



# Centers for Medicare & Medicaid Services CMS eXpedited Life Cycle (XLC)

## Data Extract System / DESY User Manual

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# 1. Introduction

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The Centers for Medicare & Medicaid Services (CMS) collects information on Medicare and Medicaid beneficiaries. Under the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act (HIPAA) of 1996, CMS may disclose this valuable information to internal and external organizations. The Data Extract System (DESY) application retrieves information from CMS' major data sources and provides the files to internal and external customers. Through the DESY application, users can specify targeted CMS data sources, search selection criteria, view selections, and file formats. DESY captures the user's request and submits it to the mainframe for processing. DESY notifies the user of the file names via the session summary and e-mail notification. However, prior to disclosing data, CMS policy requires that the requestor of the data submit a formal request for approval. The formal request consists of a formal letter of request, completion of a Data Use Agreement (DUA), and if applicable, research protocol and payment for processing of data.

The DESY Web application and the Data Agreement & Data Shipping Tracking System (DADSS) Web Application are closely connected. After DESY access approval, a DUA is created in the DADSS system for the data to be accessed. A DUA is an agreement between CMS and an external entity regarding the discretionary use of data. It stipulates the responsibilities of the requestor regarding the use of the data. Under the Privacy Act, CMS must maintain disclosures made internally and externally to the agency. The DUA allows CMS to maintain these disclosures. CMS establishes DUAs for identifiable, encrypted, and limited dataset data. The information included on the DUA is obtained from the requestor, custodian, Federal Representative, CMS project officer, and the Information Security and Privacy Group (ISPG) representative, when applicable. Access to at least one DUA is required for a user to access DESY. For this access to be activated, it is critical for the user to be included as a DESY User on this DUA. Active DUAs are required to submit requests, but a DESY-expired DUA still allows the user to access DESY and view previously entered requests for that DUA. |

This User Manual (UM) provides the information necessary for effective use of DESY. The intended audience for this UM includes DESY system users. Updates to this document occur with each applicable software release. There are no security or privacy issues related to this use of this document.

## 1.1 Finding Help

This User Guide is available on the DESY Website <http://www.cms.gov/desy/>. You must have Adobe Acrobat Reader installed on your personal computer (PC) to view the online guide. You can install Adobe Reader for free by going to [www.adobe.com](http://www.adobe.com) and selecting the



icon. Follow the prompts to download and install the reader on your PC.

## 1.2 Technical Support

This version of DESY does not currently have a Comment Tracker feature. Please contact the DESY hotline at 410-786-0159 or [desy\\_support@cms.hhs.gov](mailto:desy_support@cms.hhs.gov) for technical and production support with DESY

## 2. Getting Started

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This chapter includes information you need to begin using DESY.

### 2.1 Before You Begin

Before you begin working with DESY, the following tasks must be completed. These steps are covered in DESY training. After these steps have been completed, you are ready to begin working with DESY.

- Contact your administrator to obtain a CMS User ID and password. See the DESY website for more information on gaining a DESY login. Website <http://www.cms.gov/desy/>
- Contact your administrator to get assigned to the appropriate DUAs (Data Use Agreements). See the DESY website for more information on gaining access to DUAs. Website <http://www.cms.gov/desy/>
- Ensure that the workstation you will be using is set up with the specifications outlined in Systems Requirements below.
- To access DESY from a remote location, you must have the AGNS software installed, and you must complete an Application for Access to CMS Computer Services form with a request to add DESYDIAL in the applications area of the form. Send this form to your CAA/ RACF administrator for entry into the CMS system. The administrator will provide you with the necessary authorization to use AGNS to access DESY, including the role of DSY\_P\_R\_USER.

### 2.2 System Requirements

Your workstation must meet the following minimum requirements and have the designated software installed in order to operate DESY successfully:

- Intel® Pentium® processor with 128MB of RAM and up to 90Mb of available hard-disk space
- Microsoft® Windows 2000 with Service Pack 2, Windows XP Professional or Home Edition, or Windows XP Tablet PC Edition
- Microsoft Internet Explorer (IE) 9.0 or higher
- Acrobat Reader 7.0

### 2.3 Logging On

Before logging on for the first time, have the following information at hand:

- Username
- Password

DESY logon information must be requested through the Enterprise User Administration (EUA) system at CMS. DESY access will be addressed in DESY training.

## 2.4 Logging Off

To log off DESY, select *Logout* at the bottom of the left side menu from any screen. You will be returned to the **DESY Login screen**

## 3. Overview

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The purpose of this manual is to help users understand the DESY application. This document will also help new users learn the system. Use it to determine what information is in each field, row, and column on the various screens. This reference also can help users navigate through the system.

This UM is available on the CMS DESY Web site <http://www.cms.gov/desy>. Adobe Acrobat Reader must be installed on the personal computer (PC) to enable viewing of the online manual. Go to <http://www.adobe.com> to install the product at no cost. Follow the prompts to download and install the reader on the PC.

DESY retrieves information from CMS-maintained data sources and provides the data as files to internal and external customers. Through the DESY Web Intranet application, users specify targeted CMS data sources, search selection criteria, and view selections, special processing requirements, file formats, and file destinations. DESY captures the user's request and submits it to the mainframe for processing. DESY notifies the user of the file names and locations. DESY consists of a number of Database 2 (DB2) databases to accommodate requests and a number of application programs and processes on the CMS Enterprise Data Center (EDC) Mainframe utilizing the Customer Information Control System (CICS) and DB2 subsystems.

DESY releases request jobs according to the Automated Production Control & Scheduling System (APCSS) schedule after completion of previous jobs.

DESY is a multi-layered, three-tier architecture. It allows Intranet and Extranet access to authorized CMS and non-CMS users from within the walls of CMS as well as from CMSNet. As such, the DESY uses CMS-provided 128-bit secure socket layer (SSL) encryption, firewalls and a Lightweight Directory Access Protocol (LDAP) repository for authentication. In addition, the DESY system implements a role-based access to all application resources.

DESY has an extract portion of the system that has resided on CMS production mainframes since 2001. The extract portion of the system performs the physical extract of data from the appropriate data sources such as National Claims History (NCH), National Medicare Utilization Database (NMUD), Medicare Provider Analysis and Review (MEDPAR), and Integrated Data Repository (IDR). Upon completion of the extract process, the final data resides on the CMS mainframe for the user to manipulate and use directly, or CMS copies the files to tape and ships them to the end user per their DUA.

Another system, the Recovery Management and Accounting System (ReMAS) is a user of the DESY system. ReMAS makes requests for data from CMS major data sources by entering a request directly into a single table in the DESY database. DESY extract processing services that request and notifies ReMAS the data file is available on the CMS mainframe.

## 3.1 Conventions

This document provides screen prints and corresponding narrative to describe how to use the DESY System.

When an action is required on the part of the reader, it is indicated by a line beginning with the word “Action:” For example:

**Action:** Click on OK.

Fields or buttons to be acted upon are indicated in bold italics in the Action statement; links to be acted upon are indicated as links in underlined blue text in the Action statement.

**Table 1 – DESY UM Conventions.** Lists the conventions applying to this UM.

Example	Convention Description
<b>Bold</b>	<p><b>Bold text used within a procedure/process/step identifies specific text to type, the name of a field upon which to perform an action, or a button or option to select.</b></p> <p><b>Bold text identifies a Note containing additional information.</b></p> <p><b>Bold text identifies table and figure captions.</b></p>
Click	The word “click” indicates selection of a button, icon, or other command or option on a Web page.
<i>Italic</i>	<p><i>Italic text used within a procedure/process/step identifies text to replace with information applicable to that action.</i></p> <p><i>Italic text used within a reference to a figure, table, or section within this document identifies an active hyperlink that enables immediate navigation to that item.</i></p>
<b>Note</b>	<b>The bolded word “Note” indicates information to take note of in reference to the current topic.</b>
Point	The word “point” refers to positioning the mouse cursor on a specific item on a web page.
Press	The word “press” indicates selection of a keyboard key.

**Table 1: DESY UM Conventions**

Note: The term ‘user’ is used throughout this document to refer to a person who requires and/or has acquired access to the DESY System.

## 3.2 Cautions & Warnings

There are no cautions or warnings associated with this User Manual.

## 4. Getting Started

This section presents getting started information for the DESY user. To begin working with DESY, complete the following tasks:

- Contact the appropriate supervisor/manager or administrator to obtain a CMS User identifier (ID) and password. See the DESY Web site at <http://www.cms.gov/desy> for more information on DESY login.
- The supervisor/manager or administrator assigns the appropriate DUAs. See the CMS Privacy Web site for more information on gaining access to DUAs.
- Ensure that the workstation is set up with the required specifications. **See Section 3.1 – Set- Up Considerations**

## 4.1 Set-up Considerations

CMS screens are designed to be viewed at a minimum screen resolution of 800 x 600. To optimize your access to the DESY System:

- 1) Use Internet Explorer, version 6.0 or higher.
- 2) The user’s workstation must meet the following minimum requirements and have the designated software installed in order to operate DESY successfully:
- 3) Intel Pentium processor with 1.49 gigabytes (GB) of random access memory (RAM) and up to 37 GB of available hard-disk space
- 4) Windows XP Professional or Home Edition, Windows XP Tablet PC Edition, or Windows 7 Enterprise
- 5) Microsoft Internet Explorer (IE) 9.0 or above.
- 6) Acrobat Reader 9.0

## 4.2 User Access Considerations

The administrator assigns the appropriate user role for the user. That user role and its associated rights determine access to the system's features **Table 2 – DESY User Roles** lists the user roles available in DESY.

User Role Name	User Role
<b>Obsolete User</b>	An obsolete user has no access to the system. This role allows system administrators to deactivate a user when the user is no longer authorized to access the system.
<b>User</b>	A user has access to the Manage Requests menu and can manage requests attached to his/her DUAs.
<b>Approver</b>	An approver has the same rights granted to a user, as well as access to the Manage Approvals menu.
<b>Developer</b>	A developer has the same rights as an approver, as well as access to the Manage Roles and Manage News menus under System Administration. A developer can perform administrator searches, but cannot cancel another user’s request or receive e-mail notifications.
<b>System Administrator</b>	A system administrator has the highest authority in the system. This role allows for complete update access to the entire DESY system, including the ability to cancel any request.

Table 2: DESY User Roles

## 4.3 Accessing the System

Contact the appropriate supervisor/manager or administrator for assignment of a role governing use of the system. The supervisor/manager or administrator also provides the DESY Uniform Resource Locator (URL). Upon assignment of a role, submit a request to the Enterprise User Administration (EUA) system for a username and password. Upon submission of a valid request, the user receives the username and password via e-mail.

### 4.3.1 Logging in to DESY

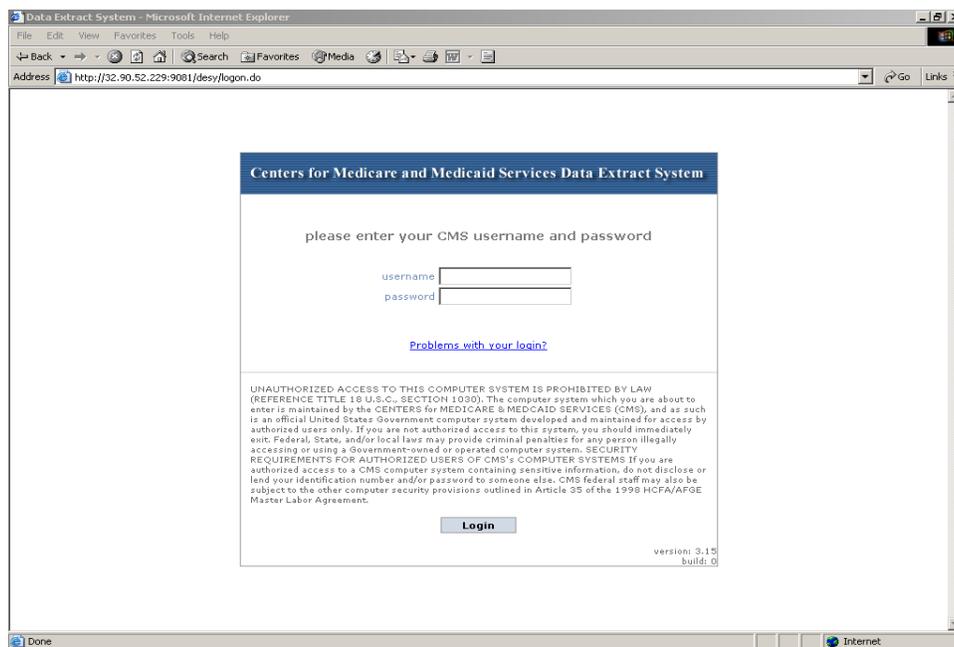
This section presents the procedure for logging in to DESY. Take the following steps to log in:

1. Type the DESY URL provided by the administrator into the address bar of the Web browser; press **Enter**.

**Note:** To access this URL quickly each time you access DESY, add this URL to your Favorites list.

The DESY login page appears. See Figure 1

Figure 1: DESY Login



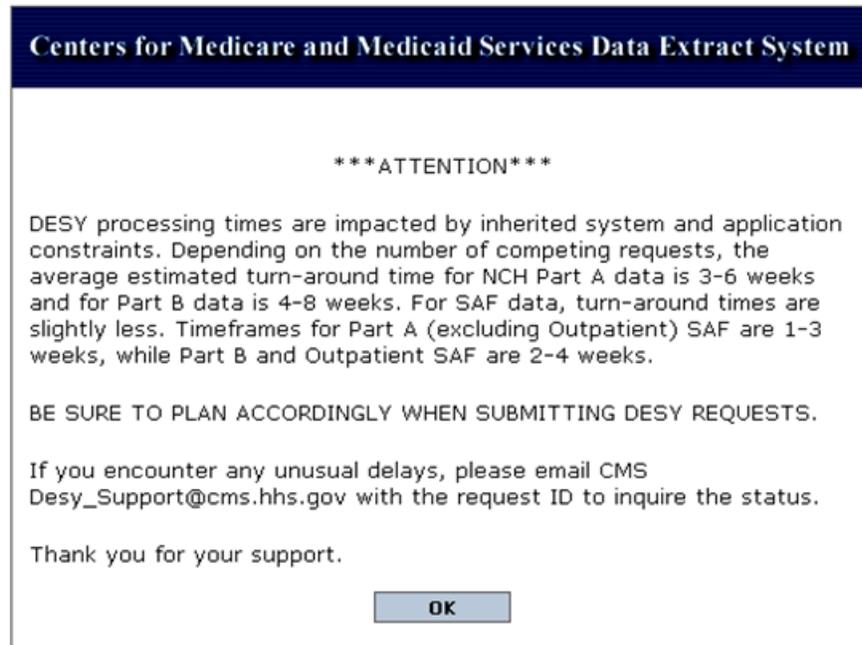
**Note:** For problems with login, click the **Problems with your login?** Link.

2. Type the EUA username and password in the respective fields; click **Login**. The DESY alert message page appears. See Figure 2 – DESY Alert Message Page

**Note:** The DESY alert message page informs you of the average estimated turn-around time for DESY requests, based on data requested. It also provides you with

contact information if you encounter turnaround times that exceed the average estimates.

**Figure 2: DESY Alert Message**



3. Click **OK**.  
The DESY home page appears. See *The News and Events Area does not have a corresponding left side menu. The most recent news is posted at the top of the list. This section also contains a hyperlink to access customer meeting minutes and copylibs*

### 4.3.2 Resetting a Password

A user may need to request a password reset if any of the following occurs:

- The user forgets his/her password.
- The user attempts to log in three times unsuccessfully.
- The user does not change his/her password prior to, or upon, 60 days of password use.

**Note:** The user receives a notification upon login when the 60-day window of password use nears its end.

To request a password reset, contact the CMS Help Desk via e-mail or phone using the contact information in *Section 5.3 – Support*.

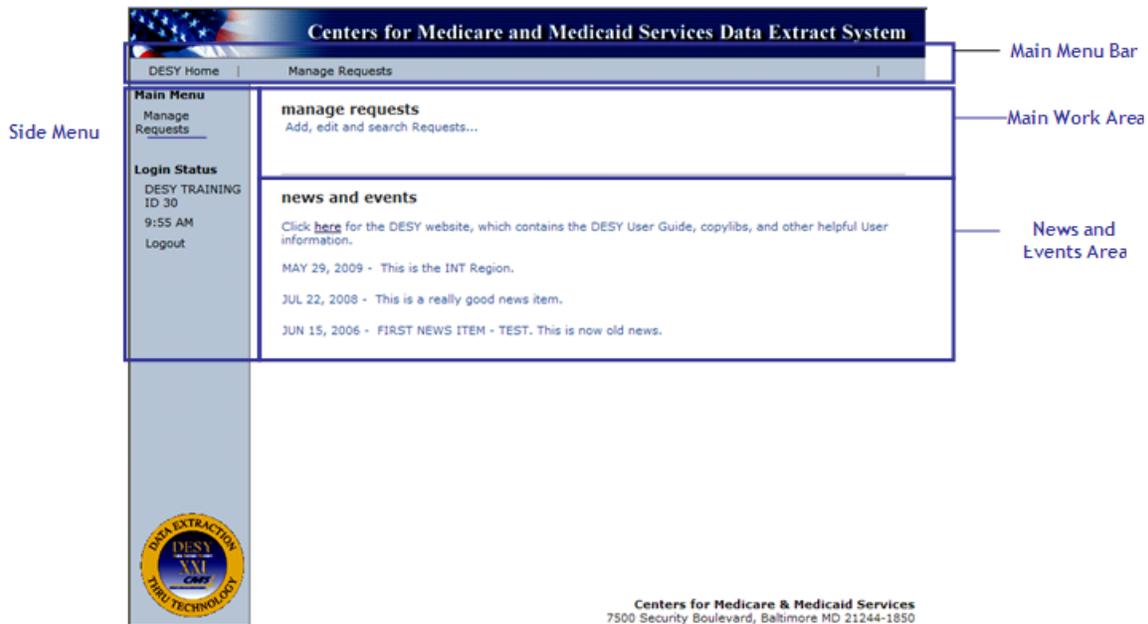
## 4.4 System Organization & Navigation

This section provides a general description of DESY page organization and basic system navigation information.

### 4.4.1 DESY Home Page

The DESY home page is navigationally representational of all pages within the system. The DESY Home Page consists of the Main Menu Bar across the top, a side menu on the far left, and links to the main work areas in the center of the screen. The user accesses the various work areas by selecting a menu item from any of these areas, provided his/her role has access to the area. The News and Events Area does not have a corresponding left side menu. The most recent news posts to the top of the list. See *The News and Events Area does not have a corresponding left side menu*. The most recent news is posted at the top of the list. This section also contains a hyperlink to access customer meeting minutes and copylibs for all subsections in this section

Figure 3: DESY Home Page Layout



The News and Events Area does not have a corresponding left side menu. The most recent news is posted at the top of the list. This section also contains a hyperlink to access customer meeting minutes and copylibs

*Table 3 – DESY Home Page Functionality* describes the functionality of each of the page parts.

Page Part	Functionality
<b>Main Menu Bar</b>	The Main Menu Bar contains navigation buttons used to access various parts of the DESY application.
<b>Side Menu</b>	The Side Menu shows the Main Menu or menu commands for the Main Menu item selected, as well as the Login Status and Logout command.
<b>Main Work Area Links</b>	The Main Work Area Links has links to the main parts of the DESY system.
<b>News and Events Area</b>	The News and Events area contains messages and notifications from the DESY administrators regarding DESY usage, availability, and changes.

**Table 3: DESY Home Page Functionality**

The Main Menu near the top of the page provides one way to navigate between the various components of DESY. *Table 4 – DESY Main Menu* Presents and describes each option available from the main menu. The commands appear only if the user role has access to perform the command.

*Table 4 – DESY Main Menu* Presents and describes each option available from the main menu. The commands appear only if the user role has access to perform the command.

Menu Bar Option	Functionality
<b>DESY Home</b>	Returns the user to the DESY Home Page from any point within the system
<b>Manage Requests</b>	Allows the user to search/view and create/update Requests
<b>System Admin</b>	Allows the user to manage approvals; update user roles, news and events, and the construction page; and resend an encryption password e-mail  These functions are available only if the user role has access to these areas. These functions appear if the user has been assigned the Administrator role.
<b>Misc Function</b>	Allows the user to manage approvals  This function is available only if the user role has access to these areas. The Misc Function menu is a separate menu that appears for those users assigned the role of Approver without Administrator functions.

**Table 4: DESY Main Menu**

When you move your mouse over the desired menu item, the sub-menu for that component is displayed. Select a sub-menu item to open the associated screens in that work area. All

commands for that Main Menu item are also displayed in the side menu on the left. Selecting a command from a menu performs an action or displays a submenu or window, as described below. You may also access the desired screen by selecting the appropriate tab once they are displayed in the main work area.

Menu Command	Function
[Search Requests]	Opens the Search Requests tab so you can enter your search criteria.
[Search Results]	Opens the Search Requests tab so you can enter your search criteria.
[Request Entry]	Opens the Search Requests tab so you can enter your search criteria.

**Table 5: DESY Manage Request Menu**

#### 4.4.2 Page Navigation and Conventions

This section provides basic DESY navigation instructions:

- Do not use the browser's **Back** or **Next** buttons at any time when navigating this application. While it may appear that you are accessing the correct page, you may not be saving the information you enter. Always use the buttons or hyperlinks within the application to move from one page to the next.
- Use the mouse pointer to make selections. Left-click to select menu items and tabs, or select from the drop-down boxes on each screen.
- Use the **Tab** key to move forward from one field to the next and to navigate through menus and submenus; use **Shift + Tab** to move back.
- There are also two methods to scroll information. Use the mouse to move up and down the scrollable area using the scroll bar, or the up and down arrows can be used to move up and down the scrollable area, once you have tabbed into the scrollable area.
- Point to ellipses (...) next to names or descriptions to expand a comment or other truncated text.
- Use the keyboard to enter text into the fields as appropriate.

#### 4.4.3 Using the Calendar Icon

Use the **Calendar** icon  to quickly select a date. You can also type the date entry by hand.

1. Select the **Calendar** icon  to open the calendar popup.

Figure 4: Calendar Pop-Up



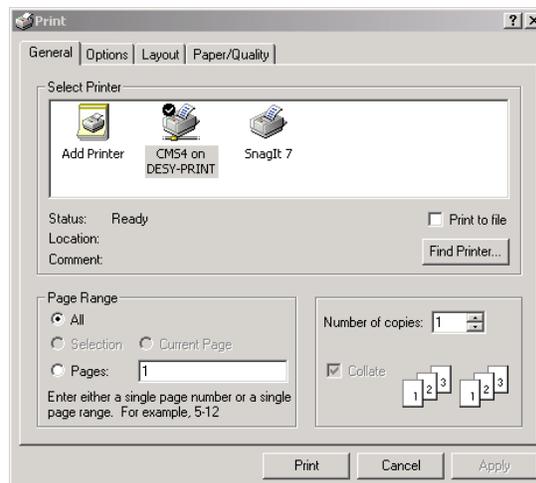
2. Use the inner arrow buttons to move backward (left) and forward (right) through the months. Use the outer arrow buttons to move backward and forward through years.
3. When the calendar with the correct month and year is displayed, select the day of the week within the calendar. The **calendar** pop-up closes automatically and enters your selected date in the respective field.

#### 4.4.4 Using the Printer Icon

Use the **Printer** icon  to display and print a summary of information associated with a request after you have added or updated it.

1. On the **Summary** page of the **Request Entry** tab, select the printer icon  on the right, just above the scrolling region of the screen.

Figure 5: Print Dialog



2. Select an appropriate printer, or check **Print to File**

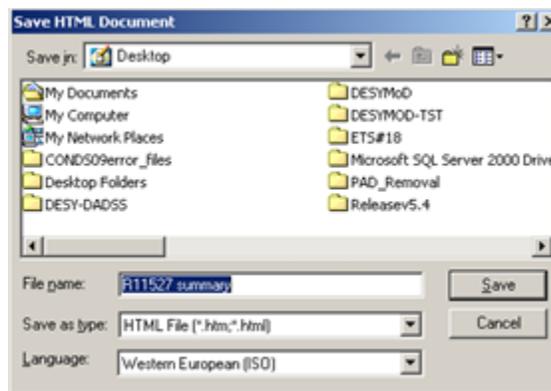
3. Make other printing selections, such as *Page Range* and *Number of Copies*, as necessary
4. Select *Print* to send the pages to the printer or file; *Cancel* to return to the previous screen without printing.

#### 4.4.5 Using the Save Icon

Use the **Save** icon  to save the summary of information associated with a request to a HTML file

5. On the **Summary** page of the **Request Entry** tab, select the save icon  on the right, just above the scrolling region

**Figure 6: Save Dialog**



6. Select the location for the summary to be saved.
7. Change the file name or leave as it was populated
8. Select **Save** to send the pages to an HTML file; **Cancel** to return to the previous screen without saving.

## 5. Managing Requests

The **Manage Requests** function of **DESY** allows you to add requests and perform searches for existing requests. Also, based on the current status of the request (i.e., Submitted, Pending), you can edit, copy and view a summary of it. If your user profile does not allow access to a specific function, it will not appear active on the screen (button is gray).

When you roll your mouse over *Manage Requests* on the Main Menu, a sub-menu displays the following options: *Search Requests*, *Search Results*, and *Request Entry*. Select your choice to open the **Manage Requests** portion of the application, with the associated tab displayed. Note that the **Manage Requests** menu items are now also displayed in the side menu on the left, with your selection highlighted. All menu options can also be accessed from within the work area by selecting among the three tabs.

It may be necessary for you, at times, to begin adding a request and switch to another task *within* the application, such as researching an approval, before you have entered all information for the request. Provided you have selected **Save** on the Request entry page, you can navigate

to another part of the application, then resume working on the incomplete request. All fields you previously completed will be retained until you either submit the request on the *Summary* screen or select the *Clear* button to clear all fields on all screens of the request. If you work *outside* of the **DESY** application for more than 50 seconds and do not save your work, the application will log off due to inactivity and any

## 5.1 Entering a New Request

1. Roll your mouse over *Manage Requests* on the Main Menu to display the sub-menu
2. Select *Request Entry* DESY displays the first page of the *Request Entry* tab in the main work area; the *Properties* page

Figure 7: Request Entry (Properties)

DUA #	Study Name	Exp Date	Requestor
12364	VIPS GROUP DUA	12/31/2006	SG PYZIK
12365	VIPS GROUP DUA	12/31/2006	SG PYZIK
12366	VIPS GROUP DUA	12/31/2006	SG PYZIK
12985	VIPS GROUP DUA	12/31/2006	SG PYZIK
12986	VIPS GROUP DUA	12/31/2006	SG PYZIK

The following fields are completed with default values on the *Properties* page:

- *Request User* – **The** name of the user currently logged into the system.
- *Email Address* – The e-mail address of the user currently logged into the system.

The following columns are displayed in the scrolling window on the *Properties* page:

- *Data Use Agreement (DUA) #* - **The** unique number assigned by CMS for each DUA that has been assigned to the logged-in user to gain access to data.
- *Study Name* – The name given to identify the DUA.
- *Expiration Date* – The date the DUA expires.
- *Requestor* – **The** name of the person identified as the requestor on the DUA.

3. Select a DUA from the scrolling window.

Only DUAs associated with the current logged on user are displayed. The selected DUA will remain highlighted, and the *Data Source* field drop-down box is populated with the data sources available for that DUA.

4. Select a *Data Source* from the drop-down box. For information on the types of data sources available, see the Appendices at the back of this manual.

Once you select the *Data Source*, the *Recipient* drop-down box is displayed. Additionally, the *Data Type* field is populated with the data types available for the selected **DUA** and **Data Source** combination.

5. Select the desired *Recipient*, if applicable.
6. Select the desired *Data Type*.

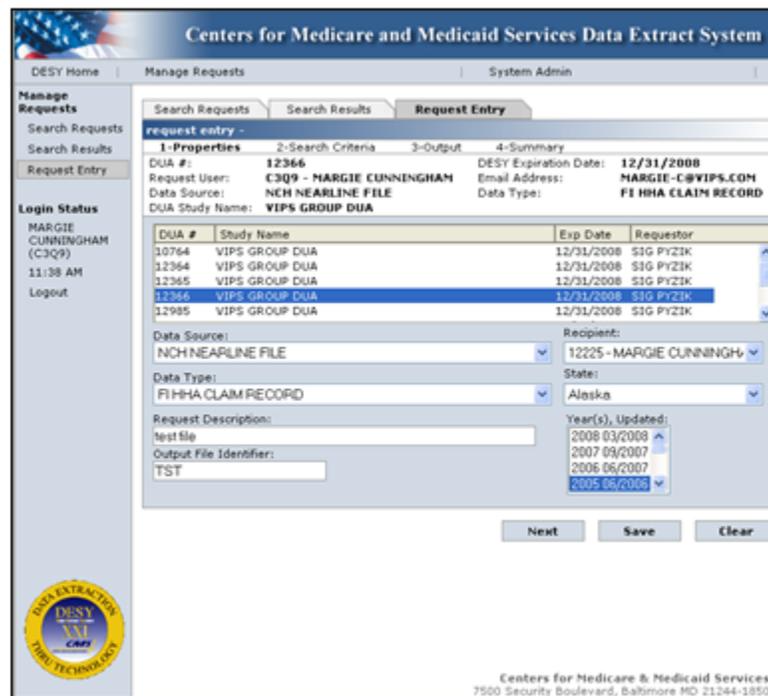
Once you select the *Data Type*, the *State* selection box is populated, if required, for the *Data Type* selected.

7. Select the desired *State*. To run your request for all states, select *All States* (if available).
8. Select the desired *Year*, if applicable.

**NOTE:** To select multiple years, hold down the *Ctrl* key and select each year in turn. To select a range of years, hold down the *Shift* key and select the first and last years in the range; all years in between will also be highlighted.

9. Type a *Request Description* (a description that is meaningful to you for identifying this request) and *Output File Identifier* (**up to seven alphanumeric characters that will be incorporated in the file name to allow for easy identification of the output data**). **Both of these fields are optional**

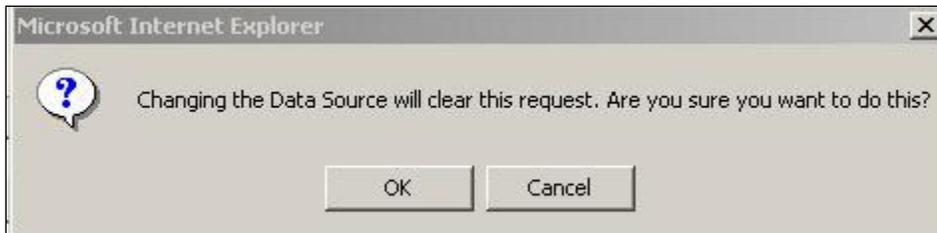
Figure 8: Request Entry (1- Properties) - completed



10. Select *Save* to commit the information to the database; *Next* to save and move to the *Search Criteria* screen; *Clear* to remove the selections from all fields and begin again.

