(OUTPAT 1989-92)

OUTPATIENT STANDARD ANALYTICAL VARIABLE LENGTH FILE

DESCRIPTION:
THIS STANDARD ANALYTICAL FILE CONTAINS 100% OF THE FINAL ACTION CLAIMS FOR OUTPATIENT SERVICES 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 = 3,504
- NUMBER OF RECORDS: VARIES ANNUALLY
  - 1989 = 52,252,987 RECORDS
  - 1990 = 56,716,301 RECORDS
  - 1991 = 64,169,385 RECORDS
- RECORD NAME: INSTITUTIONAL OUTPATIENT CLAIM RECORD

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

INSTITUTIONAL OUTPATIENT CLAIM RECORO

	NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS ENO	CONTENTS
****	INSTITUTIONAL OUTPATIENT CLAIM RECORO	REC	VAR			OUTPATIENT INSTITUTIONAL CLAIM RECORO FOR VERSION G OF THE NCH. STANOARO ALIAS: INSTNL_OP_CLM_REC COBOL ALIAS: CWFA_OUT_CLM_REC
****	INSTITUTIONAL OUTPATIENT CLAIM FIXEO GROUP	GROUP	296	1	296	FIXEO PORTION OF THE OUTPATIENT INSTITUTIONAL CLAIM RECORO FOR VERSION G OF THE NCH. STANOARO ALIAS: INSTNL_OP_CLM_FIX_GRP COBOL ALIAS: CWFA_OUT_CLM_FXO_GRP
****	INSTITUTIONAL CLAIM COMMON GROUP	GROUP	249	1	249	INFORMATION COMMON TO HHA, HOSPICE, INPATIENT ANO OUTPATIENT INSTITUTIONAL CLAIMS FOR VERSION G OF NCH. STANOARO ALIAS: INSTNL_CLM_CMN_GRP COBOL ALIAS: CLM_COMMON_GRP
1.	CLAIM NEAR LINE RECORO IOENTIFICATION COOE	CHAR	1	1	1	A COOE OEFINING THE TYPE OF RECORO BEING PROCESSEO. STANOARO ALIAS: CLM_NEAR_LINE_RIC_CO COMMON ALIAS: RIC SAS ALIAS: RIC_CO COOES: O = PART B (CWFB) PHYSICIAN/SUPPLIER CLAIM RECORO V = PART A INSTITUTIONAL CLAIM RECORO (INPATIENT (IP), SKILLEO NURSING FACILITY (SNF), CHRISTIAN SCIENCE (CS), HOME HEALTH AGENCY (HHA), OR HOSPICE) W = PART B INSTITUTIONAL CLAIM RECORO (OUTPATIENT (OP), HHA) M = PART B (CWFB) OMEPOS CLAIM RECORO (EFFECTIVE 10/93) SOURCE: NCH QA PROCESS
2.	CLAIM NEAR-LINE RECORO VERSION COOE	CHAR	1	2	2	THE COOE INOICATING THE RECORO VERSION OF THE NEAR-LINE FILE WHERE THE INSTITUTIONAL OR CWFB CLAIMS OATA IS STOREO. STANOARO ALIAS: CLM_NEAR_LINE_REC_VRSN_CO SAS ALIAS: REC_LVL COOES: A = RECORO FORMAT AS OF JANUARY 1991 B = RECORO FORMAT AS OF APRIL 1991 C = RECORO FORMAT AS OF MAY 1991 O = RECORO FORMAT AS OF JANUARY 1992 E = RECORO FORMAT AS OF MARCH 1992

	NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
						F = RECORD FORMAT AS OF MAY 1992 G = RECORD FORMAT AS OF OCTOBER 1993 SOURCE: NCH
****	CLAIM LOCATOR NUMBER GROUP	GROUP	11	3	13	THIS NUMBER UNIQUELY IDENTIFIES THE BENEFICIARY. STANDARD ALIAS: CLM_LCTR_NUM_GRP COMMON ALIAS: HIC
3.	BENEFICIARY CLAIM ACCOUNT NUMBER	CHAR	9	3	11	THE NUMBER IDENTIFYING THE PRIMARY BENEFICIARY UNDER THE SSA OR RRB PROGRAMS. STANDARD ALIAS: BENE_CLM_ACNT_NUM COMMON ALIAS: CAN SAS ALIAS: SSN SOURCE: SSA,RRB LIMITATIONS: RRB-ISSUED NUMBERS CONTAIN AN OVERPUNCH IN THE FIRST POSITION THAT MAY APPEAR AS A PLUS ZERO OR A-G. RRB-FORMATTED NUMBERS MAY CAUSE MATCHING PROBLEMS ON NON-IBM MACHINES.
4.	CATEGORY EQUATABLE BENEFICIARY IDENTIFICATION CODE	CHAR	2	12	13	THE CODE CATEGORIZING GROUPS OF BICS REPRESENTING SIMILAR RELATIONSHIPS BETWEEN THE BENEFICIARY AND THE PRIMARY WAGE EARNER. THE EQUATABLE BIC MODULE ELECTRONICALLY MATCHES TWO RECORDS THAT CONTAIN DIFFERENT BICS WHERE IT IS APPARENT THAT BOTH ARE RECORDS FOR THE SAME BENEFICIARY. IT VALIDATES THE BIC AND RETURNS A BASE BIC UNDER WHICH TO HOUSE THE RECORD IN THE NATIONAL CLAIM HISTORY (NCH) DATABASES. (ALL RECORDS FOR A BENEFICIARY ARE STORED UNDER A SINGLE BIC.) STANDARD ALIAS: CTGRY_EQTBL_BENE_IDENT_CD COMMON ALIAS: NCH_BASE_CATEGORY_BIC SAS ALIAS: EQ_BIC CODES: NCH BIC — SSA CATEGORIES A = A;J1;J2;J3;J4;M;M1;T;TA B = B;B2;B6;D;D4;D6;E;E1;K1;K2;K3;K4;W;W6; TB(F);TD(F);TE(F);TW(F) B1 = B1;BR;BY;D1;D5;DC;E4;E5;W1;WR;TB(M) TD(M);TE(M);TW(M) B3 = B3;B5;B9;D2;D7;D9;E2;E3;K5;K6;K7;K8;W2

NAME	TYPE	LENGTH	PDSITIDNS BEG	PDSITIDNS END	CDNTENTS
					W7;TG(F);TL(F);TR(F);TX(F) B4 = B4;BT;BW;D3;DM;DP;E6;E9;W3;WT;TG(M) TL(M);TR(M);TX(M) B8 = B8;B7;BN;D8;DA;DV;E7;EB;K9;KA;KB;KC;W4 W8;TH(F);TM(F);TS(F);TY(F) BA = BA;BK;BP;DD;DL;DW;E8;EC;KD;KE;KF;KG;W9 WC;TJ(F);TN(F);TT(F);TZ(F) BD = BD;BL;BQ;DG;DN;DY;EA;ED;KH;KJ;KL;KM;WF WJ;TK(F);TP(F);TU(F);TV(F) BG = BG;DH;DQ;DS;EF;EJ;W5;TH(M);TM(M);TS(M) TY(M) BH = BH;DJ;DR;DX;EG;EK;WB;TJ(M);TN(M);TT(M) TZ(M) BJ = BJ;DK;DT;DZ;EH;EM;WG;TK(M);TP(M);TU(M) TV(M) C1 = C1;TC C2 = C2;T2 C3 = C3;T3 C4 = C4;T4 C5 = C5;T5 C6 = C6;T6 C7 = C7;T7 C8 = C8;T8 C9 = C9;T9 F1 = F1;TF F2 = F2;TQ F3-F8 = EQUATABLE DNLY TD ITSELF (E.G. F3 IS EQUATABLE TD F3) CA-CZ = EQUATABLE DNLY TD ITSELF. (E.G. CA IS DNLY EQUATABLE TD CA) RRB CATEGDRIES 10 = 10 11 = 11 13 = 13;17 14 = 14;11 15 = 15 16 = 14 43 = 43 45 = 45 46 = 46 80 = 80 83 = 83 84 = 84;86 85 = 85 SDURCE: BIC EQUATE MDDULE
5. BENEFICIARY IDENTIFICATIDN CDDE	CHAR	2	14	15	THE CDDE IDENTIFYING THE TYPE DF RELATIDNSHIP BETWEEN AN INDIVIDUAL AND A PRIMARY SDCIAL SECURITY ADMINISTRATIDN (SSA) BENEFICIARY.

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS ENO	CONTENTS
					STANOARO ALIAS: BENE_IOENT_CO COMMON ALIAS: BIC SAS ALIAS: BIC COOES: A = PRIMARY CLAIMANT B = AGEO WIFE, AGE 62 OR OVER (1ST CLAIMANT) B1 = AGEO HUSBANO, AGE 62 OR OVER (1ST CLAIMANT) B2 = YOUNG WIFE, WITH A CHILO IN HER CARE (1ST CLAIMANT) B3 = AGEO WIFE (2NO CLAIMANT) B4 = AGEO HUSBANO (2NO CLAIMANT) B5 = YOUNG WIFE (2NO CLAIMANT) B6 = OIVORCEO WIFE, AGE 62 OR OVER (1ST CLAIMANT) B7 = YOUNG WIFE (3RO CLAIMANT) B8 = AGEO WIFE (3RO CLAIMANT) B9 = OIVORCEO WIFE (2NO CLAIMANT) BA = AGEO WIFE (4TH CLAIMANT) BO = AGEO WIFE (5TH CLAIMANT) BG = AGEO HUSBANO (3RO CLAIMANT) BH = AGEO HUSBANO (4TH CLAIMANT) BJ = AGEO HUSBANO (5TH CLAIMANT) BK = YOUNG WIFE (4TH CLAIMANT) BL = YOUNG WIFE (5TH CLAIMANT) BN = OIVORCEO WIFE (3RO CLAIMANT) BP = OIVORCEO WIFE (4TH CLAIMANT) BQ = OIVORCEO WIFE (5TH CLAIMANT) BR = OIVORCEO HUSBANO (1ST CLAIMANT) BT = OIVORCEO HUSBANO (2NO CLAIMANT) BW = YOUNG HUSBANO (2NO CLAIMANT) BY = YOUNG HUSBANO (1ST CLAIMANT) C1-C9,CA-CK = CHILO (INCLUOES MINOR, STUOENT OR OISABLEO CHILO) O = AGEO WIOOW, 60 OR OVER (1ST CLAIMANT) O1 = AGEO WIOOWER, AGE 60 OR OVER (1ST CLAIMANT) O2 = AGEO WIOOW (2NO CLAIMANT) O3 = AGEO WIOOWER (2NO CLAIMANT) O4 = WIOOW (REMARRIEO AFTER ATTAINMENT OF AGE 60) (1ST CLAIMANT) O5 = WIOOWER (REMARRIEO AFTER ATTAINMENT OF AGE 60) (1ST CLAIMANT) O6 = SURVIVING OIVORCEO WIFE, AGE 60 OR OVER (1ST CLAIMANT) O7 = SURVIVING OIVORCEO WIFE (2NO CLAIMANT) O8 = AGEO WIOOW (3RO CLAIMANT) O9 = REMARRIEO WIOOW (2NO CLAIMANT) OA = REMARRIEO WIOOW (3RO CLAIMANT) OO = AGEO WIOOW (4TH CLAIMANT) OG = AGEO WIOOW (5TH CLAIMANT)

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS ENO	CONTENTS
					OH = AGEO WIOOWER (3RO CLAIMANT) OJ = AGEO WIOOWER (4TH CLAIMANT) OK = AGEO WIOOWER (5TH CLAIMANT) OL = REMARRIEO WIOOW (4TH CLAIMANT) OM = SURVIVING OIVORCEO HUSBANO (2NO CLAIMANT) ON = REMARRIEO WIOOW (5TH CLAIMANT) OP = REMARRIEO WIOOWER (2NO CLAIMANT) OQ = REMARRIEO WIOOWER (3RO CLAIMANT) OR = REMARRIEO WIOOWER (4TH CLAIMANT) OS = SURVIVING OIVORCEO HUSBANO (3RO CLAIMANT) OT = REMARRIEO WIOOWER (5TH CLAIMANT) OV = SURVIVING OIVORCEO WIFE (3RO CLAIMANT) OW = SURVIVING OIVORCEO WIFE (4TH CLAIMANT) OX = SURVIVING OIVORCEO HUSBANO (4TH CLAIMANT) OY = SURVIVING OIVORCEO WIFE (5TH CLAIMANT) OZ = SURVIVING OIVORCEO HUSBANO (5TH CLAIMANT) E = MOTHER (WIOOW) (1ST CLAIMANT) E1 = SURVIVING OIVORCEO MOTHER (1ST CLAIMANT) E2 = MOTHER (WIOOW) (2NO CLAIMANT) E3 = SURVIVING OIVORCEO MOTHER (2NO CLAIMANT) E4 = FATHER (WIOOWER) (1ST CLAIMANT) E5 = SURVIVING OIVORCEO FATHER (WIOOWER) (1ST CLAIMANT) E6 = FATHER (WIOOWER) (2NO CLAIMANT) E7 = MOTHER (WIOOW) (3RO CLAIMANT) E8 = MOTHER (WIOOW) (4TH CLAIMANT) E9 = SURVIVING OIVORCEO FATHER (WIOOWER) (2NO CLAIMANT) EA = MOTHER (WIOOW) (5TH CLAIMANT) EB = SURVIVING OIVORCEO MOTHER (3RO CLAIMANT) EC = SURVIVING OIVORCEO MOTHER (4TH CLAIMANT) EO = SURVIVING OIVORCEO MOTHER (5TH CLAIMANT EF = FATHER (WIOOWER) (3RO CLAIMANT) EG = FATHER (WIOOWER) (4TH CLAIMANT) EH = FATHER (WIOOWER) (5TH CLAIMANT) EJ = SURVIVING OIVORCEO FATHER (3RO CLAIMANT) EK = SURVIVING OIVORCEO FATHER (4TH CLAIMANT) EM = SURVIVING OIVORCEO FATHER (5TH CLAIMANT) F1 = FATHER F2 = MOTHER F3 = STEPFATHER F4 = STEPMOTHER

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					F5 = ADOPTING FATHER F6 = ADOPTING MOTHER F7 = SECOND ALLEGED FATHER F8 = SECOND ALLEGEO MOTHER J1 = PRIMARY PROUTY ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) J2 = PRIMARY PROUTY ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND) J3 = PRIMARY PROUTY NOT ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) J4 = PRIMARY PROUTY NOT ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND) K1 = PROUTY WIFE ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (1ST CLAIMANT) K2 = PROUTY WIFE ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND) (1ST CLAIMANT) K3 = PROUTY WIFE NOT ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (1ST CLAIMANT) K4 = PROUTY WIFE NOT ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND) (1ST CLAIMANT) K5 = PROUTY WIFE ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (2ND CLAIMANT) K6 = PROUTY WIFE ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND) (2ND CLAIMANT) K7 = PROUTY WIFE NOT ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (2ND CLAIMANT) K8 = PROUTY WIFE NOT ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND) (2ND CLAIMANT) K9 = PROUTY WIFE ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (3RD CLAIMANT) KA = PROUTY WIFE ENTITLEO TO HIB (OVER 2 Q.C.) (RSI TRUST FUND) (3RD CLAIMANT) KB = PROUTY WIFE NOT ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (3RD CLAIMANT) KC = PROUTY WIFE NOT ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUNO) (3RD CLAIMANT) KD = PROUTY WIFE ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (4TH CLAIMANT) KE = PROUTY WIFE ENTITLED TO HIB (OVER 2 Q.C (4TH CLAIMANT) KF = PROUTY WIFE NOT ENTITLED TO HIB (LESS THAN 3 Q.C.)(4TH CLAIMANT) KG = PROUTY WIFE NOT ENTITLED TO HIB (OVER 2 Q.C.)(4TH CLAIMANT) KH = PROUTY WIFE ENTITLED TO HIB (LESS THAN 3 Q.C.)(5TH CLAIMANT) KJ = PROUTY WIFE ENTITLED TO HIB (OVER 2 Q.C.) (5TH CLAIMANT)

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					KL = PROUTY WIFE NOT ENTITLED TO HIB (LESS THAN 3 Q.C.)(5TH CLAIMANT)
					KM = PROUTY WIFE NOT ENTITLED TO HIB (OVER 2 Q.C.) (5TH CLAIMANT)
					M = UNINSURED-NOT QUALIFIED FOR DEEMED HIB
					M1 = UNINSURED-QUALIFIED BUT REFUSED HIB
					T = UNINSURED-ENTITLED TO HIB UNDER DEEMED OR RENAL PROVISIONS
					TA = MQGE (PRIMARY CLAIMANT)
					TB = MQGE AGED SPOUSE (FIRST CLAIMANT)
					TC = MQGE DISABLED ADULT CHILD (FIRST CLAIMANT)
					TD = MQGE AGED WIDOW(ER) (FIRST CLAIMANT)
					TE = MQGE YOUNG WIDOW(ER) (FIRST CLAIMANT)
					TF = MQGE PARENT (MALE)
					TG = MQGE AGED SPOUSE (SECOND CLAIMANT)
					TH = MQGE AGED SPOUSE (THIRD CLAIMANT)
					TJ = MQGE AGED SPOUSE (FOURTH CLAIMANT)
					TK = MQGE AGED SPOUSE (FIFTH CLAIMANT)
					TL = MQGE AGED WIDOW(ER) (SECOND CLAIMANT)
					TM = MQGE AGED WIDOW(ER) (THIRD CLAIMANT)
					TN = MQGE AGED WIDOW(ER) (FOURTH CLAIMANT)
					TP = MQGE AGED WIDOW(ER) (FIFTH CLAIMANT)
					TQ = MQGE PARENT (FEMALE)
					TR = MQGE YOUNG WIDOW(ER) (SECOND CLAIMANT)
					TS = MQGE YOUNG WIDOW(ER) (THIRD CLAIMANT)
					TT = MQGE YOUNG WIDOW(ER) (FOURTH CLAIMANT)
					TU = MQGE YOUNG WIDOW(ER) (FIFTH CLAIMANT)
					TV = MQGE DISABLED WIDOW(ER) FIFTH CLAIMANT
					TW = MQGE DISABLED WIDOW(ER) FIRST CLAIMANT
					TX = MQGE DISABLED WIDOW(ER) SECOND CLAIMANT
					TY = MQGE DISABLED WIDOW(ER) THIRD CLAIMANT
					TZ = MQGE DISABLED WIDOW(ER) FOURTH CLAIMANT
					T2-T9 = DISABLED CHILD (SECOND TO NINTH CLAIMANT)
					W = DISABLED WIDOW, AGE 50 OR OVER (1ST CLAIMANT)
					W1 = DISABLED WIDOWER, AGE 50 OR OVER (1ST CLAIMANT)
					W2 = DISABLED WIDOW (2ND CLAIMANT)
					W3 = DISABLED WIDOWER (2ND CLAIMANT)
					W4 = DISABLED WIDOW (3RD CLAIMANT)
					W5 = DISABLED WIDOWER (3RD CLAIMANT)
					W6 = DISABLED SURVIVING DIVORCED WIFE (1ST CLAIMANT)
					W7 = DISABLED SURVIVING DIVORCED WIFE (2ND CLAIMANT)
					W8 = DISABLED SURVIVING DIVORCED WIFE (3RD CLAIMANT)
					W9 = DISABLED WIDOW (4TH CLAIMANT)
					WB = DISABLED WIDOWER (4TH CLAIMANT)
					WC = DISABLED SURVIVING DIVORCED WIFE (4TH CLAIMANT)
					WF = DISABLED WIDOW (5TH CLAIMANT)
					WG = DISABLED WIDOWER (5TH CLAIMANT)

	NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
						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 SSA STANDARD STATE CODE	CHAR	2	16	17	THE SSA STANDARD STATE CODE OF A BENEFICIARY'S RESIDENCE. STANDARD ALIAS: BENE_RSDNC_SSA_STD_STATE_CD SAS ALIAS: STATE_CD CODES: 01 = ALABAMA 02 = ALASKA 03 = ARIZONA 04 = ARKANSAS 05 = CALIFORNIA 06 = COLORADO 07 = CONNECTICUT 08 = DELAWARE 09 = DISTRICT OF COLUMBIA 10 = FLORIDA 11 = GEORGIA 12 = HAWAII 13 = IDAHO 14 = ILLINOIS 15 = INDIANA 16 = IOWA 17 = KANSAS 18 = KENTUCKY 19 = LOUISIANA 20 = MAINE 21 = MARYLAND 22 = MASSACHUSETTS 23 = MICHIGAN 24 = MINNESOTA 25 = MISSISSIPPI 26 = MISSOURI 27 = MONTANA 28 = NEBRASKA 29 = NEVADA 30 = NEW HAMPSHIRE 31 = NEW JERSEY 32 = NEW MEXICO 33 = NEW YORK 34 = NORTH CAROLINA 35 = NORTH DAKOTA 36 = OHIO 37 = OKLAHOMA

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					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 99 = WITH 000 COUNTY CODE IS AMERICAN SAMOA; OTHERWISE UNKNOWN COMMENT: 1. USED IN CONJUNCTION WITH A COUNTY CODE, AS SELECTION CRITERIA FOR THE DETERMINATION OF PAYMENT RATES FOR HMO REIMBURSEMENT. 2. CONCERNING INDIVIDUALS DIRECTLY BILLABLE FOR PART B AND/OR PART A PREMIUMS, THIS ELEMENT IS USED TO DETERMINE IF THE BENEFICIARY WILL RECEIVE A BILL IN ENGLISH OR SPANISH. 3. ALSO USED FOR SPECIAL STUDIES. SOURCE: SSA
7. BENEFICIARY RESIDENCE SSA STANDARD COUNTY CODE	CHAR	3	18	20	THE SSA STANDARD COUNTY CODE OF A BENEFICIARY'S RESIDENCE. STANDARD ALIAS: BENE_RSDNC_SSA_STD_CNTY_CD

	NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
						SAS ALIAS: CNTY_CD SOURCE: SSA
8.	BENEFICIARY STATE SEGMENT NEAR-LINE CODE	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	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	CHAR	1	27	27	THE SEX OF A BENEFICIARY. STANDARD ALIAS: BENE_SEX_IDENT_CD COMMON ALIAS: SEX_CD SAS ALIAS: SEX_CD CODES: 1 = MALE 2 = FEMALE 0 = UNKNOWN SOURCE: SSA,CWF,RRB,EDB
11.	BENEFICIARY RACE CODE	CHAR	1	28	28	THE RACE OF A BENEFICIARY. STANDARD ALIAS: BENE_RACE_CD SAS ALIAS: RACE_CD CODES: 0 = UNKNOWN 1 = WHITE 2 = BLACK 3 = OTHER 4 = ASIAN 5 = HISPANIC 6 = NORTH AMERICAN NATIVE SOURCE:

	NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS ENO	CONTENTS
						SSA
12.	BENEFICIARY BIRTH OATE	BIN	4	29	32	THE BENEFICIARY'S OATE OF BIRTH. 9 OIGITS SIGNEO STANOARO ALIAS: BENE_BIRTH_OT COMMON ALIAS: OOB SAS ALIAS: OOB EOIT-RULES: YYYYMMOO SOURCE: EOB
13.	BENEFICIARY MEOICARE STATUS COOE	CHAR	2	33	34	THE REASON FOR A BENEFICIARY'S ENTITLEMENT TO MEOICARE BENEFITS, AS OF A PARTICULAR OATE. STANOARO ALIAS: BENE_MOCR_STUS_CO COMMON ALIAS: MSC SAS ALIAS: MS_CO OERIVATION: BENE_MOCR_STUS_CO IS OERIVEO FROM THE FOLLOWING: (1) ENTITLEMENT BASEO ON OASI (2) ENTITLEMENT BASEO ON OISABILITY (3) ENTITLEMENT BASEO ON ESRO (299I) THE BENE_MOCR_STUS_CO IS ASSIGNEO BASEO ON THE FOLLOWING OECISION LOGIC TABLE. THE TERM 'N/A' IN A COLUMN INOICATES THAT THE PARTICULAR CONOITION AS NOTEO BY THE COLUMN OOES NOT AFFECT THE VALUE OF THE BENE_MOCR_ STUS_CO. ALL INFORMATION IS VALUEO AS OF A GIVEN REFERENCE OATE.

BENE_MOCR_ STUS_CO	OASI(1)	OISABLEO(2)	ESRO(3)
10	YES	N/A	NO
11	YES	N/A	YES
20	NO	YES	NO
21	NO	YES	YES
31	NO	NO	YES

COOES:
10 = AGEO WITHOUT ESRO
11 = AGEO WITH ESRO
20 = OISABLEO WITHOUT ESRO
21 = OISABLEO WITH ESRO
31 = ESRO ONLY

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS ENO	CONTENTS
					SOURCE: EOB
14. HCFA CLAIM PROCESSING OATE	BIN	4	35	38	THE OATE THE WEEKLY HCFA QUALITY ASSURANCE/ OATABASE LOAO PROCESS CYCLE BEGINS, OURING WHICH THE INSTITUTIONAL OR CWFB CLAIMS ARE LOAOEO INTO THE OATABASES. THIS OATE WILL ALWAYS BE A FRIOAY, ALTHOUGH THE CLAIMS WILL ACTUALLY BE APPENOEO TO THE OATABASE SUBSEQUENT TO THE OATE. 9 OIGITS SIGNEO STANOARO ALIAS: HCFA_CLM_PROC_OT SAS ALIAS: PROC_OT EOIT-RULES: YYYYMMOO SOURCE: NCH
15. CLAIM FROM OATE	BIN	4	39	42	ON AN INSTITUTIONAL OR CWFB CLAIM, THE FIRST OAY OF THE INSTITUTIONAL PROVIOER'S OR PHYSICIAN/SUPPLIER'S BILLING STATEMENT FOR SERVICES RENOEREO TO THE BENEFICIARY. 9 OIGITS SIGNEO STANOARO ALIAS: CLM_FROM_OT SAS ALIAS: FROM_OT EOIT-RULES: YYYYMMOO SOURCE: CWF
16. CLAIM THROUGH OATE	BIN	4	43	46	ON AN INSTITUTIONAL OR CWFB CLAIM, THE LAST OAY OF THE INSTITUTIONAL PROVIOER'S OR PHYSICIAN/ SUPPLIER'S BILLING STATEMENT FOR SERVICES RENOEREO TO THE BENEFICIARY. THIS OATE IS USEO AS MATCHING CRITERIA WHEN CHECKING FOR OUPLICATE ANO AOJUSTMENT CLAIMS. THIS OATE IS ALSO USEO TO EXTENO THE BENEFIT PERIOO ANO FOR CALCULATIONS TO SEE IF A CLAIM LINKS TO ANOTHER SPELL. 9 OIGITS SIGNEO STANOARO ALIAS: CLM_THRU_OT SAS ALIAS: THRU_OT

	NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
						EDIT-RULES: YYYYMMDD SOURCE: CWF
17.	BENEFICIARY CWF LOCATION CODE	CHAR	1	47	47	IDENTIFIES THE COMMON WORKING FILE (CWF) LOCATION (THE HOST SITE) WHERE A BENEFICIARY'S RECORD IS MAINTAINED. STANDARD ALIAS: BENE_CWF_LOC_CD COMMON ALIAS: CWF_HOST SAS ALIAS: CWFLOCCD CODES: B = MID-ATLANTIC C = SOUTHWEST D = NORTHEAST E = GREAT LAKES F = GREAT WESTERN G = KEYSTONE H = SOUTHEAST I = SOUTH J = PACIFIC SOURCE: CWF
18.	CWF CLAIM ACCRETION DATE	BIN	4	48	51	THE DATE THE INSTITUTIONAL OR CWFB CLAIM IS ACCRETED (POSTED/PROCESSED) TO THE BENEFICIARY MASTER RECORD AT THE CWF HOST SITE AND AUTHORIZATION FOR PAYMENT IS RETURNED TO THE FISCAL INTERMEDIARY OR CARRIER. 9 DIGITS SIGNED STANDARD ALIAS: CWF_CLM_ACRTN_DT SAS ALIAS: ACRTN_DT EDIT-RULES: YYYYMMDD COMMENT: PRIOR TO 1992, NCH STORED THIS ELEMENT ON THE CWFB CLAIM ONLY; IN 1/92, NCH ADDED THIS ELEMENT TO INSTITUTIONAL INPATIENT (100% AND 5%), HOME HEALTH, AND HOSPICE RECORDS. EFFECTIVE 1/92 THIS ELEMENT IS STORED ON ALL CLAIM TYPES. SOURCE: CWF

	NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS ENO	CONTENTS
19.	CWF CLAIM ACCRETION NUMBER	PACK	2	52	53	THE SEQUENCE NUMBER ASSIGNEO TO THE INSTITUTIONAL OR CWFB CLAIM WHEN ACCRETEO (POSTEO/PROCESSEO) TO THE BENEFICIARY MASTER RECORO AT THE CWF HOST SITE ON A GIVEN OAY. THIS ELEMENT INOICATES THE POSITION OF THE CLAIM WITHIN THAT OAY'S PROCESSING AT THE CWF HOST. 3 OIGITS SIGNEO STANOARO ALIAS: CWF_CLM_ACRTN_NUM SAS ALIAS: ACRTN_NM SOURCE: CWF
20.	CLAIM OISPOSITION COOE	CHAR	2	54	55	COOE INOICATING THE OISPOSITION OR OUTCOME OF THE PROCESSING OF THE INSTITUTIONAL OR CWFB CLAIM. STANOARO ALIAS: CLM_OISP_CO SAS ALIAS: OISP_CO COOES: 01 = OEBIT ACCEPTEO 02 = OEBIT ACCEPTEO (AUTOMATIC AOJUSTMENT) APPLICABLE THROUGH 4/4/93 03 = CANCEL ACCEPTEO 61 = *CONVERSION COOE: OEBIT ACCEPTEO 62 = *CONVERSION COOE: OEBIT ACCEPTEO (AUTOMATIC AOJUSTMENT) 63 = *CONVERSION COOE: CANCEL ACCEPTEO *USEO ONLY OURING CONVERSION PERIOO: 1/1/91 - 2/21/91 SOURCE: CWF
21.	FISCAL INTERMEOIARY/CARRIER IOENTIFICATION NUMBER	CHAR	5	56	60	THE IOENTIFICATION NUMBER ASSIGNEO BY HCFA TO AN INTERMEOIARY AUTHORIZEO TO PROCESS INSTITUTIONAL CLAIMS FROM PROVIOERS ANO TO A CARRIER AUTHORIZEO TO PROCESS CWFB CLAIMS FROM PHYSICIANS/SUPPLIERS. STANOARO ALIAS: FICARR_IOENT_NUM COMMON ALIAS: INTERMEOIARY_NUM/CARRIER_NUM SAS ALIAS: FICARR SOURCE: CWF
22.	FISCAL INTERMEOIARY OOCUMENT CLAIM CONTROL NUMBER	CHAR	23	61	83	UNIQUE CONTROL NUMBER ASSIGNEO BY AN INTERMEOIARY TO AN INSTITUTIONAL CLAIM.

	NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS ENO	CONTENTS
						STANOARO ALIAS: FI_OOC_CLM_CNTL_NUM COMMON ALIAS: ICN SAS ALIAS: CLM_CNTL SOURCE: CWF
23.	FISCAL INTERMEOIARY ORIGINAL CLAIM CONTROL NUMBER	CHAR	23	84	106	THE ORIGINAL INTERMEOIARY CONTROL NUMBER (ICN) WHICH IS PRESENT ON AOJUSTMENT CLAIMS, REPRESENTING THE ICN OF THE ORIGINAL TRANSACTION NOW BEING AOJUSTEO. STANOARO ALIAS: FI_ORIG_CLM_CNTL_NUM COMMON ALIAS: ORIGINAL_ICN SAS ALIAS: ORIGCNTL EFFECTIVE-OATE: 10/01/1993 SOURCE: CWF
24.	FISCAL INTERMEOIARY/CARRIER CLAIM RECEIPT OATE	BIN	4	107	110	THE OATE THE FISCAL INTERMEOIARY RECEIVES THE INSTITUTIONAL CLAIM FROM THE PROVIOER, OR THE CARRIER RECEIVES THE CWFB CLAIM FROM THE PHYSICIAN/SUPPLIER. 9 OIGITS SIGNEO STANOARO ALIAS: FICARR_CLM_RCPT_OT SAS ALIAS: RCPT_OT EOIT-RULES: YYYYMMOO SOURCE: CWF
25.	FISCAL INTERMEOIARY CLAIM PROCESS OATE	BIN	4	111	114	THE OATE THE FISCAL INTERMEOIARY COMPLETES PROCESSING ANO RELEASES THE INSTITUTIONAL CLAIM TO THE CWF HOST. 9 OIGITS SIGNEO STANOARO ALIAS: FI_CLM_PROC_OT SAS ALIAS: APRVL_OT EOIT-RULES: YYYYMMOO COMMENT: PRIOR TO 1992, THIS ELEMENT WAS INCORRECTLY NAMEO 'FICARR_CLM_PROC_OT', ANO INVALIO OATA WAS STOREO IN THIS FIELO FOR CWFB CLAIMS. SINCE THIS ELEMENT IS NOT PRESENT ON CARRIER

	NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS ENO	CONTENTS
						CLAIMS, THE ELEMENT WAS RENAMEO ON INSTITUTIONAL CLAIMS ANO OELETEO FROM CWFB CLAIMS. SOURCE: CWF
26.	FISCAL INTERMEDIARY/CARRIER CLAIM PAYMENT OATE	BIN	4	115	118	THE SCHEOULED OATE OF PAYMENT TO THE PROVIOER, PHYSICIAN, OR SUPPLIER, AS APPEARING ON THE ORIGINAL INSTITUTIONAL OR CWFB CLAIM SENT TO THE CWF HOST. NOTE: THIS OATE IS CONSIOEREO TO BE THE DATE PAIO SINCE NO AOOITIONAL INFORMATION AS TO THE ACTUAL PAYMENT OATE IS AVAILABLE. 9 OIGITS SIGNED STANOARO ALIAS: FICARR_CLM_PMT_OT COMMON ALIAS: SCHEOULEO_PAYMENT_OATE SAS ALIAS: PMT_OT EDIT-RULES: YYYYMMOO SOURCE: CWF
27.	PROVIOER NUMBER	CHAR	6	119	124	THE IOENTIFICATION NUMBER OF THE PROVIOER CERTIFIEO BY MEOICARE TO PROVIOE SERVICES TO THE BENEFICIARY. STANOARO ALIAS: PRVOR_NUM SAS ALIAS: PROVIOER COOES: - FIRST TWO POSITIONS ARE THE STATE CODE. CODING SCHEME: REFER TO SSA_STD_STATE_TB - POSITIONS 3 AND SOMETIMES 4 ARE USEO AS A CATEGORY IOENTIFIER. THE REMAINING POSITIONS ARE SERIAL NUMBERS. THE FOLLOWING BLOCKS OF NUMBERS ARE RESERVEO FOR THE FACILITIES INOICATEO: 0001-0899 SHORT-TERM (GENERAL ANO SPECIALTY) HOSPITALS 0900-0999 MULTIPLE HOSPITAL COMPONENT IN A MEOICAL COMPLEX (NUMBERS RETIREO) 1000-1199 RESERVEO FOR FUTURE USE 1200-1220 ALCOHOL/ORUG HOSPITALS (EXCLUOEO FROM PPS-NUMBERS RETIREO) 1221-1299 MEOICAL ASSISTANCE FACILITIES (MONTANA PROJECT) 1300-1399 RURAL PRIMARY CARE HOSPITAL (RPCH)

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS ENO	CONTENTS
				1400-1499	RESERVEO FOR FUTURE USE
				1500-1799	HOSPICES
				1800-1899	FEOERALLY-FUNOEO COMPREHENSIVE HEALTH CENTERS
				1900-1989	RESERVEO FOR FUTURE USE
				1990-1999	CHRISTIAN SCIENCE SANATORIA (HOSPITAL SERVICES)
				2000-2299	LONG-TERM HOSPITALS (EXCLUOEO FROM PPS)
				2300-2499	CHRONIC RENAL OISEASE FACILITIES (HOSPITAL BASEO)
				2500-2899	NON-HOSPITAL RENAL OISEASE TREATMENT CENTERS
				2900-2999	INOEPENOENT SPECIAL PURPOSE RENAL OIALYSIS FACILITY (1)
				3000-3024	FORMERLY TUBERCULOSIS HOSPITALS (NUMBERS RETIREO)
				3025-3099	REHABILITATION HOSPITALS (EXCLUOEO FROM PPS)
				3100-3299	RESERVEO FOR FUTURE USE
				3300-3399	CHILOREN'S HOSPITALS (EXCLUOEO FROM PPS)
				3400-3499	RESERVEO FOR FUTURE USE
				3500-3699	RENAL OISEASE TREATMENT CENTERS (HOSPITAL SATELLITES)
				3700-3799	HOSPITAL BASEO SPECIAL PURPOSE RENAL OIALYSIS FACILITY (1)
				3800-3974	RURAL HEALTH CLINICS (FREE-STANOING)
				3975-3999	RURAL HEALTH CLINICS (PROVIOER-BASEO)
				4000-4499	PSYCHIATRIC HOSPITALS (EXCLUOEO FROM PPS)
				4500-4599	COMPREHENSIVE OUTPATIENT REHABILITATION FACILITIES (CORF)
				4600-4999	RESERVEO FOR FUTURE USE
				5000-5999	SKILLEO NURSING FACILITIES
				6000-6499	RESERVEO FOR FUTURE USE (2) (3)
				6500-6899	OUTPATIENT PHYSICAL THERAPY SERVICES
				6900-6989	RESERVEO FOR FUTURE USE
				6990-6999	CHRISTIAN SCIENCE SANATORIA (SKILLEO NURSING SERVICES)
				7000-7299	HOME HEALTH AGENCIES (4)
				7300-7399	SUBUNITS OF 'NONPROFIT' ANO 'PROPRIETARY' HOME HEALTH AGENCIES (5)
				7400-7799	CONTINUATION OF 7000-7299 SERIES
				7800-7999	SUBUNITS OF STATE ANO LOCAL GOVERNMENTAL HOME HEALTH AGENCIES (5)
				8000-8499	CONTINUATION OF 7000-7299 SERIES
				8500-8999	RESERVEO FOR FUTURE USE
				9000-9799	RESERVEO FOR FUTURE USE
				9800-9999	RESERVEO FOR FUTURE USE
				A001-A999	NURSING FACILITY
				B001-B999	NURSING FACILITY (EXPANSION OF A001-A999)
				E001-E999	NURSING FACILITY
				F001-F999	NURSING FACILITY (EXPANSION OF E001-E999)
				G001-G999	INTERMEOIATE CARE FACILITY FOR THE

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS ENO	CONTENTS
					MENTALLY RETAROEO H001-H999 INTERMEOIATE CARE FACILITY FOR THE MENTALLY RETAROEO (EXPANSION OF G001-G999) P001-P999 ORGAN PROCUREMENT ORGANIZATION (1) THESE FACILITIES (SPROFS) WILL BE ASSIGNEO THE SAME PROVIOER NUMBER WHENEVER THEY ARE RECERTIFIEO. (2) THIS SERIES OF PROVIOER NUMBERS HAS BEEN RELEASEO FOR USE BY THE STATE OF CALIFORNIA (05) FOR SKILLEO NURSING FACILITIES ONLY. (3) THE 6400-6499 SERIES OF PROVIOER NUMBERS IN IOWA (16), SOUTH OAKOTA (43) ANO TEXAS (45) HAVE BEEN USEO IN REOUCING ACUTE CARE COSTS (RACC) EXPERIMENTS. (4) IN VIRGINIA (49), THE SERIES 7100-7299 HAS BEEN RESERVEO FOR STATEWIOE 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 EXCLUOEO FROM PROSPECTIVE PAYMENT SYSTEM (PPS) ANO HOSPITALS WITH SNF SWING-BEO OESIGNATION. AN ALPHA CHARACTER IN THE THIRO POSITION OF THE PROVIOER NUMBER IOENTIFIES THE TYPE OF UNIT OR SWING-BEO OESIGNATION AS FOLLOWS: S = PSYCHIATRIC UNIT (EXCLUOEO FROM PPS) T = REHABILITATION UNIT (EXCLUOEO FROM PPS) U = SHORT TERM/ACUTE CARE SWING-BEO HOSPITAL V = ALCOHOL ORUG UNIT (PRIOR TO 10/87 ONLY) W = LONG TERM SNF SWING-BEO HOSPITAL (EFF 3/91) Y = REHAB HOSPITAL SWING-BEO (EFF 9/92) Z = RURAL PRIMARY CARE HOSPITALS (TO BE EFFECTIVE IN 1994) SOURCE: MMACS
28. CLAIM QUERY COOE	CHAR	1	125	125	COOE INOICATING THE TYPE OF CLAIM BEING PROCESSEO WITH RESPECT TO PAYMENT. STANOARO ALIAS: CLM_QUERY_CO SAS ALIAS: QUERY_CO

	NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
						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	126	128	THE TYPE OF CLAIM CODE SUBMITTED ON AN INTERMEDIARY SUBMITTED CLAIM. STANDARD ALIAS: CLM_TYPE_CD_GRP COMMON ALIAS: TOB
29.	CLAIM FACILITY TYPE CODE	CHAR	1	126	126	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
30.	CLAIM SERVICE CLASSIFICATION TYPE CODE	CHAR	1	127	127	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 COMMON ALIAS: TOB2 SAS ALIAS: TYPESRVC CODES:

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					FOR FACILITY TYPE CODE 1 THRU 6, AND 9 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 FOR FACILITY TYPE CODE 7 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 (ORF) AND COMMUNITY MENTAL HEALTH CENTER (CMHC EFF 10/91) 5 = COMPREHENSIVE REHABILITATION CENTER (CORF) 6-8 = RESERVED FOR NATIONAL ASSIGNMENT 9 = OTHER FOR FACILITY TYPE CODE 8 1 = HOSPICE (NON-HOSPITAL BASED) 2 = HOSPICE (HOSPITAL BASED) 3 = AMBULATORY SURGICAL CENTER 4 = FREESTANDING BIRTHING CENTER 5-8 = RESERVED FOR NATIONAL USE 9 = OTHER SOURCE: CWF
31. CLAIM FREQUENCY CODE	CHAR	1	128	128	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. STANDARD ALIAS: CLM_FREQ_CD COMMON ALIAS: TOB3 SAS ALIAS: FREQ_CD CODES: 0 = NON-PAYMENT/ZERO CLAIMS 1 = ADMIT THRU DISCHARGE CLAIM 2 = INTERIM - FIRST CLAIM 3 = INTERIM - CONTINUING CLAIM

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					4 = INTERIM - LAST CLAIM 5 = LATE CHARGE(S) ONLY CLAIM 6 = ADJUSTMENT OF PRIOR CLAIM 7 = REPLACEMENT OF PRIOR CLAIM; EFF 10/93, PROVIDER DEBIT 8 = VOID/CANCEL PRIOR CLAIM; EFF 10/93, PROVIDER CANCEL 9 = RESERVED A = ADMISSION NOTICE - USED WHEN HOSPICE IS SUBMITTING THE HCFA-1450 AS AN ADMISSION NOTICE B = HOSPICE TERMINATION/REVOCATION NOTICE (EFF 9/93) C = HOSPICE CHANGE OF PROVIDER NOTICE (EFF 9/93) D = HOSPICE 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 PRO OR PROVIDER) - USED TO IDENTIFY A DEBIT ADJUSTMENT INITIATED BY HCFA OR AN INTERMEDIARY - EFF 10/93, USED TO IDENTIFY INTERMEDIARY INITIATED ADJUSTMENT ONLY J = OTHER ADJUSTMENT REQUEST (EFF 10/93) K = OIG INITIATED ADJUSTMENT (EFF 10/93) M = MSP ADJUSTMENT (EFF 10/93) P = ADJUSTMENT REQUIRED BY PEER REVIEW ORGANIZATION (PRO) X = SPECIAL ADJUSTMENT PROCESSING - USED FOR QA EDITING (EFF 8/92) SOURCE: CWF
32. PAYMENT AND EDIT RECORD IDENTIFICATION CODE	CHAR	1	129	129	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 = HOME HEALTH AGENCY (HHA) G = DISCHARGE NOTICE I = HOSPICE SOURCE: CWF

	NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS ENO	CONTENTS
33.	CLAIM TRANSACTION COOE	CHAR	1	130	130	THE COOE INOICATING THE TYPE OF CLAIM SUBMITTEO BY AN INSTITUTIONAL PROVIOER. STANOARO ALIAS: CLM_TRANS_CO SAS ALIAS: TRANS_CO COOES: O = CHRISTIAN SCIENCE BILL, SKILLEO NURSING FACILITY (SNF) BILL, OR STATE BUY-IN. 1 = PSYCHIATRIC HOSPITAL FACILITY BILL OR OUMMY PSYCHIATRIC. 2 = TUBERCULOSIS HOSPITAL FACILITY BILL. 3 = GENERAL CARE HOSPITAL FACILITY BILL OR OUMMY LIFETIME RESERVE OAYS (LRO). 4 = REGULAR SNF BILL. 5 = HOME HEALTH AGENCY BILL (HHA). 6 = OUTPATIENT HOSPITAL BILL. C = COMPREHENSIVE REHABILITATION FACILITY BILL (CORF) - TYPE OF OUTPATIENT BILL IN THE HOME HEALTH BILL FORMAT. H = HOSPICE BILL. COMMENT: THIS COOE IS USEO FOR PROCESSING PURPOSES. THE TYPE OF PROCESSING THAT IS OONE ON A PARTICULAR CLAIM IS OEPENOENT ON THIS COOE. THIS COOE IS ALSO USEO TO SUBTRACT THE LIMITS FOR FULL COVERAGE ANO COINSURANCE OAYS. SOURCE: CWF
34.	MEOICAIO PROVIOER IOENTIFICATION NUMBER	CHAR	12	131	142	A UNIQUE IOENTIFICATION NUMBER ASSIGNEO TO EACH PROVIOER BY THE STATE MEOICAIO AGENCY. THIS UNIQUE PROVIOER NUMBER IS USEO TO ENSURE PROPER PAYMENT OF PROVIOERS ANO TO MAINTAIN CLAIMS HISTORY ON INOIVIOUAL PROVIOERS FOR SURVEILLANCE ANO UTILIZATION REVIEW. STANOARO ALIAS: MOCO_PRVOR_IOENT_NUM SAS ALIAS: MOCO_PRV SOURCE: CWF
35.	CLAIM MEOICAIO INFORMATION COOE	CHAR	4	143	146	COOE IOENTIFYING MEOICAIO INFORMATION SUPPLIEO BY THE CONTRACTOR TO MEOICAIO. STANOARO ALIAS: CLM_MOCO_INFO_CO SAS ALIAS: MOCOINFO EFFECTIVE-OATE: 10/01/1993

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					SOURCE: CWF
36. CLAIM TOTAL CHARGE AMOUNT	PACK	5	147	151	THE TOTAL CHARGES FOR ALL SERVICES INCLUDED ON THE INSTITUTIONAL CLAIM. 7.2 DIGITS SIGNED STANDARD ALIAS: CLM_TOT_CHRG_AMT SAS ALIAS: TOT_CHRG EFFECTIVE-DATE: 10/01/1993 COMMENT: REDUNDANT WITH REVENUE CENTER CODE 0001/TOTAL CHARGES SOURCE: CWF
37. CLAIM PAYMENT AMOUNT	PACK	5	152	156	AMOUNT OF PAYMENT MADE TO PROVIDER AND/OR BENEFICIARY FROM THE TRUST FUNDS (AFTER DEDUCTIBLE AND COINSURANCE AMOUNTS HAVE BEEN PAID) FOR THE SERVICES COVERED BY AN INSTITUTIONAL CLAIM, OR FOR THE SERVICES INCLUDED AS A LINE ITEM ON A CWFB PHYSICIAN/ SUPPLIER CLAIM. THIS PAYMENT AMOUNT DOES NOT INCLUDE ANY AUTOMATIC ADJUSTMENTS. FOR INSTITUTIONAL CLAIMS, THIS PAYMENT AMOUNT ALSO DOES NOT INCLUDE ANY PASS-THROUGH PER DIEM AMOUNTS OR ORGAN ACQUISITION COSTS. 7.2 DIGITS SIGNED STANDARD ALIAS: CLM_PMT_AMT COMMON ALIAS: REIMBURSEMENT SAS ALIAS: PMT_AMT EDIT-RULES: $$$$$$$CC SOURCE: CWF
38. PATIENT CONTROL NUMBER	CHAR	20	157	176	THE UNIQUE ALPHANUMERIC IDENTIFIER ASSIGNED BY THE PROVIDER TO THE INSTITUTIONAL CLAIM TO FACILITATE RETRIEVAL OF INDIVIDUAL CASE RECORDS AND POSTING OF PAYMENTS. STANDARD ALIAS: PTNT_CNTL_NUM SAS ALIAS: PTNTCNTL SOURCE: CWF

	NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
39.	CLAIM PEER REVIEW ORGANIZATION CONTROL NUMBER	CHAR	12	177	188	THE UNIQUE IDENTIFIER ASSIGNED BY THE PEER REVIEW ORGANIZATION (PRO) FOR CONTROL PURPOSES. STANDARD ALIAS: CLM_PRO_CNTL_NUM SAS ALIAS: PRO_CNTL EFFECTIVE-DATE: 10/01/1993 SOURCE: CWF
40.	CLAIM MEDICAL RECORD NUMBER	CHAR	17	189	205	THE NUMBER ASSIGNED BY THE PROVIDER TO THE BENEFICIARY'S MEDICAL RECORD TO ASSIST IN RECORD RETRIEVAL. STANDARD ALIAS: CLM_MDCL_REC_NUM SAS ALIAS: MDCL_REC SOURCE: CWF
41.	CLAIM TREATMENT AUTHORIZATION NUMBER	CHAR	18	206	223	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. IT DESIGNATES THAT TREATMENT COVERED BY THE BILL HAS BEEN AUTHORIZED BY THE PAYER. STANDARD ALIAS: CLM_TRTMT_AUTHRZTN_NUM COMMON ALIAS: TAN SAS ALIAS: AUTHRZTN COMMENT: THIS NUMBER IS USED BY THE INTERMEDIARY AND THE PEER REVIEW ORGANIZATION. SOURCE: CWF
42.	BENEFICIARY PRIMARY PAYER CODE	CHAR	1	224	224	SPECIFIES A FEDERAL NON-MEDICARE PROGRAM OR OTHER SOURCE THAT HAS PRIMARY RESPONSIBILITY FOR THE PAYMENT OF THE MEDICARE BENEFICIARY'S MEDICAL BILLS. STANDARD ALIAS: BENE_PRMRY_PYR_CD SAS ALIAS: PRPAY_CD CODES: A = WORKING AGED BENE/SPOUSE WITH EMPLOYER GROUP HEALTH PLAN (EGHP) B = END STAGE RENAL DISEASE (ESRD) BENEFICIARY IN THE 18 MONTH COORDINATION PERIOD WITH AN EMPLOYER GROUP HEALTH PLAN

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					C = CONDITIONAL PAYMENT BY MEDICARE; FUTURE REIMBURSEMENT EXPECTED D = AUTOMOBILE NO-FAULT OR ANY LIABILITY INSURANCE E = WORKERS' COMPENSATION F = PUBLIC HEALTH SERVICE OR OTHER FEDERAL AGENCY (OTHER THAN DEPT. OF VETERANS AFFAIRS) G = WORKING DISABLED H = BLACK LUNG I = DEPT. OF VETERANS AFFAIRS J = ANY LIABILITY INSURANCE 1 = POTENTIAL WORKERS' COMPENSATION 2 = POTENTIAL BLACK LUNG 3 = POTENTIAL DEPT. OF VETERANS AFFAIRS *EFFECTIVE 12/90 FOR CWFB CLAIMS; 10/93 FOR INSTITUTIONAL CLAIMS M = OVERRIDE CODE: EGHP SERVICES INVOLVED N = OVERRIDE CODE: NON-EGHP SERVICES INVOLVED X = OVERRIDE CODE MSP COST AVOIDED BLANK = MEDICARE IS PRIMARY PAYER ***PRIOR TO 12/90*** Y = OTHER SECONDARY PAYER INVESTIGATION SHOWS MEDICARE AS PRIMARY PAYER Z = MEDICARE IS PRIMARY PAYER SOURCE: CWF,VA,DOL,SSA
43. BENEFICIARY PRIMARY PAYER CLAIM PAYMENT AMOUNT	PACK	5	225	229	THE AMOUNT OF A PAYMENT MADE ON BEHALF OF A MEDICARE BENEFICIARY BY A PRIMARY PAYER OTHER THAN MEDICARE, THAT THE PROVIDER IS APPLYING TO COVERED MEDICARE CHARGES ON AN INSTITUTIONAL OR CWFB CLAIM. 7.2 DIGITS SIGNED STANDARD ALIAS: BENE_PRMRY_PYR_CLM_PMT_AMT SAS ALIAS: PRPAYAMT EDIT-RULES: $$$$$$$CC SOURCE: CWF
44. INTERMEDIARY CLAIM ACTION CODE	CHAR	1	230	230	THE TYPE OF ACTION REQUESTED BY THE INTERMEDIARY TO BE TAKEN ON AN INSTITUTIONAL CLAIM. STANDARD ALIAS: INTRMDRY_CLM_ACTN_CD

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS ENO	CONTENTS
					COMMON ALIAS: ACTION_COOE SAS ALIAS: ACTN_CO COOES: 1 = ORIGINAL OEBIT ACTION (INCLUOES NON-AOJUSTMENT RTI CORRECTION ITEMS) - IT WILL ALWAYS BE A 1 IN REGULAR BILLS 2 = CANCEL BY CREOIT AOJUSTMENT - USEO ONLY IN CREOIT/OEBIT PAIRS 3 = SECONOARY OEBIT AOJUSTMENT - USEO ONLY IN CREOIT/OEBIT PAIRS 4 = CANCEL ONLY AOJUSTMENT 5 = FORCE ACTION COOE 3 6 = FORCE ACTION COOE 2 8 = BENEFITS REFUSEO (FOR INPATIENT BILLS, AN 'R' NONPAYMENT COOE MUST ALSO BE PRESENT) 9 = PAYMENT REQUESTEO (USEO ON BILLS THAT REPLACE PREVIOUSLY-SUBMITTEO BENEFITS-REFUSEO BILLS, ACTION COOE 8. IN SUCH CASES A OEBIT/CREOIT PAIR IS NOT REQUIREO. FOR INPATIENT BILLS, A 'P' SHOULO BE ENTEREO IN THE NONPAYMENT COOE.) SOURCE: CWF
45. INTERMEOIARY REQUESTEO CLAIM CANCEL REASON COOE	CHAR	1	231	231	THE REASON THAT AN INTERMEOIARY REQUESTEO CANCELING A PREVIOUSLY SUBMITTEO INSTITUTIONAL CLAIM. STANOARO ALIAS: INTRMORY_RQST_CLM_CNCL_RSN_CO SAS ALIAS: CANCELCO COOES: C = COVERAGE TRANSFER O = OUPLICATE BILLING H = OTHER OR BLANK L = COMBINING 2 BENEFIT PERIOOS OR 2 BENEFICIARY MASTER RECOROS P = PLAN TRANSFER S = SCRAMBLE SOURCE: CWF
46. CLAIM PRIMARY CARE PHYSICIAN IOENTIFICATION NUMBER	CHAR	10	232	241	ON AN INSTITUTIONAL CLAIM, THE STATE LICENSE NUMBER OR OTHER IOENTIFIER (LIKE UPIN, REQUIREO SINCE 1/92) OF THE PHYSICIAN WHO WOULO NORMALLY BE EXPECTEO TO CERTIFY ANO RECERTIFY THE MEOICAL NECESSITY OF THE SERVICES RENOEREO ANO/OR WHO HAS PRIMARY RESPONSIBILITY FOR THE BENEFICIARY'S MEOICAL CARE ANO TREATMENT (ATTENOING PHYSICIAN). NOTE: WHERE UPIN IS

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS ENO	CONTENTS
					PROVIOEO, THE FIRST SIX POSITIONS OF THIS NUMBER ARE THE UPIN FOLLOWEO BY THE FIRST FOUR POSITIONS OF THE PHYSICIAN'S SURNAME. STANOARO ALIAS: CLM_PRMRY_CARE_PHYSN_IOENT_NUM COMMON ALIAS: ATTENDING_PHYSICIAN SAS ALIAS: PC_PHYSN SOURCE: CWF
47. CLAIM STATUS COOE	CHAR	2	242	243	THE STATUS OF THE BENEFICIARY AS OF THE SERVICE THRU OATE ON A CLAIM. STANOARO ALIAS: CLM_STUS_CO COMMON ALIAS: OISCHARGE_OESTINATION/PATIENT_STATUS SAS ALIAS: STUS_CO COOES: 01 = OISCHARGEO TO HOME/SELF CARE (ROUTINE CHARGE). 02 = OISCHARGEO/TRANSFERREO TO OTHER SHORT-TERM GENERAL HOSPITAL. 03 = OISCHARGEO/TRANSFERREO TO SKILLEO NURSING FACILITY (SNF). 04 = OISCHARGEO/TRANSFERREO TO INTERMEOIATE CARE FACILITY (ICF). 05 = OISCHARGEO/TRANSFERREO TO ANOTHER TYPE OF INSTITUTION (INCLUOING OISTINCT PARTS). 06 = OISCHARGEO/TRANSFERREO TO HOME CARE OF ORGANIZEO HOME HEALTH SERVICE. 07 = LEFT AGAINST MEOICAL AOVICE. 08 = OISCHARGEO/TRANSFERREO TO HOME UNOER CARE OF A HOME IV ORUG THERAPY PRVOR 09 = AOMITTEO AS AN INPATIENT TO THIS HOSPITAL (EFFECTIVE 3/1/91). 10-19 = OISCHARGEO TO BE OEFINEO AT STATE LEVEL IF NECESSARY. 20 = EXPIREO (OIO NOT RECOVER - CHRISTIAN SCIENCE PATIENT). 21-29 = EXPIREO TO BE OEFINEO AT STATE LEVEL, IF NECESSARY 30 = STILL PATIENT. 31-39 = STILL PATIENT TO BE OEFINEO AT STATE LEVEL, IF NECESSARY. 40 = EXPIREO AT HOME. 41 = OIEO IN A MEOICAL FACILITY SUCH AS HOSPITAL, SNF, ICF, OR FREESTANOING HOSPICE. 42 = PLACE OF OEATH UNKNOWN. 43-99 = RESERVEO FOR NATIONAL ASSIGNMENT. COMMENT:

	NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
						TWO FIELOS (PATIENT STATUS ANO ORG OISCHARGE OESTINATION) DN CWF SPECS WERE COMBINEO INTO THIS ONE ELEMENT. SOURCE: CWF
48.	CLAIM PRINCIPAL OIAGNOSIS COOE	CHAR	5	244	248	ON AN INSTITUTIONAL CLAIM, THE ICO-9-CM OIAGNOSIS COOE IOENTIFYING THE CONOITION ESTABLISHEO, STUOY, TO BE CHIEFLY RESPONSIBLE FOR CAUSING THE AOMISSION OF THE BENEFICIARY; DN A CWFB CLAIM, THE ICO-9-CM COOE IOENTIFYING THE OIAGNOSIS, CONOITION, PROBLEM OR OTHER REASON FOR THE ENCOUNTER/VISIT SHOWN IN THE MEOICAL RECORO TD BE CHIEFLY RESPONSIBLE FOR THE SERVICES PROVIOEO. STANOARO ALIAS: CLM_PRNCPAL_OGNS_CO SAS ALIAS: POGNS_CO EOIT-RULES: ICO-9-CM SOURCE: CWF
49.	CLAIM GROUP HEALTH ORGANIZATION PAIO SWITCH	CHAR	1	249	249	A SWITCH INOICATING WHETHER OR NOT A GROUP HEALTH ORGANIZATION (GHO) HAS PAIO THE PROVIOER FOR AN INSTITUTIONAL CLAIM. STANOARO ALIAS: CLM_GHO_PO_SW SAS ALIAS: GHOPAYSW EOIT-RULES: OPTIONAL COOES: 1 = GHO HAS PAIO THE PROVIOER FOR A CLAIM BLANK OR O = GHO HAS NDT PAIO THE PROVIOER FOR A CLAIM SOURCE: CWF
50.	CLAIM PRINCIPAL PROCEOURE PHYSICIAN IOENTIFICATION NUMBER	CHAR	10	250	259	ON AN INSTITUTIONAL CLAIM, THE STATE LICENSE NUMBER OR OTHER IOENTIFIER (LIKE UPIN, REQUIREO SINCE 1/92) OF THE PHYSICIAN WHO PERFORMEO THE PRINCIPAL PROCEOURE. THIS ELEMENT IS USEO BY THE PROVIOER TO IOENTIFY THE OPERATING PHYSICIAN WHO PERFORMEO THE SURGICAL PROCEOURE. NOTE: WHERE THE UPIN IS PROVIOEO, THE FIRST SIX POSITIONS OF THIS NUMBER ARE THE UPIN FOLLDWEO BY THE FIRST FOUR POSITIDNS OF THE PHYSICIAN'S SURNAME.

	NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
						STANDARD ALIAS: CLM_PRNCPAL_PRCDR_PHYSN_NUM COMMON ALIAS: OPERATING_PHYSICIAN SAS ALIAS: PP_PHYSN SOURCE: CWF
51.	CLAIM OTHER PHYSICIAN IDENTIFICATION NUMBER	CHAR	10	260	269	NUMBER IDENTIFYING OTHER PHYSICIAN ASSOCIATED WITH THE INPATIENT OR OUTPATIENT CLAIM. 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 STANDARD ALIAS: CLM_OTHR_PHYSN_IDENT_NUM SAS ALIAS: OTHRPHYS EFFECTIVE-DATE: 10/01/1993 SOURCE: CWF
52.	BENEFICIARY PART B DEDUCTIBLE LIABILITY AMOUNT	PACK	4	270	273	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 CWFB CLAIM. 5.2 DIGITS SIGNED STANDARD ALIAS: BENE_PTB_DDCTBL_LBLTY_AMT SAS ALIAS: PTB_DED EDIT-RULES: $$$$$CC SOURCE: CWF
53.	BENEFICIARY PART B COINSURANCE LIABILITY AMOUNT	PACK	4	274	277	THE AMOUNT OF MONEY FOR WHICH THE INTERMEDIARY HAS DETERMINED THAT THE BENEFICIARY IS LIABLE FOR PART B COINSURANCE ON THE INSTITUTIONAL CLAIM. 5.2 DIGITS SIGNED STANDARD ALIAS: BENE_PTB_COINSRNC_LBLTY_AMT SAS ALIAS: PTB_COIN EDIT-RULES: $$$$$CC SOURCE: CWF
54.	CLAIM OUTPATIENT REFERRAL	CHAR	1	278	278	THE CODE INDICATING THE MEANS BY WHICH THE

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
CODE					BENEFICIARY WAS REFERRED FOR OUTPATIENT SERVICES. STANDARD ALIAS: CLM_OP_RFRL_CD SAS ALIAS: OP_RFRL CODES: *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 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 - TH 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 DIRECTION OF A COURT OF LAW, OR UPON THE REQUEST OF A LAW ENFORCEMENT AGENCY REPRESENTATIVE FOR OUTPATIENT OR REFERENCED DIAGNOSTIC SERVICES. 9 = INFORMATION NOT PATIENT WAS AVAILABLE - FOR MEDICARE OUTPATIENT CLAIMS THIS

	NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
						IS NOT A VALID CODE. SOURCE: CWF
55.	CLAIM OUTPATIENT SERVICE TYPE CODE	CHAR	1	279	279	FOR FUTURE USE TO IDENTIFY TYPE OF OUTPATIENT SERVICE. STANDARD ALIAS: CLM_OP_SRVC_TYPE_CD SAS ALIAS: OPSRVTYP
56.	CLAIM EDIT CODE COUNT	NUM	1	280	280	THE COUNT OF THE EDIT CODES ANNOTATED TO THE INSTITUTIONAL OR CWFB CLAIM DURING THE QUALITY ASSURANCE PROCESS. THE PURPOSE OF THIS COUNT IS TO INDICATE HOW MANY CLAIM EDIT TRAILERS ARE PRESENT. 1 DIGIT UNSIGNED STANDARD ALIAS: CLM_EDIT_CD_CNT SAS ALIAS: EDCD_CNT SOURCE: NCH
57.	CLAIM NEAR LINE ORIGINAL BENEFICIARY CLAIM NUMBER COUNT	NUM	1	281	281	THE COUNT OF THE ORIGINAL BENEFICIARY CLAIM ACCOUNT NUMBER DATA TRAILERS (INDICATES WHETHER THE CURRENT CLAIM NUMBER, AS REFLECTED ON THE INSTITUTIONAL OR CWFB CLAIM, DIFFERS FROM THAT ORIGINALLY IN THE NEAR-LINE RECORD). 1 DIGIT UNSIGNED STANDARD ALIAS: CLM_NEAR_LINE_ORGNL_CN_CNT SAS ALIAS: ORGN_CNT DERIVATION: THIS ELEMENT IS DERIVED FOR THE RETRIEVAL PROCESS FOR CASES WHERE THE BENEFICIARY HAS MULTIPLE CLAIM NUMBERS (BENE_CLM_ACNT_NUM AND BENE_IDENT_CD). SOURCE: NCH
58.	CLAIM BLOOD DATA COUNT	NUM	1	282	282	THE COUNT OF BLOOD DATA TRAILERS PRESENT ON THE INSTITUTIONAL OR CWFB CLAIM. 1 DIGIT UNSIGNED STANDARD ALIAS: CLM_BLOOD_DATA_CNT SAS ALIAS: BLD_CNT DERIVATION: THIS ELEMENT IS DERIVED BY CHECKING FOR THE

	NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS ENO	CONTENTS
						PRESENCE OF THE INSTITUTIONAL OR CWFB CLAIM BASE ELEMENTS: CLM_BLOOO_PT_FRNSH_QTY, CLM_BLOOO_PT_NRPLC_QTY, CLM_BLOOO_PT_RPLC_QTY, CLM_BLOOO_OOCTBL_PT_QTY ANO CLM_BLOOO_OOCTBL_LBLTY_AMT. SOURCE: NCH
59.	CLAIM OTHER OIAGNOSIS COOE COUNT	NUM	2	283	284	THE COUNT OF THE NUMBER OF OIAGNOSIS COOES (OTHER THAN THE PRINCIPAL OIAGNOSIS COOE) REPORTEO ON THE INSTITUTIONAL CLAIM. THE PURPOSE OF THIS COUNT IS TO INOICATE HOW MANY OIAGNOSIS TRAILERS ARE PRESENT. 2 OIGITS UNSIGNEO STANOARO ALIAS: CLM_OTHR_OGNS_CO_CNT SAS ALIAS: OOGNSCNT SOURCE: NCH
60.	CLAIM PROCEOURE COOE COUNT	NUM	2	285	286	THE COUNT OF THE NUMBER OF PROCEOURE COOES (PRINCIPAL ANO OTHER) REPORTEO ON THE INSTITUTIONAL CLAIM. THE PURPOSE OF THIS COUNT IS TO INOICATE HOW MANY PROCEOURE TRAILERS ARE PRESENT. 2 OIGITS UNSIGNEO STANOARO ALIAS: CLM_PRCOR_CO_CNT SAS ALIAS: SURG_CNT SOURCE: NCH
61.	CLAIM RELATEO CONOITION COOE COUNT	NUM	2	287	288	THE COUNT OF THE NUMBER OF CONOITION COOES REPORTEO ON THE INSTITUTIONAL CLAIM. THE PURPOSE OF THIS COUNT IS TO INOICATE HOW MANY CONOITION TRAILERS ARE PRESENT. 2 OIGITS UNSIGNEO STANOARO ALIAS: CLM_RLT_CONO_CO_CNT SAS ALIAS: OCRNCCNT SOURCE: NCH
62.	CLAIM RELATEO OCCURRENCE COOE COUNT	NUM	2	289	290	THE COUNT OF THE NUMBER OF OCCURRENCE COOES REPORTEO ON THE INSTITUTIONAL CLAIM. THE PURPOSE OF THE OCCURRENCE COOE COUNT IS TO INOICATE HOW MANY RELATEO OCCURRENCE OATA TRAILERS ARE PRESENT.

	NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
						2 DIGITS UNSIGNED STANDARD ALIAS: CLM_RLT_OCRNC_CD_CNT SAS ALIAS: OCRNCCNT SOURCE: NCH
63.	CLAIM OCCURRENCE SPAN CODE COUNT	NUM	2	291	292	THE COUNT OF THE NUMBER OF OCCURRENCE SPAN CODES REPORTED ON THE INSTITUTIONAL CLAIM. THE PURPOSE OF THIS COUNT IS TO INDICATE HOW MANY OCCURRENCE SPAN DATA TRAILERS ARE PRESENT. 2 DIGITS UNSIGNED STANDARD ALIAS: CLM_OCRNC_SPAN_CD_CNT SAS ALIAS: SPAN_CNT SOURCE: NCH
64.	CLAIM VALUE CODE COUNT	NUM	2	293	294	THE COUNT OF THE NUMBER OF VALUE CODES REPORTED ON THE INSTITUTIONAL CLAIM. THE PURPOSE OF THIS COUNT IS TO INDICATE HOW MANY VALUE DATA TRAILERS ARE PRESENT. 2 DIGITS UNSIGNED STANDARD ALIAS: CLM_VAL_CD_CNT SAS ALIAS: VAL_CNT SOURCE: NCH
65.	REVENUE CENTER CODE COUNT	NUM	2	295	296	THE NUMBER OF REVENUE CENTER CODES REPORTED ON THE INSTITUTIONAL CLAIM. THE PURPOSE OF COUNT IS TO INDICATE HOW MANY REVENUE CENTER TRAILERS ARE PRESENT. 2 DIGITS UNSIGNED STANDARD ALIAS: CLM_REV_CNTR_CD_CNT SAS ALIAS: FIN_CNT SOURCE: NCH
****	INSTITUTIONAL OUTPATIENT CLAIM VARIABLE GROUP	GROUP				VARIABLE PORTION OF THE INSTITUTIONAL OUTPATIENT CLAIM RECORD FOR VERSION G OF THE NCH. STANDARD ALIAS: INSTNL_OP_CLM_VAR_GRP COBOL ALIAS: OP_CLM_TRLR_GRP
****	CLAIM EDIT GROUP	GROUP	4			THE NUMBER OF CLAIM EDIT TRAILERS IS DETERMINED

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					BY THE CLAIM EDIT CODE COUNT. THE FIRST OCCURRENCE CONTAINS THE CLAIM EDIT CODE; THE THE SECOND OCCURRENCE CONTAINS THE CLAIM EDIT MULTIPLE INDICATOR SWITCH PLUS THE CLAIM EDIT DISPOSITION CODE; THE THIRD THROUGH NINTH OCCURRENCES CONTAIN THE CLAIM EDIT PATCH INDICATOR CODES. OCCURS: UP TO 9 TIMES DEPENDING ON CLM_EDIT_CD_CNT STANDARD ALIAS: CLM_EDIT_GRP
66. CLAIM EDIT CODE	CHAR	4			THE CODE ANNOTATED TO CLAIMS (INSTITUTIONAL AND CWFB) INDICATING THE EOIT RESULTS SO USERS WILL BE AWARE OF DATA DEFICIENCIES. ONLY THE HIGHEST PRIORITY CODE IS STORED. STANDARD ALIAS: CLM_EDIT_CD COMMON ALIAS: QA_ERROR_CODE SAS ALIAS: EDIT_CD CODES: NOTE: (C) INOICATES CONSISTENCY ERROR (U) INDICATES UTILIZATION ERROR (E) INDICATES ENTITLEMENT ERROR (D) INDICATES DUPLICATE ERROR AOX1 = (C) PHYSICIAN-SUPPLIER ZIP CODE AOX3 = (C) UNIQUE PHY IDEN. (UPIN) INVALID A001 = (C) BENEFICIARY IDENTIFICATION (BIC) A002 = (C) CLAIM IDENTIFIER (CAN) A003 = (C) BENEFICIARY IDENTIFICATION (BIC) A004 = (C) PATIENT SURNAME BLANK A005 = (C) PATIENT 1ST INITIAL NOT-ALPHABETIC A006 = (C) DATE OF BIRTH IS NOT NUMERIC A007 = (C) INVALID GENDER (0, 1, 2) A008 = (C) INVALID QUERY-CODE (WAS CORRECTED) A1X1 = (C) PERCENT ALLOWEO INDICATOR C050 = (U) HOSPICE - SPELL VALUE INVALID D101 = (C) DME ORDERING PHY UPIN INVALID D102 = (C) DME DATE OF BIRTH INVALID D2X1 = (C) DME SCREEN SUSPENSION INVALID 02X2 = (C) DME SCREEN SAVINGS INVALID D2X3 = (C) DME SCREEN RESULT INVALIO 02X4 = (C) DME DECISION IND INVALID D2X5 = (C) DME WAIVER OF PROV LIAB INVALID D3X1 = (C) DME NATIONAL DRUG COOE INVALID D4X1 = (C) DME BENE RESIDNC STATE CODE INVALID D4X2 = (C) DME OUT OF DMERC SERVICE AREA D5X1 = (C) DME HCPCS FOR DMEPOS INVALID D5X2 = (C) DME HCPCS NOC & NOC DESCRIP MISSING D5X3 = (C) DME INVALID USE OF MS MODIFIER

INSTITUTIONAL OUTPATIENT CLAIM RECORO

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS ENO	CONTENTS
					06X1 = (C) OME SUPPLIER NUMBER MISSING
					07X1 = (C) OME PURCHACE ALLOWABLE INVALIO
					0921 = (C) SHOE HCPC W/O MOO RT,LT REQ UNITS=2
					TEST = (C) TEST ERROR: FORCE TO ERROR REPORT
					XXXX = (O) SYS OUPL: HOST/BATCH/QUERY-COOE
					0011 = (C) ACTION COOE INVALIO
					0020 = (C) CANCEL ONLY COOE INVALIO
					0301 = (C) CLAIM IOENTIFIER (CAN)
					0302 = (C) BENEFICIARY IOENTIFICATION (BIC)
					04A1 = (C) PATIENT SURNAME BLANK (PHYS/SUP)
					04B1 = (C) PATIENT 1ST INITIAL NOT-ALPHABETIC
					0401 = (C) BILL TYPE/PROVIOER INVALIO
					0406 = (C) MAMMOGRAPHY WITH NO HCPCS 76092
					0407 = (C) RESPITE CARE BILL TYPE 34X,NO REV 66
					0408 = (C) REV COOE 403 /TYPE 71X/ PROV3800-974
					0410 = (C) IMMUNO ORUG OCCR-36,NO REV-25 OR 636
					05X4 = (C) UPIN REQUIREO FOR TYPE-OF-SERVICE
					05X5 = (C) UPIN REQUIREO FOR OME HCPCS
					0501 = (C) UNIQUE PHY IOEN. (UPIN) BLANK
					0502 = (C) UNIQUE PHY IOEN. (UPIN) INVALIO
					0601 = (C) GENOER INVALIO
					0701 = (C) CONTRACTOR INVALIO CARRIER/ETC
					0702 = (C) PROVIOER NUMBER INCONSISTANT
					0703 = (C) MAMMOGRAPHY FOR NOT FEMALE
					0705 = (C) PRV-STATUS EQUALS N OR NO-OVR
					0901 = (C) INVALIO OISP COOE OF 02
					0902 = (C) INVALIO OISP COOE OF SPACES
					0903 = (C) INVALIO OISP COOE
					1001 = (C) PROF REVIEW/ACT COOE/BILL TYPE
					13X2 = (C) MULTIPLE ITEMS FOR SAME SERVICE
					1301 = (C) LINE COUNT NOT NUMERIC OR > 13
					1302 = (C) RECORO LENGTH INVALIO
					1501 = (C) AOMIT OATE/ENTRY COOE INVALIO
					1502 = (C) AOMIT OATE > STAY FROM OATE
					1503 = (C) AOMIT OATE INVALIO WITH THRU OATE
					1504 = (C) AOM/FROM/THRU OATE > TOOAYS OATE
					1601 = (C) INVESTIGATION INO INVALIO
					1701 = (C) SPLIT INO INVALIO
					1801 = (C) PAY-OENY COOE INVALIO
					1802 = (C) HEAOER AMT ANO NOT OENIEO CLAIM
					1803 = (C) HEAOER AMT ANO COSTS AVOIOEO
					1901 = (C) AB CROSSOVER INO INVALIO
					2001 = (C) HOSPICE OVERRIOE INVALIO
					2101 = (C) HMO-OVERRIOE/PATIENT-STAT INVALIO
					2102 = (C) FROM/THRU OATE OR KRON/PAT STAT
					2201 = (C) FROM/THRU OATE OR HCPCS YR INVAL
					2202 = (C) STAY-FROM OATE > THRU-OATE
					2203 = (C) THRU OATE INVALIO
					2204 = (C) FROM OATE BEFORE EFFECTIVE OATE
					2205 = (C) OATE YEARS OIFFERENT ON OUTPAT
					2207 = (C) MAMMOGRAPHY BEFORE 1991
					2301 = (C) OOCUMENT CNTL OR UTIL OYS INVALIO
					2302 = (C) COVEREO OAYS INVALIO OR INCONSIST
					2303 = (C) COST REPORT OAYS > ACCOMIOATION

INSTITUTIONAL OUTPATIENT CLAIM RECORO

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS ENO	CONTENTS
					2304 = (C) UTIL OAYS = ZERO ON PATIENT BILL
					2306 = (C) UTIL OYS/NOPAY/REIMB INCONSISTENT
					2307 = (C) CONO = 40 ANO VALU = 7 THRU 9
					2308 = (C) NOPAY = R WHEN UTIL OAYS = ZERO
					2401 = (C) NON-UTIL OAYS INVALIO
					2501 = (C) CLAIM RCV OT OR COINSURANCE INVAL
					2502 = (C) COIN+LR OAYS>UTIL OAYS
					2503 = (C) COINSURANCE/TRANS TYPE/UTIL OAYS
					2504 = (C) COINSURANCE AMOUNT EXCESSIVE
					2505 = (C) COINSURANCE RATE > ALLOWEO AMOUNT
					2506 = (C) COINSURANCE OAYS/AMOUNT INCONSIST
					2507 = (C) COIN+LR OAYS > TOTAL OAYS FOR YR
					2508 = (C) COINSURANCE OAYS INVALIO FOR TRAN
					2601 = (C) CLAIM PAIO OT INVALIO OR LIFE RES
					2602 = (C) LR-OAYS SHOW, BUT NO AMT VAL 08,10
					2603 = (C) LIFE RESERVE > RATE FOR CAL YEAR
					2604 = (C) PPS BILL, NO OAY OUTLIER
					2605 = (C) LIFE RESERVE RATE > OAILY RATE AVR.
					28XA = (C) UTIL OAYS > FROM TO BENEF EXH
					28XB = (C) BENEFITS EXH OATE BEFORE FROM OATE
					28XC = (C) BENEFITS EXH OATE/INVALIO TRANS TYPE
					28XO = (C) OCCUR 23 WITH SPAN 70 ON INPAT HOSP
					28XE = (C) MULTI BENE EXH OATE (OCCR A3,B3,C3)
					28XO = (C) OCCUR = 23 FOR CAT OR HMO
					28X1 = (C) OCCUR OATE INVALIO
					28X2 = (C) OCCUR = 20 ANO TRANS = 4
					28X3 = (C) OCCUR 20 OATE < AOMIT OATE
					28X4 = (C) OCCUR 20 OATE > AOMIT + 12
					28X5 = (C) OCCUR 20 ANO AOMIT NOT = FROM
					28X6 = (C) OCCUR 20 OATE < BENE EXH OATE
					28X7 = (C) OCCUR 20 OATE+UTIL-COIN>COVERAGE
					28X8 = (C) OCCUR 22 OATE < FROM OR > THRU
					28X9 = (C) UTIL > FROM - THRU LESS NCOV
					33X1 = (C) QUAL STAY OATES INVALIO (SPAN=70)
					33X2 = (C) QS FROM OATE NOT < THRU (SPAN=70)
					33X3 = (C) QS THRU OATE NOT > FROM+2 (SPAN=70)
					33X4 = (C) QS THRU OATE > AOMIT OATE (SPAN=70)
					33X5 = (C) SPAN 70 INVALIO FOR OATE OF SERVICE
					35X1 = (C) 60, 61, 66 & NON-PPS / 65 & PPS
					35X2 = (C) CONO = 60 OR 61 ANO NO VALU 17
					35X3 = (C) PRO APPROVAL CONO C3,C7 REQ SPAN MO
					3701 = (C) ASSIGN COOE INVALIO
					3801 = (C) AMT BENE PO INVALIO
					4001 = (C) BLOOO PINTS FURNISHEO INVALIO
					4002 = (C) BLOOO FURNISHEO/REPLACEO INVALIO
					4003 = (C) BLOOO FURNISHEO/VERIFIEO/OEOUCT
					4201 = (C) BLOOO PINTS UNREPLACEO INVALIO
					4202 = (C) BLOOO PINTS UNREPLACEO/BLOOO OEO
					4301 = (C) BLOOO OEOUCTABLE INVALIO
					4302 = (C) BLOOO OEOUCT/FURNISHEO PINTS
					4303 = (C) BLOOO OEOUCT > UNREPLACEO BLOOO
					4304 = (C) BLOOO OEOUCT > 3 - REPLACEO
					4501 = (C) PRIMARY OIAGNOSIS INVALIO
					46XA = (C) MSP VET ANO VET AT MEOICARE

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					46XB = (C) MULTIPLE COIN VALU CODES (A2,B2,C2)
					46XC = (C) COIN VALUE (A2,B2,C2) ON INPATIENT
					46XG = (C) VALU CODE 20 INVALID
					46XH = (C) VALUE CODE 20 FOUND
					46X1 = (C) VALUE AMOUNT INVALID
					46X2 = (C) VALU 06 AND BLD-DED-PTS IS ZERO
					46X3 = (C) VALU 06 AND TTL-CHGS=NC-CHGS(001)
					46X4 = (C) VALU (A1,B1,C1): AMT > DEDUCT
					46X5 = (C) DEDUCT VALUE (A1,B1,C1) ON SNF BILL
					46X6 = (C) VALU 17 AND NO COND CODE 60 OR 61
					46X7 = (C) OUTLIER(VAL 17) > REIMB + VAL6-16
					46X8 = (C) MULTI CASH DED VALU CODES (A1,B1,C1)
					4600 = (C) CAPITAL TOTAL NOT = CAP VALUES
					5051 = (E) EDB: NOMATCH ON 3 CHARACTERISTICS
					5052 = (E) EDB: NOMATCH ON MASTER-ID RECORD
					5053 = (E) EDB: NOMATCH ON CLAIM-NUMBER
					51XA = (C) HCPCS EYEWARE & REV CODE NOT 274
					51X1 = (C) REV CODE CHECK
					51X2 = (C) REV CODE INCOMPATIBLE BILL TYPE
					51X3 = (C) REV CODE INCOMPATIBLE WITH BILL
					51X4 = (C) INP:CHGS/YR-RATE,ETC; OUTP:PSYCH>YR
					51X5 = (C) REVENUE NON-COVERED > TOTAL CHRGE
					51X6 = (C) REV TOTAL CHARGES EQUAL ZERO
					51X7 = (C) REV CODE 403 WITH NO BILL 14 23 71
					51X8 = (C) MAMMOGRAPHY SUBMISSION INVALID
					51X9 = (C) HCPCS/REV CODE/BILL TYPE
					5100 = (U) TRANSITION SPELL / SNF
					5200 = (E) ENTITLEMENT EFFECTIVE DATE
					5202 = (E) ENTITLEMENT HOSPICE EFFECTIVE DATE
					5202 = (U) HOSPICE TRAILER ERROR
					5203 = (E) ENTITLEMENT HOSPICE PERIODS
					5203 = (U) HOSPICE TRAILER ERROR
					5205 = (U) HOSPICE BENE EXHAUST/TERM DATE
					5206 = (U) HOSPICE DATE DIFF NOT 89
					5207 = (U) HOSPICE THRU > TERM DATE 2ND
					5208 = (U) 4TH SPL,THRU > TERM DATE 2ND
					5209 = (U) DAYS>90,THRU > TERM DATE 2ND
					5210 = (E) ENTITLEMENT FRM/TRU/END DATES
					5211 = (E) ENTITLEMENT DATE DEATH/THRU
					5212 = (E) ENTITLEMENT DATE DEATH/THRU
					5220 = (E) ENTITLEMENT FROM/EFF DATES
					5233 = (E) ENTITLEMENT HMO PERIODS
					5240 = (U) HOSPICE SPELL ERROR
					5241 = (U) HOSPICE SPELL ERROR
					5250 = (U) HOSPICE DOEBA/DOLBA
					5255 = (U) HOSPICE DAYS USED
					5256 = (U) HOSPICE DAYS USED > 999
					5299 = (U) HOSPICE PERIOD NUMBER ERROR
					5320 = (U) BILL > DOEBA AND IND-1 = 2
					5350 = (U) HOSPICE DOEBA/DOLBA SECONDARY
					5355 = (U) HOSPICE DAYS USED SECONDARY
					5399 = (U) HOSPICE PERIOD NUM MATCH
					5410 = (U) INPAT DEDUCTABLE
					5425 = (U) PART B DEDUCTABLE CHECK

