

NAME	LENGTH	BEG	END	CONTENTS
*** Medicare Provider Analysis and Review	2000	1	2000	REC

STANDARD ALIAS : MEDPAR\_2000\_REC  
SYSTEM ALIAS : MEDP2000

LIMITATIONS :

- REFER TO :
- CARR\_LINE\_DME\_CVRG\_STRT\_LIM
  - CARR\_LINE\_DME\_NCSTY\_LIM
  - CLM\_ACNT\_NUM\_LIM
  - MEDPAR\_ADMSN\_DEATH\_DAY\_CNT\_LIM
  - MEDPAR\_BLOOD\_DDCTBL\_AMT\_LIM
  - MEDPAR\_DOD\_LIM
  - MEDPAR\_DRG\_PRICE\_AMT\_LIM
  - MEDPAR\_MAR\_QTRLY\_UPDT\_LIM

1. MEDPAR NCH Claim Type Code	2	1	2	CHAR
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The code used to identify the type of claim record being processed in NCH.

NOTE1: During the Version H conversion this field was populated with data throughout history (back to service year 1991).

NOTE2: During the Version I conversion this field was expanded to include inpatient 'full' encounter claims (for service dates after 6/30/97).

NOTE3: Effective with Version 'J', 3 new code values have been added to include a type code for the Medicare Advantage claims (IME/GME, no-pay and paid as FFS). During the Version 'J' conversion, these type codes were populated throughout history.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MCLMTYPE

STANDARD ALIAS : MEDPAR\_NCH\_CLM\_TYPE\_CD

LENGTH : 2

DERIVATIONS :

FFS CLAIM TYPE CODES DERIVED FROM:

NCH CLM\_NEAR\_LINE\_RIC\_CD

NCH PMT\_EDIT\_RIC\_CD

NCH CLM\_TRANS\_CD

NCH PRVDR\_NUM

INPATIENT 'FULL' ENCOUNTER TYPE CODE DERIVED FROM:

(Pre-HDC processing -- AVAILABLE IN NCH)

CLM\_MCO\_PD\_SW

CLM\_RLT\_COND\_CD

MCO\_CNTRCT\_NUM

MCO\_OPTN\_CD

MCO\_PRD\_EFCTV\_DT

MCO\_PRD\_TRMNTN\_DT

DERIVATION RULES:

SET CLM\_TYPE\_CD TO 10 (HHA CLAIM) WHERE THE FOLLOWING CONDITIONS ARE MET:

1. CLM\_NEAR\_LINE\_RIC\_CD EQUAL 'V', 'W' OR 'U'
2. PMT\_EDIT\_RIC\_CD EQUAL 'F'
3. CLM\_TRANS\_CD EQUAL '5'

SET CLM\_TYPE\_CD TO 20 (SNF NON-SWING BED CLAIM) WHERE THE FOLLOWING CONDITIONS ARE MET:

1. CLM\_NEAR\_LINE\_RIC\_CD EQUAL 'V'
2. PMT\_EDIT\_RIC\_CD EQUAL 'C' OR 'E'
3. CLM\_TRANS\_CD EQUAL '0' OR '4'
4. POSITION 3 OF PRVDR\_NUM IS NOT 'U', 'W', 'Y' OR 'Z'

SET CLM\_TYPE\_CD TO 30 (SNF SWING BED CLAIM) WHERE THE FOLLOWING CONDITIONS ARE MET:

1. CLM\_NEAR\_LINE\_RIC\_CD EQUAL 'V'
2. PMT\_EDIT\_RIC\_CD EQUAL 'C' OR 'E'
3. CLM\_TRANS\_CD EQUAL '0' OR '4'
4. POSITION 3 OF PRVDR\_NUM EQUAL 'U', 'W', 'Y' OR 'Z'

SET CLM\_TYPE\_CD TO 40 (OUTPATIENT CLAIM) WHERE THE FOLLOWING CONDITIONS ARE MET:

1. CLM\_NEAR\_LINE\_RIC\_CD EQUAL 'W'

2. PMT\_EDIT\_RIC\_CD EQUAL 'D'
3. CLM\_TRANS\_CD EQUAL '6'

SET CLM\_TYPE\_CD TO 50 (HOSPICE CLAIM)  
WHERE THE FOLLOWING CONDITIONS ARE MET:

1. CLM\_NEAR\_LINE\_RIC\_CD EQUAL 'V'
2. PMT\_EDIT\_RIC\_CD EQUAL 'I'
3. CLM\_TRANS\_CD EQUAL 'H'

SET CLM\_TYPE\_CD TO 60 (INPATIENT CLAIM)  
WHERE THE FOLLOWING CONDITIONS ARE MET:

1. CLM\_NEAR\_LINE\_RIC\_CD EQUAL 'V'
2. PMT\_EDIT\_RIC\_CD EQUAL 'C' OR 'E'
3. CLM\_TRANS\_CD EQUAL '1' '2' OR '3'

SET CLM\_TYPE\_CD TO 61 (INPATIENT 'FULL' ENCOUNTER  
CLAIM - PRIOR TO HDC PROCESSING - AFTER 6/30/97 -  
12/4/00) WHERE THE FOLLOWING CONDITIONS ARE MET:

1. CLM\_MCO\_PD\_SW = '1'
2. CLM\_RLT\_COND\_CD = '04'
3. MCO\_CNTRCT\_NUM

MCO\_OPTN\_CD = 'C'

CLM\_FROM\_DT & CLM\_THRU\_DT ARE WITHIN THE  
MCO\_PRD\_EFCTV\_DT & MCO\_PRD\_TRMNTN\_DT  
ENROLLMENT PERIODS

SET CLM\_TYPE\_CD TO 61 (INPATIENT 'FULL' ENCOUNTER  
CLAIM -- EFFECTIVE WITH HDC PROCESSING) WHERE THE  
FOLLOWING CONDITIONS ARE MET:

1. CLM\_NEAR\_LINE\_RIC\_CD EQUAL 'V'
2. PMT\_EDIT\_RIC\_CD EQUAL 'C' OR 'E'
3. CLM\_TRANS\_CD EQUAL '1' '2' OR '3'
4. FI\_NUM = 80881

SET CLM\_TYPE\_CD TO 62 (Medicare Advantage IME/GME  
CLAIMS - 10/1/05 - FORWARD)

WHERE THE FOLLOWING CONDITIONS ARE MET:

1. CLM\_MCO\_PD\_SW = '0'
2. CLM\_RLT\_COND\_CD = '04' & '69'
3. MCO\_CNTRCT\_NUM

MCO\_OPTN\_CD = 'C'

CLM\_FROM\_DT & CLM\_THRU\_DT ARE WITHIN THE  
MCO\_PRD\_EFCTV\_DT & MCO\_PRD\_TRMNTN\_DT  
ENROLLMENT PERIODS

SET CLM\_TYPE\_CD TO 63 (HMO NO-PAY CLAIMS)  
WHERE THE FOLLOWING CONDITIONS ARE MET:

CLAIMS PROCESSED ON OR AFTER 10/6/08

1. CLM\_THRU\_DT ON OR AFTER 10/1/06

2. CLM\_MCO\_PD\_SW = '1'

3. CLM\_RLT\_COND\_CD = '04'

4. MCO\_CNTRCT\_NUM

MCO\_OPTN\_CD = 'A', 'B' OR 'C'

CLM\_FROM\_DT & CLM\_THRU\_DT ARE WITHIN THE

MCO\_PRD\_EFCTV\_DT & MCO\_PRD\_TRMNTN\_DT

ENROLLMENT PERIODS

5. ZERO REIMBURSEMENT (CLM\_PMT\_AMT)

SET CLM\_TYPE\_CD TO 63 (HMO NO-PAY CLAIMS)

WHERE THE FOLLOWING CONDITIONS ARE MET:

CLAIMS PROCESSED PRIOR to 10/6/08

1. MCO\_CNTRCT\_NUM

MCO\_OPTN\_CD = 'A', 'B' OR 'C'

CLM\_FROM\_DT & CLM\_THRU\_DT ARE WITHIN THE

MCO\_PRD\_EFCTV\_DT & MCO\_PRD\_TRMNTN\_DT

ENROLLMENT PERIODS

2. ZERO REIMBURSEMENT (CLM\_PMT\_AMT)

SET CLM\_TYPE\_CD TO 64 (HMO CLAIMS PAID AS FFS)

WHERE THE FOLLOWING CONDITIONS ARE MET:

CLAIMS PROCESSED PRIOR to 10/6/08

1. MCO\_CNTRCT\_NUM

MCO\_OPTN\_CD = '1', '2' OR '4'

CLM\_FROM\_DT & CLM\_THRU\_DT ARE WITHIN THE

MCO\_PRD\_EFCTV\_DT & MCO\_PRD\_TRMNTN\_DT

ENROLLMENT PERIODS

SET CLM\_TYPE\_CD TO 64 (HMO CLAIMS PAID AS FFS)

WHERE THE FOLLOWING CONDITIONS ARE MET:

CLAIMS PROCESSED on or after 10/6/08

1. CLM\_RLT\_COND\_CD = '04'

2. MCO\_CNTRCT\_NUM

MCO\_OPTN\_CD = '1', '2' OR '4'

CLM\_FROM\_DT & CLM\_THRU\_DT ARE WITHIN THE

MCO\_PRD\_EFCTV\_DT & MCO\_PRD\_TRMNTN\_DT

ENROLLMENT PERIODS

SET CLM\_TYPE\_CD TO 71 (RIC 0 non-DMEPOS CLAIM)

WHERE THE FOLLOWING CONDITIONS ARE MET:

1. CLM\_NEAR\_LINE\_RIC\_CD EQUAL '0'

2. HCPCS\_CD not on DMEPOS table

SET CLM\_TYPE\_CD TO 72 (RIC 0 DMEPOS CLAIM)

WHERE THE FOLLOWING CONDITIONS ARE MET:  
1. CLM\_NEAR\_LINE\_RIC\_CD EQUAL 'O'  
2. HCPCS\_CD on DMEPOS table (NOTE: if one or more line item(s) match the HCPCS on the DMEPOS table).

SET CLM\_TYPE\_CD TO 81 (RIC M non-DMEPOS DMERC CLAIM)

WHERE THE FOLLOWING CONDITIONS ARE MET:  
1. CLM\_NEAR\_LINE\_RIC\_CD EQUAL 'M'  
2. HCPCS\_CD not on DMEPOS table

SET CLM\_TYPE\_CD TO 82 (RIC M DMEPOS DMERC CLAIM)

WHERE THE FOLLOWING CONDITIONS ARE MET:  
1. CLM\_NEAR\_LINE\_RIC\_CD EQUAL 'M'  
2. HCPCS\_CD on DMEPOS table (NOTE: if one or more line item(s) match the HCPCS on the DMEPOS table).

SOURCE : NCH

CODE TABLE : NCH\_CLM\_TYPE\_TB

2. MEDPAR Claim Locator Number Group  
11 3 13 GRP

This number uniquely identifies the beneficiary.

3. MEDPAR Beneficiary Claim Account Number  
9 3 11 CHAR

The number identifying the primary beneficiary under the SSA or RRB programs submitted.

NOTE: This field comes from the CAN that is present on the first claim record included in the stay.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MCAN  
STANDARD ALIAS : MEDPAR\_BENE\_CLM\_ACNT\_NUM

LENGTH : 9

SOURCE : NCH

4. MEDPAR Category Equatable Beneficiary Identification Code

2 12 13 CHAR

The code which categorizes groups of BICs representing similar relationships between the beneficiary and the primary wage earner.

The equatable BIC module electronically matches two records that contain different BICs where it is apparent that both are records for the same beneficiary. It validates the BIC and returns a base BIC under which to house the record in the national claims history (NCH) databases. (All records for a beneficiary are stored under a single BIC.)

NOTE: This field comes from the NCH category base BIC that is present on the first claim record included in the stay.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MEQBIC  
STANDARD ALIAS : MEDPAR\_CTGRY\_EQTBL\_BIC\_CD

LENGTH : 2

SOURCE : NCH

CODE TABLE : CTGRY\_EQTBL\_BENE\_IDENT\_TB

5. MEDPAR Beneficiary Age Count

3 14 16 NUM

The beneficiary's age as of date of admission.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MAGECNT  
STANDARD ALIAS : MEDPAR\_BENE\_AGE\_CNT

LENGTH : 3 SIGNED : N

DERIVATIONS :

This field is derived by subtracting the bene date of birth from the admission date, present on the first claim record included in the stay. Exception: If the resulting age is 64, and the MSC = 10 or 11, the age is changed to 65.

SOURCE : NCH

6. MEDPAR Beneficiary Sex Code  
1 17 17 CHAR

The sex of a beneficiary.

NOTE: This field comes from the sex code that is present on the first claim record included in the stay.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MSEX  
STANDARD ALIAS : MEDPAR\_BENE\_SEX\_CD

LENGTH : 1

SOURCE : NCH

CODE TABLE : BENE\_SEX\_IDENT\_TB

7. MEDPAR Beneficiary Race Code  
1 18 18 CHAR

The race of a beneficiary.

NOTE: This field comes from the race code that is present on the first claim record included in the stay.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MRACE  
STANDARD ALIAS : MEDPAR\_BENE\_RACE\_CD

LENGTH : 1

SOURCE : NCH

CODE TABLE : BENE\_RACE\_TB

8. MEDPAR Beneficiary Medicare Status Code  
2 19 20 CHAR

The CWF-derived reason for a beneficiary's entitlement to Medicare benefits, as of the reference date (CLM\_THRU\_DT).

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MMSC  
STANDARD ALIAS : MEDPAR\_BENE\_MDCR\_STUS\_CD

LENGTH : 2

DERIVATIONS :

CWF derives MSC from the following:

1. Date of birth
2. Claim through date
3. Original/Current reasons for entitlement
4. ESRD indicator
5. Beneficiary claim number

Items 1,3,4,5 come from the CWF beneficiary master record; Item 2 comes from the FI/Carrier claim record. MSC is assigned as follows:

MSC	OASI	DIB	ESRD	AGE	BIC
10	YES	N/A	NO	65 AND OVER	N/A
11	YES	N/A	YES	65 AND OVER	N/A
20	NO	YES	NO	UNDER 65	N/A
21	NO	YES	YES	UNDER 65	N/A
31	NO	NO	YES	ANY AGE	T.

SOURCE : NCH

CODE TABLE : BENE\_MDCR\_STUS\_TB

9. MEDPAR Beneficiary Residence SSA Standard State Code

2 21 22 CHAR

The SSA standard state code of a beneficiary's residence.

NOTE: This field comes from the state code that is present on the first claim record included in the stay.

DB2 ALIAS : UNDEFINED

SAS ALIAS : MSTATECD

STANDARD ALIAS : MEDPAR\_BENE\_RSDNC\_SSA\_STATE\_CD

LENGTH : 2

SOURCE : NCH

CODE TABLE : GEO\_SSA\_STATE\_TB

10. MEDPAR Beneficiary Residence SSA Standard County Code

3 23 25 CHAR

The SSA standard county code of a beneficiary's residence.



NOTE: This field comes from the county code that is present on the first claim record included in the stay.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MCNTYCD  
STANDARD ALIAS : MEDPAR\_BENE\_RSDNC\_SSA\_CNTY\_CD

LENGTH : 3

SOURCE : NCH

11. MEDPAR Beneficiary Mailing Contact Zip Code

5 26 30 CHAR

The zip code of the mailing address where the beneficiary may be contacted.

NOTE: This field comes from the zip code that is present on the first claim record included in the stay.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MZIPCD  
STANDARD ALIAS : MEDPAR\_BENE\_MLG\_CNTCT\_ZIP\_CD

LENGTH : 5

SOURCE : NCH

12. FILLER

4 31 34 CHAR

DB2 ALIAS : UNDEFINED

LENGTH : 4

13. MEDPAR Admission Day Code

1 35 35 NUM

The code indicating the day of the week on which the beneficiary was admitted to a facility.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MADMSNCD  
STANDARD ALIAS : MEDPAR\_ADMSN\_DAY\_CD

LENGTH : 1 SIGNED : N

DERIVATIONS :  
This field is derived from the admission date that is present on the first claim record included in the stay.

SOURCE : NCH

CODE TABLE : MEDPAR\_ADMSN\_DAY\_TB

14. MEDPAR Beneficiary Discharge Status Code  
1 36 36

CHAR

The code used to identify the status of the patient as of the CLM\_THRU\_DT.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MSTUSCD  
STANDARD ALIAS : MEDPAR\_BENE\_DSCHRG\_STUS\_CD

LENGTH : 1

DERIVATIONS :  
This field is derived from the claim status code that is present on the last claim record included in the stay.

SOURCE : NCH

CODE TABLE : MEDPAR\_BENE\_DSCHRG\_STUS\_TB

15. MEDPAR GH0 Paid Code  
1 37 37

CHAR

The code indicating whether or not a GH0 has paid the provider for the claim(s).

NOTE: This field comes from the GH0-paid indicator that is present on the first claim record included in the stay.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MGHOPDCD  
STANDARD ALIAS : MEDPAR\_GHO\_PD\_CD

LENGTH : 1

SOURCE : NCH

CODE TABLE : MEDPAR\_GHO\_PD\_TB

16. MEDPAR PPS Indicator Code

1 38 38 CHAR

The code indicating whether or not the facility is being paid under the prospective payment system (PPS).

