PPV/MEDICARE 100% PAYMENT - IDENTIFIES THAT PNEUMOCOCCAL PNEUMONIA VACCINE (PPV) SERVICES GIVEN SHOULD BE PAID UNDER A SPECIAL MEDICARE PROGRAM PROVISION.</p> <p>07 = INDUCED ABORTION DANGER TO LIFE - ABORTION WAS PERFORMED TO AVOID DANGER TO WOMAN'S LIFE.</p> <p>08 = INDUCED ABORTION VICTIM RAPE/INCEST</p> <p>09-79 = RESERVED FOR NATIONAL ASSIGNMENT</p> <p>80-99 = RESERVED FOR STATE ASSIGNMENT</p> <p>COMMENT: FUTURE USE ELEMENT; PRESENT ON OUTPATIENT</p>

INSTITUTIONAL OUTPATIENT CLAIM RECORD (1986-88)

NAME	TYPE	LENGTH	POSITIONS BEG ENO	CONTENTS
				CLAIMS ONLY.
				SOURCE: CWF
48. CLAIM OUTPATIENT REFERRAL CODE OCCUR 1 C	CHAR	1	200 200 <i>208 208</i>	THE CODE INDICATING THE MEANS BY WHICH THE BENEFICIARY WAS REFERRED FOR OUTPATIENT SERVICES.
			<i>x 11 208</i>	STANDARD ALIAS: CLM_OP_RFRL_CO SAS ALIAS: OP_RFRL
				COOES: *FOR OUTPATIENT CLAIMS:*EFFECTIVE 3/91
				1 = PHYSICIAN REFERRAL - THE PATIENT WAS REFERRED TO THIS FACILITY FOR OUTPATIENT OR REFERENCED DIAGNOSTIC SERVICES BY HIS OR HER PERSONAL PHYSICIAN OR THE PATIENT INDEPENDENTLY REQUESTED OUTPATIENT SERVICES.
				2 = CLINICAL REFERRAL - THE PATIENT WAS REFERRED TO THIS FACILITY FOR OUTPATIENT OR REFERENCED DIAGNOSTIC SERVICES BY THIS FACILITY'S CLINIC OR OTHER OUTPATIENT DEPARTMENT PHYSICIAN
				3 = HMO REFERRAL - THE PATIENT WAS REFERRED TO THIS FACILITY FOR OUTPATIENT OR REFERENCED DIAGNOSTIC SERVICES BY A HMO PHYSICIAN.
				4 = TRANSFER FROM A HOSPITAL - THE PATIENT WAS REFERRED TO THIS FACILITY FOR OUTPATIENT OR REFERENCED DIAGNOSTIC SERVICES BY A PHYSICIAN OF ANOTHER ACUTE CARE FACILITY.
				5 = TRANSFER FROM A SNF - THE PATIENT WAS REFERRED TO THIS FACILITY FOR OUTPATIENT OR REFERENCED DIAGNOSTIC SERVICES BY A PHYSICIAN OF THE SNF WHERE HE OR SHE IS AN INPATIENT.
				6 = TRANSFER FROM ANOTHER HEALTH CARE FACILITY - THE PATIENT WAS REFERRED TO THIS FACILITY FOR OUTPATIENT OR REFERENCED DIAGNOSTIC SERVICES BY A PHYSICIAN OF ANOTHER HEALTH CARE FACILITY WHERE HE OR SHE IS AN INPATIENT.
				7 = EMERGENCY ROOM - THE PATIENT WAS REFERRED TO THIS FACILITY FOR OUTPATIENT OR REFERENCED DIAGNOSTIC SERVICES BY THIS FACILITY'S EMERGENCY ROOM PHYSICIAN.
				8 = COURT/LAW ENFORCEMENT - THE PATIENT WAS REFERRED TO THIS FACILITY UPON THE

INSTITUTIONAL OUTPATIENT CLAIM RECORD (1986-88)

NAME	TYPE	LENGTH	POSITIONS BEG END	CONTENTS
				<p>DIRECTION OF A COURT OF LAW, OR UPON THE REQUEST OF A LAW ENFORCEMENT AGENCY REPRESENTATIVE FOR OUTPATIENT OR REFERENCED DIAGNOSTIC SERVICES.</p> <p>9 = INFORMATION NOT PATIENT WAS AVAILABLE - FOR MEDICARE OUTPATIENT CLAIMS THIS IS NOT A VALID CODE.</p> <p>SOURCE: CWF</p>
49. CLAIM DIAGNOSIS CODE COUNT <i>ODMCDM</i>	NUM	2	<sup>209-210</sup> 201 202	<p>USED PRIOR TO VERSION G OF THE NCH. THE COUNT OF THE NUMBER OF DIAGNOSIS CODES (BOTH PRINCIPAL AND OTHER) REPORTED ON THE INSTITUTIONAL CLAIM. THE PURPOSE OF THIS COUNT IS TO INDICATE HOW MANY DIAGNOSIS TRAILERS ARE PRESENT.</p> <p>2 DIGITS UNSIGNED</p> <p>STANDARD ALIAS: CLM_DGNS_CD_CNT SAS ALIAS: DGNS_CNT</p> <p>SOURCE: NCH</p>
50. CLAIM PROCEDURE CODE COUNT <i>OSRSLUM</i>	NUM	2	<sup>211-212</sup> 203 204	<p>THE COUNT OF THE NUMBER OF PROCEDURE CODES (PRINCIPAL AND OTHER) REPORTED ON THE INSTITUTIONAL CLAIM. THE PURPOSE OF THIS COUNT IS TO INDICATE HOW MANY PROCEDURE TRAILERS ARE PRESENT.</p> <p>2 DIGITS UNSIGNED</p> <p>STANDARD ALIAS: CLM_PRCDR_CD_CNT SAS ALIAS: SURG_CNT</p> <p>SOURCE: NCH</p>
51. CLAIM REVENUE CENTER CODE COUNT <i>OPRCLM</i>	NUM	2	<sup>213-214</sup> 205 206	<p>THE COUNT OF THE NUMBER OF REVENUE CENTER CODES REPORTED ON THE INSTITUTIONAL CLAIM. THE PURPOSE IS TO INDICATE HOW MANY REVENUE CENTER DATA TRAILERS ARE PRESENT.</p> <p>2 DIGITS UNSIGNED</p> <p>COMMENT: THIS ELEMENT IS DERIVED BY COUNTING THE NUMBER OF INSTITUTIONAL CLAIM BASE ELEMENT, REV_CNTR_CD.</p> <p>SOURCE: NCH</p>
52. CLAIM DIAGNOSIS CODE	CHAR	5		<p>THE ICD-9-CM BASED CODE IDENTIFYING THE BENEFICIARY'S DIAGNOSIS.</p>

INSTITUTIONAL DUTPATIENT CLAIM RECDRD (1986-88)

NAME	TYPE	LENGTH	POSITIONS BEG END	CONTENTS
				DCCURS: UP TO 99 TIMES DEPENDING ON CLM_DGNS_CD_CNT
				EDIT-RULES: ICD-9-CM
53. CLAIM PROCEDURE CODE	CHAR	4		THE ICD-9-CM CODE THAT INDICATES THE PRINCIPAL OR OTHER PROCEDURE PERFORMED DURING THE PERIOD COVERED BY THE INSTITUTIONAL CLAIM.
				DCCURS: UP TO 99 TIMES DEPENDING ON CLM_PRCDR_CD_CNT
				STANDARD ALIAS: CLM_PRCDR_CD SAS ALIAS: PRCDR_CD
				EDIT-RULES: ICD-9-CM
				SOURCE: CWF
**** CLAIM REVENUE CENTER GROUP	GROUP	21		THE NUMBER OF CLAIM REVENUE CENTER DATA TRAILERS IS DETERMINED BY THE CLAIM REVENUE CENTER CODE COUNT.
				DCCURS: UP TO 99 TIMES DEPENDING ON CLM_REV_CNTR_CD_CNT
54. REVENUE CENTER CODE	CHAR	3		THE PROVIDER-ASSIGNED REVENUE CODE FOR EACH CDST CENTER FOR WHICH A SEPARATE CHARGE IS BILLED (TYPE OF ACCOMMODATION OR ANCILLARY). A CDST CENTER IS A DIVISION OR UNIT WITHIN A HOSPITAL (E.G., RADIOLOGY, EMERGENCY ROOM, PATHOLOGY).
				STANDARD ALIAS: REV_CNTR_CD SAS ALIAS: REV_CNTR
				CODES: NOTE: PRIOR TO 10/93 THE REVENUE CENTER CODE WAS A THREE DIGIT CODE (I.E., THE LAST THREE DIGITS OF THE CURRENT FOUR POSITION CODE).
				0001 = TOTAL CHARGE
				0100 = ALL INCLUSIVE RATE - ROOM AND BOARD PLUS ANCILLARY
				0101 = ALL INCLUSIVE RATE - ROOM AND BOARD
				0110 = PRIVATE MEDICAL OR GENERAL-GENERAL CLASSIFICATION
				0111 = PRIVATE MEDICAL OR GENERAL-MEDICAL/ SURGICAL/GYN

INSTITUTIONAL OUTPATIENT CLAIM RECORD (1986-88)

