MEDPAR Beneficiary Age

Age is grouped by the following values:

1 = less than 25
2 = 25 - 44
3 = 45 - 64
4 = 65 - 69
5 = 70 - 74
6 = 75 - 79
7 = 80 - 84
8 = 85 - 89
9 = 90 and over

The beneficiary's age as of date of admission.

BENE_MDCR_STUS_TB CWF Beneficiary Medicare Status Table

10 = Aged without ESRD
11 = Aged with ESRD
20 = Disabled without ESRD
21 = Disabled with ESRD
31 = ESRD only

BENE_RACE_TB Beneficiary Race Table

0 = Unknown
1 = White
2 = Black
3 = Other
4 = Asian
5 = Hispanic
6 = North American Native

BENE_SEX_IDENT_TB Beneficiary Sex Identification Table

1 = Male
2 = Female
0 = Unknown

CLM_ADMTG_DGNS_VRSN_TB Claim Admitting Diagnosis Version Code Table

Valid Values:
9 = ICD-9
0 = ICD-10

CLM_CARE_IMPRVMT_MODEL_TB Claim Care Improvement Model Table

61 = CLAIM CARE IMPROVEMENT MODEL 1
62 = CLAIM CARE IMPROVEMENT MODEL 2
63 = CLAIM CARE IMPROVEMENT MODEL 3
64 = CLAIM CARE IMPROVEMENT MODEL 4

CLM_DGNS_VRSN_TB Claim Diagnosis Version Code Table

Valid Values:
9 = ICD-9
0 = ICD-10

CLM_HRR_PRTCPNT_IND_TB Claim HRR Participant Indicator Code Table

0 = Not participating
1 = Participating and not equal to 1.0000
2 = Participating and equal to 1.0000

CLM_PRCDR_VRSN_TB Claim Procedure Version Code Table

Valid Values:
9 = ICD-9
0 = ICD-10

CLM_SRC_IP_ADMSN_TB Claim Source Of Inpatient Admission Table

For Inpatient/SNF Claims:

0 = ANOMALY: invalid value, if present, translate to '9'
1 = Non-Health Care Facility Point of Origin (Physician Referral) - The patient was admitted to this facility upon an order of a physician.
2 = Clinic referral - The patient was admitted upon the recommendation of this facility's clinic physician.
3 = HMO referral - Reserved for national assignment. (eff. 3/08)
Prior to 3/08, HMO referral - The patient was admitted upon the recommendation of an health maintenance organization (HMO) physician.
4 = Transfer from hospital (Different Facility) - The patient was admitted to this facility as a hospital transfer from an acute care facility where he or she was an inpatient.
5 = Transfer from a skilled nursing facility (SNF) or Intermediate Care Facility (ICF) - The patient was admitted to this facility as a transfer from a SNF or ICF where he or she was a resident.
6 = Transfer from another health care

facility - The patient was admitted
to this facility as a transfer from
another type of health care facility
not defined elsewhere in this code list

where he or she was an inpatient.
7 = Emergency room - The patient was
admitted to this facility after receiving
services in this facility's emergency
room department. Obsolete - eff. 7/1/10
8 = Court/law enforcement - The patient was
admitted upon the direction of a
court of law or upon the request of
a law enforcement agency's representative.
Includes transfers from incarceration facilities.
9 = Information not available - The means
by which the patient was admitted is
not known.
A = Reserved for National Assignment. (eff. 3/08)
Prior to 3/08 defined as: Transfer from a Critical
Access Hospital - patient was admitted/referred
to this facility as a transfer from a Critical
Access Hospital.
B = Transfer from Another Home Health Agency -
The patient was admitted to this home
health agency as a transfer from another
home health agency.(Discontinued July 1,2010-
See Condition Code 47)
C = Readmission to Same Home Health Agency -
The patient was readmitted to this home
health agency within the same home health
episode period. (Discontinued July 1,2010)
D = Transfer from hospital inpatient in the
same facility resulting in a separate
claim to the payer - The patient was
admitted to this facility as a transfer
from hospital inpatient within this
facility resulting in a separate
claim to the payer.
E = Transfer from Ambulatory Surgery Center (Effective 10/1/2007)
Inpatient: The patient was admitted to this facility as a transfer
from an ambulatory surgery center.
F = Transfer from Hospice and is Under a Hospice Plan of Care or
Enrolled in a Hospice Program (Effective 10/1/2007)
Inpatient: The patient was admitted to this facility as a transfer
from a hospice.