**NOTE:** If you change the *Data Source* or any other selections on the page, you will be prompted to confirm your change. Selections in subsequent fields will also need to be remade, as the information with which they are populated may change.

**Figure 9: Changing Data Source Clear Request Dialog Box**



11. Depending on the selections you made, you will either continue to the *Search Criteria* screen, or receive a notice that no additional search criteria are accepted for your selections. If no additional search criteria are allowed, select *OK* to dismiss the notice and continue.

**Figure 10: No Additional Search Criteria Notice**

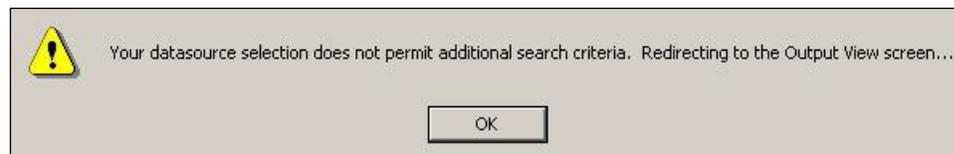


Figure 11: Request Entry (2- Search Criteria) Screen.

Centers for Medicare and Medicaid Services Data Extract System

DES Y Home | Manage Requests | System Admin

request entry -

1-Properties 2-Search Criteria 3-Output 4-Summary

DUA #: 12366 DES Y Expiration Date: 12/31/2008  
 Request User: C3Q9 - MARGIE CUNNINGHAM Email Address: MARGIE-C@VIPS.COM  
 Data Source: NCH NEARLINE FILE Data Type: FI HHA CLAIM RECORD  
 DUA Study Name: VIPS GROUP DUA

Field: Beneficiary Birth Date Operator: <

Search Criteria Set #: 1

Date: / /

Add

#	Field	Operator	Value	
1	Beneficiary Mailing Contact ZIP Code	=	99501*	<a href="#">Remove</a>
1	Beneficiary Birth Date	<	19450101	<a href="#">Remove</a>

Next Save Clear

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12. On the *Search Criteria* screen, select the desired *Field* from the drop-down box.
13. Select an *Operator*.  
 Selections in the *Operator* drop down will change depending on the *Field* selected. Valid operators are <, >, =, Range, Not =, and User Input File. For more information on creating searches, see *Using Advanced Search Criteria*
14. Enter a *Value* for the operator. The Selection made for *Field* and *Operator* determine the format of the field. The *Value* field will be identified as a date, number, range, list selection, or file name, start position, and header position, The formats are as follows:

Figure 12: Request Entry (2- Search Criteria) and ICD Code

The screenshot shows the 'Request Entry' screen in the DESY system. The header includes 'Centers for Medicare and Medicaid Services Data Extract System' and navigation links like 'DESY Home' and 'Manage Requests'. A sidebar on the left contains 'Manage Requests' and 'Login Status' for user 'JECI GOMES'. The main content area has tabs for 'Search Requests', 'Search Results', and 'Request Entry'. Under 'Request Entry', there are sub-tabs: '1-Properties', '2-Search Criteria', '3-Output', and '4-Summary'. The '2-Search Criteria' tab is active, showing details for DUA # 10764, Request User JECI GOMES, and DESY Expiration Date 08/12/2016. It includes fields for 'Field' (Claim Procedure Code), 'Operator' (USER INPUT FILE), and 'ICD Code' (ICD-10, ICD-9). A table with columns '#', 'Field', 'Operator', and 'Value' is present but empty. The footer contains the address: 'Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore MD 21244-1850'.

1. On the Search Criteria screen, select the Claim Procedure Code Field from the drop-down box.
2. Select an Operator.  
 Selections in the Operator drop down will change depending on the Field selected. Valid operators are <, >, =, Range, Not =, and User Input File. For more information on creating searches, see Using Advanced Search Criteria
3. From the *Request Entry* tab, select Claims Procedure Code under *Field*; and the International Classification of Diseases field (ICD-9 and ICD-10) will display and be required field.

**NOTE:** To select multiple years, hold down the *Ctrl* key and select each year in turn. To select a range of years, hold down the *Shift* key and select the first and last years in the range; all years in between will also be highlighted.

**Figure 13: Request Entry (2- Search Criteria) Field Formats**

Alphanumeric value

Value:

Single Date

Date:  
 /  /

Date Range

Date From:  /  /  Date To:  /  /

User Input File

File Name:  Start Position:  Header Start Position:

The **File Name** field is used for the mainframe data set name of the user input file. The User Interface verifies the existence of the file on the mainframe.

When entering the search criteria for a new request and a field is selected that requires operator **User Input File**, the following warning message will display:

**Figure 14: Request Entry (Search Criteria) finder File Msg**

The screenshot shows the 'Request Entry' section of the DESY system. The search criteria table is as follows:

#	Field	Operator	Value
1	Beneficiary Mailing Contact ZIP Code =	User Input File	

Below the table, there are buttons for 'Next', 'Save', and 'Clear'. A warning message is displayed in red text: **\*\* Non-HICAN Finder Files have a 150,000 record limit. HICAN Finder Files have a 3 million record limit.**

This message will only display when **User Input File** is selected. The message will not display when entering a file for Conversion or Cross-Referencing.

The **Start Position** is the beginning location of the data in the finder file.

The **Header Start Position** is the beginning location of a 30-byte user defined area, such as an internal control number. It is copied to the output records to help the recipient of the output identify the data. The header start position is only available when adding a user input file for Claim Locator Number Group (HICN).

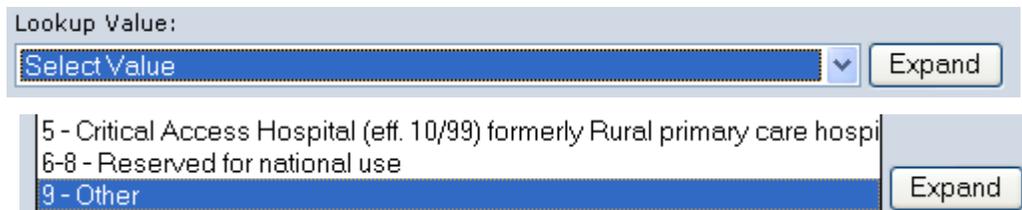
NOTE: When a submitting user input file, take the following into consideration:

- If a record on a user input file is a variable length record and the requested data does not exactly match the record length, data will not be extracted
- If a record on a user input file is a fixed length record (example 80 bytes) and the requested data does not exactly match the record length and is not greater, data can be extracted.

The lookup value may be selected directly from the drop down.

### Lookup Value

**Figure 15: Request Entry (2- Search Criteria) Lookup Value Field**

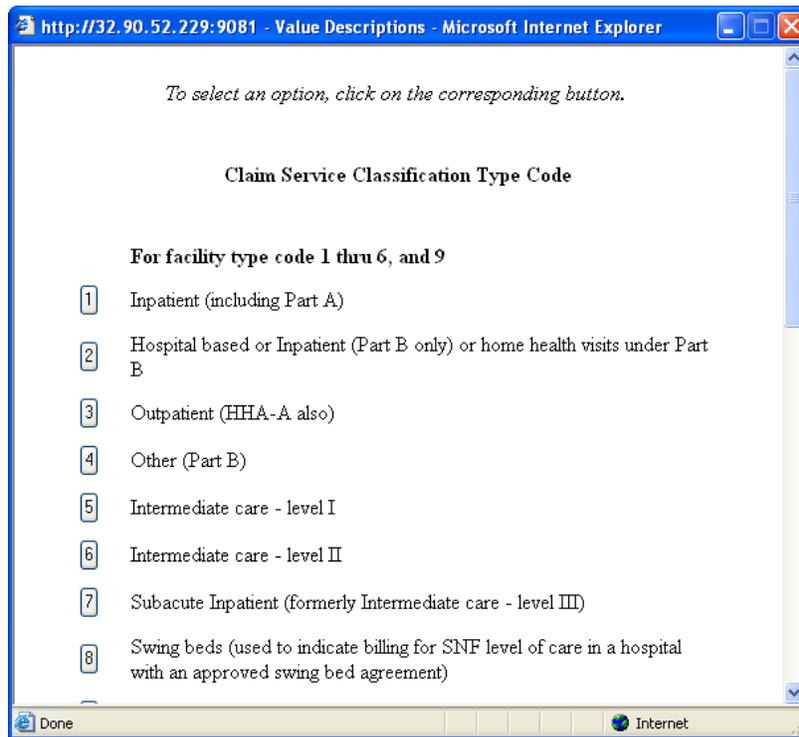


Lookup Value:

Select Value [v] Expand

5 - Critical Access Hospital (eff. 10/99) formerly Rural primary care hospital  
6-8 - Reserved for national use  
9 - Other [v] Expand

In some circumstances the description for the value is too large for the drop down. To read the full descriptions, click the Expand button. This will open a new window that will display the entire value description and allow you to select the value you want. It will automatically close the window and select the item in the drop down.

**Figure 16: Request Entry (2- Search Criteria) Lookup Value Field Expanded.**

Select **Add**.

The search expression is displayed in the box below the field selection area.

The following dialog box will display when a user has entered selection criteria but presses the **Next** button rather than the **Add** button. This will prevent the selection criteria from being lost.

Figure 17: Request Entry (Search Criteria) Add Dialog Box Warning

- Repeat Steps 11-14 for each search criterion you wish to add. You may add up to 20 different elements with up to 10 values each.

Notes:

- If you use a **user input file**, it will be the only value that you can use for that particular **data element**
  - If you select **HICAN finder file** for search criterion and **user input file** as the **operator**, then you cannot use any other input files in the first or second search criteria set.
  - Except when there is a HICAN, you can use 1 **user input file** per **search criteria set**, for a maximum of 2
- By default, the **Search Criteria Set #** is set to 1 upon first display of this screen. To add a second **Search Criteria Set**, change the number in the associated drop-down box to 2. Choose another **Field** and **Operator**, type in a **Value**, and select **Add**.  
  
Both search criteria sets will be displayed, separated by “OR”. When two search expressions are used, the search engine processes them as an OR criteria.
  - To remove a search expression, select the *Remove* link next to the expression you wish to delete.
  - When you are satisfied with your search criteria and sets, select *Save* to commit the information to the database; *Next* to save and move to the *3-Output* screen; *Clear* to remove the selections from all fields and begin again.

**NOTE:** If you entered a ZIP code search criterion with a **User Input File**, you will receive an alert regarding using wildcard searches for ZIP+4. If you are using a **User Input File** and only have 5 characters, you must put an asterisk (\*) in the 6<sup>th</sup> position for each zip code in your file.

**Figure 18: Request Entry (3- Output) Screen.**

The screenshot shows the 'Request Entry (3- Output)' screen. The header includes 'Centers for Medicare and Medicaid Services Data Extract System' and navigation links for 'DESY Home', 'Manage Requests', and 'System Admin'. The left sidebar has 'Manage Requests' with sub-links for 'Search Requests', 'Search Results', and 'Request Entry'. Below that is 'Login Status' for MARGIE CUNNINGHAM (C3Q9) at 1:40 PM. The main area has tabs for '1-Properties', '2-Search Criteria', '3-Output', and '4-Summary'. The '3-Output' tab is active, showing:
 

- DUA #: 12366
- Request User: C3Q9 - MARGIE CUNNINGHAM
- Data Source: NCH NEARLINE FILE
- DUA Study Name: VIPS GROUP DUA
- DESY Expiration Date: 12/31/2008
- Email Address: MARGIE-C@VIPS.COM
- Data Type: FI HHA CLAIM RECORD

 Below this are form fields: 'Output Type' (dropdown), 'Encryption Software' (checkbox checked for 'Compressed Format'), and 'Dropped Records Options' (dropdown). At the bottom are 'Next', 'Save', and 'Clear' buttons. A logo for 'DATA EXTRACTION DESY XVI CMS THRU TECHNOLOGY' is in the bottom left, and contact information for 'Centers for Medicare & Medicaid Services' is in the bottom right.

19. On the **Output** screen, select the desired **Output Type** from the drop down box:

Available output types include:

- Whole Record
- Finder File View
- Whole Record View
- Predefined View
- Select from a list of available fields
- Previously saved custom views

## 5.2 Enrollment Data

**Note:** The following **Data Type** producer finder file output under the **Enrollment** Data Source:

- Cross Reference (XREF)
- Railroad Retirement Board (RRB) conversion to Health Insurance Claim Account Number (HICAN, also referred to as Claim Locator Number Group)
- HICAN conversion to RRB

- Social Security Number (SSN) conversion to HICAN
- For SSN conversion to HICAN search criteria, select one of the following elements (each element represents a different user input file format):
  - 18-Byte SSN (SSN+ Birth Date+ Sex Code)
  - 9-Byte SSN (SSN only)

**Note:** Selections available, as well as the fields displayed on this screen, depend on the selections on previous pages. This example, Select Available fields output type, displays many more fields and options on the screen than other output type selections. This is just one example of what displays on the screen for output type.

For cross reference, DESY allows a user to enter a file (USER INPUT FILE) containing the HICANS and DESY will 'Bic equate' and cross-reference that file to pick up additional HICANS belonging to the beneficiaries on the original file (USER INPUT FILE)

The Valid DESY Data Description 'XREF' must be included in the list of Data Descriptions on the DUA for this function to execute

This DUA 12365 has that Data Description. On the DESY Request Entry screen the DUA 12365 has been selected and Enrollment has been selected as the Data Source.

**Figure 19: Enrollment selected as the Data Source**



When Enrollment is selected as the Data Source the following Data Types will display for selection, including Cross Reference.

**Figure 20: Data Type for Display with XREF**

The screenshot displays the 'Request Entry' form in the DES system. The form includes the following fields and values:

- DUA #:** 12365
- Request User:** MARK DUETSCH
- Data Source:** ENROLLMENT
- DUA Study Name:** VIPS GROUP DUA
- DES Y Expiration Date:** 11/16/2014
- Email Address:** MARK-D@VIPS.COM
- Data Type:** CROSS REFERENCE

The 'Data Type' dropdown menu is open, showing the following options:

- Select Data Type
- 100% DENOMINATOR
- 5% DENOMINATOR
- 1% DENOMINATOR
- 100% NAME & ADDRESS
- 5% NAME & ADDRESS
- 1% NAME & ADDRESS
- 100% VITAL STATS
- 5% VITAL STATS
- 1% VITAL STATS
- CROSS REFERENCE** (highlighted)
- RRB CONVERSION TO HICAN
- SSN CONVERSION TO HICAN

The interface also features a table of DUA entries with columns for DUA #, Study Name, Exp Date, and Requestor. The 'Data Source' is set to 'ENROLLMENT' and the 'Data Type' is set to 'CROSS REFERENCE'. Buttons for 'Save' and 'Clear' are visible at the bottom right of the form.

When this Data Source and Data Type are selected for a Request then the Claim Locator Number Group (HICAN) is the only selection that comes up in the Field screen on the 2-Search Criteria screen.

Figure 21: HICAN Selection

Centers for Medicare and Medicaid Services Data Extract System

DESY Home | Manage Requests | System Admin

Search Requests | Search Results | **Request Entry**

request entry -

1-Properties | **2-Search Criteria** | 3-Output | 4-Summary

DUA #: 12365 DESY Expiration Date: 11/16/2014  
 Request User: MARK DUETSCH Email Address: MARK-D@VIPS.COM  
 Data Source: ENROLLMENT Data Type: CROSS REFERENCE  
 DUA Study Name: VIPS GROUP DUA

Field:  Operator:

#	Field	Operator	Value

Next Save Clear

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 DESY  
 VIPS  
 CMS  
 DATA TECHNOLOGY

v6.6.1b1

When that selection is made the default for the Operator field is the User Input File.

**Figure 22: User Input File**

The screenshot shows the 'Request Entry' page in the DESY system. The page title is 'Centers for Medicare and Medicaid Services Data Extract System'. The user is logged in as MARK DUETSCH. The 'Request Entry' section is active, showing search criteria for DUA # 12365, Request User MARK DUETSCH, Data Source ENROLLMENT, and DUA Study Name VIPS GROUP DUA. The 'Field' dropdown is set to 'Claim Locator Number Group (HICAN)' and the 'Operator' dropdown is set to 'USER INPUT FILE'. There are input fields for 'FileName', 'Start Position', and 'Header Start Position'. A red warning message states: '\*\* Cross Reference Finder Files have a 3.5 million record limit.' Below this is an 'Add' button and a table with columns '#', 'Field', 'Operator', and 'Value'. At the bottom, there are 'Next', 'Save', and 'Clear' buttons.

20. If the DUA selected for the request indicates non-identifiable data, or the data is not being shipped on foreign media, N/A will display in the **Encryption Software** field. If the selected DUA does indicate identifiable data will be shipped on foreign media, select the appropriate **Encryption Software** from the drop-down box:

- PKWARE- With this option, DESY will encrypt the file(s)
- IBM Z/OS- With this option, DESY will encrypt the file(s)
- USER ENCRYPTED- With this option, the user is responsible for encrypting the file(s)

**Note:**

- Prior to submitting a request that requires the selection of Encryption Software, the encryption method should be confirmed with the recipient of the file to ensure the recipient will be able to decrypt the file
- If the recipient’s email address is missing in DADSS, and PKWARE or IBM Z/OS is selected, the message ‘Recipient Email address must be entered in the DADSS’ will display. The request cannot be submitted until the recipient’s email address is entered in DADSS.

21. Select to check *Comma Delimited* and/or *Compressed Format*, if applicable (available only for certain output types.) Select *Include Dropped Records* or *Do Not Include Dropped Records*, if applicable. (This field will not be displayed if you entered a HICAN **User Input file** for years prior to 1998.)

Selecting *Include Dropped Records* will provide you with a separate output file for the dropped records.

22. For the **Select Available Fields** view option, select *Fields* to be included in the output.
- Hold down the Ctrl key to make multiple selections when selecting entries in **Available Field** and **Selected Fields** boxes
  - Select *Add* to move the selected **Available Fields** to the *Selected Fields* box
  - Select *Remove* to move the selected **Selected Fields** to the **Available Fields** box
  - Select *Save View* to retain the layout you have created. When saving a custom view, a *Custom View Name* is required.

**Figure 23: Request Entry (Output) - Completed**

Centers for Medicare and Medicaid Services Data Extract System

DESY Home | Manage Requests | System Admin

Manage Requests

Search Requests | Search Results | **Request Entry**

request entry -

1-Properties 2-Search Criteria 3-Output 4-Summary

DUA #: 12366 DESY Expiration Date: 12/31/2008  
 Request User: C3Q9 - MARGIE CUNNINGHAM Email Address: MARGIE-C@VIPS.COM  
 Data Source: NCH NEARLINE FILE Data Type: FI HHA CLAIM RECORD  
 DUA Study Name: VIPS GROUP DUA

Output Type: SELECT AVAILABLE FIELDS Encryption Software: PKWARE  Compressed Format  Comma Delimited

Dropped Records Options: Do not Include Dropped Records Custom View Name:

Available Fields:

- Beneficiary Identification Code
- Beneficiary Race Code
- Beneficiary Residence SSA Standard County Code
- Beneficiary Residence SSA Standard State Code
- Beneficiary Sex Identification Code

Selected Fields:

- Beneficiary Birth Date
- Beneficiary Mailing Contact ZIP Code

Add Remove Save View

Next Save Clear

DATA EXTRACTION  
DESY  
XXI  
Case  
THRU TECHNOLOGY

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23. Select *Save* to commit the information to the database; *Next* to save and move to the *Summary* screen; *Clear* to remove the selections from all fields and begin again.

Figure 24: Request Entry (Summary) Screen

The screenshot shows the 'Request Entry' summary screen. The header includes 'Centers for Medicare and Medicaid Services Data Extract System' and navigation links for 'DESY Home', 'Manage Requests', and 'System Admin'. The main content area is titled 'request summary' and contains a 'Request Properties' section with the following details:

<b>Request:</b>	8310 - test file	<b>DUA Expiration Date:</b>	12/31/2009
<b>DUA #:</b>	12366		
<b>DUA Study Name:</b>	VIPS GROUP DUA		
<b>DESY Expiration Date:</b>	12/31/2008		
<b>Encryption Software Type:</b>	PKWARE		
<b>Request User:</b>	C3Q9 - MARGIE CUNNINGHAM	<b>Email Address:</b>	MARGIE-C@VIPS.COM
<b>Data Source:</b>	NCH NEARLINE FILE	<b>Data Type:</b>	FI HHA CLAIM RECORD
<b>Data Description:</b>	NCH		
<b>State:</b>	Alaska		
<b>Recipient:</b>	12225 - MARGIE CUNNINGHAM		
<b>Return to CMS:</b>	Y		

Below the properties is a 'Request Status Information' section, which is currently empty. A 'Clear' button is located at the bottom right of the summary area. The footer of the screen includes the DESY logo and the address: 'Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore MD 21244-1850'.

24. On the *Summary* screen, all information entered on the previous three screens is displayed as read only. To make changes, select the link for the appropriate page, edit your entries, and select the **Save** button to save your changes. Select the **summary** hyperlink to view your changes.

**Note:** Depending on what fields are changed, you may be required to reenter data for subsequent fields. (i.e. If you change a DUA in the **properties**, the entire request will need to be reentered.

25. Select the *Printer* icon  to print a printout of your summary. See *Using the Printer Icon* for more information.
26. Select *Submit* to prepare the request for processing. DESY validates all pages of the request information and commits the entries to the database.

## 5.3 Using Advanced Search Criteria

DESY uses both wildcard and Boolean logic when performing searches. Be aware of the following rules governing each type of search when creating search expressions.

### 5.3.1 Wildcard (\*) Searches

To search for a specific value, type the exact value in the *Value* field.

To search for a group of values, type the first few numbers of the value followed by an asterisk (\*). For example, to search for Claim Diagnosis Codes related to nontoxic nodular goiters, use a value of 241\*.

For a larger selection, such as all Claim Diagnosis Codes related to disorders of the thyroid gland, use fewer beginning digits of the associated value (24\*).

Wildcards can be used in **user input file** values as well as in values entered directly. Only one user input file may be selected for each criteria set. If a user input file is selected, no additional values may be selected for that element.

Only one wildcard (\*) is permitted per value. Any characters after the first wild card are ignored. For example, the same records would be selected for Claim Diagnosis Code = 24\*1 as would be for Claim Diagnosis Code = 24\*.

Wildcards are not permitted in HICAN values. Only one search expression is allowed when searching on the HICAN field.

If you type a five-digit ZIP code as your search criterion, DESY adds an asterisk at the end so that nine-digit ZIP codes are included in your search automatically. For example, if you select ZIP Code as the Field, = as the Operator, and type 21244 as the value, DESY changes the value to 21244\*. Your output will contain records with ZIP code 21244, as well as records with ZIP codes 21244-0001 through 21244-9999.

**Note:** DESY **does not** append asterisks to zip codes on a **User Input File**. If a User Input File is used for zip codes, then DESY will look for exact matches only unless you manually add your own asterisks to the end of each zip code less than 9 digits.

Only one value is permitted when using the Not Equal operator.

### 5.3.2 Boolean (“OR”) Logic

In DESY, Boolean logic relates to using OR to connect two sets of criteria. Boolean logic allows you to specify a second set of search criteria to be run so that the DESY system returns a match on data that meets either set of search criteria.

Within a criteria group, multiple values for the same field are “or”, multiple fields are “and”. Multiple criteria groups (max 2) are “or”:

Ex 1.

```
IF ((F1=A or F1=B or F1=C) and (F2=X or F2=Y or F2=Z)) (criteria group 1)
  OR
  ((F1=A or F1=B or F1=C) and (F3=1 or F3=2 or F3=3)) (criteria group 2)
```

Ex 2.

```
IF (F1=A) (criteria 1)
  OR
  (F3=1) (criteria 2)
```

The system also supports custom programming if more intricate selection logic is needed. The custom programming is executed along with normal system selection logic.

## 5.4 Editing Custom Views

You can edit any custom view you have previously created. Views you create are available only to you when signed in with your User ID. Only the custom views associated with the selected **DUA**, **Data Source**, and *Data Type* will be available as an output selection

1. Go to request entry and select a **DUA**, **Data Source** and **Data Type** combination for which you have a **custom view**. Select the link to open the *Output* screen.
2. Select the name of a custom view from the *Output Type* drop-down box.

The fields included in the view are displayed in the *Selected Fields* window near the bottom of the screen.

3. Select *Edit View*.

The *Available Fields* are displayed.

4. Select a field name(s) in *Available Fields* and select *Add* to move it to *Selected Fields*.

5. Select a field name(s) in *Selected Fields* and select *Remove* to return it to the *Available Fields* list.

6. If you want to rename this view, enter a new name in the **Custom View Name** field.

7. When you are satisfied with the view you have created, select *Save View*.

The *Selected Fields* will be included in the output.

Figure 25: Edit Custom View

The screenshot displays the 'Edit Custom View' interface within the DESY system. The main content area is titled 'Request Entry' and shows details for a request with ID 12366, user MARGIE CUNNINGHAM, and study name VIPS GROUP DUA. The interface includes sections for 'Available Fields' (with a list of fields like Beneficiary Birth Date) and 'Selected Fields' (with a list of fields like Beneficiary Birth Date). Buttons for 'Add', 'Remove', and 'Save View' are present. A 'Custom View Name' field is set to 'View #1'. The interface also shows 'Output Type' (View #1), 'Encryption Software' (PKWARE), and 'Dropped Records Options' (View #1). The footer contains the DESY logo and contact information for the Centers for Medicare & Medicaid Services.

## 5.5 Searching for a Request

A user can only search for and retrieve those requests that they have entered

4. Roll your mouse over *Manage Requests* on the *Main Menu* to display the sub-menu

5. Select *Search Requests*. DESY opens the *Search Requests* tab in the main work area.

Figure 26: Search Results

The screenshot displays the 'Centers for Medicare and Medicaid Services Data Extract System' interface. The main content area is titled 'search request' and contains the following fields and controls:

- Request #:** A text input field.
- DUA Study/Project Name:** A text input field.
- User ID:** A text input field.
- User Name:** A text input field.
- Submitted From:** A date selection field with a calendar icon.
- To:** A date selection field with a calendar icon.
- DUA#:** A text input field.
- Request Action:** A dropdown menu currently showing 'Submitted and Saved'.
- Search Options:** Radio buttons for 'Regular Search' (selected) and 'Administrator Search'.
- Buttons:** 'Search' and 'Clear' buttons located at the bottom right of the form.

The left sidebar includes a 'Manage Requests' menu with 'Search Requests', 'Search Results', and 'Request Entry' options. Below this is a 'Login Status' section for user LEISA MARTELLA (C191), showing the time as 4:05 PM and a 'Logout' link. A circular logo for 'DATA EXTRACTION DESY CMS DATA TECHNOLOGY' is also present in the sidebar.

6. Complete at least one of the following fields:

- **Request #** - the numerical value assigned by DESY to a request when it is submitted. The number must match exactly to meet the criteria for a search
- **DUA Study/Project Name** – name assigned to the DUA in Data Agreement & Data Shipping Tracking System (DADSS). Use a minimum of two characters to execute a wildcard search
- **User ID** – ID of the person that submitted the request
- **User Name** – name of the person that submitted the request. Use a minimum of two characters to execute a wildcard search.
- **Submitted (From/To)** – date range describing when a request was submitted. Search is inclusive of the date entered in the range. Use the calendar icon or enter the date in the field(s) to select the dates
- **DUA #** – The numerical value assigned to a DUA. The number must match exactly to meet search criteria
- **Request Action** – specify whether to include requests that are Submitted, Saved or Submitted and Saved in the search

7. Select *Search* to perform the search using the criteria you provide; *Clear* to remove entries from all fields and begin again

8. If you performed a search, the *Search Results* tab displays, showing the *Search Criteria* used and a scrolling area listing the following columns:

- **Req #** - the numerical value assigned by DESY to a request when it is submitted
- **DUA #** - The numerical value assigned to a DUA.
- **User ID** – ID of the person that submitted the request.
- **Submitted** – Date request was submitted
- **NOTE:** This field will be blank if the request was saved but has not yet been submitted

- **Status** – status of request at the time the search was made. Possible statuses are Saved, Cancel Requested, Pending Approval, Submitted, and Super.
  - **Desc Cd** – the Data Description Code assigned to the particular Data Type
  - **Request Description** – description of the request entered by the user when the request was saved or submitted
9. Select any of the column titles to sort the search results in ascending order on that column. Select the column again to sort in descending order. Scroll to locate the desired request
  10. Select the radio button in the checkmark column to select a request. Additional information for that request (*Recipient, Requestor, Year*) is displayed

**Figure 27: Search Results and Request Details Displayed**

The screenshot displays the DESY interface with the following components:

- Navigation Menu:** DESY Home, Manage Requests, System Admin.
- Search Results Section:** Search Requests, Search Results (selected), Request Entry.
- Search Criteria:** Req Action: Submitted and Saved; Submitted Date: 06/04/2006 - 06/24/2006.
- Search Results Table:**

Req #	DUA #	User ID	Submitted	Status	Desc Cd	Request Description
<input type="radio"/> 76167	16167	A2AK	06/05/2006	PENDING A...	NCH	
<input type="radio"/> 76168	16167	A2AK	06/05/2006	PENDING A...	NCH	
<input type="radio"/> 76169	16167	A2AK	06/05/2006	PENDING A...	NCH	
<input checked="" type="radio"/> 76172	12364	C19I	06/05/2006	PENDING A...	NCH	
<b>Recipient:</b> NO DATA SHIPPED <b>Requestor:</b> LEISA MARTELLA <b>Year:</b> 2002						
<input type="radio"/> 76181	16171	F2D4	06/05/2006	SUBMITTED	MEDPAR	
<input type="radio"/> 76182	16171	F2D4	06/05/2006	SUBMITTED	MEDPAR	
<input type="radio"/> 76184	16171	F2D4	06/05/2006	SUBMITTED	MEDPAR	
<input type="radio"/> 76187	16171	F2D4	06/05/2006	SUBMITTED	MEDPAR	
<input type="radio"/> 76188	12364	C19I	06/05/2006	PENDING A...	NCH	
<input type="radio"/> 76189	12364	C19I	06/05/2006	PENDING A...	NCH	
<input type="radio"/> 76201	16168	A2AK	06/05/2006	PENDING A...	NCH-01	
- Buttons:** Edit, Cancel, Copy, Summary.
- Footer:** Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore MD 21244-1850.

11. The buttons at the bottom of the screen activate depending on your user role and the functions available for the selected request. The system will not enable the COPY button for those Requests entered into DESY prior to 02/24/2011 if those Requests contain Claim Procedure Code or Claim/Line Diagnosis Code selection criteria.