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					5430 = (U) PART B DEDUCTABLE CHECK
					5450 = (U) PART B COMPARE MED EXPENSE
					5460 = (U) PART B COMPARE MED EXPENSE
					5499 = (U) MED EXPENSE TRAILER MISSING
					5500 = (U) FULL DAYS/SNF-HOSP FULL DAYS
					5510 = (U) COIN DAYS/SNF COIN DAYS
					5515 = (U) FULL DAYS/COIN DAYS
					5516 = (U) SNF FULL DAYS/SNF COIN DAYS
					5520 = (U) LIFE RESERVE DAYS
					5530 = (U) UTIL DAYS/LIFE PSYCH DAYS
					5600 = (D) LOGICAL DUPE, COVERED
					5601 = (D) LOGICAL DUPE, QRY-CDE, RIC 123
					5602 = (D) LOGICAL DUPE, PANDE C, E OR I
					5603 = (D) LOGICAL DUPE, COVERED
					5605 = (D) POSS DUPE, OUTPAT REIMB
					5606 = (D) POSS DUPE, HOME HEALTH COVERED U
					5623 = (U) NON-PAY CODE IS P
					57X1 = (C) PROVIDER SPECIALITY CODE INVALID
					57X2 = (C) PHYS THERAPY/PROVIDER SPEC INVAL
					57X3 = (C) PLACE/TYPE/SPECIALTY/REIMB IND
					57X4 = (C) HCFA-TYPE/PROVIDER SPEC INVALID
					5700 = (U) LINKED TO THREE SPELLS
					58X1 = (C) PROVIDER TYPE INVALID
					59XA = (C) PROST ORTH HCPCS/FROM DATE
					59XB = (C) HCPCS/FROM DATE/TYPE P OR I
					59XC = (C) HCPCS Q0036,37,42,43,46/FROM DATE
					59XD = (C) HCPCS Q0038-41/FROM DATE/TYPE
					59XE = (C) HCPCS/MAMMOGRAPHY-RISK/ DIAGNOSIS
					59XF = (C) PROC CODE MOD = RR/TYPE NOT R
					59XG = (C) CAPPED/FREQ-MAINT/PROST HCPCS
					59XH = (C) HCPCS E0620/TYPE/DATE
					59XI = (C) HCPCS E0627-9/ DATE < 1991
					59X1 = (C) TYPE OF SERVICE INVALID
					59X2 = (C) ASC IND/TYPE OF SERVICE INVALID
					59X3 = (C) TYPE 8,N / MOD = 80-82,AS
					59X4 = (C) KIDNEY DONOR/TYPE/PLACE/REIMB
					59X5 = (C) MAMMOGRAPHY FOR MALE
					59X6 = (C) DRUG AND NON DRUG BILL LINE ITEMS
					59X7 = (C) CAPPED-HCPCS/FROM DATE
					59X8 = (C) FREQUENTLY MAINTAINED HCPCS
					59X9 = (C) HCPCS E1220/FROM DATE/TYPE IS R
					5901 = (U) ERROR CODE OF Q
					60X1 = (C) ASSIGN IND INVALID
					6000 = (U) ADJUSTMENT BILL SPELL DATA
					6020 = (U) ADJUSTMENT BILL DOLBA < 1990
					6030 = (U) ADJUSTMENT BILL SPELL DATA
					6035 = (U) ADJUSTMENT BILL THRU DTE/DOLBA
					61X1 = (C) PAY PROCESS IND INVALID
					61X2 = (C) DENIED CLAIM/NO DENIED LINE
					61X3 = (C) PAY PROCESS IND/ALLOWED CHARGES
					61X4 = (C) RATE MISSING OR NON-NUMERIC
					6101 = (C) REV COMPUTED CHARGES NOT=TOTAL
					6102 = (C) REV COMPUTED NON-COVERED/NON-COV
					6103 = (C) REV TOTAL CHARGES < PRIMARY PAYER

INSTITUTIONAL OUTPATIENT CLAIM RECORD

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					62XA = (C) PSYC OT PT/REIMB/TYPE
					62XB = (C) REIMB INDICATOR/TYPE
					62X1 = (C) DME/DATE/100% OR INVAL REIMB IND
					62X2 = (C) DME/FROM DATE/100% DED
					62X6 = (C) RAD PATH/PLACE/TYPE/DATE/DED
					62X7 = (C) ASC/FROM DATE/100% DED
					62X8 = (C) KIDNEY DONO/TYPE/100%
					62X9 = (C) PNEUM VACCINE/TYPE/100%
					6201 = (C) TOTAL DEDUCT > CHARGES/NON-COV
					6203 = (U) HOSPICE ADJUSTMENT PERIOD/DATE
					6204 = (U) HOSPICE ADJUSTMENT THRU>DOLBA
					6260 = (U) HOSPICE ADJUSTMENT STAY DAYS
					6261 = (U) HOSPICE ADJUSTMENT DAYS USED
					6265 = (U) HOSPICE ADJUSTMENT DAYS USED
					6269 = (U) HOSPICE ADJUSTMENT PERIOD# (MAIN)
					63X1 = (C) DEDUCT IND INVALID
					6365 = (U) HOSPICE ADJUSTMENT SECONDARY DAYS
					6369 = (U) HOSPICE ADJUSTMENT PERIOD# (SECOND)
					64X1 = (C) PROVIDER IND INVALID
					6430 = (U) PART B DEDUCTABLE CHECK
					65X1 = (C) PAYSCREEN IND INVALID
					66?? = (D) POSS DUPE, CR/DB, DOC-ID
					66XX = (D) POSS DUPE, CR/DB, DOC-ID
					66X1 = (C) MT AMOUNT INVALID
					66X2 = (C) MT INDICATOR/AMOUNT
					66X3 = (C) MT INDICATOR/AMOUNT
					66X4 = (C) MT INDICATOR/AMOUNT
					6600 = (U) ADJUSTMENT BILL FULL DAYS
					6610 = (U) ADJUSTMENT BILL COIN DAYS
					6620 = (U) ADJUSTMENT BILL LIFE RESERVE
					6630 = (U) ADJUSTMENT BILL LIFE PSYCH DYS
					67X1 = (C) MILES TRAVELED INVALID
					67X6 = (C) INVALID PROC FOR MT IND 2, ANEST
					67X7 = (C) INVALID UNITS IND WITH TOS OF BLOOD
					67X8 = (C) INVALID PROC FOR MT IND 4, OXYGEN
					6700 = (U) ADJUSTMENT BILL FULL/SNF DAYS
					6710 = (U) ADJUSTMENT BILL COIN/SNF DAYS
					68X1 = (C) INVALID HCPCS CODE
					68X2 = (C) MAMMOGRAPY/DATE/PROC NOT 76092
					68X3 = (C) TYPE OF SERVICE = G /PROC CODE
					68X4 = (C) HCPCS NOT VALID FOR SERVICE DATE
					68X5 = (C) MODIFIER NOT VALID FOR HCPCS, ETC
					68X6 = (C) TYPE SERVICE INVALID FOR HCPCS, ETC
					69XA = (C) MODIFIER NOT VALID FOR HCPCS/GLOBAL
					69X1 = (C) CAPPED HCPCS/PROC CODE MOD MS/TYP
					69X2 = (C) CAPPED HCPCS/PROC CODE MOD MS/TYP
					69X3 = (C) PROC CODE MOD = LL / TYPE = R
					69X4 = (C) PROC CODE MOD/OXYGEN
					69X5 = (C) NEW EDIT - PRIORITY 999
					69X6 = (C) PROC CODE MOD/NOT CAPPED
					69X8 = (C) SPEC CODE NURSE PRACT, MOD INVAL
					69X9 = (C) SPEC CODE CLIN NURSE, MOD INVAL
					6901 = (C) KRON IND AND UTIL DYS EQUALS ZERO
					6902 = (C) KRON IND AND NO-PAY CODE B OR N

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS ENO	CONTENTS
					6903 = (C) KRON INO ANO INPATIENT OEOUCT = O
					6904 = (C) KRON INO ANO TRANS COOE IS 4
					6910 = (C) REV COOES ON HOME HEALTH
					6911 = (C) REV COOE 274 ON OUTPAT ANO HH ONLY
					6912 = (C) REV COOE INVAL FOR PROSTH ANO ORTHO
					6913 = (C) REV COOE INVAL FOR OXYGEN
					6914 = (C) REV COOE INVAL FOR OME
					6915 = (C) PURCHASE OF RENT OME INVAL ON OATES
					6916 = (C) PURCHASE OF RENT OME INVAL ON OATES
					6917 = (C) PURCHASE OF LIFT CHAIR INVAL > 91000
					6918 = (C) HCPCS INVALIO ON OATE RANGES
					6919 = (C) OME OXYGEN ON HH INVAL BEFORE 7/1/89
					6920 = (C) HCPCS INVAL ON REV 270/BILL 32-33
					6921 = (C) HCPCS ON REV COOE 272 BILL TYPE 83X
					6922 = (C) HCPCS ON BILL TYPE 83X -NOT REV 274
					6923 = (C) RENTAL OF OME CUSTOMIZE ANO REV 291
					6924 = (C) INVAL MOOIFIER FOR CAPPEO RENTAL
					6925 = (C) HCPCS ALLOWEO ON BILL TYPES 32X-34X
					6929 = (U) AOJUSTMENT BILL LIFE RESERVE
					6930 = (U) AOJUSTMENT BILL LIFE PSYCH OYS
					7000 = (U) INVALIO OOEBA/OOLBA
					7002 = (U) LESS THAN 60/61 BETWEEN SPELLS
					71X1 = (C) SUBMITTEO CHARGES INVALIO
					71X2 = (C) MAMMOGRPY/PROC COOE MOO TC,26/CHG
					72X1 = (C) ALLOWEO CHGS INVALIO
					72X2 = (C) ALLOWEO/SUBMITTEO CHARGES/TYPE
					72X3 = (C) OENIEO LINE/ALLOWEO CHARGES
					73X1 = (C) SS NUMBER INVALIO
					73X2 = (C) CARRIER ASSIGNEO PROV NUM MISSING
					74X1 = (C) LOCALITY COOE INVAL FOR CONTRACT
					77X1 = (C) PLACE OF SERVICE INVALIO
					77X2 = (C) PHYS THERAPY/PLACE
					77X3 = (C) PHYS THERAPY/SPECIALTY/TYPE
					77X4 = (C) ASC/TYPE/PLACE/REIMB INO/OEO INO
					7777 = (O) POSS OUPE, PART B OOC-IO
					78XA = (C) MAMMOGRAPHY BEFORE 1991
					78X1 = (C) THRU OATE INVALIO
					78X3 = (C) FROM OATE GREATER THAN THRU OATE
					78X4 = (C) FROM OATE > RCVO OATE/PAY-OENY
					78X5 = (C) FROM OATE > PAIO OATE/TYPE/100%
					78X7 = (C) LAB EOIT/TYPE/100%/FROM OATE
					78X8 = (C) ASC/PLACE/OATE BEFORE 82244
					78X9 = (C) PNEUM VACCINE/TYPE/OATE
					79X3 = (C) THRU OATE>RECO OATE/NOT OENIEO
					79X4 = (C) THRU OATE>PAIO OATE/NOT OENIEO
					81X1 = (C) NUM OF SERVICES INVALIO
					82X1 = (C) INVALIO HCPCS PROCEOURE COOE
					82X2 = (C) INACTIVE HCPCS FOR SERVICE OATE
					83X1 = (C) OIAGNOSIS INVALIO
					8301 = (C) PAP SMEAR FOR MALE
					84X1 = (C) PAP SMEAR/OIAGNOSIS/GENOER/PROC
					84X2 = (C) INVALIO OME START OATE
					84X3 = (C) INVALIO OME START OATE W/HCPCS
					86X1 = (C) CLINICAL LAB IO (TEST)

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS ENO	CONTENTS
					86X2 = (C) INVALIO CLIA/NON-WAIVER HCPCS (TEST)
					86X8 = (C) CLIA REQUIRES NON-WAIVER HCPCS
					88XX = (O) POSS DUPE, OOC-IO,UNITS,ENT,ALWO
					9000 = (U) OOEBA/OOLBA CALC
					9005 = (U) FULL/COINS HOSP OAYS CALC
					9010 = (U) FULL/COINS SNF OAYS CALC
					9015 = (U) LIFE RESERVE OAYS CALC
					9020 = (U) LIFE PSYCH OAYS CALC
					9030 = (U) INPAT OEOUCTABLE CALC
					9040 = (U) OATA INOICATOR 1 SET
					9050 = (U) OATA INOICATOR 2 SET
					91X1 = (C) PATIENT REIMB/PAY-OENY COOE
					92X1 = (C) PATIENT REIMB INVALIO
					92X2 = (C) PROVIOER REIMB INVALIO
					92X3 = (C) LINE OENIEO/PATIENT-PROV REIMB
					92X4 = (C) MSP COOE/AMT/OATE/ALLOWEO CHARGES
					92X5 = (C) CHARGES/REIMB AMT NOT CONSISTANT
					92X7 = (C) REIMB/PAY-OENY INCONSISTANT
					9201 = (C) UPIN REF NAME OR INITIAL MISSING
					9202 = (C) UPIN REF FIRST 3 CHAR INVALIO
					9203 = (C) UPIN REF LAST 3 CHAR NOT NUMERIC
					93X1 = (C) CASH OEOUCTABLE INVALIO
					93X2 = (C) OEOUCT INOICATOR/CASH OEOUCTIBLE
					93X3 = (C) OENIEO LINE/CASH OEOUCTIBLE
					93X4 = (C) FROM OATE/CASH OEOUCTIBLE
					93X5 = (C) TYPE/CASH OEOUCTIBLE/ALLOWEO CHGS
					93X6 = (C) TYPE/CASH OEOUCTIBLE
					9300 = (C) UPIN OTHER, NOT PRESENT
					9301 = (C) UPIN OPERATING, NAME OR INITIAL MISS
					9302 = (C) UPIN OPERATING, FIRST 3 NOT NUMERIC
					9303 = (C) UPIN OPERATING, LAST 3 CHAR NOT NUMR
					94A1 = (C) NON-COVEREO FROM OATE INVALIO
					94A2 = (C) NON-COVEREO FROM > THRU OATE
					94A3 = (C) NON-COVEREO THRU OATE INVALIO
					94A4 = (C) NON-COVEREO THRU OATE > AOMIT
					94A5 = (C) NON-COVEREO THRU OATE/AOMIT OATE
					94C1 = (C) PR-PSYCH OAYS INVALIO
					94C3 = (C) PR-PSYCH OAYS > PROVIOER LIMIT
					94F1 = (C) REIMBURSEMENT AMOUNT INVALIO
					94F2 = (C) REIMBURSE AMT NOT 0 FOR HMO PAIO
					94G1 = (C) NO-PAY COOE INVALIO
					94G2 = (C) NO-PAY COOE SPACE/NON-COVERO=TOTL
					94G3 = (C) NO-PAY/PROVIOER INCONSISTANT
					94G4 = (C) EOIT 94G4 (NEW)
					94X1 = (C) BLOOO LIMIT INVALIO
					94X2 = (C) TYPE/BLOOO OEOUCTIBLE
					94X3 = (C) TYPE/OATE/LIMIT AMOUNT
					94X4 = (C) BLOOO OEO/TYPE/NUMBER OF SERVICES
					94X5 = (C) BLOOO/MSP COOE/COMPUTEO LINE MAX
					9401 = (C) BLOOO OEOUCTIBLE AMT > 3
					9402 = (C) BLOOO FURNISHEO > OEOUCTIBLE
					9403 = (C) OATE OF BIRTH MISSING ON PRO-PAY
					9404 = (C) INVALIO GENOER COOE ON PRO-PAY
					9407 = (C) INVALIO ORG NUMBER

	NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
						FOR THIRD OCCURRENCE OF CLAIM EDIT GROUP POSITION ONE: 1 = ZERO CWF_CLM_ACRTN_DT SET TO HCFA_PROC_DT BLANK OR 0 = NOT PATCHED POSITION TWO: 1 = EQUATABLE BIC CHANGED (RRB, PRE 03/91) BLANK OR 0 = NOT PATCHED POSITION THREE: 1 = ZERO DATE FORWARDED SET TO APPROVAL DATE PLUS 15 DAYS BLANK OR 0 = NOT PATCHED POSITION FOUR: 1 = COUNTY CODE PATCHED BLANK OR 0 = NOT PATCHED FOR FOURTH OCCURRENCE OF CLAIM EDIT GROUP POSITION ONE: 1 = CLM_TRANS_CD MADE CONSISTENT WITH PMT_EDIT_RIC_CD BLANK OR 0 = NOT PATCHED POSITION TWO: 1 = CLM_TOT_CHRG_AMT SET TO ZERO (GARBAGE IN FIELD) BLANK OR 0 = NOT PATCHED POSITION THREE: 1 = MQA CHANGED BILL QUERY CODE TO ZERO ON AN ACTION 6 BILL 2 = MQA CHANGED BILL QUERY CODE TO ZERO ON AN ACTION 4 BILL BLANK OR 0 = NOT PATCHED POSITION FOUR: FUTURE USE THE FIFTH THROUGH NINTH OCCURRENCES OF THE CLAIM EDIT GROUP ARE FOR FUTURE USE. SOURCE: NCH
****	CLAIM ORIGINAL CLAIM NUMBER GROUP	GROUP	11			THE NUMBER OF ORIGINAL BENEFICIARY CLAIM ACCOUNT NUMBER TRAILERS IS DEPENDENT UPON THE CLAIM NEAR LINE ORIGINAL BENEFICIARY CLAIM NUMBER COUNT. OCCURS: UP TO 1 TIMES DEPENDING ON CLM_NEAR_LINE_ORGNL_CN_CNT STANDARD ALIAS: CLM_ORGNL_CN_GRP COBOL ALIAS: CLM_ORIG_GRP
71.	NEAR LINE ORIGINAL	CHAR	9			THE ORIGINAL BENEFICIARY CLAIM ACCOUNT NUMBER

	NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS ENO	CONTENTS
	BENEFICIARY CLAIM ACCOUNT NUMBER					(CAN), OERIVEO FOR RETRIEVAL PURPOSES IN CASES WHERE THE BENEFICIARY HAS HAO MULTIPLE CAN'S ANO THE CURRENT CAN OIFFERS FROM THAT ORIGINALLY IN THE NEAR-LINE CLAIMS RECORO. STANOARO ALIAS: NEAR_LINE_ORGNL_BENE_CAN_NUM COMMON ALIAS: ORIGINAL_CAN SAS ALIAS: ORGN_SSN OERIVATION: THE CURRENT CAN IS MOVEO TO THE BENE_CLM_ACNT_ NUM; THE PRIOR BENE_CLM_ACNT_NUM IS PLACEO IN THIS FIELO AS THE NEAR_LINE_ORGNL_BENE_CAN_NUM. SOURCE: NCH
72.	NEAR LINE ORIGINAL BENEFICIARY IOENTIFICATION COOE	CHAR	2			THE ORIGINAL BENEFICIARY IOENTIFICATION COOE ASSOCIATEO WITH THE ORIGINAL BENEFICIARY CLAIM ACCOUNT NUMBER (CAN), OERIVEO FOR RETRIEVAL PURPOSES IN CASES WHERE THE BENEFICIARY HAS HAO MULTIPLE CAN'S ANO THE CURRENT BIC OIFFERS FROM THAT ORIGINALLY IN THE NEAR-LINE CLAIMS RECORO. STANOARO ALIAS: NEAR_LINE_ORGNL_BIC_CO COMMON ALIAS: ORIGINAL_BIC SAS ALIAS: ORGN_BIC OERIVATION: THE CURRENT BIC IS MOVEO TO THE BENE_IOENT_CO; THE PRIOR BIC IS PLACEO IN THIS FIELO AS THE NEAR_LINE_ORGNL_BIC_CO. COOES: A = PRIMARY CLAIMANT B = AGEO WIFE, AGE 62 OR OVER (1ST CLAIMANT) B1 = AGEO HUSBANO, AGE 62 OR OVER (1ST CLAIMANT) B2 = YOUNG WIFE, WITH A CHILO IN HER CARE (1ST CLAIMANT) B3 = AGEO WIFE (2NO CLAIMANT) B4 = AGEO HUSBANO (2NO CLAIMANT) B5 = YOUNG WIFE (2NO CLAIMANT) B6 = OIVORCEO WIFE, AGE 62 OR OVER (1ST CLAIMANT) B7 = YOUNG WIFE (3RO CLAIMANT) B8 = AGEO WIFE (3RO CLAIMANT) B9 = OIVORCEO WIFE (2NO CLAIMANT) BA = AGEO WIFE (4TH CLAIMANT) BO = AGEO WIFE (5TH CLAIMANT) BG = AGEO HUSBANO (3RO CLAIMANT) BH = AGEO HUSBANO (4TH CLAIMANT) BJ = AGEO HUSBANO (5TH CLAIMANT)

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS ENO	CONTENTS
					COOES: O = NO MULTIPLE ERRORS 1 = MULTIPLE ERROR CONOITION 9 = SPECIAL AOJUSTMENTS (USEO ONLY FOR THE RECOROS PROCESSEO 1/29/93 WEEK TO COTTECT ERROR WITH INITIALIZING UTILIZATION OATA) SOURCE: NCH QA EOIT PROCESS
68. CLAIM EOIT OISPOSITION COOE	NUM	2			COOE INOICATING THE OISPOSITION OF THE INSTITUTIONAL OR CWFB CLAIM AFTER EOITING IN THE QUALITY ASSURANCE (QA) PROCESS. 2 OIGITS UNSIGNEO STANOARO ALIAS: CLM_EOIT_OISP_CO COMMON ALIAS: QA_OISPOSITION_COOE COOES: OO = ACCEPT 10 = POSSIBLE OUPLICATES CLASS OF ERROR 20 = UTILIZATION 21-29 = UTILIZATION ANO ANOTHER CLASS ERROR 30 = CONSISTENCY 31-39 = CONSISTENCY ANO ANOTHER CLASS ERROR 40 = ENTITLEMENT 41-49 = ENTITLEMENT ANO ANOTHER CLASS ERROR 50 = IOENTITY 51-59 = IOENTITY ANO ANOTHER CLASS ERROR 60 = OUPLICATE, LOGICAL 70 = OUPLICATE, SYSTEM SOURCE: NCH QA EOIT PROCESS
69. FILLER	CHAR	1			
70. CLAIM EOIT PATCH INOICATOR COOE	CHAR	4			REOEFINITION OF: CLM_EOIT_CO COOE ANNOTATEO TO INSTITUTIONAL OR CWFB CLAIM INOICATING PATCHES APPLIEO TO THE RECORO OURING NCH NEARLINE RECORO CONVERSION OR APPLIEO TO STANOARO ANALYTICAL FILES UPON THEIR CREATION. THIS IS THE THIRO THROUGH NINTH OCCURRENCE OF THE CLAIM EOIT GROUP. STANOARO ALIAS: CLM_EOIT_PATCH_INO_CO COOES:

	NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS ENO	CONTENTS
						9408 = (C) INVALIO ORG NUMBER (GLOBAL) 9409 = (C) INVALIO SURG COOES MOVEO TO OPER 95X1 = (C) MSP COOE G/OATE BEFORE 1/1/87 95X2 = (C) MSP AMOUNT APPLIEO INVALIO 95X3 = (C) MSP AMOUNT APPLIEO > SUB CHARGES 95X4 = (C) MSP PRIMARY PAY/AMOUNT/COOE/OATE 95X5 = (C) MSP COOE = G/OATE BEFORE 1987 95X6 = (C) MSP COOE = X ANO NOT AVOIOEO 96X1 = (C) OTHER AMOUNTS INVALIO 96X2 = (C) OTHER AMOUNTS > PAT-PROV REIMB 97X1 = (C) OTHER AMOUNTS INOICATOR INVALIO 97X2 = (C) GRUOMAN SW/GRUOMAN AMT NOT > 0 98X1 = (C) COINSURANCE INVALIO 98X3 = (C) MSP COOE/TYPE/COIN AMT/ALLOW/CSH 98X4 = (C) OATE/MSP/TYPE/CASH OEO/ALLOW/COI 98X5 = (C) OATE/ALLOW/CASH OEO/REIMB/MSP/TYP 99XX = (O) POSS OUPE, PART B OOC-IO 9901 = (C) REV COOE INVALIO OR TRAILER CNT=0 9902 = (C) ACCOMMOOATION OAYS/FROM/THRU OATE 9903 = (C) NO CLINIC VISITS FOR RHC 9904 = (C) INCOMPATIBLE OATES/CLAIM TYPE 9905 = (C) UTIL OAYS > SPAN OF OATES 9910 = (C) EOIT 9910 (NEW) 9911 = (C) BLOOO VERIFIEO INVALIO 9920 = (C) EOIT 9920 (NEW) 9921 = (C) VERIFIEO CASH INVALIO 9930 = (C) EOIT 9930 (NEW) 9931 = (C) OUTPAT COINSURANCE VALUES 9933 = (C) RATE EXCEOES MAMMOGRAPHY LIMIT 9940 = (C) EOIT 9940 (NEW) 9941 = (C) PATIENT/PROVIOER REIMB INVALID 9942 = (C) EOIT 9942 (NEW) 9944 = (C) OUTPAT OISTB VERIFY AMOUNTS PAID 9999 = (U) SPELL NON MATCH SOURCE: NCH QA EOIT PROCESS
****	CLAIM EOIT SECONO GROUP	GROUP	4			REOEFINITION OF: CLM_EOIT_CO THE SECONO OCCURRENCE OF THE CLAIM EOIT GROUP. STANOARO ALIAS: CLM_EOIT_2NO_GRP
67.	CLAIM EOIT MULTIPLE INOICATOR SWITCH	NUM	1			A SWITCH INOICATING WHETHER OR NOT MULTIPLE ERROR CONOITIONS WERE OETECTEO IN THE QUALITY ASSURANCE (QA) EOITING OF INSTITUTIONAL OR CWFB CLAIMS. 1 OIGIT UNSIGNED STANOARO ALIAS: CLM_EOIT_MLTPL_INO_SW COMMON ALIAS: MULTIPLE_ERROR_FLAG

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS ENO	CONTENTS
					BK = YOUNG WIFE (4TH CLAIMANT) BL = YOUNG WIFE (5TH CLAIMANT) BN = OIVORCEO WIFE (3RO CLAIMANT) BP = OIVORCEO WIFE (4TH CLAIMANT) BQ = OIVORCEO WIFE (5TH CLAIMANT) BR = OIVORCEO HUSBANO (1ST CLAIMANT) BT = OIVORCEO HUSBANO (2NO CLAIMANT) BW = YOUNG HUSBANO (2NO CLAIMANT) BY = YOUNG HUSBANO (1ST CLAIMANT) C1-C9,CA-CK = CHILO (INCLUOES MINOR, STUOENT OR OISABLEO CHILO) 0 = AGEO WIOOW, 60 OR OVER (1ST CLAIMANT) 01 = AGEO WIOOWER, AGE 60 OR OVER (1ST CLAIMANT) 02 = AGEO WIOOW (2NO CLAIMANT) 03 = AGEO WIOOWER (2NO CLAIMANT) 04 = WIOOW (REMARRIEO AFTER ATTAINMENT OF AGE 60) (1ST CLAIMANT) 05 = WIOOWER (REMARRIEO AFTER ATTAINMENT OF AGE 60) (1ST CLAIMANT) 06 = SURVIVING OIVORCEO WIFE, AGE 60 OR OVER (1ST CLAIMANT) 07 = SURVIVING OIVORCEO WIFE (2NO CLAIMANT) 08 = AGEO WIOOW (3RO CLAIMANT) 09 = REMARRIEO WIOOW (2NO CLAIMANT) 0A = REMARRIEO WIOOW (3RO CLAIMANT) 00 = AGEO WIOOW (4TH CLAIMANT) 0G = AGEO WIOOW (5TH CLAIMANT) 0H = AGEO WIOOWER (3RO CLAIMANT) 0J = AGEO WIOOWER (4TH CLAIMANT) 0K = AGEO WIOOWER (5TH CLAIMANT) 0L = REMARRIEO WIOOW (4TH CLAIMANT) 0M = SURVIVING OIVORCEO HUSBANO (2NO CLAIMANT) 0N = REMARRIEO WIOOW (5TH CLAIMANT) 0P = REMARRIEO WIOOWER (2NO CLAIMANT) 0Q = REMARRIEO WIOOWER (3RO CLAIMANT) 0R = REMARRIEO WIOOWER (4TH CLAIMANT) 0S = SURVIVING OIVORCEO HUSBANO (3RO CLAIMANT) 0T = REMARRIEO WIOOWER (5TH CLAIMANT) 0V = SURVIVING OIVORCEO WIFE (3RO CLAIMANT) 0W = SURVIVING OIVORCEO WIFE (4TH CLAIMANT) 0X = SURVIVING OIVORCEO HUSBANO (4TH CLAIMANT) 0Y = SURVIVING OIVORCEO WIFE (5TH CLAIMANT) 0Z = SURVIVING OIVORCEO HUSBANO (5TH CLAIMANT) E = MOTHER (WIOOW) (1ST CLAIMANT) E1 = SURVIVING OIVORCEO MOTHER (1ST CLAIMANT) E2 = MOTHER (WIOOW) (2NO CLAIMANT) E3 = SURVIVING OIVORCEO MOTHER (2NO CLAIMANT)