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
					0112 = PRIVATE MEDICAL OR GENERAL - OB
					0113 = PRIVATE MEDICAL OR GENERAL - PEDIATRIC
					0114 = PRIVATE MEDICAL OR GENERAL - PSYCHIATRIC
					0115 = PRIVATE MEDICAL OR GENERAL - HOSPICE
					0116 = PRIVATE MEDICAL OR GENERAL - DETOXIFICATION
					0117 = PRIVATE MEDICAL OR GENERAL - ONCOLOGY
					0118 = PRIVATE MEDICAL OR GENERAL - REHABILITATION
					0119 = PRIVATE MEDICAL OR GENERAL - OTHER
					0120 = SEMI-PRIVATE TWO BED (MEDICAL OR GENERAL) - GENERAL CLASSIFICATION
					0121 = SEMI-PRIVATE TWO BED (MEDICAL OR GENERAL) - MEDICAL/SURGICAL/GYN
					0122 = SEMI-PRIVATE TWO BED (MEDICAL OR GENERAL) - OB
					0123 = SEMI-PRIVATE TWO BED (MEDICAL OR GENERAL) - PEDIATRIC
					0124 = SEMI-PRIVATE TWO BED (MEDICAL OR GENERAL)- PSYCHIATRIC
					0125 = SEMI-PRIVATE TWO BED (MEDICAL OR GENERAL) - HOSPICE
					0126 = SEMI-PRIVATE TWO BED (MEDICAL OR GENERAL) - DETOXIFICATION
					0127 = SEMI-PRIVATE TWO BED (MEDICAL OR GENERAL) - ONCOLOGY
					0128 = SEMI-PRIVATE TWO BED (MEDICAL OR GENERAL) - REHABILITATION
					0129 = SEMI-PRIVATE TWO BED (MEDICAL OR GENERAL) - OTHER
					0130 = SEMI-PRIVATE THREE AND FOUR BEDS - GENERAL CLASSIFICATION
					0131 = SEMI-PRIVATE THREE AND FOUR BEDS - MEDICAL/SURGICAL/GYN
					0132 = SEMI-PRIVATE THREE AND FOUR BEDS - OB
					0133 = SEMI-PRIVATE THREE AND FOUR BEDS - PEDIATRIC
					0134 = SEMI-PRIVATE THREE AND FOUR BEDS - PSYCHIATRIC
					0135 = SEMI-PRIVATE THREE AND FOUR BEDS - HOSPICE
					0136 = SEMI-PRIVATE THREE AND FOUR BEDS - DETOXIFICATION
					0137 = SEMI-PRIVATE THREE AND FOUR BEDS - ONCOLOGY
					0138 = SEMI PRIVATE THREE AND FOUR BEDS - REHABILITATION
					0139 = SEMI-PRIVATE THREE AND FOUR BEDS - OTHER
					0140 = PRIVATE (DELUXE) - GENERAL CLASSIFICATION
					0141 = PRIVATE (DELUXE) - MEDICAL/SURGICAL/GYN
					0142 = PRIVATE (DELUXE) - OB
					0143 = PRIVATE (DELUXE) - PEDIATRIC
					0144 = PRIVATE (DELUXE) - PSYCHIATRIC
					0145 = PRIVATE (DELUXE) - HOSPICE



INSTITUTIONAL OUTPATIENT CLAIM RECORD (1986-88)

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
					0146 = PRIVATE (DELUXE) - DETOXIFICATION
					0147 = PRIVATE (DELUXE) - ONCOLOGY
					0148 = PRIVATE (DELUXE) - REHABILITATION
					0149 = PRIVATE (DELUXE) - OTHER
					0150 = ROOM AND BOARD WARD (MEDICAL OR GENERAL) - GENERAL CLASSIFICATION
					0151 = ROOM AND BOARD WARD (MEDICAL OR GENERAL) - MEDICAL/SURGICAL/GYN
					0152 = ROOM AND BOARD WARD (MEDICAL OR GENERAL) - OB
					0153 = ROOM AND BOARD WARD (MEDICAL OR GENERAL) - PEDIATRIC
					0154 = ROOM AND BOARD WARD (MEDICAL OR GENERAL) - PSYCHIATRIC
					0155 = ROOM AND BOARD WARD (MEDICAL OR GENERAL) - HOSPICE
					0156 = ROOM AND BOARD WARD (MEDICAL OR GENERAL) - DETOXIFICATION
					0157 = ROOM AND BOARD WARD (MEDICAL OR GENERAL) - ONCOLOGY
					0158 = ROOM AND BOARD WARD (MEDICAL OR GENERAL) - REHABILITATION
					0159 = ROOM AND BOARD WARD (MEDICAL OR GENERAL) - OTHER
					0160 = OTHER ROOM AND BOARD-GENERAL CLASSIFICATION
					0164 = OTHER ROOM AND BOARD - STERILE ENVIRONMENT
					0167 = OTHER ROOM AND BOARD - SELF CARE
					0169 = OTHER ROOM AND BOARD - OTHER
					0170 = NURSERY-GENERAL CLASSIFICATION
					0171 = NURSERY-NEWBORN
					0172 = NURSERY-PREMATURE
					0175 = NURSERY-NEONATAL ICU
					0179 = NURSERY-OTHER
					0180 = LEAVE OF ABSENCE - GENERAL CLASSIFICATION
					0182 = LEAVE OF ABSENCE - PATIENT CONVENIENCE - CHARGES BILLABLE
					0183 = LEAVE OF ABSENCE - THERAPEUTIC LEAVE
					0184 = LEAVE OF ABSENCE - ICF MENTALLY RETARDED - ANY REASON
					0185 = LEAVE OF ABSENCE - NURSING HOME (HOSPITALIZATION)
					0189 = LEAVE OF ABSENCE - OTHER LEAVE OF ABSENCE
					0200 = INTENSIVE CARE - GENERAL CLASSIFICATION
					0201 = INTENSIVE CARE - SURGICAL
					0202 = INTENSIVE CARE - MEDICAL
					0203 = INTENSIVE CARE - PEDIATRIC
					0204 = INTENSIVE CARE - PSYCHIATRIC
					0206 = INTENSIVE CARE - POST ICU
					0207 = INTENSIVE CARE - BURN CARE
					0208 = INTENSIVE CARE - TRAUMA

INSTITUTIONAL OUTPATIENT CLAIM RECDRD (1986-88)

NAME	TYPE	LENGTH	POSITIONS BEG END	CONTENTS
				D209 = INTENSIVE CARE - OTHER INTENSIVE CARE
				D210 = CORDINARY CARE - GENERAL CLASSIFICATION
				D211 = CORDINARY CARE - MYOCARDIAL INFRACTION
				D212 = CORDINARY CARE - PULMONARY CARE
				D213 = CORDINARY CARE - HEART TRANSPLANT
				D214 = CORDINARY CARE - PDST CCU
				D219 = CORDINARY CARE - OTHER CORDINARY CARE
				D220 = SPECIAL CHARGES - GENERAL CLASSIFICATION
				D221 = SPECIAL CHARGES - ADMISSION CHARGE
				D222 = SPECIAL CHARGES - TECHNICAL SUPPORT CHARGE
				D223 = SPECIAL CHARGES - U.R. SERVICE CHARGE
				D224 = SPECIAL CHARGES - LATE DISCHARGE, MEDICALLY NECESSARY
				D229 = SPECIAL CHARGES - OTHER SPECIAL CHARGES
				D230 = INCREMENTAL NURSING CHARGE RATE - GENERAL CLASSIFICATION
				D231 = INCREMENTAL NURSING CHARGE RATE - NURSERY
				D232 = INCREMENTAL NURSING CHARGE RATE - DB
				D233 = INCREMENTAL NURSING CHARGE RATE - ICU (INCLUDES TRANSITIONAL CARE)
				D234 = INCREMENTAL NURSING CHARGE RATE - CCU (INCLUDES TRANSITIONAL CARE)
				D235 = INCREMENTAL NURSING CHARGE RATE - HDSPICE
				D239 = INCREMENTAL NURSING CHARGE RATE - OTHER
				D240 = ALL INCLUSIVE ANCILLARY - GENERAL CLASSIFICATION
				D249 = ALL INCLUSIVE ANCILLARY - OTHER INCLUSIVE ANCILLARY
				D250 = PHARMACY - GENERAL CLASSIFICATION
				D251 = PHARMACY - GENERIC DRUGS
				D252 = PHARMACY - NONGENERIC DRUGS
				D253 = PHARMACY - TAKE HOME DRUGS
				D254 = PHARMACY - DRUGS INCIDENT TO OTHER DIAGNOSTIC SERVICES
				D255 = PHARMACY - DRUGS INCIDENT TO RADIOLOGY
				D256 = PHARMACY - EXPERIMENTAL DRUGS
				D257 = PHARMACY - NON-PRESCRIPTION
				D258 = PHARMACY - IV SOLUTIONS
				D259 = PHARMACY - OTHER PHARMACY
				D260 = IV THERAPY - GENERAL CLASSIFICATION
				D261 = IV THERAPY - INFUSION PUMP
				D269 = IV THERAPY - OTHER IV THERAPY
				D270 = MEDICAL/SURGICAL SUPPLIES - GENERAL CLASSIFICATION
				D271 = MEDICAL/SURGICAL SUPPLIES - NONSTERILE SUPPLY
				D272 = MEDICAL/SURGICAL SUPPLIES - STERILE SUPPLY
				D273 = MEDICAL/SURGICAL SUPPLIES - TAKE HOME SUPPLIES
				D274 = MEDICAL/SURGICAL SUPPLIES - PROSTHETIC/

INSTITUTIONAL OUTPATIENT CLAIM RECORD (1986-88)

NAME	TYPE	LENGTH	POSITIONS BEG END	CONTENTS
				DRTHDTIC DEVICES
				0275 = MEDICAL/SURGICAL SUPPLIES - PACE MAKER
				0276 = MEDICAL/SURGICAL SUPPLIES - INTRACULAR LENS
				0277 = MEDICAL/SURGICAL SUPPLIES-DXYGEN - TAKE HDME
				0278 = MEDICAL/SURGICAL SUPPLIES - DOTHER IMPLANTS
				0279 = MEDICAL/SURGICAL SUPPLIES - DOTHER DEVICES
				0280 = DNCDLGY-GENERAL CLASSIFICATION
				0289 = DNCDLGY-DOTHER DNCDLGY
				0290 = DURABLE MEDICAL EQUIPMENT(DME) - (DOTHER THAN RENAL) - GENERAL CLASSIFICATION
				0291 = DME (DOTHER THAN RENAL) - RENTAL
				0292 = DME (DOTHER THAN RENAL) - PURCHASE OF NEW DME
				0293 = DME (DOTHER THAN RENAL) - PURCHASE OF USED DME
				0294 = DME (DOTHER THAN RENAL) - RELATED SUPPLIES, DRUGS, DR BIOLOGICALS LISTED AS DME IN ORDER TO RECEIVE THERAPEUTIC BENEFIT (EFF 3/92)
				0299 = DME (DOTHER THAN RENAL) - DOTHER
				0300 = LABDRATDRY - GENERAL CLASSIFICATION
				0301 = LABDRATDRY - CHEMISTRY
				0302 = LABDRATDRY - IMMUNOLOGY
				0303 = LABDRATDRY - RENAL PATIENT (HDME)
				0304 = LABDRATDRY - NON-ROUTINE DIALYSIS
				0305 = LABDRATDRY - HEMATOLOGY
				0306 = LABDRATDRY - BACTERIOLOGY & MICROBIOLOGY
				0307 = LABDRATDRY - URINOLOGY
				0309 = LABDRATDRY - DOTHER LABDRATDRY
				0310 = LABDRATDRY PATHOLOGICAL - GENERAL CLASSIFICATION
				0311 = LABDRATDRY PATHOLOGICAL - CYTOLOGY
				0312 = LABDRATDRY PATHOLOGICAL - HISTOLOGY
				0314 = LABDRATDRY PATHOLOGICAL - BIOPSY
				0319 = LABDRATDRY PATHOLOGICAL - DOTHER
				0320 = RADIOLOGY DIAGNOSTIC - GENERAL CLASSIFICATION
				0321 = RADIOLOGY DIAGNOSTIC - ANGIOCARDIOGRAPHY
				0322 = RADIOLOGY DIAGNOSTIC - ARTHROGRAPHY
				0323 = RADIOLOGY DIAGNOSTIC - ARTERIOGRAPHY
				0324 = RADIOLOGY DIAGNOSTIC - CHEST X-RAY
				0329 = RADIOLOGY DIAGNOSTIC - DOTHER
				0330 = RADIOLOGY THERAPEUTIC - GENERAL CLASSIFICATION
				0331 = RADIOLOGY THERAPEUTIC - CHEMOTHERAPY INJECTED
				0332 = RADIOLOGY THERAPEUTIC - CHEMOTHERAPY ORAL
				0333 = RADIOLOGY THERAPEUTIC - RADIATION THERAPY