See *Editing a Stored Request* on page 36, *Copying an Existing Request* on page 37, *Submitting a Saved Request* on page 37, or *Canceling a Request* on page 38 for more information on working with requests in search results

## 5.6 Editing a Stored Request

(Only available on previously saved requests)

1. From the *Search Results* tab, select the radio button in the checkmark column for the request you would like to edit.

If you created and saved the selected request, the *Edit* button will activate. Requests cannot be edited if they have already been submitted.

2. Select *Edit*. The *Request Entry* screen is displayed at the *1-Properties* tab, similar to adding a new request
3. Make changes to the fields as desired, selecting any of the four screen links under the tabs to move from screen to screen, or using the *Next* button
4. Select *Save* to save changes or *Cancel* to return to the *Search Results* screen without saving
5. When you have finished making changes, select the *4-Summary* link to display the updated request

**Note:** Depending on what fields are changed, you may be required to reenter data for subsequent fields. If you change a DUA in the properties, the entire request will need to be reentered

6. Select the *Printer* icon to print a copy for your records

## 5.7 Copying an Existing Request

1. From the *Search Results* tab, select the radio button in the checkmark column for the request you would like to copy.

If you have user access to copy the selected request, the **Copy** button will activate.

2. Select **Copy**. The **Request Entry** screen is displayed at the **1- Properties** tab, similar to adding a new request
3. Make changes to the fields as desired, selecting any of the four screen links under the tabs to move from screen to screen, or using the *Next* button
4. Select *Save* to save changes or *Cancel* to return to the *Search Results* screen without saving

**Note:** Depending on what fields are changed, you may be required to reenter data for subsequent fields. If you change a DUA in the properties, the entire request will need to be reentered.

5. When you have finished making changes, select the **4-Summary** link to display the new request.

If you save or submit the request, it is assigned a new **Request #**.

6. Select the *Printer* icon to print a copy for your records

## 5.8 Submitting a Saved Request

1. From the *Search Results* tab, select the radio button in the checkmark column for the request you would like to submit

Requests available for submission will be marked **SAVED** in the status column. If you have user access to submit the selected request, the **Edit** button will activate

2. Select **Edit**. The *Request Entry* screen is displayed at the *1-Properties* tab, similar to adding a new request
3. Make changes to the fields as desired, selecting any of the four screen links under the tabs to move from screen to screen, or using the *Next* button
4. Select **Save** to save changes or **Cancel** to return to the *Search Results* screen without saving

**Note:** Depending on what fields are changed, you may be required to reenter data for subsequent fields. If you change a DUA in the properties, the entire request will need to be reentered

5. When you have finished making changes, select the *4-Summary* link to display the updated request
6. Select **Submit**. The request is submitted.
7. Select the *Printer* icon to print a copy for your records, if desired

## 5.9 Canceling a Request

1. From the *Search Requests* tab, select the radio button in the checkmark column for the request you would like to cancel

Only requests marked **Pending Approval** or **Submitted** in the **Status** column can be canceled. You can cancel a request only if you created it.

2. Select **Cancel**. The status will change to **Cancel Requested**. The request is still retained in the system and can be copied or a summary can be printed.

## 6. Troubleshooting & Support

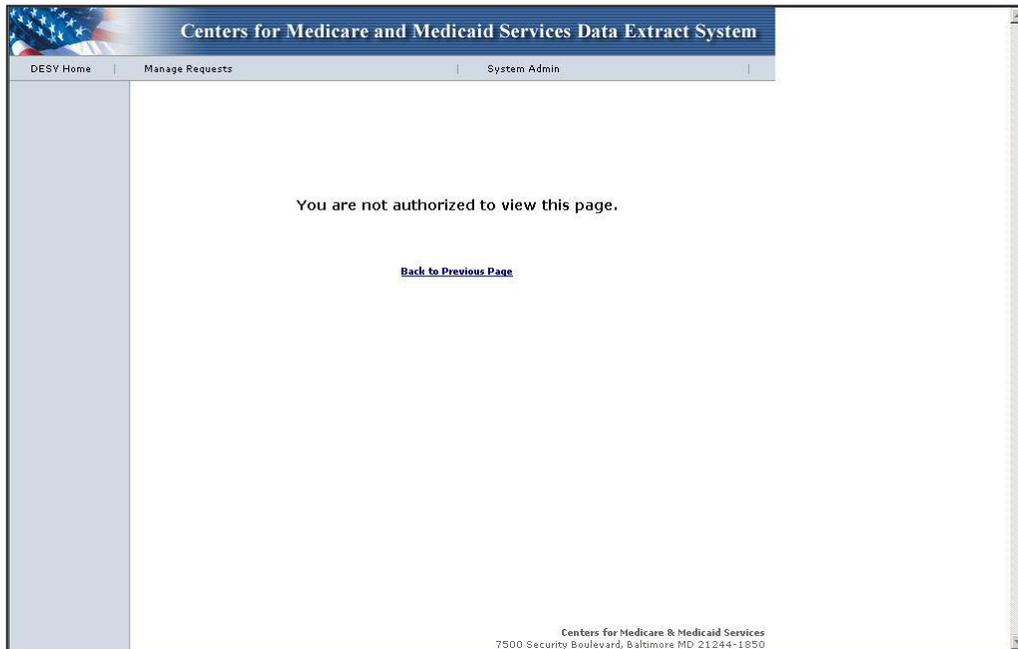
---

This section provides information on common error messages, special considerations, and support for the DESY system.

### 6.1 Error Messages

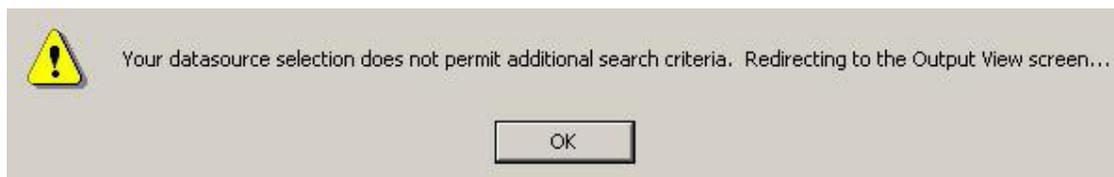
If a user does not have the authority to access a page, the link to that page is not active, or the user receives a warning that the user does not have access to that portion of the application. Access is determined by user role. Click **Back to Previous Page** to navigate to the previous page. See *Figure 28 – Unauthorized Access Page*

**Figure 28: Unauthorized Access Page**



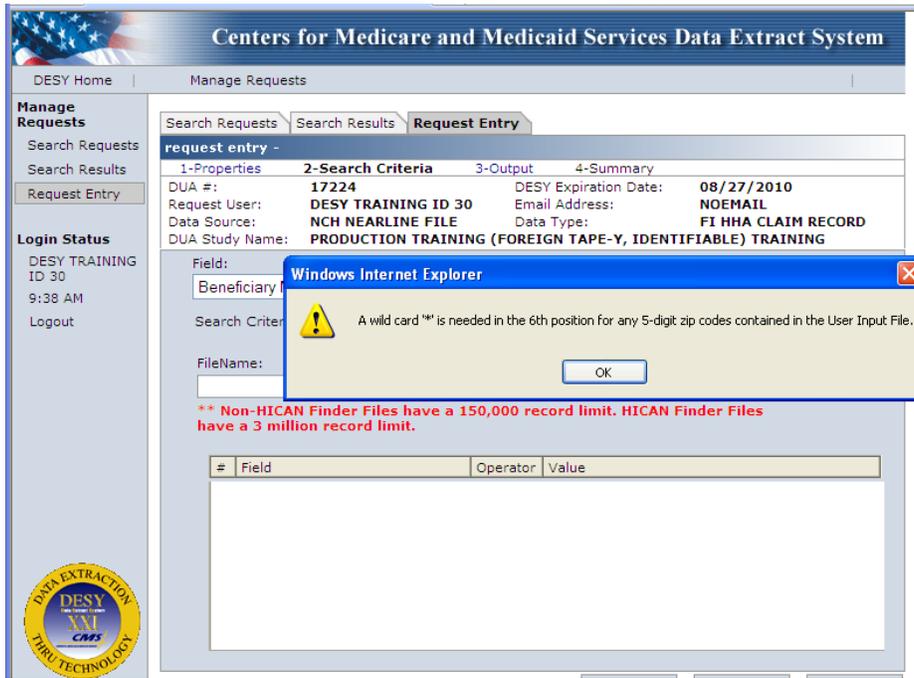
When entering a new request, if the system allows no additional search criteria, the dialog box shown in *Figure 28 – No additional Search Criteria Notice* appears. Click **OK** to dismiss the notice. No other action is required.

**Figure 28: No Additional Search Criteria Notice**



When the user enters search criteria for a new request and a ZIP code file that requires operator **User Input File**, the **ZIP Code/Finder File Message** appears. If the search criteria requires a 5+ ZIP code, click **OK** and reenter the ZIP code with a wildcard in the sixth position. Otherwise, click **OK** and proceed. See *Figure 29 – Request Entry (Search Criteria) ZIP Code/Finder File Message*

**Figure 29: Request Entry (Search Criteria) Zip Code/Finder File Message**



When the user enters search criteria for a new request and a selected field requires an operator **User Input File**, the **Finder File Message** appears. This message is informative only; the system requires no user action. See

**Figure 30: Request Entry (Search Criteria) Finder File Message**



The message shown in appears only when the user selects a **User Input File**. The message does not appear when the user enters file for Conversion or Cross-Referencing.

## 6.2 Special Considerations

There are no special considerations at this time for DESY.

## 6.3 Support

Contact the DESY hotline at 410-786-0159 or [desy\\_support@cms.hhs.gov](mailto:desy_support@cms.hhs.gov) for technical and production support with DESY. *Table 6 – Support Points of Contact* provides additional support personnel and their contact information.

*Table 6 – Support Points of Contact* provides additional support personnel and their contact information.

Component/Group/Team	Contact Name and Title	Contact Information	Responsibility
CMS IT Service Desk	Person on desk	410-786-2580 <a href="mailto:Cms_it_service_desk@cms.hhs.gov">Cms_it_service_desk@cms.hhs.gov</a>	DESY first-level support Receive, log and track trouble tickets from DESY Provide trouble ticket number to DESY Communicate with system personnel on system status
CMS Government Task Leader (GTL) (Primary)	Roseanne Dean, GTL	410-786-0162 <a href="mailto:Roseanne.Dean@cms.hhs.gov">Roseanne.Dean@cms.hhs.gov</a>	DESY GTL
DESY Support Team	DESY Support Team	<a href="mailto:desy_support@cms.hhs.gov">desy_support@cms.hhs.gov</a>	DESY second-level support
DESY Support - Functional & Technical (ActioNet)	Cheryl Mitchell, Project Manager	<a href="mailto:Desy_dadss@actionet.com">Desy_dadss@actionet.com</a>	DESY second-level support
DESY/IDR Support	Shiva Shettar	<a href="mailto:Desyidr@actionet.com">Desyidr@actionet.com</a>	DESY second-level Support
CMS Central Database Administrator(s) (Enterprise Data Center Group (EDCG))	Stan Smanski	<a href="mailto:DB2_DBA@cms.hhs.gov">DB2_DBA@cms.hhs.gov</a>	Primary support of CMS mainframe's DESY DB2 files.
CMS Central Database Administrator(s) (EDCG) - Secondary	Deb Hanley	<a href="mailto:DB2_DBA@cms.hhs.gov">DB2_DBA@cms.hhs.gov</a>	Secondary support of CMS mainframe's DESY DB2 files.

**Table 6: Support Points of Contact**

## Appendix A: Encryption Rules

**Note:** This section does not apply to PKWARE or IBM z/OS encryption processing.

Encryption methods must be used in order to protect private information. DESY uses these encryption methods:

- **Age Range:** The beneficiary birth date converts first to the beneficiary's entitled eligible date (the first of the month or the first of the prior month if born on the first day of a month). The age is then calculated against the CLM-FROM-DT field of the claim record, and then grouped into an age category as follows:
  - 00000000 = Unknown
  - 00000001 = < 65
  - 00000002 = 65 through 69
  - 00000003 = 70 through 74
  - 00000004 = 75 through 79
  - 00000005 = 80 through 84
  - 00000006 = > 84
- **Blank:** All data is blanked out.
- **Encrypt:** The value passes to the encryption routine. All numerical bytes are encrypted to another numerical value in the byte-by-byte encryption process. Alphabetical bytes are not encrypted and remain the same value.
- **Year/Qtr:** All designated dates are converted to the calendar year and quarter that encompass that date using YYYYQ000 format.
- **Zero:** All data is converted to zeroes.

The tables in this appendix present the encryption methods used for fields in the DESY system.

Data Element Name	Claim Type(s)	Field Type	Encryption Method
Beneficiary Birth Date	All	Date	Age Range
Beneficiary Claim Account Number	All	Character	Encrypt
Beneficiary Identification Code (BIC)	All	Character	Encrypt
Beneficiary Mailing Contact ZIP Code	All	Character	Blank

Data Element Name	Claim Type(s)	Field Type	Encryption Method
Carrier Claim Control Number	<ul style="list-style-type: none"> <li>Carrier</li> <li>Durable Medical Equipment Regional Center (DMERC)</li> </ul>	Character	Blank
Carrier Claim Receipt Date	<ul style="list-style-type: none"> <li>Carrier</li> <li>DMERC</li> </ul>	Date	Zero
Carrier Claim Referring Physician National Provider Identifier (NPI) Number	Carrier	Character	Encrypt
Carrier Claim Referring Physician Unique Physician Identification Number (UPIN) Number	Carrier	Character	Encrypt
Carrier Claim Referring Personal Identification Number (PIN - Profiling) Number	Carrier	Character	Blank
Carrier Claim Scheduled Payment Date	<ul style="list-style-type: none"> <li>Carrier</li> <li>DMERC</li> </ul>	Date	Zero
Carrier Line Drop Off ZIP Code	Carrier	Number	Blank
Carrier Line Performing UPIN Number	Carrier	Character	Encrypt
Carrier Line Performing NPI Number	Carrier	Character	Encrypt
Carrier Line Performing PIN (Profiling) Number	Carrier	Character	Blank
Carrier Line Performing Provider ZIP Code	Carrier	Character	Blank
Claim Admission Date	Inpatient	Date	Year/Qtr
Claim Attending Physician Given Name	<ul style="list-style-type: none"> <li>Home Health Agency (HHA)</li> <li>Hospice</li> <li>Inpatient</li> <li>Outpatient</li> </ul>	Character	Blank
Claim Attending Physician Middle Initial Name	<ul style="list-style-type: none"> <li>HHA</li> <li>Hospice</li> <li>Inpatient</li> <li>Outpatient</li> </ul>	Character	Blank
Claim Attending Physician NPI Number	<ul style="list-style-type: none"> <li>HHA</li> <li>Hospice</li> <li>Inpatient</li> <li>Outpatient</li> </ul>	Character	Encrypt
Claim Attending Physician Surname	<ul style="list-style-type: none"> <li>HHA</li> <li>Hospice</li> <li>Inpatient</li> <li>Outpatient</li> </ul>	Character	Blank
Claim Attending Physician UPIN Number	<ul style="list-style-type: none"> <li>HHA</li> <li>Hospice</li> <li>Inpatient</li> <li>Outpatient</li> </ul>	Character	Encrypt
Claim Demonstration Identification Number	All	Character	Blank

Data Element Name	Claim Type(s)	Field Type	Encryption Method
Claim From Date	All	Date	Zero
Claim HHA Care Start Date	HHA	Date	Year/Qtr
Claim Hospice Start Date	Hospice	Date	Year/Qtr
Claim Locator Number Group (HICAN)	All	Character	Encrypt
Claim Medical Record Number	<ul style="list-style-type: none"> <li>• HHA</li> <li>• Hospice</li> <li>• Inpatient</li> <li>• Outpatient</li> </ul>	Character	Blank
Claim Operating Physician Given Name	<ul style="list-style-type: none"> <li>• HHA</li> <li>• Hospice</li> <li>• Inpatient</li> <li>• Outpatient</li> </ul>	Character	Blank
Claim Operating Physician Middle Initial Name	<ul style="list-style-type: none"> <li>• HHA</li> <li>• Hospice</li> <li>• Inpatient</li> <li>• Outpatient</li> </ul>	Character	Blank
Claim Operating Physician NPI Number	<ul style="list-style-type: none"> <li>• HHA</li> <li>• Hospice</li> <li>• Inpatient</li> <li>• Outpatient</li> </ul>	Character	Encrypt
Claim Operating Physician Surname	<ul style="list-style-type: none"> <li>• HHA</li> <li>• Hospice</li> <li>• Inpatient</li> <li>• Outpatient</li> </ul>	Character	Blank
Claim Operating Physician UPIN Number	<ul style="list-style-type: none"> <li>• HHA</li> <li>• Hospice</li> <li>• Inpatient</li> <li>• Outpatient</li> </ul>	Character	Encrypt
Claim Other Physician Given Name	<ul style="list-style-type: none"> <li>• HHA</li> <li>• Hospice</li> <li>• Inpatient</li> <li>• Outpatient</li> </ul>	Character	Blank
Claim Other Physician Middle Initial Name	<ul style="list-style-type: none"> <li>• HHA</li> <li>• Hospice</li> <li>• Inpatient</li> <li>• Outpatient</li> </ul>	Character	Blank
Claim Other Physician NPI Number	<ul style="list-style-type: none"> <li>• HHA</li> <li>• Hospice</li> <li>• Inpatient</li> <li>• Outpatient</li> </ul>	Character	Encrypt
Claim Other Physician Surname	<ul style="list-style-type: none"> <li>• HHA</li> <li>• Hospice</li> <li>• Inpatient</li> <li>• Outpatient</li> </ul>	Character	Blank
Claim Other Physician UPIN Number	<ul style="list-style-type: none"> <li>• HHA</li> <li>• Hospice</li> <li>• Inpatient</li> <li>• Outpatient</li> </ul>	Character	Encrypt

Data Element Name	Claim Type(s)	Field Type	Encryption Method
Claim Patient First Initial Given Name	All	Character	Blank
Claim Patient Six Position Surname	All	Character	Blank
Claim Patient First Initial Middle Name	All	Character	Blank
Claim Peer Review Organization (PRO) Control Number	<ul style="list-style-type: none"> <li>• HHA</li> <li>• Hospice</li> <li>• Inpatient</li> <li>• Outpatient</li> </ul>	Character	Blank
Claim Procedure Performed Date	<ul style="list-style-type: none"> <li>• HHA</li> <li>• Hospice</li> <li>• Inpatient</li> <li>• Outpatient</li> </ul>	Date	Year/Qtr
Claim Related Occurrence Date	<ul style="list-style-type: none"> <li>• HHA</li> <li>• Hospice</li> <li>• Inpatient</li> <li>• Outpatient</li> </ul>	Date	Year/Qtr
Claim Service Facility ZIP Code	<ul style="list-style-type: none"> <li>• HHA</li> <li>• Hospice</li> <li>• Inpatient</li> <li>• Outpatient</li> </ul>	Number	Blank
Claim Through Date	All	Date	Year/Qtr
Common Working File (CWF) Claim Accretion Date	All	Date	Year/Qtr
CWF Claim Accretion Number	All	Number	Zero
CWF Claim Assigned Number	All	Character	Blank
DMERC Claim Ordering Physician NPI Number	DMERC	Character	Encrypt
DMERC Claim Ordering Physician UPIN Number	DMERC	Character	Encrypt
DMERC Line Beneficiary Mailing State Code	DMERC	Character	Blank
DMERC Line Supplier NPI Number	DMERC	Character	Encrypt
Fiscal Intermediary (FI) Claim Process Date	<ul style="list-style-type: none"> <li>• HHA</li> <li>• Hospice</li> <li>• Inpatient</li> <li>• Outpatient</li> </ul>	Date	Zero
FI Claim Receipt Date	<ul style="list-style-type: none"> <li>• HHA</li> <li>• Hospice</li> <li>• Inpatient</li> <li>• Outpatient</li> </ul>	Date	Zero
FI Claim Scheduled Payment Date	<ul style="list-style-type: none"> <li>• HHA</li> <li>• Hospice</li> <li>• Inpatient</li> <li>• Outpatient</li> </ul>	Date	Zero

Data Element Name	Claim Type(s)	Field Type	Encryption Method
FI Document Claim Control Number	<ul style="list-style-type: none"> <li>• HHA</li> <li>• Hospice</li> <li>• Inpatient</li> <li>• Outpatient</li> </ul>	Character	Blank
FI Original Claim Control Number	<ul style="list-style-type: none"> <li>• HHA</li> <li>• Hospice</li> <li>• Inpatient</li> <li>• Outpatient</li> </ul>	Character	Blank
Line First Expense Date	<ul style="list-style-type: none"> <li>• Carrier</li> <li>• DMERC</li> </ul>	Date	Zero
Line Last Expense Date	<ul style="list-style-type: none"> <li>• Carrier</li> <li>• DMERC</li> </ul>	Date	Year/Qtr
Line Provider Tax Number	<ul style="list-style-type: none"> <li>• Carrier</li> <li>• DMERC</li> </ul>	Character	Blank
NCH Beneficiary Discharge Date	<ul style="list-style-type: none"> <li>• Inpatient</li> <li>• HHA</li> <li>• Hospice</li> </ul>	Date	Year/Qtr
NCH Category Equitable Beneficiary Identification Code	All	Character	Encrypt
NCH Inpatient PRO Approval Grace Day Count	Inpatient	Number	Zero
NCH Inpatient PRO Approval Service From Date	Inpatient	Date	Zero
NCH Inpatient PRO Approval Service Thru Date	Inpatient	Date	Zero
NCH Qualified Stay From Date	HHA	Date	Zero
NCH Qualified Stay Through Date	HHA	Date	Year/Qtr
NCH Weekly Claim Processing Date	All	Date	Zero
Patient Control Number	<ul style="list-style-type: none"> <li>• HHA</li> <li>• Hospice</li> <li>• Inpatient</li> <li>• Outpatient</li> </ul>	Character	Blank
Revenue Center Date	<ul style="list-style-type: none"> <li>• HHA</li> <li>• Hospice</li> <li>• Inpatient</li> <li>• Outpatient</li> </ul>	Date	Year/Qtr
Revenue Center Rendering Physician NPI Number	<ul style="list-style-type: none"> <li>• HHA</li> <li>• Hospice</li> <li>• Inpatient</li> <li>• Outpatient</li> </ul>	Character	Encrypt
Revenue Center Rendering Surname Name	<ul style="list-style-type: none"> <li>• HHA</li> <li>• Hospice</li> <li>• Inpatient</li> <li>• Outpatient</li> </ul>	Character	Blank

**Table 7: DESY Claims Encryption Rules**

Data Element Name	Claim Type(s)	Field Type	Encryption Method
Admission Date	MEDPAR	Date	Blank
Beneficiary Age Count	MEDPAR	Number	Age Range
Beneficiary Claim Account Number	MEDPAR	Character	Encrypt
Beneficiary Death Date	MEDPAR	Date	Blank
Beneficiary Mailing Contact ZIP Code	MEDPAR	Character	Blank
Discharge Date	MEDPAR	Date	Zero
Original Claim Locator Group	MEDPAR	Character	Encrypt
Skilled Nursing Facility (SNF) Qualify through Date	MEDPAR	Date	Encrypt
SNF Qualify from Date	MEDPAR	Date	Zero
Surgical Procedure Perform Date	MEDPAR	Date	Blank

**Table 8: MEDPAR Encryption Rule**

Data Element Name	Claim Type(s)	Field Type	Encryption Method
Claim Control Number (HIC)	DENOM	Character	Encrypt
Beneficiary ZIP Code	DENOM	Character	Blank
Beneficiary Date of Birth	DENOM	Date	Zero
Beneficiary Date of Death	DENOM	Date	Zero

**Table 9: DENOM Encryption Rules**

Data Element Name	Claim Type(s)	Field Type	Encryption Method
Claim Control Number	Part D/Part D Restricted	Varchar	Encrypt
Cardholder ID	Part D/Part D Restricted	Character	Encrypt
Rx Service Reference Number	Part D/Part D Restricted	Decimal	Encrypt
Health Insurance Claim Number (HICAN)	Part D/Part D Restricted	Character	Encrypt
Patient Date of Birth	Part D/Part D Restricted	Date	Year/Qtr

Data Element Name	Claim Type(s)	Field Type	Encryption Method
Product Service Id (NDC Code)	Part D/Part D Restricted	Character	Encrypt
Service Provider ID	Part D/Part D Restricted	Varchar	Encrypt
Prescriber ID	Part D/Part D Restricted	Varchar	Encrypt
Contract Number	Part D/Part D Restricted	Character	Encrypt
PBP ID	Part D/Part D Restricted	Character	Encrypt

**Table 10: Part D/ Part D Restricted Encryption Rules**

## Appendix B: Viewable Fields by Claim Type

This section identifies viewable fields by claim type.

### B.1 Carrier

The following fields are viewable:

Beneficiary Birth Date  
Beneficiary Identification Code  
Beneficiary Mailing Contact ZIP Code  
Beneficiary Race Code  
Beneficiary Residence Social Security Administration (SSA) Standard County Code  
Beneficiary Residence SSA Standard State Code  
Beneficiary Sex Identification Code  
Care Plan Oversight (CPO) Provider Number  
Carrier Claim Beneficiary Paid Amount  
Carrier Claim Cash Deductible Applied Amount  
Carrier Claim Control Number  
Carrier Claim Demonstration ID Count  
Carrier Claim Diagnosis Code Count  
Carrier Claim Entry Code  
Carrier Claim Healthcare Common Procedure Coding System (HCPCS) Year Code  
Carrier Claim Health PlanID Count  
Carrier Claim Line Count  
Carrier Claim Payment Denial Code  
Carrier Claim Primary Payer Paid Amount  
Carrier Claim Provider Assignment Indicator Switch  
Carrier Claim Receipt Date  
Carrier Claim Referring Physician NPI Number  
Carrier Claim Referring PIN Number  
Carrier Claim Referring UPIN Number  
Carrier Claim Scheduled Payment Date  
Carrier Line Anesthesia Base Unit Count  
Carrier Line Blood Deductible Pints Quantity  
Carrier Line CLIA Alert Indicator Code  
Carrier Line Clinical Lab Charge Amount  
Carrier Line Clinical Lab Number  
Carrier Line Durable Medical Equipment (DME) Coverage Period Start Date  
Carrier Line DME Medical Necessity Month Count  
Carrier Line Miles/Time/Units/Services Count  
Carrier Line Miles/Time/Units/Services Indicator Code  
Carrier Line Performing Group NPI Number  
Carrier Line Performing NPI Number  
Carrier Line Performing PIN Number  
Carrier Line Performing Provider ZIP Code  
Carrier Line Performing UPIN Number  
Carrier Line Point of Pickup Zip Code  
Carrier Line Pricing Locality Code  
Carrier Line Provider Specialty Code  
Carrier Line Provider Type Code  
Carrier Line Psychiatric, Occupational Therapy, Physical Therapy Limit Amount  
Carrier Line Reduced Payment Physician Assistant Code  
Carrier Line Rx Number  
Carrier Line Type Service Code

Carrier NCH Edit Code Count  
Carrier NCH Patch Code Count  
Carrier Number  
Claim Blood Deductible Pints Quantity  
Claim Blood Pints Furnished Quantity  
Claim Demonstration Identification Number  
Claim Demonstration Information Text  
Claim Diagnosis Code  
Claim Disposition Code  
Claim Excepted/Nonexcepted Medical Treatment Code  
Claim From Date  
Claim Health PlanID Code  
Claim Health PlanID Number  
Claim Locator Number Group (HICAN)  
Claim Payment Amount  
Claim Principal Diagnosis Code  
Claim Through Date  
CPO Organization NPI Number  
CWF Beneficiary Medicare Status Code  
CWF Claim Accretion Date  
CWF Claim Accretion Number  
CWF Transmission Batch Number  
End of Record Code  
Line 10% Penalty Reduction Amount  
Line Additional Claim Documentation Indicator Code  
Line Allowed Charge Amount  
Line Beneficiary Part B Deductible Amount  
Line Beneficiary Payment Amount  
Line Beneficiary Primary Payer Code  
Line Beneficiary Primary Payer Paid Amount  
Line Coinsurance Amount  
Line Diagnosis Code  
Line DME Purchase Price Amount  
Line First Expense Date  
Line Health Care Financing Administration (HCFA) Provider Specialty Code  
Line HCFA Type Service Code  
Line HCPCS Code  
Line HCPCS Initial Modifier Code  
Line HCPCS Second Modifier Code  
Line Investigational Device Exemptions (IDE) Number  
Line Interest Amount  
Line Last Expense Date  
Line National Drug Code  
Line NCH BETOS Code  
Line NCH Payment Amount  
Line NCH Provider State Code  
Line Payment 80%/100% Code  
Line Payment Indicator Code  
Line Place Of Service Code  
Line Primary Payer Allowed Charge Amount  
Line Processing Indicator Code  
Line Provider Participating Indicator Code  
Line Provider Payment Amount  
Line Provider Tax Number  
Line Service Count  
Line Service Deductible Indicator Switch

Line Submitted Charge Amount  
 NCH Carrier Claim Allowed Charge Amount  
 NCH Carrier Claim Submitted Charge Amount  
 NCH Category Equitable Beneficiary Identification Code  
 NCH Claim Beneficiary Payment Amount  
 NCH Claim Provider Payment Amount  
 NCH Claim Type Code  
 NCH Daily Process Date  
 NCH Edit Code  
 NCH Near Line Record Identification Code  
 NCH Near-Line Record Version Code  
 NCH Patch Applied Date  
 NCH Patch Code  
 NCH Segment Link Number  
 NCH Weekly Claim Processing Date

## B.2 DMERC

The following fields are viewable:

Beneficiary Birth Date  
 Beneficiary Identification Code  
 Beneficiary Mailing Contact ZIP Code  
 Beneficiary Race Code  
 Beneficiary Residence SSA Standard County Code  
 Beneficiary Residence SSA Standard State Code  
 Beneficiary Sex Identification Code  
 Carrier Claim Beneficiary Paid Amount  
 Carrier Claim Cash Deductible Applied Amount  
 Carrier Claim Control Number  
 Carrier Claim Entry Code  
 Carrier Claim HCPCS Year Code  
 Carrier Claim Payment Denial Code  
 Carrier Claim Primary Payer Paid Amount  
 Carrier Claim Provider Assignment Indicator Switch  
 Carrier Claim Receipt Date  
 Carrier Claim Scheduled Payment Date  
 Carrier Number  
 Claim Demonstration Identification Number  
 Claim Demonstration Information Text  
 Claim Diagnosis Code  
 Claim Disposition Code  
 Claim Excepted/Nonexcepted Medical Treatment Code  
 Claim From Date  
 Claim Health PlanID Code  
 Claim Health PlanID Number  
 Claim Locator Number Group (HICAN)  
 Claim Payment Amount  
 Claim Principal Diagnosis Code  
 Claim Through Date  
 CWF Beneficiary Medicare Status Code  
 CWF Claim Accretion Date  
 CWF Claim Accretion Number  
 CWF Transmission Batch Number  
 DMERC Claim Demonstration ID Count  
 DMERC Claim Diagnosis Code Count  
 DMERC Claim Health PlanID Count