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					E4 = FATHER (WIDOWER) (1ST CLAIMANT) E5 = SURVIVING DIVORCED FATHER (WIDOWER) (1ST CLAIMANT) E6 = FATHER (WIDOWER) (2ND CLAIMANT) E7 = MOTHER (WIDOW) (3RD CLAIMANT) E8 = MOTHER (WIDOW) (4TH CLAIMANT) E9 = SURVIVING DIVORCED FATHER (WIDOWER) (2ND CLAIMANT) EA = MOTHER (WIDOW) (5TH CLAIMANT) EB = SURVIVING DIVORCED MOTHER (3RD CLAIMANT) EC = SURVIVING DIVORCED MOTHER (4TH CLAIMANT) ED = SURVIVING DIVORCED MOTHER (5TH CLAIMANT EF = FATHER (WIDOWER) (3RD CLAIMANT) EG = FATHER (WIDOWER) (4TH CLAIMANT) EH = FATHER (WIDOWER) (5TH CLAIMANT) EJ = SURVIVING DIVORCED FATHER (3RD CLAIMANT) EK = SURVIVING DIVORCED FATHER (4TH CLAIMANT) EM = SURVIVING DIVORCED FATHER (5TH CLAIMANT) F1 = FATHER F2 = MOTHER F3 = STEPFATHER F4 = STEPMOTHER F5 = ADOPTING FATHER F6 = ADOPTING MOTHER F7 = SECOND ALLEGED FATHER F8 = SECOND ALLEGED MOTHER J1 = PRIMARY PROUTY ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) J2 = PRIMARY PROUTY ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND) J3 = PRIMARY PROUTY NOT ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) J4 = PRIMARY PROUTY NOT ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND) K1 = PROUTY WIFE ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (1ST CLAIMANT) K2 = PROUTY WIFE ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND) (1ST CLAIMANT) K3 = PROUTY WIFE NOT ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (1ST CLAIMANT) K4 = PROUTY WIFE NOT ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND) (1ST CLAIMANT) K5 = PROUTY WIFE ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (2ND CLAIMANT) K6 = PROUTY WIFE ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND) (2ND CLAIMANT)

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS ENO	CONTENTS
					K7 = PROUTY WIFE NOT ENTITLEO TO HIB (LESS THAN 3 Q.C.) (GENERAL FUNO) (2NO CLAIMANT)
					K8 = PROUTY WIFE NOT ENTITLEO TO HIB (OVER 2 Q.C.) (RSI TRUST FUNO) (2NO CLAIMANT)
					K9 = PROUTY WIFE ENTITLEO TO HIB (LESS THAN 3 Q.C.) (GENERAL FUNO) (3RO CLAIMANT)
					KA = PROUTY WIFE ENTITLEO TO HIB (OVER 2 Q.C.) (RSI TRUST FUNO) (3RO CLAIMANT)
					KB = PROUTY WIFE NOT ENTITLEO TO HIB (LESS THAN 3 Q.C.) (GENERAL FUNO) (3RO CLAIMANT)
					KC = PROUTY WIFE NOT ENTITLEO TO HIB (OVER 2 Q.C.) (RSI TRUST FUNO) (3RO CLAIMANT)
					KO = PROUTY WIFE ENTITLEO TO HIB (LESS THAN 3 Q.C.) (GENERAL FUNO) (4TH CLAIMANT)
					KE = PROUTY WIFE ENTITLEO TO HIB (OVER 2 Q.C (4TH CLAIMANT)
					KF = PROUTY WIFE NOT ENTITLEO TO HIB (LESS THAN 3 Q.C.)(4TH CLAIMANT)
					KG = PROUTY WIFE NOT ENTITLEO TO HIB (OVER 2 Q.C.)(4TH CLAIMANT)
					KH = PROUTY WIFE ENTITLEO TO HIB (LESS THAN 3 Q.C.)(5TH CLAIMANT)
					KJ = PROUTY WIFE ENTITLEO TO HIB (OVER 2 Q.C.) (5TH CLAIMANT)
					KL = PROUTY WIFE NOT ENTITLEO TO HIB (LESS THAN 3 Q.C.)(5TH CLAIMANT)
					KM = PROUTY WIFE NOT ENTITLEO TO HIB (OVER 2 Q.C.) (5TH CLAIMANT)
					M = UNINSUREO-NOT QUALIFIEO FOR OEEMEO HIB
					M1 = UNINSUREO-QUALIFIEO BUT REFUSEO HIB
					T = UNINSUREO-ENTITLEO TO HIB UNOER OEEMEO OR RENAL PROVISIONS
					TA = MQGE (PRIMARY CLAIMANT)
					TB = MQGE AGEO SPOUSE (FIRST CLAIMANT)
					TC = MQGE OISABLEO AOULT CHILO (FIRST CLAIMANT)
					TO = MQGE AGEO WIOOW(ER) (FIRST CLAIMANT)
					TE = MQGE YOUNG WIOOW(ER) (FIRST CLAIMANT)
					TF = MQGE PARENT (MALE)
					TG = MQGE AGEO SPOUSE (SECONO CLAIMANT)
					TH = MQGE AGEO SPOUSE (THIRO CLAIMANT)
					TJ = MQGE AGEO SPOUSE (FOURTH CLAIMANT)
					TK = MQGE AGEO SPOUSE (FIFTH CLAIMANT)
					TL = MQGE AGEO WIOOW(ER) (SECONO CLAIMANT)
					TM = MQGE AGEO WIOOW(ER) (THIRO CLAIMANT)
					TN = MQGE AGEO WIOOW(ER) (FOURTH CLAIMANT)
					TP = MQGE AGEO WIOOW(ER) (FIFTH CLAIMANT)
					TQ = MQGE PARENT (FEMALE)
					TR = MQGE YOUNG WIOOW(ER) (SECONO CLAIMANT)
					TS = MQGE YOUNG WIOOW(ER) (THIRO CLAIMANT)
					TT = MQGE YOUNG WIOOW(ER) (FOURTH CLAIMANT)

	NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS ENO	CONTENTS
						TU = MQGE YOUNG WIOOW(ER) (FIFTH CLAIMANT) TV = MQGE OISABLEO WIOOW(ER) FIFTH CLAIMANT TW = MQGE OISABLEO WIOOW(ER) FIRST CLAIMANT TX = MQGE OISABLEO WIOOW(ER) SECONO CLAIMANT TY = MQGE OISABLEO WIOOW(ER) THIRO CLAIMANT TZ = MQGE OISABLEO WIOOW(ER) FOURTH CLAIMANT T2-T9 = OISABLEO CHILO (SECONO TO NINTH CLAIMANT) W = OISABLEO WIOOW, AGE 5O OR OVER (1ST CLAIMANT) W1 = OISABLEO WIOOWER, AGE 5O OR OVER (1ST CLAIMANT) W2 = OISABLEO WIOOW (2NO CLAIMANT) W3 = OISABLEO WIOOWER (2NO CLAIMANT) W4 = OISABLEO WIOOW (3RO CLAIMANT) W5 = OISABLEO WIOOWER (3RO CLAIMANT) W6 = OISABLEO SURVIVING OIVORCEO WIFE (1ST CLAIMANT) W7 = OISABLEO SURVIVING OIVORCEO WIFE (2NO CLAIMANT) W8 = OISABLEO SURVIVING OIVORCEO WIFE (3RO CLAIMANT) W9 = OISABLEO WIOOW (4TH CLAIMANT) WB = OISABLEO WIOOWER (4TH CLAIMANT) WC = OISABLEO SURVIVING OIVORCEO WIFE (4TH CLAIMANT) WF = OISABLEO WIOOW (5TH CLAIMANT) WG = OISABLEO WIOOWER (5TH CLAIMANT) WJ = OISABLEO SURVIVING OIVORCEO WIFE (5TH CLAIMANT) WR = OISABLEO SURVIVING OIVORCEO HUSBANO (1ST CLAIMANT) WT = OISABLEO SURVIVING OIVORCEO HUSBANO (2NO CLAIMANT) SOURCE: NCH
****	BENEFICIARY BLOOO GROUP	GROUP	12			THE NUMBER OF BENEFICIARY BLOOO OATA TRAILERS IS OETERMINEO BY THE CLAIM BLOOO OATA COUNT. OCCURS: UP TO 1 TIMES OEPENOING ON CLM_BLOOO_OATA_CNT STANOARO ALIAS: BENE_BLOOO_GRP
73.	CLAIM BLOOO PINTS FURNISHEO QUANTITY	PACK	2			NUMBER OF WHOLE PINTS OF BLOOO FURNISHEO TO THE BENEFICIARY FOR THIS INSTITUTIONAL/CWFB CLAIM. 3 OIGITS SIGNEO STANOARO ALIAS: CLM_BLOOO_PT_FRNSH_QTY SAS ALIAS: BLOFRNSH

	NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS ENO	CONTENTS
						EOIT-RULES: NUMERIC SOURCE: CWF
74.	CLAIM BLOOO PINTS REPLACEO QUANTITY	PACK	2			NUMBER OF WHOLE PINTS OF BLOOO REPLACEO FOR THIS INSTITUTIONAL OR CWFB CLAIM. 3 OIGITS SIGNEO STANOARO ALIAS: CLM_BLOOO_PT_RPLC_QTY SAS ALIAS: BLO_RPLC EOIT-RULES: NUMERIC SOURCE: CWF
75.	CLAIM BLOOO PINTS NOT REPLACEO QUANTITY	PACK	2			NUMBER OF WHOLE PINTS OF BLOOO NOT REPLACEO FOR THIS INSTITUTIONAL OR CWFB CLAIM. 3 OIGITS SIGNEO STANOARO ALIAS: CLM_BLOOO_PT_NRPLC_QTY SAS ALIAS: BLONRPLC EOIT-RULES: NUMERIC SOURCE: CWF
76.	CLAIM BLOOO OEOUCTIBLE PINTS QUANTITY	PACK	2			THE QUANTITY OF BLOOO PINTS APPLIEO (BLOOO OEOUCTIBLE) TO THE INSTITUTIONAL OR CWFB CLAIM. 3 OIGITS SIGNEO STANOARO ALIAS: CLM_BLOOO_OOCTBL_PT_QTY SAS ALIAS: BLO_OEO EOIT-RULES: NUMERIC SOURCE: CWF
77.	BENEFICIARY BLOOO OEOUCTIBLE LIABILITY AMOUNT	PACK	4			THE AMOUNT OF MONEY FOR WHICH THE INTERMEOIARY OETERMINEO THE BENEFICIARY IS LIABLE FOR THE BLOOO OEOUCTIBLE. 5.2 OIGITS SIGNEO

	NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
						STANDARD ALIAS: BENE_BLOOD_DDCTBL_LBLTY_AMT SAS ALIAS: BLDDEDAM EDIT-RULES: $$$$$CC SOURCE: CWF
****	CLAIM OTHER DIAGNOSIS GROUP	GROUP	5			UP TO EIGHT CLAIM OTHER DIAGNOSIS TRAILERS MAY BE PRESENT AS DETERMINED BY THE CLAIM OTHER DIAGNOSIS CODE COUNT. THE 'E' CODE (ICD-9-CM CODE FOR THE EXTERNAL CAUSE OF AN INJURY, POISONING, OR ADVERSE AFFECT) IS STORED AS THE LAST OCCURRENCE. THE PRINCIPAL DIAGNOSIS IS STORED SEPARATELY FROM THE CLAIM OTHER DIAGNOSIS TRAILER. PRIOR TO 10/93, UP TO TEN OCCURRENCES OF CLAIM DIAGNOSIS TRAILERS WERE STORED INCLUDING THE PRINCIPAL DIAGNOSIS. OCCURS: UP TO 99 TIMES DEPENDING ON CLM_OTHR_DGNS_CD_CNT STANDARD ALIAS: CLM_OTHR_DGNS_GRP
78.	CLAIM OTHER DIAGNOSIS CODE	CHAR	5			THE ICD-9-CM CODE IDENTIFYING ANY COEXISTING CONDITIONS (OTHER THAN PRIMARY CONDITION) SHOWN IN THE MEDICAL RECORD AS AFFECTING THE SERVICES PROVIDED. STANDARD ALIAS: CLM_OTHR_DGNS_CD SAS ALIAS: ODGNS_CD SOURCE: CWF
****	CLAIM PROCEDURE GROUP	GROUP	8			THE NUMBER OF CLAIM PROCEDURE TRAILERS IS DETERMINED BY THE CLAIM PROCEDURE CODE COUNT. PRIOR TO 10/93 UP TO 10 OCCURRENCES COULD BE REPORTED ON AN INSTITUTIONAL CLAIM. BEGINNING 10/93, UP TO SIX OCCURRENCES (ONE PRINCIPAL; FIVE OTHERS) MAY BE REPORTED. OCCURS: UP TO 99 TIMES DEPENDING ON CLM_PRCDR_CD_CNT STANDARD ALIAS: CLM_PRCDR_GRP
79.	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. STANDARD ALIAS: CLM_PRCDR_CD SAS ALIAS: PRCDR_CD

	NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS ENO	CONTENTS
						EOIT-RULES: ICO-9-CM SOURCE: CWF
80.	CLAIM PROCEOURE PERFORMED OATE	BIN	4			ON AN INSTITUTIONAL CLAIM, THE OATE ON WHICH THE PRINCIPAL OR OTHER PROCEOURE WAS PERFORMEO. 9 OIGITS SIGNEO STANOARD ALIAS: CLM_PRCOR_PRFRM_OT SAS ALIAS: PRCOR_OT EOIT-RULES: YYYYMMOO SOURCE: CWF
****	CLAIM RELATEO CONOITION GROUP	GROUP	2			THE NUMBER OF CLAIM RELATEO CONOITION TRAILERS IS OETERMINEO BY THE CLAIM RELATEO CONOITION COOE COUNT. EFFECTIVE 10/93, UP TO 30 OCCURRENCES CAN BE REPORTEO ON AN INSTITUTIONAL CLAIM. PRIOR TO 10/93, UP TO TEN OCCURRENCES COULO BE REPORTEO. OCCURS: UP TO 99 TIMES OEPENOING ON CLM_RLT_CONO_CO_CNT STANOARO ALIAS: CLM_RLT_CONO_GRP
81.	CLAIM RELATEO CONOITION COOE	CHAR	2			THE COOE THAT INOICATES A CONOITION RELATING TO AN INSTITUTIONAL CLAIM THAT MAY AFFECT PAYER PROCESSING. STANOARO ALIAS: CLM_RLT_COND_CO SAS ALIAS: RLT_CONO COOES: 01 THRU 16 = INSURANCE RELATEO 17 THRU 30 = SPECIAL CONDITION 31 THRU 35 = STUOENT STATUS COOES WHICH ARE REQUIREO WHEN A PATIENT IS A OEPENOENT CHILO OVER 18 YEARS OLO 36 THRU 45 = ACCOMMOOATION 46 THRU 54 = CHAMPUS INFORMATION 55 THRU 59 = SKILLEO NURSING FACILITY 60 THRU 70 = PROSPECTIVE PAYMENT 71 THRU 99 = RENAL OIALYSIS SETTING 01 = MILITARY SERVICE RELATEO - MEOICAL CONOITION INCURREO OURING MILITARY SERVICE. 02 = EMPLOYMENT RELATEO - PATIENT ALLEGEO THAT THE MEOICAL CONOITION CAUSING THIS

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					EPISODE OF CARE WAS DUE TO ENVIRONMENT/ EVENTS RESULTING FROM EMPLOYMENT.
					03 = PATIENT COVERED BY INSURANCE NOT REFLECTED HERE - INDICATES THAT PATIENT OR PATIENT REPRESENTATIVE HAS STATED THAT COVERAGE MAY EXIST BEYOND THAT REFLECTED ON THIS BILL.
					04 = HEALTH MAINTENANCE ORGANIZATION (HMO) ENROLLEE - MEDICARE BENEFICIARY IS ENROLLED IN AN HMO. EFF 9/93, HOSPITAL MUST ALSO EXPECT TO RECEIVE PAYMENT FROM HMO.
					05 = LIEN HAS BEEN FILED - PROVIDER HAS FILED LEGAL CLAIM FOR RECOVERY OF FUNDS POTENTIALLY DUE A PATIENT AS A RESULT OF LEGAL ACTION INITIATED BY OR ON BEHALF OF THE PATIENT.
					06 = ESRD PATIENT IN FIRST 18 MONTHS OF ENTITLEMENT COVERED BY EMPLOYER GROUP HEALTH INSURANCE - CODE INDICATES MEDICARE MAY BE A SECONDARY INSURER IF THE PATIENT IS ALSO COVERED BY EMPLOYER GROUP HEALTH INSURANCE DURING HIS FIRST 18 MONTHS OF ESRD ENTITLEMENT.
					07 = TREATMENT OF NONTERMINAL CONDITION FOR HOSPICE PATIENT - THE PATIENT IS A HOSPICE ENROLLEE, BUT THE PROVIDER IS NOT TREATING A TERMINAL CONDITION AND IS THEREFORE REQUESTING MEDICARE REIMBURSEMENT.
					08 = BENEFICIARY WOULD NOT PROVIDE INFORMATION CONCERNING OTHER INSURANCE COVERAGE.
					09 = NEITHER PATIENT NOR SPOUSE IS EMPLOYED - CODE INDICATES THAT IN RESPONSE TO DEVELOPMENT QUESTIONS, THE PATIENT AND SPOUSE HAVE DENIED EMPLOYMENT.
					10 = PATIENT AND/OR SPOUSE IS EMPLOYED BUT NO EGHP COVERAGE EXISTS - CODE INDICATES THAT IN RESPONSE TO DEVELOPMENT QUESTIONS, THE PATIENT AND SPOUSE HAVE INDICATED THEY ARE EMPLOYED BUT HOLD NO GROUP COVERAGE FROM AN EGHP OR (EFF 9/93) OTHER EMPLOYER SPONSORED/PROVIDED HEALTH INSURANCE THAT COVERS PATIENT.
					11 = DISABLED BENEFICIARY BUT NO LGHP - CODE INDICATES THAT IN RESPONSE TO DEVELOPMENT QUESTIONS, THE DISABLED BENEFICIARY AND/OR FAMILY MEMBER HAS NO GROUP COVERAGE FROM A LGHP OR (EFF 9/93) OTHER EMPLOYER SPONSORED/PROVIDED HEALTH INSURANCE THAT COVERS PATIENT.

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS ENO	CONTENTS
					12-14 = PAYER COOES - COOES RESERVEO FOR INTERNAL USE ONLY BY THIRO PARTY PAYERS. HCFA WILL ASSIGN AS NEEOEO FOR YOUR USE. PROVIOERS WILL NOT REPORT THEM.
					15 = CLEAN CLAIM (EFF 10/92)
					16 = SNF TRANSITION EXEMPTION - COOE INOICATES AN EXEMPTION FROM THE POST-HOSPITAL REQUIREMENT APPLIES FOR THIS SNF STAY OR THE QUALIFYING STAY OATES ARE MORE THAN 30 OAYS PRIOR TO THE AOMISSION OATE.
					17 = PATIENT IS OVER 100 YEARS OLO - COOE INOICATES THAT THE PATIENT WAS OVER 100 YEARS OLO AT THE OATE OF AOMISSION.
					18 = MAIOEN NAME RETAINEO - A OEPENOENT SPOUSE ENTITLEO TO BENEFITS WHO OOES NOT USE HER HUSBANO'S LAST NAME.
					19 = CHILO RETAINS MOTHER'S NAME - A PATIENT WHO IS A OEPENOENT CHILO ENTITLEO TO CHAMPVA BENEFITS THAT OOES NOT HAVE FATHER'S LAST NAME.
					20 = BENEFICIARY REQUESTEO BILLING - COOE INOICATES THE PROVIOER REALIZES THE SERVICES ON THIS BILL ARE AT A NONCOVEREO LEVEL OF CARE OR OTHERWISE EXCLUOEO FROM COVERAGE, BUT THE BENEFICIARY HAS REQUESTEO A FORMAL OETERMINATION.
					21 = BILLING FOR OENIAL NOTICE - COOE INOICATES THE SNF OR HHA REALIZES SERVICES ARE AT A NONCOVEREO LEVEL OF CARE OR EXCLUOEO, BUT REQUESTS A OENIAL NOTICE FROM MEOICARE IN OROER TO BILL MEOICAIO OR OTHER INSURERS.
					22 = PATIENT ON MULTIPLE ORUG REGIMEN - A PATIENT WHO IS RECEIVING MULTIPLE INTRAVENEOUS ORUGS WHILE ON HOME IV THERAPY
					23 = HOMECAREGIVER AVAILABLE - THE PATIENT HAS A CAREGIVER AVAILABLE TO ASSIST HIM OR HER OURING SELF-AOMINISTRATION OF AN INTRAVENOUS ORUG
					24 = HOME IV PATIENT ALSO RECEIVING HHA SERVICES - THE PATIENT IS UNOER CARE OF HHA WHILE RECEIVING HOME IV ORUG THERAPY SERVICES
					25 = RESERVEO FOR NATIONAL ASSIGNMENT
					26 = VA ELIGIBLE PATIENT CHOOSES TO RECEIVE SERVICES IN MEOICARE CERTIFIEO FACILITY RATHER THAN A VA FACILITY (EFF 3/92)
					27 = PATIENT REFERREO TO A SOLE COMMUNITY HOSPITAL FOR A OIAGNOSTIC LABORATORY

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS ENO	CONTENTS
					TEST - (SOLE COMMUNITY HOSPITAL ONLY). (EFF 9/93)
					28 = PATIENT ANO/OR SPOUSE'S EGHP IS SECONOARY TO MEOICARE -THE PATIENT ANO/OR SPOUSE HAVE INOICATEO THAT ONE OR BOTH ARE EMPLOYEO ANO THAT THERE IS GROUP HEALTH INSURANCE FROM AN EGHP OR OTHER EMPLOYER SPONSOREO/PROVIOEO HEALTH INSURANCE THAT COVERS THE PATIENT BUT THAT EITHER: (1) THE EGHP IS A SINGLE EMPLOYER PLAN ANO THE EMPLOYER HAS FEWER THAN 20 FULL ANO PART-TIME EMPLOYEES; OR (2) THE EGHP IS A MULTI OR MULTIPLE EMPLOYER PLAN THAT ELECTS TO PAY SECONOARY TO MEOICARE FOR EMPLOYEES ANO SPOUSES AGEO 65 ANO OLOER FOR THOSE PARTICIPATING EMPLOYERS WHO HAVE FEWER THAN 20 EMPLOYEES. (EFF 9/93)
					29 = OISABLEO BENEFICIARY ANO/OR FAMILY MEMBER'S LGHP IS SECONOARY TO MEOICARE - THE PATIENT ANO/OR FAMILY MEMBER(S) HAVE INOICATEO THAT ONE OR MORE ARE EMPLOYEO ANO THERE IS GROUP HEALTH INSURANCE FROM A LGHP OR OTHER EMPLOYER SPONSOREO/PROVIOEO HEALTH INSURANCE THAT COVERS THE PATIENT BUT THAT EITHER: (1) THE LGHP IS A SINGLE EMPLOYER PLAN ANO THE EMPLOYER HAS FEWER THAN 100 FULL ANO PART-TIME EMPLOYEES; OR (2) THE LGHP IS A MULTI OR MULTIPLE EMPLOYER PLAN THAT ALL EMPLOYERS PARTICIPATING IN THE PLAN HAVE FEWER THAN 100 FULL ANO PART-TIME EMPLOYEES. (EFF 9/93)
					31 = PATIENT IS STUOENT (FULL TIME - OAY) - PATIENT OECLARES THAT HE OR SHE IS ENROLLEO AS A FULL TIME OAY STUOENT.
					32 = PATIENT IS STUOENT (COOPERATIVE/WORK STUOY PROGRAM)
					33 = PATIENT IS STUOENT (FULL TIME - NIGHT) - PATIENT OECLARES THAT HE OR SHE IS ENROLLEO AS A FULL TIME NIGHT STUOENT.
					34 = PATIENT IS STUOENT (PART TIME) - PATIENT OECLARES THAT HE OR SHE IS ENROLLEO AS A PART TIME STUOENT.
					36 = GENERAL CARE PATIENT IN A SPECIAL UNIT - PATIENT IS TEMPORARILY PLACEO IN SPECIAL CARE UNIT BEO BECAUSE NO GENERAL CARE BEOS WERE AVAILABLE.
					37 = WARO ACCOMMOOATION IS PATIENT'S REQUEST - PATIENT IS ASSIGNEO TO WARO ACCOMMOOATIONS AT PATIENT'S REQUEST.
					38 = SEMI-PRIVATE ROOM NOT AVAILABLE -

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS ENO	CONTENTS
					INOICATES THAT EITHER PRIVATE OR WARO ACCOMMOOATIONS WERE NOT AVAILABLE.
					39 = PRIVATE ROOM MEOICALLY NECESSARY - PATIENT NEEOEO A PRIVATE ROOM FOR MEOICAL REASONS.
					40 = SAME OAY TRANSFER - PATIENT TRANSFERREO TO ANOTHER FACILITY BEFORE MIONIGHT OF THE OAY OF AOMISSION.
					41 = PARTIAL HOSPITALIZATION - EFF 3/92, INOICATES CLAIM IS FOR PARTIAL HOSPITALIZATION SERVICES. FOR OP SERVICES, THIS INCLUOES A VARIETY OF PSYCH PROGRAMS.
					42-45 = RESERVEO FOR NATIONAL ASSIGNMENT.
					46 = NON-AVAILABILITY STATEMENT ON FILE - A NONAVAILABILITY STATEMENT MUST BE ON FILE FOR EACH CHAMPUS CLAIM FOR NON EMERGENCY INPATIENT CARE WHEN THE CHAMPUS BENEFICIARY RESIOES WITHIN THE CATCHMENT AREA (USUALLY A 40 MILE RAOIUS) OF A UNIFORM SERVICES HOSPITAL.
					47 = RESERVEO FOR CHAMPUS.
					48-54 = RESERVEO FOR NATIONAL ASSIGNMENT.
					55 = SNF BEO NOT AVAILABLE - THE PATIENT'S SNF AOMISSION WAS OELAYEO MORE THAN 30 OAYS AFTER HOSPITAL OISCHARGE BECAUSE AN SNF BEO WAS NOT AVAILABLE.
					56 = MEOICAL APPROPRIATENESS - PATIENT'S SNF AOMISSION WAS OELAYEO MORE THAN 30 OAYS AFTER HOSPITAL OISCHARGE BECAUSE THE PHYSICAL CONOITION MAOE IT INAPPRO-PRIATE TO BEGIN ACTIVE CARE WITHIN THAT PERIOO.
					57 = SNF REAOMISSION - PATIENT PREVIOUSLY RECEIVEO MEOICARE COVEREO SNF CARE WITHIN 30 OAYS OF THE CURRENT SNF AOMISSION.
					58-59 = RESERVEO FOR NATIONAL ASSIGNMENT.
					60 = OPERATING COST OAY OUTLIER - PRICER INOICATES THIS BILL IS LENGTH OF STAY OUTLIER. (PPS)
					61 = OPERATING COST COST OUTLIER - PRICER INOICATES THIS BILL IS A COST OUTLIER. (PPS)
					62 = PIP BILL - THIS BILL IS A PERIOOIC INTERIM PAYMENT BILL.
					63 = PRO OENIAL RECEIVEO BEFORE BATCH CLEARANCE REPORT - THE 'OATE RECEIVEO' ON A PRO AOJUSTMENT BILL IS THE OATE THE HCSSACL FILE WAS RECEIVEO THAT REPORTS ACCEPTANCE OF THE ORIGINAL BILL BY HCFA. THE HCSSACL RECEIPT OATE IS USEO IF THE PRO'S NOTIFICATION IS EARLIER THAN THE ACCEPTANCE REPORT OF

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					THE ORIGINAL BILL. CHANGED TO A PAYER-ONLY CODE EFF 9/93.
					64 = OTHER THAN CLEAN CLAIM - THE CLAIM IS NOT A 'CLEAN CLAIM'
					65 = NON-PPS CODE - THE BILL IS NOT A PROSPECTIVE PAYMENT SYSTEM BILL.
					66 = OUTLIER NOT CLAIMED - BILL MAY MEET THE CRITERIA FOR COST OUTLIER, BUT THE HOSPITAL DID NOT CLAIM THE COST OUTLIER (PPS)
					70 = SELF-ADMINISTERED EPO - BILLING IS FOR A HOME DIALYSIS PATIENT WHO SELF-ADMINISTERS EPO.
					71 = FULL CARE IN UNIT - BILLING IS FOR A PATIENT WHO RECEIVED STAFF ASSISTED DIALYSIS SERVICES IN A HOSPITAL OR RENAL DIALYSIS FACILITY.
					72 = SELF CARE IN UNIT - BILLING IS FOR A PATIENT WHO MANAGED HIS OWN DIALYSIS SERVICES WITHOUT STAFF ASSISTANCE IN A HOSPITAL OR RENAL DIALYSIS FACILITY.
					73 = SELF CARE TRAINING - BILLING IS FOR SPECIAL DIALYSIS SERVICES WHERE THE PATIENT AND HELPER (IF NECESSARY) WERE LEARNING TO PERFORM DIALYSIS.
					74 = HOME - BILLING IS FOR A PATIENT WHO RECEIVED DIALYSIS SERVICES AT HOME
					75 = HOME 100 PERCENT REIMBURSEMENT - (NOT TO BE USED FOR SERVICES FURNISHED 4/16/90 OR LATER). CODE INDICATES THE BILLING IS FOR PATIENT WHO RECEIVED DIALYSIS SERVICES AT HOME USING A DIALYSIS MACHINE THAT WAS PURCHASED UNDER THE 100 PERCENT PROGRAM.
					76 = BACK-UP FACILITY - BILLING IS FOR A PATIENT WHO RECEIVED DIALYSIS SERVICES IN A BACK-UP FACILITY.
					77 = PROVIDER ACCEPTS OR IS OBLIGATED/ REQUIRED DUE TO CONTRACTUAL AGREEMENT OR LAW TO ACCEPT PAYMENT BY A PRIMARY PAYER AS PAYMENT IN FULL - INDICATES THE PROVIDER HAS ACCEPTED OR IS OBLIGATED/REQUIRED DUE TO A CONTRACTUAL AGREEMENT OR LAW TO ACCEPT PAYMENT AS PAYMENT IN FULL. MEDICARE PAYS NOTHING.
					78 = NEW COVERAGE NOT IMPLEMENTED BY HMO - EFF 3/92, INDICATES NEWLY COVERED SERVICE UNDER MEDICARE FOR WHICH HMO DOES NOT PAY.
					79 = CORF SERVICES PROVIDED OFF SITE - CODE INDICATES THAT PHYSICAL THERAPY, OCCUPATIONAL THERAPY, OR SPEECH PATHOLOGY SERVICES WERE PROVIDED OFF SITE.
					80-99 = RESERVED FOR STATE ASSIGNMENT.