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MPPSIND  
STANDARD ALIAS : MEDPAR\_PPS\_IND\_CD

LENGTH : 1

DERIVATIONS :

If the condition code not equal 65 on all of the claims included in the stay and the third position of the provider number is numeric set MEDPAR\_PPS\_IND\_CD to 2 (PPS). Otherwise set it to 0 (Non PPS.)

SOURCE : NCH

CODE TABLE : MEDPAR\_PPS\_IND\_TB

17. MEDPAR Organization NPI Number

10 39 48 CHAR

On an institutional claim, the National Provider Identifier (NPI) number assigned to uniquely identify the institutional provider certified by Medicare to provide services to the beneficiary.

Note: Effective may 23, 2007, the NPI became the national standard identifier for covered health care providers. the NPI will replace current OSCAR provider numbers, UPINs, NSC numbers, and local contractor provider identification numbers (PINs) on standard HIPPA claim transactions.

Note1: CMS has determined that dual provider identifiers (legacy numbers and new NPI) must be available in the NCH. After the 5/07 NPI implementation, the standard system maintainers will add the legacy number to the claim when it is adjudicated.

Note: This field comes from the organization NPI that is present on the first claim record included in

the stay.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MORGNPI  
STANDARD ALIAS : MEDPAR\_ORG\_NPI\_NUM

LENGTH : 10

18. MEDPAR Provider Number Group  
6 49 54 GRP

19. MEDPAR Provider State Code  
2 49 50 NUM

The first two positions of the provider number, identifying the state of the institutional provider that furnished services to the beneficiary during the stay.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MPRVDRST  
STANDARD ALIAS : MEDPAR\_PRVDR\_STATE\_CD

LENGTH : 2 SIGNED : N

DERIVATIONS :

This field comes from positions 1 & 2 of the provider number that is present on the first claim record included in the stay.

SOURCE : NCH

CODE TABLE : GEO\_SSA\_STATE\_TB

20. MEDPAR Provider Number Third Position Code  
1 51 51 CHAR

The third position of the provider number, identifying the category of institutional provider that furnished services to the beneficiary during the stay.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : M3RDCD  
STANDARD ALIAS : MEDPAR\_PRVDR\_NUM\_3RD\_CD

LENGTH : 1

DERIVATIONS :  
This field is position 3 of the provider number from the first claim record included in the stay modified as follows:  
Where position 3 is an alpha character (S, T, U, W or Y) move to the MEDPAR provider special unit code and replace with a '0'.

Where position 3 is an alpha character (M or R) move to the MEDPAR provider special unit code and replace with a '1'.

SOURCE : NCH

21. MEDPAR Provider Number Serial Code  
3 52 54 CHAR

The last three positions of the provider number, identifying the specific serial numbers of the institutional provider that furnished services to the beneficiary during the stay.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MSRLCD  
STANDARD ALIAS : MEDPAR\_PRVDR\_NUM\_SRL\_CD

LENGTH : 3

DERIVATIONS :  
This field comes from positions 4 - 6 of the provider number on the first claim record included in the stay.

SOURCE : NCH

22. MEDPAR Provider Number Special Unit Code  
1 55 55 CHAR

The code identifying the special numbering system for units of hospitals that are excluded from PPS or hospitals with SNF swing-bed designation.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MUNITCD  
STANDARD ALIAS : MEDPAR\_PRVDR\_NUM\_SPCL\_UNIT\_CD

LENGTH : 1

DERIVATIONS :

If the third position of the provider number from the first claim record included in the stay equals 'M', 'R', 'S', 'T', 'U', 'W', 'Y' OR 'Z', it is moved to this field, otherwise it is blank.

SOURCE : NCH

CODE TABLE : MEDPAR\_PRVDR\_NUM\_SPCL\_UNIT\_TB

23. MEDPAR Short Stay/Long Stay/SNF Indicator Code

1 56 56 CHAR

The code indicating whether the stay is a short stay, long stay, or SNF.

DB2 ALIAS : UNDEFINED

SAS ALIAS : MSSLSIND

STANDARD ALIAS : MEDPAR\_SS\_LS\_SNF\_IND\_CD

LENGTH : 1

DERIVATIONS :

This field is derived from the third position of the provider number that is present on the first claim record included in the stay.

SOURCE : NCH

CODE TABLE : MEDPAR\_SS\_LS\_SNF\_IND\_TB

24. MEDPAR Stay Final Action Claims Count

2 57 58 PACK

The count of the number of claim records (final action) included in the stay.

DB2 ALIAS : UNDEFINED

SAS ALIAS : MFACNT

STANDARD ALIAS : MEDPAR\_STAY\_FINL\_ACTN\_CLM\_CNT

LENGTH : 3 SIGNED : Y

DERIVATIONS :

This field is derived by counting the number of final action claims used to create the stay.

SOURCE : NCH

25. MEDPAR Latest Claim Accretion Date

4 59 62 PACK

The date the latest claim record included in the stay was accreted (posted/processed) to the beneficiary master record at the CWF host).

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MACRTNDT  
STANDARD ALIAS : MEDPAR\_LTST\_CLM\_ACRTN\_DT

LENGTH : 7 SIGNED : Y

DERIVATIONS :

This field comes from the highest accretion date that is present on the claim records included in the stay.

SOURCE : NCH

EDIT RULES :  
YYYYDDD

26. MEDPAR Beneficiary Medicare Benefit Exhausted Date

4 63 66 PACK

The last date for which the beneficiary had Medicare coverage. This field is completed only where benefits were exhausted before the discharge date and during the period covered by stay.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MEXHSTDT  
STANDARD ALIAS : MEDPAR\_BENE\_MDCR\_BNFT\_EXHST\_DT

LENGTH : 7 SIGNED : Y

DERIVATIONS :

This field comes from the highest benefits exhausted date that is present on the claim records included in the stay.

SOURCE : NCH

EDIT RULES :  
YYYYDDD

## 27. MEDPAR SNF Qualification From Date

4 67 70 PACK

The beginning date of the beneficiary's qualifying stay. For Inpatient claims, the date relates to the PPS portion of the inlier for which there is no utilization to benefits. For SNF claims, the date relates to the qualifying stay from a hospital that is at least two days in a row if the source of admission is an 'a', or at least three days in a row if the source of admission is other than an 'a'.

DB2 ALIAS : UNDEFINED  
 SAS ALIAS : MFQUALN  
 STANDARD ALIAS : MEDPAR\_SNF\_QUALN\_FROM\_DT

LENGTH : 7 SIGNED : Y

## DERIVATIONS :

This field comes from occurrence span code = 70 and related occurrence span from date, if present on any of the claim records included in the stay. If more than one record has an occurrence span code = 70, with different span dates, the date from the last claim record included in the stay is used.

SOURCE : NCH

EDIT RULES :  
 YYYYDDD

## 28. MEDPAR SNF Qualification Through Date

4 71 74 PACK

The ending date of the beneficiary's qualifying stay. For Inpatient claims, the date relates to the PPS portion of the inlier for which there is no utilization to benefits. For SNF claims, the date relates to the qualifying stay from a hospital that is at least two days in a row if the source of admission is an 'A', or at least three days in a row if the source of admission is other than an 'A'.

DB2 ALIAS : UNDEFINED  
 SAS ALIAS : MTQUALN  
 STANDARD ALIAS : MEDPAR\_SNF\_QUALN\_THRU\_DT

LENGTH : 7 SIGNED : Y



DERIVATIONS :  
This field comes from the occurrence span code = 70 and related occurrence span thru date, if present on any of the claims included in the stay. If more than one record has an occurrence span code = 70, with different span dates, the date from the last claim record included in the stay is used.

SOURCE : NCH

EDIT RULES :  
YYYYDDD

29. MEDPAR Admission Date

4 75 78 PACK

The date the beneficiary was admitted for Inpatient care or the date that care started.

NOTE: This field comes from the admission date that is present on the first claim record included in the stay.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MADMSNDT  
STANDARD ALIAS : MEDPAR\_ADMSN\_DT

LENGTH : 7 SIGNED : Y

SOURCE : NCH

EDIT RULES :  
YYYYDDD

30. MEDPAR Discharge Date

4 79 82 PACK

The date on which the beneficiary was discharged or died.

NOTE: This field comes from the highest claim thru date that is present on the claim records included in the stay, where the claim status code is other than '30' (still patient) on the last claim record included in the stay. Inpatient claims will always have a discharge date; SNF claims could have a zero date.

DB2 ALIAS : UNDEFINED

SAS ALIAS : MDSCHRG  
STANDARD ALIAS : MEDPAR\_DSCHRG\_DT

LENGTH : 7 SIGNED : Y

SOURCE : NCH

EDIT RULES :  
YYYYDDD

31. MEDPAR Covered Level Care Thru Date  
4 83 86

PACK

The date on which a covered level of care ended in a SNF.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MCAREDT  
STANDARD ALIAS : MEDPAR\_CVR\_LVL\_CARE\_THRU\_DT

LENGTH : 7 SIGNED : Y

DERIVATIONS :

This field comes from the date associated with occurrence code = 22 if present on any of the claims included in the stay. If multiple dates, the highest date is used. This field is only applicable to SNF claims.

SOURCE : NCH

EDIT RULES :  
YYYYDDD

32. MEDPAR Beneficiary Death Date  
4 87 90

PACK

The date the beneficiary died.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MDEATHDT  
STANDARD ALIAS : MEDPAR\_BENE\_DEATH\_DT

LENGTH : 7 SIGNED : Y

DERIVATIONS :

This field comes from the beneficiary death date, if present on the enrollment database, which is accessed prior to creation of the quarterly MEDPAR file.

SOURCE : EDB

LIMITATIONS :

REFER TO :  
MEDPAR\_DOD\_LIM

EDIT RULES :  
YYYYDDD

33. MEDPAR Beneficiary Death Date Verified Code

1 91 91 CHAR

The code indicating whether the beneficiary's date of death has been verified (SOURCE: SSA's MBR) or originated from a claim record.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MDVRFYCD  
STANDARD ALIAS : MEDPAR\_BENE\_DEATH\_DT\_VRFY\_CD

LENGTH : 1

DERIVATIONS :

This field is derived from the enrollment database's beneficiary source death date code, or from the presence of a claim status code = '20' (expired) on the last claim record included in the stay.

SOURCE : EDB,NCH

CODE TABLE : MEDPAR\_BENE\_DEATH\_DT\_VRFY\_TB

34. MEDPAR Internal Use SSI Group

5 92 96 GRP

35. MEDPAR Internal Use SSI Indicator Code

1 92 92 CHAR

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MSSIIND  
STANDARD ALIAS : MEDPAR\_INTRNL\_USE\_SSI\_IND\_CD

LENGTH : 1

COMMENTS :

Limited availability; for internal use only; applicable to Inpatient claims only. Where not available, this field is blank.

36. MEDPAR Internal Use SSI Day Count  
3 93 95 PACK

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MSSIDAY  
STANDARD ALIAS : MEDPAR\_INTRNL\_USE\_SSI\_DAY\_CNT

LENGTH : 5 SIGNED : Y

COMMENTS :

Limited availability; for internal use; applicable to Inpatient claims only. Where not available, this field will contain zeroes.

NOTE: IN JUNE 2007, A CHANGE WAS MADE TO USE THE LENGTH OF STAY COUNT IN THE CALCULATION OF THE SSI DAY COUNT. PRIOR TO JUNE 2007, THE UTILIZATION (COVERED) DAY COUNT WAS USED.

37. FILLER  
1 96 96 CHAR

DB2 ALIAS : UNDEFINED

LENGTH : 1

38. MEDPAR Length of Stay Day Count  
3 97 99 PACK

The count in days of the total length of a beneficiary's stay in a hospital or SNF.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MLOSDAY  
STANDARD ALIAS : MEDPAR\_LOS\_DAY\_CNT

LENGTH : 5 SIGNED : Y

DERIVATIONS :

This field is derived by subtracting the date of discharge (or thru date in SNF cases where beneficiary is still a patient) from the date of admission. If difference is '0,' the value becomes a '1.'

SOURCE : NCH

39. MEDPAR Outlier Day Count

2 100 101 PACK

The count of the number of days paid as outliers (either a day or cost outlier) under PPS beyond the DRG threshold.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MOUTLIER  
STANDARD ALIAS : MEDPAR\_OUTLIER\_DAY\_CNT

LENGTH : 3 SIGNED : Y

DERIVATIONS :  
This field is derived by checking the MEDPAR utilization day count against the DRG threshold table (DRG weights file).

SOURCE : MEDPAR

40. MEDPAR Utilization Day Count

3 102 104 PACK

The count of the number of covered days of care that are chargeable to Medicare utilization for the stay.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MUDAYCNT

LENGTH : 5 SIGNED : Y

DERIVATIONS :  
This field is derived by accumulating the utilization day count that is present on any of the claim records included in the stay (i.e., the sum of utilization days reported on the claims that comprise the stay).

SOURCE : NCH

41. MEDPAR Beneficiary Total Coinsurance Day Count

2 105 106 PACK

The count of the total number of coinsurance days involved with the beneficiary's stay in a facility. For Inpatient services, the beneficiary is liable for a daily coinsurance

amount after the 60th day and before the 91st day in a single spell of illness; for SNF services, the beneficiary is liable for a daily coinsurance amount after the 20th day and before the 101st day in a single spell of illness.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MCDAYCNT  
STANDARD ALIAS : MEDPAR\_TOT\_COINSRNC\_DAY\_CNT

LENGTH : 3 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the coinsurance day count that is present on any of the claim records included in the stay (i.e., the sum of coinsurance days reported on the claims that comprise the stay).

SOURCE : NCH

42. MEDPAR Beneficiary LRD Used Count  
2 107 108 PACK

The count of the number of lifetime reserve days (LRD) used by the beneficiary for this stay.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MLRDUSE  
STANDARD ALIAS : MEDPAR\_BENE\_LRD\_USE\_CNT

LENGTH : 3 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the lifetime reserve days used count that is present on any of the claim records included in the stay (i.e., the sum of LRD reported on the claims that comprise the stay).

SOURCE : NCH

43. MEDPAR Beneficiary Part A Coinsurance Liability Amount  
5 109 113 PACK

The amount of money (rounded to whole dollars) identified as the beneficiary's liability for part A coinsurance for the stay.

NOTE: Effective with MEDPAR2000 expansion, all amount

fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MCOINAMT  
STANDARD ALIAS : MEDPAR\_BENE\_PTA\_COINSRNC\_AMT

LENGTH : 9 SIGNED : Y

EDIT RULES :  
+\$\$\$\$\$\$\$\$  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

44. MEDPAR Beneficiary Inpatient Deductible Liability Amount

5 114 118 PACK

The amount of money (rounded to whole dollars) identified as the beneficiary's liability for the Inpatient deductible for the stay.

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED  
STANDARD ALIAS : MEDPAR\_BENE\_IP\_DDCTBL\_AMT

LENGTH : 9 SIGNED : Y

EDIT RULES :  
+\$\$\$\$\$\$\$\$  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

45. MEDPAR Beneficiary Blood Deductible Liability Amount

5 119 123 PACK

The amount of money (rounded to whole dollars) identified as the beneficiary's liability for the blood deductible for the stay.

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED  
STANDARD ALIAS : MEDPAR\_BENE\_BLOOD\_DDCTBL\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the beneficiary blood deductible liability amount that is present on any of the claim records included in the stay (i.e., the sum of the blood deductibles reported on the claims that comprise the stay).

SOURCE : NCH

LIMITATIONS :

REFER TO :  
MEDPAR\_BLOOD\_DDCTBL\_AMT\_LIM

EDIT RULES :  
+\$\$\$\$\$\$\$\$  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

46. MEDPAR Beneficiary Primary Payer Amount  
5 124 128

PACK

The amount of payment (rounded to whole dollars) made on behalf of the beneficiary by a primary payer other than Medicare, which has been applied to the covered Medicare charges for the stay.

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MPRPYAMT  
STANDARD ALIAS : MEDPAR\_BENE\_PRMRY\_PYR\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :  
This field is derived by accumulating the beneficiary primary payer payment amount that is present on any of the claim records included in the stay (i.e., the sum of the primary payer amounts reported on the claims that comprise the stay).

SOURCE : NCH

EDIT RULES :  
+\$\$\$\$\$\$\$\$  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES



47. MEDPAR DRG Outlier Approved Payment Amount

5 129 133 PACK

The amount of additional payment (rounded to whole dollars) approved due to an outlier situation over the DRG allowance for the stay.

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MOPMTAMT  
STANDARD ALIAS : MEDPAR\_DRG\_OUTLIER\_PMT\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :  
This field is derived by accumulating the DRG outlier approved payment amount (value code = 17 amount) that is present on any of the claim records included in the stay (i.e., the sum of outlier amounts reported on the claims that comprise the stay).

COMMENTS :  
Last updated on 2007/10/20 at 14:01 by TS25  
This amount is already included in the MEDPAR Medicare payment amount.

SOURCE : NCH

EDIT RULES :  
+\$\$\$\$\$\$\$\$  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

48. MEDPAR Inpatient Disproportionate Share Amount

5 134 138 PACK

The amount paid over the DRG amount (rounded to whole dollars) for the disproportionate share hospital for the stay.