INSTITUTIONAL OUTPATIENT CLAIM RECORD (1986-88)

NAME	TYPE	LENGTH	POSITIONS BEG END	CONTENTS
				D335 = RADIODIAGNOSTIC THERAPEUTIC - CHEMOTHERAPY IV
				D339 = RADIODIAGNOSTIC THERAPEUTIC - OTHER
				D340 = NUCLEAR MEDICINE - GENERAL CLASSIFICATION
				D341 = NUCLEAR MEDICINE - DIAGNOSTIC
				D342 = NUCLEAR MEDICINE - THERAPEUTIC
				D349 = NUCLEAR MEDICINE - OTHER
				D350 = COMPUTED TOMOGRAPHIC (CT) SCAN - GENERAL CLASSIFICATION
				D351 = CT SCAN - HEAD SCAN
				D352 = CT SCAN - BODY SCAN
				D359 = CT SCAN - OTHER CT SCANS
				D360 = OPERATING ROOM SERVICES - GENERAL CLASSIFICATION
				D361 = OPERATING ROOM SERVICES - MINOR SURGERY
				D362 = OPERATING ROOM SERVICES - ORGAN TRANSPLANT, OTHER THAN KIDNEY
				D367 = OPERATING ROOM SERVICES - KIDNEY TRANSPLANT
				D369 = OPERATING ROOM SERVICES - OTHER OPERATING ROOM SERVICES
				D370 = ANESTHESIA - GENERAL CLASSIFICATION
				D371 = ANESTHESIA - INCIDENT TO RAD
				D372 = ANESTHESIA - INCIDENT TO OTHER DIAGNOSTIC SERVICES
				D374 = ANESTHESIA - ACUPUNCTURE
				D379 = ANESTHESIA - OTHER ANESTHESIA
				D380 = BLOOD - GENERAL CLASSIFICATION
				D381 = BLOOD - PACKED RED CELLS
				D382 = BLOOD - WHOLE BLOOD
				D383 = BLOOD - PLASMA
				D384 = BLOOD - PLATELETS
				D385 = BLOOD - LEUKOCYTES
				D386 = BLOOD - OTHER COMPONENTS
				D387 = BLOOD - OTHER DERIVATIVES (CRYOPRECIPITATES)
				D389 = BLOOD - OTHER BLOOD
				D390 = BLOOD STORAGE AND PROCESSING - GENERAL CLASSIFICATION
				D391 = BLOOD STORAGE AND PROCESSING - BLOOD ADMINISTRATION
				D399 = BLOOD STORAGE AND PROCESSING - OTHER BLOOD STORAGE AND PROCESSING
				D400 = OTHER IMAGING SERVICES - GENERAL CLASSIFICATION
				D401 = OTHER IMAGING SERVICES - DIAGNOSTIC MAMMOGRAPHY
				D402 = OTHER IMAGING SERVICES - ULTRASOUND
				D403 = OTHER IMAGING SERVICES - SCREENING MAMMOGRAPHY (EFFECTIVE 1/1/91)
				D409 = OTHER IMAGING SERVICES - OTHER
				D410 = RESPIRATORY SERVICES - GENERAL CLASSIFICATION
				D412 = RESPIRATORY SERVICES - INHALATION SERVICES

INSTITUTIONAL OUTPATIENT CLAIM RECORD (1986-88)

NAME	TYPE	LENGTH	POSITIONS BEG END	CONTENTS
				0413 = RESPIRATORY SERVICES - HYPERBARIC OXYGEN THERAPY
				0419 = RESPIRATORY SERVICES - OTHER
				0420 = PHYSICAL THERAPY - GENERAL CLASSIFICATION
				0421 = PHYSICAL THERAPY - VISIT CHARGE
				0422 = PHYSICAL THERAPY - HOURLY CHARGE
				0423 = PHYSICAL THERAPY - GROUP RATE
				0424 = PHYSICAL THERAPY - EVALUATION DR RE-EVALUATION
				0429 = PHYSICAL THERAPY - OTHER
				0430 = OCCUPATIONAL THERAPY - GENERAL CLASSIFICATION
				0431 = OCCUPATIONAL THERAPY - VISIT CHARGE
				0432 = OCCUPATIONAL THERAPY - HOURLY CHARGE
				0433 = OCCUPATIONAL THERAPY - GROUP RATE
				0434 = OCCUPATIONAL THERAPY - EVALUATION DR RE-EVALUATION
				0439 = OCCUPATIONAL THERAPY - OTHER (MAY INCLUDE RESTRICTIVE THERAPY)
				0440 = SPEECH LANGUAGE PATHOLOGY - GENERAL CLASSIFICATION
				0441 = SPEECH LANGUAGE PATHOLOGY - VISIT CHARGE
				0442 = SPEECH LANGUAGE PATHOLOGY - HOURLY CHARGE
				0443 = SPEECH LANGUAGE PATHOLOGY - GROUP RATE
				0444 = SPEECH LANGUAGE PATHOLOGY - EVALUATION DR RE-EVALUATION
				0449 = SPEECH LANGUAGE PATHOLOGY - OTHER
				0450 = EMERGENCY ROOM - GENERAL CLASSIFICATION
				0459 = EMERGENCY ROOM - OTHER
				0460 = PULMONARY FUNCTION - GENERAL CLASSI- FICATION
				0469 = PULMONARY FUNCTION - OTHER
				0470 = AUDIOLOGY - GENERAL CLASSIFICATION
				0471 = AUDIOLOGY - DIAGNOSTIC
				0472 = AUDIOLOGY - TREATMENT
				0479 = AUDIOLOGY - OTHER
				0480 = AUDIOLOGY - GENERAL CLASSIFICATION
				0481 = CARDIOLOGY - CARDIAC CATH LAB
				0482 = CARDIOLOGY - STRESS TEST
				0489 = CARDIOLOGY - OTHER
				0490 = AMBULATORY SURGICAL CARE - GENERAL CLASSIFICATION
				0499 = AMBULATORY SURGICAL CARE - OTHER
				0500 = OUTPATIENT SERVICES - GENERAL CLASSIFICATION (DELETED 9/93)
				0509 = OUTPATIENT SERVICES - OTHER (DELETED 9/93)
				0510 = CLINIC - GENERAL CLASSIFICATION
				0511 = CLINIC - CHRONIC PAIN CENTER
				0512 = CLINIC - DENTAL CENTER

INSTITUTIONAL OUTPATIENT CLAIM RECORD (1986-88)

NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
				0513 = CLINIC - PSYCHIATRIC
				0514 = CLINIC - OB-GYN
				0515 = CLINIC - PEDIATRIC
				0519 = CLINIC - OTHER
				0520 = FREE-STANDING CLINIC - GENERAL CLASSIFICATION
				0521 = FREE-STANDING CLINIC - RURAL HEALTH CLINIC
				0522 = FREE-STANDING CLINIC - RURAL HEALTH HOME
				0523 = FREE-STANDING CLINIC - FAMILY PRACTICE
				0529 = FREE-STANDING CLINIC - OTHER
				0530 = OSTEOPATHIC SERVICES - GENERAL CLASSIFICATION
				0531 = OSTEOPATHIC SERVICES - OSTEOPATHIC THERAPY
				0539 = OSTEOPATHIC SERVICES - OTHER
				0540 = AMBULANCE - GENERAL CLASSIFICATION
				0541 = AMBULANCE - SUPPLIES
				0542 = AMBULANCE - MEDICAL TRANSPORT
				0543 = AMBULANCE - HEART MOBILE
				0544 = AMBULANCE - OXYGEN
				0545 = AMBULANCE - AIR AMBULANCE
				0546 = AMBULANCE - NEO-NATAL AMBULANCE
				0547 = AMBULANCE - PHARMACY
				0548 = AMBULANCE - TELEPHONE TRANSMISSION EKG
				0549 = AMBULANCE - OTHER
				0550 = SKILLED NURSING - GENERAL CLASSIFICATION
				0551 = SKILLED NURSING - VISIT CHARGE
				0552 = SKILLED NURSING - HOURLY CHARGE
				0559 = SKILLED NURSING - OTHER
				0560 = MEDICAL SOCIAL SERVICES - GENERAL CLASSIFICATION
				0561 = MEDICAL SOCIAL SERVICES - VISIT CHARGE
				0562 = MEDICAL SOCIAL SERVICES - HOURLY CHARGES
				0569 = MEDICAL SOCIAL SERVICES - OTHER
				0570 = HOME HEALTH AID (HOME HEALTH) - GENERAL CLASSIFICATION
				0571 = HOME HEALTH AID (HOME HEALTH) - VISIT CHARGE
				0572 = HOME HEALTH AID (HOME HEALTH) - HOURLY CHARGE
				0579 = HOME HEALTH AID (HOME HEALTH) - OTHER
				0580 = OTHER VISITS (HOME HEALTH) - GENERAL CLASSIFICATION
				0581 = OTHER VISITS (HOME HEALTH) - VISIT CHARGE
				0582 = OTHER VISITS (HOME HEALTH) - HOURLY CHARGE
				0589 = OTHER VISITS (HOME HEALTH) - OTHER
				0590 = UNITS OF SERVICE (HOME HEALTH) - GENERAL CLASSIFICATION
				0599 = UNITS OF SERVICE (HOME HEALTH) - OTHER
				0600 = OXYGEN - GENERAL CLASSIFICATION
				0601 = OXYGEN - STAT OR PORT EQUIP/SUPPLY OR COUNT