DMERC Claim Line Count  
DMERC Claim Ordering Physician NPI Number  
DMERC Claim Ordering Physician UPIN Number  
DMERC Line Decision Indicator Switch  
DMERC Line HCPCS Fourth Modifier Code  
DMERC Line HCPCS Third Modifier Code  
DMERC Line Item Supplier NPI Number  
DMERC Line Miles/Time/Units/Services Count  
DMERC Line Miles/Time/Units/Services Indicator Code  
DMERC Line Not Otherwise Classified HCPCS Code Text  
DMERC Line Pricing State Code  
DMERC Line Provider State Code  
DMERC Line Screen Result Indicator Code  
DMERC Line Screen Savings Amount  
DMERC Line Screen Suspension Indicator Code  
DMERC Line Supplier Provider Number  
DMERC Line Supplier Type Code  
DMERC Line Waiver Of Provider Liability Switch  
DMERC NCH Edit Code Count  
DMERC NCH Patch Code Count  
End of Record Code  
Line 10% Penalty Reduction Amount  
Line Additional Claim Documentation Indicator Code  
Line Allowed Charge Amount  
Line Beneficiary Part B Deductible Amount  
Line Beneficiary Payment Amount  
Line Beneficiary Primary Payer Code  
Line Beneficiary Primary Payer Paid Amount  
Line Coinsurance Amount  
Line Diagnosis Code  
Line DME Purchase Price Amount  
Line First Expense Date  
Line HCFA Provider Specialty Code  
Line HCFA Type Service Code  
Line HCPCS Code  
Line HCPCS Initial Modifier Code  
Line HCPCS Second Modifier Code  
Line IDE Number  
Line Interest Amount  
Line Last Expense Date  
Line National Drug Code  
Line NCH BETOS Code  
Line NCH Payment Amount  
Line Payment 80%/100% Code  
Line Payment Indicator Code  
Line Place Of Service Code  
Line Primary Payer Allowed Charge Amount  
Line Processing Indicator Code  
Line Provider Participating Indicator Code  
Line Provider Payment Amount  
Line Provider Tax Number  
Line Service Count  
Line Service Deductible Indicator Switch  
Line Submitted Charge Amount  
NCH Carrier Claim Allowed Charge Amount  
NCH Carrier Claim Submitted Charge Amount

NCH Category Equitable Beneficiary Identification Code  
 NCH Claim Beneficiary Payment Amount  
 NCH Claim Provider Payment Amount  
 NCH Claim Type Code  
 NCH Daily Process Date  
 NCH Edit Code  
 NCH Near Line Record Identification Code  
 NCH Near-Line Record Version Code  
 NCH Patch Applied Date  
 NCH Patch Code  
 NCH Segment Link Number  
 NCH Weekly Claim Processing Date

### B.3 HHA

The following fields are viewable:

Beneficiary Birth Date  
 Beneficiary Identification Code  
 Beneficiary Mailing Contact ZIP Code  
 Beneficiary Race Code  
 Beneficiary Residence SSA Standard County Code  
 Beneficiary Residence SSA Standard State Code  
 Beneficiary Sex Identification Code  
 Claim Attending Physician NPI Number  
 Claim Attending Physician UPIN Number  
 Claim Demonstration Identification Number  
 Claim Demonstration Information Text  
 Claim Diagnosis Code  
 Claim Diagnosis E Code  
 Claim Disposition Code  
 Claim Excepted/Nonexcepted Medical Treatment Code  
 Claim Facility Type Code  
 Claim Frequency Code  
 Claim From Date  
 Claim Health PlanID Code  
 Claim Health PlanID Number  
 Claim HHA Care Start Date  
 Claim HHA Low Utilization Payment Adjustment (LUPA) Indicator Code  
 Claim HHA Referral Code  
 Claim HHA Total Visit Count  
 Claim Locator Number Group (HICAN)  
 Claim Managed Care Organization (MCO) Paid Switch  
 Claim Medicaid Information Code  
 Claim Medical Record Number  
 Claim Medicare Non Payment Reason Code  
 Claim Occurrence Span Code  
 Claim Occurrence Span From Date  
 Claim Occurrence Span Through Date  
 Claim Operating Physician NPI Number  
 Claim Operating Physician UPIN Number  
 Claim Other Physician NPI Number  
 Claim Other Physician UPIN Number  
 Claim Payment Amount  
 Claim Prospective Payment System (PPS) Indicator Code  
 Claim Principal Diagnosis Code  
 Claim PRO Control Number

Claim PRO Process Date  
Claim Query Code  
Claim Related Condition Code  
Claim Related Occurrence Code  
Claim Related Occurrence Date  
Claim Service Classification Type Code  
Claim Through Date  
Claim Total Charge Amount  
Claim Transaction Code  
Claim Treatment Authorization Number  
Claim Value Amount  
Claim Value Code  
CWF Beneficiary Medicare Status Code  
CWF Claim Accretion Date  
CWF Claim Accretion Number  
CWF Transmission Batch Number  
End of Record Code  
FI Claim Action Code  
FI Claim Process Date  
FI Claim Receipt Date  
FI Claim Scheduled Payment Date  
FI Document Claim Control Number  
FI Number  
FI Original Claim Control Number  
FI Requested Claim Cancel Reason Code  
HHA Claim Demonstration ID Count  
HHA Claim Diagnosis Code Count  
HHA Claim Health PlanID Count  
HHA Claim Occurrence Span Code Count  
HHA Claim Related Condition Code Count  
HHA Claim Related Occurrence Code Count  
HHA Claim Value Code Count  
HHA NCH Edit Code Count  
HHA NCH Patch Code Count  
HHA Revenue Center Code Count  
Medicaid Provider Identification Number  
NCH Beneficiary Discharge Date  
NCH Category Equitable Beneficiary Identification Code  
NCH Claim Type Code  
NCH Daily Process Date  
NCH Edit Code  
NCH Near Line Record Identification Code  
NCH Near-Line Record Version Code  
NCH Patch Applied Date  
NCH Patch Code  
NCH Payment and Edit Record Identification Code  
NCH Primary Payer Claim Paid Amount  
NCH Primary Payer Code  
NCH Provider State Code  
NCH Qualified Stay From Date  
NCH Qualify Stay Through Date  
NCH Segment Link Number  
NCH Weekly Claim Processing Date  
Organization NPI Number  
Patient Control Number  
Patient Discharge Status Code

Provider Number  
Revenue Center 1st ANSI Code  
Revenue Center 1st Medicare Secondary Payer Paid Amount  
Revenue Center 2nd Medicare Secondary Payer Paid Amount  
Revenue Center APC/Health Insurance Prospective Payment System (HIPPS) Code  
Revenue Center Beneficiary Payment Amount  
Revenue Center Blood Deductible Amount  
Revenue Center Cash Deductible Amount  
Revenue Center Code  
Revenue Center Coinsurance/Wage Adjusted Coinsurance Amount  
Revenue Center Date  
Revenue Center Deductible Coinsurance Code  
Revenue Center Discount Indicator Code  
Revenue Center HCFA Common Procedure Coding System Code  
Revenue Center HCPCS Fifth Modifier Code  
Revenue Center HCPCS Fourth Modifier Code  
Revenue Center HCPCS Initial Modifier Code  
Revenue Center HCPCS Second Modifier Code  
Revenue Center HCPCS Third Modifier Code  
Revenue Center IDE, National Drug Code (NDC), Universal Product Code (UPC) Number  
Revenue Center Non-Covered Charge Amount  
Revenue Center Obligation to Accept As Full (OTAF) Payment Code  
Revenue Center Packaging Indicator Code  
Revenue Center Patient Responsibility Payment Amount  
Revenue Center Payment Amount  
Revenue Center Payment Method Indicator Code  
Revenue Center Pricing Indicator Code  
Revenue Center Professional Component Amount  
Revenue Center Provider Payment Amount  
Revenue Center Rate Amount  
Revenue Center Reduced Coinsurance Amount  
Revenue Center Total Charge Amount  
Revenue Center Unit Count

## B.4 Hospice

The following fields are viewable:

Beneficiary Birth Date  
Beneficiary Identification Code  
Beneficiary Mailing Contact ZIP Code  
Beneficiary Race Code  
Beneficiary Residence SSA Standard County Code  
Beneficiary Residence SSA Standard State Code  
Beneficiary Sex Identification Code  
Beneficiary's Hospice Period Count  
Claim Attending Physician NPI Number  
Claim Attending Physician UPIN Number  
Claim Demonstration Identification Number  
Claim Demonstration Information Text  
Claim Diagnosis Code  
Claim Diagnosis E Code  
Claim Disposition Code  
Claim Excepted/Nonexcepted Medical Treatment Code  
Claim Facility Type Code  
Claim Frequency Code  
Claim From Date

Claim Health PlanID Code  
Claim Health PlanID Number  
Claim Hospice Start Date  
Claim Locator Number Group (HICAN)  
Claim MCO Paid Switch  
Claim Medicaid Information Code  
Claim Medical Record Number  
Claim Medicare Non Payment Reason Code  
Claim Occurrence Span Code  
Claim Occurrence Span From Date  
Claim Occurrence Span Through Date  
Claim Operating Physician NPI Number  
Claim Other Physician NPI Number  
Claim Operating Physician UPIN Number  
Claim Other Physician UPIN Number  
Claim Payment Amount  
Claim PPS Indicator Code  
Claim Principal Diagnosis Code  
Claim PRO Control Number  
Claim PRO Process Date  
Claim Procedure Code  
Claim Procedure Performed Date  
Claim Query Code  
Claim Related Condition Code  
Claim Related Occurrence Code  
Claim Related Occurrence Date  
Claim Service Classification Type Code  
Claim Through Date  
Claim Total Charge Amount  
Claim Transaction Code  
Claim Treatment Authorization Number  
Claim Utilization Day Count  
Claim Value Amount  
Claim Value Code  
CWF Beneficiary Medicare Status Code  
CWF Claim Accretion Date  
CWF Claim Accretion Number  
CWF Transmission Batch Number  
End of Record Code  
FI Claim Action Code  
FI Claim Process Date  
FI Claim Receipt Date  
FI Claim Scheduled Payment Date  
FI Document Claim Control Number  
FI Number  
FI Original Claim Control Number  
FI Requested Claim Cancel Reason Code  
Hospice Claim Demonstration ID Count  
Hospice Claim Diagnosis Code Count  
Hospice Claim Health PlanID Count  
Hospice Claim Occurrence Span Code Count  
Hospice Claim Procedure Code Count  
Hospice Claim Related Condition Code Count  
Hospice Claim Related Occurrence Code Count  
Hospice Claim Value Code Count  
Hospice NCH Edit Code Count

Hospice NCH Patch Code Count  
Hospice Revenue Center Code Count  
Medicaid Provider Identification Number  
NCH Beneficiary Discharge Date  
NCH Beneficiary Medicare Benefits Exhausted Date  
NCH Category Equitable Beneficiary Identification Code  
NCH Claim Type Code  
NCH Daily Process Date  
NCH Edit Code  
NCH Near Line Record Identification Code  
NCH Near-Line Record Version Code  
NCH Patch Applied Date  
NCH Patch Code  
NCH Patient Status Indicator Code  
NCH Payment and Edit Record Identification Code  
NCH Primary Payer Claim Paid Amount  
NCH Primary Payer Code  
NCH Provider State Code  
NCH Segment Link Number  
NCH Weekly Claim Processing Date  
Organization NPI Number  
Patient Control Number  
Patient Discharge Status Code  
Provider Number  
Revenue Center 1st ANSI Code  
Revenue Center 1st Medicare Secondary Payer Paid Amount  
Revenue Center 2nd Medicare Secondary Payer Paid Amount  
Revenue Center APC/HIPPS Code  
Revenue Center Beneficiary Payment Amount  
Revenue Center Blood Deductible Amount  
Revenue Center Cash Deductible Amount  
Revenue Center Code  
Revenue Center Coinsurance/Wage Adjusted Coinsurance Amount  
Revenue Center Date  
Revenue Center Deductible Coinsurance Code  
Revenue Center Discount Indicator Code  
Revenue Center HCFA Common Procedure Coding System Code  
Revenue Center HCPCS Fifth Modifier Code  
Revenue Center HCPCS Fourth Modifier Code  
Revenue Center HCPCS Initial Modifier Code  
Revenue Center HCPCS Second Modifier Code  
Revenue Center HCPCS Third Modifier Code  
Revenue Center IDE, NDC, UPC Number  
Revenue Center Non-Covered Charge Amount  
Revenue Center OTAF Payment Code  
Revenue Center Packaging Indicator Code  
Revenue Center Patient Responsibility Payment Amount  
Revenue Center Payment Amount  
Revenue Center Payment Method Indicator Code  
Revenue Center Pricing Indicator Code  
Revenue Center Professional Component Amount  
Revenue Center Provider Payment Amount  
Revenue Center Rate Amount  
Revenue Center Reduced Coinsurance Amount  
Revenue Center Total Charge Amount  
Revenue Center Unit Count

## B.5 Inpatient

The following fields are viewable:

Beneficiary Birth Date  
Beneficiary Identification Code  
Beneficiary Lifetime Reserve Days (LRD) Used Count  
Beneficiary Mailing Contact ZIP Code  
Beneficiary Prior Psychiatric Day Count  
Beneficiary Race Code  
Beneficiary Residence SSA Standard County Code  
Beneficiary Residence SSA Standard State Code  
Beneficiary Sex Identification Code  
Beneficiary Total Coinsurance Days Count  
Claim Admission Date  
Claim Admitting Diagnosis Code  
Claim Attending Physician NPI Number  
Claim Attending Physician UPIN Number  
Claim Cost Report Days Count  
Claim Demonstration Identification Number  
Claim Demonstration Information Text  
Claim Diagnosis Code  
Claim Diagnosis E Code  
Claim Diagnosis Related Group Code  
Claim Diagnosis Related Group Outlier Stay Code  
Claim Disposition Code  
Claim Excepted/Nonexcepted Medical Treatment Code  
Claim Facility Type Code  
Claim Frequency Code  
Claim From Date  
Claim Health PlanID Code  
Claim Health PlanID Number  
Claim Inpatient Admission Type Code  
Claim KRON Indicator Code  
Claim Locator Number Group (HICAN)  
Claim MCO Paid Switch  
Claim Medicaid Information Code  
Claim Medical Record Number  
Claim Medicare Non Payment Reason Code  
Claim Non Utilization Days Count  
Claim Occurrence Span Code  
Claim Occurrence Span From Date  
Claim Occurrence Span Through Date  
Claim Operating Physician NPI Number  
Claim Operating Physician UPIN Number  
Claim Other Physician NPI Number  
Claim Other Physician UPIN Number  
Claim Pass Thru Per Diem Amount  
Claim Payment Amount  
Claim PPS Capital Discharge Fraction Percent  
Claim PPS Capital Disproportionate Share Amount  
Claim PPS Capital DRG Weight Number  
Claim PPS Capital Exception Amount  
Claim PPS Capital FSP Amount  
Claim PPS Capital HSP Amount  
Claim PPS Capital IME Amount  
Claim PPS Capital Outlier Amount

Claim PPS Indicator Code  
Claim PPS Old Capital Hold Harmless Amount  
Claim Principal Diagnosis Code  
Claim PRO Control Number  
Claim PRO Process Date  
Claim Procedure Code  
Claim Procedure Performed Date  
Claim Query Code  
Claim Related Condition Code  
Claim Related Occurrence Code  
Claim Related Occurrence Date  
Claim Service Classification Type Code  
Claim Short Stay Outlier (SSO) Standard Payment Amount  
Claim Source Inpatient Admission Code  
Claim Through Date  
Claim Total Charge Amount  
Claim Total PPS Capital Amount  
Claim Transaction Code  
Claim Treatment Authorization Number  
Claim Utilization Day Count  
Claim Value Amount  
Claim Value Code  
CWF Beneficiary Medicare Status Code  
CWF Claim Accretion Date  
CWF Claim Accretion Number  
CWF Transmission Batch Number  
End of Record Code  
FI Claim Action Code  
FI Claim Process Date  
FI Claim Receipt Date  
FI Claim Scheduled Payment Date  
FI Document Claim Control Number  
FI Number  
FI Original Claim Control Number  
FI Requested Claim Cancel Reason Code  
Inpatient/SNF Claim Demonstration ID Count  
Inpatient/SNF Claim Diagnosis Code Count  
Inpatient/SNF Claim Health PlanID Count  
Inpatient/SNF Claim Occurrence Span Code Count  
Inpatient/SNF Claim Procedure Code Count  
Inpatient/SNF Claim Related Condition Code Count  
Inpatient/SNF Claim Related Occurrence Code Count  
Inpatient/SNF Claim Value Code Count  
Inpatient/SNF NCH Edit Code Count  
Inpatient/SNF NCH Patch Code Count  
Inpatient/SNF Revenue Center Code Count  
Medicaid Provider Identification Number  
NCH Active or Covered Level Care Thru Date  
NCH Beneficiary Blood Deductible Liability Amount  
NCH Beneficiary Discharge Date  
NCH Beneficiary Inpatient Deductible Amount  
NCH Beneficiary Medicare Benefits Exhausted Date  
NCH Beneficiary Part A Coinsurance Liability Amount  
NCH Blood Deductible Pints Quantity  
NCH Blood Non-Covered Charge Amount  
NCH Blood Pints Furnished Quantity

NCH Blood Pints Not Replaced Quantity  
NCH Blood Pints Replaced Quantity  
NCH Blood Total Charge Amount  
NCH Category Equitable Beneficiary Identification Code  
NCH Claim Type Code  
NCH Daily Process Date  
NCH DRG Outlier Approved Payment Amount  
NCH Edit Code  
NCH Inpatient Non-covered Charge Amount  
NCH Inpatient PRO Approval Grace Day Count  
NCH Inpatient PRO Approval Service From Date  
NCH Inpatient PRO Approval Service Thru Date  
NCH Inpatient Pro Approval Type Code  
NCH Inpatient Total Deduction Amount  
NCH Near Line Record Identification Code  
NCH Near-Line Record Version Code  
NCH Patch Applied Date  
NCH Patch Code  
NCH Patient Status Indicator Code  
NCH Payment and Edit Record Identification Code  
NCH Primary Payer Claim Paid Amount  
NCH Primary Payer Code  
NCH Professional Component Charge Amount  
NCH Provider Guaranteed Payment Start Date  
NCH Provider State Code  
NCH Qualified Stay From Date  
NCH Qualify Stay Through Date  
NCH Segment Link Number  
NCH Utilization Review Notice Received Date  
NCH Verified Non-covered Stay From Date  
NCH Verified Non-covered Stay Through Date  
NCH Weekly Claim Processing Date  
Organization NPI Number  
Patient Control Number  
Patient Discharge Status Code  
Provider Number  
Revenue Center 1st ANSI Code  
Revenue Center 1st Medicare Secondary Payer Paid Amount  
Revenue Center 2nd Medicare Secondary Payer Paid Amount  
Revenue Center APC/HIPPS Code  
Revenue Center Beneficiary Payment Amount  
Revenue Center Blood Deductible Amount  
Revenue Center Cash Deductible Amount  
Revenue Center Code  
Revenue Center Coinsurance/Wage Adjusted Coinsurance Amount  
Revenue Center Date  
Revenue Center Deductible Coinsurance Code  
Revenue Center Discount Indicator Code  
Revenue Center HCFA Common Procedure Coding System Code  
Revenue Center HCPCS Fifth Modifier Code  
Revenue Center HCPCS Fourth Modifier Code  
Revenue Center HCPCS Initial Modifier Code  
Revenue Center HCPCS Second Modifier Code  
Revenue Center HCPCS Third Modifier Code  
Revenue Center IDE, NDC, UPC Number  
Revenue Center Non-Covered Charge Amount

Revenue Center OTAF Payment Code  
 Revenue Center Packaging Indicator Code  
 Revenue Center Patient Responsibility Payment Amount  
 Revenue Center Payment Amount  
 Revenue Center Payment Method Indicator Code  
 Revenue Center Pricing Indicator Code  
 Revenue Center Professional Component Amount  
 Revenue Center Provider Payment Amount  
 Revenue Center Rate Amount  
 Revenue Center Reduced Coinsurance Amount  
 Revenue Center Total Charge Amount  
 Revenue Center Unit Count

## B.6 Outpatient

The following fields are viewable:

Beneficiary Birth Date  
 Beneficiary Identification Code  
 Beneficiary Mailing Contact ZIP Code  
 Beneficiary Race Code  
 Beneficiary Residence SSA Standard County Code  
 Beneficiary Residence SSA Standard State Code  
 Beneficiary Sex Identification Code  
 Claim Attending Physician NPI Number  
 Claim Attending Physician UPIN Number  
 Claim Demonstration Identification Number  
 Claim Demonstration Information Text  
 Claim Diagnosis Code  
 Claim Diagnosis E Code  
 Claim Disposition Code  
 Claim Excepted/Nonexcepted Medical Treatment Code  
 Claim Facility Type Code  
 Claim Frequency Code  
 Claim From Date  
 Claim Health PlanID Code  
 Claim Health PlanID Number  
 Claim Locator Number Group (HICAN)  
 Claim MCO Paid Switch  
 Claim Medicaid Information Code  
 Claim Medical Record Number  
 Claim Medicare Non Payment Reason Code  
 Claim Occurrence Span Code  
 Claim Occurrence Span From Date  
 Claim Occurrence Span Through Date  
 Claim Operating Physician NPI Number  
 Claim Operating Physician UPIN Number  
 Claim Other Physician NPI Number  
 Claim Other Physician UPIN Number  
 Claim Outpatient Beneficiary Interim Deductible Amount  
 Claim Outpatient Beneficiary Payment Amount  
 Claim Outpatient ESRD Method of Reimbursement Code  
 Claim Outpatient Provider Payment Amount  
 Claim Outpatient Referral Code  
 Claim Outpatient Service Type Code  
 Claim Outpatient Transaction Type Code  
 Claim Payment Amount

Claim PPS Indicator Code  
Claim Principal Diagnosis Code  
Claim PRO Control Number  
Claim PRO Process Date  
Claim Procedure Code  
Claim Procedure Performed Date  
Claim Query Code  
Claim Related Condition Code  
Claim Related Occurrence Code  
Claim Related Occurrence Date  
Claim Service Classification Type Code  
Claim Through Date  
Claim Total Charge Amount  
Claim Transaction Code  
Claim Treatment Authorization Number  
Claim Value Amount  
Claim Value Code  
CWF Beneficiary Medicare Status Code  
CWF Claim Accretion Date  
CWF Claim Accretion Number  
CWF Transmission Batch Number  
End of Record Code  
FI Claim Action Code  
FI Claim Process Date  
FI Claim Receipt Date  
FI Claim Scheduled Payment Date  
FI Document Claim Control Number  
FI Number  
FI Original Claim Control Number  
FI Requested Claim Cancel Reason Code  
Medicaid Provider Identification Number  
NCH Beneficiary Blood Deductible Liability Amount  
NCH Beneficiary Part B Coinsurance Amount  
NCH Beneficiary Part B Deductible Amount  
NCH Blood Deductible Pints Quantity  
NCH Blood Pints Furnished Quantity  
NCH Blood Pints Not Replaced Quantity  
NCH Blood Pints Replaced Quantity  
NCH Category Equitable Beneficiary Identification Code  
NCH Claim Type Code  
NCH Daily Process Date  
NCH Edit Code  
NCH Near Line Record Identification Code  
NCH Near-Line Record Version Code  
NCH Patch Applied Date  
NCH Patch Code  
NCH Payment and Edit Record Identification Code  
NCH Primary Payer Claim Paid Amount  
NCH Primary Payer Code  
NCH Professional Component Charge Amount  
NCH Provider State Code  
NCH Segment Link Number  
NCH Weekly Claim Processing Date  
Organization NPI Number  
Outpatient Claim Demonstration Id Count  
Outpatient Claim Diagnosis Code Count

Outpatient Claim Health PlanID Count  
Outpatient Claim Occurrence Span Code Count  
Outpatient Claim Procedure Code Count  
Outpatient Claim Related Condition Code Count  
Outpatient Claim Related Occurrence Code Count  
Outpatient Claim Value Code Count  
Outpatient NCH Edit Code Count  
Outpatient NCH Patch Code Count  
Outpatient Revenue Center Code Count  
Patient Control Number  
Patient Discharge Status Code  
Provider Number  
Revenue Center 1st ANSI Code  
Revenue Center 1st Medicare Secondary Payer Paid Amount  
Revenue Center 2nd Medicare Secondary Payer Paid Amount  
Revenue Center APC/HIPPS Code  
Revenue Center Beneficiary Payment Amount  
Revenue Center Blood Deductible Amount  
Revenue Center Cash Deductible Amount  
Revenue Center Code  
Revenue Center Coinsurance/Wage Adjusted Coinsurance Amount  
Revenue Center Date  
Revenue Center Deductible Coinsurance Code  
Revenue Center Discount Indicator Code  
Revenue Center HCFA Common Procedure Coding System Code  
Revenue Center HCPCS Fifth Modifier Code  
Revenue Center HCPCS Fourth Modifier Code  
Revenue Center HCPCS Initial Modifier Code  
Revenue Center HCPCS Second Modifier Code  
Revenue Center HCPCS Third Modifier Code  
Revenue Center IDE, NDC, UPC Number  
Revenue Center Non-Covered Charge Amount  
Revenue Center OTAF Payment Code  
Revenue Center Packaging Indicator Code  
Revenue Center Patient Responsibility Payment Amount  
Revenue Center Payment Amount  
Revenue Center Payment Method Indicator Code  
Revenue Center Pricing Indicator Code  
Revenue Center Professional Component Amount  
Revenue Center Provider Payment Amount  
Revenue Center Rate Amount  
Revenue Center Reduced Coinsurance Amount  
Revenue Center Total Charge Amount  
Revenue Center Unit Count

## **B.7 Part D/Part D Restricted**

The following fields are viewable:

Adjustment Deletion Code  
Dispensing Status Code  
Claim Control Number  
Cardholder ID  
Rx Number  
Date of Service Date  
Fill Number  
Health Insurance Claim Number (HICAN)

Patient Date of Birth  
Patient Gender Code  
Compound Code  
Dispense as Written (DAW) Code  
Quantity Dispensed  
Days Supply  
Catastrophic Coverage Code  
Non-Standard Format Code  
Paid Date  
Price Exception Code  
Drug Coverage Status Code  
Product Service Id (NDC Code)  
Service Provider Id  
Service Provider Id Qualifier  
Prescriber Id  
Prescriber Id Qualifier  
Contract Number  
PBP Id  
Ingredient Cost Paid  
Dispensing Fee Paid  
Total Amount of Sales Tax  
Gross Drug Cost Below Out Of Pocket Threshold (GDCB)  
Gross Drug Cost Above Out Of Pocket Threshold (GDCA)  
Patient Paid Amount  
Other TrOOP Amount  
Low-Income Cost Sharing Subsidy Amount (LICS)  
Patient Liability Reduction Due to Other Payer Amount (PLRO)  
Covered D Plan Paid Amount (CPP)  
Non-Covered Paid Amount (NPP)  
Estimated Rebate at POS  
Vaccine Administration Fee  
SSA State Code  
Final Action Indicator  
IDR Load Date  
NDC Quantity  
NDC Quantity Qualifier Code

## Appendix C: Searchable Fields by Claim Type

This section identifies the searchable fields by claim type.  
An asterisk (\*) indicates elements for which a user input file can be used.