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS ENO	CONTENTS
					** SPECIAL PROGRAM INOICATOR COOES (EFF 10/93)
					AO = CHAMPUS EXTERNAL PARTNERSHIP PROGRAM
					A1 = EPSOT/CHAP - EARLY ANO PERIOOIC SCREENING OIAGNOSIS ANO TREATMENT
					A2 = PHYSICALLY HANOICAPPEO CHILOREN'S PROGRAM -SERVICES PROVIOEO RECEIVE SPECIAL FUNOING THROUGH TITLE 8 OF THE SOCIAL SECURITY ACT OR THE CHAMPUS PROGRAM FOR THE HANOICAPPEO
					A3 = SPECIAL FEOERAL FUNOING - OESIGNEO FOR UNIFORM USE BY STATE UNIFORM BILLING COMMITTEES.
					A4 = FAMILY PLANNING - OESIGNEO FOR UNIFORM USE BY STATE UNIFORM BILLING COMMITTEES.
					A5 = OISABILITY - OESIGNEO FOR UNIFORM USE BY STATE UNIFORM BILLING COMMITTEES.
					A6 = PPV/MEOICARE - IOENTIFIES THAT PNEUMOCOCCAL PNEUMONIA 100% PAYMENT VACCINE (PPV) SERVICES SHOULO BE REIMBURSEO UNOER A SPECIAL MEOICARE PROGRAM PROVISION
					A7 = INOUCEO ABORTION TO AVOIO OANGER TO WOMAN'S LIFE
					A8 = INOUCEO ABORTION - VICTIM OF RAPE/ INCEST
					A9 = SECONO OPINION SURGERY - SERVICES REQUESTEO TO SUPPORT SECONO OPINION ON SURGERY. PART B OEOUCTIBLE ANO COINSURANCE OO NOT APPLY.
					BO-B9 = RESERVEO FOR NATIONAL ASSIGNMENT
					** PRO APPROVAL INOICATOR SERVICES (EFF 10/93)
					CO = RESERVEO FOR NATIONAL ASSIGNMENT
					C1 = APPROVEO AS BILLEO - THE SERVICES PROVIOEO FOR THIS BILLING PERIOO HAVE BEEN REVIEWEO BY THE PRO/UR OR INTERMEOIARY, AS APPROPRIATE, ANO ARE FULLY APPROVEO INCLUOING ANY OAY OR COST OUTLIER.
					C2 = AUTOMATIC APPROVAL AS BILLEO BASEO ON FOCUSEO REVIEW. (NO LONGER USEO FOR MEOICARE)
					C3 = PARTIAL APPROVAL - THE SERVICES PROVIOEO FOR THIS BILLING PERIOO HAVE BEEN REVIEWEO BY THE PRO/UR OR INTERMEOIARY, AS APPROPRIATE, ANO SOME PORTION HAS BEEN OENIEO (OAYS, OR SERVICES
					C4 = AOMISSION/SERVICES OENIEO - INOICATES

	NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
						THAT ALL OF THE SERVICES WERE DENIED BY THE PRO/UR C5 = POSTPAYMENT REVIEW APPLICABLE - PRO/UR REVIEW TO TAKE PLACE AFTER PAYMENT C6 = ADMISSION PREAUTHORIZATION - THE PRO/UR AUTHORIZED THIS ADMISSION/ SERVICE BUT HAS NOT REVIEWED THE SERVICES PROVIDED C7 = EXTENDED AUTHORIZATION - THE PRO HAS AUTHORIZED THESE SERVICES FOR AN EXTENDED LENGTH OF TIME BUT HAS NOT REVIEWED THE SERVICES PROVIDED C8-C9 = RESERVED FOR NATIONAL ASSIGNMENT ** CHANGE CONDITIONS (EFF 10/93) D0 = CHANGES TO SERVICE DATES D1 = CHANGES IN CHARGES D2 = CHANGES IN REVENUE CODES/HCPCS D3 = SECOND OR SUBSEQUENT INTERIM PPS BILL D4 = CHANGE IN GROUPER INPUT (DIAGNOSIS OR PROCEDURES D5 = CANCEL ONLY TO CORRECT A BENEFICIARY CLAIM ACCOUNT NUMBER OR PROVIDER IDENTIFICATION NUMBER D6 = CANCEL ONLY TO REPAY A DUPLICATE PAYMENT OR OIG OVERPAYMENT (INCLUDES CANCELLATION OF AN OUTPATIENT BILL CONTAINING SERVICES REQUIRED TO BE INCLUDED ON THE IP BILL). D7 = CHANGE TO MAKE MEDICARE THE SECONDARY PAYER D8 = CHANGE TO MAKE MEDICARE THE PRIMARY PAYER D9 = ANY OTHER CHANGE E0 = CHANGE IN PATIENT STATUS SOURCE: CWF
****	CLAIM RELATED OCCURRENCE GROUP	GROUP	6			THE NUMBER OF CLAIM RELATED OCCURRENCE TRAILERS IS DETERMINED BY THE CLAIM RELATED OCCURRENCE CODE COUNT. EFFECTIVE 10/93, UP TO 30 OCCURRENCES CAN BE REPORTED ON AN INSTITUTIONAL CLAIM. PRIOR TO 10/93, UP TO 10 OCCURRENCES COULD BE REPORTED. OCCURS: UP TO 99 TIMES DEPENDING ON CLM_RLT_OCRNC_CD_CNT STANDARD ALIAS: CLM_RLT_OCRNC_GRP
82.	CLAIM RELATED OCCURRENCE CODE	CHAR	2			THE CODE THAT IDENTIFIES A SIGNIFICANT EVENT RELATING TO AN INSTITUTIONAL CLAIM THAT MAY

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS ENO	CONTENTS
					AFFECT PAYER PROCESSING. THESE COOES ARE CLAIM-RELATEO OCCURRENCES THAT ARE RELATEO TO A SPECIFIC OATE. STANOARO ALIAS: CLM_RLT_OCRNC_CO SAS ALIAS: OCRNC_CO COOES: 01 THRU 09 = ACCIOENT 10 THRU 19 = MEOICAL CONOITION 20 THRU 39 = INSURANCE RELATEO 40 THRU 99 = SERVICE RELATEO 01 = AUTO ACCIOENT - THE OATE OF AN AUTO ACCIOENT. 02 = NO FAULT INSURANCE INVOLVEO, INCLUOING AUTO ACCIOENT/OTHER - THE OATE OF AN ACCIOENT WHERE THE STATE HAS APPLICABLE NO FAULT LIABILITY LAWS, (I.E., LEGAL BASIS FOR SETTLEMENT WITHOUT AOMISSION OR PROOF OF GUILT). 03 = ACCIOENT/TORT LIABILITY - THE OATE OF AN ACCIOENT RESULTING FROM A THIRO PARTY'S ACTION THAT MAY INVOLVE A CIVIL COURT PROCESS IN AN ATTEMPT TO REQUIRE PAYMENT BY THE THIRO PARTY, OTHER THAN NO FAULT LIABILITY. 04 = ACCIOENT/EMPLOYMENT RELATEO - THE OATE OF AN ACCIOENT RELATING TO THE PATIENT'S EMPLOYMENT. 05 = OTHER ACCIOENT - THE OATE OF AN ACCI-OENT NOT OESCRIBEO BY THE ABOVE COOES. 06 = CRIME VICTIM - COOE INOICATING THE OATE ON WHICH A MEOICAL CONOITION RE-SULTEO FROM ALLEGEO CRIMINAL ACTION COMMITTEO BY ONE OR MORE PARTIES. 07-08 = RESERVEO FOR NATIONAL ASSIGNMENT. 11 = ONSET OF SYMPTOMS/ILLNESS - THE OATE THE PATIENT FIRST BECAME AWARE OF SYMPTOMS/ILLNESS. 12 = OATE OF ONSET FOR A CHRONICALLY OEPENOENT INOIVIOUAL - COOE INOICATES THE OATE THE PATIENT/BENEFICIARY BE-CAME A CHRONICALLY OEPENOENT INOIVI-OUAL. 13-16 = RESERVEO FOR NATIONAL ASSIGNMENT. 17 = OATE OUTPATIENT OCCUPATIONAL THERAPY PLAN ESTABLISHEO OR LAST REVIEWEO - COOE INOICATING THE OATE AN OCCUPA-TIONAL THERAPY PLAN WAS ESTABLISHEO OR LAST REVIEWEO (EFF 3/93). 18 = OATE OF RETIREMENT (PATIENT BENEFICIARY) - COOE INOICATES THE OATE OF RETIRE-MENT FOR THE PATIENT/BENEFICIARY. 19 = OATE OF RETIREMENT SPOUSE -

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					CODE INDICATES THE DATE OF RETIREMENT FOR THE PATIENT'S SPOUSE.
					20 = GUARANTEE OF PAYMENT BEGAN - THE DATE ON WHICH THE PROVIDER BEGAN CLAIMING MEDICARE PAYMENT UNDER THE GUARANTEE OF PAYMENT PROVISION.
					21 = UR NOTICE RECEIVED - CODE INDICATING THE DATE OF RECEIPT BY THE HOSPITAL OF THE UR COMMITTEE'S FINDING THAT THE ADMISSION OR FUTURE STAY WAS NOT MEDICALLY NECESSARY.
					22 = ACTIVE CARE ENDED - THE DATE ON WHICH A COVERED LEVEL OF CARE ENDED IN A SNF OR GENERAL HOSPITAL, OR DATE ACTIVE CARE ENDED IN A PSYCHIATRIC OR TUBERCULOSIS HOSPITAL. (FOR USE BY INTERMEDIARY ONLY)
					23 = RESERVED FOR NATIONAL ASSIGNMENT (EFF 10/93). BENEFITS EXHAUSTED - THE LAST DATE FOR WHICH BENEFITS CAN BE PAID. (TERM 9/30/93; REPLACED BY CODE A3)
					24 = DATE INSURANCE DENIED - THE DATE THE INSURER'S DENIAL OF COVERAGE WAS RECEIVED BY A HIGHER PRIORITY PAYER.
					25 = DATE BENEFITS TERMINATED BY PRIMARY PAYER - THE DATE ON WHICH COVERAGE (INCLUDING WORKER'S COMPENSATION BENEFITS OR NO-FAULT COVERAGE) IS NO LONGER AVAILABLE TO THE PATIENT.
					26 = DATE SKILLED NURSING FACILITY (SNF) BED AVAILABLE - THE DATE ON WHICH A SNF BED BECAME AVAILABLE TO A HOSPITAL INPATIENT WHO REQUIRED ONLY SNF LEVEL OF CARE.
					**NOTE: CODES 27-30 SHOULD NOT BE USED BY HOSPITALS UNLESS THEY OWN THESE FACILITIES.
					27 = DATE HOME HEALTH PLAN ESTABLISHED OR OR LAST REVIEWED - CODE INDICATING THE DATE A HOME HEALTH PLAN OF TREATMENT WAS ESTABLISHED OR LAST REVIEWED.
					28 = DATE COMPREHENSIVE OUTPATIENT REHABILITATION PLAN ESTABLISHED OR LAST REVIEWED - CODE INDICATING THE DATE A COMPREHENSIVE OUTPATIENT REHABILITATION PLAN WAS ESTABLISHED OR LAST REVIEWED.
					29 = DATE OPT PLAN ESTABLISHED OR LAST REVIEWED - THE DATE A PLAN OF TREATMENT WAS ESTABLISHED FOR OUTPATIENT PHYSICAL THERAPY.
					30 = DATE SPEECH PATHOLOGY PLAN TREATMENT

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS ENO	CONTENTS
					ESTABLISHEO OR LAST REVIEWEO - THE OATE A SPEECH PATHOLOGY PLAN OF TREATMENT WAS ESTABLISHEO OR LAST REVIEWEO.
					31 = OATE BENEFICIARY NOTIFIEO OF INTENT TO BILL (ACCOMMOOATIONS) - THE OATE OF THE NOTICE PROVIOEO TO THE PATIENT BY THE HOSPITAL STATING THAT HE NO LONGER REQUIREO A COVEREO LEVEL OF INPATIENT CARE.
					32 = OATE BENEFICIARY NOTIFIEO OF INTENT TO BILL (PROCEOURES OR TREATMENT) - THE OATE OF THE NOTICE PROVIOEO TO THE PATIENT BY THE HOSPITAL STATING THAT REQUESTEO CARE (OIAGNOSTIC PROCEOURES OR TREATMENTS) IS NOT CONSIOEREO REA-SONABLE OR NECESSARY BY MEOICARE.
					33 = FIRST OAY OF THE MEOICARE COOROINA-TION PERIOO FOR ESRO BENEFICIARIES - COOE INOICATES THE FIRST OAY OF THE MEOICARE COOROINATION PERIOO OURING WHICH MEOICARE BENEFITS ARE SECONOARY TO BENEFITS PAYABLE UNOER AN EGHP. REQUIREO ONLY FOR ESRO BENEFICIARIES.
					34 = OATE OF ELECTION OF EXTENOEO CARE FACILITIES - THE OATE THE GUEST ELECTEO TO RECEIVE EXTENOEO CARE SERVICES (USEO BY CHRISTIAN SCIENCE SANATORIA ONLY)
					35 = OATE TREATMENT STARTEO FOR PHYSICAL THERAPY - COOE INOICATES THE OATE SERVICES WERE INITIATEO BY THE BILLING PROVIOER FOR PHYSICAL THERAPY.
					36 = OATE OF INPATIENT HOSPITAL OISCHARGE FOR TRANSPLANT PROCEOURE - COOE INOI-CATES THE OATE OF OISCHARGE FOR THE INPATIENT HOSPITAL STAY IN WHICH THE PATIENT RECEIVEO A TRANSPLANT PROCEOURE WHEN THE HOSPITAL IS BILLING FOR IMMUNOSUPPRESSIVE ORUGS.
					37 = OATE OF INPATIENT HOSPITAL OISCHARGE FOR NON-COVEREO TRANSPLANT PATIENT - COOE INOICATES THE OATE OF OISCHARGE FOR THE INPATIENT HOSPITAL STAY IN WHICH THE PATIENT RECEIVEO A NON-COVEREO TRANSPLANT PROCEOURE WHEN THE HOSPITAL IS BILLING FOR IMMUNOSUPPRE-SIVE ORUGS.
					38 = OATE TREATMENT STARTEO FOR HOME IV THERAPY - OATE THE PATIENT WAS FIRST TREATEO IN HIS HOME FOR IV THERAPY.
					39 = OATE OISCHARGEO ON A CONTINUOUS COURSE OF IV THERAPY - OATE THE PATIENT WAS OISCHARGEO FROM THE HOSPITAL ON A CONTINUOUS COURSE OF IV THERAPY.
					40 = SCHEOULEO OATE OF AOMISSION - THE

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					DATE ON WHICH A PATIENT WILL BE ADMITTED AS AN INPATIENT TO THE HOSPITAL. (THIS CODE MAY ONLY BE USED ON AN OUTPATIENT CLAIM.)
					41 = DATE OF FIRST TEST FOR PRE-ADMISSION TESTING - THE DATE ON WHICH THE FIRST OUTPATIENT DIAGNOSTIC TEST WAS PERFORMED AS PART OF A PRE-ADMISSION TESTING (PAT) PROGRAM. THIS CODE MAY ONLY BE USED IF A DATE OF ADMISSION WAS SCHEDULED PRIOR TO THE ADMINISTRATION OF THE TEST(S).
					42 = DATE OF DISCHARGE/TERMINATION OF HOSPICE CARE - FOR THE FINAL BILL FOR HOSPICE CARE. EFF 5/93, DEFINITION REVISED TO APPLY ONLY TO DATE PATIENT REVOKED HOSPICE ELECTION.
					43 = RESERVED FOR NATIONAL ASSIGNMENT.
					44 = DATE TREATMENT STARTED FOR OCCUPATIONAL THERAPY - CODE INDICATES THE DATE SERVICES WERE INITIATED BY THE BILLING PROVIDER FOR OCCUPATIONAL THERAPY.
					45 = DATE TREATMENT STARTED FOR SPEECH THERAPY - CODE INDICATES THE DATE SERVICES WERE INITIATED BY THE BILLING PROVIDER FOR SPEECH THERAPY.
					46 = DATE TREATMENT STARTED FOR CARDIAC REHABILITATION - CODE INDICATES THE DATE SERVICES WERE INITIATED BY THE BILLING PROVIDER FOR CARDIAC REHABILITATION.
					47-49 = PAYER CODES - CODES RESERVED FOR INTERNAL USE ONLY BY THIRD PARTY PAYERS. HCFA ASSIGNS AS NEEDED FOR YOUR USE. PROVIDERS WILL NOT REPORT THEM.
					50-69 = RESERVED FOR STATE ASSIGNMENT.
					A1 = BIRTHDATE, INSURED A - THE BIRTHDATE OF THE INDIVIDUAL IN WHOSE NAME THE INSURANCE IS CARRIED. (EFF 10/93)
					A2 = EFFECTIVE DATE, INSURED A POLICY - A CODE INDICATING THE FIRST DATE INSURANCE IS IN FORCE. (EFF 10/93)
					A3 = BENEFITS EXHAUSTED - CODE INDICATING THE LAST DATE FOR WHICH BENEFITS ARE AVAILABLE AND AFTER WHICH NO PAYMENT CAN BE MADE TO PAYER A. (EFF 10/93)
					B1 = BIRTHDATE, INSURED B - THE BIRTHDATE OF THE INDIVIDUAL IN WHOSE NAME THE INSURANCE IS CARRIED. (EFF 10/93)
					B2 = EFFECTIVE DATE, INSURED B POLICY - A CODE INDICATING THE FIRST DATE INSURANCE IS IN FORCE. (EFF 10/93)
					B3 = BENEFITS EXHAUSTED - CODE INDICATING

	NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
						THE LAST DATE FOR WHICH BENEFITS ARE AVAILABLE AND AFTER WHICH NO PAYMENT CAN BE MADE TO PAYER B. (EFF 10/93) C1 = BIRTHDATE, INSURED C - THE BIRTHDATE OF THE INDIVIDUAL IN WHOSE NAME THE INSURANCE IS CARRIED. (EFF 10/93) C2 = EFFECTIVE DATE, INSURED C POLICY - A CODE INDICATING THE FIRST DATE INSURANCE IS IN FORCE. (EFF 10/93) C3 = BENEFITS EXHAUSTED - CODE INDICATING THE LAST DATE FOR WHICH BENEFITS ARE AVAILABLE AND AFTER WHICH NO PAYMENT CAN BE MADE TO PAYER C. (EFF 10/93) SOURCE: CWF
83.	CLAIM RELATED OCCURRENCE DATE	BIN	4			A DATE ASSOCIATED WITH A SIGNIFICANT EVENT RELATED TO AN INSTITUTIONAL CLAIM THAT MAY AFFECT PAYER PROCESSING. 9 DIGITS SIGNED STANDARD ALIAS: CLM_RLT_OCRNC_DT SAS ALIAS: OCRNC_DT EDIT-RULES: YYYYMMDD SOURCE: CWF
****	CLAIM OCCURRENCE SPAN GROUP	GROUP	10			THE NUMBER OF CLAIM OCCURRENCE SPAN TRAILERS IS DETERMINED BY THE CLAIM OCCURRENCE SPAN CODE COUNT. UP TO 10 OCCURRENCES MAY BE REPORTED ON AN INSTITUTIONAL CLAIM. OCCURS: UP TO 99 TIMES DEPENDING ON CLM_OCRNC_SPAN_CD_CNT STANDARD ALIAS: CLM_OCRNC_SPAN_GRP
84.	CLAIM OCCURRENCE SPAN CODE	CHAR	2			THE CODE THAT IDENTIFIES A SIGNIFICANT EVENT RELATING TO AN INSTITUTIONAL CLAIM THAT MAY AFFECT PAYER PROCESSING. THESE CODES ARE CLAIM-RELATED OCCURRENCES THAT ARE RELATED TO A TIME PERIOD (SPAN OF DATES). STANDARD ALIAS: CLM_OCRNC_SPAN_CD SAS ALIAS: SPAN_CD CODES: 70 = EFF 10/93, FOR PAYER USE ONLY, THE NON-UTILIZATION DATES ON HOSPITAL BILLS -

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					THE FROM/THROUGH DATES OF A PERIOD OF TIME DURING A PPS-INLIER STAY FOR WHICH THE BENEFICIARY HAD EXHAUSTED ALL FULL AND/OR COINSURANCE DAYS, BUT IS COVERED ON COST REPORT. SNF QUALIFYING STAY DATES - THE FROM/THROUGH DATES OF A MINIMUM 3-DAY HOSPITAL STAY THAT QUALIFIES THE PATIENT FOR MEDICARE PAYMENT OF SNF SERVICES BILLED. CODE CAN BE USED ONLY BY SNF FOR BILLING.
					71 = HOSPITAL PRIOR STAY DATES - THE FROM/ THROUGH DATES OF ANY HOSPITAL STAY THAT ENDED WITHIN 60 DAYS OF THIS HOSPITAL OR SNF ADMISSION.
					72 = FIRST/LAST VISIT - THE DATES OF THE FIRST AND LAST VISITS OCCURRING IN THIS BILLING PERIOD IF THE DATES ARE DIFFERENT FROM THOSE IN THE STATEMENT COVERS PERIOD.
					73 = BENEFIT ELIGIBILITY PERIOD - THE INCLUSIVE DATES DURING WHICH CHAMPUS MEDICAL BENEFITS ARE AVAILABLE TO A SPONSOR'S BENEFICIARY AS SHOWN ON THE BENEFICIARY'S ID CARD.
					74 = NON-COVERED LEVEL OF CARE - THE FROM/ THROUGH DATES OF A PERIOD AT A NON-COVERED LEVEL OF CARE IN AN OTHERWISE COVERED STAY, EXCLUDING ANY PERIOD REPORTED WITH OCCURRENCE SPAN CODE 76, 77, OR 79.
					75 = SKILLED NURSING FACILITY (SNF) LEVEL OF CARE - THE FROM/THROUGH DATES OF A PERIOD OF SNF LEVEL OF CARE DURING AN INPATIENT HOSPITAL STAY. USED TO SHOW PRO APPROVAL OF PATIENT'S REMAINING IN HOSPITAL BECAUSE SNF BED NOT AVAILABLE. CODE IS NOT APPLICABLE TO SWING BED CASES. HOSPITALS UNDER PPS USE THIS CODE IN DAY OUTLIER CASES ONLY.
					76 = PATIENT LIABILITY - THE FROM/THROUGH DATES OF A PERIOD OF NONCOVERED CARE FOR WHICH THE HOSPITAL IS PERMITTED TO CHARGE THE MEDICARE BENEFICIARY. USED ONLY WHERE YOU, OR THE PRO, HAVE APPROVED SUCH CHARGES IN ADVANCE, AND THE PATIENT HAS BEEN NOTIFIED IN WRITING 3 DAYS PRIOR TO THE 'FROM' DATE OF THE NONCOVERED PERIOD.
					77 = PROVIDER LIABILITY - THE FROM/THROUGH DATES OF A PERIOD OF NONCOVERED CARE FOR WHICH THE PROVIDER IS LIABLE. EFF 3/92, APPLIES TO PROVIDER LIABILITY WHERE BENEFICIARY IS CHARGED WITH

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					UTILIZATION AND IS LIABLE FOR THE DEDUCTIBLE AND COINSURANCE 78 = SNF PRIOR STAY DATES - THE FROM/ THROUGH DATES OF ANY SNF STAY THAT ENDED WITHIN 60 DAYS OF THIS HOSPITAL OR SNF ADMISSION. 79 = PROVIDER LIABILITY (PAYER CODE) - EFF 3/92, THE FROM/THROUGH DATES OF A PERIOD OF NONCOVERED CARE WHERE THE BENEFICIARY IS NOT CHARGES WITH UTILIZATION, DEDUCTIBLE, OR COINSURANCE AND THE PROVIDER IS LIABLE. EFF 9/93, REVISED TO APPLY TO NONCOVERED PERIOD OF CARE DUE TO LACK OF MEDICAL NECESSITY. 80-99 = RESERVED FOR STATE ASSIGNMENT. MO = PRO/UR APPROVED STAY DATES - EFF 10/93, THE FIRST AND LAST DAYS THAT WERE APPROVED WHERE NOT ALL OF THE STAY WAS APPROVED. SOURCE: CWF
85. CLAIM OCCURRENCE SPAN FROM DATE	BIN	4			THE FROM DATE OF A PERIOD ASSOCIATED WITH AN OCCURRENCE OF A SPECIFIC EVENT RELATING TO AN INSTITUTIONAL CLAIM THAT MAY AFFECT PAYER PROCESSING. 9 DIGITS SIGNED STANDARD ALIAS: CLM_OCRNC_SPAN_FROM_DT SAS ALIAS: SPANFROM EDIT-RULES: YYYYMMDD SOURCE: CWF
86. CLAIM OCCURRENCE SPAN THROUGH DATE	BIN	4			THE THRU DATE OF A PERIOD ASSOCIATED WITH AN OCCURRENCE OF A SPECIFIC EVENT RELATING TO AN INSTITUTIONAL CLAIM THAT MAY AFFECT PAYER PROCESSING. 9 DIGITS SIGNED STANDARD ALIAS: CLM_OCRNC_SPAN_THRU_DT SAS ALIAS: SPANTHRU EDIT-RULES: YYYYMMDD SOURCE:

	NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
						CWF
****	CLAIM VALUE GROUP	GROUP	7			THE NUMBER OF CLAIM VALUE DATA TRAILERS PRESENT IS DETERMINED BY THE CLAIM VALUE CODE COUNT. EFFECTIVE 10/93, UP TO 36 OCCURRENCES CAN BE REPORTED ON AN INSTITUTIONAL CLAIM. PRIOR TO 10/93, UP TO 10 OCCURRENCES COULD BE REPORTED. OCCURS: UP TO 99 TIMES DEPENDING ON CLM_VAL_CD_CNT STANDARD ALIAS: CLM_VAL_GRP
87.	CLAIM VALUE CODE	CHAR	2			THE CODE INDICATING THE VALUE OF A MONETARY CONDITION WHICH WAS USED BY THE INTERMEDIARY TO PROCESS AN INSTITUTIONAL CLAIM. STANDARD ALIAS: CLM_VAL_CD SAS ALIAS: VAL_CD CODES: 04 = INPATIENT PROFESSIONAL COMPONENT CHARGES WHICH ARE COMBINED BILLED - FOR USE ONLY BY SOME ALL INCLUSIVE RATE HOSPITALS (EFF 9/93). 05 = PROFESSIONAL COMPONENT INCLUDED IN CHARGES AND ALSO BILLED SEPARATELY TO CARRIER - FOR USE ON MEDICARE AND MEDICAID BILLS IF THE STATE REQUESTS THIS INFORMATION. 06 = MEDICARE BLOOD DEDUCTIBLE - TOTAL CASH BLOOD DEDUCTIBLE (PART A BLOOD DEDUCTIBLE). 07 = MEDICARE CASH DEDUCTIBLE (TERM 9/30/93) RESERVED FOR NATIONAL ASSIGNMENT (EFF 10/93) 08 = MEDICARE PART A LIFETIME RESERVE AMOUNT IN FIRST CALENDAR YEAR - LIFETIME RESERVE AMOUNT CHARGED IN THE YEAR OF ADMISSION (NOT STORED IN NCH UNTIL 2/93) 09 = MEDICARE PART A COINSURANCE AMOUNT IN THE FIRST CALENDAR YEAR - COINSURANCE AMOUNT CHARGED IN THE YEAR OF ADMISSION (NOT STORED IN NCH UNTIL 2/93) 10 = MEDICARE PART A LIFETIME RESERVE AMOUNT IN THE SECOND CALENDAR YEAR - LIFETIME RESERVE AMOUNT CHARGED IN THE YEAR OF DISCHARGE WHERE THE BILL SPANS TWO CALENDAR YEARS. (NOT STORED IN NCH UNTIL 2/93) 11 = MEDICARE PART A COINSURANCE AMOUNT IN THE SECOND CALENDAR YEAR - COINSURANCE AMOUNT CHARGED IN THE YEAR OF DISCHARGE WHERE THE BILL SPANS TWO CALENDAR YEARS

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					(NOT STORED IN NCH UNTIL 2/93) 12 = WORKING AGED BENEFICIARY/SPOUSE WITH EMPLOYER GROUP HEALTH PLAN - AMOUNT SHOWN IS THAT PORTION OF A PAYMENT FROM A HIGHER PRIORITY EGHP INSURANCE MADE ON BEHALF OF AN AGED BENEFICIARY THAT THE PROVIDER IS APPLYING TO MEDICARE COVERED SERVICES ON THIS BILL. IF SIX ZEROES WERE ENTERED, THE PROVIDER CLAIMED CONDITIONAL MEDICARE PAYMENT. 13 = END STAGE RENAL DISEASE (ESRD) BENEFICIARY IN THE MEDICARE COORDINATION PERIOD WITH EGHP - AMOUNT SHOWN IS THAT PORTION OF A PAYMENT FROM A HIGHER PRIORITY EGHP INSURANCE MADE ON BEHALF OF AN ESRD BENEFICIARY THAT THE PROVIDER APPLIED TO MEDICARE COVERED SERVICES ON THIS BILL. IF SIX ZEROES WERE ENTERED, THE PROVIDER CLAIMED CONDITIONAL MEDICARE PAYMENT. 14 = NO FAULT AUTOMOBILE, INCLUDING ANY LIABILITY INSURANCE - AMOUNT SHOWN IS THAT PORTION OF A PAYMENT FROM A HIGHER PRIORITY NO FAULT INCLUDING AUTO/OTHER LIABILITY INSURANCE MADE ON BEHALF OF A MEDICARE BENEFICIARY THAT THE PROVIDER APPLIED TO MEDICARE COVERED SERVICES ON THIS BILL. IF SIX ZEROES WERE ENTERED, THE PROVIDER CLAIMED CONDITIONAL MEDICARE PAYMENT. 15 = WORKERS COMPENSATION - AMOUNT SHOWN IS THAT PORTION OF A PAYMENT FROM A HIGHER PRIORITY WC PLAN MADE ON BEHALF OF A MEDICARE BENEFICIARY THAT THE PROVIDER APPLIED TO MEDICARE COVERED SERVICES ON THIS BILL. IF SIX ZEROES WERE ENTERED, THE PROVIDER CLAIMED CONDITIONAL MEDICARE PAYMENT. 16 = PHS, OTHER FEDERAL AGENCY - AMOUNT SHOWN IS THAT PORTION OF A PAYMENT FROM A HIGHER PRIORITY PHS OR OTHER FEDERAL AGENCY MADE ON BEHALF OF A MEDICARE BENEFICIARY THAT THE PROVIDER APPLIED TO MEDICARE COVERED SERVICES ON THIS BILL. NOTE: IF SIX ZEROES WERE ENTERED, THE PROVIDER CLAIMED CONDITIONAL MEDICARE PAYMENT. 17 = OUTLIER AMOUNT - PROVIDERS DO NOT REPORT THIS. FOR PAYER INTERNAL USE ONLY. INDICATES THE AMOUNT OF DAY OR COST OUTLIER PAYMENT TO BE MADE.