INSTITUTIONAL OUTPATIENT CLAIM RECORD (1986-88)

NAME	TYPE	LENGTH	POSITIONS BEG END		CONTENTS
					<p>INSTITUTIONAL CLAIM, DR FOR THE SERVICES INCLUDED AS A LINE ITEM ON A CWF PHYSICIAN/SUPPLIER CLAIM. THIS PAYMENT AMOUNT DOES NOT INCLUDE ANY AUTOMATIC ADJUSTMENTS. FOR INSTITUTIONAL CLAIMS, THIS PAYMENT AMOUNT ALSO DOES NOT INCLUDE ANY PASS-THROUGH PER DIEM AMOUNTS OR ORGAN ACQUISITION COSTS.</p> <p>7.2 DIGITS SIGNED</p> <p>STANDARD ALIAS: CLM_PMT_AMT COMMON ALIAS: REIMBURSEMENT SAS ALIAS: PMT_AMT</p> <p>EDIT-RULES: \$\$\$\$\$\$CC</p> <p>SOURCE: CWF</p>
35. PATIENT CONTROL NUMBER <i>OPVCTANO</i>	CHAR	17	117	133	<p>125 - 141</p> <p>THE UNIQUE ALPHANUMERIC IDENTIFIER ASSIGNED BY THE PROVIDER TO THE INSTITUTIONAL CLAIM TO FACILITATE RETRIEVAL OF INDIVIDUAL CASE RECORDS AND POSTING OF PAYMENTS.</p> <p>STANDARD ALIAS: PTNT_CNTL_NUM SAS ALIAS: PTNTCNTL</p> <p>SOURCE: CWF</p>
36. CLAIM MEDICAL RECORD NUMBER <i>OPVCTANO</i>	CHAR	17	134	150	<p>142 - 158</p> <p>THE NUMBER ASSIGNED BY THE PROVIDER TO THE BENEFICIARY'S MEDICAL RECORD TO ASSIST IN RECORD RETRIEVAL.</p> <p>STANDARD ALIAS: CLM_MDCL_REC_NUM SAS ALIAS: MDCL_REC</p> <p>SOURCE: CWF</p>
37. CLAIM TREATMENT AUTHORIZATION NUMBER <i>OPVCTANO</i>	CHAR	10	151	160	<p>159 - 168</p> <p>THE NUMBER ASSIGNED BY THE MEDICAL REVIEWER AND REPORTED BY THE PROVIDER TO IDENTIFY THE MEDICAL REVIEW (TREATMENT AUTHORIZATION) ACTION TAKEN AFTER REVIEW OF THE BENEFICIARY'S CASE.</p> <p>STANDARD ALIAS: CLM_TRTMT_AUTHRZTN_NUM COMMON ALIAS: TAN SAS ALIAS: AUTHRZTN</p> <p>COMMENT: THIS NUMBER IS USED BY THE INTERMEDIARY AND THE PEER REVIEW ORGANIZATION.</p>

INSTITUTIONAL OUTPATIENT CLAIM RECORD (1986-88)

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
38. BENEFICIARY PRIMARY PAYER CODE <i>OPPCDE</i>	CHAR	1	161	161	<p>SOURCE: CWF</p> <p>SPECIFIES A FEDERAL NON-MEDICARE PROGRAM OR OTHER SOURCE THAT HAS PRIMARY RESPONSIBILITY FOR THE PAYMENT OF THE MEDICARE BENEFICIARY'S MEDICAL BILLS.</p> <p>STANDARD ALIAS: BENE_PRMRY_PYR_CO SAS ALIAS: PRPAY_CO</p> <p>COOES:                      A = WORKING AGED BENE/SPOUSE WITH EMPLOYER GROUP HEALTH PLAN (EGHP)                      B = END STAGE RENAL DISEASE (ESRO) BENEFICIARY IN THE 12 MONTH COORDINATION PERIOD WITH AN EMPLOYER GROUP HEALTH PLAN                      C = CONOITIONAL PAYMENT BY MEDICARE; FUTURE REIMBURSEMENT EXPECTED                      D = AUTOMOBILE NO-FAULT OR ANY LIABILITY INSURANCE                      E = WORKERS' COMPENSATION                      F = PUBLIC HEALTH SERVICE OR OTHER FEDERAL AGENCY (OTHER THAN OEPT. OF VETERANS AFFAIRS)                      G = WORKING OISABLED                      H = BLACK LUNG                      I = OEPT. OF VETERANS AFFAIRS                      1 = POTENTIAL WORKERS' COMPENSATION                      2 = POTENTIAL BLACK LUNG                      3 = POTENTIAL OEPT. OF VETERANS AFFAIRS</p> <p>*EFFECTIVE 12/90 FOR CWFB CLAIMS; 10/93 FOR INSTITUTIONAL CLAIMS</p> <p>M = OVERRIDE CODE: EGHP SERVICES INVOLVED                      N = OVERRIDE CODE: NON-EGHP SERVICES INVOLVED                      X = OVERRIDE CODE MSP COST AVOIOEO                      BLANK = MEDICARE IS PRIMARY PAYER</p> <p>***PRIOR TO 12/90***</p> <p>Y = OTHER SECONOARY PAYER INVESTIGATION SHOWS MEDICARE AS PRIMARY PAYER                      Z = MEDICARE IS PRIMARY PAYER</p> <p>SOURCE: CWF, VA, OOL, SSA</p>
39. BENEFICIARY PRIMARY PAYER CLAIM PAYMENT AMOUNT <i>OPPAMT</i>	PACK	4	162	165	<p>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 COVEREO MEDICARE CHARGES ON AN INSTITUTIONAL</p>



INSTITUTIONAL OUTPATIENT CLAIM RECORD (1986-88)

NAME	TYPE	LENGTH	POSITIONS BEG END	CONTENTS
				DR CWFB CLAIM.
				5.2 DIGITS SIGNED
				STANDARD ALIAS: BENE_PRMRY_PYR_CLM_PMT_AMT SAS ALIAS: PRPAYAMT
				EDIT-RULES: \$\$\$\$\$CC
				SDURCE: CWF
40. INTERMEDIARY CLAIM ACTION CDDE <i>OICACTID</i>	CHAR	1	<sup>174-174</sup> 166 166	THE TYPE OF ACTION REQUESTED BY THE INTERMEDIARY TO BE TAKEN ON AN INSTITUTIONAL CLAIM.
				STANDARD ALIAS: INTRMDRY_CLM_ACTN_CD SAS ALIAS: ACTN_CD
				CODES: 1 = ORIGINAL DEBIT ACTION (INCLUDES NON- ADJUSTMENT RTI CORRECTION ITEMS) - IT WILL ALWAYS BE A 1 IN REGULAR BILLS 2 = CANCEL BY CREDIT ADJUSTMENT - USED ONLY IN CREDIT/DEBIT PAIRS 3 = SECONDARY DEBIT ADJUSTMENT - USED ONLY IN CREDIT/DEBIT PAIRS 4 = CANCEL ONLY ADJUSTMENT 5 = FDRCE ACTION CDDE 3 6 = FDRCE ACTION CDDE 2 8 = BENEFITS REFUSED (FDR INPATIENT BILLS, AN 'R' NONPAYMENT CDDE MUST ALSO BE PRESENT) 9 = PAYMENT REQUESTED (USED ON BILLS THAT REPLACE PREVIOUSLY-SUBMITTED BENEFITS- REFUSED BILLS, ACTION CDDE 8. IN SUCH CASES A DEBIT/CREDIT PAIR IS NOT REQUIRED. FDR INPATIENT BILLS, A 'P' SHOULD BE ENTERED IN THE NONPAYMENT CDDE.)
				SDURCE: CWF
41. INTERMEDIARY REQUESTED CLAIM CANCEL REASON CDDE <i>OIRCCRCO</i>	CHAR	1	<sup>175-175</sup> 167 167	THE REASON THAT AN INTERMEDIARY REQUESTED CANCELING A PREVIOUSLY SUBMITTED INSTITUTIONAL CLAIM.
				STANDARD ALIAS: INTRMDRY_RQST_CLM_CNCL_RSN_CD SAS ALIAS: CANCELCD
				CODES: C = COVERAGE TRANSFER P = PLAN TRANSFER S = SCRAMBLE

INSTITUTIONAL OUTPATIENT CLAIM RECORD (1986-88)

NAME	TYPE	LENGTH	POSITIONS BEG END	CONTENTS
				D = DUPLICATE BILLING H = OTHER DR BLANK  SOURCE: CWF
42. CLAIM PRIMARY CARE PHYSICIAN IDENTIFICATION NUMBER OCCURRENCE	CHAR	10	176 - 185 168 177	DN AN INSTITUTIONAL CLAIM, THE STATE LICENSE NUMBER OR OTHER IDENTIFIER (LIKE UPIN, REQUIRED SINCE 1/92) OF THE PHYSICIAN WHO WOULD NORMALLY BE EXPECTED TO CERTIFY AND RECERTIFY THE MEDICAL NECESSITY OF THE SERVICES RENDERED AND/OR WHO HAS PRIMARY RESPONSIBILITY FOR THE BENEFICIARY'S MEDICAL CARE AND TREATMENT (ATTENDING PHYSICIAN). NOTE: WHERE UPIN IS PROVIDED, THE FIRST SIX POSITIONS OF THIS NUMBER ARE THE UPIN FOLLOWED BY THE FIRST FOUR POSITIONS OF THE PHYSICIAN'S SURNAME.  STANDARD ALIAS: CLM_PRMRY_CARE_PHYSN_IDENT_NUM COMMON ALIAS: ATTENDING_PHYSICIAN SAS ALIAS: PC_PHYSN  SOURCE: CWF
43. CLAIM STATUS CODE OCCURRENCE	CHAR	2	186 - 187 178 179	THE STATUS OF THE BENEFICIARY AS OF THE SERVICE THRU DATE ON A CLAIM.  STANDARD ALIAS: CLM_STUS_CD COMMON ALIAS: DISCHARGE_DESTINATION/PATIENT_STATUS SAS ALIAS: STUS_CD  CODES: D1 = DISCHARGED TO HOME/SELF CARE (ROUTINE CHARGE). D2 = DISCHARGED/TRANSFERRED TO OTHER SHORT- TERM GENERAL HOSPITAL. D3 = DISCHARGED/TRANSFERRED TO SKILLED NURSING FACILITY (SNF). D4 = DISCHARGED/TRANSFERRED TO INTERMEDIATE CARE FACILITY (ICF). D5 = DISCHARGED/TRANSFERRED TO ANOTHER TYPE OF INSTITUTION (INCLUDING DISTINCT PARTS). D6 = DISCHARGED/TRANSFERRED TO HOME CARE OF ORGANIZED HOME HEALTH SERVICE. D7 = LEFT AGAINST MEDICAL ADVICE. D8 = DISCHARGED/TRANSFERRED TO HOME UNDER CARE OF A HOME IV DRUG THERAPY PROVIDER D9 = ADMITTED AS AN INPATIENT TO THIS HOSPITAL (EFFECTIVE 3/1/91). 10-19 = DISCHARGED TO BE DEFINED AT STATE LEVEL IF NECESSARY. 20 = EXPIRED (DID NOT RECOVER - CHRISTIAN