For Newborn Type of Admission

1 = Normal delivery - A baby delivered with
out complications. Obsolete eff. 10/1/07
2 = Premature delivery - A baby delivered
with time and/or weight factors

qualifying it for premature status.
Obsolete eff. 10/1/07
3 = Sick baby - A baby delivered with
medical complications, other than those
relating to premature status. Obsolete eff. 10/1/07

4 = Extramural birth - A baby delivered in
a nonsterile environment. Obsolete eff. 10/1/07
5 = Born Inside this Hospital - eff. 10/1/07
6 = Born Outside of this Hospital - eff. 10/1/07
7-9 = Reserved for national assignment.

CLM_VBP_PRTCPNT_IND_TB Claim VBP Participant Indicator Table

Y = Participating in Hospital Value Based Purchasing
N = Not participating in Hospital Value Based Purchasing
Blank = same as 'N'

GEO_SSA_STATE_TB State Table

01 = Alabama
02 = Alaska
03 = Arizona
04 = Arkansas
05 = California
06 = Colorado
07 = Connecticut
08 = Delaware

09 = District of Columbia
10 = Florida
11 = Georgia
12 = Hawaii
13 = Idaho
14 = Illinois
15 = Indiana
16 = Iowa
17 = Kansas
18 = Kentucky
19 = Louisiana
20 = Maine
21 = Maryland
22 = Massachusetts
23 = Michigan
24 = Minnesota
25 = Mississippi
26 = Missouri
27 = Montana
28 = Nebraska
29 = Nevada
30 = New Hampshire
31 = New Jersey

32 = New Mexico
33 = New York
34 = North Carolina
35 = North Dakota
36 = Ohio
37 = Oklahoma
38 = Oregon
39 = Pennsylvania
40 = Puerto Rico
41 = Rhode Island
42 = South Carolina
43 = South Dakota
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
56 = Canada & Islands
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 = Commonwealth of the Northern Marianas Islands
67 = Texas
68 = Florida (eff. 10/2005)
69 = Florida (eff. 10/2005)
70 = Kansas (eff. 10/2005)
71 = Louisiana (eff. 10/2005)
72 = Ohio (eff. 10/2005)
73 = Pennsylvania (eff. 10/2005)
74 = Texas (eff. 10/2005)
80 = Maryland (eff. 8/2000)
97 = Northern Marianas
98 = Guam
99 = With 000 county code is American Samoa;
otherwise unknown

MEDPAR_ADMSN_DAY_TB MEDPAR Admission Day Code Table

1 = Sunday

2 = Monday
3 = Tuesday
4 = Wednesday
5 = Thursday
6 = Friday
7 = Saturday

MEDPAR_BENE_DEATH_DT_VRFY_TB MEDPAR Beneficiary Death Date Verified Code Table

V = Date of death verified (EDB received DOD from SSA's MBR)
B = Date of death taken from claim (EDB received DOD from claim)
N = Date of death not verified (neither V or B applicable, but claim status code indicated death)
Space = No date of death indicated

MEDPAR_BENE_DSCHRG_STUS_TB MEDPAR Beneficiary Discharge Status Code Table

A = Discharged alive (claim status code other than 20 or 30)
B = Discharged dead
C = Still a patient

MEDPAR_BENE_PRMRY_PYR_TB MEDPAR Beneficiary Primary Payer Code Table

A = Working aged bene/spouse with eghp
B = ESRD bene in 18-month coordination period with eghp
C = Conditional Medicare payment; future reimbursement expected
D = Auto no-fault or any liability insurance
E = Worker's compensation
F = Phs 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
Z/BLANK = Medicare is primary payer

MEDPAR_CRED_RCVD_RPLCD_DVC_TB MEDPAR Credit Received from Manufacturer for Replaced Medical Device Switch

Y = The claim involved a credit from the device manufacturer for a Replaced Medical Device.
N = The claim did not involve a credit from the device manufacturer for a Replaced Medical Device.