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MDSHRAMT  
STANDARD ALIAS : MEDPAR\_IP\_DSPRPTNT\_SHR\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the value amount associated with value code = 18 that is present on any of the claim records included in the stay (i.e., the sum of value code 18 amounts reported on the claims that comprise the stay).

COMMENTS :

This amount is already included in the MEDPAR Medicare payment amount.

SOURCE : NCH

EDIT RULES :

+\$\$\$\$\$\$\$\$

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

49. MEDPAR Indirect Medical Education (IME) Amount

5 139 143 PACK

The amount of additional payment (rounded to whole dollars) made to teaching hospitals for IME for the stay.

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED

SAS ALIAS : MIMEAMT

STANDARD ALIAS : MEDPAR\_IME\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the value amount associated with value code = 19 that is present on any of the claim records included in the stay (i.e., the sum of IME amounts - value code 19 amounts - reported on the claims that comprise the stay).

COMMENTS :

This amount is already included in the MEDPAR Medicare payment amount.

SOURCE : NCH

EDIT RULES :  
+\$\$\$\$\$\$\$\$  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

50. MEDPAR DRG Price Amount

5 144 148 PACK

The amount (called the 'DRG price' for purposes of MEDPAR analysis) that would have been paid if no deductibles, coinsurance, primary payers, or outliers were involved (rounded to whole dollars).

NOTE: Low Volume Amount is not included.

NOTE1: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MDRGAMT  
STANDARD ALIAS : MEDPAR\_DRG\_PRICE\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the following amounts: MEDPAR Medicare payment amount, MEDPAR beneficiary primary payer payment amount, MEDPAR beneficiary coinsurance liability amount, MEDPAR beneficiary Inpatient deductible liability amount, MEDPAR beneficiary blood deductible amount; and then subtracting from the sum the MEDPAR DRG outlier approved payment amount.

SOURCE : NCH

LIMITATIONS :

REFER TO :  
MEDPAR\_DRG\_PRICE\_AMT\_LIM

EDIT RULES :  
+\$\$\$\$\$\$\$\$  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

51. MEDPAR Total Pass Through Amount

5 149 153 PACK

The total of all claim pass through amounts (rounded to whole dollars) for the stay.

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MPTHRU  
STANDARD ALIAS : MEDPAR\_PASS\_THRU\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is derived by multiplying the pass thru per diem amount that is present on the last claim record included in the stay times the MEDPAR utilization day count (the sum of the utilization (covered) days reported on the claims that comprise the stay).

COMMENTS :

Items reimbursed as pass through include capital-related costs, direct medical education costs, kidney acquisition costs for hospitals approved as rtc's, and bad debts (per provider reimbursement manual, part 1, section 2405.2).

The MEDPAR pass thru amount is not included in the MEDPAR Medicare payment amount.

SOURCE : NCH

EDIT RULES :

+\$\$\$\$\$\$

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

52. MEDPAR Total PPS Capital Amount

5 154 158 PACK

The total amount (rounded to whole dollars) that is payable for capital PPS (e.g., reimbursement for depreciation, rent, certain interest, real estate taxes for hospital buildings/equipment subject to PPS).

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MPPSCPTL  
STANDARD ALIAS : MEDPAR\_TOT\_PPS\_CPTL\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the total PPS capital amount that is present on any of the claim records included in the stay (i.e., the sum of total PPS capital amounts reported on the claims that comprise the stay).

COMMENTS :

This field is already included in the MEDPAR Medicare payment amount.

SOURCE : NCH

EDIT RULES :

+\$\$\$\$\$\$\$\$

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

53. MEDPAR Inpatient Low Volume Payment Amount  
5 159 163

PACK

The amount field used to identify a payment adjustment given to hospitals to account for the higher costs per discharge for low income hospitals under the Inpatient Prospective Payment System (IPPS).

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MLOWVOL  
STANDARD ALIAS : MEDPAR\_IP\_LOW\_VOL\_PMT\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the IP Low Volume Amount that is present on any of the claim records included in the stay (i.e. the sum of the low volume amounts reported on the claims that comprise the stay).

SOURCE : NCH

EDIT RULES :

+\$\$\$\$\$\$\$\$

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

54. MEDPAR Total Charge Amount

5 164 168 PACK

The total amount (rounded to whole dollars) of all charges (covered and noncovered) for all services provided to the beneficiary for the stay.

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED

SAS ALIAS : MTOTCHRG

STANDARD ALIAS : MEDPAR\_TOT\_CHRG\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the total charge amount from all claim records included in the stay (i.e. the sum of total charges reported on the claims that comprise the stay).

SOURCE : NCH

EDIT RULES :

+\$\$\$\$\$\$\$\$

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

55. MEDPAR Total Covered Charge Amount

5 169 173 PACK

The portion of the total charges amount (rounded to whole dollars) that is covered by Medicare for the stay.

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED

SAS ALIAS : MCVRCHRG

STANDARD ALIAS : MEDPAR\_TOT\_CVR\_CHRG\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is derived by calculating the covered charges from all claim records included in the stay (i.e., subtract the revenue center noncovered charge amount from the revenue center total charge amount for revenue center code = 0001 that is reported on the claims that comprise the stay; sum the results). Exception: if there exists an erroneous condition relative to revenue center code 0001, the calculation will be made for each revenue center code included on the claims that comprise the stay with the results summed to create the total.

SOURCE : NCH

EDIT RULES :

+\$\$\$\$\$\$\$\$

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

56. MEDPAR Medicare Payment Amount

5 174 178 PACK

Amount of payment made from the Medicare trust fund for the services covered by the claim record. Generally, the amount is calculated by the fi; and represents what was paid to the institutional provider, with the exceptions noted below.

\*\*Note: in some situations, a negative claim payment amount May be present; e.g., (1) when a beneficiary is charged the full deductible during a short stay and the deductible exceeded the amount Medicare pays; or (2) when a beneficiary is charged a coinsurance amount during a long stay and the coinsurance amount exceeds the amount Medicare pays (most prevalent situation involves psych hospitals who are paid a daily per diem rate no matter what the charges are.)

Under IP PPS, Inpatient hospital services are paid based on a predetermined rate per discharge, using the DRG patient classification system and the pricer program. On the ip PPS claim, the payment amount includes the DRG outlier approved payment amount, disproportionate share (since 5/1/86), in- direct medical education (since 10/1/88), total PPS capital (since 10/1/91). After 4/1/03, the payment amount could also include a "new technology" add-on amount. After 7/5/2011, the payment amount could also include a payment adjustment given to hospitals to account for the higher costs per discharge for "low-income hospitals". After 10/1/12,

the payment amount could also include adjustments for value based purchasing, readmissions, and Model 1 bundled payments for care improvement. After 10/1/14, the amount could also include the uncompensated care payment (UCP).

It does not include the pass-thru amounts (i.e., capital-related costs, direct medical education codes, kidney acquisition costs, bad debts); or any beneficiary-paid amounts (i.e., deductibles and coinsurance); or any other payer reimbursement.

Under SNF PPS, SNFs will classify beneficiaries using the patient classification system known as rugs III. For the SNF PPS claim, the SNF pricer will calculate/return the rate for each revenue center line item with revenue center code = '0022'; multiply the rate times the units count; and then sum the amount payable for all lines with revenue center code '0022' to determine the total claim payment amount.

Exceptions: For claims involving demos and bba encounter data, the amount reported in this field May not just represent the actual provider payment.

For demo ids '01','02','03','04' -- claims contain amount paid to the provider, except that special 'differentials' paid outside the normal payment system are not included.

For demo ids '05','15' -- encounter data 'claims' contain amount Medicare would have paid under ffs, instead of the actual payment to the MCO.

For demo ids '06','07','08' -- claims contain actual provider payment but represent a special negotiated bundled payment for both part a and part B services. To identify what the conventional provider part a payment would have been, check value code = 'y4'.

For bba encounter data (non-demo) -- 'claims' contain amount Medicare would have paid under ffs, instead of the actual payment to the bba plan.

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MMDCRPMT



STANDARD ALIAS : MEDPAR\_MDCR\_PMT\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the payment amount that is present on all of the claim records included in the stay (i.e, the sum of payment (reimbursement) reported on the claims that comprise the stay).

SOURCE : NCH

EDIT RULES :

+\$\$\$\$\$\$\$\$

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

57. MEDPAR All Accommodations Total Charge Amount

5 179 183 PACK

The total charge amount (rounded to whole dollars) for all accommodations (routine hospital room and board charges for general care, coronary care and/or intensive care units) related to a beneficiary's stay.

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED

SAS ALIAS : MACMDTNS

STANDARD ALIAS : MEDPAR\_ACMDTNS\_TOT\_CHRG\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is the sum of MEDPAR private room charge amount, MEDPAR semiprivate room charge amount, MEDPAR ward charge amount, MEDPAR intensive care charge amount, and MEDPAR coronary care charge amount (i.e., the accumulation of the revenue center total charge amount associated with revenue center codes 0100 - 0219 from all claim records included in the stay).

EDIT RULES :

+\$\$\$\$\$\$\$\$

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

58. MEDPAR Departmental Total Charge Amount

5 184 188 PACK

The total charge amount (rounded to whole dollars) for all ancillary departments (other than routine room and board, CCU, and ICU) related to a beneficiary's stay.

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MDCHRG  
STANDARD ALIAS : MEDPAR\_DPRTMNTL\_TOT\_CHRG\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the revenue center total charge amount associated with revenue center codes 0220 - 0999 from all claim records included in the stay (i.e, the sum of charges for all revenue centers other than accommodations 0100 - 0219).

SOURCE : NCH

EDIT RULES :

+\$\$\$\$\$\$\$\$

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

59. MEDPAR Accommodations Days Group  
10 189 198 GRP

60. MEDPAR Private Room Day Count  
2 189 190 PACK

The count of the number of private room days used by the beneficiary for the stay.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MPRVTCNT  
STANDARD ALIAS : MEDPAR\_PRVT\_ROOM\_DAY\_CNT

LENGTH : 3 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the revenue center unit count associated with accommodation revenue center

codes 011x and 014x from all claim records included in the stay.

Exception for SNF rugs demo eff 3/96 SNF update: field is derived from revenue center codes in the 9033-9044 series.

SOURCE : NCH

61. MEDPAR Semiprivate Room Day Count  
2 191 192

PACK

The count of the number of semi-private room days used by the beneficiary for the stay.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MSPCNT  
STANDARD ALIAS : MEDPAR\_SEMIPRVT\_ROOM\_DAY\_CNT

LENGTH : 3 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the revenue center unit count associated with accommodation revenue center codes 010X, 012X, 013X, 016X - 019X from all claim records included in the stay.

Exception for SNF rugs demo eff 3/96 SNF update: field is derived from revenue center codes in the 9019-9032 series.

SOURCE : NCH

62. MEDPAR Ward Day Count  
2 193 194

PACK

The count of the number of ward days used by the beneficiary for the stay.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MWARDCNT  
STANDARD ALIAS : MEDPAR\_WARD\_DAY\_CNT

LENGTH : 3 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the revenue center

unit count associated with accommodation revenue center code 015x from all claim records included in the stay.

Exception for SNF rugs demo eff 3/96 SNF update: field is derived from revenue center codes in the 9000-9018 series.

SOURCE : NCH

63. MEDPAR Intensive Care Day Count  
2 195 196 PACK

The count of the number of intensive care days used by the beneficiary for the stay.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MICCNT  
STANDARD ALIAS : MEDPAR\_INTNSV\_CARE\_DAY\_CNT

LENGTH : 3 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the revenue center unit count associated with accommodation revenue center codes 020X (all 9 subcategories) from all claims included in the stay.

LIMITATIONS:

There is approximately a 20% error rate in the revenue center code category 0206 due to coders misunderstanding the term 'post ICU' as including any day after an ICU stay rather than just days in a step-down/lower case version of an ICU. 'Post' was removed from the revenue center code 0206 description, effective 10/1/96 (12/96 MEDPAR update). 0206 is now defined as 'intermediate ICU'.

SOURCE : NCH

64. MEDPAR Coronary Care Day Count  
2 197 198 PACK

The count of the number of coronary care days used by the beneficiary for the stay.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MCCCNT

STANDARD ALIAS : MEDPAR\_CRNRY\_CARE\_DAY\_CNT

LENGTH : 3 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the revenue center unit count associated with accommodation revenue center code 021x (all six subcategories) from all claim records included in the stay.

LIMITATIONS:

There is approximately a 20% error rate in the revenue center code category 0214 due to coders misunderstanding the term 'post ccu' as including any day after a ccu stay rather than just days in a step-down/lower case version of a ccu. 'Post' was removed from the revenue center code 0214 description, effective 10/1/96 (12/96 MEDPAR update). 0214 Is now defined as 'intermediate ccu'.

SOURCE : NCH

65. MEDPAR Accommodations Charges Group  
25 199 223 GRP

66. MEDPAR Private Room Charge Amount  
5 199 203 PACK

The charge amount (rounded to whole dollars) for private room accommodations related to a beneficiary's stay.

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MPRVTAMT  
STANDARD ALIAS : MEDPAR\_PRVT\_ROOM\_CHRG\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :

THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENTER TOTAL CHARGE AMOUNT ASSOCIATED WITH REVENUE CENTER CODES 011X AND 014X FROM ALL CLAIM RECORDS INCLUDED IN THE STAY.

EXCEPTION FOR SNF RUGS DEMO EFF 3/96 SNF UPDATE:  
FIELD IS DERIVED FROM REVENUE CENTER CODES  
IN THE 9033-9044 SERIES.

SOURCE : NCH

EDIT RULES :  
+\$\$\$\$\$\$\$\$\$  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

67. MEDPAR Semi-Private Room Charge Amount  
5 204 208

PACK

The charge amount (rounded to whole dollars) for semi-private room accommodations related to a beneficiary's stay.

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MSPAMT  
STANDARD ALIAS : MEDPAR\_SEMIPRVT\_ROOM\_CHRG\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :  
THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENTER TOTAL CHARGE AMOUNT ASSOCIATED WITH REVENUE CENTER CODES 010X, 012X, 013X, AND 016X - 019X FROM ALL CLAIM RECORDS INCLUDED IN THE STAY.

EXCEPTION FOR SNF RUGS DEMO EFF 3/96 SNF UPDATE:  
FIELD IS DERIVED FROM REVENUE CENTER CODES  
IN THE 9019-9032 SERIES.

SOURCE : NCH

EDIT RULES :  
+\$\$\$\$\$\$\$\$\$  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

68. MEDPAR Ward Charge Amount  
5 209 213

PACK

The charge amount (rounded to whole dollars) for ward accommodations related to a beneficiary's stay.

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MWARDAMT  
STANDARD ALIAS : MEDPAR\_WARD\_CHRG\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the revenue total charge amount associated with revenue center code 015x from all claim records included in the

Exception for SNF rugs demo eff 3/96 SNF update: field is derived from revenue center codes in the 9000-9018 series.

SOURCE : NCH

EDIT RULES :

+\$\$\$\$\$\$\$\$\$

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

69. MEDPAR Intensive Care Charge Amount  
5 214 218 PACK

The charge amount (rounded to whole dollars) for intensive care accommodations related to a beneficiary's stay.

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MICAMT  
STANDARD ALIAS : MEDPAR\_INTNSV\_CARE\_CHRG\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the revenue center total charge amount associated with accommodation revenue center code 020x from all claim records included in the stay.

SOURCE : NCH

EDIT RULES :  
+\$\$\$\$\$\$\$\$  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

70. MEDPAR Coronary Care Charge Amount  
5 219 223

PACK

The charge amount (rounded to whole dollars) for coronary care accommodations related to a beneficiary's stay.

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MCCAMT  
STANDARD ALIAS : MEDPAR\_CRNRY\_CARE\_CHRG\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :  
This field is derived by accumulating the revenue center total charge amount associated with accommodation revenue center code 021X from all claim records included in the stay.

SOURCE : NCH

EDIT RULES :  
+\$\$\$\$\$\$\$\$  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

71. MEDPAR Service Charges Group  
125 224 348

GRP

72. MEDPAR Other Service Charge Amount  
5 224 228

PACK

The charge amount (rounded to whole dollars) for other services (revenue centers that do not fit into other categories) related to a beneficiary's stay.

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED



SAS ALIAS : MOSCHRG  
STANDARD ALIAS : MEDPAR\_OTHR\_SRVC\_CHRG\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the revenue center total charge amount associated with the 'other' revenue center codes from all claim records included in the stay the 'other' codes include 0002-0099, 022x, 023x, 024x, 052x, 053x, 055x - 060x, 064x - 070x, 076x - 078x, 090x 095x, and 099x. (Some of these codes are not yet assigned.)

SOURCE : NCH

EDIT RULES :

+\$\$\$\$\$\$\$\$

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

73. MEDPAR Pharmacy Charge Amount

5 229 233 PACK

The charge amount (rounded to whole dollars) for pharmaceutical costs related to the beneficiary's stay.

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MPCHRG  
STANDARD ALIAS : MEDPAR\_PHRMCY\_CHRG\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the revenue center total charge amount associated with revenue center codes 025x, 026x, and 063x from all claims records included in the stay.

SOURCE : NCH

EDIT RULES :

+\$\$\$\$\$\$\$\$

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

74. MEDPAR Medical/Surgical Supple Charge Amount

5 234 238 PACK

The charge amount (rounded to whole dollars) for medical/surgical supplies related to the beneficiary's stay.