INSTITUTIONAL OUTPATIENT CLAIM RECORD (1986-88)

NAME	TYPE	LENGTH	POSITIONS BEG END	CONTENTS
				<p>SCIENCE PATIENT).</p> <p>21-29 = EXPIRED TO BE DEFINED AT STATE LEVEL, IF NECESSARY</p> <p>30 = STILL PATIENT.</p> <p>31-39 = STILL PATIENT TO BE DEFINED AT STATE LEVEL, IF NECESSARY.</p> <p>40 = EXPIRED AT HOME.</p> <p>41 = DIED IN A MEDICAL FACILITY SUCH AS HOSPITAL, SNF, ICF, OR FREESTANDING HOSPICE.</p> <p>42 = PLACE OF DEATH UNKNOWN.</p> <p>43-99 = RESERVED FOR NATIONAL ASSIGNMENT.</p> <p>COMMENT: TWO FIELDS (PATIENT STATUS AND DRG DISCHARGE DESTINATION) ON CWF SPECS WERE COMBINED INTO THIS ONE ELEMENT.</p> <p>SOURCE: CWF</p>
44. CLAIM PRINCIPAL PROCEDURE PHYSICIAN IDENTIFICATION NUMBER <i>OCIPIN</i>	CHAR	10	<sup>128-197</sup> 180 189	<p>ON AN INSTITUTIONAL CLAIM, THE STATE LICENSE NUMBER OR OTHER IDENTIFIER (LIKE UPIN, REQUIRED SINCE 1/92) OF THE PHYSICIAN WHO PERFORMED THE PRINCIPAL PROCEDURE. THIS ELEMENT IS USED BY THE PROVIDER TO IDENTIFY THE OPERATING PHYSICIAN WHO PERFORMED THE SURGICAL PROCEDURE. NOTE: WHERE THE UPIN IS PROVIDED, THE FIRST SIX POSITIONS OF THIS NUMBER ARE THE UPIN FOLLOWED BY THE FIRST FOUR POSITIONS OF THE PHYSICIAN'S SURNAME.</p> <p>STANDARD ALIAS: CLM_PRNCPL_PRCDR_PHYSN_NUM COMMON ALIAS: OPERATING_PHYSICIAN SAS ALIAS: PP_PHYSN</p> <p>SOURCE: CWF</p>
45. BENEFICIARY PART B DEDUCTIBLE LIABILITY AMOUNT <i>OPBIAMT</i>	PACK	4	<sup>198-201</sup> 190 193	<p>THE AMOUNT OF MONEY FOR WHICH THE INTERMEDIARY OR CARRIER HAS DETERMINED THAT THE BENEFICIARY IS LIABLE FOR THE PART B CASH DEDUCTIBLE ON THE INSTITUTIONAL OR CWF CLAIM.</p> <p>5.2 DIGITS SIGNED</p> <p>STANDARD ALIAS: BENE_PTB_DDCTBL_LBLTY_AMT SAS ALIAS: PTB_DED</p> <p>EDIT-RULES: \$\$\$\$\$CC</p> <p>SOURCE:</p>

INSTITUTIONAL OUTPATIENT CLAIM RECORD (1986-88)

NAME	TYPE	LENGTH	POSITIONS BEG END	CONTENTS
46. BENEFICIARY PART B CDINSURANCE LIABILITY AMOUNT <i>0YPCCLAME</i>	PACK	4	<i>202-205</i> 194 197	CWF THE AMOUNT OF MONEY FOR WHICH THE INTERMEDIARY HAS DETERMINED THAT THE BENEFICIARY IS LIABLE FOR PART B CDINSURANCE ON THE INSTITUTIONAL CLAIM. 5.2 DIGITS SIGNED STANDARD ALIAS: BENE_PTB_CDINSRNC_LBLTY_AMT SAS ALIAS: PTB_CDIN EDIT-RULES: \$\$\$\$\$CC SDURCE: CWF
47. BENEFICIARY SPECIAL PROGRAM CODE <i>0SPFSG00</i>	CHAR	2	<i>206 207</i> 198 199	A CODE INDICATING THAT THE SERVICES INCLUDED ON THE CLAIM ARE RELATED TO A SPECIAL PROGRAM. STANDARD ALIAS: BENE_SPCL_PGM_CD SAS ALIAS: SPCL_PGM EDIT-RULES: OPTIONAL CODES: D1 = EPSDT/CHAP - EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT D2 = PHYSICALLY HANDICAPPED CHILDREN'S PROGRAM - SERVICES PROVIDED UNDER PROGRAM RECEIVE SPECIAL FUNDING THRU TITLE 8 OF THE SOCIAL SECURITY ACT OR THE CHAMPUS PROGRAM FOR HANDICAPPED D3 = SPECIAL FEDERAL FUNDING - CODE DESIGNED FOR UNIFORM USE BY STATE UNIFORM BILLING COMMITTEES. D4 = FAMILY PLANNING - DESIGNED FOR UNIFORM USE BY STATE UNIFORM BILLING COMMITTEES. D5 = DISABILITY - DESIGNED FOR UNIFORM USE BY STATE UNIFORM BILLING COMMITTEES. D6 = PPV/MEDICARE 100% PAYMENT - IDENTIFIES THAT PNEUMOCOCCAL PNEUMONIA VACCINE (PPV) SERVICES GIVEN SHOULD BE PAID UNDER A SPECIAL MEDICARE PROGRAM PROVISION. D7 = INDUCED ABORTION DANGER TO LIFE - ABORTION WAS PERFORMED TO AVOID DANGER TO WOMAN'S LIFE. D8 = INDUCED ABORTION VICTIM RAPE/INCEST D9-79 = RESERVED FOR NATIONAL ASSIGNMENT 80-99 = RESERVED FOR STATE ASSIGNMENT COMMENT: FUTURE USE ELEMENT; PRESENT ON OUTPATIENT

INSTITUTIONAL OUTPATIENT CLAIM RECORD (1986-88)

NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
-----				
				CLAIMS ONLY.
				SOURCE: CWF
48. CLAIM OUTPATIENT REFERRAL CODE	CHAR	1	208 208 2DD 2DD	THE CODE INDICATING THE MEANS BY WHICH THE BENEFICIARY WAS REFERRED FOR OUTPATIENT SERVICES.
00000000			x. 112.3	STANDARD ALIAS: CLM_DP_RFRL_CD SAS ALIAS: DP_RFRL
				CODES: *FDR OUTPATIENT CLAIMS: *EFFECTIVE 3/91
				1 = PHYSICIAN REFERRAL - THE PATIENT WAS REFERRED TO THIS FACILITY FOR OUT- PATIENT DR REFERENCED DIAGNOSTIC SER- VICES BY HIS DR HER PERSONAL PHYSI- CIAN DR THE PATIENT INDEPENDENTLY RE- QUESTED OUTPATIENT SERVICES.
				2 = CLINICAL REFERRAL - THE PATIENT WAS RE- REFERRED TO THIS FACILITY FOR OUT- PATIENT DR REFERENCED DIAGNOSTIC SER- VICES BY THIS FACILITY'S CLINIC DR OTHER OUTPATIENT DEPARTMENT PHYSICIAN
				3 = HMD REFERRAL - THE PATIENT WAS REFERRED TO THIS FACILITY FOR OUTPATIENT DR REFERENCED DIAGNOSTIC SERVICES BY A HMD PHYSICIAN.
				4 = TRANSFER FROM A HOSPITAL - THE PATIENT WAS REFERRED TO THIS FACILITY FOR OUTPATIENT DR REFERENCED DIAGNOSTIC SERVICES BY A PHYSICIAN OF ANOTHER ACUTE CARE FACILITY.
				5 = TRANSFER FROM A SNF - THE PATIENT WAS REFERRED TO THIS FACILITY FOR OUT- PATIENT DR REFERENCED DIAGNOSTIC SER- VICES BY A PHYSICIAN OF THE SNF WHERE HE DR SHE IS AN INPATIENT.
				6 = TRANSFER FROM ANOTHER HEALTH CARE FAC- ILITY - THE PATIENT WAS REFERRED TO TO THIS FACILITY FOR OUTPATIENT DR REFERENCED DIAGNOSTIC SERVICES BY A PHYSICIAN OF ANOTHER HEALTH CARE FACILITY WHERE HE DR SHE IS AN IN- PATIENT.
				7 = EMERGENCY ROOM - THE PATIENT WAS RE- REFERRED TO THIS FACILITY FOR OUT- PATIENT DR REFERENCED DIAGNOSTIC SER- VICES BY THIS FACILITY'S EMERGENCY ROOM PHYSICIAN.
				8 = COURT/LAW ENFORCEMENT - THE PATIENT WAS REFERRED TO THIS FACILITY UPON THE

INSTITUTIONAL OUTPATIENT CLAIM RECORD (1986-88)