MEDPAR_CRNRY_CARE_IND_TB MEDPAR Coronary Care Indicator Code Table

BLANK = No coronary care indication
0 = General (revenue code 0210)
1 = Myocardial (revenue code 0211)
2 = Pulmonary care (revenue code 0212)
3 = Heart transplant (revenue code 0213)
4 = Intermediate CCU (revenue code 0214)

MEDPAR_ESRD_COND_TB MEDPAR ESRD Condition Code Table

00 = No ESRD Condition Codes
70 = Self-Administered Epo
71 = Full Care In Unit
72 = Self-Care In Unit
73 = Self-Care Training
74 = Home Dialysis
75 = Home Dialysis/100% Reimbursement
76 = Backup-In-Facility Dialysis

MEDPAR_ESRD_SETG_IND_TB MEDPAR ESRD Setting Indicator Code Table

00 = Ip renal dialysis-general (revenue code 0800)
01 = Ip renal dialysis-hemodialysis (revenue code 0801)
02 = Ip renal dialysis-peritoneal (non-capd: revenue code 0802)
03 = Ip renal dialysis-capd (revenue code 0803)
04 = Ip renal dialysis-ccpd (revenue code 0804)
09 = Ip renal dialysis-other (revenue code 0809)
20 = Hemodialysis-op-general (revenue code 0820)
21 = Hemodialysis-op-hemodialysis/composite (revenue code 0821)
22 = Hemodialysis-op-home supplies (revenue code 0822)
23 = Hemodialysis-op-home equipment (revenue code 0823)
24 = Hemodialysis-op-maintenance/100% (revenue code 0824)
25 = Hemodialysis-op-support services (revenue code 0825)
29 = Hemodialysis-op-other (revenue code 0829)
30 = Peritoneal-op/home-general (revenue code 0830)
31 = Peritoneal-op/home-peritoneal/composite (revenue
32 = Peritoneal-op/home-home supplies (revenue code 0832)
33 = Peritoneal-op/home-home equipment (revenue code 0833)
34 = Peritoneal-op/home-maintenance/100% (revenue code 0834)
35 = Peritoneal-op/home-support services (revenue code 0835)
39 = Peritoneal-op/home-other (revenue code 0839)
40 = Capd-op-capd/general (revenue code 0840)
41 = Capd-op-capd/composite (revenue code 0841)
42 = Capd-op-home supplies (revenue code 0842)
43 = Capd-op-home equipment (revenue code 0843)

44 = Capd-op-maintenance/100% (revenue code 0844)
45 = Capd-op-support services (revenue code 0845)
49 = Capd-op-other (revenue code 0849)
50 = Ccpd-op-ccpd/general (revenue code 0850)
51 = Ccpd-op-ccpd/composite (revenue code 0851)
52 = Ccpd-op-home supplies (revenue code 0852)
53 = Ccpd-op-home equipment (revenue code 0853)
54 = Ccpd-op-maintenance/100% (revenue code 0854)
55 = Ccpd-op-support services (revenue code 0855)
59 = Ccpd-op-other (revenue code 0859)
80 = Miscellaneous dialysis-general (revenue code 0880)
81 = Miscellaneous dialysis-ultrafiltration (revenue code 0881)

89 = Miscellaneous dialysis-other (revenue code 0889)
BLANK = No ESRD setting indication

MEDPAR_GHO_PD_TB MEDPAR GHO Paid Code Table

1 = GHO has paid the provider
Blank Or 0 = GHO has not paid the provider

MEDPAR_ICU_IND_TB MEDPAR Intensive Care Unit (ICU) Indicator Code

0 = General (revenue center 0200)
1 = Surgical (revenue center 0201)
2 = Medical (revenue center 0202)
3 = Pediatric (revenue center 0203)
4 = Psychiatric (revenue center 0204)

MEDPAR_INFRMTL_ENCTR_IND_TB MEDPAR Informational Encounter Indicator Code

Y = Beneficiary enrolled in MCO
N = Beneficiary not enrolled in MCO

MEDPAR_MA_TCHNG_IND_TB MEDPAR MA Teaching indicator Code

Y = Claim includes request for supplemental IME/DGME/N&AH payment.
N = Claim does not include request for supplemental IME/DGME/N&AH payment.