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED
SAS ALIAS : MMSCHRG
STANDARD ALIAS : MEDPAR\_MDCL\_SUPLY\_CHRG\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :
This field is derived by accumulating the revenue center total charge amount associated with revenue center codes 027x and 062x from all claim records included in the stay.

SOURCE : NCH

EDIT RULES :
+\$\$\$\$\$\$\$\$
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

75. MEDPAR DME Charge Amount

5 239 243 PACK

The charge amount (rounded to whole dollars) for DME (purchase of new DME and rentals) related to the beneficiary's stay.

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED
SAS ALIAS : MDMEAMT
STANDARD ALIAS : MEDPAR\_DME\_CHRG\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :
This field is derived by accumulating the revenue center total charge amount associated with revenue center codes 0290, 0291, 0292, and 0294 - 0299 from all claim records

included in the stay.

SOURCE : NCH

EDIT RULES :

+\$\$\$\$\$\$\$\$

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

76. MEDPAR Used DME Charge Amount

5 244 248 PACK

The charge amount (rounded to whole dollars) for used DME (purchase of used DME) related to the beneficiary's stay.

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED

SAS ALIAS : MUDMEAMT

STANDARD ALIAS : MEDPAR\_USED\_DME\_CHRG\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the revenue center total charge amount associated with revenue center code 0293 from all claim records included in the stay.

SOURCE : NCH

EDIT RULES :

+\$\$\$\$\$\$\$\$

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

77. MEDPAR Physical Therapy Charge Amount

5 249 253 PACK

The charge amount (rounded to whole dollars) for physical therapy services provided during the beneficiary's stay.

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED

SAS ALIAS : MPTAMT

STANDARD ALIAS : MEDPAR\_PHYS\_THRPHY\_CHRG\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the revenue center total charge amount associated with revenue center code 042x from all claims records included in the stay.

SOURCE : NCH

EDIT RULES :

+\$\$\$\$\$\$\$\$

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

78. MEDPAR Occupational Therapy Charge Amount  
5 254 258

PACK

The charge amount (rounded to whole dollars) for occupational therapy services provided during the beneficiary's stay.

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED

SAS ALIAS : MOTAMT

STANDARD ALIAS : MEDPAR\_OCPTNL\_THRPY\_CHRG\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the revenue center total charge amount associated with revenue center code 043x from all claims records included in the stay.

SOURCE : NCH

EDIT RULES :

+\$\$\$\$\$\$\$\$

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

79. MEDPAR Speech Pathology Charge Amount  
5 259 263

PACK

The charge amount (rounded to whole dollars) for speech pathology services (speech, language, audiology) provided during the beneficiary's stay.

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MSPAMT  
STANDARD ALIAS : MEDPAR\_SPCH\_PTHLGY\_CHRG\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the revenue center total charge amount associated with revenue center code 044x and 047x from all claim records included in the stay.

SOURCE : NCH

EDIT RULES :

+\$\$\$\$\$\$\$\$

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

80. MEDPAR Inhalation Therapy Charge Amount  
5 264 268

PACK

The charge amount (rounded to whole dollars) for inhalation therapy services (respiratory and pulmonary function) provided during the beneficiary's stay.

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MITAMT  
STANDARD ALIAS : MEDPAR\_INHLTN\_THRPY\_CHRG\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the revenue center total charge amount associated with revenue center codes 041x and 046x from all claim records included in the stay.

SOURCE : NCH

EDIT RULES :

+\$\$\$\$\$\$\$\$

81. MEDPAR Blood Charge Amount

5 269 273 PACK

The charge amount (rounded to whole dollars) for blood provided during the beneficiary's stay.

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED  
 SAS ALIAS : MBLDAMT  
 STANDARD ALIAS : MEDPAR\_BLOOD\_CHRG\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :  
 This field is derived by accumulating the revenue center total charge amount associated with revenue center code 038x from all claim records included in the stay.

SOURCE : NCH

EDIT RULES :  
 +\$\$\$\$\$\$\$\$  
 ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

82. MEDPAR Blood Administration Charge Amount

5 274 278 PACK

The charge amount (rounded to whole dollars) for blood storage and processing related to the beneficiary's stay.

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED  
 SAS ALIAS : MBLDADM  
 STANDARD ALIAS : MEDPAR\_BLOOD\_ADMIN\_CHRG\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :  
 This field is derived by accumulating the revenue center total charge amount associated with revenue center code 039x from all claim records included in the stay.

SOURCE : NCH

EDIT RULES :

+\$\$\$\$\$\$\$\$

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

83. MEDPAR Operating Room Charge Amount  
5 279 283 PACK

The charge amount (rounded to whole dollars) for the operating room, recovery room, and labor room delivery used by the beneficiary during the stay.

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED

SAS ALIAS : MORAMT

STANDARD ALIAS : MEDPAR\_OPRTG\_ROOM\_CHRG\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the revenue center total charge amount associated with revenue center codes 036X, 071X, and 072X from all claim records included in the stay.

SOURCE : NCH

EDIT RULES :

+\$\$\$\$\$\$\$\$

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

84. MEDPAR Lithotripsy Charge Amount  
5 284 288 PACK

The charge amount (rounded to whole dollars) for lithotripsy services provided during the beneficiary's stay.

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED

SAS ALIAS : MLCAMT

STANDARD ALIAS : MEDPAR\_LTHTRPSY\_CHRG\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the revenue center total charge amount associated with revenue center code 079X from all claim records included in the stay.

SOURCE : NCH

EDIT RULES :

+\$\$\$\$\$\$\$\$

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

85. MEDPAR Cardiology Charge Amount  
5 289 293 PACK

The charge amount (rounded to whole dollars) for cardiology services and electrocardiogram(s) provided during the beneficiary's stay.

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MCRDLGY  
STANDARD ALIAS : MEDPAR\_CRDLGY\_CHRG\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the revenue center total charge amount associated with revenue center codes 048X and 073X from all claim records included in the stay.

SOURCE : NCH

EDIT RULES :

+\$\$\$\$\$\$\$\$

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

86. MEDPAR Anesthesia Charge Amount  
5 294 298 PACK

The charge amount (rounded to whole dollars) for anesthesia services provided during the beneficiary's stay.



NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MANSTHSA  
STANDARD ALIAS : MEDPAR\_ANSTHSA\_CHRG\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :  
This field is derived by accumulating the revenue center total charge amount associated with revenue center code 037X from all claim records included in the stay.

SOURCE : NCH

EDIT RULES :  
+\$\$\$\$\$\$\$\$  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

87. MEDPAR Laboratory Charge Amount  
5 299 303 PACK

The charge amount (rounded to whole dollars) for laboratory costs related to the beneficiary's stay.

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MLABAMT  
STANDARD ALIAS : MEDPAR\_LAB\_CHRG\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :  
This field is derived by accumulating the revenue center total charge amount associated with revenue center codes 030x, 031x, 074x, and 075x from all claim records included in the stay.

SOURCE : NCH

EDIT RULES :  
+\$\$\$\$\$\$\$\$  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

88. MEDPAR Radiology Charge Amount

5 304 308 PACK

The charge amount (rounded to whole dollars) for radiology costs (including oncology, excluding MRI) related to a beneficiary's stay.

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MRDLGY  
STANDARD ALIAS : MEDPAR\_RDLGY\_CHRG\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :  
This field is derived by accumulating revenue center total charge amount associated with revenue center codes 028x, 032x, 033x, 034x, 035x, and 040x from all claim records included in the stay.

SOURCE : NCH

EDIT RULES :  
+\$\$\$\$\$\$\$  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

89. MEDPAR MRI Charge Amount

5 309 313 PACK

The charge amount (rounded to whole dollars) for MRI services provided during the beneficiary's stay.

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MMRIAMT  
STANDARD ALIAS : MEDPAR\_MRI\_CHRG\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :  
This field is derived by accumulating the revenue center total charge amount associated with revenue center 061x

from all claim records included in the stay.

SOURCE : NCH

EDIT RULES :

+\$\$\$\$\$\$\$\$

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

90. MEDPAR Outpatient Service Charge Amount  
5 314 318

PACK

The charge amount (rounded to whole dollars) for outpatient services provided during the beneficiary's stay.

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED

SAS ALIAS : MOPSRVC

STANDARD ALIAS : MEDPAR\_OP\_SRVC\_CHRG\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the revenue center total charge amount associated with revenue center code 049x and 050x from all claim records included in the stay.

SOURCE : NCH

EDIT RULES :

+\$\$\$\$\$\$\$\$

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

91. MEDPAR Emergency Room Charge Amount  
5 319 323

PACK

The charge amount (rounded to whole dollars) for emergency room services provided during the beneficiary's stay.

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED

SAS ALIAS : MERAMT

STANDARD ALIAS : MEDPAR\_ER\_CHRG\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the revenue center total charge amount associated with revenue center code 045X from all claim records included in the stay.

SOURCE : NCH

EDIT RULES :

+\$\$\$\$\$\$\$\$

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

92. MEDPAR Ambulance Charge Amount

5 324 328 PACK

The charge amount (rounded to whole dollars) for ambulance services related to a beneficiary's stay.

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED

SAS ALIAS : MAMBLNC

STANDARD ALIAS : MEDPAR\_AMBLNC\_CHRG\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the revenue center total charge amount associated with revenue center code 054x from all claim records included in the stay.

SOURCE : NCH

EDIT RULES :

+\$\$\$\$\$\$\$\$

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

93. MEDPAR Professional Fees Charge Amount

5 329 333 PACK

The charge amount (rounded to whole dollars) for professional fees related to a beneficiary's stay.

NOTE: Effective with MEDPAR2000 expansion, all amount

fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MPROFNL  
STANDARD ALIAS : MEDPAR\_PROFNL\_FEES\_CHRG\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :  
This field is derived by accumulating the revenue center total charge amount associated with revenue center codes 096x, 097x, and 098x from all claims records included in the stay.

SOURCE : NCH

EDIT RULES :  
+\$\$\$\$\$\$\$\$  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

94. MEDPAR Organ Acquisition Charge Amount  
5 334 338

PACK

The charge amount (rounded to whole dollars) for organ acquisition or other donor bank services related to a beneficiary's stay.

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MORGNAMT  
STANDARD ALIAS : MEDPAR\_ORGN\_ACQSTN\_CHRG\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :  
This field is derived by accumulating the revenue center total charge amount associated with revenue center codes 081x (except for 0815) and 089x from all claim records included in the stay. NOTE: the code was changed with CR#15 release (June 2020) to remove 0815.

SOURCE : NCH

EDIT RULES :  
+\$\$\$\$\$\$\$\$

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

95. MEDPAR ESRD Revenue Setting Charge Amount  
5 339 343

PACK

The charge amount (rounded to whole dollars) for ESRD services (other than organ acquisition and other donor bank) related to a beneficiary's stay.

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MESRDAMT  
STANDARD ALIAS : MEDPAR\_ESRD\_REV\_SETG\_CHRG\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the revenue center total charge amount associated with revenue center codes 080x, 082x - 088x from all claim records included in the stay.

SOURCE : NCH

EDIT RULES :

+\$\$\$\$\$\$\$\$\$

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

96. MEDPAR Clinic Visit Charge Amount  
5 344 348

PACK

The charge amount (rounded to whole dollars) for clinic visits (e.g., visits to chronic pain or dental centers or to clinics providing psychiatric, ob-gyn, pediatric services) related to the beneficiary's stay.

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MCVAMT  
STANDARD ALIAS : MEDPAR\_CLNC\_VISIT\_CHRG\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :  
This field is derived by accumulating the revenue center total charge amount associated with revenue center code 051x from all claim records included in the stay.

SOURCE : NCH

EDIT RULES :  
+\$\$\$\$\$\$\$\$  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

97. MEDPAR Accommodations/Services Indicator Group  
23 349 371 GRP

98. MEDPAR Intensive Care Unit (ICU) Indicator Code  
1 349 349 CHAR

The code indicating that the beneficiary has spent time under intensive care during the stay. It also specifies the type of ICU.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MICUIND  
STANDARD ALIAS : MEDPAR\_ICU\_IND\_CD

LENGTH : 1

DERIVATIONS :  
This field is derived by checking for the presence of icu revenue center codes (listed below) on any of the claim records included in the stay. If more than one of the revenue center codes listed below are included on these claims, the code with the highest revenue center total charge amount is used.

LIMITATIONS:  
There is approximately a 20% error rate in the revenue center code category 0206 due to coders misunderstanding the term 'post ICU' as including any day after an ICU stay rather than just days in a step-down/lower case version of an ICU. 'Post' was removed from the revenue center code 0206 description, effective 10/1/96 (12/96 MEDPAR update). 0206 Is now defined as 'intermediate ICU'.

SOURCE : NCH

CODE TABLE : MEDPAR\_ICU\_IND\_TB

99. MEDPAR Coronary Care Indicator Code

1 350 350 CHAR

The code indicating that the beneficiary has spent time under coronary care during the stay. It also specifies the type of coronary care unit.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MCCIND  
STANDARD ALIAS : MEDPAR\_CRNRY\_CARE\_IND\_CD

LENGTH : 1

DERIVATIONS :

This field is derived by checking for the presence of coronary care revenue center codes (listed below) on any of the claim records included in the stay. If more than one of the revenue center codes listed below are included on these claims, the code with the highest revenue center total charge amount is used.

LIMITATIONS:

There is approximately a 20% error rate in the revenue center code category 0214 due to coders misunderstanding the term 'post CCU' as including any day after a CCU stay rather than just days in a step-down/lower case version of a CCU. 'Post' was removed from the revenue center code 0214 description, effective 10/1/96 (12/96 MEDPAR update). 0214 is now defined as 'intermediate CCU'.

SOURCE : NCH

CODE TABLE : MEDPAR\_CRNRY\_CARE\_IND\_TB

100. MEDPAR Pharmacy Indicator Code

1 351 351 NUM

The code indicating whether or not the beneficiary received drugs during the stay. It also specifies the type of drugs.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MPINDCD  
STANDARD ALIAS : MEDPAR\_PHRMCY\_IND\_CD



LENGTH : 1 SIGNED : N

DERIVATIONS :

This field is derived by checking for the presence of drug-specific revenue center codes (listed below) on any of the claim records included in the stay.

SOURCE : NCH

CODE TABLE : MEDPAR\_PHRMCY\_IND\_TB

101. MEDPAR Transplant Indicator Code

1 352 352 NUM

The code indicating whether or not the beneficiary received a organ transplant during the stay.

DB2 ALIAS : UNDEFINED

SAS ALIAS : MTINDCD

STANDARD ALIAS : MEDPAR\_TRNSPLNT\_IND\_CD

LENGTH : 1 SIGNED : N

DERIVATIONS :

This field is derived by checking for the presence of the transplant revenue center code (listed below) on any of the claim records included in the stay.

SOURCE : NCH

CODE TABLE : MEDPAR\_TRNSPLNT\_IND\_TB

102. MEDPAR Radiology Indicators Group

6 353 358 GRP

103. MEDPAR Radiology Oncology Indicator Switch

1 353 353 NUM

The switch indicating whether or not the beneficiary received radiology oncology services during the stay.

DB2 ALIAS : UNDEFINED

SAS ALIAS : MROINDSW

STANDARD ALIAS : MEDPAR\_RDLGY\_ONCLGY\_IND\_SW

LENGTH : 1 SIGNED : N

DERIVATIONS :

This field is derived by checking for revenue center code 028X on any of the claim records included in the stay.

SOURCE : NCH

CODE TABLE : MEDPAR\_RDLGY\_ONCLGY\_IND\_TB

104. MEDPAR Radiology Diagnostic Indicator Switch

1 354 354 NUM

The switch indicating whether or not the beneficiary received radiology diagnostic services during the stay.

DB2 ALIAS : UNDEFINED

SAS ALIAS : MRDINDSW

STANDARD ALIAS : MEDPAR\_RDLGY\_DGNSTC\_IND\_SW

LENGTH : 1 SIGNED : N

DERIVATIONS :

This field is derived by checking for revenue center code 032x on any of the claim records included in the stay.

SOURCE : NCH

CODE TABLE : MEDPAR\_RDLGY\_DGNSTC\_IND\_TB

105. MEDPAR Radiology Therapeutic Indicator Switch

1 355 355 NUM

The switch indicating whether or not the beneficiary received radiology therapeutic services during the stay.

DB2 ALIAS : UNDEFINED

SAS ALIAS : MRTINDSW

STANDARD ALIAS : MEDPAR\_RDLGY\_THRPTC\_IND\_SW

LENGTH : 1 SIGNED : N

DERIVATIONS :

This field is derived by checking for revenue center code 033X on any of the claim records included in the stay.

SOURCE : NCH

CODE TABLE : MEDPAR\_RDLGY\_THRPTC\_IND\_TB

106. MEDPAR Radiology Nuclear Medicine Indicator Switch

1 356 356 NUM

The switch indicating whether or not the beneficiary received radiology nuclear medicine services during the stay.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MRNMSW  
STANDARD ALIAS : MEDPAR\_RDLGY\_NUCLR\_MDCN\_IND\_SW

LENGTH : 1 SIGNED : N

DERIVATIONS :  
This field is derived by checking for revenue center code 034x on any of the claim records included in the stay.