NAME	TYPE	LENGTH	POSITIONS BEG END	CONTENTS
				<p>DIRECTION OF A COURT OF LAW, OR UPON THE REQUEST OF A LAW ENFORCEMENT AGENCY REPRESENTATIVE FOR OUTPATIENT OR REFERENCED DIAGNOSTIC SERVICES.</p> <p>9 = INFORMATION NOT AVAILABLE - FOR MEDICARE OUTPATIENT CLAIMS THIS IS NOT A VALID CODE.</p> <p>SOURCE: CWF</p>
49. CLAIM DIAGNOSIS CODE COUNT <i>DIAGNOSIS</i>	NUM	2	<sup>203-210</sup> 201 202	<p>USED PRIOR TO VERSION G OF THE NCH. THE COUNT OF THE NUMBER OF DIAGNOSIS CODES (BOTH PRINCIPAL AND OTHER) REPORTED ON THE INSTITUTIONAL CLAIM. THE PURPOSE OF THIS COUNT IS TO INDICATE HOW MANY DIAGNOSIS TRAILERS ARE PRESENT.</p> <p>2 DIGITS UNSIGNED</p> <p>STANDARD ALIAS: CLM_DGNS_CD_CNT SAS ALIAS: DGNS_CNT</p> <p>SOURCE: NCH</p>
50. CLAIM PROCEDURE CODE COUNT <i>PROCEDURE</i>	NUM	2	<sup>211-212</sup> 203 204	<p>THE COUNT OF THE NUMBER OF PROCEDURE CODES (PRINCIPAL AND OTHER) REPORTED ON THE INSTITUTIONAL CLAIM. THE PURPOSE OF THIS COUNT IS TO INDICATE HOW MANY PROCEDURE TRAILERS ARE PRESENT.</p> <p>2 DIGITS UNSIGNED</p> <p>STANDARD ALIAS: CLM_PRCDR_CD_CNT SAS ALIAS: SURG_CNT</p> <p>SOURCE: NCH</p>
51. CLAIM REVENUE CENTER CODE COUNT <i>REVENUE</i>	NUM	2	<sup>213-214</sup> 205 206	<p>THE COUNT OF THE NUMBER OF REVENUE CENTER CODES REPORTED ON THE INSTITUTIONAL CLAIM. THE PURPOSE IS TO INDICATE HOW MANY REVENUE CENTER DATA TRAILERS ARE PRESENT.</p> <p>2 DIGITS UNSIGNED</p> <p>COMMENT: THIS ELEMENT IS DERIVED BY COUNTING THE NUMBER OF INSTITUTIONAL CLAIM BASE ELEMENT, REV_CNTR_CD.</p> <p>SOURCE: NCH</p>
52. CLAIM DIAGNOSIS CODE	CHAR	5		<p>THE ICD-9-CM BASED CODE IDENTIFYING THE BENEFICIARY'S DIAGNOSIS.</p>

INSTITUTIONAL OUTPATIENT CLAIM RECORD (1986-88)

EOIT-RULES:  
ICO-9-CM

SOURCE:  
CWF

\*\*\*\* CLAIM REVENUE CENTER GROUP GROUP 21

THE NUMBER OF CLAIM REVENUE CENTER DATA TRAILERS IS DETERMINED BY THE CLAIM REVENUE CENTER CODE COUNT.

OCCURS: UP TO 99 TIMES  
DEPENDING ON CLM\_REV\_CNTR\_CO\_CNT

54. REVENUE CENTER CODE CHAR 3

THE PROVIDER-ASSIGNED REVENUE CODE FOR EACH COST CENTER FOR WHICH A SEPARATE CHARGE IS BILLED (TYPE OF ACCOMMODATION OR ANCILLARY). A COST CENTER IS A DIVISION OR UNIT WITHIN A HOSPITAL (E.G., RADIOLOGY, EMERGENCY ROOM, PATHOLOGY).

STANDARD ALIAS: REV\_CNTR\_CO  
SAS ALIAS: REV\_CNTR

CODES:

NOTE: PRIOR TO 10/93 THE REVENUE CENTER CODE WAS A THREE DIGIT CODE (I.E., THE LAST THREE DIGITS OF THE CURRENT FOUR POSITION CODE).

- 0001 = TOTAL CHARGE
- 0100 = ALL INCLUSIVE RATE - ROOM AND BOARD PLUS ANCILLARY
- 0101 = ALL INCLUSIVE RATE - ROOM AND BOARD
- 0110 = PRIVATE MEDICAL OR GENERAL-GENERAL CLASSIFICATION
- 0111 = PRIVATE MEDICAL OR GENERAL-MEDICAL/ SURGICAL/GYN
  
- 0159 = ROOM AND BOARD WARD (GENERAL) - OTHER
- 0160 = OTHER ROOM AND BOARD-GENERAL CLASSIFICATION
- 0164 = OTHER ROOM AND BOARD - STERILE ENVIRONMENT
- 0167 = OTHER ROOM AND BOARD - SELF CARE
- 0169 = OTHER ROOM AND BOARD - OTHER
- 0170 = NURSERY-GENERAL CLASSIFICATION
- 0171 = NURSERY-NEWBORN
- 0172 = NURSERY-PREMATURE
- 0175 = NURSERY-NEONATAL ICU
- 0179 = NURSERY-OTHER
- 0180 = LEAVE OF ABSENCE - GENERAL CLASSIFICATION
- 0182 = LEAVE OF ABSENCE - PATIENT CONVENIENCE - CHARGES BILLABLE
- 0183 = LEAVE OF ABSENCE - THERAPEUTIC LEAVE
- 0184 = LEAVE OF ABSENCE - ICF MENTALLY RETARDED - ANY REASON
- 0185 = LEAVE OF ABSENCE - NURSING HOME

INSTITUTIONAL OUTPATIENT CLAIM RECORD (1986-88)

NAME	TYPE	LENGTH	POSITIONS BEG ENO	CONTENTS
				0513 = CLINIC - PSYCHIATRIC
				0514 = CLINIC - OB-GYN
				0515 = CLINIC - PEDIATRIC
				0519 = CLINIC - OTHER
				0520 = FREE-STANDING CLINIC - GENERAL CLASSIFICATION
				0521 = FREE-STANDING CLINIC - RURAL HEALTH CLINIC
				0522 = FREE-STANDING CLINIC - RURAL HEALTH HOME
				0523 = FREE-STANDING CLINIC - FAMILY PRACTICE
				0529 = FREE-STANDING CLINIC - OTHER
				0530 = OSTEOPATHIC SERVICES - GENERAL CLASSIFICATION
				0531 = OSTEOPATHIC SERVICES - OSTEOPATHIC THERAPY
				0539 = OSTEOPATHIC SERVICES - OTHER
				0540 = AMBULANCE - GENERAL CLASSIFICATION
				0541 = AMBULANCE - SUPPLIES
				0542 = AMBULANCE - MEDICAL TRANSPORT
				0543 = AMBULANCE - HEART MOBILE
				0544 = AMBULANCE - OXYGEN
				0545 = AMBULANCE - AIR AMBULANCE
				0546 = AMBULANCE - NEO-NATAL AMBULANCE
				0547 = AMBULANCE - PHARMACY
				0548 = AMBULANCE - TELEPHONE TRANSMISSION EKG
				0549 = AMBULANCE - OTHER
				0550 = SKILLED NURSING - GENERAL CLASSIFICATION
				0551 = SKILLED NURSING - VISIT CHARGE
				0552 = SKILLED NURSING - HOURLY CHARGE
				0559 = SKILLED NURSING - OTHER
				0560 = MEDICAL SOCIAL SERVICES - GENERAL CLASSIFICATION
				0561 = MEDICAL SOCIAL SERVICES - VISIT CHARGE
				0562 = MEDICAL SOCIAL SERVICES - HOURLY CHARGES
				0569 = MEDICAL SOCIAL SERVICES - OTHER
				0570 = HOME HEALTH AID (HOME HEALTH) - GENERAL CLASSIFICATION
				0571 = HOME HEALTH AID (HOME HEALTH) - VISIT CHARGE
				0572 = HOME HEALTH AID (HOME HEALTH) - HOURLY CHARGE
				0579 = HOME HEALTH AID (HOME HEALTH) - OTHER
				0580 = OTHER VISITS (HOME HEALTH) - GENERAL CLASSIFICATION
				0581 = OTHER VISITS (HOME HEALTH) - VISIT CHARGE
				0582 = OTHER VISITS (HOME HEALTH) - HOURLY CHARGE
				0589 = OTHER VISITS (HOME HEALTH) - OTHER
				0590 = UNITS OF SERVICE (HOME HEALTH) - GENERAL CLASSIFICATION
				0599 = UNITS OF SERVICE (HOME HEALTH) - OTHER
				0600 = OXYGEN - GENERAL CLASSIFICATION



INSTITUTIONAL OUTPATIENT CLAIM RECORD (1986-88)