### C.1 Carrier

The following fields are searchable:

Any Diagnosis Code\*  
 Any HCPCS Modifier Code  
 Beneficiary Birth Date  
 Beneficiary Identification Code  
 Beneficiary Mailing Contact ZIP Code\*  
 Beneficiary Race Code  
 Beneficiary Residence SSA Standard County Code\*  
 Beneficiary Residence SSA Standard State Code  
 Beneficiary Sex Identification Code  
 Carrier Claim Billing NPI Number  
 Carrier Claim Paper Claim Provider Code  
 Carrier Claim Rendering/Billing NPI Association Code  
 Carrier Claim Control Number\*  
 Carrier Claim Demonstration ID Count  
 Carrier Claim Referring Physician NPI Number\*  
 Carrier Claim Referring PIN Number\*  
 Carrier Claim Referring UPIN Number\*  
 Carrier Line Clinical Lab Number\*  
 Carrier Line Performing Group NPI Number\*  
 Carrier Line Performing NPI Number\*  
 Carrier Line Performing PIN Number\*  
 Carrier Line Performing Provider ZIP Code\*  
 Carrier Line Performing UPIN Number\*  
 Carrier Line Pricing Locality Code  
 Carrier Line Provider Specialty Code  
 Carrier Line Provider Type Code  
 Carrier Line RX Number\*  
 Carrier Line Type Service Code  
 Carrier Number\*  
 Claim Demonstration Identification Number  
 Claim Diagnosis Code\*  
 Claim From Date  
 Claim Locator Number Group (HICAN)\*  
 Claim Payment Amount  
 Claim Principal Diagnosis Code\*  
 Claim Prior Authorization Indicator Code (Line Level)  
 Claim Through Date  
 CPO Organization NPI Number\*  
 CWF Beneficiary Medicare Status Code  
 Line Beneficiary Primary Payer Code  
 Line Diagnosis Code\*  
 Line HCFA Provider Specialty Code  
 Line HCFA Type Service Code  
 Line HCPCS Code\*  
 Line IDE Number  
 Line National Drug Code\*

Line NCH BETOS Code\*  
 Line NCH Provider State Code  
 Line Place Of Service Code  
 Line Provider Tax Number\*  
 NCH Claim Type Code  
 NCH State Segment Code  
 NCH Weekly Claim Processing Date  
 State/County\*

## C.2 DMERC

The following fields are searchable:

Any Diagnosis Code\*  
 Any HCPCS Modifier Code  
 Beneficiary Birth Date  
 Beneficiary Identification Code  
 Beneficiary Mailing Contact ZIP Code\*  
 Beneficiary Race Code  
 Beneficiary Residence SSA Standard County Code\*  
 Beneficiary Residence SSA Standard State Code  
 Beneficiary Sex Identification Code  
 Carrier Claim Control Number\*  
 Carrier Claim Paper Claim Provider Code  
 Carrier Number\*  
 Claim Demonstration Identification Number  
 Claim Diagnosis Code\*  
 Claim From Date  
 Claim Locator Number Group (HICAN)\*  
 Claim National Mail Order Competitive Bidding Area Indicator Code  
 Claim Payment Amount  
 Claim Principal Diagnosis Code\*  
 Claim Prior Authorization Indicator Code (Line Level)  
 Claim Through Date  
 Competitive Bidding Area (CBA) Code  
 Competitive Bidding Area (CBA) Date  
 CWF Beneficiary Medicare Status Code  
 DMERC Claim Demonstration ID Count  
 DMERC Claim Ordering Physician NPI Number\*  
 DMERC Claim Ordering Physician UPIN Number\*  
 DMERC Line Item Supplier NPI Number\*  
 DMERC Line Pricing State Code  
 DMERC Line Provider State Code  
 DMERC Line Supplier Provider Number\*  
 DMERC Line Supplier Type Code  
 Line Beneficiary Primary Payer Code  
 Line Diagnosis Code\*  
 Line HCFA Provider Specialty Code  
 Line HCFA Type Service Code  
 Line HCPCS Code\*  
 Line IDE Number  
 Line National Drug Code\*  
 Line NCH BETOS Code\*  
 Line Place Of Service Code  
 Line Provider Tax Number\*  
 NCH Claim Type Code

NCH State Segment Code  
 NCH Weekly Claim Processing Date  
 State/County\*

### C.3 HHA

The following fields are searchable:

Any Diagnosis Code\*  
 Any HCPCS Modifier Code  
 Beneficiary Birth Date  
 Beneficiary Identification Code  
 Beneficiary Mailing Contact ZIP Code\*  
 Beneficiary Race Code  
 Beneficiary Residence SSA Standard County Code\*  
 Beneficiary Residence SSA Standard State Code  
 Beneficiary Sex Identification Code  
 Claim Attending Physician NPI Number\*  
 Claim Attending Physician UPIN Number\*  
 Claim Bill Type Group  
 Claim Demonstration Identification Number  
 Claim Diagnosis Code\*  
 Claim Diagnosis E Code\*  
 Claim Facility Type Code  
 Claim Frequency Code  
 Claim From Date  
 Claim Locator Number Group (HICAN)\*  
 Claim Occurrence Span Code\*  
 Claim Operating Physician NPI Number\*  
 Claim Operating Physician UPIN Number\*  
 Claim Other Physician NPI Number\*  
 Claim Other Physician UPIN Number\*  
 Claim Payment Amount  
 Claim Prior Authorization Indicator Code (Line Level)  
 Claim Principal Diagnosis Code\*  
 Claim Related Condition Code\*  
 Claim Related Occurrence Code\*  
 Claim Service Classification Type Code  
 Claim Service Location NPI Number  
 Claim Through Date  
 Claim Value Code\*  
 CWF Beneficiary Medicare Status Code  
 FI Number\*  
 HHA Claim Demonstration ID Count  
 Medicaid Provider Identification Number\*  
 NCH Claim Type Code  
 NCH Primary Payer Code  
 NCH Provider State Code  
 NCH State Segment Code  
 NCH Weekly Claim Processing Date  
 Organization NPI Number\*  
 Provider Number\*  
 Revenue Center 1st ANSI Code  
 Revenue Center Code\*  
 Revenue Center HCFA Common Procedure Coding System Code\*  
 Revenue Center IDE, NDC, UPC Number

Revenue Center Unique Tracking Number  
State/County\*

## C.4 Hospice

The following fields are searchable:

Any Diagnosis Code\*  
Any HCPCS Modifier Code  
Beneficiary Birth Date  
Beneficiary Identification Code  
Beneficiary Mailing Contact ZIP Code\*  
Beneficiary Race Code  
Beneficiary Residence SSA Standard County Code\*  
Beneficiary Residence SSA Standard State Code  
Beneficiary Sex Identification Code  
Claim Attending Physician NPI Number\*  
Claim Attending Physician UPIN Number\*  
Claim Bill Type Group  
Claim Demonstration Identification Number  
Claim Diagnosis Code\*  
Claim Diagnosis E Code\*  
Claim Facility Type Code  
Claim Frequency Code  
Claim From Date  
Claim Locator Number Group (HICAN)\*  
Claim Occurrence Span Code\*  
Claim Operating Physician NPI Number\*  
Claim Operating Physician UPIN Number\*  
Claim Other Physician NPI Number\*  
Claim Other Physician UPIN Number\*  
Claim Payment Amount  
Claim Principal Diagnosis Code\*  
Claim Prior Authorization Indicator Code (Line Level)  
Claim Procedure Code\*  
Claim Related Condition Code\*  
Claim Related Occurrence Code\*  
Claim Service Classification Type Code  
Claim Service Location NPI Number  
Claim Through Date  
Claim Value Code\*  
CWF Beneficiary Medicare Status Code  
FI Number\*  
Hospice Claim Demonstration ID Count  
Medicaid Provider Identification Number\*  
NCH Claim Type Code  
NCH Primary Payer Code  
NCH Provider State Code  
NCH State Segment Code  
NCH Weekly Claim Processing Date  
Organization NPI Number\*  
Provider Number\*  
Revenue Center 1st ANSI Code  
Revenue Center Code\*  
Revenue Center HCFA Common Procedure Coding System Code\*  
Revenue Center IDE, NDC, UPC Number

Revenue Center Unique Tracking Number  
State/County\*

## C.5 Inpatient

The following fields are searchable:

Any Diagnosis Code\*  
Any HCPCS Modifier Code  
Beneficiary Birth Date  
Beneficiary Identification Code  
Beneficiary Mailing Contact ZIP Code\*  
Beneficiary Race Code  
Beneficiary Residence SSA Standard County Code\*  
Beneficiary Residence SSA Standard State Code  
Beneficiary Sex Identification Code  
Claim Admitting Diagnosis Code\*  
Claim Attending Physician NPI Number\*  
Claim Attending Physician UPIN Number\*  
Claim Bill Type Group  
Claim Demonstration Identification Number  
Claim Diagnosis Code\*  
Claim Diagnosis E Code\*  
Claim Diagnosis Related Group Code  
Claim Electronic Health Records (EHR) Payment Adjustment Amount  
Claim Facility Type Code  
Claim Final Standard Amount  
Claim Frequency Code  
Claim From Date  
Claim Inpatient Admission Type Code  
Claim Locator Number Group (HICAN)\*  
Claim Occurrence Span Code\*  
Claim Operating Physician NPI Number\*  
Claim Operating Physician UPIN Number\*  
Claim Other Physician NPI Number\*  
Claim Other Physician UPIN Number\*  
Claims PPS Standard Value Payment Amount  
Claim Payment Amount  
Claim Principal Diagnosis Code\*  
Claim Prior Authorization Indicator Code (Header Level)  
Claim Prior Authorization Indicator Code (Header Level)  
Claim Procedure Code\*  
Claim Related Condition Code\*  
Claim Related Occurrence Code\*  
Claim Service Classification Type Code  
Claim Through Date  
Claim Unique Tracking Number (Header Level)  
Claim Unique Tracking Number (Line Level)  
Claim Value Code\*  
CWF Beneficiary Medicare Status Code  
Electronic Health Records (EHR) Program Reduction Indicator Code  
FI Number\*  
Hospital Acquired Conditions (HAC) Program Reduction Indicator Code  
Inpatient/SNF Claim Demonstration ID Count  
IPPS Flexible Payment Amount  
Medicaid Provider Identification Number\*

NCH Claim Type Code  
 NCH Primary Payer Code  
 NCH Provider State Code  
 NCH State Segment Code  
 NCH Weekly Claim Processing Date  
 Organization NPI Number\*  
 Provider Number\*  
 Revenue Center 1st ANSI Code  
 Revenue Center Code\*  
 Revenue Center HCFA Common Procedure Coding System Code\*  
 Revenue Center IDE, NDC, UPC Number  
 Revenue Center Representative Payee (RP) Indicator Code  
 State/County\*

## C.6 Outpatient

The following fields are searchable:

Any Diagnosis Code\*  
 Any HCPCS Modifier Code  
 Beneficiary Birth Date  
 Beneficiary Identification Code  
 Beneficiary Mailing Contact ZIP Code\*  
 Beneficiary Race Code  
 Beneficiary Residence SSA Standard County Code\*  
 Beneficiary Residence SSA Standard State Code  
 Beneficiary Sex Identification Code  
 Claim Attending Physician NPI Number\*  
 Claim Attending Physician UPIN Number\*  
 Claim Bill Type Group  
 Claim Demonstration Identification Number  
 Claim Diagnosis Code\*  
 Claim Diagnosis E Code\*  
 Claim Facility Type Code  
 Claim Frequency Code  
 Claim From Date  
 Claim Geographical Adjusted Factor (GAF) Percent  
 Claim Locator Number Group (HICAN)\*  
 Claim Occurrence Span Code\*  
 Claim Operating Physician NPI Number\*  
 Claim Operating Physician UPIN Number\*  
 Claim Other Physician NPI Number\*  
 Claim Other Physician UPIN Number\*  
 Claim Outpatient Service Type Code  
 Claim Payment Amount  
 Claim Principal Diagnosis Code\*  
 Claim Prior Authorization Indicator Code (Line Level)  
 Claim Procedure Code\*  
 Claim Related Condition Code\*  
 Claim Related Occurrence Code\*  
 Claim Service Classification Type Code  
 Claim Service Location NPI Number  
 Claim Through Date  
 Claim Value Code\*  
 CWF Beneficiary Medicare Status Code  
 FI Number\*

Medicaid Provider Identification Number\*  
 NCH Claim Type Code  
 NCH Primary Payer Code  
 NCH Provider State Code  
 NCH State Segment Code  
 NCH Weekly Claim Processing Date  
 Organization NPI Number\*  
 Outpatient Claim Demonstration Id Count  
 Provider Number\*  
 Revenue Center 1st ANSI Code  
 Revenue Center Code\*  
 Revenue Center HCFA Common Procedure Coding System Code\*  
 Revenue Center IDE, NDC, UPC Number  
 Revenue Center Patient/Initial Visit Add-On Payment Amount  
 Revenue Center Representative Payee (RP) Indicator Code  
 Revenue Center Unique Tracking Number  
 State/County\*

## C.7 Name and Address

The following fields are searchable:

Beneficiary Birth Date  
 Beneficiary Claim Number Group\*  
 Beneficiary Death Date  
 Beneficiary Mailing Contact ZIP Code\*  
 Beneficiary Race Code  
 Beneficiary Residence SSA Standard County Code\*  
 Beneficiary Residence SSA Standard State Code  
 Beneficiary Sex Identification Code  
 State/County\*

## C.8 DENOM

The following fields are searchable:

Beneficiary Mailing Contact ZIP Code\*  
 Beneficiary Residence SSA Standard County Code\*  
 Beneficiary Residence SSA Standard State Code  
 Claim Locator Number Group (HICAN)\*  
 State/County\*

## C.9 MEDPAR

The following fields are searchable:

Beneficiary Mailing Contact ZIP Code\*  
 Beneficiary Residence SSA Standard County Code\*  
 Beneficiary Residence SSA Standard State Code  
 Claim Diagnosis Code\*  
 Claim Diagnosis Related Group Code  
 Claim Locator Number Group (HICAN)\*  
 Claim Procedure Code\*  
 NCH Provider State Code  
 Provider Number\*  
 State/County\*

## C.10 Part D/Part D Restricted

The following fields are searchable:

Adjustment Deletion Code  
Dispensing Status Code  
Claim Control Number\*  
Cardholder ID\*  
Rx Number\*  
Date of Service Date  
Fill Number  
Health Insurance Claim Number (HICAN)\*  
Patient Date of Birth  
Patient Gender Code  
Compound Code  
Dispense as Written (DAW) Code  
Quantity Dispensed  
Days Supply  
Catastrophic Coverage Code  
Non-Standard Format Code  
Paid Date  
Price Exception Code  
Drug Coverage Status Code  
Product Service Id (NDC Code)\*  
Service Provider Id\*  
Service Provider Id Qualifier  
Prescriber Id\*  
Prescriber Id Qualifier  
Contract Number\*  
PBP Id\*  
NDC Quantity  
NDC Quantity Qualifier Code

## Appendix D: Quick Reference for All Medicare Claim Data items

Table 11 – Medicare Claim Data Items Presents a Quick Reference for All Medicare Claim Data Items. The following key applies to the table:

- H - Header
- T - Trailer
- S - System
- Y - Yes
- N - No
- N/A - Not Applicable

**Note:** This table contains acronyms that were not previously expanded in the body of the document. See *Table 14 – Glossary or Acronyms, Terms, and Definitions* For the acronyms' expanded versions and definitions.

Data Element Name	HHA	Hospice	Inpatient	Outpatient	Carrier	DMERC	Part D/Part D Restricted	Search	User Input File	Output View	Encryption
Adjustment Deletion Code	N/A	N/A	N/A	N / A	N / A	N/A	Y	Y	N	N/A	N/A
Any Diagnosis Code	S	S	S	S	S	S	N/A	Y	Y	N	N/A
Any HCPCS Modifier Code	S	S	S	S	S	S	N/A	Y	N	N	N/A
APC Return Buffer Flag	T	T	T	T	N / A	N/A	N/A	N	N	Y	N/A
Beneficiary Birth Date	H	H	H	H	H	H	N/A	Y	N	Y	Age Range
Beneficiary Claim Account Number	H	H	H	H	H	H	N/A	N	N	N	Encrypt
Beneficiary CWF Location Code	H	H	H	H	H	H	N/A	N	N	N	N/A
Beneficiary Identification Code	H	H	H	H	H	H	N/A	Y	N	Y	Encrypt
Beneficiary LRD Used Code	N/A	N/A	H	N / A	N / A	N/A	N/A	N	N	Y	N/A
Beneficiary Mailing Contact ZIP Code	H	H	H	H	H	H	N/A	Y	Y	Y	Blank

Data Element Name	HHA	Hospice	Inpatient	Outpatient	Carrier	DMERC	Part D/Part D Restricted	Search	User Input File	Output View	Encryption
Beneficiary Prior Psychiatric Day Count	N/A	N/A	H	N / A	N / A	N/A	N/A	N	N	Y	N/A
Beneficiary Race Code	H	H	H	H	H	H	N/A	Y	N	Y	N/A
Beneficiary Residence SSA Standard County Code	H	H	H	H	H	H	N/A	Y	Y	Y	N/A
Beneficiary Residence SSA Standard State Code	H	H	H	H	H	H	N/A	Y	N	Y	N/A
Beneficiary Sex Identification Code	H	H	H	H	H	H	N/A	Y	N	Y	N/A
Beneficiary Total Coinsurance Days Count	N/A	N/A	H	N / A	N / A	N/A	N/A	N	N	Y	N/A
Beneficiary's Hospice Period Count	N/A	H	N/A	N / A	N / A	N/A	N/A	N	N	Y	N/A
Bundled Adjustment Amount	N/A	N/A	H	N / A	N / A	N/A	N/A	N	N	N/A	N/A
Cardholder ID	N/A	N/A	N/A	N / A	N / A	N/A	Y	Y	Y	N/A	encrypt
Carrier Claim Beneficiary Paid Amount	N/A	N/A	N/A	N / A	H	H	N/A	N	N	Y	N/A
<b>Carrier Claim Billing NPI Number</b>	N/A	N/A	N/A	N / A	H	N/A	N/A	N	N	N	encrypt
Carrier Claim Cash Deductible Applied Amount	N/A	N/A	N/A	N / A	H	H	N/A	N	N	Y	N/A
Carrier Claim Control Number	N/A	N/A	N/A	N / A	H	H	N/A	Y	Y	Y	Blank
Carrier Claim Demonstration ID Count	N/A	N/A	N/A	N / A	H	N/A	N/A	Y	N	Y	N/A

Data Element Name	HHA	Hospice	Inpatient	Outpatient	Carrier	DMERC	Part D/Part D Restricted	Search	User Input File	Output View	Encryption
Carrier Claim Diagnosis Code J Count	N/A	N/A	N/A	N / A	H	N/A	N/A	N	N	Y	N/A
Carrier Claim Entry Code	N/A	N/A	N/A	N / A	H	H	N/A	N	N	Y	N/A
Carrier Claim HCPCS Year Code	N/A	N/A	N/A	N / A	H	H	N/A	N	N	Y	N/A
Carrier Claim Hospice Override Indicator Code	N/A	N/A	N/A	N / A	H	H	N/A	N	N	N	N/A
Carrier Claim Line Count	N/A	N/A	N/A	N / A	H	N/A	N/A	N	N	Y	N/A
Carrier Claim MCO Override Indicator Code	N/A	N/A	N/A	N / A	H	H	N/A	N	N	N	N/A
<b>Carrier Claim Paper Claim Provider Code</b>	N/A	N/A	N/A	N / A	H	H	N/A	N	N	N	N/A
Carrier Claim Payment Denial Code	N/A	N/A	N/A	N / A	H	H	N/A	Y	N	Y	N/A
Carrier Claim Primary Payer Paid Amount	N/A	N/A	N/A	N / A	H	H	N/A	N	N	Y	N/A
Carrier Claim Provider Assignment Indicator Switch	N/A	N/A	N/A	N / A	H	H	N/A	N	N	Y	N/A
Carrier Claim Receipt Date	N/A	N/A	N/A	N / A	H	H	N/A	N	N	Y	Zero
<b>Carrier Claim Rendering/Billing NPI Association Code</b>	N/A	N/A	N/A	N / A	H	N/A	N/A	N	N	N	N
Carrier Claim Referring Physician NPI Number	N/A	N/A	N/A	N / A	H	N/A	N/A	Y	Y	Y	Encrypt

Data Element Name	HHA	Hospice	Inpatient	Outpatient	Carrier	DMERC	Part D/Part D Restricted	Search	User Input File	Output View	Encryption
Carrier Claim Referring PIN Number	N/A	N/A	N/A	N / A	H	N/A	N/A	Y	Y	Y	Encrypt
Carrier Claim Referring UPIN Number	N/A	N/A	N/A	N / A	H	N/A	N/A	Y	Y	Y	Encrypt
Carrier Claim Scheduled Payment Date	N/A	N/A	N/A	N / A	H	H	N/A	N	N	Y	Zero
Carrier Line Anesthesia Base Unit Count	N/A	N/A	N/A	N / A	T	N/A	N/A	N	N	Y	N/A
Carrier Line Blood Deductible Pints Quantity	N/A	N/A	N/A	N / A	T	N/A	N/A	N	N	Y	N/A
Carrier Line CLIA Alert Indicator Code	N/A	N/A	N/A	N / A	T	N/A	N/A	N	N	Y	N/A
Carrier Line Clinical Lab Charge Amount	N/A	N/A	N/A	N / A	T	N/A	N/A	N	N	Y	N/A
Carrier Line Clinical Lab Number	N/A	N/A	N/A	N / A	T	N/A	N/A	Y	Y	Y	N/A
Carrier Line DME Coverage Period Start Date	N/A	N/A	N/A	N / A	T	N/A	N/A	N	N	Y	N/A
Carrier Line DME Medical Necessity Month Count	N/A	N/A	N/A	N / A	T	N/A	N/A	N	N	Y	N/A
Carrier Line Drop Off ZIP Code	N/A	N/A	N/A	N / A	T	N/A	N/A	N	N	Y	Blank
Carrier Line HPSA/Scarcity Indicator Code	N/A	N/A	N/A	N / A	T	N/A	N/A	N	N	N	N/A
Carrier Line Miles/Time/Units/Services Count	N/A	N/A	N/A	N / A	T	N/A	N/A	N	N	Y	N/A

Data Element Name	HHA	Hospice	Inpatient	Outpatient	Carrier	DMERC	Part D/Part D Restricted	Search	User Input File	Output View	Encryption
Carrier Line Miles/Time/Units/Services Indicator Code	N/A	N/A	N/A	N / A	T	N/A	N/A	N	N	Y	N/A
Carrier Line Performing Group NPI Number	N/A	N/A	N/A	N / A	T	N/A	N/A	Y	Y	Y	N/A
Carrier Line Performing NPI Number	N/A	N/A	N/A	N / A	T	N/A	N/A	Y	Y	Y	Encrypt
Carrier Line Performing PIN Number	N/A	N/A	N/A	N / A	T	N/A	N/A	Y	Y	Y	Blank
Carrier Line Performing Provider ZIP Code	N/A	N/A	N/A	N / A	T	N/A	N/A	Y	Y	Y	Blank
Carrier Line Performing UPIN Number	N/A	N/A	N/A	N / A	T	N/A	N/A	Y	Y	Y	Encrypt
Carrier Line Point of Pickup ZIP Code	N/A	N/A	N/A	N / A	T	N/A	N/A	N	N	Y	N/A
Carrier Line Pricing Locality Code	N/A	N/A	N/A	N / A	T	N/A	N/A	Y	N	Y	N/A
Carrier Line Provider Specialty Code	N/A	N/A	N/A	N / A	T	N/A	N/A	Y	N	Y	N/A
Carrier Line Provider Type Code	N/A	N/A	N/A	N / A	T	N/A	N/A	Y	N	Y	N/A
Carrier Line Psychiatric, Occupational Therapy, Physical Therapy Limit Amount	N/A	N/A	N/A	N / A	T	N/A	N/A	N	N	Y	N/A
Carrier Line Reduced Payment Physician Assistant Code	N/A	N/A	N/A	N / A	T	N/A	N/A	N	N	Y	N/A
Carrier Line RX Number	N/A	N/A	N/A	N / A	T	N/A	N/A	Y	Y	Y	N/A

Data Element Name	HHA	Hospice	Inpatient	Outpatient	Carrier	DMERC	Part D/Part D Restricted	Search	User Input File	Output View	Encryption
Carrier Line Type Service Code	N/A	N/A	N/A	N / A	T	N/A	N/A	Y	N	Y	N/A
Carrier MCO Period Count	N/A	N/A	N/A	N / A	H	N/A	N/A	N	N	N	N/A
Carrier NCH Edit Code Count	N/A	N/A	N/A	N / A	H	N/A	N/A	N	N	Y	N/A
Carrier NCH Patch Code Count	N/A	N/A	N/A	N / A	H	N/A	N/A	N	N	Y	N/A
Carrier Number	N/A	N/A	N/A	N / A	H	H	N/A	Y	Y	Y	N/A
Catastrophic Coverage Code	N/A	N/A	N/A	N / A	N / A	N/A	Y	Y	N	N/A	N/A
Claim 1st Diagnosis E Code	H	H	H	H / A	N / A	N/A	N/A	Y	Y	Y	N/A
Claim 1st Diagnosis E Version Code	N/A	N/A	N/A	N / A	N / A	N/A	N/A	N	N	N	N/A
Claim Admission Date	N/A	N/A	H	N / A	N / A	N/A	N/A	Y	N	Y	Year/Qtr
Claim Admitting Diagnosis Version Code	N/A	N/A	N/A	N / A	N / A	N/A	N/A	N	N	N	N/A
Claim Attending Physician Given Name	H	H	H	H / A	N / A	N/A	N/A	N	N	N	Blank
Claim Attending Physician Middle Initial Name	H	H	H	H / A	N / A	N/A	N/A	N	N	N	Blank
Claim Attending Physician NPI Number	H	H	H	H / A	N / A	N/A	N/A	Y	Y	Y	Encrypt

Data Element Name	HHA	Hospice	Inpatient	Outpatient	Carrier	DMERC	Part D/Part D Restricted	Search	User Input File	Output View	Encryption
Claim Attending Physician Surname	H	H	H	H	N / A	N/ A	N/ A	N	N	N	Blank
Claim Attending Physician UPIN Number	H	H	H	H	N / A	N/ A	N/ A	Y	Y	Y	Encrypt
Claim Bill Type Group	H	H	H	H	N / A	N/ A	N/ A	Y	N	N	N/A
Claim Blood Deductible Pints Quantity	N/A	N/A	N/A	N / A	H	N/ A	N/ A	N	N	Y	N/A
Claim Blood Pints Furnished Quantity	N/A	N/A	N/A	N / A	H	N/ A	N/ A	N	N	Y	N/A
Claim Business Segment Identifier Code	H	H	H	H	H	H	N/ A	N	N	N	N/A
Claim Clinical Trial Number (08 Level)	N/A	N/A	N/A	N / A	H	H	N/ A	N	N	N	N/A
Claim Coinsurance Year 1 Day Count	N/A	N/A	H	N / A	N / A	N/ A	N/ A	N	N	N	N/A
Claim Coinsurance Year 2 Day Count	N/A	N/A	H	N / A	N / A	N/ A	N/ A	N	N	N	N/A
Claim Control Number	N/A	N/A	N/A	N / A	N / A	N/ A	Y	Y	Y	N/ A	encrypt
Claim Cost Report Days Count	N/A	N/A	H	N / A	N / A	N/ A	N/ A	N	N	Y	N/A
Claim Demonstration Identification Number	T	T	T	T	T	T	N/ A	Y	N	Y	Blank
Claim Demonstration Information Text	T	T	T	T	T	T	N/ A	N	N	Y	N/A
Claim Diagnosis Code	T	T	T	T	T	T	N/ A	Y	Y	Y	N/A

Data Element Name	HHA	Hospice	Inpatient	Outpatient	Carrier	DMERC	Part D/Part D Restricted	Search	User Input File	Output View	Encryption
Claim Diagnosis E Version Code	N/A	N/A	N/A	N / A	N / A	N/A	N/A	N	N	N	N/A
Claim Diagnosis Related Group Code	N/A	N/A	H	N / A	N / A	N/A	N/A	Y	N	Y	N/A
Claim Diagnosis Related Group Outlier Stay Code	N/A	N/A	H	N / A	N / A	N/A	N/A	N	N	Y	N/A
Claim Diagnosis Version Code	N/A	N/A	N/A	N / A	N / A	N/A	N/A	N	N	N	N/A
Claim Disposition Code	H	H	H	H	H	H	N/A	N	N	Y	N/A
Claim Excepted/Non-Excepted Medical Treatment Code	H	H	H	H	H	H	N/A	N	N	Y	N/A
Claim Electronic Health Records (EHR) Payment Adjustment Amount	N/A	N/A	H	N / A	N / A	N/A	N/A	N	N	N/A	N/A
Claim Facility Type Code	H	H	H	H	N / A	N/A	N/A	Y	N	Y	N/A
Claim Final Standard Amount	N/A	N/A	H	N / A	N / A	N/A	N/A	N	N	N/A	N/A
Claim Frequency Code	H	H	H	H	N / A	N/A	N/A	Y	N	Y	N/A
Claim From Date	H	H	H	H	H	H	N/A	Y	N	Y	Zero
Claim Full Standard Payment Amount	N	N	H	N	N	N	N	N	N	N	N/A
Claim Geographical Adjusted Factor (GAF) Percent	N/A	N/A	N/A	H	N / A	N/A	N/A	N	N	N/A	N/A
Claim HHA Care Start Date	H	N/A	N/A	N / A	N / A	N/A	N/A	N	N	Y	Year/Qtr

Data Element Name	HHA	Hospice	Inpatient	Outpatient	Carrier	DMERC	Part D/Part D Restricted	Search	User Input File	Output View	Encryption
Claim HHA Referral Code	H	N/A	N/A	N / A	N / A	N/A	N/A	N	N	Y	N/A
Claim HHA Total Visit Count	H	N/A	N/A	N / A	N / A	N/A	N/A	N	N	Y	N/A
Claim Hospice Start Date	N/A	H	N/A	N / A	N / A	N/A	N/A	N	N	Y	Year/Qtr
Claim HRR Adjustment Amount	N/A	N/A	H	N / A	N / A	N/A	N/A	N	N	N/A	N/A
Claim Inpatient Admission Type Code	N/A	N/A	H	N / A	N / A	N/A	N/A	Y	N	Y	N/A
Claim KRON Indicator Code	N/A	N/A	H	N / A	N / A	N/A	N/A	N	N	Y	N/A
Claim Locator Number Group (HICAN)	H	H	H	H	H	H	N/A	Y	Y	Y	N/A
Claim MCO Paid Switch	H	H	H	H	N / A	N/A	N/A	N	N	Y	N/A
Claim Medicaid Information Code	H	H	H	H	N / A	N/A	N/A	N	N	Y	N/A
Claim Medical Record Number	H	H	H	H	N / A	N/A	N/A	N	N	Y	Blank
Claim Medicare Non Payment Reason Code	H	H	H	H	N / A	N/A	N/A	Y	N	Y	N/A
<b>Claim National Mail Order Competitive Bidding Area Indicator Code</b>	N/A	N/A	N/A	N / A	N / A	H	N/A	N	N	N	N/A
Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code (5 fields)	H	H	H	H	N / A	N/A	N/A	N	N	N	N/A

Data Element Name	HHA	Hospice	Inpatient	Outpatient	Carrier	DMERC	Part D/Part D Restricted	Search	User Input File	Output View	Encryption
Claim Non-Utilization Days Count	N/A	N/A	H	N / A	N / A	N/A	N/A	N	N	Y	N/A
Claim Occurrence Span Code	T	T	T	T	N / A	N/A	N/A	Y	Y	Y	N/A
Claim Occurrence Span From Date	T	T	T	T	N / A	N/A	N/A	N	N	Y	N/A
Claim Occurrence Span Through Date	T	T	T	T	N / A	N/A	N/A	N	N	Y	N/A
Claim Operating Physician Given Name	H	H	H	H	N / A	N/A	N/A	N	N	N	Blank
Claim Operating Physician Middle Initial Name	H	H	H	H	N / A	N/A	N/A	N	N	N	Blank
Claim Operating Physician NPI Number	H	H	H	H	N / A	N/A	N/A	Y	Y	Y	Encrypt
Claim Operating Physician Surname	H	H	H	H	N / A	N/A	N/A	N	N	N	Blank
Claim Operating Physician UPIN Number	H	H	H	H	N / A	N/A	N/A	Y	Y	Y	Encrypt
Claim Other Physician Given Name	H	H	H	H	N / A	N/A	N/A	N	N	N	Blank
Claim Other Physician Middle Initial Name	H	H	H	H	N / A	N/A	N/A	N	N	N	Blank
Claim Other Physician NPI Number	H	H	H	H	N / A	N/A	N/A	Y	Y	Y	Encrypt
Claim Other Physician Surname	H	H	H	H	N / A	N/A	N/A	N	N	N	Blank