SOURCE : NCH

CODE TABLE : MEDPAR\_RDLGY\_NUCLR\_MDCN\_IND\_TB

107. MEDPAR Radiology CT Scan Indicator Switch

1 357 357 NUM

The switch indicating whether or not the beneficiary received radiology computed tomographic (CT) scan services during the stay.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MRCTIND  
STANDARD ALIAS : MEDPAR\_RDLGY\_CT\_SCAN\_IND\_SW

LENGTH : 1 SIGNED : N

DERIVATIONS :  
This field is derived by checking for revenue center code 035X on any of the claim records included in the stay.

SOURCE : NCH

CODE TABLE : MEDPAR\_RDLGY\_CT\_SCAN\_IND\_TB

108. MEDPAR Radiology Other Imaging Indicator Switch

1 358 358 NUM

The switch indicating whether or not the beneficiary received radiology other imaging services during the stay.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MROISW  
STANDARD ALIAS : MEDPAR\_RDLGY\_OTHR\_IMGNG\_IND\_SW

LENGTH : 1 SIGNED : N

DERIVATIONS :  
This field is derived by checking for revenue center code 040X on any of the claim records included in the stay.

SOURCE : NCH

CODE TABLE : MEDPAR\_RDLGY\_OTHR\_IMGNG\_IND\_TB

109. MEDPAR Outpatient Services Indicator Code

1 359 359

NUM

The code indicating whether or not the beneficiary has received outpatient services, ambulatory surgical care, or both.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MOPINDSW  
STANDARD ALIAS : MEDPAR\_OP\_SRVC\_IND\_CD

LENGTH : 1 SIGNED : N

DERIVATIONS :  
This field is derived by checking for the presence of the outpatient services revenue center codes listed below on any of the claim records included in the stay.

SOURCE : NCH

CODE TABLE : MEDPAR\_OP\_SRVC\_IND\_TB

110. MEDPAR Organ Acquisition Indicator Code

2 360 361

CHAR

The code indicating the type of organ acquisition received by the beneficiary during the stay.

DB2 ALIAS : UNDEFINED

SAS ALIAS : MOAINDCD  
STANDARD ALIAS : MEDPAR\_ORGN\_ACQSTN\_IND\_CD

LENGTH : 2

DERIVATIONS :

This field is derived by checking for the presence of the organ acquisition indicator revenue center codes listed below on any of the claim records included in the stay.

SOURCE : NCH

CODE TABLE : MEDPAR\_ORGN\_ACQSTN\_IND\_TB

111. MEDPAR ESRD Setting Indicator Code

10 362 371 CHAR

The code indicating the type of dialysis received by the beneficiary during the stay. Up to 5 2-position codes may be present.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MESRDIND  
STANDARD ALIAS : MEDPAR\_ESRD\_SETG\_IND\_CD

LENGTH : 2

DERIVATIONS :

This field is derived from the presence of the dialysis revenue center codes listed below on any of the claim records included in the stay.

SOURCE : NCH

CODE TABLE : MEDPAR\_ESRD\_SETG\_IND\_TB

OCCURS MIN: 5 OCCURS MAX: 0

112. MEDPAR Present On Admission Diagnosis CodeGroup

77 372 448 GRP

113. MEDPAR Claim Present on Admission Diagnosis Code Count

2 372 373 NUM

Effective with Version 'J', the count of the number of Present on Admission (POA) codes reported on the

Inpatient/SNF claim.  
The purpose of this count is to indicate  
how many claim POA diagnosis trailers are present.

DB2 ALIAS : CLM\_POA\_TRLR\_CNT  
SAS ALIAS : MPDCDCNT  
STANDARD ALIAS : MEDPAR\_POA\_DGNS\_CD\_CNT

LENGTH : 2 SIGNED : N

SOURCE : CWF

EDIT RULES :  
Range: 0 to 25

114. MEDPAR Claim Present on Admission Diagnosis Indicator Code  
25 374 398 CHAR

Effective with Version 'J', the code used to identify  
the present on admission(POA) indicator code  
associated with the diagnosis codes (principal and  
secondary). The present on admission indicators  
for the diagnosis E codes are stored in the present  
on admission diagnosis E trailer.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MPOADIND  
STANDARD ALIAS : MEDPAR\_POA\_DGNS\_IND\_CD

LENGTH : 1

OCCURS MIN: 25 OCCURS MAX: 0

115. FILLER  
50 399 448

CHAR

DB2 ALIAS : UNDEFINED

LENGTH : 50

116. MEDPAR Present On Admission Diagnosis E Code Group  
64 449 512 GRP

117. MEDPAR Claim Present on Admission Diagnosis E Code Count  
2 449 450 NUM

Effective with Version 'J', the count of the number

of Present on Admission (POA) codes associated with the diagnosis E codes reported on the Inpatient/SNF claim. The purpose of this count is to indicate how many claim POA diagnosis E trailers are present.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MPDECNT  
STANDARD ALIAS : MEDPAR\_POA\_DGNS\_E\_CD\_CNT

LENGTH : 2 SIGNED : N

SOURCE : CWF

EDIT RULES :  
Range: 0 to 12

118. MEDPAR Claim Present on Admission Diagnosis E Indicator Code

12 451 462 CHAR

Effective with Version 'J', the code used to identify the present on admission(POA) indicator code associated with the diagnosis E codes.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MPDEIND  
STANDARD ALIAS : MEDPAR\_POA\_DGNS\_E\_IND\_CD

LENGTH : 1

OCCURS MIN: 12 OCCURS MAX: 0

119. FILLER

50 463 512

CHAR

DB2 ALIAS : UNDEFINED

LENGTH : 50

120. MEDPAR Diagnosis Code Group

252 513 764 GRP

121. MEDPAR Diagnosis Code Count

2 513 514 NUM

The count of the number of diagnosis codes included in the stay.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MDGNSCNT  
STANDARD ALIAS : MEDPAR\_DGNS\_CD\_CNT

LENGTH : 2 SIGNED : N

DERIVATIONS :

This field is derived by adding '1' to the count of the other diagnosis codes reported on the last claim record included in the stay. The '1' represents the principal diagnosis code, which is reported separately from the other diagnosis.

SOURCE : NCH

EDIT RULES :

RANGE: 1 through 10

122. MEDPAR Diagnosis Version Code

25 515 539 CHAR

Effective with Version 'J', the code used to indicate if the diagnosis code is ICD-9 or ICD-10.

NOTE: With 5010, the diagnosis and procedure codes have been expanded to accommodate ICD-10, even though ICD-10 is not scheduled for implementation until 10/2013.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MDVRSNCD  
STANDARD ALIAS : MEDPAR\_DGNS\_VRSN\_CD

LENGTH : 1

CODE TABLE : CLM\_DGNS\_VRSN\_TB

OCCURS MIN: 25 OCCURS MAX: 0

123. MEDPAR Diagnosis Code

175 540 714 CHAR

The diagnosis code identifying the beneficiary's principal or other diagnosis (including E code).

NOTE:

Prior to Version H, the principal diagnosis



code was not stored with the 'OTHER' diagnosis codes. During the Version H conversion the CLM\_PRNCPAL\_DGNS\_CD was added as the first occurrence.

NOTE1: Effective with Version 'J', this field has been expanded from 5 bytes to 7 bytes to accommodate the future implementation of ICD-10.

NOTE2: Effective with Version 'J', the diagnosis E codes are stored in a separate trailer (CLM\_DGNS\_E\_GRP).

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MDGNSCD

LENGTH : 7

OCCURS MIN: 25 OCCURS MAX: 0

124. FILLER

50 715 764

CHAR

DB2 ALIAS : UNDEFINED

LENGTH : 50

125. MEDPAR Diagnosis Code E Group

148 765 912

GRP

126. MEDPAR Diagnosis E Code Count

2 765 766

NUM

Effective with Version 'J', the count of the number of diagnosis E codes reported on the Inpatient/SNF claim. The purpose of this count is to indicate how many diagnosis E trailers are present.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MDGNSECN

LENGTH : 2 SIGNED : N

SOURCE : CWF

EDIT RULES :  
Range: 0 to 12

127. MEDPAR Diagnosis E Version Code  
12 767 778 CHAR

Effective with Version 'J', the code used to indicate if the diagnosis code is ICD-9 or ICD-10.

NOTE: With 5010, the diagnosis and procedure codes have been expanded to accommodate ICD-10, even though ICD-10 is not scheduled for implementation until 10/2013.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MDEVRSN  
STANDARD ALIAS : MEDPAR\_DGNS\_E\_VRSN\_CD

LENGTH : 1

CODE TABLE : CLM\_DGNS\_VRSN\_TB

OCCURS MIN: 12 OCCURS MAX: 0

128. MEDPAR Diagnosis E Code  
84 779 862 CHAR

Effective with Version J, the code used to identify the external cause of injury, poisoning, or other adverse affect.

NOTE: Effective with Version 'J', this field has been expanded from 5 bytes to 7 bytes to accommodate the future implementation of ICD-10.

During the Version 'J' conversion this field was populated throughout history.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MDGNSECD  
STANDARD ALIAS : MEDPAR\_DGNS\_E\_CD

LENGTH : 7

SOURCE : CWF

EDIT RULES :  
ICD-9-CM

OCCURS MIN: 12 OCCURS MAX: 0

129. FILLER CHAR

50 863 912

DB2 ALIAS : UNDEFINED

LENGTH : 50

130. MEDPAR Surgical Procedure Indicator Switch  
1 913 913

CHAR

The switch indicating whether or not there were any surgical procedures performed during the beneficiary's stay.

DB2 ALIAS : UNDEFINED

SAS ALIAS : MSPINDSW

STANDARD ALIAS : MEDPAR\_SRGCL\_PRCDR\_IND\_SW

LENGTH : 1

DERIVATIONS :

This field is derived by checking for the presence of procedure codes on the last claim record included in the stay.

SOURCE : NCH

CODE TABLE : MEDPAR\_SRGCL\_PRCDR\_IND\_TB

131. MEDPAR Surgical Procedure Group  
354 914 1267

GRP

132. MEDPAR Surgical Procedure Code Count  
2 914 915

NUM

The count of the number of surgical procedure codes included in the stay.

DB2 ALIAS : UNDEFINED

SAS ALIAS : MSPCDCNT

STANDARD ALIAS : MEDPAR\_SRGCL\_PRCDR\_CD\_CNT

LENGTH : 2 SIGNED : N

DERIVATIONS :

This field is derived by counting the procedure codes that are reported on the last claim record included in the stay.

SOURCE : NCH

EDIT RULES :  
RANGE: 0 through 6

133. MEDPAR Surgical Procedure Performed Date Count  
2 916 917 NUM

The count of the number of dates associated with the surgical procedures included in the stay.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MSPDTCNT  
STANDARD ALIAS : MEDPAR\_SRGCL\_PRCDR\_DT\_CNT

LENGTH : 2 SIGNED : N

DERIVATIONS :  
This field is derived by counting the surgical procedures dates that are reported on the last claim record included in the stay.

SOURCE : NCH

EDIT RULES :  
RANGE: 0 THROUGH 6

134. MEDPAR Surgical Procedure Version Code  
25 918 942 CHAR

Effective with Version 'J', the code used to indicate if the surgical procedure code is ICD-9 or ICD-10.

NOTE: With 5010, the diagnosis and procedure codes have been expanded to accommodate ICD-10, even though ICD-10 is not scheduled for implementation until 10/2013.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MSPVRSN  
STANDARD ALIAS : MEDPAR\_SRGCL\_PRCDR\_VRSN\_CD

LENGTH : 1

CODE TABLE : CLM\_PRCDR\_VRSN\_TB

OCCURS MIN: 25 OCCURS MAX: 0

## 135. MEDPAR Surgical Procedure Code

175 943 1117 CHAR

The ICD-9-CM code identifying the principal or other surgical procedure performed during the beneficiary's stay. This element is part of the MEDPAR surgical procedure group. It may occur up to 6 times.

NOTE1: Effective with Version 'J', this field has been expanded from 5 bytes to 7 bytes to accommodate the future implementation of ICD-10.

DB2 ALIAS : UNDEFINED  
 SAS ALIAS : MSPCD  
 STANDARD ALIAS : MEDPAR\_SRGCL\_PRCDR\_CD

LENGTH : 7

## DERIVATIONS :

This field is the actual principal surgical procedure code (1st occurrence) or one of up to 5 other surgical procedure codes that may be present on the last claim record included in the stay.

SOURCE : NCH

## EDIT RULES :

4 POSITION Surgical Procedure Code LEFT JUSTIFIED

OCCURS MIN: 25 OCCURS MAX: 0

## 136. MEDPAR Surgical Procedure Performed Date

100 1118 1217 PACK

The date on which the icd-9-cm surgical procedure was performed during the beneficiary's stay. This element is part of the MEDPAR surgical procedure group. It can occur up to 6 times.

DB2 ALIAS : UNDEFINED  
 SAS ALIAS : MSPDT  
 STANDARD ALIAS : MEDPAR\_SRGCL\_PRCDR\_PRFRM\_DT

LENGTH : 7 SIGNED : Y

## DERIVATIONS :

This field is the actual date associated with the

principal or one of up to 5 other surgical procedure codes that is present on the last claim record included in the stay.

SOURCE : NCH

EDIT RULES :  
+YYYYDDD

OCCURS MIN: 25 OCCURS MAX: 0

137. FILLER

50 1218 1267

CHAR

DB2 ALIAS : UNDEFINED

LENGTH : 50

138. MEDPAR Blood Pints Furnished Quantity

2 1268 1269

PACK

The quantity of blood (number of whole pints) furnished to the beneficiary during the stay. Note: this includes blood pints replaced as well as not replaced.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MBPFQTY  
STANDARD ALIAS : MEDPAR\_BLOOD\_PT\_FRNSH\_QTY

LENGTH : 3 SIGNED : Y

DERIVATIONS :  
This field is derived by accumulating the blood pints furnished quantity from all claim records included in the stay.

SOURCE : NCH

139. MEDPAR Beneficiary Identification Code

2 1270 1271

CHAR

The BIC reported on the first claim record included in the stay, representing the values existing on the CWF beneficiary master record on the date the CWF host site processed the claim.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MBIC

STANDARD ALIAS : MEDPAR\_BENE\_IDENT\_CD

LENGTH : 2

SOURCE : NCH

CODE TABLE : BENE\_IDENT\_TB

140. MEDPAR DRG Code

3 1272 1274 NUM

The code indicating the DRG to which the claims that comprise the stay belong for payment purposes.

DB2 ALIAS : UNDEFINED

SAS ALIAS : MDRGCD

STANDARD ALIAS : MEDPAR\_DRG\_CD

LENGTH : 3 SIGNED : N

DERIVATIONS :

This field comes from the actual DRG code that is present on the last claim record included in the stay.  
exception: if the DRG code is not present (e.g., claims from Maryland and PPS-exempt hospital units do not have a DRG), a valid DRG is obtained using the grouper software and is moved to this field.

SOURCE : NCH

141. MEDPAR Discharge Destination Code

2 1275 1276 NUM

The code primarily indicating the destination of the beneficiary upon discharge from a facility; also denotes death or SNF/still patient situations.

DB2 ALIAS : UNDEFINED

SAS ALIAS : MDSCHRG

STANDARD ALIAS : MEDPAR\_DSCHRG\_DSTNTN\_CD

LENGTH : 2 SIGNED : N

DERIVATIONS :

This field comes from the claim status code that is present on the last claim record included in the stay.

SOURCE : NCH

CODE TABLE : PTNT\_DSCHRG\_STUS\_TB

142. MEDPAR DRG/Outlier Stay Code

1 1277 1277 NUM

The code identifying (1) for PPS providers if the stay has an unusually long length (day outlier) or high cost (cost outlier); or (2) for non-PPS providers the source for developing the DRG.

DB2 ALIAS : UNDEFINED

SAS ALIAS : MDRGOUT

STANDARD ALIAS : MEDPAR\_DRG\_OUTLIER\_STAY\_CD

LENGTH : 1 SIGNED : N

DERIVATIONS :

This field is the actual DRG outlier stay code that is present on the last claim record included in the stay.

Applicable to PPS providers:

0 = No Outlier

1 = Day Outlier

2 = Cost Outlier

Applicable to Non-PPS Providers:

6 = Valid DRG Received From Intermediary

7 = HCFA-Developed DRG

8 = HCFA-Developed DRG Using Claim Status Code

9 = Not Groupable

SOURCE : NCH

143. MEDPAR Beneficiary Primary Payer Code

1 1278 1278 CHAR

The code indicating the type of payer who has primary responsibility for the payment of the Medicare beneficiary's claims related to the stay.

DB2 ALIAS : UNDEFINED

SAS ALIAS : MBENEPP

STANDARD ALIAS : MEDPAR\_BENE\_PRMRY\_PYR\_CD

LENGTH : 1



DERIVATIONS :  
This field comes from the primary payer code that is present on the first claim record included in the stay.

SOURCE : NCH

CODE TABLE : MEDPAR\_BENE\_PRMRY\_PYR\_TB

144. MEDPAR ESRD Condition Code

2 1279 1280 NUM

The code indicating if the beneficiary had an ESRD condition reported during the stay.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MESRDCD  
STANDARD ALIAS : MEDPAR\_ESRD\_COND\_CD

LENGTH : 2 SIGNED : N

DERIVATIONS :  
This field is derived by checking for condition codes 70 - 76 on any of the claim records included in the stay.