MEDPAR_OBSRVTN_TB MEDPAR Credit Received from Manu1facturer for Replaced Medical Device Switch

Y = The claim involved treatment or observation in an observation room.
N = The claim did not involve treatment or observation in an observation room.

MEDPAR_OP_SRVC_IND_TB MEDPAR Outpatient Services Indicator Cododе Table

0 = No outpatient services/ambulatory surgical care
(revenue code other than 049X, 050X)
1 = Outpatient services (revenue code 050X)
2 = Ambulatory surgical care (revenue code 049X)
3 = Outpatient services and ambulatory surgical care
(revenue codes 049X and 050X)

MEDPAR_ORGN_ACQSTN_IND_TB MEDPAR Organ Acquisition Indicator Code Table

K1 = General classification (revenue code 0810)
K2 = Living donor kidney (revenue code 0811)
K3 = Cadaver donor kidney (revenue code 0812)
K4 = Unknown donor kidney (revenue code 0813)
K5 = Other kidney acquisition (revenue code 0814)
H1 = Cadaver donor heart (revenue code 0815)
H2 = Other heart acquisition (revenue code 0816)
L1 = Donor liver (revenue code 0817)
01 = Other organ acquisition (revenue code 0819)
02 = General acquisition (revenue code 0890)
B1 = Bone donor bank (revenue code 0891)
03 = Organ donor bank other than kidney (revenue code 0892)
S1 = Skin donor bank (revenue code 0893)
04 = Other donor bank (revenue code 0899)
BLANK = No organ acquisition indication

MEDPAR_PHRMCY_IND_TB MEDPAR Pharmacy Indicator Code Table

0 = No drugs (revenue code other than those listed below)
1 = General drugs and/pr IV therapy (revenue code 025x,
026x)
2 = Erythropoietin (epoetin: revenue code 0630, 0635,
0637, 0639)
3 = Blood clotting drugs (revenue code 0636)
4 = General drugs and/or IV therapy; and epoetin
(combination of values 1 and 2)
5 = General drugs and/or IV therapy; and blood clotting
drugs (combination of values 1 and 3)

MEDPAR_PPS_IND_TB MEDPAR PPS Indicator Code Table

0 = Non PPS
2 = PPS

MEDPAR_PROD_RPLCMT_LIFECYC_TB MEDPAR Product Replacement within Lifecycle Switch

Y = Claim involves the replacement of a product

earlier than scheduled due to apparent malfunction. N = C
N = Claim does not involve the replacement of a product
earlier than scheduled due to apparent malfunction. N = C

MEDPAR_PROD_RPLCMT_RCLL_TB MEDPAR Product Replacement for known Recall Switch

Y = Claim involves the replacement of a product
due to a recall of the product by the manufacturer
or by the FDA.
N = Claim does not involve the replacement of a product
due to a recall of the product by the manufacturer
or by the FDA.

MEDPAR_PRVDR_NUM_SPCL_UNIT_TB MEDPAR Provider Number Special Unit Code

M = PPS-exempt psychiatric unit in CAH
R = PPS-exempt rehabilitation unit in CAH
S = PPS-exempt psychiatric unit
T = PPS-exempt rehabilitation unit
U = Swing-bed short-term/acute care hospital
W = Swing-bed long-term hospital
Y = Swing-bed rehabilitation hospital
Z = Swing-bed rural primary care hospital; eff
10/97 changed to critical access hospitals
Blanks = Not PPS-exempt or swing-bed designation

MEDPAR_RDLGY_CT_SCAN_IND_TB MEDPAR Radiology CT Scan Indicator Switch Code Table

0 = No radiology CT scan (revenue code not 035X)
1 = Yes radiology CT scan (revenue code 035X)

MEDPAR_RDLGY_DGNSTC_IND_TB MEDPAR Radiology Diagnostic Indicator Switch Code Table