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS ENO	CONTENTS
					18 = OISPROPORTIONATE SHARE AMOUNT - PROVIOERS OO NOT REPORT THIS. FOR PAYER INTERNAL USE ONLY. INOICATES THE OISPROPORTIONATE SHARE AMOUNT APPLICABLE TO THE BILL.
					19 = INOIRECT MEOICAL EDUCATION AMOUNT - PROVIOERS OO NOT REPORT THIS. FOR PAYER INTERNAL USE ONLY. INOICATES THE MEOICAL EOUCATION AMOUNT APPLICABLE TO THE BILL.
					20 = TOTAL PPS CAPITAL PAYMENT AMOUNT - TOTAL PAYMENT SENT PROVIOER FOR CAPITAL UNOER PPS, INCLUOING HSP, FSP, OUTLIER, OLO CAPITAL, OSH AOJUSTMENT, IME AOJUSTMENT, ANO ANY EXCEPTION AMOUNT. (EFFECTIVE 10/1/91 THRU 3/1/92 FOR REPORTING BY PROVIOERS. AOOEO BACK AS A PAYER COOE ONLY EFF 9/93.)
					21 = CATASTROPHIC - MEOICAIO - ELIGIBILITY REQUIREMENTS TO BE OETERMINEO AT STATE LEVEL. (MEOICAIO SPECIFIC) (OELETEO 9/93)
					22 = SURPLUS - MEOICAIO - ELIGIBILITY REQUIREMENTS TO BE OETERMINEO AT STATE LEVEL. (MEOICAIO SPECIFIC) (OELETEO 9/93)
					23 = RECURRING MONTHLY INCOME - MEOICAIO - ELIGIBILITY REQUIREMENTS TO BE OETERMINEO AT STATE LEVEL (MEOICAIO SPECIFIC) (OELETEO 9/93)
					24 = MEOICAIO RATE COOE - MEOICAIO - ELIGIBILITY REQUIREMENTS TO BE OETERMINEO AT STATE LEVEL (MEOICAIO (OELETEO 9/93)
					31 = PATIENT LIABILITY AMOUNT - AMOUNT SHOWN IS THAT WHICH YOU OR THE PRO APPROVEO TO CHARGE THE BENEFICIARY FOR NONCOVEREO ACCOMMOOATIONS, OIAGNOSTIC PROCEOURES OR TREATMENTS.
					37 = PINTS OF BLOOO FURNISHEO - TOTAL NUMBER OF PINTS OF WHOLE BLOOO OR UNITS OF PACKEO REO CELLS FURNISHEO TO THE PATIENT. (EFF 10/93)
					38 = BLOOO OEOUCTIBLE PINTS - THE NUMBER OF UNREPLACEO PINTS OF WHOLE BLOOO OR UNITS OF PACKEO REO CELLS FURNISHEO FOR WHICH THE PATIENT IS RESPONSIBLE. (EFF 10/93)
					39 = PINTS OF BLOOO REPLACEO - THE TOTAL NUMBER OF PINTS OF WHOLE BLOOO OR UNITS OF PACKEO REO CELLS FURNISHEO TO THE PATIENT THAT HAVE BEEN REPLACEO BY OR ON BEHALF OF THE PATIENT. (EFF 10/93)
					40 = NEW COVERAGE NOT IMPLEMENTEO BY HMO -

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					AMOUNT SHOWN IS FOR INPATIENT CHARGES COVERED BY HMO (EFF 3/92). NOTE: (USE THIS CODE WHEN THE BILL INCLUDES INPATIENT CHARGES FOR NEWLY COVERED SERVICES WHICH ARE NOT PAID BY HMO). 41 = BL - AMOUNT SHOWN IS THAT PORTION OF A PAYMENT FROM A HIGHER PRIORITY BL PROGRAM MADE ON BEHALF OF A MEDICARE BENEFICIARY THAT THE PROVIDER APPLIED TO MEDICARE COVERED SERVICES ON THIS BILL. IF SIX ZEROES WERE ENTERED, THE PROVIDER CLAIMED CONDITIONAL MEDICARE PAYMENT. 42 = VA - AMOUNT SHOWN IS THAT PORTION OF A PAYMENT FROM A HIGHER PRIORITY VA MADE ON BEHALF OF A MEDICARE BENEFICIARY THAT THE PROVIDER APPLIED TO MEDICARE COVERED SERVICES ON THIS BILL. IF SIX ZEROES WERE ENTERED, THE PROVIDER CLAIMED CONDITIONAL MEDICARE PAYMENT. 43 = DISABLED BENEFICIARY UNDER AGE WITH LGHP - AMOUNT SHOWN IS THAT PORTION OF A PAYMENT FROM A HIGHER PRIORITY LGHP MADE ON BEHALF OF A DISABLED MEDICARE BENEFICIARY THAT THE PROVIDER APPLIED TO MEDICARE COVERED SERVICES ON THIS BILL. 44 = AMOUNT PROVIDER AGREED TO ACCEPT FROM PRIMARY PAYER WHEN AMOUNT IS LESS THAN CHARGES BUT HIGHER THAN PAYMENT RERECEIVED - CODE TO INDICATE THE AMOUNT YOU WERE OBLIGATED OR REQUIRED TO ACCEPT FROM A PRIMARY PAYER. WHEN A LESSER AMOUNT IS RECEIVED AND THE RECEIVED AMOUNT IS LESS THAN CHARGES, A MEDICARE SECONDARY PAYMENT IS DUE. 46 = NUMBER OF GRACE DAYS - FOLLOWING THE DATE OF THE PRO/UR DETERMINATION, THIS IS THE NUMBER OF DAYS DETERMINED BY THE PRO/UR TO BE NECESSARY TO ARRANGE FOR THE PATIENT'S POST-DISCHARGE CARE. (EFF 10/93) 47 = ANY LIABILITY INSURANCE - AMOUNT SHOWN IS THAT PORTION FROM A HIGHER PRIORITY LIABILITY INSURANCE MADE ON BEHALF OF MEDICARE BENEFICIARY THAT THE PROVIDER IS APPLYING TO MEDICARE COVERED SERVICES ON THIS BILL. (EFF 9/93) 48 = HEMOGLOBIN READING - THE LATEST HEMOGLOBIN READING TAKEN DURING THIS BILLING CYCLE.

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS ENO	CONTENTS
					49 = HEMATOCRIT REAOING - COOE INOICATES THE LATEST HEMATOCRIT REAOING TAKEN OURING THIS BILLING CYCLE. THIS IS USUALLY REPORTEO IN TWO POSITIONS (A PERCENTAGE) TO THE LEFT OF THE OOLLAR/CENT OELIMITER. IF THE READING IS PROVIOEO WITH A OECIMAL, USE THE THIRO POSITION TO THE RIGHT OF THE OELIMITER FOR THE THIRO OIGIT.
					50 = PHYSICAL THERAPY VISITS - COOE INOICATES THE NUMBER OF PHYSICAL THERAPY VISITS FROM ONSET (AT BILLING PROVIOER) THROUGH THIS BILLING PERIOO.
					51 = OCCUPATIONAL THERAPY VISITS - COOE INOICATES THE NUMBER OF OCCUPATIONAL THERAPY VISITS FROM ONSET (AT THE BILLING PROVIOER) THROUGH THIS BILLING PERIOO.
					52 = SPEECH THERAPY VISITS - COOE INOICATES THE NUMBER OF SPEECH THERAPY VISITS FROM ONSET (AT BILLING PROVIOER) THROUGH THIS BILLING PERIOO.
					53 = CAROIAC REHABILITATION - COOE INOICATES THE NUMBER OF CAROIAC REHABILITATION VISITS FROM ONSET (AT BILLING PROVIOER) THROUGH THIS BILLING PERIOO.
					54-55 = RESERVEO FOR NATIONAL ASSIGNMENT.
					56 = HOURS SKILLEO NURSING PROVIOEO - THE NUMBER OF HOURS SKILLEO NURSING PROVIOEO OURING THE BILLING PERIOO. COUNT ONLY HOURS SPENT IN THE HOME.
					57 = HOME HEALTH VISIT HOURS - THE NUMBER OF HOME HEALTH ANO SERVICES PROVIOEO OURING THE BILLING PERIOO. COUNT ONLY THE HOURS SPENT IN THE HOME.
					58 = ARTERIAL BLOOO GAS - ARTERIAL BLOOO GAS VALUE AT BEGINNING OF EACH REPORTING PERIOO FOR OXYGEN THERAPY. THIS VALUE OR VALUE 59 WILL BE REQUIREO ON THE INITIAL BILL FOR OXYGEN THERAPY ANO ON THE FOURTH MONTH'S BILL.
					59 = OXYGEN SATURATION - OXYGEN SATURATION AT THE BEGINNING OF EACH REPORTING PERIOO FOR OXYGEN THERAPY. THIS VALUE OR VALUE 58 WILL BE REQUIREO ON THE INITIAL BILL FOR OXYGEN THERAPY ANO ON THE FOURTH MONTH'S BILL.
					60 = HHA BRANCH MSA - MSA IN WHICH HHA BRANCH IS LOCATEO.
					61-67 = RESERVEO FOR NATIONAL ASSIGNMENT
					68 = EPO ORUG - NUMBER OF UNITS OF EPO ANO/OR SUPPLIEO RELATING TO THE BILLING PERIOO.
					69 = RESERVEO FOR NATIONAL ASSIGNMENT

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS ENO	CONTENTS
					70 = INTEREST AMOUNT - (PROVIOERS OO NOT REPORT THIS.) REPORT THE AMOUNT APPLIEO TO THIS BILL. 71 = FUNOING OF ESRO NETWORKS - (PROVIOERS OO NOT REPORT THIS.) REPORT THE AMOUNT THE MEOICARE PAYMENT WAS REOUCEO TO HELP FINO THE ESRO NETWORKS. 72 = FLAT RATE SURGERY CHARGE - COOE INOICATES THE AMOUNT OF THE CHARGE FOR OUTPATIENT SURGERY WHERE THE HOSPITAL HAS SUCH A CHARGING STRUCTURE. 73 = ORUG OEOUCTIBLE - (FOR INTERNAL USE BY THIRO PARTY PAYERS ONLY). REPORT THE AMOUNT OF THE ORUG OEOUCTIBLE TO BE APPLIEO TO THE CLAIM. 74 = ORUG COINSURANCE - (FOR INTERNAL USE BY THIRO PARTY PAYERS ONLY). REPORT THE AMOUNT OF ORUG COINSURANCE TO BE APPLIEO TO THE CLAIM. 75 = GRAMM/RUOMAN/HOLLINGS - (PROVIOERS OO NOT REPORT THIS.) REPORT THE AMOUNT OF THE SEQUESTRATION APPLIEO TO THIS BILL. 76 = PROVIOER'S INTERIM RATE - (FOR INTERNAL USE BY THIRO PARTY PAYERS ONLY.) REPORT THE PROVIOER'S PERCENTAGE OF BILLEO CHARGES INTERIM RATE OURING THIS BILLING PERIOO. THIS APPLIES TO ALL OUTPATIENT HOSPITAL ANO SNF CLAIMS ANO HHA CLAIMS TO WHICH AN INTERIM RATE IS APPLICABLE. REPORT TO THE LEFT OF THE OOLLAR/CENTS OELIMITER. 77-79 = PAYER COOES - THESE COOES ARE SET ASIOE FOR PAYER USE ONLY. PROVIOERS OO NOT REPORT THESE COOES. 80-99 = RESERVEO FOR STATE ASSIGNMENT. A1 = OEOUCTIBLE PAYER A - THE AMOUNT ASSUMEO BY THE PROVIOER TO BE APPLIEO TO THE PATIENT'S OEOUCTIBLE AMOUNT INVOLVING THE INOICATEO PAYER. (EFF 10/93) - PRIOR VALUE 07 A2 = COINSURANCE PAYER A - THE AMOUNT ASSUMEO BY THE PROVIOER TO BE APPLIEO TO THE PATIENT'S PART B COINSURANCE AMOUNT INVOLVING THE INOICATEO PAYER. (EFF 10/93) B1 = OEOUCTIBLE PAYER B - THE AMOUNT ASSUMEO BY THE PROVIOER TO BE APPLIEO TO THE PATIENT'S OEOUCTIBLE AMOUNT INVOLVING THE INOICATEO PAYER. (EFF 10/93) - PRIOR VALUE 07 B2 = COINSURANCE PAYER B - THE AMOUNT ASSUMEO BY THE PROVIOER TO BE APPLIEO TO THE PATIENT'S PART B COINSURANCE AMOUNT INVOLVING THE INOICATEO PAYER. (EFF 10/93) C1 = OEOUCTIBLE PAYER C - THE AMOUNT

	NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS ENO	CONTENTS
						ASSUMEO BY THE PROVIOER TO BE APPLIEO TO THE PATIENT'S OEOUCTIBLE AMOUNT INVOLVING THE INOICATEO PAYER. (EFF 10/93) - PRIOR VALUE 07 C2 = COINSURANCE PAYER C - THE AMOUNT ASSUMEO BY THE PROVIOER TO BE APPLIEO TO THE PATIENT'S PART B COINSURANCE AMOUNT INVOLVING THE INOICATEO PAYER. (EFF 10/93) SOURCE: CWF
88.	CLAIM VALUE AMOUNT	PACK	5			THE AMOUNT RELATEO TO THE CONOITION IOENTIFIEO IN THE CLM_VAL_CO WHICH WAS USEO BY THE INTERMEOIARY TO PROCESS THE INSTITUTIONAL CLAIM. 7.2 OIGITS SIGNEO STANOARO ALIAS: CLM_VAL_AMT SAS ALIAS: VAL_AMT EOIT-RULES: $$$$$$$CC SOURCE: CWF
****	CLAIM REVENUE CENTER GROUP	GROUP	28			THE NUMBER OF CLAIM REVENUE CENTER OATA TRAILERS IS OETERMINEO BY THE CLAIM REVENUE CENTER COOE COUNT. EFFECTIVE 10/93, UP TO 58 OCCURRENCES MAY BE REPORTEO ON AN INSTITUTIONAL CLAIM. PRIOR TO 10/93, UP TO 28 OCCURRENCES COULO BE REPORTEO. OCCURS: UP TO 99 TIMES OEPENOING ON CLM_REV_CNTR_CD_CNT STANOARO ALIAS: CLM_REV_CNTR_GRP
89.	REVENUE CENTER COOE	CHAR	4			THE PROVIOER-ASSIGNEO REVENUE COOE FOR EACH COST CENTER FOR WHICH A SEPARATE CHARGE IS BILLEO (TYPE OF ACCOMMOOATION OR ANCILLARY). A COST CENTER IS A OIVISION OR UNIT WITHIN A HOSPITAL (E.G., RAOIOLOGY, EMERGENCY ROOM, PATHOLOGY). STANOARO ALIAS: REV_CNTR_CO SAS ALIAS: REV_CNTR COOES: NOTE: PRIOR TO 10/93 THE REVENUE CENTER COOE WAS A THREE OIGIT COOE (I.E., THE LAST THREE OIGITS OF THE CURRENT FOUR POSITION COOE).

INSTITUTIONAL OUTPATIENT CLAIM RECORD

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					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
					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

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					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
					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

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS ENO	CONTENTS
					ABSENCE
					0200 = INTENSIVE CARE - GENERAL CLASSIFICATION
					0201 = INTENSIVE CARE - SURGICAL
					0202 = INTENSIVE CARE - MEOICAL
					0203 = INTENSIVE CARE - PEOIATRIC
					0204 = INTENSIVE CARE - PSYCHIATRIC
					0206 = INTENSIVE CARE - POST ICU
					0207 = INTENSIVE CARE - BURN CARE
					0208 = INTENSIVE CARE - TRAUMA
					0209 = INTENSIVE CARE - OTHER INTENSIVE CARE
					0210 = CORONARY CARE - GENERAL CLASSIFICATION
					0211 = CORONARY CARE - MYOCAROIAL INFRACTION
					0212 = CORONARY CARE - PULMONARY CARE
					0213 = CORONARY CARE - HEART TRANSPLANT
					0214 = CORONARY CARE - POST CCU
					0219 = CORONARY CARE - OTHER CORONARY CARE
					0220 = SPECIAL CHARGES - GENERAL CLASSIFICATION
					0221 = SPECIAL CHARGES - AOMISSION CHARGE
					0222 = SPECIAL CHARGES - TECHNICAL SUPPORT CHARGE
					0223 = SPECIAL CHARGES - U.R. SERVICE CHARGE
					0224 = SPECIAL CHARGES - LATE OISCHARGE, MEOICALLY NECESSARY
					0229 = SPECIAL CHARGES - OTHER SPECIAL CHARGES
					0230 = INCREMENTAL NURSING CHARGE RATE - GENERAL CLASSIFICATION
					0231 = INCREMENTAL NURSING CHARGE RATE - NURSERY
					0232 = INCREMENTAL NURSING CHARGE RATE - OB
					0233 = INCREMENTAL NURSING CHARGE RATE - ICU (INCLUOES TRANSITIONAL CARE)
					0234 = INCREMENTAL NURSING CHARGE RATE - CCU (INCLUOES TRANSITIONAL CARE)
					0235 = INCREMENTAL NURSING CHARGE RATE - HOSPICE
					0239 = INCREMENTAL NURSING CHARGE RATE - OTHER
					0240 = ALL INCLUSIVE ANCILLARY - GENERAL CLASSIFICATION
					0249 = ALL INCLUSIVE ANCILLARY - OTHER INCLUSIVE ANCILLARY
					0250 = PHARMACY - GENERAL CLASSIFICATION
					0251 = PHARMACY - GENERIC ORUGS
					0252 = PHARMACY - NONGENERIC ORUGS
					0253 = PHARMACY - TAKE HOME ORUGS
					0254 = PHARMACY - ORUGS INCIOENT TO OTHER OIAGNOSTIC SERVICES ANO SUBJECT TO THE PAYMENT LIMIT
					0255 = PHARMACY - ORUGS INCIOENT TO RAOIOLOGY ANO SUBJECT TO THE PAYMENT LIMIT
					0256 = PHARMACY - EXPERIMENTAL ORUGS
					0257 = PHARMACY - NON-PRESCRIPTION
					0258 = PHARMACY - IV SOLUTIONS
					0259 = PHARMACY - OTHER PHARMACY
					0260 = IV THERAPY - GENERAL CLASSIFICATION

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					0261 = IV THERAPY - INFUSION PUMP
					0269 = IV THERAPY - OTHER IV THERAPY
					0270 = MEDICAL/SURGICAL SUPPLIES - GENERAL CLASSIFICATION
					0271 = MEDICAL/SURGICAL SUPPLIES - NONSTERILE SUPPLY
					0272 = MEDICAL/SURGICAL SUPPLIES - STERILE SUPPLY
					0273 = MEDICAL/SURGICAL SUPPLIES - TAKE HOME SUPPLIES
					0274 = MEDICAL/SURGICAL SUPPLIES - PROSTHETIC/ ORTHOTIC DEVICES
					0275 = MEDICAL/SURGICAL SUPPLIES - PACE MAKER
					0276 = MEDICAL/SURGICAL SUPPLIES - INTRAOCULAR LENS
					0277 = MEDICAL/SURGICAL SUPPLIES-OXYGEN - TAKE HOME
					0278 = MEDICAL/SURGICAL SUPPLIES - OTHER IMPLANTS
					0279 = MEDICAL/SURGICAL SUPPLIES - OTHER DEVICES
					0280 = ONCOLOGY-GENERAL CLASSIFICATION
					0289 = ONCOLOGY-OTHER ONCOLOGY
					0290 = DURABLE MEDICAL EQUIPMENT(DME) - (OTHER THAN RENAL) - GENERAL CLASSIFICATION
					0291 = DME (OTHER THAN RENAL) - RENTAL
					0292 = DME (OTHER THAN RENAL) - PURCHASE OF NEW DME
					0293 = DME (OTHER THAN RENAL) - PURCHASE OF USED DME
					0294 = DME (OTHER THAN RENAL) - RELATED SUPPLIES, DRUGS, OR BIOLOGICALS LISTED AS DME IN ORDER TO RECEIVE THERAPEUTIC BENEFIT (EFF 3/92)
					0299 = DME (OTHER THAN RENAL) - OTHER
					0300 = LABORATORY - GENERAL CLASSIFICATION
					0301 = LABORATORY - CHEMISTRY
					0302 = LABORATORY - IMMUNOLOGY
					0303 = LABORATORY - RENAL PATIENT (HOME)
					0304 = LABORATORY - NON-ROUTINE DIALYSIS
					0305 = LABORATORY - HEMATOLOGY
					0306 = LABORATORY - BACTERIOLOGY & MICROBIOLOGY
					0307 = LABORATORY - UROLOGY
					0309 = LABORATORY - OTHER LABORATORY
					0310 = LABORATORY PATHOLOGICAL - GENERAL CLASSIFICATION
					0311 = LABORATORY PATHOLOGICAL - CYTOLOGY
					0312 = LABORATORY PATHOLOGICAL - HISTOLOGY
					0314 = LABORATORY PATHOLOGICAL - BIOPSY
					0319 = LABORATORY PATHOLOGICAL - OTHER
					0320 = RADIOLOGY DIAGNOSTIC - GENERAL CLASSIFICATION
					0321 = RADIOLOGY DIAGNOSTIC - ANGIOCARDIOGRAPHY
					0322 = RADIOLOGY DIAGNOSTIC - ARTHROGRAPHY

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS ENO	CONTENTS
					0323 = RAOIOLOGY OIAGNOSTIC - ARTERIOGRAPHY
					0324 = RAOIOLOGY OIAGNOSTIC - CHEST X-RAY
					0329 = RAOIOLOGY OIAGNOSTIC - OTHER
					0330 = RAOIOLOGY THERAPEUTIC - GENERAL CLASSIFICATION
					0331 = RAOIOLOGY THERAPEUTIC - CHEMOTHERAPY INJECTEO
					0332 = RAOIOLOGY THERAPEUTIC - CHEMOTHERAPY ORAL
					0333 = RAOIOLOGY THERAPEUTIC - RAOIATION THERAPY
					0335 = RAOIOLOGY THERAPEUTIC - CHEMOTHERAPY IV
					0339 = RAOIOLOGY THERAPEUTIC - OTHER
					0340 = NUCLEAR MEOICINE - GENERAL CLASSIFICATION
					0341 = NUCLEAR MEOICINE - OIAGNOSTIC
					0342 = NUCLEAR MEOICINE - THERAPEUTIC
					0349 = NUCLEAR MEOICINE - OTHER
					0350 = COMPUTEO TOMOGRAPHIC (CT) SCAN - GENERAL CLASSIFICATION
					0351 = CT SCAN - HEAO SCAN
					0352 = CT SCAN - BOOY SCAN
					0359 = CT SCAN - OTHER CT SCANS
					0360 = OPERATING ROOM SERVICES - GENERAL CLASSIFICATION
					0361 = OPERATING ROOM SERVICES - MINOR SURGERY
					0362 = OPERATING ROOM SERVICES - ORGAN TRANSPLANT, OTHER THAN KIONEY
					0367 = OPERATING ROOM SERVICES - KIONEY TRANSPLANT
					0369 = OPERATING ROOM SERVICES - OTHER OPERATIMG ROOM SERVICES
					0370 = ANESTHESIA - GENERAL CLASSIFICATION
					0371 = ANESTHESIA - INCIOENT TO RAO ANO SUBJECT TO THE PAYMENT LIMIT
					0372 = ANESTHESIA - INCIOENT TO OTHER OIAGNOSTIC SERVICES ANO SUBJECT TO THE PAYMENT LIMIT
					0374 = ANESTHESIA - ACUPUNCTURE
					0379 = ANESTHESIA - OTHER ANESTHESIA
					0380 = BLOOO - GENERAL CLASSIFICATION
					0381 = BLOOO - PACKEO REO CELLS
					0382 = BLOOO - WHOLE BLOOO
					0383 = BLOOO - PLASMA
					0384 = BLOOO - PLATELETS
					0385 = BLOOO - LEUKOCYTES
					0386 = BLOOO - OTHER COMPONENTS
					0387 = BLOOO - OTHER DERIVATIVES (CRYOPRICIPATATES)
					0389 = BLOOO - OTHER BLOOO
					0390 = BLOOO STORAGE ANO PROCESSING - GENERAL CLASSIFICATION
					0391 = BLOOO STORAGE ANO PROCESSING - BLOOO AOMINISTRATION
					0399 = BLOOO STORAGE ANO PROCESSING - OTHER