Data Element Name	HHA	Hospice	Inpatient	Outpatient	Carrier	DMERC	Part D/Part D Restricted	Search	User Input File	Output View	Encryption
Claim Other Physician UPIN Number	H	H	H	H	N / A	N/ A	N/ A	Y	Y	Y	Encrypt
Claim Outpatient Beneficiary Interim Deductible Amount	N/A	N/A	N/A	H	N / A	N/ A	N/ A	N	N	Y	N/A
Claim Outpatient Beneficiary Payment Amount	N/A	N/A	N/A	H	N / A	N/ A	N/ A	N	N	Y	N/A
Claim Outpatient ESRD Method of Reimbursement Code	N/A	N/A	N/A	H	N / A	N/ A	N/ A	N	N	Y	N/A
Claim Outpatient Provider Payment Amount	N/A	N/A	N/A	H	N / A	N/ A	N/ A	N	N	Y	N/A
Claim Outpatient Referral Code	N/A	N/A	N/A	H	N / A	N/ A	N/ A	N	N	Y	N/A
Claim Outpatient Service Type Code	N/A	N/A	N/A	H	N / A	N/ A	N/ A	Y	N	Y	N/A
Claim Outpatient Transaction Type Code	N/A	N/A	N/A	H	N / A	N/ A	N/ A	N	N	Y	N/A
Claim Pass Thru Per Diem Amount	N/A	N/A	H	N / A	N / A	N/ A	N/ A	N	N	Y	N/A
Claim Patient 1st Initial Given Name	H	H	H	H	H	H	N/ A	N	N	N	Blank
Claim Patient 6 Position Surname	H	H	H	H	H	H	N/ A	N	N	N	Blank
Claim Patient First Initial Middle Name	H	H	H	H	H	H	N/ A	N	N	N	Blank
Claim Patient Reason Visit Code	N/A	N/A	N/A	N / A	N / A	N/ A	N/ A	N	Y	Y	N/A
Claim Patient Reason Visit Version Code	N/A	N/A	N/A	N / A	N / A	N/ A	N/ A	N	N	N	N/A

Data Element Name	HHA	Hospice	Inpatient	Outpatient	Carrier	DMERC	Part D/Part D Restricted	Search	User Input File	Output View	Encryption
Claim Payment Amount	H	H	H	H	H	H	N/A	Y	N	Y	N/A
Claim Plan of Action (POA) Diagnosis E Indicator Code	N/A	N/A	N/A	N / A	N / A	N/A	N/A	N	N	N	N/A
Claim POA Diagnosis Indicator Code	N/A	N/A	N/A	N / A	N / A	N/A	N/A	N	N	N	N/A
Claim PPS Capital Discharge Fraction Percent	N/A	N/A	H	N / A	N / A	N/A	N/A	N	N	Y	N/A
Claim PPS Capital Disproportionate Share Amount	N/A	N/A	H	N / A	N / A	N/A	N/A	N	N	Y	N/A
Claim PPS Capital DRG Weight Number	N/A	N/A	H	N / A	N / A	N/A	N/A	N	N	Y	N/A
Claim PPS Capital Exception Amount	N/A	N/A	H	N / A	N / A	N/A	N/A	N	N	Y	N/A
Claim PPS Capital FSP Amount	N/A	N/A	H	N / A	N / A	N/A	N/A	N	N	Y	N/A
Claim PPS Capital HSP Amount	N/A	N/A	H	N / A	N / A	N/A	N/A	N	N	Y	N/A
Claim PPS Capital IME Amount	N/A	N/A	H	N / A	N / A	N/A	N/A	N	N	Y	N/A
Claim PPS Capital Outlier Amount	N/A	N/A	H	N / A	N / A	N/A	N/A	N	N	Y	N/A
Claim PPS Indicator Code	H	H	H	H	N / A	N/A	N/A	N	N	Y	N/A
Claim PPS Old Capital Hold Harmless Amount	N/A	N/A	H	N / A	N / A	N/A	N/A	N	N	Y	N/A
Claim PPS Standard Value Payment Amount	N/A	N/A	H	N / A	N / A	N/A	N/A	N	N	N	N/A

Data Element Name	HHH	Hospice	Inpatient	Outpatient	Carrier	DMERC	Part D/Part D Restricted	Search	User Input File	Output View	Encryption
Claim Pricer Return Code	N/A	N/A	N/A	N / A	N / A	N/A	N/A	N	N	Y	N/A
Claim Principal Diagnosis Code	H	H	H	H	H	H	N/A	Y	Y	Y	N/A
Claim Prior Authorization Indicator Code Header Level	H	H	H	H	H	H	N/A	N	N	N	N/A
Line Prior Authorization Indicator Code Trailer Level	T	T	T	T	T	T	N/A	N	N	N	N/A
Claim PRO Control Number	H	H	H	H	N / A	N/A	N/A	N	N	Y	Blank
Claim PRO Process Date	H	H	H	H	N / A	N/A	N/A	N	N	Y	N/A
Claim Procedure Code	N/A	T	T	T	N / A	N/A	N/A	Y	Y	Y	N/A
Claim Procedure Performed Date	N/A	T	T	T	N / A	N/A	N/A	N	N	Y	Year/Qtr
Claim Procedure Version Code	N/A	N/A	N/A	N / A	N / A	N/A	N/A	N	N	N	N/A
Claim Query Code	H	H	H	H	N / A	N/A	N/A	N	N	Y	N/A
Claim RAC Adjustment Code	H	H	H	H	H	H	N/A	N	N	N	N/A
Claim Related Condition Code	T	T	T	T	N / A	N/A	N/A	Y	Y	Y	N/A
Claim Related Occurrence Code	T	T	T	T	N / A	N/A	N/A	Y	Y	Y	N/A
Claim Related Occurrence Date	T	T	T	T	N / A	N/A	N/A	N	N	Y	Year/Qtr

Data Element Name	HHA	Hospice	Inpatient	Outpatient	Carrier	DMERC	Part D/Part D Restricted	Search	User Input File	Output View	Encryption
<b>Claim Representative Payee (RP) Indicator Code</b>	N/A	N/A	H	N / A	N / A	N/A	N/A	N	N	N	N
<b>Claim Residual Payment Indicator Code</b>	N/A	H	H	H	H	H	N/A	N	N	N	N
Claim Segment Line Count	H	H	H	H	H	H	N/A	N	N	N	N/A
Claim Segment Number	H	H	H	H	H	H	N/A	N	N	N	N/A
Claim Service Classification Type Code	H	H	H	H	N / A	N/A	N/A	Y	N	Y	N/A
Claim Service Facility ZIP Code	N/A	N/A	N/A	N / A	N / A	N/A	N/A	Y	Y	Y	Blank
<b>Claim Service Location NPI Number</b>	H	H	N/A	H	N / A	N/A	N/A	N	N	N	Encrypt
Claim Short Stay Outlier (SSO) Standard Payment Amount	N	N	H	N	N	N	N	N	N	N	N/A
Claim Site Neutral Payment Based on Cost Amount	N	N	H	N	N	N	N	N	N	N	N/A
Claim Site Neutral Payment Based on IPPS Amount	N	N	H	N	N	N	N	N	N	N	N/A
Claim Source Inpatient Admission Code	N/A	N/A	H	N / A	N / A	N/A	N/A	N	N	Y	N/A
Claim Through Date	H	H	H	H	H	H	N/A	Y	N	Y	Year/Qtr
Claim Total Charge Amount	H	H	H	H	N / A	N/A	N/A	N	N	Y	N/A
Claim Total Line Count	H	H	H	H	H	H	N/A	N	N	N	N/A
Claim Total PPS Capital Amount	N/A	N/A	H	N / A	N / A	N/A	N/A	N	N	Y	N/A
Claim Total Segment Count	H	H	H	H	H	H	N/A	N	N	N	N/A

Data Element Name	HHA	Hospice	Inpatient	Outpatient	Carrier	DMERC	Part D/Part D Restricted	Search	User Input File	Output View	Encryption
Claim Transaction Code	H	H	H	H	N / A	N / A	N / A	N	N	Y	N/A
Claim Treatment Authorization Number	H	H	H	H	N / A	N / A	N / A	N	N	Y	N/A
<b>Claim Unique Tracking Number</b>	N/A	N/A	H T	N / A	N / A	N / A	N / A	N	N	N	N/A
Claim Utilization Day Count	N/A	H	H	N / A	N / A	N / A	N / A	N	N	Y	N/A
Claim Value Amount	T	T	T	T	N / A	N / A	N / A	N	N	Y	N/A
Claim Value Code	T	T	T	T	N / A	N / A	N / A	Y	Y	Y	N/A
Claim VBP Adjustment Amount	N/A	N/A	H	N / A	N / A	N / A	N / A	N	N	N / A	N/A
Claim Worker's Compensation Indicator Code	H	H	H	H	N / A	N / A	N / A	N	N	N	N/A
<b>Competitive Bidding Area (CBA) Code</b>	N/A	N/A	N/A	N / A	N / A	H	N / A	N	N	N	N/A
<b>Competitive Bidding Area (CBA) Date</b>	N/A	N/A	N/A	N / A	N / A	T	N / A	N	N	N	N/A
Compound Code	N/A	N/A	N/A	N / A	N / A	N / A	Y	Y	N	N / A	N/A
Contract Number	N/A	N/A	N/A	N / A	N / A	N / A	Y	Y	Y	N / A	encrypt
Covered D Plan Paid Amount (CPP)	N/A	N/A	N/A	N / A	N / A	N / A	Y	N	N	N / A	N/A

Data Element Name	HHA	Hospice	Inpatient	Outpatient	Carrier	DMERC	Part D/Part D Restricted	Search	User Input File	Output View	Encryption
CPO Organization NPI Number	N/A	N/A	N/A	N / A	H	N/A	N/A	Y	Y	Y	N/A
CPO Provider Number	N/A	N/A	N/A	N / A	H	N/A	N/A	N	N	Y	N/A
CWF Beneficiary Medicare Status Code	H	H	H	H	H	H	N/A	Y	N	Y	N/A
CWF Claim Accretion Date	H	H	H	H	H	H	N/A	N	N	Y	Year/Qtr
CWF Claim Accretion Number	H	H	H	H	H	H	N/A	N	N	Y	Zero
CWF Claim Assigned Number	H	H	H	H	N / A	N/A	N/A	N	N	N	Blank
CWF Forwarded Date	H	H	H	H	H	H	N/A	N	N	N	N/A
CWF Transmission Batch Number	H	H	H	H	H	H	N/A	N	N	Y	N/A
Date of Service Date	N/A	N/A	N/A	N / A	N / A	N/A	Y	Y	N	N/A	N/A
Days Supply	N/A	N/A	N/A	N / A	N / A	N/A	Y	Y	N	N/A	N/A
Dispense as Written (DAW) Code	N/A	N/A	N/A	N / A	N / A	N/A	Y	Y	N	N/A	N/A
Dispensing Fee Paid	N/A	N/A	N/A	N / A	N / A	N/A	Y	N	N	N/A	N/A
Dispensing Status Code	N/A	N/A	N/A	N / A	N / A	N/A	Y	Y	N	N/A	N/A
DMERC Claim Demonstration ID Count	N/A	N/A	N/A	N / A	N / A	H	N/A	Y	N	Y	N/A
DMERC Claim Diagnosis Code J Count	N/A	N/A	N/A	N / A	N / A	H	N/A	N	N	Y	N/A

Data Element Name	HHH	Hospice	Inpatient	Outpatient	Carrier	DMERC	Part D/Part D Restricted	Search	User Input File	Output View	Encryption
DMERC Claim Line Count	N/A	N/A	N/A	N / A	N / A	H	N/A	N	N	Y	N/A
DMERC Claim Ordering Physician NPI Number	N/A	N/A	N/A	N / A	N / A	H	N/A	Y	Y	Y	Encrypt
DMERC Claim Ordering Physician UPIN Number	N/A	N/A	N/A	N / A	N / A	H	N/A	Y	Y	Y	Encrypt
DMERC Line Beneficiary Mailing State Code	N/A	N/A	N/A	N / A	N / A	N/A	N/A	Y	Y	Y	Blank
DMERC Line Decision Indicator Switch	N/A	N/A	N/A	N / A	N / A	T	N/A	N	N	Y	N/A
DMERC Line HCPCS Fourth Modifier Code	N/A	N/A	N/A	N / A	N / A	T	N/A	N	N	Y	N/A
DMERC Line HCPCS Third Modifier Code	N/A	N/A	N/A	N / A	N / A	T	N/A	N	N	Y	N/A
DMERC Line Item Supplier NPI Number	N/A	N/A	N/A	N / A	N / A	T	N/A	Y	Y	Y	Encrypt
DMERC Line Miles/Time/Units/Services Count	N/A	N/A	N/A	N / A	N / A	T	N/A	N	N	Y	N/A
DMERC Line Miles/Time/Units/Services Indicator Code	N/A	N/A	N/A	N / A	N / A	T	N/A	N	N	Y	N/A
DMERC Line Not Otherwise Classified HCPCS Code Text	N/A	N/A	N/A	N / A	N / A	T	N/A	N	N	Y	N/A
DMERC Line Pricing State Code	N/A	N/A	N/A	N / A	N / A	T	N/A	Y	N	Y	N/A
DMERC Line Pricing ZIP Code	N/A	N/A	N/A	N / A	N / A	T	N/A	N	N	N	N/A

Data Element Name	HHA	Hospice	Inpatient	Outpatient	Carrier	DMERC	Part D/Part D Restricted	Search	User Input File	Output View	Encryption
DMERC Line Provider State Code	N/A	N/A	N/A	N / A	N / A	T	N/A	Y	N	Y	N/A
DMERC Line Screen Result Indicator Code	N/A	N/A	N/A	N / A	N / A	T	N/A	N	N	Y	N/A
DMERC Line Screen Savings Amount	N/A	N/A	N/A	N / A	N / A	T	N/A	N	N	Y	N/A
DMERC Line Screen Suspension Indicator Code	N/A	N/A	N/A	N / A	N / A	T	N/A	N	N	Y	N/A
DMERC Line Supplier Provider Number	N/A	N/A	N/A	N / A	N / A	T	N/A	Y	Y	Y	N/A
DMERC Line Supplier Type Code	N/A	N/A	N/A	N / A	N / A	T	N/A	Y	N	Y	N/A
DMERC Line Waiver Of Provider Liability Switch	N/A	N/A	N/A	N / A	N / A	T	N/A	N	N	Y	N/A
DMERC MCO Period Count	N/A	N/A	N/A	N / A	N / A	H	N/A	N	N	N	N/A
DMERC NCH Edit Code Count	N/A	N/A	N/A	N / A	N / A	H	N/A	N	N	Y	N/A
DMERC NCH Patch Code Count	N/A	N/A	N/A	N / A	N / A	H	N/A	N	N	Y	N/A
Drug Coverage Status Code	N/A	N/A	N/A	N / A	N / A	N/A	Y	Y	N	N/A	N/A
Electronic Health Records (EHR) Program Reduction Indicator Code	N/A	N/A	H	N / A	N / A	N/A	N/A	N	N	N/A	N/A
End of Record Code	T	T	T	T	T	T	N/A	N	N	Y	N/A
Estimated Rebate at POS	N/A	N/A	N/A	N / A	N / A	N/A	Y	N	N	N/A	N/A

Data Element Name	HHA	Hospice	Inpatient	Outpatient	Carrier	DMERC	Part D/Part D Restricted	Search	User Input File	Output View	Encryption
FI Claim Action Code	H	H	H	H	N / A	N/ A	N/ A	N	N	Y	N/A
FI Claim Process Date	H	H	H	H	N / A	N/ A	N/ A	N	N	Y	Zero
FI Claim Receipt Date	H	H	H	H	N / A	N/ A	N/ A	N	N	Y	Zero
FI Claim Scheduled Payment Date	H	H	H	H	N / A	N/ A	N/ A	N	N	Y	Zero
FI Document Claim Control Number	H	H	H	H	N / A	N/ A	N/ A	N	N	Y	Blank
FI Number	H	H	H	H	N / A	N/ A	N/ A	Y	Y	Y	N/A
FI Original Claim Control Number	H	H	H	H	N / A	N/ A	N/ A	N	N	Y	Blank
FI Requested Claim Cancel Reason Code	H	H	H	H	N / A	N/ A	N/ A	N	N	Y	N/A
Fill Number	N/A	N/A	N/A	N / A	N / A	N/ A	Y	N	N	N/ A	N/A
Final Action Indicator	N/A	N/A	N/A	N / A	N / A	N/ A	Y	N	N	N/ A	N/A
Gross Drug Cost Above Out Of Pocket Threshold (GDCA)	N/A	N/A	N/A	N / A	N / A	N/ A	Y	N	N	N/ A	N/A
Gross Drug Cost Below Out Of Pocket Threshold (GDCEB)	N/A	N/A	N/A	N / A	N / A	N/ A	Y	N	N	N/ A	N/A
Health Insurance Claim Number (HICAN)	N/A	N/A	N/A	N / A	N / A	N/ A	Y	Y	Y	N/ A	Encrypt

Data Element Name	HHA	Hospice	Inpatient	Outpatient	Carrier	DMERC	Part D/Part D Restricted	Search	User Input File	Output View	Encryption
HHA Claim Demonstration ID Count	H	N/A	N/A	N / A	N / A	N / A	N / A	Y	N	Y	N/A
HHA Claim Diagnosis Code J Count	H	N/A	N/A	N / A	N / A	N / A	N / A	N	N	Y	N/A
HHA Claim Diagnosis E Code Count	N/A	N/A	N/A	N / A	N / A	N / A	N / A	N	N / A	N	N/A
HHA Claim Occurrence Span Code Count	H	N/A	N/A	N / A	N / A	N / A	N / A	N	N	Y	N/A
HHA Claim Related Condition Code Count	H	N/A	N/A	N / A	N / A	N / A	N / A	N	N	Y	N/A
HHA Claim Related Occurrence Code Count	H	N/A	N/A	N / A	N / A	N / A	N / A	N	N	Y	N/A
HHA Claim Value Code Count	H	N/A	N/A	N / A	N / A	N / A	N / A	N	N	Y	N/A
HHA MCO Period Count	H	N/A	N/A	N / A	N / A	N / A	N / A	N	N	N	N/A
HHA NCH Edit Code Count	H	N/A	N/A	N / A	N / A	N / A	N / A	N	N	Y	N/A
HHA NCH Patch Code Count	H	N/A	N/A	N / A	N / A	N / A	N / A	N	N	Y	N/A
HHA Revenue Center Code Count	H	N/A	N/A	N / A	N / A	N / A	N / A	N	N	Y	N/A
Hospice Claim Demonstration ID Count	N/A	H	N/A	N / A	N / A	N / A	N / A	Y	N	Y	N/A
Hospice Claim Diagnosis Code J Count	N/A	H	N/A	N / A	N / A	N / A	N / A	N	N	Y	N/A

Data Element Name	HHH	Hospice	Inpatient	Outpatient	Carrier	DMERC	Part D/Part D Restricted	Search	User Input File	Output View	Encryption
Hospice Claim Diagnosis E Code Count	N/A	N/A	N/A	N / A	N / A	N/A	N/A	N	N/A	N	N/A
Hospice Claim Occurrence Span Code Count	N/A	H	N/A	N / A	N / A	N/A	N/A	N	N	Y	N/A
Hospice Claim Procedure Code J Count	N/A	H	N/A	N / A	N / A	N/A	N/A	N	N	Y	N/A
Hospice Claim Related Condition Code Count	N/A	H	N/A	N / A	N / A	N/A	N/A	N	N	Y	N/A
Hospice Claim Related Occurrence Code Count	N/A	H	N/A	N / A	N / A	N/A	N/A	N	N	Y	N/A
Hospice Claim Value Code Count	N/A	H	N/A	N / A	N / A	N/A	N/A	N	N	Y	N/A
Hospice MCO Period Count	N/A	H	N/A	N / A	N / A	N/A	N/A	N	N	N	N/A
Hospice NCH Edit Code Count	N/A	H	N/A	N / A	N / A	N/A	N/A	N	N	Y	N/A
Hospice NCH Patch Code Count	N/A	H	N/A	N / A	N / A	N/A	N/A	N	N	Y	N/A
Hospice Revenue Center Code Count	N/A	H	N/A	N / A	N / A	N/A	N/A	N	N	Y	N/A
Hospital Acquired Conditions (HAC) Program Reduction Indicator Code	N/A	N/A	H	N / A	N / A	N/A	N/A	N	N	N/A	N/A
IDR Load Date	N/A	N/A	N/A	N / A	N / A	N/A	Y	N	N	N/A	N/A
Ingredient Cost Paid	N/A	N/A	N/A	N / A	N / A	N/A	Y	N	N	N/A	N/A

Data Element Name	HHA	Hospice	Inpatient	Outpatient	Carrier	DMERC	Part D/Part D Restricted	Search	User Input File	Output View	Encryption
Inpatient/SNF Claim Demonstration ID	N/A	N/A	H	N / A	N / A	N/A	N/A	Y	N	Y	N/A
Inpatient/SNF Claim Diagnosis Code J Count	N/A	N/A	H	N / A	N / A	N/A	N/A	N	N	Y	N/A
Inpatient/SNF Claim Diagnosis E Code Count	N/A	N/A	N/A	N / A	N / A	N/A	N/A	N	N/A	N	N/A
Inpatient/SNF Claim Occurrence Span Code Count	N/A	N/A	H	N / A	N / A	N/A	N/A	N	N	Y	N/A
Inpatient/SNF Claim POA Diagnosis Code Count	N/A	N/A	N/A	N / A	N / A	N/A	N/A	N	N/A	N	N/A
Inpatient/SNF Claim POA Diagnosis E Code Count	N/A	N/A	N/A	N / A	N / A	N/A	N/A	N	N/A	N	N/A
Inpatient/SNF Claim Procedure Code J Count	N/A	N/A	H	N / A	N / A	N/A	N/A	N	N	Y	N/A
Inpatient/SNF Claim Related Condition Code Count	N/A	N/A	H	N / A	N / A	N/A	N/A	N	N	Y	N/A
Inpatient/SNF Claim Related Occurrence Code Count	N/A	N/A	H	N / A	N / A	N/A	N/A	N	N	Y	N/A
Inpatient/SNF Claim Value Code Count	N/A	N/A	H	N / A	N / A	N/A	N/A	N	N	Y	N/A
Inpatient/SNF MCO Period Count	N/A	N/A	H	N / A	N / A	N/A	N/A	N	N	Y	N/A
Inpatient/SNF NCH Edit Code Count	N/A	N/A	H	N / A	N / A	N/A	N/A	N	N	Y	N/A
Inpatient/SNF NCH Patch Code Count	N/A	N/A	H	N / A	N / A	N/A	N/A	N	N	Y	N/A

Data Element Name	HHA	Hospice	Inpatient	Outpatient	Carrier	DMERC	Part D/Part D Restricted	Search	User Input File	Output View	Encryption
Inpatient/SNF Revenue Center Code Count	N/A	N/A	H	N / A	N / A	N/A	N/A	N	N	Y	N/A
<b>IPPS Flexible Payment Amount</b>	N/A	N/A	H	N / A	N / A	N/A	N/A	N	N	N	N/A
Line 10% Penalty Reduction Amount	N/A	N/A	N/A	N / A	T	T	N/A	N	N	Y	N/A
Line Additional Claim Documentation Indicator Code	N/A	N/A	N/A	N / A	T	T	N/A	N	N	Y	N/A
Line Allowed Charge Amount	N/A	N/A	N/A	N / A	T	T	N/A	N	N	Y	N/A
Line Beneficiary Part B Deductible Amount	N/A	N/A	N/A	N / A	T	T	N/A	N	N	Y	N/A
Line Beneficiary Payment Amount	N/A	N/A	N/A	N / A	T	T	N/A	N	N	Y	N/A
Line Beneficiary Primary Payer Code	N/A	N/A	N/A	N / A	T	T	N/A	Y	N	Y	N/A
Line Beneficiary Primary Payer Paid Amount	N/A	N/A	N/A	N / A	T	T	N/A	N	N	Y	N/A
Line Coinsurance Amount	N/A	N/A	N/A	N / A	T	T	N/A	N	N	Y	N/A
Line Consolidated Billing Indicator Code	N/A	N/A	N/A	N / A	N / A	N/A	N/A	N	N	Y	N/A
Line Diagnosis Code	N/A	N/A	N/A	N / A	N / A	N/A	N/A	Y	Y	Y	N/A
Line Diagnosis Version Code	N/A	N/A	N/A	N / A	N / A	N/A	N/A	N	N	N	N/A

Data Element Name	HHA	Hospice	Inpatient	Outpatient	Carrier	DMERC	Part D/Part D Restricted	Search	User Input File	Output View	Encryption
Line DME Purchase Price Amount	N/A	N/A	N/A	N / A	T	T	N/A	N	N	Y	N/A
Line Duplicate Claim Check Indicator Code	N/A	N/A	N/A	N / A	N / A	N/A	N/A	N	N	Y	N/A
Line First Expense Date	N/A	N/A	N/A	N / A	T	T	N/A	Y	N	Y	Zero
Line HCFA Provider Specialty Code	N/A	N/A	N/A	N / A	T	T	N/A	Y	N	Y	N/A
Line HCFA Type Service Code	N/A	N/A	N/A	N / A	T	T	N/A	Y	N	Y	N/A
Line HCPCS Code	N/A	N/A	N/A	N / A	T	T	N/A	Y	Y	Y	N/A
Line HCPCS Fourth Modifier Code	N/A	N/A	N/A	N / A	N / A	N/A	N/A	N	N	Y	N/A
Line HCPCS Initial Modifier Code	N/A	N/A	N/A	N / A	T	T	N/A	N	N	Y	N/A
Line HCPCS Second Modifier Code	N/A	N/A	N/A	N / A	T	T	N/A	N	N	Y	N/A
Line HCPCS Third Modifier Code	N/A	N/A	N/A	N / A	N / A	N/A	N/A	N	N	Y	N/A
Line Hematocrit/Hemoglobin Result Number	N/A	N/A	N/A	N / A	T	T	N/A	N	N	N	N/A
Line Hematocrit/Hemoglobin Test Type Code (08 level)	N/A	N/A	N/A	N / A	T	T	N/A	N	N	N	N/A
Line IDE Number	N/A	N/A	N/A	N / A	T	T	N/A	Y	N	Y	N/A

Data Element Name	HHA	Hospice	Inpatient	Outpatient	Carrier	DMERC	Part D/Part D Restricted	Search	User Input File	Output View	Encryption
Line Interest Amount	N/A	N/A	N/A	N / A	T	T	N/A	N	N	Y	N/A
Line Last Expense Date	N/A	N/A	N/A	N / A	T	T	N/A	Y	N	Y	Year/Qtr
Line National Drug Code	N/A	N/A	N/A	N / A	T	T	N/A	Y	Y	Y	N/A
Line NCH BETOS Code	N/A	N/A	N/A	N / A	T	T	N/A	Y	Y	Y	N/A
Line NCH Payment Amount	N/A	N/A	N/A	N / A	T	T	N/A	N	N	Y	N/A
Line NCH Provider State Code	N/A	N/A	N/A	N / A	T	N/A	N/A	Y	N	Y	N/A
Line Next Gereration (NG) Accountable	N/A	N/A	N/A	N / A	T	N/A	N/A	N	N	Y	N/A
Line Payment 80%/100% Code	N/A	N/A	N/A	N / A	T	T	N/A	N	N	Y	N/A
Line Payment Indicator Code	N/A	N/A	N/A	N / A	T	T	N/A	N	N	Y	N/A
Line Place Of Service Code	N/A	N/A	N/A	N / A	T	T	N/A	Y	N	Y	N/A
Line Primary Payer Allowed Charge Amount	N/A	N/A	N/A	N / A	T	T	N/A	N	N	Y	N/A
Line Processing Indicator Code	N/A	N/A	N/A	N / A	T	T	N/A	N	N	Y	N/A
Line Provider Participating Indicator Code	N/A	N/A	N/A	N / A	T	T	N/A	N	N	Y	N/A

Data Element Name	HHA	Hospice	Inpatient	Outpatient	Carrier	DMERC	Part D/Part D Restricted	Search	User Input File	Output View	Encryption
Line Provider Payment Amount	N/A	N/A	N/A	N / A	T	T	N/A	N	N	Y	N/A
Line Provider Tax Number	N/A	N/A	N/A	N / A	T	T	N/A	Y	Y	Y	Blank
Line Service Count	N/A	N/A	N/A	N / A	T	T	N/A	N	N	Y	N/A
Line Service Deductible Indicator Switch	N/A	N/A	N/A	N / A	T	T	N/A	N	N	Y	N/A
Line Submitted Charge Amount	N/A	N/A	N/A	N / A	T	T	N/A	N	N	Y	N/A
Line Worker's Compensation Indicator Code	N/A	N/A	N/A	N / A	T	T	N/A	N	N	N	N/A
Line Representative Payee (RP) Indicator Code	N	N	N	N	T	T	N/A	Y	N	N	N/A
Line Residual Payment Indicator Code	N	N	N	N	T	T	N/A	Y	N	N	N/A
Low-Income Cost Sharing Subsidy Amount (LICS)	N/A	N/A	N/A	N / A	N / A	N/A	Y	N	N	N/A	N/A
LUPA Indicator Code	H	N/A	N/A	N / A	N / A	N/A	N/A	N	N	Y	N/A
MCO Contract Number	T	T	T	T	T	T	N/A	N	N	N	N/A
MCO Health PLANID Number	T	T	T	T	T	T	N/A	N	N	N	N/A
MCO Option Code	T	T	T	T	T	T	N/A	N	N	N	N/A
MCO Period Effective Date	T	T	T	T	T	T	N/A	N	N	N	N/A
MCO Period Termination Date	T	T	T	T	T	T	N/A	N	N	N	N/A

Data Element Name	HHA	Hospice	Inpatient	Outpatient	Carrier	DMERC	Part D/Part D Restricted	Search	User Input File	Output View	Encryption
Medicaid Provider Identification Number	H	H	H	H	N / A	N/ A	N/ A	Y	Y	Y	N/A
NCH Active or Covered Level Care Thru Date	N/A	N/A	H	N / A	N / A	N/ A	N/ A	N	N	Y	N/A
NCH Beneficiary Blood Deductible Liability Amount	N/A	N/A	H	H	N / A	N/ A	N/ A	N	N	Y	N/A
NCH Beneficiary Discharge Date	H	H	H	N / A	N / A	N/ A	N/ A	N	N	Y	Year/Qtr
NCH Beneficiary Inpatient Deductible Amount	N/A	N/A	H	N / A	N / A	N/ A	N/ A	N	N	Y	N/A
NCH Beneficiary Medicare Benefits Exhausted Date	N/A	H	H	N / A	N / A	N/ A	N/ A	N	N	Y	N/A
NCH Beneficiary Part A Coinsurance Liability Amount	N/A	N/A	H	N / A	N / A	N/ A	N/ A	N	N	Y	N/A
NCH Beneficiary Part B Coinsurance Amount	N/A	N/A	N/A	H	N / A	N/ A	N/ A	N	N	Y	N/A
NCH Beneficiary Part B Deductible Amount	N/A	N/A	N/A	H	N / A	N/ A	N/ A	N	N	Y	N/A
NCH Blood Deductible Pints Quantity	N/A	N/A	H	H	N / A	N/ A	N/ A	N	N	Y	N/A
NCH Blood Non-Covered Charge Amount	N/A	N/A	H	N / A	N / A	N/ A	N/ A	N	N	Y	N/A
NCH Blood Pints Furnished Quantity	N/A	N/A	H	H	N / A	N/ A	N/ A	N	N	Y	N/A
NCH Blood Pints Not Replaced Quantity	N/A	N/A	H	H	N / A	N/ A	N/ A	N	N	Y	N/A