SOURCE : NCH

CODE TABLE : MEDPAR\_ESRD\_COND\_TB

145. MEDPAR Source Inpatient Admission Code

1 1281 1281 CHAR

The code indicating the source of the beneficiary's admission to an Inpatient facility or, for newborn admission, the type of delivery.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MIPADMSN  
STANDARD ALIAS : MEDPAR\_SRC\_IP\_ADMSN\_CD

LENGTH : 1

DERIVATIONS :  
This field comes from the source Inpatient admission code that is present on the last claim record included in the stay.

SOURCE : NCH

CODE TABLE : CLM\_SRC\_IP\_ADMSN\_TB

146. MEDPAR Inpatient Admission Type Code

1 1282 1282 CHAR

The code indicating the type and priority of the beneficiary's admission to a facility for the Inpatient hospital stay.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MADTYPE  
STANDARD ALIAS : MEDPAR\_IP\_ADMSN\_TYPE\_CD

LENGTH : 1

DERIVATIONS :  
This field comes from the Inpatient admission type code that is present on the last claim record included in the stay.

SOURCE : NCH

147. MEDPAR Fiscal Intermediary/Carrier Identification Number

5 1283 1287 CHAR

The identification of the intermediary processing the beneficiary's claims related to the stay.

NOTE: This field comes from the intermediary number that is present on the first claim record included in the stay.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MFICARR  
STANDARD ALIAS : MEDPAR\_FICARR\_IDENT\_NUM

LENGTH : 5

SOURCE : NCH

148. MEDPAR Admitting Diagnosis Code Group

8 1288 1295 GRP

149. MEDPAR Admitting Diagnosis Version Code

1 1288 1288 CHAR

Effective with Version 'J', the code used to indicate if the diagnosis code is ICD-9 or ICD-10.

NOTE: With 5010 the diagnosis and procedure codes have been expanded to accommodate ICD-10, even though ICD-10 is not scheduled for implementation until 10/2013.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MADVRSN  
STANDARD ALIAS : MEDPAR\_ADMTG\_DGNS\_VRSN\_CD

LENGTH : 1

CODE TABLE : CLM\_ADMTG\_DGNS\_VRSN\_TB

#### 150. MEDPAR Admitting Diagnosis Code

7 1289 1295 CHAR

The ICD code indicating the beneficiary's initial diagnosis at the time of admission.

NOTE: This field comes from the admitting diagnosis code that is present on the last claim record included in the stay.

A diagnosis code on the institutional claim indicating the beneficiary's initial diagnosis at admission.

NOTE1: Effective 1/1/2004 with the implementation of NCH/NMUD CR#1, the admitting diagnosis (also known as reason for patient visit) was added to the Outpatient claim. This data was stored in positions 572-576 (FILLER) until the implementation of NCH/NMUD CR#2. Prior to 1/1/2004, this field was only present on inpatient claims.

Additional exception: Virgin Island hospitals and hospitals that furnish only inpatient Part B services.

NOTE2: Effective with Version 'J', this field has been expanded from 5 bytes to 7 bytes to accommodate the future implementation of ICD-10.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MADGNSCD

LENGTH : 7

151. MEDPAR Admission Death Day Count  
3 1296 1298

PACK

The count of the number of days from the date the beneficiary was admitted to a facility to the beneficiary's date of death (DOD).

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MADD CNT  
STANDARD ALIAS : MEDPAR\_ADMSN\_DEATH\_DAY\_CNT

LENGTH : 5 SIGNED : Y

DERIVATIONS :

This field is derived by counting the number of days between the MEDPAR admission date (the admission date present on the first claim record included in the stay) and MEDPAR beneficiary death date (the death date present on the enrollment database, which is accessed prior to creation of the quarterly MEDPAR file).

SOURCE : NCH/EDB

LIMITATIONS :

REFER TO :  
MEDPAR\_ADMSN\_DEATH\_DAY\_CNT\_LIM

152. MEDPAR Internal Use (By IPSB) Code  
3 1299 1301

NUM

Limited availability; for internal use only. Where not available, this field will contain zeroes.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MIUIPSB  
STANDARD ALIAS : MEDPAR\_INTRNL\_USE\_IPSB\_CD

LENGTH : 3 SIGNED : N

153. MEDPAR Internal Use File Date Code  
1 1302 1302

NUM

Limited availability; for internal use only to to identify fiscal year/calendar year segments. Where not available, this field will contain a zero.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MIUFILDT  
STANDARD ALIAS : MEDPAR\_INTRNL\_USE\_FIL\_DT\_CD

LENGTH : 1 SIGNED : N

154. MEDPAR Internal Use Sample Size Code

1 1303 1303 NUM

Limited availability; for internal use only to identify the MEDPAR sample size: 20% (HIC 9th digit = 0, 5); 20% (HIC 9th digit = 4, 8); 60% (remainder). Where not available, this field will contain a zero.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MIUSSCD  
STANDARD ALIAS : MEDPAR\_INTRNL\_USE\_SMPL\_SIZE\_CD

LENGTH : 1 SIGNED : N

155. MEDPAR Warning Indicators Code

9 1304 1312 PACK

The codes (commonly called warning indicators) specifying detailed billing information obtained from the claims analyzed for the stay process. The purpose of these codes is to provide additional information for the MEDPAR user; i.e., let the user know whether or not the stay included adjustments, a single claim or multiple claims, any error conditions, etc..

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MWRNGIND  
STANDARD ALIAS : MEDPAR\_WRNG\_IND\_CD

LENGTH : 17 SIGNED : Y

DERIVATIONS :

This field is packed. Each of the digits identify a specific item of interest to users of the MEDPAR file. Warning indicators 1 and 6, and the first two values of indicator 8, are set early in the process - while processing all claims through the final action algorithm, prior to the creation of the stay record. The other indicators are derived from the claims remaining after the final action processing, which are used to

create the stay record.

SOURCE : MEDPAR

CODE TABLE : MEDPAR\_WRNG\_IND\_TB

156. MEDPAR Claim Patient Relationship Code

2 1313 1314 CHAR

The code used to identify the patient relationship to the beneficiary.

DB2 ALIAS : UNDEFINED

SAS ALIAS : PRLTNSHP

STANDARD ALIAS : MEDPAR\_CLM\_PTNT\_RLTNSHP\_CD

LENGTH : 2

DERIVATIONS :

This field comes from the patient relationship code (CLM-PTNT-RLTNSHP-CD) that is present on the first claim record included in the stay.

If there is no patient relationship code on the 1st claim then take the first found code on any of the other claims that make up the stay.

SOURCE : NCH

CODE TABLE : CLM\_PTNT\_RLTNSHP\_TB

157. MEDPAR Care Improvement Model 1 Code

2 1315 1316 CHAR

Effective with CR#7, the code used to identify that the care improvement model 1 is being used for bundling payments. The valid value for care improvement model 1 is '61'. This value is also reflected in the demonstration trailer.

DB2 ALIAS : UNDEFINED

SAS ALIAS : CMODEL1

STANDARD ALIAS : MEDPAR\_CARE\_IMPRVMT\_MODEL\_1\_CD

LENGTH : 2

DERIVATIONS :

This field comes from the Claim Care Improvement

Model (CLM- CARE-IMPRVMT-MODEL-1-CD) code that is present on the first claim record included in the stay. If there is no Claim Care Improve Model code on the 1st claim then take the first found code on a the other claims that make up the stay.

SOURCE : NCH

CODE TABLE : CLM\_CARE\_IMPRVMT\_MODEL\_TB

158. MEDPAR Care Improvement Model 2 Code  
2 1317 1318

CHAR

Effective with CR#7, the code used to identify that the care improvement model 2 is being used for bundling payments. The valid value for care improvement model 2 is '62'. This value is also reflected in the demonstration trailer.

DB2 ALIAS : UNDEFINED

SAS ALIAS : CMODEL2

STANDARD ALIAS : MEDPAR\_CARE\_IMPRVMT\_MODEL\_2\_CD

LENGTH : 2

DERIVATIONS :

This field comes from the Claim Care Improvement Model (CLM- CARE-IMPRVMT-MODEL-2-CD) code that is present on the first claim record included in the stay. If there is no Claim Care Improvement Model code on the 1st claim then take the first found code on any of the other claims that make up the stay.

SOURCE : NCH

CODE TABLE : CLM\_CARE\_IMPRVMT\_MODEL\_TB

159. MEDPAR Care Improvement Model 3 Code  
2 1319 1320

CHAR

Effective with CR#7, the code used to identify that the care improvement model 3 is being used for bundling payments. The valid value for care improvement model 3 is '63'. This value is also reflected in the demonstration trailer.

DB2 ALIAS : UNDEFINED

SAS ALIAS : CMODEL3  
STANDARD ALIAS : MEDPAR\_CARE\_IMPRVMT\_MODEL\_3\_CD

LENGTH : 2

DERIVATIONS :

This field comes from the Claim Care Improvement Model (CLM- CARE-IMPRVMT-MODEL-3-CD) code that is present on the first claim record included in the stay. If there is no Claim Care Improvement Model code on the 1st claim then take the first found code on any of the other claims that make up the stay.

SOURCE : NCH

CODE TABLE : CLM\_CARE\_IMPRVMT\_MODEL\_TB

160. MEDPAR Care Improvement Model 4 Code

2 1321 1322

CHAR

Effective with CR#7, the code used to identify that the care improvement model 4 is being used for bundling payments. The valid value for care improvement model 4 is '64'. This value is also reflected in the demonstration trailer.

DB2 ALIAS : UNDEFINED

SAS ALIAS : CMODEL4

STANDARD ALIAS : MEDPAR\_CARE\_IMPRVMT\_MODEL\_4\_CD

LENGTH : 2

DERIVATIONS :

This field comes from the Claim Care Improvement Model (CLM- CARE-IMPRVMT-MODEL-4-CD) code that is present on the first claim record included in the stay. If there is no Claim Care Improvement Model code on the 1st claim then take the first found code on any of the other claims that make up the stay.

SOURCE : NCH

CODE TABLE : CLM\_CARE\_IMPRVMT\_MODEL\_TB

161. MEDPAR VBP Participant Indicator Code

1 1323 1323

CHAR



The code used to identify a reason a hospital is excluded from the Hospital Value Based Purchasing (HVBP) program. The ACA (Section 3001) excludes from HVBP program hospitals that meet certain conditions.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : VBPIND  
STANDARD ALIAS : MEDPAR\_VBP\_PRTCNT\_IND\_CD

LENGTH : 1

DERIVATIONS :

This field comes from the Claim VBP Participant Indicator code (CLM-VBP-PRTCNT-IND-CD) that is present on the first claim record included in the stay. If there is no Claim VBP Participant Indicator code on the first claim then take the first found code on any of the other claims that make up the stay.

SOURCE : NCH

CODE TABLE : CLM\_VBP\_PRTCNT\_IND\_TB

162. MEDPAR HRR Participant Indicator Code

1 1324 1324

CHAR

The code used to identify whether the facility is participating in the Hospital Readmission Reduction Program.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : HRRIND  
STANDARD ALIAS : MEDPAR\_HRR\_PRTCNT\_IND\_CD

LENGTH : 1

DERIVATIONS :

This field comes from the Claim HRR Participant Indicator code (CLM-HRR-PRTCNT-IND-CD) that is present on the first claim record included in the stay. If there is no Claim HRR Participant Indicator code on the first claim then take the first found code on any of the other claims that make up the stay.

SOURCE : NCH

CODE TABLE : CLM\_HRR\_PRTCNT\_IND\_TB

163. MEDPAR Bundled Model 1 Discount Percent  
2 1325 1326

PACK

The field used to identify the discount percentage that will be applied to the payment for all of the hospitals' DRG over the lifetime of the initiative. The hospital must be participating in the Model 1 Bundled Payments for Care Improvement initiative.

DB2 ALIAS : UNDEFINED  
STANDARD ALIAS : MEDPAR\_BNDLD\_MODEL\_DSCNT\_PCT

LENGTH : .3 SIGNED : Y

DERIVATIONS :  
This field comes from the Claim Bundled Model Discount (CLM-BNDLD-MODEL-1-DSCNT-PCT) that is present on the last record included in the stay.

SOURCE : NCH

164. MEDPAR VBP Adjustment Percent  
7 1327 1333

PACK

Under the Hospital Value Based Purchasing (HVBP) program, the percent used to identify an adjustment made to certain subsection (d) IPPS hospitals base operating DRG amount, in accordance with their Total Performance Score (TPS) as required by the Affordable Care Act (ACA). This is the Value Based Purchasing Score.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : VBPPCT  
STANDARD ALIAS : MEDPAR\_VBP\_ADJSTMT\_PCT

LENGTH : 1.11 SIGNED : Y

DERIVATIONS :  
This field comes from the Claim VBP Adjustment Percent (CLM-VBP-CLM-ADJSTMT-PCT) that is present on the last claim record included in the stay.

SOURCE : NCH

165. MEDPAR HRR Adjustment Percent

3 1334 1336 PACK

Under the Hospital Readmission Reduction (HRR) Program, the percent used to identify the readmission adjustment factor that will be applied in determining a "subsection (d) hospital's operating IPPS payment amount in accordance with Section 3025 of the Affordable Care Act (ACA).

DB2 ALIAS : UNDEFINED  
SAS ALIAS : HRRPCT  
STANDARD ALIAS : MEDPAR\_HRR\_ADJSTMT\_PCT

LENGTH : 1.4 SIGNED : Y

DERIVATIONS :  
This field comes from the Claim HRR Adjustment Percent (CLM-HRR-ADJSTMT-PCT) that is present on the last claim record included in the stay.

SOURCE : NCH

166. MEDPAR Informational Encounter Indicator Switch

1 1337 1337 CHAR

The switch used to identify if a beneficiary is enrolled in a Managed Care Organization.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : ENCTRIND  
STANDARD ALIAS : MEDPAR\_INFRMTL\_ENCTR\_IND\_SW

LENGTH : 1

DERIVATIONS :  
If any claim that comprises the Stay has has a condition code (CLM RLT COND CD) equal to '04' populate the MEDPAR Informational Encounter Switch with a 'Y'. If no '04' condition code, populate field with an 'N'.

SOURCE : NCH

CODE TABLE : MEDPAR\_INFRMTL\_ENCTR\_IND\_TB

167. MEDPAR MA Teaching Indicator Switch

1 1338 1338 CHAR

The code used to identify whether the claim contains any request for supplemental IME/DGME/N&AH payment.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MATCHNG  
STANDARD ALIAS : MEDPAR\_MA\_TCHNG\_IND\_SW

LENGTH : 1

DERIVATIONS :

If any claim that comprises the Stay has has a condition code (CLM-RLT-COND-CD) equal to '69' populate the MEDPAR MA Teaching Indicator Switch with a 'Y'. If no '69' condition code, populate field with an 'N'.

SOURCE : NCH

CODE TABLE : MEDPAR\_MA\_TCHNG\_IND\_TB

168. MEDPAR Product Replacement within Product Lifecycle Switch

1 1339 1339 CHAR

The switch used to identify whether a claim involves the replacement of a product earlier than the anticipated lifecycle due to an indication the product is not functioning properly.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : RLIFECYC  
STANDARD ALIAS : MEDPAR\_PROD\_RPLCMT\_LIFECYC\_SW

LENGTH : 1

DERIVATIONS :

If any claim that comprises the Stay has has a condition code (CLM-RLT-COND-CD) equal to '49' populate the MEDPAR Product Replacement within Product Lifecycle Switch with a 'Y'. If no '49' condition code, populate field with an 'N'.

SOURCE : NCH

CODE TABLE : MEDPAR\_PROD\_RPLCMT\_LIFECYC\_TB

169. MEDPAR Product Replacement for known Recall of Product Switch

1 1340 1340 CHAR

The switch used to identify whether a claim involves the replacement of a product as a result of the Manufacturer or FDA having identified the product for recall and therefore a replacement.

DB2 ALIAS : UNDEFINED

SAS ALIAS : RRCLLSW

STANDARD ALIAS : MEDPAR\_PROD\_RPLCMT\_RCLL\_SW

LENGTH : 1

DERIVATIONS :

If any claim that comprises the Stay has a Condition code (CLM-RLT-COND-CD) equal to '50' populate the MEDPAR Product Replacement Recall Switch with a 'Y'. If no '50' condition code

SOURCE : NCH

CODE TABLE : MEDPAR\_PROD\_RPLCMT\_RCLL\_TB

170. MEDPAR Credit Received from Manufacturer for Replaced Medical Device Switch

1 1341 1341 CHAR

The switch used to identify whether the provider received a credit from the Manufacturer for a replaced medical device.

DB2 ALIAS : UNDEFINED

SAS ALIAS : RPLCDDVC

STANDARD ALIAS : MEDPAR\_CRED\_RCVD\_RPLCD\_DVC\_SW

LENGTH : 1

DERIVATIONS :

If any claim that comprises the Stay has a value code (CLM-VAL-CD) equal to 'FD' populate the MEDPAR Credit Received from Manufacturer for Replaced Medical Device Switch with a 'Y'. If no 'FD' value code, populate field with an 'N'.