NAME	TYPE	LENGTH	POSITIONS BEG ENO	CONTENTS
				0602 = OXYGEN - STAT/EQUIP/UNOER 1 LPM
				0603 = OXYGEN - STAT/EQUIP/OVER 4 LPM
				0604 = OXYGEN - STAT/EQUIP/PORTABLE AOO-ON
				0610 = MAGNETIC RESONANCE IMAGING (MRI) - GENERAL CLASSIFICATION
				0611 = MRI - BRAIN (INCLUOING BRAINSTEM)
				0612 = MRI - SPINAL CORD (INCLUOING SPINE)
				0619 = MRI - OTHER
				0621 = MEDICAL/SURGICAL SUPPLIES - SUPPLIES INCIDENT TO RADIOLOGY
				0622 = MEDICAL/SURGICAL SUPPLIES - SUPPLIES INCIDENT TO OTHER DIAGNOSTIC SERVICES
				0630 = DRUGS REQUIRING SPECIFIC IOENTIFICATION - GENERAL CLASSIFICATION
				0631 = DRUGS REQUIRING SPECIFIC IOENTIFICATION - SINGLE DRUG SOURCE (EFF 9/93)
				0632 = DRUGS REQUIRING SPECIFIC IOENTIFICATION - MULTIPLE DRUG SOURCE (EFF 9/93)
				0633 = DRUGS REQUIRING SPECIFIC IOENTIFICATION - RESTRICTIVE PRESCRIPTION (EFF 9/93)
				0634 = DRUGS REQUIRING SPECIFIC IOENTIFICATION - ERYTHROEPOETIN (EPO) UNDER 10,000 UNITS
				0635 = DRUGS REQUIRING SPECIFIC IOENTIFICATION - ERYTHROEPOETIN (EPO) 10,000 UNITS OR MORE
				0636 = DRUGS REQUIRING SPECIFIC IOENTIFICATION - DRUGS REQUIRING DETAILED CODING (EFF 3/92)
				0650 = HOSPICE SERVICES - GENERAL CLASSIFICATION
				0651 = HOSPICE SERVICES - ROUTINE HOME CARE
				0652 = HOSPICE SERVICES - CONTINUOUS HOME CARE - 1/2
				0655 = HOSPICE SERVICES - INPATIENT CARE
				0656 = HOSPICE SERVICES - GENERAL INPATIENT CARE (NON-RESPITE)
				0657 = HOSPICE SERVICES - PHYSICIAN SERVICES
				0659 = HOSPICE SERVICES - OTHER
				0660 = RESPITE CARE (HHA) - GENERAL CLASSIFICATION (EFF 9/93)
				0660 = RESPITE CARE (HHA) - HOURLY CHARGE/ HOME HEALTH AIDE/HOMEMAKER (EFF 9/93)
				0700 = CAST ROOM - GENERAL CLASSIFICATION
				0709 = CAST ROOM - OTHER
				0710 = RECOVERY ROOM - GENERAL CLASSIFICATION
				0719 = RECOVERY ROOM - OTHER
				0720 = LABOR ROOM/OELIVERY - GENERAL CLASSIFICATION
				0721 = LABOR ROOM/OELIVERY - LABOR
				0722 = LABOR ROOM/OELIVERY - OELIVERY
				0723 = LABOR ROOM/OELIVERY - CIRCUMCISION
				0724 = LABOR ROOM/OELIVERY - BIRTHING CENTER
				0729 = LABOR ROOM/OELIVERY - OTHER

INSTITUTIONAL OUTPATIENT CLAIM RECORD (1986-88)

NAME	TYPE	LENGTH	POSITIONS BEG END	CONTENTS
				0730 = EKG/ECG (ELECTROCARDIOGRAM) - GENERAL CLASSIFICATION
				0731 = EKG/ECG (ELECTROCARDIOGRAM) - HOLTER MONITOR
				0732 = EKG/ECG (ELECTROCARDIOGRAM) - TELEMETRY (INCLUDES FETAL MONITORING UNTIL 9/93)
				0739 = EKG/ECG (ELECTROCARDIOGRAM) - OTHER
				0740 = EEG (ELECTROENCEPHALOGRAM) - GENERAL CLASSIFICATION
				0749 = EEG (ELECTROENCEPHALOGRAM) - OTHER
				0750 = GASTRO-INTESTINAL SERVICES - GENERAL CLASSIFICATION
				0759 = GASTRO-INTESTINAL SERVICES - OTHER
				0760 = TREATMENT OR OBSERVATION ROOM - GENERAL CLASSIFICATION
				0761 = TREATMENT OR OBSERVATION ROOM - TREATMENT ROOM (EFF 9/93)
				0762 = TREATMENT OR OBSERVATION ROOM - OBSERVATION ROOM (EFF 9/93)
				0769 = TREATMENT OR OBSERVATION ROOM - OTHER
				0790 = LITHOTRIPSY - GENERAL CLASSIFICATION
				0799 = LITHOTRIPSY - OTHER
				0800 = INPATIENT RENAL DIALYSIS - GENERAL CLASSIFICATION
				0801 = INPATIENT RENAL DIALYSIS - INPATIENT HEMODIALYSIS
				0802 = INPATIENT RENAL DIALYSIS - INPATIENT PERITONEAL (NON-CAPD)
				0803 = INPATIENT RENAL DIALYSIS - INPATIENT CONTINUOUS AMBULATORY PERITONEAL DIALYSIS (CAPD)
				0804 = INPATIENT RENAL DIALYSIS - INPATIENT CONTINUOUS CYCLING PERITONEAL DIALYSIS (CCPD)
				0809 = INPATIENT RENAL DIALYSIS - OTHER INPATIENT DIALYSIS
				0810 = ORGAN ACQUISITION - GENERAL CLASSIFICATION
				0811 = ORGAN ACQUISITION - LIVING DONOR-KIDNEY
				0812 = ORGAN ACQUISITION - CADAVER DONOR KIDNEY
				0813 = ORGAN ACQUISITION - UNKNOWN DONOR-KIDNEY
				0814 = ORGAN ACQUISITION - OTHER KIDNEY ACQUISITION
				0815 = ORGAN ACQUISITION - CADAVER DONOR-HEART
				0816 = ORGAN ACQUISITION - OTHER HEART ACQUISITION
				0817 = ORGAN ACQUISITION - DONOR-LIVER
				0819 = ORGAN ACQUISITION - OTHER
				0820 = HEMODIALYSIS OUTPATIENT OR HOME DIALYSIS - GENERAL CLASSIFICATION
				0821 = HEMODIALYSIS OUTPATIENT OR HOME DIALYSIS - HEMODIALYSIS/COMPOSITE OR OTHER RATE

INSTITUTIONAL OUTPATIENT CLAIM RECORD (1986-88)

NAME	TYPE	LENGTH	POSITIONS BEG END	CONTENTS
55. HCFA COMMON PROCEDURE CODING SYSTEM CODE	CHAR	5		<p>THIS CODE IS A THREE POSITION CODE WHICH IDENTIFIES A SPECIFIC ACCUMULATED, ANCILLARY SERVICE, DR BILLING CALCULATION. THE FIRST TWO POSITIONS INDICATE THE MAJOR CODE CATEGORY WHILE THE THIRD POSITION INDICATES THE SUB-CATEGORY WITHIN THE MAJOR CATEGORY.</p> <p>SOURCE: CWF</p> <p>THE HEALTH CARE FINANCING ADMINISTRATION (HCFA) COMMON PROCEDURE CODING SYSTEM (HCPCS) IS A COLLECTION OF CODES THAT REPRESENT PROCEDURES, SUPPLIES, PRODUCTS AND SERVICES WHICH MAY BE PROVIDED TO MEDICARE BENEFICIARIES AND TO INDIVIDUALS ENROLLED IN PRIVATE HEALTH INSURANCE PROGRAMS. THE CODES ARE DIVIDED INTO THREE LEVELS, DR GROUPS, AS DESCRIBED BELOW:</p> <p>LEVEL I CODES COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION'S CURRENT PROCEDURAL TERMINOLOGY, FOURTH EDITION (CPT-4). THESE ARE 5 POSITION NUMERIC CODES REPRESENTING PHYSICIAN AND NONPHYSICIAN SERVICES.</p> <p>LEVEL II CODES APPROVED AND MAINTAINED JOINTLY BY THE ALPHA-NUMERIC WORKGROUP (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 PHYSICIAN AND NONPHYSICIAN SERVICES THAT ARE NOT REPRESENTED IN THE LEVEL I CODES.</p> <p>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 DR Z SERIES REPRESENTING PHYSICIAN AND NONPHYSICIAN SERVICES THAT ARE NOT REPRESENTED IN THE LEVEL I DR LEVEL II CODES.</p> <p>STANDARD ALIAS: HCPCS_CD SAS ALIAS: HCPCS_CD</p> <p>COMMENT: THIS ELEMENT IS USED BY CARRIERS TO PAY SMI CLAIMS AND BY INTERMEDIARIES TO INDICATE DIAGNOSTIC CLINICAL LABORATORY TESTS, SURGICAL</p>

INSTITUTIONAL OUTPATIENT CLAIM RECORD (1986-88)

NAME	TYPE	LENGTH	BEG	END	POSITIONS	CONTENTS
						REHABILITATION
					D945 =	DOTHER THERAPEUTIC SERVICES - ALCDHDL REHABILITATION
					D946 =	DOTHER THERAPEUTIC SERVICES - RDUTINE CDMPLEX MEDICAL EQUIPMENT
					D947 =	DOTHER THERAPEUTIC SERVICES - ANCILLARY CDMPLEX MEDICAL EQUIPMENT (EFF 3/92)
					D949 =	DOTHER THERAPEUTIC SERVICES - DOTHER
					D96D =	PRDFESSIDNAL FEES - GENERAL CLASSIFICATIDN
					D961 =	PRDFESSIDNAL FEES - PSYCHIATRIC
					D962 =	PRDFESSIDNAL FEES - DPHTHALMDLDGY
					D963 =	PRDFESSIDNAL FEES - ANESTHESIDLDGIST (MD)
					D964 =	PRDFESSIDNAL FEES - ANESTHETIST (CRNA)
					D969 =	PRDFESSIDNAL FEES - DOTHER
					D971 =	PRDFESSIDNAL FEES - LABDRATDRY
					D972 =	PRDFESSIDNAL FEES - RADIDLDGY DIAGNDSTIC
					D973 =	PRDFESSIDNAL FEES - RADIDLDGY THERAPEUTIC
					D974 =	PRDFESSIDNAL FEES - NUCLEAR MEDICINE
					D975 =	PRDFESSIDNAL FEES - DPERATING RDDM
					D976 =	PRDFESSIDNAL FEES - RESPIRATDRY THERAPY
					D977 =	PRDFESSIDNAL FEES - PHYSICAL THERAPY
					D978 =	PRDFESSIDNAL FEES - DCCUPATIDNAL THERAPY
					D979 =	PRDFESSIDNAL FEES - SPEECH PATHDLDGY
					D981 =	PRDFESSIDNAL FEES - EMERGENCY RDDM
					D982 =	PRDFESSIDNAL FEES - DUTPATIENT SERVICES
					D983 =	PRDFESSIDNAL FEES - CLINIC
					D984 =	PRDFESSIDNAL FEES - MEDICAL SDCIAL SERVICES
					D985 =	PRDFESSIDNAL FEES - EKG
					D986 =	PRDFESSIDNAL FEES - EEG
					D987 =	PRDFESSIDNAL FEES - HDSPITAL VISIT
					D988 =	PRDFESSIDNAL FEES - CDNSULTATIDN
					D989 =	PRDFESSIDNAL FEES - PRIVATE DUTY NURSE
					D99D =	PATIENT CDNVENIENCE ITEMS - GENERAL CLASSIFICATIDN
					D991 =	PATIENT CDNVENIENCE ITEMS - CAFETERIA/ GUEST TRAY
					D992 =	PATIENT CDNVENIENCE ITEMS - PRIVATE LINEN SERVICE
					D993 =	PATIENT CDNVENIENCE ITEMS - TELEPHONE/ TELEGRAPH
					D994 =	PATIENT CDNVENIENCE ITEMS - TV/RADID
					D995 =	PATIENT CDNVENIENCE ITEMS - NDNPATIENT RDDM RENTALS
					D996 =	PATIENT CDNVENIENCE ITEMS - LATE DISCHARGE CHARGE
					D997 =	PATIENT CDNVENIENCE ITEMS - ADMISSIDN KITS
					D998 =	PATIENT CDNVENIENCE ITEMS - BEAUTY SHDP/ BARBER
					D999 =	PATIENT CDNVENIENCE ITEMS - DOTHER