Data Element Name	HHA	Hospice	Inpatient	Outpatient	Carrier	DMERC	Part D/Part D Restricted	Search	User Input File	Output View	Encryption
NCH Blood Pints Replaced Quantity	N/A	N/A	H	H / A	N / A	N/A	N/A	N	N	Y	N/A
NCH Blood Total Charge Amount	N/A	N/A	H	N / A	N / A	N/A	N/A	N	N	Y	N/A
NCH Carrier Claim Allowed Charge Amount	N/A	N/A	N/A	N / A	H	H	N/A	N	N	Y	N/A
NCH Carrier Claim Submitted Charge Amount	N/A	N/A	N/A	N / A	H	H	N/A	N	N	Y	N/A
NCH Category Equitable Beneficiary Identification Code	H	H	H	H	H	H	N/A	N	N	Y	Encrypt
NCH Claim Beneficiary Payment Amount	N/A	N/A	N/A	N / A	H	H	N/A	N	N	Y	N/A
NCH Claim BIC Modify H Code	H	H	H	H	H	H	N/A	N	N	N	N/A
NCH Claim Provider Payment Amount	N/A	N/A	N/A	N / A	H	H	N/A	N	N	Y	N/A
NCH Claim Type Code	H	H	H	H	H	H	N/A	Y	N	Y	N/A
NCH Coinsurance Year 1 Rate Amount	N/A	N/A	H	N / A	N / A	N/A	N/A	N	N	N	N/A
NCH Coinsurance Year 2 Rate Amount	N/A	N/A	H	N / A	N / A	N/A	N/A	N	N	N	N/A
NCH Condition Trailer Indicator Code	T	T	T	T / A	N / A	N/A	N/A	N	N	N	N/A
NCH Daily Process Date	H	H	H	H	H	H	N/A	N	N	Y	N/A
NCH Demonstration Trailer Indicator Code	T	T	T	T	T	T	N/A	N	N	N	N/A
NCH Diagnosis E Trailer Indicator Code	N/A	N/A	N/A	N / A	N / A	N/A	N/A	N	N/A	N	N/A

Data Element Name	HHA	Hospice	Inpatient	Outpatient	Carrier	DMERC	Part D/Part D Restricted	Search	User Input File	Output View	Encryption
NCH Diagnosis Trailer Indicator Code	T	T	T	T	T	T	N/A	N	N	N	N/A
NCH DRG Outlier Approved Payment Amount	N/A	N/A	H	N / A	N / A	N/A	N/A	N	N	Y	N/A
NCH Edit Code	T	T	T	T	T	T	N/A	N	N	Y	N/A
NCH Edit Disposition Code	H	H	H	H	H	H	N/A	N	N	N	N/A
NCH Edit Trailer Indicator Code	T	T	T	T	T	T	N/A	N	N	N	N/A
NCH Inpatient Non-covered Charge Amount	N/A	N/A	H	N / A	N / A	N/A	N/A	N	N	Y	N/A
NCH Inpatient PRO Approval Grace Day Count	N/A	N/A	H	N / A	N / A	N/A	N/A	N	N	Y	Zero
NCH Inpatient PRO Approval Service From Date	N/A	N/A	H	N / A	N / A	N/A	N/A	N	N	Y	Zero
NCH Inpatient PRO Approval Service Thru Date	N/A	N/A	H	N / A	N / A	N/A	N/A	N	N	Y	Zero
NCH Inpatient Pro Approval Type Code	N/A	N/A	H	N / A	N / A	N/A	N/A	N	N	Y	N/A
NCH Inpatient Total Deduction Amount	N/A	N/A	H	N / A	N / A	N/A	N/A	N	N	Y	N/A
NCH Line Item Trailer Indicator Code	N/A	N/A	N/A	N / A	T	T	N/A	N	N	N	N/A
NCH MCO Trailer Indicator Code	T	T	T	T	T	T	N/A	N	N	N	N/A
NCH MQA Query Patch Code	H	H	H	H	N / A	N/A	N/A	N	N	N	N/A
NCH MQA RIC Code	H	H	H	H	H	H	N/A	N	N	N	N/A

Data Element Name	HHA	Hospice	Inpatient	Outpatient	Carrier	DMERC	Part D/Part D Restricted	Search	User Input File	Output View	Encryption
NCH Near Line Record Identification Code	H	H	H	H	H	H	N/A	N	N	Y	N/A
NCH Near-Line Record Version Code	H	H	H	H	H	H	N/A	N	N	Y	N/A
NCH Occurrence Trailer Indicator Code	T	T	T	T	N/A	N/A	N/A	N	N	N	N/A
NCH Patch Applied Date	T	T	T	T	T	T	N/A	N	N	Y	N/A
NCH Patch Code	T	T	T	T	T	T	N/A	N	N	Y	N/A
NCH Patch Trailer Indicator Code	T	T	T	T	T	T	N/A	N	N	N	N/A
NCH Patient Status Indicator Code	N/A	H	H	N/A	N/A	N/A	N/A	N	N	Y	N/A
NCH Payment and Edit Record Identification Code	H	H	H	H	N/A	N/A	N/A	N	N	Y	N/A
NCH POA Diagnosis E Trailer Indicator Code	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N	N	N	N/A
NCH POA Diagnosis Trailer Indicator Code	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N	N	N	N/A
NCH Primary Payer Claim Paid Amount	H	H	H	H	N/A	N/A	N/A	N	N	Y	N/A
NCH Primary Payer Code	N/A	T	T	T	N/A	N/A	N/A	N	N	N	N/A
NCH Procedure Trailer Indicator Code	N/A	T	T	T	N/A	N/A	N/A	N	N	N	N/A
NCH Professional Component Charge Amount	N/A	N/A	H	H	N/A	N/A	N/A	N	N	Y	N/A
NCH Provider Guaranteed Payment Start Date	N/A	N/A	H	N/A	N/A	N/A	N/A	N	N	Y	N/A

Data Element Name	HHA	Hospice	Inpatient	Outpatient	Carrier	DMERC	Part D/Part D Restricted	Search	User Input File	Output View	Encryption
NCH Provider State Code	H	H	H	H	N / A	N / A	N / A	Y	N	Y	N/A
NCH Qualified Stay From Date	H	N/A	H	N / A	N / A	N / A	N / A	N	N	Y	Zero
NCH Qualify Stay Through Date	H	N/A	H	N / A	N / A	N / A	N / A	N	N	Y	Year/Qtr
NCH Revenue Center Trailer Indicator Code	T	T	T	T	N / A	N / A	N / A	N	N	N	N/A
NCH Segment Link Number	H	H	H	H	H	H	N / A	N	N	Y	N/A
NCH Span Trailer Indicator Code	T	T	T	T	N / A	N / A	N / A	N	N	N	N/A
NCH State Segment Code	H	H	H	H	H	H	N / A	Y	N	N	N/A
NCH Utilization Review Notice Received Date	N/A	N/A	H	N / A	N / A	N / A	N / A	N	N	Y	N/A
NCH Value Trailer Indicator Code	T	T	T	T	N / A	N / A	N / A	N	N	N	N/A
NCH Verified Non-covered Stay From Date	N/A	N/A	H	N / A	N / A	N / A	N / A	N	N	Y	N/A
NCH Verified Non-covered Stay Through Date	N/A	N/A	H	N / A	N / A	N / A	N / A	N	N	Y	N/A
NCH Weekly Claim Processing Date	H	H	H	H	H	H	N / A	Y	N	Y	Zero
NDC Quantity	N/A	N/A	N/A	N / A	N / A	N / A	Y	Y	N	Y	N/A
NDC Quantity Qualifier Code	N/A	N/A	N/A	N / A	N / A	N / A	Y	Y	N	Y	N/A

Data Element Name	HHA	Hospice	Inpatient	Outpatient	Carrier	DMERC	Part D/Part D Restricted	Search	User Input File	Output View	Encryption
Non-Covered Paid Amount (NPP)	N/A	N/A	N/A	N / A	N / A	N/A	Y	N	N	N/A	N/A
Non-Standard Format Code	N/A	N/A	N/A	N / A	N / A	N/A	Y	Y	N	N/A	N/A
Organization NPI Number	H	H	H	H	N / A	N/A	N/A	Y	Y	Y	N/A
Other TrOOP Amount	N/A	N/A	N/A	N / A	N / A	N/A	Y	N	N	N/A	N/A
Outpatient Claim Demonstration ID Count	N/A	N/A	N/A	H	N / A	N/A	N/A	Y	N	Y	N/A
Outpatient Claim Diagnosis Code J Count	N/A	N/A	N/A	H	N / A	N/A	N/A	N	N	Y	N/A
Outpatient Claim Diagnosis E Code Count	N/A	N/A	N/A	N / A	N / A	N/A	N/A	N	N/A	N	N/A
Outpatient Claim Occurrence Span Code Count	N/A	N/A	N/A	H	N / A	N/A	N/A	N	N	Y	N/A
Outpatient Claim Procedure Code J Count	N/A	N/A	N/A	H	N / A	N/A	N/A	N	N	Y	N/A
Outpatient Claim Related Condition Code Count	N/A	N/A	N/A	H	N / A	N/A	N/A	N	N	Y	N/A
Outpatient Claim Related Occurrence Code Count	N/A	N/A	N/A	H	N / A	N/A	N/A	N	N	Y	N/A
Outpatient Claim Value Code Count	N/A	N/A	N/A	H	N / A	N/A	N/A	N	N	Y	N/A
Outpatient MCO Period Count	N/A	N/A	N/A	H	N / A	N/A	N/A	N	N	N	N/A

Data Element Name	HHA	Hospice	Inpatient	Outpatient	Carrier	DMERC	Part D/Part D Restricted	Search	User Input File	Output View	Encryption
Outpatient NCH Edit Code Count	N/A	N/A	N/A	H	N / A	N/A	N/A	N	N	Y	N/A
Outpatient NCH Patch Code Count	N/A	N/A	N/A	H	N / A	N/A	N/A	N	N	Y	N/A
Outpatient Revenue Center Code Count	N/A	N/A	N/A	H	N / A	N/A	N/A	N	N	Y	N/A
Paid Date	N/A	N/A	N/A	N / A	N / A	N/A	Y	Y	N	N/A	N/A
Patient Control Number	H	H	H	H	N / A	N/A	N/A	N	N	Y	Blank
Patient Date of Birth	N/A	N/A	N/A	N / A	N / A	N/A	Y	Y	N	N/A	year/ Qtr
Patient Discharge Status Code	H	H	H	H	N / A	N/A	N/A	N	N	Y	N/A
Patient Gender Code	N/A	N/A	N/A	N / A	N / A	N/A	Y	Y	N	N/A	N/A
Patient Liability Reduction Due to Other Payer Amount (PLRO)	N/A	N/A	N/A	N / A	N / A	N/A	Y	N	N	N/A	N/A
Patient Paid Amount	N/A	N/A	N/A	N / A	N / A	N/A	Y	N	N	N/A	N/A
PBP Id	N/A	N/A	N/A	N / A	N / A	N/A	Y	Y	Y	N/A	encrypt
Prescriber Id	N/A	N/A	N/A	N / A	N / A	N/A	Y	Y	Y	N/A	encrypt
Prescriber Id Qualifier	N/A	N/A	N/A	N / A	N / A	N/A	Y	Y	N	N/A	N/A

Data Element Name	HHA	Hospice	Inpatient	Outpatient	Carrier	DMERC	Part D/Part D Restricted	Search	User Input File	Output View	Encryption
Price Exception Code	N/A	N/A	N/A	N / A	N / A	N/A	Y	Y	N	N/A	N/A
Product Service Id (NDC Code)	N/A	N/A	N/A	N / A	N / A	N/A	Y	Y	Y	N/A	encrypt
Provider Number	H	H	H	H	N / A	N/A	N/A	Y	Y	Y	N/A
Quantity Dispensed	N/A	N/A	N/A	N / A	N / A	N/A	Y	Y	N	N/A	N/A
RAC Adjustment Indicator Code	N/A	N/A	N/A	N / A	N / A	N/A	N/A	N	N	Y	N/A
Record Length Count	H	H	H	H	H	H	N/A	N	N	N	N/A
Revenue Center 1st ANSI Code	T	T	T	T	N / A	N/A	N/A	Y	N	Y	N/A
Revenue Center 1st Medicare Secondary Payer Paid Amount	T	T	T	T	N / A	N/A	N/A	N	N	Y	N/A
Revenue Center 2nd ANSI Code	T	T	T	T	N / A	N/A	N/A	N	N	N	N/A
Revenue Center 2nd Medicare Secondary Payer Paid Amount	T	T	T	T	N / A	N/A	N/A	N	N	Y	N/A
Revenue Center 3rd ANSI Code	T	T	T	T	N / A	N/A	N/A	N	N	N	N/A
Revenue Center 4th ANSI Code	T	T	T	T	N / A	N/A	N/A	N	N	N	N/A
Revenue Center APC Buffer Code	T	T	T	T	N / A	N/A	N/A	N	N	N	N/A
Revenue Center APC/HIPPS Code	T	T	T	T	N / A	N/A	N/A	N	N	Y	N/A

Data Element Name	HHA	Hospice	Inpatient	Outpatient	Carrier	DMERC	Part D/Part D Restricted	Search	User Input File	Output View	Encryption
Revenue Center Beneficiary Payment Amount	T	T	T	T	N / A	N / A	N / A	N	N	Y	N/A
Revenue Center Blood Deductible Amount	T	T	T	T	N / A	N / A	N / A	N	N	Y	N/A
Revenue Center Cash Deductible Amount	T	T	T	T	N / A	N / A	N / A	N	N	Y	N/A
Revenue Center Code	T	T	T	T	N / A	N / A	N / A	Y	Y	Y	N/A
Revenue Center Coinsurance/Wage Adjusted Coinsurance Amount	T	T	T	T	N / A	N / A	N / A	N	N	Y	N/A
Revenue Center Consolidated Billing Code	N/A	N/A	N/A	N / A	N / A	N / A	N / A	Y	Y	Y	N/A
Revenue Center Date	T	T	T	T	N / A	N / A	N / A	N	N	Y	Year/Qtr
Revenue Center Deductible Coinsurance Code	T	T	T	T	N / A	N / A	N / A	N	N	Y	N/A
Revenue Center Discount Indicator Code	T	T	T	T	N / A	N / A	N / A	N	N	Y	N/A
Revenue Center Duplicate Claim Check Indicator Code	N/A	N/A	N/A	N / A	N / A	N / A	N / A	N	N	Y	N/A
Revenue Center Duplicate Claim Check Indicator Code	T	T	T	T	N / A	N / A	N / A	N	N	N	N/A
Revenue Center HCFA Common Procedure Coding System Code	T	T	T	T	N / A	N / A	N / A	Y	Y	Y	N/A
Revenue Center HCPCS Fifth Modifier Code	T	T	T	T	N / A	N / A	N / A	N	N	Y	N/A

Data Element Name	HHA	Hospice	Inpatient	Outpatient	Carrier	DMERC	Part D/Part D Restricted	Search	User Input File	Output View	Encryption
Revenue Center HCPCS Fourth Modifier Code	T	T	T	T	N / A	N / A	N / A	N	N	Y	N/A
Revenue Center HCPCS Initial Modifier Code	T	T	T	T	N / A	N / A	N / A	N	N	Y	N/A
Revenue Center HCPCS Second Modifier Code	T	T	T	T	N / A	N / A	N / A	N	N	Y	N/A
Revenue Center HCPCS Third Modifier Code	T	T	T	T	N / A	N / A	N / A	N	N	Y	N/A
Revenue Center IDE, NDC, UPC Number	T	T	T	T	N / A	N / A	N / A	Y	N	Y	N/A
Revenue Center NDC Quantity	N/A	N/A	N/A	N / A	N / A	N / A	N / A	N	N	Y	N/A
Revenue Center NDC Quantity Qualifier Code	N/A	N/A	N/A	N / A	N / A	N / A	N / A	N	N	Y	N/A
Revenue Center Non-Covered Charge Amount	T	T	T	T	N / A	N / A	N / A	N	N	Y	N/A
Revenue Center OTAF Indicator Code	S	S	S	S	N / A	N / A	N / A	N	N	N	N/A
Revenue Center Packaging Indicator Code	T	T	T	T	N / A	N / A	N / A	N	N	Y	N/A
Revenue Center Patient/Initial Visit Add-On Payment Amount	N/A	N/A	N/A	T	N / A	N / A	N / A	N	N	N	N/A
Revenue Center Patient Responsibility Payment Amount	T	T	T	T	N / A	N / A	N / A	N	N	Y	N/A
Revenue Center Payment Amount	T	T	T	T	N / A	N / A	N / A	N	N	Y	N/A

Data Element Name	HHA	Hospice	Inpatient	Outpatient	Carrier	DMERC	Part D/Part D Restricted	Search	User Input File	Output View	Encryption
Revenue Center Payment Method Indicator Code	T	T	T	T	N / A	N/ A	N/ A	N	N	Y	N/A
Revenue Center Pricing Indicator Code	T	T	T	T	N / A	N/ A	N/ A	N	N	Y	N/A
Revenue Center Provider Payment Amount	T	T	T	T	N / A	N/ A	N/ A	N	N	Y	N/A
Revenue Center Rate Amount	T	T	T	T	N / A	N/ A	N/ A	N	N	Y	N/A
Revenue Center Reduced Coinsurance Amount	T	T	T	T	N / A	N/ A	N/ A	N	N	Y	N/A
Revenue Center Rendering Physician NPI Number	N/A	N/A	N/A	N / A	N / A	N/ A	N/ A	Y	Y	Y	Encrypt
Revenue Center Rendering Surname Name	N/A	N/A	N/A	N / A	N / A	N/ A	N/ A	N	N	N	Blank
Revenue Center Representative Payee (RP) Indicator Code	L	L	L	L	N	N					
Revenue Center Status Indicator Code	N/A	N/A	N/A	N / A	N / A	N/ A	N/ A	N	N	Y	N/A
Revenue Center Total Charge Amount	T	T	T	T	N / A	N/ A	N/ A	N	N	Y	N/A
Revenue Center Unique Tracking Number	T	T	N/A	T	N / A	N/ A	N/ A	N	N	N	N/A
Revenue Center Unit Count	T	T	T	T	N / A	N/ A	N/ A	N	N	Y	N/A
Rx Number	N/A	N/A	N/A	N / A	N / A	N/ A	Y	Y	Y	Y	encrypt
Service Provider Id	N/A	N/A	N/A	N / A	N / A	N/ A	Y	Y	Y	N/ A	encrypt

Data Element Name	HHA	Hospice	Inpatient	Outpatient	Carrier	DMERC	Part D/Part D Restricted	Search	User Input File	Output View	Encryption
Service Provider Id Qualifier	N/A	N/A	N/A	N / A	N / A	N/A	Y	Y	N	N/A	N/A
SSA State Code	N/A	N/A	N/A	N / A	N / A	N/A	Y	N	N	N/A	N/A
State/County	S	S	S	S	S	S	N/A	Y	Y	N	N/A
Total Amount of Sales Tax	N/A	N/A	N/A	N / A	N / A	N/A	Y	N	N	N/A	N/A
Uncompensated Care Payment Amount	N/A	N/A	H	N / A	N / A	N/A	N/A	N	N	N/A	N/A
Vaccine Administration Fee	N/A	N/A	N/A	N / A	N / A	N/A	Y	N	N	N/A	N/A

**Table 11: Medicare Claim Data Items**

## Appendix E: Quick Reference for MEDPAR, DENOM, Name & Address, Vital Stats, and Part D/Part D Restricted

An asterisk (\*) indicates elements for which a user input file can be used.

**Note:** DESY cross-references HICAN finder files for MEDPAR and DENOM requests when a HICAN finder file is used.

### E.1 MEDPAR

The following elements exist:

- Beneficiary Mailing Contact ZIP Code\*
- Beneficiary Residence SSA Standard County Code\*
- Beneficiary Residence SSA Standard State Code
- Claim Diagnosis Code\*
- Claim Locator Number Group (HICAN)\*
- Claim Procedure Code\*
- NCH Provider State Code
- Provider Number\*
- State/County\*

### E.2 DENOM

The following elements exist:

- Beneficiary Mailing Contact ZIP Code\*
- Beneficiary Residence SSA Standard County Code\*
- Beneficiary Residence SSA Standard State Code
- Claim Locator Number Group (HICAN)\*
- State/County\*

### E.3 Name and Address

The following elements exist:

- Beneficiary Birth Date
- Beneficiary Claim Number Group\*
- Beneficiary Death Date
- Beneficiary Mailing Contact ZIP Code\*
- Beneficiary Race Code
- Beneficiary Residence SSA Standard County Code\*
- Beneficiary Residence SSA Standard State Code
- Beneficiary Sex Identification Code
- State/County\*

### E.4 Vital Stats

The following elements exist:

- Beneficiary Birth Date
- Beneficiary Death Date
- Beneficiary Race Code

Beneficiary Residence SSA Standard State Code  
Beneficiary Sex Identification Code

## **E.5 Part D/Part D Restricted**

The Following elements exist:

Claim Control Number  
Cardholder ID  
Rx Number  
Health Insurance Claim Number (HICAN)  
Product Service Id (NDC Code)  
Service Provider Id  
Prescriber Id  
Contract Number  
PBP Id

## Appendix F: Quick Reference for Cross-Reference Output Record

Table 12 - Presents information about Cross-Reference Input Records.

Name	Type	Length	Beginning Position	End Position	Contents
**** CROSS-REFERENCE HEALTH INSURANCE CLAIM NUMBER INPUT RECORD	REC	14	1	14	Input finder record System alias: XREF1 Da1 alias: XREF1@
**** HEALTH INSURANCE CLAIM ACCOUNT NUMBER	GROUP	11	1	11	The number identifying a Medicare beneficiary in an input finder Standard alias: INP_BENE_CLM_NUM_GRP Common alias: HIC
1. INPUT BENEFICIARY ACCOUNT NUMBER	CHAR	9	1	9	The number identifying the wage earner on a finder record submitted Standard alias: INP_BENE_CLM_ACNT_NUM Common alias: CAN Source: User
2. INPUT BENEFICIARY IDENTIFICATION CODE	CHAR	2	10	11	The beneficiary identification code supplied by the user on an input finder record Standard alias: INP_BENE_IDENT_CD Common alias: BIC Source: User
3. INPUT USER REFERENCE CODE	CHAR	2	12	13	Optional user-supplied reference code Standard alias: INP_USER_RFRNC_CD Source: User

Name	Type	Length	Beginning Position	End Position	Contents
4. INPUT SEX CODE	CHAR	1	14	14	Beneficiary's gender per the input finder Standard alias: INP_SEX_CD Edit-rules: Optional Codes: <ul style="list-style-type: none"> <li>• 1 = male</li> <li>• 2 = female</li> </ul> Source: User

**Table 12: Quick Reference for Cross Reference Input Record**

*Table 13 - Presents information about Cross-Reference Output Records.*

Name	Type	Length	Beginning Position	End Position	Contents
**** CROSS-REFERENCE HEALTH INSURANCE CLAIM NUMBER OUTPUT RECORD	REC	30	1	30	A cross-reference health insurance claim number (HIC) output record in response to an input finder cross-reference HIC input record  System alias: XREF2 Da1 alias: XREF2@
**** HEALTH INSURANCE CLAIM ACCOUNT NUMBER (HIC)	GROUP	11	1	11	This number uniquely identifies a Medicare beneficiary.  Standard alias: BENE_CLM_NUM_GRP Common alias: HIC Common Business-Oriented Language (COBOL) alias: BENE_CLM_NUM
1. BENEFICIARY ACCOUNT NUMBER	CHAR	9	1	9	The number identifying the wage earner under the SSA or RRB programs submitted  Standard alias: BENE_CLM_ACNT_NUM Common alias: CAN Title alias: CAN Sas alias: CAN  Structure Query Language (SQL) info: Char(9) not null  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-International Business Machines (IBM) machines.
2. INPUT BENEFICIARY IDENTIFICATION CODE (BIC)	CHAR	2	10	11	The BIC supplied by the user on an input finder record  Standard alias: INP_BENE_IDENT_CD Common alias: BIC  Source: User

Name	Type	Length	Beginning Position	End Position	Contents
3. INPUT USER REFERENCE CODE	CHAR	2	12	13	Optional user supplied reference code  Standard alias: INP_USER_RFRNC_CD  Source: User
4. FILLER	CHAR	1	14	14	Standard alias: FILLER Sas alias: FILLER
5. EQUATED BENEFICIARY IDENTIFICATION CODE (BIC)	CHAR	2	15	16	This code specifies the type of beneficiary for cash payment programs and identifies the type of relationship between the individual and primary beneficiary when the individual is qualified under another's account.  The code equates to a common BIC.  For example, the records for a wife (BIC B) who becomes a widow (BIC D) in the file year would have all records coded to the first BIC.  Common alias: BIC  Codes: Social Security Administration: <ul style="list-style-type: none"> <li>• A = primary claimant</li> <li>• B = aged wife, age 62 or over (1st claimant)</li> <li>• B1 = aged husband, age 62 or over (1st claimant)</li> </ul>

Name	Type	Length	Beginning Position	End Position	Contents
5. EQUATED BENEFICIARY IDENTIFICATION CODE (continued)	CHAR	2	15	16	<ul style="list-style-type: none"> <li>• B2 = young wife, with a child in her care (1st claimant)</li> <li>• B3 = aged wife (2nd claimant)</li> <li>• B4 = aged husband (2nd claimant)</li> <li>• B5 = young wife (2nd claimant)</li> <li>• B6 = divorced wife, age 62 or over (1<sup>st</sup> claimant)</li> <li>• B7 = young wife (3rd claimant)</li> <li>• B8 = aged wife (3rd claimant)</li> <li>• B9 = divorced wife (2nd claimant)</li> <li>• BA = aged wife (4th claimant)</li> <li>• BD = aged wife (5th claimant)</li> <li>• BG = aged husband (3rd claimant)</li> <li>• BH = aged husband (4th claimant)</li> <li>• BJ = aged husband (5th claimant)</li> <li>• BK = young wife (4th claimant)</li> <li>• BL = young wife (5th claimant)</li> <li>• BN = divorced wife (3rd claimant)</li> <li>• BP = divorced wife (4th claimant)</li> <li>• BQ = divorced wife (5th claimant)</li> <li>• BR = divorced husband (1st claimant)</li> <li>• BT = divorced husband (2nd claimant)</li> <li>• BW = young husband (2nd claimant)</li> <li>• BY = young husband (1st claimant)</li> <li>• C1-C9,CA-CK = child (includes minor, student or disabled child)</li> <li>• D = aged widow, 60 or over (1st claimant)</li> <li>• D1 = aged widower, age 60 or over (1st claimant)</li> <li>• D2 = aged widow (2nd claimant)</li> <li>• D3 = aged widower (2nd claimant)</li> <li>• D4 = widow (remarried after attainment of age 60) (1st claimant)</li> <li>• D5 = widower (remarried after attainment of age 60) (1st claimant)</li> <li>• D6 = surviving divorced wife, age 60 or over (1st claimant)</li> <li>• D7 = surviving divorced wife (2nd claimant)</li> <li>• D8 = aged widow (3rd claimant)</li> <li>• D9 = remarried widow (2nd claimant)</li> <li>• DA = remarried widow (3rd claimant)</li> <li>• DD = aged widow (4th claimant)</li> <li>• DG = aged widow (5th claimant)</li> <li>• DH = aged widower (3rd claimant)</li> <li>• DJ = aged widower (4th claimant)</li> <li>• DK = aged widower (5th claimant)</li> <li>• DL = remarried widow (4th claimant)</li> <li>• DM = surviving divorced husband (2nd claimant)</li> <li>• DN = remarried widow (5th claimant)</li> <li>• DP = remarried widower (2nd claimant)</li> <li>• DQ = remarried widower (3rd claimant)</li> <li>• DR = remarried widower (4th claimant)</li> <li>• DS = surviving divorced husband (3rd claimant)</li> <li>• DT = remarried widower (5th claimant)</li> <li>• DV = surviving divorced wife (3rd claimant)</li> <li>• DW = surviving divorced wife (4th claimant)</li> </ul>

Name	Type	Length	Beginning Position	End Position	Contents
5. EQUATED BENEFICIARY IDENTIFICATION CODE (continued)	CHAR	2	15	16	<ul style="list-style-type: none"> <li>• DX = surviving divorced husband (4th claimant)</li> <li>• DY = surviving divorced wife (5th claimant)</li> <li>• DZ = surviving divorced husband (5th claimant)</li> <li>• E = mother (widow) (1st claimant)</li> <li>• E1 = surviving divorced mother (1st claimant)</li> <li>• E2 = mother (widow) (2nd claimant)</li> <li>• E3 = surviving divorced mother (2nd claimant)</li> <li>• E4 = father (widower) (1st claimant)</li> <li>• E5 = surviving divorced father (widower) (1st claimant)</li> <li>• E6 = father (widower) (2nd claimant)</li> <li>• E7 = mother (widow) (3rd claimant)</li> <li>• E8 = mother (widow) (4th claimant)</li> <li>• E9 = surviving divorced father (widower) (2nd claimant)</li> <li>• EA = mother (widow) (5th claimant)</li> <li>• EB = surviving divorced mother (3rd claimant)</li> <li>• EC = surviving divorced mother (4th claimant)</li> <li>• ED = surviving divorced mother (5th claimant)</li> <li>• EF = father (widower) (3rd claimant)</li> <li>• EG = father (widower) (4th claimant)</li> <li>• EH = father (widower) (5th claimant)</li> <li>• EJ = surviving divorced father (3rd claimant)</li> <li>• EK = surviving divorced father (4th claimant)</li> <li>• EM = surviving divorced father (5th claimant)</li> <li>• F1 = father</li> <li>• F2 = mother</li> <li>• F3 = stepfather</li> <li>• F4 = stepmother</li> <li>• F5 = adopting father</li> <li>• F6 = adopting mother</li> <li>• F7 = second alleged father</li> <li>• F8 = second alleged mother</li> <li>• J1 = primary prouty entitled to HIB (less than 3 quarters of coverage (QCs) (general fund)</li> <li>• J2 = primary prouty entitled to HIB (over 2 QCs.) (RSI trust fund)</li> <li>• J3 = primary prouty not entitled to HIB (less than 3 QCs) (general fund)</li> <li>• J4 = primary prouty not entitled to HIB (over 2 QCs) (Retirement and Survivors Insurance (RSI) trust fund)</li> <li>• K1 = prouty wife entitled to HIB (less than 3 QCs) (general fund) (1st claimant)</li> <li>• K2 = prouty wife entitled to HIB (over 2 QCs) (RSI trust fund) (1st claimant)</li> <li>• K3 = prouty wife not entitled to HIB (less than 3 QCs) (general fund) (1st claimant)</li> <li>• K4 = prouty wife not entitled to HIB (over 2 QCs) (RSI trust fund) (1st claimant)</li> </ul>