SOURCE : NCH

CODE TABLE : MEDPAR\_CRED\_RCVD\_RPLCD\_DVC\_TB

171. MEDPAR Observation Switch

1 1342 1342

CHAR

The switch used to identify whether the claim involves treatment or observation in an observation room.

DB2 ALIAS : UNDEFINED

SAS ALIAS : OBSRVTN

STANDARD ALIAS : MEDPAR\_OBSRVTN\_SW

LENGTH : 1

DERIVATIONS :

If any claim that comprises the Stay has a revenue center code (REV-CNTR-CD) equal to '0762' populate the MEDPAR Observation Switch with a 'Y'.  
If no '0762' revenue center code populate field with an 'N'.

SOURCE : NCH

CODE TABLE : MEDPAR\_OBSRVTN\_TB

172. MEDPAR New Technology Add On Amount

5 1343 1347

PACK

The amount of payments made for discharges involving approved new technologies. If the total covered costs of the discharge exceeds the DRG payment for the case (including adjustments for IME and disproportionate share hospitals (DSH) but excluding outlier payments) an add-on amount is made indicating a new technology was used in the treatment of the beneficiary.

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED

SAS ALIAS : ADDONAMT

STANDARD ALIAS : MEDPAR\_NEW\_TCHNLGY\_ADD\_ON\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :  
This field is derived by accumulating the amount field (CLM-VAL-AMT) found in the value code trailer for value code (CLM-VAL-CD) equal to '77' for any claim records included in the stay.

SOURCE : NCH

EDIT RULES :  
+\$\$\$\$\$\$\$\$  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

173. MEDPAR Base Operating DRG Amount  
5 1348 1352

PACK

The sum of the claim base operating DRG amounts reported on the claims that comprise the stay.

The base operating DRG amount used to identify the wage-adjusted DRG operating payment plus the new technology add-on payment.

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : BASE\_OPRTG\_DRG\_AMT  
SAS ALIAS : BODRGAMT  
STANDARD ALIAS : MEDPAR\_BASE\_OPRTG\_DRG\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :  
This field is derived by accumulating the Claim Base Operating DRG amount (CLM-BASE-OPRTG-DRG-AMT) that is present on any of the claim records included in the stay (i.e. the sum of the claim base operating DRG amounts reported on the claims that comprise the stay).

SOURCE : NCH

EDIT RULES :  
+\$\$\$\$\$\$\$\$  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

174. MEDPAR Operating HSP Amount  
5 1353 1357

PACK

The sum of the claim operating HSP amounts reported on the claims that comprise the stay.

The operating HSP amount is used to identify the difference between the HSP rate payment (updated HSP x DRG weight) and the federal rate payment (includes DSH, IME, outliers, etc. as applicable) when HSP rate payment exceeds Federal rate payment (otherwise \$0).

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED  
SAS ALIAS : OPRTGHSP  
STANDARD ALIAS : MEDPAR\_OPRTG\_HSP\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the Claim Operating HSP Amount (CLM\_OPRTG\_HSP\_AMT) that is present on any of the claim records included in the stay (i.e. the sum of the claim operating HSP amounts reported on the claims that comprise the stay).

SOURCE : NCH

EDIT RULES :

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ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

175. MEDPAR Medical Surgical General Amount

5 1358 1362 PACK

The charge amount (rounded to whole dollars) for the medical/surgical general supplies related to the beneficiary's stay.

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED  
SAS ALIAS : GNRLAMT  
STANDARD ALIAS : MEDPAR\_MDCL\_SRGL\_GNRL\_AMT



LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the revenue center total charge amount (REV-CNTR-TOT-CHRG-AMT) associated with revenue center code (REV CNTR CD) '0270' from all claim records included in the stay.

SOURCE : NCH

EDIT RULES :

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ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

176. MEDPAR Medical Surgical Non-Sterile Supplies Amount

5 1363 1367 PACK

The charge amount (rounded to whole dollars) for the medical/surgical nonsterile supplies related to the beneficiary's stay.

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED

SAS ALIAS : NSTRLAMT

STANDARD ALIAS : MEDPAR\_MDCL\_SRGCL\_NSTRL\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the revenue center total charge amount (REV-CNTR-TOT-CHRG-AMT) associated with revenue center code (REV-CNTR-CD) '0271' from all claim records included in the stay.

SOURCE : NCH

EDIT RULES :

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ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

177. MEDPAR Medical Surgical Sterile Supplies Amount

5 1368 1372 PACK

The charge amount (rounded to whole dollars) for the medical/surgical sterile supplies related to the beneficiary's stay.

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED  
SAS ALIAS : STRLAMT  
STANDARD ALIAS : MEDPAR\_MDCL\_SRGCL\_STRL\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :  
This field is derived by accumulating the revenue center total charge amount (REV-CNTR-TOT-CHRG-AMT) associated with revenue center code (REV-CNTR-CD) '0272' from all claim records included in the stay.

SOURCE : NCH

EDIT RULES :  
+\$\$\$\$\$\$\$\$  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

178. MEDPAR Take Home Amount

5 1373 1377 PACK

The charge amount (rounded to whole dollars) for the medical/surgical take home supplies related to the beneficiary's stay.

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED  
SAS ALIAS : TAKEHOME  
STANDARD ALIAS : MEDPAR\_TAKE\_HOME\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :  
This field is derived by accumulating the revenue center total charge amount (REV-CNTR-TOT-CHRG-AMT)

associated with revenue center code (REV-CNTR-CD)  
'0273' from all claim records included in the stay.

SOURCE : NCH

EDIT RULES :

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ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

179. MEDPAR Prosthetic Orthotic Amount

5 1378 1382 PACK

The charge amount (rounded to whole dollars) for the  
medical/surgical prosthetic/orthotic supplies  
related to the beneficiary's stay.

NOTE: Effective with MEDPAR2000 expansion, all amount  
fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED

SAS ALIAS : PORTHTC

STANDARD ALIAS : MEDPAR\_PRSTHTC\_ORHTHTC\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the revenue  
center total charge amount (REV-CNTR-TOT-CHRG-AMT)  
associated with revenue center code (REV-CNTR-CD)  
'0274' from all claim records included in the  
stay.

SOURCE : NCH

EDIT RULES :

+\$\$\$\$\$\$\$\$\$

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

180. MEDPAR Medical Surgical Pacemaker Amount

5 1383 1387 PACK

The charge amount (rounded to whole dollars) for the  
medical/surgical pacemaker supplies related to the  
beneficiary's stay.

NOTE: Effective with MEDPAR2000 expansion, all amount

fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED  
SAS ALIAS : PCMKRAMT  
STANDARD ALIAS : MEDPAR\_MDCL\_SRGCL\_PCMKR\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the revenue center total charge amount (REV-CNTR-TOT-CHRG-AMT) associated with revenue center code (REV-CNTR-CD) '0275' from all claim records included in the stay.

SOURCE : NCH

EDIT RULES :

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ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

181. MEDPAR Intraocular Lens Amount

5 1388 1392 PACK

The charge amount (rounded to whole dollars) for the medical/surgical intraocular lens supplies related to the beneficiary's stay.

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED  
SAS ALIAS : INTROCLR  
STANDARD ALIAS : MEDPAR\_INTRAOCULAR\_LENS\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the revenue center total charge amount (REV-CNTR-TOT-CHRG-AMT) associated with revenue center code (REV-CNTR-CD) '0276' from all claim records included in the stay.

SOURCE : NCH

EDIT RULES :

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182. MEDPAR Oxygen Take Home Amount

5 1393 1397 PACK

The charge amount (rounded to whole dollars) for the medical/surgical oxygen take home supplies related to the beneficiary's stay.

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED  
 SAS ALIAS : OXYGNAMT  
 STANDARD ALIAS : MEDPAR\_OXYGN\_TAKE\_HOME\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :  
 This field is derived by accumulating the revenue center total charge amount (REV-CNTR-TOT-CHRG-AMT) associated with revenue center code (REV-CNTR-CD) '0277' from all claim records included in the stay.

SOURCE : NCH

EDIT RULES :  
 +\$\$\$\$\$\$\$\$  
 ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

183. MEDPAR Other Implants Amount

5 1398 1402 PACK

The charge amount (rounded to whole dollars) for the medical/surgical other implant supplies related to the beneficiary's stay.

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED  
 SAS ALIAS : OIMPLANT  
 STANDARD ALIAS : MEDPAR\_OTHR\_IMPLANTS\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the revenue center total charge amount (REV-CNTR-TOT-CHRG-AMT) associated with revenue center code (REV-CNTR-CD) '0278' from all claim records included in the stay

SOURCE : NCH

EDIT RULES :

+\$\$\$\$\$\$\$\$\$

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

184. MEDPAR Other Supplied Device Amount

5 1403 1407 PACK

The charge amount (rounded to whole dollars) for the medical/surgical other devices supplies related to the beneficiary's stay.

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED

SAS ALIAS : OSDVCAMT

STANDARD ALIAS : MEDPAR\_OTHR\_SUPLIES\_DVC\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the revenue center total charge amount (REV-CNTR-TOT-CHRG-AMT) associated with revenue center code (REV-CNTR-CD) '0279' from all claim records included in the stay.

SOURCE : NCH

EDIT RULES :

+\$\$\$\$\$\$\$\$\$

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

185. MEDPAR Medical/Surgical Supplies Incident to Radiology Amount

5 1408 1412 PACK

The charge amount (rounded to whole dollars) for the medical/surgical supplies incident to radiology related to the beneficiary's stay.

NOTE: Effective with MEDPAR2000 expansion, all amount

fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED  
SAS ALIAS : IRDLGY  
STANDARD ALIAS : MEDPAR\_INCDNT\_RDLGY\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the revenue center total charge amount (REV-CNTR-TOT-CHRG-AMT) associated with revenue center code (REV-CNTR-CD) '0621' from all claim records included in the stay.

SOURCE : NCH

EDIT RULES :

+\$\$\$\$\$\$\$\$

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

186. MEDPAR Medical/Surgical Supplies Incident to Other Diagnostic Service Amount  
5 1413 1417 PACK

The charge amount (rounded to whole dollars) for the medical/surgical supplies incident to other diagnostic services related to the beneficiary's stay.

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED  
SAS ALIAS : IDGNSTC  
STANDARD ALIAS : MEDPAR\_INCDNT\_DGNSTC\_SRVCS\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the revenue center total charge amount (REV-CNTR-TOT-CHRG-AMT) associated with revenue center code (REV-CNTR-CD) '0622' from all claim records included in the stay.

SOURCE : NCH

EDIT RULES :

+\$\$\$\$\$\$\$\$

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

187. MEDPAR Medical Surgical Dressing Amount  
5 1418 1422

PACK

The charge amount (rounded to whole dollars) for the medical/surgical dressing supplies related to the beneficiary's stay.

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MSDRSNG  
STANDARD ALIAS : MEDPAR\_MDCL\_SRGCL\_DRSNG\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the revenue center total charge amount (REV-CNTR-TOT-CHRG-AMT) associated with revenue center code (REV CNTR CD) '0623' from all claim records included in the stay.

SOURCE : NCH

EDIT RULES :

+\$\$\$\$\$\$\$\$

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

188. MEDPAR Investigational Device Amount  
5 1423 1427

PACK

The charge amount (rounded to whole dollars) for the medical/surgical investigational devices supplies related to the beneficiary's stay.

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED  
SAS ALIAS : IDVCAMT  
STANDARD ALIAS : MEDPAR\_INVSTGTNL\_DVC\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the revenue



center total charge amount (REV-CNTR-TOT-CHRG-AMT)  
associated with revenue center code (REV-CNTR-CD)  
'0624' from all claim records included in the stay.

SOURCE : NCH

EDIT RULES :

+\$\$\$\$\$\$\$\$\$

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

189. MEDPAR Medical Surgical Miscellaneous Amount

5 1428 1432 PACK

The charge amount (rounded to whole dollars) for the  
medical/surgical miscellaneous supplies related to  
the beneficiary's stay.

NOTE: Effective with MEDPAR2000 expansion, all amount  
fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED

SAS ALIAS : MISCAMT

STANDARD ALIAS : MEDPAR\_MDCL\_SRGCL\_MISC\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the revenue  
center total charge amount (REV-CNTR-TOT-CHRG-AMT)  
associated with revenue center codes (REV-CNTR-CD\_  
'0620', '0625', '0626', '0627', '0628' & '0629'  
from all claim records included in the stay.

SOURCE : NCH

EDIT RULES :

+\$\$\$\$\$\$\$\$\$

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

190. MEDPAR Radiology Oncology Amount

5 1433 1437 PACK

The charge amount (rounded to whole dollars) for the  
oncology services/supplies related to the beneficiary's  
stay.

NOTE: Effective with MEDPAR2000 expansion, all amount

fields were expanded from S9(7) to S9(9).

DB2 ALIAS : MEDPAR\_RDLGY\_ONCOL  
STANDARD ALIAS : MEDPAR\_RDLGY\_ONCOLOGY\_AMT

LENGTH : 9 SIGNED : Y

191. MEDPAR Radiology Diagnostic Amount  
5 1438 1442 PACK

The charge amount (rounded to whole dollars) for the radiology diagnostic services related to the beneficiary's stay.

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED  
SAS ALIAS : RDGNSTC  
STANDARD ALIAS : MEDPAR\_RDLGY\_DGNSTC\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the revenue center total charge amount (REV-CNTR-TOT-CHRG-AMT) associated with revenue center codes (REV-CNTR-CD) '0320', '0321', '0322', '0323', '0324', '0325', '0326', '0327', '0328' & '0329' from all claim records included in the stay.

SOURCE : NCH

EDIT RULES :

+\$\$\$\$\$\$\$\$

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

192. MEDPAR Radiology Therapeutic Amount  
5 1443 1447 PACK

The charge amount (rounded to whole dollars) for the radiology therapeutic services/supplies related to the beneficiary's stay.

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED  
SAS ALIAS : RTHRPTC  
STANDARD ALIAS : MEDPAR\_RDLGY\_THRPTC\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the revenue center total charge amount (REV-CNTR-TOT-CHRG-AMT) associated with revenue center codes (REV-CNTR-CD) '0330', '0331', '0332', '0333', '0334', '0335', '0336', '0337', '0338' & '0339' from all claim records included in the stay.

SOURCE : NCH

EDIT RULES :

+\$\$\$\$\$\$\$\$

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

193. MEDPAR Radiology Nuclear Medicine Amount  
5 1448 1452

PACK

The charge amount (rounded to whole dollars) for the nuclear medicine services/supplies related to the beneficiary's stay.

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED  
SAS ALIAS : NUCLRAMT  
STANDARD ALIAS : MEDPAR\_RDLGY\_NUCLR\_MDCN\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the revenue center total charge amount (REV-CNTR-TOT-CHRG-AMT) associated with revenue center codes (REV-CNTR-CD) '0340', '0341', '0342', '0343', '0344', '0345', '0346', '0347', '0348' & '0349' from all claim records included in the stay.

SOURCE : NCH

EDIT RULES :

+\$\$\$\$\$\$\$\$\$

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

194. MEDPAR Radiology Computed Tomographic (CT) Amount

5 1453 1457 PACK

The charge amount (rounded to whole dollars) for the Computed Tomographic (CT) services related to the beneficiary's stay.

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED  
SAS ALIAS : RCTSCAN  
STANDARD ALIAS : MEDPAR\_RDLGY\_CT\_SCAN\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the revenue center total charge amount (REV-CNTR-TOT-CHRG-AMT) associated with revenue center codes (REV-CNTR-CD) '0350', '0351', '0352', '0353', '0354', '0355', '0356', '0357', '0358' & '0359' from all claim records records included in the stay.

SOURCE : NCH

EDIT RULES :

+\$\$\$\$\$\$\$\$\$

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

195. MEDPAR Radiology Other Imaging Services Amount

5 1458 1462 PACK

The charge amount (rounded to whole dollars) for the radiology other imaging services related to the beneficiary's stay.

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED  
SAS ALIAS : OIMGNG  
STANDARD ALIAS : MEDPAR\_RDLGY\_OTHR\_IMGNG\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the revenue center total charge amount (REV-CNTR-TOT-CHRG-AMT) associated with revenue center codes (REV-CNTR-CD) '0400', '0401', '0402', '0403', '0404', '0405', '0406', '0407', '0408' & '0409' from all claim records included in the stay.

SOURCE : NCH

EDIT RULES :

+\$\$\$\$\$\$\$\$

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

196. MEDPAR Operating Room Amount

5 1463 1467 PACK

The charge amount (rounded to whole dollars) for the operating room services/supplies related to the beneficiary's stay.

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED

SAS ALIAS : ORAMT

STANDARD ALIAS : MEDPAR\_OPRTG\_ROOM\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the revenue center total charge amount (REV-CNTR-TOT-CHRG-AMT) associated with revenue center codes (REV-CNTR-CD) '0360', '0361', '0362', '0363', '0364', '0365', '0366', '0367', '0368', '0369', '0710', '0711', '0712', '0713', '0714', '0715', '0717', '0718' & '0719' from all claim records included in the stay.

SOURCE : NCH

EDIT RULES :

+\$\$\$\$\$\$\$\$

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

197. MEDPAR Operating Room Labor and Delivery Amount

5 1468 1472 PACK

The charge amount (rounded to whole dollars) for the labor room/delivery services/supplies related to the beneficiary's stay.