0 = No radiology-diagnostic (revenue code not 032x)
1 = Yes radiology-diagnostic (revenue code 032x)

MEDPAR_RDLGY_NUCLR_MDCN_IND_TB MEDPAR Radiology Nuclear Medicine Indicator Switch Code Table

0 = No nuclear medicine (revenue code not 034x)
1 = Yes nuclear medicine (revenue code 034x)

MEDPAR_RDLGY_ONCLGY_IND_TB MEDPAR Radiology Oncology Indicator Switch Code Table

0 = No radiology-oncology (revenue code not 028x)

1 = Yes radiology-oncology (revenue code 028x)

MEDPAR_RDLGY_OTHR_IMGNG_IND_TB MEDPAR Radiology Other Imaging Indicator Code Table

0 = No other imaging services (revenue code not 040x)
1 = Yes other imaging services (revenue code 040x)

MEDPAR_RDLGY_THRPTC_IND_TB MEDPAR Radiology Therapeutic Indicator Code Table

0 = No radiology-therapeutic (revenue code not 033X)
1 = Yes radiology-therapeutic (revenue code 033X)

MEDPAR_SRGCL_PRCDR_IND_TB MEDPAR Surgical Procedure Indicator Switch Code Table

0 = No surgery indicated
1 = Yes surgery indicated

MEDPAR_SS_LS_SNF_IND_TB MEDPAR Short Stay/Long Stay/SNF Indicator Code Table

N = SNF Stay (Prvdr3 = 5, 6, U, W, Y, or Z)
S = Short-Stay (Prvdr3 = 0, M, R, S, T)
L = Long-Stay (All Others)

MEDPAR_TRNSPLNT_IND_TB MEDPAR Transplant Indicator Code Table

0 = No organ or kidney transplant
(revenue code not 0362 or 0367)
2 = Organ transplant other than kidney (revenue code
0362)
7 = Kidney transplant (revenue code 0367)

NCH_CLM_TYPE_TB NCH Claim Type Table

10 = HHA claim
20 = Non swing bed SNF claim
30 = Swing bed SNF claim
40 = Outpatient claim
50 = Hospice claim
60 = Inpatient claim
61 = Inpatient 'Full-Encounter' claim
62 = Medicare Advantage IME/GME Claims
63 = Medicare Advantage (no-pay) claims
64 = Medicare Advantage (paid as FFS) claims
71 = RIC O local carrier non-DMEPOS claim
72 = RIC O local carrier DMEPOS claim
81 = RIC M DMERC non-DMEPOS claim
82 = RIC M DMERC DMEPOS claim

NOTE: In the data element NCH_CLM_TYPE_CD (derivation rules) the numbers for these claim types need to be changed - dictionary reflects 61 for all three.

PTNT_DSCHRG_STUS_TB Patient Discharge Status Table

01 = Discharged to home/self care (routine charge).
02 = Discharged/transferred to other short term general hospital for inpatient care.
03 = Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of covered skilled care -- (For hospitals with an approved swing bed arrangement, use Code 61 - swing bed. For reporting discharges/ transfers to a non-certified SNF, the hospital must use Code 04 - ICF.
04 = Discharged/transferred to a facility that provides custodial or supportive care (includes intermediate care facilities (ICF). Also used to designate patients that are dischared/trans-

ferred to a nursing facility with neither Medicare nor Medicaid certification and for discharges/transfers to Assisted Living Facilities.
05 = Discharged/transferred to a designated cancer center or children's hospital (eff. 10/09). Prior to 10/1/09, discharged/transferred to another type of institution for inpatient care (including distinct parts). NOTE: Effective 1/2005, psychiatric hospital or psychiatric distinct part unit of a hospital will no longer be identified by this code. New code is '65'.
06 = Discharged/transferred to home care of organized home health service organization in anticipation of covered skilled care.
07 = Left against medical advice or discontinued care.
08 = Discharged/transferred to home under care of a home IV drug therapy provider. (discontinued effective 10/1/05)
09 = Admitted as an inpatient to this hospital (effective 3/1/91). In situa-tions where a patient is admitted before midnight of the third day following the day of an outpatient service, the out-patient services are considered inpatient.
20 = Expired
21 = Discharged/transferred to Court/Law Enforcement.
30 = Still patient.