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					BLOOD STORAGE AND PROCESSING
					0400 = OTHER IMAGING SERVICES - GENERAL CLASSIFICATION
					0401 = OTHER IMAGING SERVICES - DIAGNOSTIC MAMMOGRAPHY
					0402 = OTHER IMAGING SERVICES - ULTRASOUND
					0403 = OTHER IMAGING SERVICES - SCREENING MAMMOGRAPHY (EFFECTIVE 1/1/91)
					0409 = OTHER IMAGING SERVICES - OTHER
					0410 = RESPIRATORY SERVICES - GENERAL CLASSIFICATION
					0412 = RESPIRATORY SERVICES - INHALATION SERVICES
					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 OR 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 OR RE-EVALUATION
					0439 = OCCUPATIONAL THERAPY - OTHER (MAY INCLUDE RESTORATIVE 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 OR RE-EVALUATION
					0449 = SPEECH LANGUAGE PATHOLOGY - OTHER
					0450 = EMERGENCY ROOM - GENERAL CLASSIFICATION
					0459 = EMERGENCY ROOM - OTHER
					0460 = PULMONARY FUNCTION - GENERAL CLASSIFICATION
					0469 = PULMONARY FUNCTION - OTHER
					0470 = AUDIOLOGY - GENERAL CLASSIFICATION
					0471 = AUDIOLOGY - DIAGNOSTIC
					0472 = AUDIOLOGY - TREATMENT
					0479 = AUDIOLOGY - OTHER
					0480 = CARDIOLOGY - GENERAL CLASSIFICATION
					0481 = CARDIOLOGY - CARDIAC CATH LAB

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS ENO	CONTENTS
					0482 = CAROIOLOGY - STRESS TEST
					0489 = CAROIOLOGY - OTHER
					0490 = AMBULATORY SURGICAL CARE - GENERAL CLASSIFICATION
					0499 = AMBULATORY SURGICAL CARE - OTHER
					0500 = OUTPATIENT SERVICES - GENERAL CLASSIFICATION (DELETEO 9/93)
					0509 = OUTPATIENT SERVICES - OTHER (DELETEO 9/93)
					0510 = CLINIC - GENERAL CLASSIFICATION
					0511 = CLINIC - CHRONIC PAIN CENTER
					0512 = CLINIC - OENTAL CENTER
					0513 = CLINIC - PSYCHIATRIC
					0514 = CLINIC - OB-GYN
					0515 = CLINIC - PEOIATRIC
					0519 = CLINIC - OTHER
					0520 = FREE-STANOING CLINIC - GENERAL CLASSIFICATION
					0521 = FREE-STANOING CLINIC - RURAL HEALTH CLINIC
					0522 = FREE-STANOING CLINIC - RURAL HEALTH HOME
					0523 = FREE-STANOING CLINIC - FAMILY PRACTICE
					0529 = FREE-STANOING 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 - MEOICAL 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 = SKILLEO NURSING - GENERAL CLASSIFICATION
					0551 = SKILLEO NURSING - VISIT CHARGE
					0552 = SKILLEO NURSING - HOURLY CHARGE
					0559 = SKILLEO NURSING - OTHER
					0560 = MEOICAL SOCIAL SERVICES - GENERAL CLASSIFICATION
					0561 = MEOICAL SOCIAL SERVICES - VISIT CHARGE
					0562 = MEOICAL SOCIAL SERVICES - HOURLY CHARGES
					0569 = MEOICAL SOCIAL SERVICES - OTHER
					0570 = HOME HEALTH AIO (HOME HEALTH) - GENERAL CLASSIFICATION
					0571 = HOME HEALTH AIO (HOME HEALTH) - VISIT CHARGE
					0572 = HOME HEALTH AIO (HOME HEALTH) - HOURLY CHARGE

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					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
					0602 = OXYGEN - STAT/EQUIP/UNDER 1 LPM
					0603 = OXYGEN - STAT/EQUIP/OVER 4 LPM
					0604 = OXYGEN - STAT/EQUIP/PORTABLE ADD-ON
					0610 = MAGNETIC RESONANCE IMAGING (MRI) - GENERAL CLASSIFICATION
					0611 = MRI - BRAIN (INCLUDING BRAINSTEM)
					0612 = MRI - SPINAL CORD (INCLUDING SPINE)
					0619 = MRI - OTHER
					0621 = MEDICAL/SURGICAL SUPPLIES - SUPPLIES INCIDENT TO RADIOLOGY AND SUBJECT TO THE PAYMENT LIMIT
					0622 = MEDICAL/SURGICAL SUPPLIES - SUPPLIES INCIDENT TO OTHER DIAGNOSTIC SERVICES AND SUBJECT TO THE PAYMENT LIMIT
					0630 = DRUGS REQUIRING SPECIFIC IDENTIFICATION - GENERAL CLASSIFICATION
					0631 = DRUGS REQUIRING SPECIFIC IDENTIFICATION - SINGLE DRUG SOURCE (EFF 9/93)
					0632 = DRUGS REQUIRING SPECIFIC IDENTIFICATION - MULTIPLE DRUG SOURCE (EFF 9/93)
					0633 = DRUGS REQUIRING SPECIFIC IDENTIFICATION - RESTRICTIVE PRESCRIPTION (EFF 9/93)
					0634 = DRUGS REQUIRING SPECIFIC IDENTIFICATION - ERYTHROEPOETIN (EPO) UNDER 10,000 UNITS
					0635 = DRUGS REQUIRING SPECIFIC IDENTIFICATION - ERYTHROEPOETIN (EPO) 10,000 UNITS OR MORE
					0636 = DRUGS REQUIRING SPECIFIC IDENTIFICATION - 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

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS ENO	CONTENTS
					0660 = RESPITE CARE (HHA) - GENERAL CLASSIFICATION (EFF 9/93)
					0660 = RESPITE CARE (HHA) - HOURLY CHARGE/ HOME HEALTH AIOE/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
					0730 = EKG/ECG (ELECTROCAROIOGRAM) - GENERAL CLASSIFICATION
					0731 = EKG/ECG (ELECTROCAROIOGRAM) - HOLTER MONITOR
					0732 = EKG/ECG (ELECTROCAROIOGRAM) - TELEMETRY (INCLUOES FETAL MONITORING UNTIL 9/93)
					0739 = EKG/ECG (ELECTROCAROIOGRAM) - 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 OIALYSIS - GENERAL CLASSIFICATION
					0801 = INPATIENT RENAL OIALYSIS - INPATIENT HEMOOIALYSIS
					0802 = INPATIENT RENAL OIALYSIS - INPATIENT PERITONEAL (NON-CAPO)
					0803 = INPATIENT RENAL OIALYSIS - INPATIENT CONTINUOUS AMBULATORY PERITONEAL OIALYSIS (CAPO)
					0804 = INPATIENT RENAL OIALYSIS - INPATIENT CONTINUOUS CYCLING PERITONEAL OIALYSIS (CCPO)
					0809 = INPATIENT RENAL OIALYSIS - OTHER INPATIENT OIALYSIS
					0810 = ORGAN ACQUISITION - GENERAL CLASSIFICATION
					0811 = ORGAN ACQUISITION - LIVING OONOR-KIONEY

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					0812 = ORGAN ACQUISITION - CADAVER DONOR KIDNEY
					0813 = DRGAN ACQUISITION - UNKNOWN DDNDR-KIDNEY
					0814 = ORGAN ACQUISITION - OTHER KIDNEY ACQUISITION
					0815 = ORGAN ACQUISITION - CADAVER DONDR-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 DTHER RATE
					0822 = HEMODIALYSIS OUTPATIENT OR HOME DIALYSIS - HOME SUPPLIES
					0823 = HEMODIALYSIS OUTPATIENT OR HOME DIALYSIS - HOME EQUIPMENT
					0824 = HEMODIALYSIS OUTPATIENT OR HOME DIALYSIS - MAINTENANCE/100%
					0825 = HEMODIALYSIS OUTPATIENT OR HOME DIALYSIS - SUPPORT SERVICES
					0829 = HEMODIALYSIS OUTPATIENT OR HOME DIALYSIS - OTHER
					0830 = PERITONEAL DIALYSIS OUTPATIENT OR HOME - GENERAL CLASSIFICATION
					0831 = PERITONEAL DIALYSIS OUTPATIENT OR HOME - PERITONEAL/COMPOSITE OR OTHER RATE
					0832 = PERITONEAL DIALYSIS OUTPATIENT OR HOME - HOME SUPPLIES
					0833 = PERITONEAL DIALYSIS OUTPATIENT OR HOME - HOME EQUIPMENT
					0834 = PERITONEAL DIALYSIS OUTPATIENT OR HOME - MAINTENANCE/100%
					0835 = PERITONEAL DIALYSIS OUTPATIENT OR HOME - SUPPORT SERVICES
					0839 = PERITONEAL DIALYSIS OUTPATIENT OR HOME - OTHER
					0840 = CONTINUOUS AMBULATORY PERITONEAL DIALYSIS (CAPD) OUTPATIENT - GENERAL CLASSIFICATION
					0841 = CAPD OUTPATIENT - CAPD/COMPOSITE OR OTHER RATE
					0842 = CAPD OUTPATIENT - HOME SUPPLIES
					0843 = CAPD OUTPATIENT - HOME EQUIPMENT
					0844 = CAPD OUTPATIENT - MAINTENANCE/100%
					0845 = CAPD OUTPATIENT - SUPPORT SERVICES
					0849 = CAPD OUTPATIENT - OTHER
					0850 = CONTINUOUS CYCLING PERITONEAL DIALYSIS (CCPD) OUTPATIENT - GENERAL CLASSIFICATION
					0851 = CCPD OUTPATIENT - CCPD/COMPOSITE OR OTHER RATE

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS ENO	CONTENTS
					0852 = CCPO OUTPATIENT - HOME SUPPLIES
					0853 = CCPO OUTPATIENT - HOME EQUIPMENT
					0854 = CCPO OUTPATIENT - MAINTENANCE/100%
					0855 = CCPO OUTPATIENT - SUPPORT SERVICES
					0859 = CCPO OUTPATIENT - OTHER
					0880 = MISCELLANEOUS OIALYSIS - GENERAL CLASSIFICATION
					0881 = MISCELLANEOUS OIALYSIS - ULTRAFILTRATION
					0882 = MISCELLANEOUS OIALYSIS - HOME OIALYSIS AIOE VISIT (EFF 9/93)
					0889 = MISCELLANEOUS OIALYSIS - OTHER
					0890 = OTHER OONOR BANK - GENERAL CLASSIFICATION
					0891 = OTHER OONOR BANK - BONE
					0892 = OTHER OONOR BANK - ORGAN (OTHER THAN KIONEY)
					0893 = OTHER OONOR BANK - SKIN
					0899 = OTHER OONOR BANK - OTHER
					0900 = PSYCHIATRIC/PSYCHOLOGICAL TREATMENTS - GENERAL CLASSIFICATION
					0901 = PSYCHIATRIC/PSYCHOLOGICAL TREATMENTS - ELECTROSHOCK TREATMENT
					0902 = PSYCHIATRIC/PSYCHOLOGICAL TREATMENTS - MILIEU THERAPY
					0903 = PSYCHIATRIC/PSYCHOLOGICAL TREATMENTS - PLAY THERAPY
					0904 = PSYCHIATRIC/PSYCHOLOGICAL TREATMENTS - ACTIVITY THERAPY (EFF 4/94)
					090[illegible] = PSYCHIATRIC/PSYCHOLOGICAL TREATMENTS - OTHER
					0910 = PSYCHIATRIC/PSYCHOLOGICAL SERVICES - GENERAL CLASSIFICATION
					0911 = PSYCHIATRIC/PSYCHOLOGICAL SERVICES - REHABILITATION
					0912 = PSYCHIATRIC/PSYCHOLOGICAL SERVICES - OAY CARE
					0913 = PSYCHIATRIC/PSYCHOLOGICAL SERVICES - NIGHT CARE
					0914 = PSYCHIATRIC/PSYCHOLOGICAL SERVICES - INOIVIOUAL THERAPY
					0915 = PSYCHIATRIC/PSYCHOLOGICAL SERVICES - GROUP THERAPY
					0916 = PSYCHIATRIC/PSYCHOLOGICAL SERVICES - FAMILY THERAPY
					0917 = PSYCHIATRIC/PSYCHOLOGICAL SERVICES - BIOFEEOBACK
					0918 = PSYCHIATRIC/PSYCHOLOGICAL SERVICES - TESTING
					0919 = PSYCHIATRIC/PSYCHOLOGICAL SERVICES - OTHER
					0920 = OTHER OIAGNOSTIC SERVICES - GENERAL CLASSIFICATION
					0921 = OTHER OIAGNOSTIC SERVICES - PERIPHERAL VASCULAR LAB

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					0922 = OTHER DIAGNOSTIC SERVICES - ELECTROMYELOGRAM
					0923 = OTHER DIAGNOSTIC SERVICES - PAP SMEAR
					0924 = OTHER DIAGNOSTIC SERVICES - ALLERGY TEST
					0925 = OTHER DIAGNOSTIC SERVICES - PREGNANCY TEST
					0929 = OTHER DIAGNOSTIC SERVICES - OTHER
					0940 = OTHER THERAPEUTIC SERVICES - GENERAL CLASSIFICATION
					0941 = OTHER THERAPEUTIC SERVICES - RECREATIONAL THERAPY
					0942 = OTHER THERAPEUTIC SERVICES - EDUCATION/ TRAINING (INCLUDES DIABETES RELATED DIETARY THERAPY)
					0943 = OTHER THERAPEUTIC SERVICES - CARDIAC REHABILITATION
					0944 = OTHER THERAPEUTIC SERVICES - DRUG REHABILITATION
					0945 = OTHER THERAPEUTIC SERVICES - ALCOHOL REHABILITATION
					0946 = OTHER THERAPEUTIC SERVICES - ROUTINE COMPLEX MEDICAL EQUIPMENT
					0947 = OTHER THERAPEUTIC SERVICES - ANCILLARY COMPLEX MEDICAL EQUIPMENT (EFF 3/92)
					0949 = OTHER THERAPEUTIC SERVICES - OTHER
					0960 = PROFESSIONAL FEES - GENERAL CLASSIFICATION
					0961 = PROFESSIONAL FEES - PSYCHIATRIC
					0962 = PROFESSIONAL FEES - OPHTHALMOLOGY
					0963 = PROFESSIONAL FEES - ANESTHESIOLOGIST (MD)
					0964 = PROFESSIONAL FEES - ANESTHETIST (CRNA)
					0969 = PROFESSIONAL FEES - OTHER
					0971 = PROFESSIONAL FEES - LABORATORY
					0972 = PROFESSIONAL FEES - RADIOLOGY DIAGNOSTIC
					0973 = PROFESSIONAL FEES - RADIOLOGY THERAPEUTIC
					0974 = PROFESSIONAL FEES - NUCLEAR MEDICINE
					0975 = PROFESSIONAL FEES - OPERATING ROOM
					0976 = PROFESSIONAL FEES - RESPIRATORY THERAPY
					0977 = PROFESSIONAL FEES - PHYSICAL THERAPY
					0978 = PROFESSIONAL FEES - OCCUPATIONAL THERAPY
					0979 = PROFESSIONAL FEES - SPEECH PATHOLOGY
					0981 = PROFESSIONAL FEES - EMERGENCY ROOM
					0982 = PROFESSIONAL FEES - OUTPATIENT SERVICES
					0983 = PROFESSIONAL FEES - CLINIC
					0984 = PROFESSIONAL FEES - MEDICAL SOCIAL SERVICES
					0985 = PROFESSIONAL FEES - EKG
					0986 = PROFESSIONAL FEES - EEG
					0987 = PROFESSIONAL FEES - HOSPITAL VISIT
					0988 = PROFESSIONAL FEES - CONSULTATION
					0989 = PROFESSIONAL FEES - PRIVATE DUTY NURSE
					0990 = PATIENT CONVENIENCE ITEMS - GENERAL CLASSIFICATION
					0991 = PATIENT CONVENIENCE ITEMS - CAFETERIA/

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS ENO	CONTENTS
					0922 = OTHER OIAGNOSTIC SERVICES - ELECTROMYELOGRAM
					0923 = OTHER OIAGNOSTIC SERVICES - PAP SMEAR
					0924 = OTHER OIAGNOSTIC SERVICES - ALLERGY TEST
					0925 = OTHER OIAGNOSTIC SERVICES - PREGNANCY TEST
					0929 = OTHER OIAGNOSTIC SERVICES - OTHER
					0940 = OTHER THERAPEUTIC SERVICES - GENERAL CLASSIFICATION
					0941 = OTHER THERAPEUTIC SERVICES - RECREATIONAL THERAPY
					0942 = OTHER THERAPEUTIC SERVICES - EOUCATION/ TRAINING (INCLUOES OIABETES RELATEO OIETARY THERAPY)
					0943 = OTHER THERAPEUTIC SERVICES - CAROIAC REHABILITATION
					0944 = OTHER THERAPEUTIC SERVICES - ORUG REHABILITATION
					0945 = OTHER THERAPEUTIC SERVICES - ALCOHOL REHABILITATION
					0946 = OTHER THERAPEUTIC SERVICES - ROUTINE COMPLEX MEOICAL EQUIPMENT
					0947 = OTHER THERAPEUTIC SERVICES - ANCILLARY COMPLEX MEOICAL EQUIPMENT (EFF 3/92)
					0949 = OTHER THERAPEUTIC SERVICES - OTHER
					0960 = PROFESSIONAL FEES - GENERAL CLASSIFICATION
					0961 = PROFESSIONAL FEES - PSYCHIATRIC
					0962 = PROFESSIONAL FEES - OPHTHALMOLOGY
					0963 = PROFESSIONAL FEES - ANESTHESIOLOGIST (MO)
					0964 = PROFESSIONAL FEES - ANESTHETIST (CRNA)
					0969 = PROFESSIONAL FEES - OTHER
					0971 = PROFESSIONAL FEES - LABORATORY
					0972 = PROFESSIONAL FEES - RAOIOLOGY OIAGNOSTIC
					0973 = PROFESSIONAL FEES - RAOIOLOGY THERAPEUTIC
					0974 = PROFESSIONAL FEES - NUCLEAR MEOICINE
					0975 = PROFESSIONAL FEES - OPERATING ROOM
					0976 = PROFESSIONAL FEES - RESPIRATORY THERAPY
					0977 = PROFESSIONAL FEES - PHYSICAL THERAPY
					0978 = PROFESSIONAL FEES - OCCUPATIONAL THERAPY
					0979 = PROFESSIONAL FEES - SPEECH PATHOLOGY
					0981 = PROFESSIONAL FEES - EMERGENCY ROOM
					0982 = PROFESSIONAL FEES - OUTPATIENT SERVICES
					0983 = PROFESSIONAL FEES - CLINIC
					0984 = PROFESSIONAL FEES - MEOICAL SOCIAL SERVICES
					0985 = PROFESSIONAL FEES - EKG
					0986 = PROFESSIONAL FEES - EEG
					0987 = PROFESSIONAL FEES - HOSPITAL VISIT
					0988 = PROFESSIONAL FEES - CONSULTATION
					0989 = PROFESSIONAL FEES - PRIVATE OUTY NURSE
					0990 = PATIENT CONVENIENCE ITEMS - GENERAL CLASSIFICATION
					0991 = PATIENT CONVENIENCE ITEMS - CAFETERIA/

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					0852 = CCPD OUTPATIENT - HOME SUPPLIES 0853 = CCPD OUTPATIENT - HOME EQUIPMENT 0854 = CCPD OUTPATIENT - MAINTENANCE/100% 0855 = CCPD OUTPATIENT - SUPPORT SERVICES 0859 = CCPD OUTPATIENT - OTHER 0880 = MISCELLANEOUS DIALYSIS - GENERAL CLASSIFICATION 0881 = MISCELLANEOUS DIALYSIS - ULTRAFILTRATION 0882 = MISCELLANEOUS DIALYSIS - HOME DIALYSIS AIDE VISIT (EFF 9/93) 0889 = MISCELLANEOUS DIALYSIS - OTHER 0890 = OTHER DONOR BANK - GENERAL CLASSIFICATION 0891 = OTHER DONOR BANK - BONE 0892 = OTHER DONOR BANK - ORGAN (OTHER THAN KIDNEY) 0893 = OTHER DONOR BANK - SKIN 0899 = OTHER DONOR BANK - OTHER 0900 = PSYCHIATRIC/PSYCHOLOGICAL TREATMENTS - GENERAL CLASSIFICATION 0901 = PSYCHIATRIC/PSYCHOLOGICAL TREATMENTS - ELECTROSHOCK TREATMENT 0902 = PSYCHIATRIC/PSYCHOLOGICAL TREATMENTS - MILIEU THERAPY 0903 = PSYCHIATRIC/PSYCHOLOGICAL TREATMENTS - PLAY THERAPY 0904 = PSYCHIATRIC/PSYCHOLOGICAL TREATMENTS - ACTIVITY THERAPY (EFF 4/94) 090[illegible] = PSYCHIATRIC/PSYCHOLOGICAL TREATMENTS - OTHER 0910 = PSYCHIATRIC/PSYCHOLOGICAL SERVICES - GENERAL CLASSIFICATION 0911 = PSYCHIATRIC/PSYCHOLOGICAL SERVICES - REHABILITATION 0912 = PSYCHIATRIC/PSYCHOLOGICAL SERVICES - DAY CARE 0913 = PSYCHIATRIC/PSYCHOLOGICAL SERVICES - NIGHT CARE 0914 = PSYCHIATRIC/PSYCHOLOGICAL SERVICES - INDIVIDUAL THERAPY 0915 = PSYCHIATRIC/PSYCHOLOGICAL SERVICES - GROUP THERAPY 0916 = PSYCHIATRIC/PSYCHOLOGICAL SERVICES - FAMILY THERAPY 0917 = PSYCHIATRIC/PSYCHOLOGICAL SERVICES - BIOFEEDBACK 0918 = PSYCHIATRIC/PSYCHOLOGICAL SERVICES - TESTING 0919 = PSYCHIATRIC/PSYCHOLOGICAL SERVICES - OTHER 0920 = OTHER DIAGNOSTIC SERVICES - GENERAL CLASSIFICATION 0921 = OTHER DIAGNOSTIC SERVICES - PERIPHERAL VASCULAR LAB

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					STANDARD ALIAS: REV_CNTR_DDCTBL_COINSRNC_CD SAS ALIAS: DDCTBLCD CODES: 0 = CHARGES ARE SUBJECT TO DEDUCTIBLE AND COINSURANCE 1 = CHARGES ARE NOT SUBJECT TO DEDUCTIBLE 2 = CHARGES ARE NOT SUBJECT TO COINSURANCE 3 = CHARGES ARE NOT SUBJECT TO DEDUCTIBLE OR COINSURANCE 4 = NO CHARGE OR UNITS ASSOCIATED WITH THIS REVENUE CENTER CODE. (FOR MULTIPLE HCPCS PER SINGLE REVENUE CENTER CODE) FOR REVENUE CENTER CODE 0001, THE FOLLOWING MSP OVERRIDE VALUES MAY BE PRESENT: M = OVERRIDE CODE; EGHP SERVICES INVOLVED (EFF 12/90 FOR CWFB CLAIMS; 10/93 FOR INSTITUTIONAL CLAIMS) N = OVERRIDE CODE; NON-EGHP SERVICES INVOLVED (EFF 12/90 FOR CWFB CLAIMS; 10/93 FOR INSTITUTIONAL CLAIMS) X = OVERRIDE CODE: MSP COST AVOIDED (EFF 12/90 FOR CWFB CLAIMS; 10/93 FOR INSTITUTIONAL CLAIMS) EFFECTIVE-DATE: 10/01/1993 SOURCE: CWF

	NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
93.	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. 7 DIGITS SIGNED STANDARD ALIAS: REV_CNTR_UNIT_CNT SAS ALIAS: REV_UNIT SOURCE: CWF
94.	REVENUE CENTER RATE AMOUNT	PACK	5			CHARGES RELATING TO UNIT COST ASSOCIATED WITH THE REVENUE CENTER CODE. 7.2 DIGITS SIGNED STANDARD ALIAS: REV_CNTR_RATE_AMT SAS ALIAS: REV_RATE EFFECTIVE-DATE: 10/01/1993 SOURCE: CWF
95.	REVENUE CENTER TOTAL CHARGE AMOUNT	PACK	5			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 EDIT-RULES: $$$$$$$CC SOURCE: CWF
96.	REVENUE CENTER DEDUCTIBLE COINSURANCE CODE	CHAR	1			CODE INDICATING WHETHER THE REVENUE CENTER CHARGES ARE SUBJECT TO DEDUCTIBLE AND/OR COINSURANCE.

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					LEVEL II CODES. STANDARD ALIAS: HCPCS_CD SAS ALIAS: HCPCS_CD COMMENT: THIS ELEMENT IS USED BY CARRIERS TO PAY SMI CLAIMS AND BY INTERMEDIARIES TO INDICATE DIAGNOSTIC CLINICAL LABORATORY TESTS, SURGICAL PROCEDURES, AND OTHER PROCEDURES SUCH AS RADIOLOGY. NOT REQUIRED FOR INPATIENT CLAIMS. NOT APPLICABLE WHERE THE CWFB DME NATIONAL CODE (NDC) IS USED. FOR OUTPATIENT INSTITUTIONAL CLAIMS, A 'PSUEDO' HCPCS CAN REPRESENT THE NDC IDENTIFYING ORAL ANTI-CANCER DRUG SERVICES. AMA UPDATES THE CPT-4 CODES ANNUALLY AND PROVIDES THEM TO HCFA. HCFA UPDATES THE HCPCS CODES WITH THE AMA CPT-4 UPDATES IN ADDITION TO ANY OTHER CODES THAT HCFA HAS DEVELOPED AND PROVIDES THE CODES TO INTERMEDIARIES. SOURCE: CWF
91. HCPCS INITIAL MODIFIER CODE	CHAR	2			A FIRST MODIFIER TO THE PROCEDURE CODE TO ENABLE A MORE SPECIFIC PROCEDURE IDENTIFICATION FOR THE INSTITUTIONAL OR CWFB CLAIM. STANDARD ALIAS: HCPCS_INITL_MDFR_CD SAS ALIAS: MDFR_CD1 EDIT-RULES: CARRIER INFORMATION FILE SOURCE: CWF
92. HCPCS SECOND MODIFIER CODE	CHAR	2			A SECOND MODIFIER TO THE PROCEDURE CODE TO MAKE IT MORE SPECIFIC THAN THE FIRST MODIFIER CODE TO IDENTIFY THE PROCEDURES PERFORMED ON THE BENEFICIARY FOR THIS INSTITUTIONAL OR CWFB CLAIM. STANDARD ALIAS: HCPCS_2ND_MDFR_CD SAS ALIAS: MDFR_CD2 EDIT-RULES: CARRIER INFORMATION FILE SOURCE: CWF

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS ENO	CONTENTS
					GUEST TRAY 0992 = PATIENT CONVENIENCE ITEMS - PRIVATE LINEN SERVICE 0993 = PATIENT CONVENIENCE ITEMS - TELEPHONE/ TELEGRAPH 0994 = PATIENT CONVENIENCE ITEMS - TV/RAOIO 0995 = PATIENT CONVENIENCE ITEMS - NONPATIENT ROOM RENTALS 0996 = PATIENT CONVENIENCE ITEMS - LATE OISCHARGE CHARGE 0997 = PATIENT CONVENIENCE ITEMS - AOMISSION KITS 0998 = PATIENT CONVENIENCE ITEMS - BEAUTY SHOP/ BARBER 0999 = PATIENT CONVENIENCE ITEMS - OTHER SOURCE: CWF
90. HCFA COMMON PROCEOURE COOING SYSTEM COOE	CHAR	5			THE HEALTH CARE FINANCING AOMINISTRATION (HCFA) COMMON PROCEOURE COOING SYSTEM (HCPCS) IS A COLLECTION OF COOES THAT REPRESENT PROCEOURES, SUPPLIES, PROOUCTS ANO SERVICES WHICH MAY BE PROVIOEO TO MEOICARE BENEFICIARIES ANO TO INOIVIOUALS ENROLLEO IN PRIVATE HEALTH INSURANCE PROGRAMS. THE COOES ARE OIVIOEO INTO THREE LEVELS, OR GROUPS, AS OESCRIBEO BELOW: LEVEL I COOES COPYRIGHTEO BY THE AMERICAN MEOICAL ASSOCIATION'S CURRENT PROCEOURAL TERMINOLOGY, FOURTH EOITION (CPT-4). THESE THESE ARE 5 POSITION NUMERIC COOES REPRESENTING PHYSICIAN ANO NONPHYSICIAN SERVICES. LEVEL II COOES APPROVEO ANO MAINTAINEO JOINTLY BY THE ALPHA-NUMERIC EOITORIAL PANEL (CONSISTING OF HCFA, THE HEALTH INSURANCE ASSOCIATION OF AMERICA, ANO THE BLUE CROSS ANO BLUE SHIELO ASSOCIATION). THESE ARE 5 POSITION ALPHA-NUMERIC COOES REPRESENTING PRIMARILY ITEMS ANO NONPHYSICIAN SERVICES THAT ARE NOT REPRESENTEO IN THE LEVEL I COOES. LEVEL III COOES OEVELOPEO BY MEOICARE CARRIERS FOR USE AT THE LOCAL (CARRIER) LEVEL. THESE ARE 5 POSITION ALPHA-NUMERIC COOES IN THE W, X, Y OR Z SERIES REPRESENTING PHYSICIAN PHYSICIAN ANO NONPHYSICIAN SERVICES THAT ARE NOT REPRESENTEO IN THE LEVEL I OR