Name	Type	Length	Beginning Position	End Position	Contents
5. EQUATED BENEFICIARY IDENTIFICATION CODE (continued)	CHAR	2	15	16	<ul style="list-style-type: none"> <li>• K5 = prouty wife entitled to HIB (less than 3 QCs) (general fund) (2nd claimant)</li> <li>• K6 = prouty wife entitled to HIB (over 2 QCs) (RSI trust fund) (2nd claimant)</li> <li>• K7 = prouty wife not entitled to HIB (less than 3 QCs) (general fund) (2nd claimant)</li> <li>• K8 = prouty wife not entitled to HIB (over 2 QCs) (RSI trust fund) (2nd claimant)</li> <li>• K9 = prouty wife entitled to HIB (less than 3 QCs) (general fund) (3rd claimant)</li> <li>• KA = prouty wife entitled to HIB (over 2 QCs) (RSI trust fund) (3rd claimant)</li> <li>• KB = prouty wife not entitled to HIB (less than 3 QCs) (general fund) (3rd claimant)</li> <li>• KC = prouty wife not entitled to HIB (over 2 QCs) (RSI trust fund) (3rd claimant)</li> <li>• KD = prouty wife entitled to HIB (less than 3 QCs) (general fund) (4th claimant)</li> <li>• KE = prouty wife entitled to HIB (over 2 QCs) (4th claimant)</li> <li>• KF = prouty wife not entitled to HIB (less than 3 QCs)(4th claimant)</li> <li>• KG = prouty wife not entitled to HIB (over 2 QCs)(4th claimant)</li> <li>• KH = prouty wife entitled to HIB (less than 3 QCs)(5th claimant)</li> <li>• KJ = prouty wife entitled to HIB (over 2 QCs) (5th claimant)</li> <li>• KL = prouty wife not entitled to HIB (less than 3 QCs)(5th claimant)</li> <li>• KM = prouty wife not entitled to HIB (over 2 QCs) (5th claimant)</li> <li>• M = uninsured-not qualified for deemed HIB</li> <li>• M1 = uninsured-qualified but refused HIB</li> <li>• T = uninsured-entitled to HIB under deemed or renal provisions</li> <li>• TA = Medicare For Qualified Government Employment (MQGE) (primary claimant)</li> <li>• TB = MQGE aged spouse (first claimant)</li> <li>• TC = MQGE disabled adult child (first claimant)</li> <li>• TD = MQGE aged widow(er) (first claimant)</li> <li>• TE = MQGE young widow(er) (first claimant)</li> <li>• TF = MQGE parent (male)</li> <li>• TG = MQGE aged spouse (second claimant)</li> <li>• TH = MQGE aged spouse (third claimant)</li> <li>• TJ = MQGE aged spouse (fourth claimant)</li> <li>• TK = MQGE aged spouse (fifth claimant)</li> <li>• TL = MQGE aged widow(er) (second claimant)</li> <li>• TM = MQGE aged widow(er) (third claimant)</li> <li>• TN = MQGE aged widow(er) (fourth claimant)</li> <li>• TP = MQGE aged widow(er) (fifth claimant)</li> <li>• TQ = MQGE parent (female)</li> </ul>

Name	Type	Length	Beginning Position	End Position	Contents
5. EQUATED BENEFICIARY IDENTIFICATION CODE (continued)	CHAR	2	15	16	<ul style="list-style-type: none"> <li>• TR = MQGE young widow(er) (second claimant)</li> <li>• TS = MQGE young widow(er) (third claimant)</li> <li>• TT = MQGE young widow(er) (fourth claimant)</li> <li>• TU = MQGE young widow(er) (fifth claimant)</li> <li>• TV = MQGE disabled widow(er) fifth claimant</li> <li>• TW = MQGE disabled widow(er) first claimant</li> <li>• TX = MQGE disabled widow(er) second claimant</li> <li>• TY = MQGE disabled widow(er) third claimant</li> <li>• TZ = MQGE disabled widow(er) fourth claimant</li> <li>• T2-T9 = disabled child (second to ninth claimant)</li> <li>• W = disabled widow, age 50 or over (1st claimant)</li> <li>• W1 = disabled widower, age 50 or over (1st claimant)</li> <li>• W2 = disabled widow (2nd claimant)</li> <li>• W3 = disabled widower (2nd claimant)</li> <li>• W4 = disabled widow (3rd claimant)</li> <li>• W5 = disabled widower (3rd claimant)</li> <li>• W6 = disabled surviving divorced wife (1st claimant)</li> <li>• W7 = disabled surviving divorced wife (2nd claimant)</li> <li>• W8 = disabled surviving divorced wife (3rd claimant)</li> <li>• W9 = disabled widow (4th claimant)</li> <li>• WB = disabled widower (4th claimant)</li> <li>• WC = disabled surviving divorced wife (4th claimant)</li> <li>• WF = disabled widow (5th claimant)</li> <li>• WG = disabled widower (5th claimant)</li> <li>• WJ = disabled surviving divorced wife (5th claimant)</li> <li>• WR = disabled surviving divorced husband (1st claimant)</li> <li>• WT = disabled surviving divorced husband (2nd claimant)</li> </ul> <p>Railroad Retirement Board:  <b>Note:</b>                      Employee: A Medicare beneficiary who is still working or a worker who died before retirement                      Annuitant: A person who retired under the railroad retirement act after 03/01/37                      Pensioner: A person who retired prior to 03/01/37 and was included in the Railroad Retirement Act</p> <ul style="list-style-type: none"> <li>• 10 = retirement - employee or annuitant</li> <li>• 80 = RR pensioner (age or disability)</li> <li>• 14 = spouse of RR employee or annuitant (husband or wife)</li> <li>• 84 = spouse of RR pensioner</li> </ul>

Name	Type	Length	Beginning Position	End Position	Contents
5. EQUATED BENEFICIARY IDENTIFICATION CODE (continued)	CHAR	2	15	16	<ul style="list-style-type: none"> <li>• 43 = child of RR employee</li> <li>• 13 = child of RR annuitant</li> <li>• 17 = disabled adult child of RR annuitant</li> <li>• 46 = widow/widower of RR employee</li> <li>• 16 = widow/widower of RR annuitant</li> <li>• 86 = widow/widower of RR pensioner</li> <li>• 43 = widow of employee with a child in her care</li> <li>• 13 = widow of annuitant with a child in her care</li> <li>• 83 = widow of pensioner with a child in her care</li> <li>• 45 = parent of employee</li> <li>• 15 = parent of annuitant</li> <li>• 85 = parent of pensioner</li> <li>• 11 = survivor joint annuitant (reduced benefits taken to insure benefits for surviving spouse)</li> </ul> <p>Source: Enrollment Database (EDB)</p>
6. CROSS REFERENCE CLAIM NUMBER	CHAR	11	17	27	<p>The health insurance claim number from the input finder record or a located cross-reference claim account with an equated BIC.</p> <p>Standard alias: XREF_BENE_CLM_NUM Common alias: XREF_HIC</p>
7. FILLER	CHAR	3	28	30	<p>Standard alias: FILLER Sas alias: FILLER</p>

**Table 13: Quick Reference for Cross Reference Output Record**

## Appendix G: Emails Sent from DESY

This appendix contains samples of e-mails that the DESY system sends to DESY users.

### E.1 Completed Request - Media In-House

The system sends this e-mail to the user when a request is complete and their media is in-house.

From: [DESY@CMS.HHS.GOV](mailto:DESY@CMS.HHS.GOV)

Sent: Friday, July 22, 2005 3:40 PM

To: DESY System User

Subject: DESY processing has finished for request 000005729.

Number of records in your output file - 922.

Name of your output file - P#DSY.@AAA2049.WC85.@-----R0005729.OUT.

Number of records in your dropped file - 71.

Name of your dropped file - P#DSY.@AAA2049.WC85.@-----R0005729.OUTD.

PLEASE NOTE: These output datasets will be DELETED at the DUA expiration date (07/21/2008) UNLESS you do the following:

1. Extend the DUA for the project. This allows you to use the data you already created and qualifies you for extending DESY access privileges. Please contact the CMS DUA team at [DataUseAgreement@cms.hhs.gov](mailto:DataUseAgreement@cms.hhs.gov), to extend your DUA.
  2. Extend the tape expiration date. To do this, send an e-mail to [TAPELIB@CMS.HHS.GOV](mailto:TAPELIB@CMS.HHS.GOV) containing the dataset names and VOLSERS, and request an extension of the dataset expiration date by one year.
- This e-mail was generated by the system. Please do not respond to this e-mail. Thank you.

### E.2 New Beneficiary Encrypted Files/Public Use Files (BEF/PUF) File Requested

The system sends this e-mail to the DESY user to alert him/her when a new BEF/PUF file has been requested so s/he can create the file.

From: [DESY@CMS.HHS.GOV](mailto:DESY@CMS.HHS.GOV)

Sent: Wednesday, July 20, 2005 5:21 PM

To: DESY System User

Subject: A new BEF/PUF file has been requested.

Please run job DSY#BPMT and its generated Job Control Language (JCL) to create the files requested.

This e-mail was generated by the system. Please do not respond to this e-mail. Thank you.

### E.3 No Records Selected

The system sends this e-mail when a request completes with no records selected.

From: [DESY@CMS.HHS.GOV](mailto:DESY@CMS.HHS.GOV)

Sent: Wednesday, July 20, 2005 5:19 PM

To: DESY System User

Subject: DESY processing has finished for request 000005231.

No records were selected for your request.

This e-mail was generated by the system. Please do not respond to this e-mail. Thank you.

## E.4 Request Canceled

The system sends this e-mail when a request has been cancelled by the system.

From: [DESY@CMS.HHS.GOV](mailto:DESY@CMS.HHS.GOV)

Sent: Wednesday, July 20, 2005 5:19 PM

To: DESY System User

Subject: DESY Request 000005231 has been cancelled.

This e-mail was generated by the system. Please do not respond to this e-mail. Thank you.

## E.5 Empty User Input File

The system sends this e-mail when the user enters an empty user input file.

From: [DESY@CMS.HHS.GOV](mailto:DESY@CMS.HHS.GOV)

Sent: Wednesday, July 20, 2005 5:20 PM

To: DESY System User

Subject: DESY Request 000005231 has been cancelled due to an empty user input file.

This e-mail was generated by the system. Please do not respond to this e-mail. Thank you.

## Appendix H: Acronyms

Term	Acronym	Definition
Ambulatory Patient Classification	APC	APC is the method of paying for facility outpatient services for the Medicare program.
American National Standards Institute	ANSI	ANSI is a private non-profit organization that oversees the development of voluntary consensus standards for products, services, processes, systems, and personnel in the United States.
Automated Production Control and Scheduling System	APCSS	APCSS is a CMS production environment, automated job scheduling system; APCSS handles the data processing within the OMBDW.
Beneficiary	BENE	A beneficiary is a person who has health care insurance through the Medicare or Medicaid program.
Beneficiary Identification Code	BIC	The BIC associates codes with beneficiary conditions. It is position 10-11 of the Health Insurance Claim Number, which defines a beneficiary's relationship with Medicare account holder.
Berenson-Eggers Type of Service	BETOS	The BETOS coding system analyzes the growth in Medicare expenditures. The coding system covers all Healthcare Common Procedure Coding System codes, assigns a code to only one BETOS code, and consists of readily understood clinical categories that permit objective assignment.
Care Plan Oversight	CPO	CPO is the physician supervision of Medicare patients under the care of hospices or home health agencies that require complex or multidisciplinary care modalities
Centers for Medicare & Medicaid Services	CMS	CMS is a federal agency within the United States Department of Health and Human Services that administers the Medicare program and works in partnership with state governments to administer Medicaid, the State Children's Health Insurance Program, and health insurance portability standards.
Clinical Laboratory Improvement Amendment	CLIA	CLIA establishes quality standards for all laboratory testing to ensure the accuracy, reliability, and timeliness of patient test results regardless of the test location.
CMSNet	CMSNet	CMSNet, formerly known as the Medicare Data Communications Network (MDCN), is a CMS network connecting the CMS headquarters to CMS Regional Offices.
Comma Separated Value	CSV	A CSV file is a simple, text format for a database table. Each record in the table is one line of the text file. A character (typically a comma, but some European countries use a semi-colon as a value separator instead) separates each field value of a record from the next character.
Common Business-Oriented Language	COBOL	COBOL is a high-level commercial programming language.
Common Working File	CWF	The CWF is a single data source for Fiscal Intermediaries and Carriers to verify beneficiary eligibility and conduct prepayment review and approval of claims from a national perspective.
Covered Plan Paid Amount	CPP	A CPP is the amount paid under a Medicare-covered plan.

Term	Acronym	Definition
Customer Information Control System	CICS	A CICS is a transaction server that runs primarily on IBM mainframe systems under z/OS and z/VSE. It is a transaction manager designed for rapid, high-volume, online processing.
Data Agreement & Data Shipping Tracking System	DADSS	DADSS provides for the tracking of DUAs and Data Shipping Orders for CMS, and the associated re-writing and enhancement of the existing FTAPE.
Data Extraction System	DESY	DESY is the primary access tool for the NMUD databases and various files derived from these databases, as well as enrollment data files. DESY is an auditable, Web-based tool. It links to the privacy authorization system and the privacy accountability tracking system, which authorizes user access levels and monitors releases of data to external users. All users must enter into Orders negotiated with the CMS privacy staff and which control their access to the data.
Data Use Agreement	DUA	A DUA is a written agreement between a health care component and a person requesting a disclosure of PHI contained in a limited data set. Data use agreements must meet the requirements of limited data set procedure.
Database 2	DB2	DB2 is a family of relational database management system products that serve a number of different operating system platforms.
Decision Support Access Facility	DSAF	DSAF provides users with a single access path to a wide array of Medicare data. Through DSAF, users can extract Medicare enrollment, entitlement, and utilization databases and files.
Department of Health and Human Services	HHS	HHS is a Cabinet department of the United States government with the goal of protecting the health of all Americans and providing essential human services.
Diagnosis-Related Group	DRG	DRG is a system that classifies hospital cases into a group.
Dispense as Written	DAW	DAW is an order on a prescription commanding the pharmacist to provide the recipient with the prescription exactly as it was written.
Disproportionate Share Hospital	DSH	A DSH is a hospital with a disproportionately large share of low-income patients. Under Medicaid, States augment payment to these hospitals. Medicare inpatient hospital payments also adjust for this added burden.
Document Management System	DMS	A DMS is a computer system (or set of computer programs) used to track and store electronic documents and/or images of paper documents.
Durable Medical Equipment	DME	DME refers to equipment prescribed by a physician and used in the course of treatment or home care, including such items as crutches, knee braces, wheelchairs, hospital beds, prostheses, etc.
Durable Medical Equipment Regional Carrier	DMERC	A DMERC is a private company that contracts with Medicare to pay bills for durable medical equipment.
Enrollment Database	EDB	The EDB maintains information on Medicare enrollment for the administration of the Medicare program.
Enterprise Data Center	EDC	The EDC collects and stores high-quality data in a unified repository to meet the demands of the new Medicare prescription drug plan, accelerated Medicare claims processing, and more use of Internet-based applications.

Term	Acronym	Definition
Enterprise Data Center Group	EDCG	EDCG provides oversight and auditing of the Centers for Medicare & Medicaid Services information technology resources.
Enterprise User Administration	EUA	EUA is a system CMS uses to manage enterprise user IDs and passwords. It provides centralized administration of user IDs on the entire CMS enterprise including the mainframe systems, mid-tier devices such as AIX or Sun systems, network operating systems such as Netware or Windows, and database platforms such as Oracle, Sybase, and MS SQL. The system utilizes online data to automate the approval process for access requests, and provides logging and auditing support.
Fiscal Intermediary	FI	An FI is a private company that has a contract with Medicare to pay Part A and some Part B bills (e.g., bills from hospitals).
Front-End	N/A	A front-end application is one that application users interact with directly.
Gigabytes	GB	GB is also the plural of gigabyte. A GB is a unit of information equal to 1000 megabytes.
Government Printing Office	GPO	The GPO is an agency of the legislative branch that provides printing and binding services for Congress and the departments and establishments of the Federal government.
Government Task Leader	GTL	The GTL is a CMS technical representative responsible for monitoring the contractor's technical progress in accordance with the SOW.
Gross Drug Cost Above Out Of Pocket Threshold	GDCA	GDCA represents the gross drug cost paid to the pharmacy above the out-of-pocket threshold for a given Prescription Drug Event for a covered drug.
Gross Drug Cost Below Out Of Pocket Threshold	GDCB	GDCB represents the gross drug cost paid to the pharmacy below the out-of-pocket threshold for a given Prescription Drug Event for a covered drug.
Health Care Financing Administration	HCFA	HCFA is the previous name for CMS. See CMS.
Health Insurance Claim	HIC	An HIC is a bill for health care services that health care providers turn in to the insurer.
Health Insurance Claim Account Number	HICAN	The Centers for Medicare & Medicaid Services assigns a HICAN, also known as a HICN, to each Medicare beneficiary. This claim number is for identification purposes when processing Medicare claims
Health Insurance Claim Number	HICN	CMS assigns an HICN number to each Medicare beneficiary. This claim number is for identification purposes when processing Medicare claims.
Health Insurance Portability and Accountability Act	HIPAA	HIPAA, enacted in 1996, consists of two sections:  HIPAA Title I requires protection of health insurance coverage for people who lose or change jobs. HIPAA Title II includes an administrative simplification section that deals with the standardization of healthcare-related information systems. In the information technology industries, this section is what most people mean when they refer to HIPAA.  HIPAA establishes mandatory regulations that require extensive changes to the way that health providers conduct business.

Term	Acronym	Definition
Health Insurance Prospective Payment System	HIPPS	HIPPS rate codes represent specific sets of patient characteristics (or case-mix groups) on which payment determinations are made under several prospective payment systems. Case-mix groups are developed based on research into utilization patterns among various provider types. Institutional providers use HIPPS codes on claims in association with special revenue codes. One revenue code is defined for each prospective payment system that requires HIPPS codes.
Health Professional Shortage Area	HPSA	HPSAs are geographic areas, or populations within geographic areas, that lack sufficient health care providers to meet the health care needs of the area or population.
Healthcare Common Procedure Coding System	HCPCS	HCPCS is a set of health care procedure codes based on the American Medical Association's Current Procedural Terminology (commonly pronounced Hick-Picks).
Home Health Agency	HHA	An HHA is public agency or private organization, or sub-division of such agency or organization, which is primarily engaged in providing skilled nursing services and at least one other therapeutic service in the residence of the client.
Home Health Prospective Payment System	HH PPS	Under the HH PPS, Medicare pays HHAs a predetermined base payment. The payment adjusts for the health condition and care needs of the beneficiary. The payment also adjusts for the geographic differences in wages for HHAs across the country.
Hospice	N/A	Hospice is supportive care given to a terminally ill client and their family. The focus of this care is to enable the client to remain in the familiar surroundings of their home for as long as they can. Hospice care may be either inpatient or outpatient.
Hypertext Markup Language	HTML	HTML is the predominant markup language for Web pages. It provides a means to create structured documents by denoting structural semantics for text such as headings, paragraphs, lists, etc., as well as for links, quotes, and other items.
Identifier	ID	An ID is a unique identifying set of characters assigned to a person or persons to ensure privacy and security on a computer system or network.
Information Security and Privacy Group	ISPG	ISPG is a group within the Centers for Medicare & Medicaid (CMS) Office of Enterprise Information
Integrated Data Repository	IDR	The IDR is a single source database system containing Centers for Medicare & Medicaid Services beneficiary, claim, and provider data
International Business Machines	IBM	IBM is a multinational computer, technology, and information technology consulting corporation.
Internet Explorer	IE	IE is the most widely used Web browser on the Internet.
Investigational Device Exemptions	IDE	An IDE allows the investigational device to be used in a clinical study in order to collect safety and effectiveness data.
Job Control Language	JCL	JCL is a scripting language used on IBM mainframe operating systems to instruct the system on how to run a batch job or start a subsystem.
Lifetime Reserve Days	LRD	LRDs are additional days that Medicare will pay for when a beneficiary is in a hospital for more than 90 days.

Term	Acronym	Definition
Lightweight Directory Access Protocol	LDAP	LDAP is an application protocol for querying and modifying data using directory services running over TCP/IP.
Logical Record Length	LRECL	LRECL is the maximum length of a line (record) in a file. For line data reports that contain fixed length records, the LRECL is the number of bytes required to store any record in the file.
Low Utilization Payment Adjustment	LUPA	The proposed home health prospective payment system has a LUPA for beneficiaries whose episodes during a 60-day period consist of four or fewer visits. These episodes are paid the standardized, service-specific per-visit amount multiplied by the number of visits actually provided during the episode.
Low-Income Cost Sharing Subsidy Amount	LICS	LICS refers to Medicare's subsidy of cost-sharing liability of qualifying low-income beneficiaries at the point of sale.
Managed Care Organization	MCO	An MCO attempts to reduce the cost of providing health benefits and improve the quality of care for organizations that use those techniques or provide them as services to other organizations.
Medicare Data Communications Network	MDCN	See CMSNet.
Medicare for Qualified Government Employees	MQGE	MQGE wages are the wages of Federal, State and local government employees who are in positions mandatorily covered for Medicare (hospital insurance).
Medicare Part A	N/A	Medicare Part A is the part of Medicare that covers hospice care, home health care, skilled nursing facilities, and inpatient hospital stays.
Medicare Part B	N/A	Medicare Part B is the part of Medicare that covers doctors' services, outpatient hospital care, and other medical services that Part A does not cover such as physical and occupational therapy. Other examples include X-rays, medical equipment, or limited ambulance service.
Medicare Part C	N/A	Medicare Part C is open to most people who have Medicare Part A and Medicare Part B plans. It provides medical and other benefits. Health plan companies approved by the federal government provide these benefits. The coverage is through Medicare Advantage plans.
Medicare Part D	N/A	Medicare Part D is a federal program to subsidize the costs of prescription drugs for Medicare beneficiaries in the United States.
Medicare Provider Analysis & Review File	MEDPAR File	The MEDPAR file is the source for developing the CMS payment policy, published in the CMS Annual Statistical Supplement.
Medicare Quality Assurance	MQA	MQA is the CMS program for maintaining quality assurance in the Medicare program.
Megabyte	MB	An MB is a unit of measurement of computer memory and means one million bytes of information
National Claims History	NCH	NCH is a CMS data reporting system that combines both Part A and Part B claims in a common file.
National Drug Codes	NDC	The NDC is a code set that identifies the vendor (manufacturer), product and package size of all drugs and biologics recognized by the FDA.

Term	Acronym	Definition
National Medicare Utilization Database	NMUD	NMUD is a relational database built in DB2 that houses the NCH claims from 1997 through the present.
National Provider Identifier	NPI	An NPI is a unique 10-digit identification number issued to health care providers in the United States by CMS. Covered health care providers and all health plans and health care clearinghouses must use the NPI in the administrative and financial transactions adopted under HIPAA.
Obligation to Accept As Full	OTAF	OTAF is the code used to indicate that the provider was obligated to accept as full payment the amount received from the primary (or secondary) payer.
Office of Information Services	OIS	OIS plans, organizes, and coordinates the activities required to maintain an agency-wide Information Resources Management program.
Operating System	OS	An OS is an interface between the hardware and a user that is responsible for the management and coordination of activities, and the sharing of the resources of a computer; it acts as a host for computing applications run on the machine.
Order	N/A	An Order is a written agreement between a health care component and a person requesting a disclosure of Protected Health Information (PHI) contained in a limited data set. Data use agreements must meet the requirements of limited data set procedure.
Patient Liability Reduction Due to Other Payer Amount	PLRO	PLRO is the amount by which patient liability is reduced due to payment by other payers that are not True Out-of-Pocket eligible.
Peer Review Organization	PRO	The PRO program ensures the medical necessity and reasonableness, appropriate setting, and professionally recognized standards of health care for medical care furnished to Medicare beneficiaries.
Personal Computer	PC	A PC is any general-purpose computer whose size, capabilities, and original sales price make it useful for individuals.
Personal Identification Number	PIN	A PIN identifies the user to the system.
PKWARE	N/A	PKWARE, Inc. provides data-centric security solutions across all major computing platforms, and is known for its data compression and file management solutions.
Plan of Action	POA	POA pertains to a Medicare claim plan of action, or the tasks and dates by which a specific action is completed.
Portable Document Format	PDF	PDF is an open standard for document exchange. The file format represents two-dimensional documents in a manner independent of the application software, hardware, and operating system. Each PDF file encapsulates a complete description of a fixed-layout document that includes the text, fonts, images, and vector graphics that compose the documents.
Privacy Act of 1974	N/A	This standard establishes a code of fair information practices that govern the collection, maintenance, use, and dissemination of information about individuals that Federal agencies maintain in systems of record.

Term	Acronym	Definition
Prospective Payment System	PPS	PPS (or IPPS) refers to Section 1886(d) of the Social Security Act (the Act) that sets forth a system of payment for the operating costs of acute care hospital inpatient stays under Medicare Part A (Hospital Insurance) based on prospectively set rates.
Protected Health Information	PHI	PHI, under HIPAA, is any information about health status, provision of health care, or payment for health care that may link to a specific individual. The interpretation of this is broad and includes any part of a patient's medical record or payment history.
Quarter of Coverage	QC	A QC is the basic unit for determining whether a worker is insured under the Social Security program.
Railroad Retirement Board	RRB	The RRB is an agency of the United States government that administers a social insurance program providing retirement benefits to the country's railroad workers.
Random Access Memory	RAM	RAM is computer memory that dynamically stores program and data values during operation, and in which each byte of memory is directly accessible.
Rational Agent Controller	RAC	RAC is a daemon process that provides the mechanism by which client applications either launch new host processes or attach to agents that coexist within existing host processes. WebSphere Message Broker uses RAC to provide debugging facilities for message flows that are deployed to a running broker.
Record Identification Code	RIC	A RIC is a code that identifies a health record.
Recovery Management and Accounting System	ReMAS	ReMAS identifies instances where Medicare made a mistake or conditional primary payment when it should have been the secondary payer.
Retirement and Survivors Insurance	RSI	RSI is a Social Security program that provides monthly benefits (also known as Social Security benefits) to qualified individuals who are retired or are the survivors of retired workers.
Section 508	N/A	Section 508, of the American Rehabilitation Act, is a federal law mandating electronic and information technology (including documents) developed, procured, maintained, or used by the federal government be accessible to people with disabilities.
Secure Sockets Layer	SSL	SSL is a security protocol that prevents eavesdropping, tampering, or message forgery with HTTP transmissions based on server-side public/private key pairs and provides support for client-side public/private key usage.
Skilled Nursing Facility	SNF	An SNF is a facility that provides inpatient skilled nursing care and related services to patients who require medical, nursing, or rehabilitative services but do not require the level of care provided in a hospital.
Social Security Administration	SSA	The SSA is an independent government agency responsible for the Social Security system.
Social Security Number	SSN	An SSN is a nine-digit number issued to U.S. citizens, permanent residents, and temporary (working) residents
Structured Query Language	SQL	SQL is a database computer language designed for managing data in relational database management systems.

Term	Acronym	Definition
True Out-of-Pocket Costs	TrOOP Costs	TrOOP Costs are annual prescription drug expenses that count toward the Part D out-of-pocket limit and trigger catastrophic coverage.
Uniform Resource Locator	URL	The URL is a global address of documents and other resources on the World Wide Web.
Unique Physician Identification Number	UPIN	UPIN is a six-position identifier with a suffix, assigned by the UPIN Registry, submitted on Part A, Part B, and DMEPOS claims to identify physicians, physician groups, non-physician practitioners, and referring or ordering physician/practitioners on Medicare claims. Assignment of UPINs ceased on June 29, 2007.
Universal Product Code	UPC	UPC is a barcode symbology that is widely used in North America, and in countries including the UK, Australia, and New Zealand for tracking trade items in stores.
User Manual	UM	A UM is a technical communication document that assists people using a particular system.
z/OS	N/A	z/OS is the IBM operating system that includes and integrates functions previously provided by many IBM software products.

**Table 14: Acronyms**

## Appendix I: Referenced Documents

Document Name	Document Number and/or URL	Issuance Date
<p>CMS User Manual (UM) Template</p> <p>This document is a template with instructions for building a CMS UM.</p>	<p>v1.0</p> <p>Note: The hyperlink to this document is no longer available in the CMS Web site. The document is available, however, on the Document Management System (DMS), located at the following space:</p> <p>[<a href="http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/XLC/Downloads/UserManual.docx">http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/XLC/Downloads/UserManual.docx</a>]</p>	<p>08/18/2014</p>
<p>Department of Health and Human Services (HHS) Section 508</p> <p>These standards establish HHS Section 508 compliancy requirements that impact this document.</p>	<p><a href="http://www.hhs.gov/web/508/">http://www.hhs.gov/web/508/</a></p>	<p>N/A</p>
<p>DESY System Administration Guide</p> <p>The Administration Guide serves as the source for guidance on the administrative functions (including Miscellaneous/Approval functionality) referenced in this document.</p>	<p>v4.0 DCN:2373</p>	<p>August 26, 2009</p>
<p>DESY System Administration Guide</p> <p>The Administration Guide serves as the source for guidance on the administrative functions (including Miscellaneous/Approval functionality) referenced in this document.</p>	<p>v4.0 DCN:2373</p>	<p>August 26, 2009</p>
<p>U.S. Government Printing Office (GPO) Style Manual</p> <p>The GPO is an agency of the legislative branch that</p>	<p><a href="http://www.gpoaccess.gov/stylemanual/browse.html">http://www.gpoaccess.gov/stylemanual/browse.html</a></p> <p>30th Edition</p>	<p>2008</p>

Document Name	Document Number and/or URL	Issuance Date
provides printing and binding services for Congress and the departments and establishments of the Federal government.		

**Table 15: Referenced Documents**

## Appendix J: Record of Changes

Version Number	Date	Author/Owner	Description of Change
1.0	3/12/14	Ryan Hill	Initial Draft
2.0	8/29/14	Ryan Hill	Release 6.6.2 updates and addition of XREF info
3.0	1/22/15	Stacy N	CR #8 and CR #9 changes
4.0	3/03/15	Ryan Hill	ETS 3744 general updates
4.1	3/27/2015	Ryan Hill	Update to section 1.1.1 (“OR”) Boolean Logic Verbiage
4.2	10/24/2016	Muhammad Arsalan Chaudhry	Update CMS DESY Website URL

**Table 16: Record of Changes**

## Approvals

The undersigned acknowledge that they have reviewed the User Manual and agree with the information presented within this document. Changes to this User Manual will be coordinated with, and approved by, the undersigned, or their designated representatives.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Role: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

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