40 = Expired at home (Hospice claims only).
41 = Expired in a medical facility such as
hospital, SNF, ICF, or freestanding
hospice. (Hospice claims only)
42 = Expired - place unknown (Hospice claims
only)
43 = Discharged/transferred to a federal hospital
(eff. 10/1/03). Discharges and transfers to a
government operated health facility such as a
Department of Defense hospital, a Veteran's
Administration hospital or a Veteran's Administration
nursing facility. To be used whenever the destination
at discharge is a federal health care facility,
whether the patient lives there or not.
50 = Hospice - home (eff. 10/96)
51 = Hospice - medical facility (certified) providing
hospice level of care

61 = Discharged/transferred within this insti-
tution to a hospital-based Medicare
approved swing bed (eff. 9/01)
62 = Discharged/transferred to an inpatient
rehabilitation facility including distinct
parts units of a hospital.
(eff. 1/2002)
63 = Discharged/transferred to a Medicare certified
long term care hospital. (eff. 1/2002)
64 = Discharged/transferred to a nursing facility
certified under Medicaid but not certified under
Medicare (eff. 10/2002)
65 = Discharged/Transferred to a psychiatric
hospital or psychiatric distinct unit of a
hospital (these types of hospitals were
pulled from patient/discharge status code
'05' and given their own code). (eff. 1/2005).
66 = Discharged/transferred to a Critical Access
Hospital (CAH) (eff. 1/1/06)
70 = Discharged/transferred to another type of health
care institution not defined elsewhere in code
list.
71 = Discharged/transferred/referred to another
institution for outpatient services as
specified by the discharge plan of care
(eff. 9/01) (discontinued effective 10/1/05)
72 = Discharged/transferred/referred to this
institution for outpatient services as
specified by the discharge plan of care
(eff. 9/01) (discontinued effective 10/1/05)

CLM_POA_IND_TB Claim Present on Admission (POA) Indicator Table

Y = Diagnosis was present at the time of inpatient admission.
CMS will pay the CC/MCC DRG for those selected HACs that
are coded as 'Y' for the POA Indicator.

N = Diagnosis was not present at the time of inpatient admission.
CMS will not pay the CC/MCC DRG for those selected HACs that
are coded as 'N' for the POA Indicator.

U = Documentation is insufficient to determine if the
condition was present at the time of inpatient admission.
CMS will not pay the CC/MCC DRG for those selected HACs that
are coded as 'U' for the POA Indicator. NOTE: From 4/15/10 to
12/31/10, the MQR process assigned a 'U' to those POAs that came
in blank. They did this because of the POA/DGNS issue.

W = Clinically undetermined. Provider is unable to clinically determine
whether condition was present at the time of inpatient admission.
CMS will pay the CC/MCC DRG for those selected HACs that
are coded as 'W' for the POA Indicator.
NOTE:
Inpatient claims received with a POA exempt ICD-9 code
effective 10/1/11 are currently being returned to provider
requesting a valid POA indicator. CMS has created a
workaround to resolve this issue by adding a POA indicator 'W'
to the affected ICD-9 code instead of leaving it blank.

1 = Unreported/not used - diagnosis codes exempt from POA reporting --
This code is equivalent to a blank on the UB-04, however, it was
determined that blanks are undesirable when submitting this data
via the 4010A.
CMS will not pay the CC/MCC DRG for those selected HACs that
are coded as '1' for the POA Indicator. The '1' POA Indicator
should not be applied to any codes on the HAC list.
Obsolete eff. 1/3/11

0 = This value was created by the NCH front-end system to replace
a blank received in the POA field.

Z = Denotes the end of the POA indicators (obsolete 1/2011).

X = Denotes the end of the POA indicators in special
data processing situations that may be identified
by CMS in the future (obsolete 1/2011).

Blank = identifies diagnosis codes that are exempt from the
POA reporting requirements (replaces the '1'). NOTE: NCH/NMUD
will carry a '0' in place of a blank.