CDMMENT:

INSTITUTIONAL OUTPATIENT CLAIM RECORD (1986-88)

NAME	TYPE	LENGTH	POSITIONS BEG END	CONTENTS
				KIDNEY)
				0893 = DOTHER DDNDR BANK - SKIN
				0899 = DOTHER DDNDR BANK - DOTHER
				0900 = PSYCHIATRIC/PSYCHDLDGICAL TREATMENTS - GENERAL CLASSIFICATION
				0901 = PSYCHIATRIC/PSYCHDLDGICAL TREATMENTS - ELECTRDSHDCK TREATMENT
				0902 = PSYCHIATRIC/PSYCHDLDGICAL TREATMENTS - MILIEU THERAPY
				0903 = PSYCHIATRIC/PSYCHDLDGICAL TREATMENTS - PLAY THERAPY
				0909 = PSYCHIATRIC/PSYCHDLDGICAL TREATMENTS - DOTHER
				0910 = PSYCHIATRIC/PSYCHDLDGICAL SERVICES - GENERAL CLASSIFICATION
				0911 = PSYCHIATRIC/PSYCHDLDGICAL SERVICES - REHABILITATION
				0912 = PSYCHIATRIC/PSYCHDLDGICAL SERVICES - DAY CARE
				0913 = PSYCHIATRIC/PSYCHDLDGICAL SERVICES - NIGHT CARE
				0914 = PSYCHIATRIC/PSYCHDLDGICAL SERVICES - INDIVIDUAL THERAPY
				0915 = PSYCHIATRIC/PSYCHDLDGICAL SERVICES - GRDUP THERAPY
				0916 = PSYCHIATRIC/PSYCHDLDGICAL SERVICES - FAMILY THERAPY
				0917 = PSYCHIATRIC/PSYCHDLDGICAL SERVICES - BIDFEEDBACK
				0918 = PSYCHIATRIC/PSYCHDLDGICAL SERVICES - TESTING
				0919 = PSYCHIATRIC/PSYCHDLDGICAL SERVICES - DOTHER
				0920 = DOTHER DIAGNDSTIC SERVICES - GENERAL CLASSIFICATION
				0921 = DOTHER DIAGNDSTIC SERVICES - PERIPHERAL VASCULAR LAB
				0922 = DOTHER DIAGNDSTIC SERVICES - ELECTRDMYELDGRAM
				0923 = DOTHER DIAGNDSTIC SERVICES - PAP SMEAR
				0924 = DOTHER DIAGNDSTIC SERVICES - ALLERGY TEST
				0925 = DOTHER DIAGNDSTIC SERVICES - PREGNANCY TEST
				0929 = DOTHER DIAGNDSTIC SERVICES - DOTHER
				0940 = DOTHER THERAPEUTIC SERVICES - GENERAL CLASSIFICATION
				0941 = DOTHER THERAPEUTIC SERVICES - RECREATIONAL THERAPY
				0942 = DOTHER THERAPEUTIC SERVICES - EDUCATION/ TRAINING (INCLUDES DIABETES RELATED DIETARY THERAPY)
				0943 = DOTHER THERAPEUTIC SERVICES - CARDIAC REHABILITATION
				0944 = DOTHER THERAPEUTIC SERVICES - DRUG

INSTITUTIONAL DUTPATIENT CLAIM RECDRD (1986-88)

NAME	TYPE	LENGTH	BEG	END	CDNTENTS
					0822 = HEMDDIALYSIS DUTPATIENT DR HDME DIALYSIS - HDME SUPPLIES
					0823 = HEMDDIALYSIS DUTPATIENT DR HDME DIALYSIS - HDME EQUIPMENT
					0824 = HEMDDIALYSIS DUTPATIENT DR HDME DIALYSIS - MAINTENANCE/100%
					0825 = HEMDDIALYSIS DUTPATIENT DR HDME DIALYSIS - SUPPDRT SERVICES
					0829 = HEMDDIALYSIS DUTPATIENT DR HDME DIALYSIS - DOTHER
					0830 = PERITONEAL DIALYSIS DUTPATIENT DR HDME - GENERAL CLASSIFICATION
					0831 = PERITONEAL DIALYSIS DUTPATIENT DR HDME - PERITONEAL/CDMPDSITE DR DOTHER RATE
					0832 = PERITONEAL DIALYSIS DUTPATIENT DR HDME - HDME SUPPLIES
					0833 = PERITONEAL DIALYSIS DUTPATIENT DR HDME - HDME EQUIPMENT
					0834 = PERITONEAL DIALYSIS DUTPATIENT DR HDME - MAINTENANCE/100%
					0835 = PERITONEAL DIALYSIS DUTPATIENT DR HDME - SUPPDRT SERVICES
					0839 = PERITONEAL DIALYSIS DUTPATIENT DR HDME - DOTHER
					0840 = CONTINUOUS AMBULATORY PERITONEAL DIALYSIS (CAPD) DUTPATIENT - GENERAL CLASSIFICATION
					0841 = CAPD DUTPATIENT - CAPD/CDMPDSITE DR DOTHER RATE
					0842 = CAPD DUTPATIENT - HDME SUPPLIES
					0843 = CAPD DUTPATIENT - HDME EQUIPMENT
					0844 = CAPD DUTPATIENT - MAINTENANCE/100%
					0845 = CAPD DUTPATIENT - SUPPDRT SERVICES
					0849 = CAPD DUTPATIENT - DOTHER
					0850 = CONTINUOUS CYCLING PERITONEAL DIALYSIS (CCPD) DUTPATIENT - GENERAL CLASSIFICATION
					0851 = CCPD DUTPATIENT - CCPD/CDMPDSITE DR DOTHER RATE
					0852 = CCPD DUTPATIENT - HDME SUPPLIES
					0853 = CCPD DUTPATIENT - HDME EQUIPMENT
					0854 = CCPD DUTPATIENT - MAINTENANCE/100%
					0855 = CCPD DUTPATIENT - SUPPDRT SERVICES
					0859 = CCPD DUTPATIENT - DOTHER
					0880 = MISCELLANEOUS DIALYSIS - GENERAL CLASSIFICATION
					0881 = MISCELLANEOUS DIALYSIS - ULTRAFILTRATION
					0882 = MISCELLANEOUS DIALYSIS - HDME DIALYSIS AIDE VISIT (EFF 9/93)
					0889 = MISCELLANEOUS DIALYSIS - DOTHER
					0890 = DOTHER DDNDR BANK - GENERAL CLASSIFICATION
					0891 = DOTHER DDNDR BANK - BDNE
					0892 = DOTHER DDNDR BANK - DRGAN (DOTHER THAN

INSTITUTIONAL OUTPATIENT CLAIM RECORD (1986-88)

POSITIONS  
 NAME TYPE LENGTH BEG END

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 CONTENTS

PROCEDURES, AND OTHER PROCEDURES SUCH AS RADIOLOGY, NOT REQUIRED FOR INPATIENT CLAIMS. 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.

SOURCE:  
 CWF

56. HCPCS INITIAL MODIFIER CODE TO CHAR 2

A FIRST MODIFIER TO THE PROCEDURE CODE TO ENABLE A MORE SPECIFIC PROCEDURE IDENTIFICATION FOR THE INSTITUTIONAL OR CWF CLAIM.

STANDARD ALIAS: HCPCS\_INITL\_MDFR\_CD  
 SAS ALIAS: MDFR\_CD1

EDIT-RULES:  
 CARRIER INFORMATION FILE

SOURCE:  
 CWF

57. 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 CWF CLAIM.

STANDARD ALIAS: HCPCS\_2ND\_MDFR\_CD  
 SAS ALIAS: MDFR\_CD2

EDIT-RULES:  
 CARRIER INFORMATION FILE

SOURCE:  
 CWF

58. REVENUE CENTER UNIT COUNT PACK 4

A QUANTITATIVE MEASURE (UNIT) OF SERVICES PROVIDED TO A BENEFICIARY ASSOCIATED WITH ACCOMMODATION AND ANCILLARY REVENUE CENTERS DESCRIBED ON AN INSTITUTIONAL CLAIM.

DEPENDING ON TYPE OF SERVICE, UNITS ARE MEASURED BY NUMBER OF COVERED DAYS IN A PARTICULAR ACCOMMODATION, PINTS OF BLOOD, EMERGENCY ROOM VISITS, CLINIC VISITS, DIALYSIS TREATMENTS (SESSIONS OR DAYS), OUTPATIENT THERAPY VISITS, AND OUTPATIENT CLINICAL DIAGNOSTIC LABORATORY TESTS.

INSTITUTIONAL OUTPATIENT CLAIM RECORD (1986-88)

POSITIONS  
NAME TYPE LENGTH BEG END

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CONTENTS

7 DIGITS SIGNED

STANDARD ALIAS: REV\_CNTR\_UNIT\_CNT  
SAS ALIAS: REV\_UNIT

SOURCE:  
CWF

59. REVENUE CENTER TOTAL CHARGE PACK 5 AMOUNT  
THE TOTAL CHARGES (COVERED AND NON-COVERED)  
FOR ALL ACCOMMODATIONS AND SERVICES (RELATED  
TO THE REVENUE CODE) FOR A BILLING PERIOD  
BEFORE REDUCTION FOR THE DEDUCTIBLE AND  
COINSURANCE AMOUNTS AND BEFORE AN ADJUSTMENT  
FOR THE COST OF SERVICES PROVIDED.

7.2 DIGITS SIGNED

STANDARD ALIAS: REV\_CNTR\_TOT\_CHRG\_AMT  
SAS ALIAS: REV\_CHRG

E01T-RULES:  
\$\$\$\$\$\$CC

SOURCE:  
CWF