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED  
SAS ALIAS : LDLVRY  
STANDARD ALIAS : MEDPAR\_OR\_LABOR\_DLVRY\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the revenue center total charge amount (REV-CNTR-TOT-CHRG-AMT) associated with revenue center code (REV-CNTR-CD) '0720', '0721', '0722', '0723', '0724', '0725', '0726', '0727', '0728' & '0729' from all claim records included in the stay.

SOURCE : NCH

EDIT RULES :

+\$\$\$\$\$\$\$\$

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

198. MEDPAR Cardiac Catheterization Amount

5 1473 1477 PACK

The charge amount (rounded to whole dollars) for the cardiac catheterization services/supplies related to the beneficiary's stay.

NOTE: Effective with MEDPAR2000 expansion, all amount fields were expanded from S9(7) to S9(9).

DB2 ALIAS : UNDEFINED  
SAS ALIAS : CATHRZTN  
STANDARD ALIAS : MEDPAR\_CRDC\_CATHRZTN\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the revenue center total charge amount (REV-CNTR-TOT-CHRG-AMT) associated with revenue center codes (REV-CNTR-CD) '0481' from all claim records included in the stay.

SOURCE : NCH

EDIT RULES :

+\$\$\$\$\$\$\$\$

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

199. MEDPAR Sequestration Reduction Amount

5 1478 1482

PACK

This field represents the sequestration reduction amount (rounded to whole dollars).

DB2 ALIAS : MEDPAR\_SQSTRTN\_AMT

SAS ALIAS : MSQSTRTN

STANDARD ALIAS : MEDPAR\_SQSTRTN\_RDCTN\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the amount field (CLM\_VAL\_AMT) found in the value code value code (CLM\_VAL\_CD) equal to '73' for any of the NCH claim records included in the stay.

SOURCE : NCH

EDIT RULES :

+\$\$\$\$\$\$\$\$

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

200. MEDPAR Uncompensated Care Payment Amount

5 1483 1487

PACK

This field represents the uncompensated care amount (rounded to whole dollars) of the payment for DSH hospitals. Uncompensated care payments are effective for claims with discharge dates on or after 10/1/13 forward. For payment policies, see the Affordable Care Act section 3133 and the FY 2014 final rule.

DB2 ALIAS : MEDPAR\_UNCOMP\_PD\_AMT

SAS ALIAS : MUNCOMP\_PD

STANDARD ALIAS : MEDPAR\_UNCOMP\_D\_CARE\_PMT\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the Claim Uncompensated Care Payment Amount field (CLM\_UNCOMP\_D\_CARE\_PMT\_1\_AMT) that is present on any of the NCH claim records included in the stay.

SOURCE : NCH

EDIT RULES :

+\$\$\$\$\$\$\$\$

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

201. MEDPAR Bundled Adjustment Amount

5 1488 1492 PACK

This field represents the amount (rounded to whole dollars) the claim was reduced by. This field only applies to providers participating in the CMMI Model 1 bundled payment program and the adjustment is calculated off the base operating DRG amount field. See CMMI webpage for details on the Model 1 bundled payment program. <https://innovation.cms.gov/initiatives/bundled-payments/>

DB2 ALIAS : MEDPAR\_BNDLD\_AMT

SAS ALIAS : MBNDLD

STANDARD ALIAS : MEDPAR\_BNDLD\_ADJSTMT\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the Claim Bundled Adjustment Amount field (CLM\_BNDLD\_ADJSTMT\_AMT) that is present on any of the NCH claim records included in the stay.

SOURCE : NCH

EDIT RULES :

+\$\$\$\$\$\$\$\$

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

202. MEDPAR VBP Adjustment Amount

5 1493 1497 PACK



This field represents the amount (rounded to whole dollars) of the Hospital Value Based Purchasing (VBP) amount. This could be an additional payment on the claim or a reduction, depending on the hospital's score. For details on the VBP program see the website: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-assessment-Instruments/hospital-value-based-purchasing/index/html?redirect=/hospital-value-based-purchasing>

DB2 ALIAS : MEDPAR\_VBP\_AMT  
SAS ALIAS : MVBPAMT  
STANDARD ALIAS : MEDPAR\_VBP\_ADJSTMT\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :  
This field is derived by accumulating the Claim Value Base Purchasing Amount field (CLM\_VBP\_ADJSTMT\_AMT) that is present on any of the NCH claim records included in the stay.

SOURCE : NCH

EDIT RULES :  
+\$\$\$\$\$\$\$\$  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

### 203. MEDPAR Hospital Readmission Reduction Amount

5 1498 1502 PACK

This field represents the Hospital Readmission Reduction (HRR) program amount. This is a reduction to the claim for readmissions. This field holds a negative amount. For details on the readmission program see website: <http://www.cms.gov/Medicare/Medicare-Fee-For-Service-Payment/AcuteInpatientPPS/Readmissions-Reduction-Program.html>

DB2 ALIAS : MEDPAR\_HRR\_AMT  
SAS ALIAS : MHRRAMT  
STANDARD ALIAS : MEDPAR\_HRR\_ADJSTMT\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :  
This field is derived by accumulating the Claim Hospital Readmission Reduction Amount field (CLM\_HRR\_ADJSTMT\_AMT) that is present on any

of the NCH claim records included in the stay.

SOURCE : NCH

EDIT RULES :

+\$\$\$\$\$\$\$\$

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

204. MEDPAR Electronic Health Records (EHR) Payment Adjustment Amount

5 1503 1507 PACK

This field identifies the dollar amount of the Electronic Health Record (EHR) reduction for eligible hospitals that are not meaningful EHR users.

DB2 ALIAS : UNDEFINED

SAS ALIAS : EHRAMT

STANDARD ALIAS : MEDPAR\_EHR\_PMT\_ADJSTMT\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the amount field (CLM\_EHR\_PMT\_ADJSTMT\_AMT) that is present on any of the claim records included in the stay (i.e. sum of the CLM\_EHR\_PMT\_ADJSTMT\_AMT reported on the claims that comprise the stay).

SOURCE : NCH

EDIT RULES :

+\$\$\$\$\$\$\$\$

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

205. MEDPAR PPS Standard Value Payment Amount

5 1508 1512 PACK

This amount identifies the PRICER output standardized amount. This amount is never used for payments. It is used for comparisons across different regions of the country for the value-based purchasing initiatives and for research. It is a standard amount, without the geographical payment adjustments and some of the other add-on payments that actually go to the hospitals.

NOTE: This field was added with CR#9.

DB2 ALIAS : UNDEFINED

SAS ALIAS : PSTDAMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the amount field (CLM\_PPS\_STD\_VAL\_PMT\_AMT) that is present on any of the claim records included in the stay (i.e. sum of the CLM\_PPS\_STD\_VAL\_PMT\_AMT reported on the claims that comprise the stay).

SOURCE : NCH

EDIT RULES :

+\$\$\$\$\$\$\$\$\$

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

206. MEDPAR Final Standard Amount

5 1513 1517 PACK

This amount field identifies the result of the application of additional standardization requirements (e.g. sequestration) to the PPS Standardization Payment Amount. This amount is never used for payments. It is used for comparisons across different regions of the country for the value-based purchasing initiatives and for research. It is a standard amount, without the geographical payment adjustments and some of the other add-on payments that actually go to the hospitals.

NOTE: This field was added with CR#9.

DB2 ALIAS : UNDEFINED

SAS ALIAS : FSTDAMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the amount field (CLM\_FINL\_STD\_AMT) that is present on any of the claim records included in the stay (i.e. sum of the CLM\_FINL\_STD\_AMT reported on the claims that comprise the stay).

SOURCE : NCH

EDIT RULES :

+\$\$\$\$\$\$\$\$\$

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

207. MEDPAR Hospital Acquired Condition (HAC)Reduction Payment Amount

5 1518 1522 PACK

This field identifies the reduction amount from the IPPS payment for hospitals that rank in the lowest-performing quartile of selected Hospital Acquired Conditions.

NOTE: Prior to CR#10, this field was named: CLM\_IPPS\_FLEX\_PMT\_6\_AMT.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : HACAMT  
STANDARD ALIAS : MEDPAR\_HAC\_RDCTN\_PMT\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the amount field (CLM\_HAC\_RDCTN\_PMT\_AMT) that is present on any of the claim records included in the stay (i.e. sum of the CLM\_HAC\_RDCTN\_PMT\_AMT reported on the claims that comprise the stay).

SOURCE : NCH

EDIT RULES :

+\$\$\$\$\$\$\$\$

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

208. MEDPAR IPPS Flex Payment 7 Amount

5 1523 1527 PACK

This field is a placeholder for a dollar amount to be used for future policy.

NOTE: This field only applies to Inpatient claims.

DB2 ALIAS : UNDEFINED

LENGTH : 9 SIGNED : Y

209. MEDPAR Patient/Initial Visit Add-On Payment Amount

5 1528 1532 PACK

This field represents a base rate increase factor for 1.3516 for new patient initial preventive physical examination (IPPE) and annual

wellness visit.

NOTE: This field was added with CR#9 changes.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : ADDONAMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the amount field (REV\_CNTR\_PTNT\_ADD\_ON\_PMT\_AMT) that is on any of the claim records included in the stay (i.e. sum of the REV\_CNTR\_PTNT\_ADD\_ON\_PMT\_AMT reported on the claims that comprise the stay).

SOURCE : NCH

EDIT RULES :

+\$\$\$\$\$\$\$\$

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

210. MEDPAR Hospital Acquired Condition (HAC)Program Reduction Indicator Switch  
1 1533 1533 CHAR

Effective with CR#9, this field identifies hospitals subject to a Hospital Acquired Condition (HAC) reduction of what they would otherwise be paid under IPPS.

NOTE: This field only applies to Inpatient/SNF claims.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : HACIND  
STANDARD ALIAS : MEDPAR\_HAC\_PGM\_RDCTN\_IND\_SW

LENGTH : 1

DERIVATIONS :

This field is derived by accumulating the amount field (CLM-HAC-PGM-RDCTN-IND-SW) that is present on the first claim record included in the stay. If there is no HAC program reduction indicator switch on the 1st claim record then take the first found code on any of the other claims that make up the stay.

SOURCE : NCH

211. MEDPAR Electronic Health Records (EHR) Program Reduction Indicator Switch

1 1534 1534 CHAR

Effective with CR#9, this field identifies which hospitals are Electronic Health Records meaningful users.

This field only applies to the Inpatient/SNF claims.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MEHRIND  
STANDARD ALIAS : MEDPAR\_EHR\_PGM\_RDCTN\_IND\_SW

LENGTH : 1

DERIVATIONS :

This field comes from the EHR Program Reduction Indicator Switch field (CLM-EHR-PGM-RDCTN-IND-SW) that is present on the first claim record included in the stay. If there is no EHR Program Reduction Indicator Switch on the 1st claim then take the first found code on any of the other claims that make up the stay.

SOURCE : NCH

212. MEDPAR Prior Authorization Indicator Code

4 1535 1538 CHAR

Effective with CR#9, this field identifies the indicator assigned by CMS for each prior authorization program to define the applicable line of business i.e., Part A, Part B, DME, Home Health and Hospice.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : CLMPRIOR  
STANDARD ALIAS : MEDPAR\_PRIOR\_AUTHRZTN\_IND\_CD

LENGTH : 4

DERIVATIONS :

This field comes from the Prior Authorization Indicator Code (CLM-PRIOR-AUTHRZ-IND-SW) that is present on the first claim record included in the stay. If there is no prior authorization indicator switch on the 1st claim record then take the first found code on any of the other claims that make up the stay.

SOURCE : NCH

213. MEDPAR Unique Tracking Number

14 1539 1552 CHAR

Effective with CR#9, this field identifies the unique tracking number assigned to each prior authorization request.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : CLMTRKNG  
STANDARD ALIAS : MEDPAR\_UNIQ\_TRKNG\_NUM

LENGTH : 14

DERIVATIONS :

This field comes from the Unique Tracking Number (CLM-UNIQ-TRKNG-NUM) that is present on the first claim record included in the stay. If there is no unique tracking number on the 1st claim record then take the first found code on any of the other claims that make up the stay.

SOURCE : NCH

214. MEDPAR 2 Day Midnight Stay Indicator Switch

1 1553 1553 CHAR

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MIDNIGHT  
STANDARD ALIAS : MEDPAR\_2\_MIDNGHT\_STAY\_IND\_SW

LENGTH : 1

215. MEDPAR Site Neutral Payment Based on Cost Amount

5 1554 1558 PACK

Effective with MEDPAR CR#10 and CR#11, under the Long Term Care Hospital (LTCH) Prospective Payment System (PPS), the payment amount based on estimated cost of the case.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MSNCOST  
STANDARD ALIAS : MEDPAR\_SITE\_NTRL\_PMT\_CST\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :  
This field is derived by accumulating the amount field (CLM-SITE-NTRL-PMT-CST-AMT) that is present on any of the claim records included in the stay (i.e. sum of the CLM-SITE-NTRL-PMT-CST-AMT reported on the claims that comprised the LTCH stay).

SOURCE : NCH

EDIT RULES :  
+\$\$\$\$\$\$\$\$  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

216. MEDPAR Site Neutral Payment Inpatient Prospective Payment System (IPPS) Amount  
5 1559 1563 PACK

Effective with CR#10 & CR#11, under the Long Term Care Hospital (LTCH) Prospective Payment System (PPS), the payment amount based on the Inpatient Prospective Payment (IPPS) comparable amount. This amount does not include any applicable outlier payment amount.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MSNIPPS  
STANDARD ALIAS : MEDPAR\_SITE\_NTRL\_PMT\_IPPS\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :  
This field is derived by accumulating the amount field (CLM-SITE-NTRL-PMT-IPPS-AMT) that is present on any of the claim records included in the stay (i.e. sum of the CLM-SITE-NTRL-PMT-IPPS-AMT reported on the claims that comprised the LTCH stay).

SOURCE : NCH

EDIT RULES :  
+\$\$\$\$\$\$\$\$  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

217. MEDPAR Full Standard Payment Amount  
5 1564 1568 PACK

Effective with CR#9 & CR#10, under the Long Term Care Hospital (LTCH) Prospective Payment System (PPS), the payment amount based on the MS-LTC-DRG. This amount does not include any applicable outlier payment amount.



DB2 ALIAS : UNDEFINED  
SAS ALIAS : MFULLSTD  
STANDARD ALIAS : MEDPAR\_FULL\_STD\_PMT\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the amount field (CLM-FULL-STD-PMT-AMT) that is present on any of the claim records included in the stay (i.e. sum of the CLM-FULL-STD-PMT-AMT reported on the claims that comprised the LTCH stay).

SOURCE : NCH

EDIT RULES :

+\$\$\$\$\$\$\$\$

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

218. MEDPAR Short Stay Outlier (SSO) StandardPayment Amount

5 1569 1573 PACK

Effective with CR#10/CR#11, under Long Term Care Hospital (LTCH) Prospective Payment System (PPS), the payment based on the MS-LTC-DRG payment with short stay outlier (SSO) adjustment. This amount does not include any applicable outlier payment amount.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MSSOSTD  
STANDARD ALIAS : MEDPAR\_SSO\_STD\_PMT\_AMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the amount field (CLM\_SSO\_STD\_PMT\_AMT) that is on any of the claim records included in the stay (i.e. sum of the CLM\_SSO\_STD\_PMT\_AMT reported on the claims that comprise the stay).

SOURCE : NCH

EDIT RULES :

+\$\$\$\$\$\$\$\$

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

219. MEDPAR Next Generation (NG) Accountable Care Organization (ACO) Indicator 1 Code

1 1574 1574 CHAR

Effective with CR#10/CR#11, this field represents the benefit enhancement indicator that identifies claims that qualify for specific claims processing edits.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MNGACO1  
STANDARD ALIAS : MEDPAR\_NG\_ACO\_IND\_1\_CD

LENGTH : 1

DERIVATIONS :

This field comes from the CLM-NG-ACO-IND-1-CD that is present on the first claim record included in the stay. If there is no CLM-NG-ACO-IND-1-CD on the first claim then take the first found code on any of the other claims that make up the stay.

SOURCE : NCH

CODE TABLE : NG\_ACO\_IND\_TB

220. MEDPAR Next Generation (NG) Accountable Care Organization Indicator 2 Code

1 1575 1575 CHAR

Effective with CR#10/CR#11, this field represents the benefit enhancement indicator that identifies claims that qualify for specific claims processing edits.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MNGACO2  
STANDARD ALIAS : MEDPAR\_NG\_ACO\_IND\_2\_CD

LENGTH : 1

DERIVATIONS :

This field comes from the CLM-NG-ACO-IND-2-CD that is present on the first claim record included in the stay. If there is no CLM-NG-ACO-IND-2-CD on the first claim then take the first found code on any of the other claims that make up the stay.

SOURCE : NCH

CODE TABLE : NG\_ACO\_IND\_TB

221. MEDPAR Next Generation (NG) Accountable Care Organization (ACO) 3 Indicator  
1 1576 1576 CHAR

Effective with CR#10/CR#11, this field represents the benefit enhancement indicator that identifies claims that qualify for specific claims processing edits.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MNGACO3  
STANDARD ALIAS : MEDPAR\_NG\_ACO\_IND\_3\_CD

LENGTH : 1

DERIVATIONS :

This field comes from the CLM-NG-ACO-IND-3-CD that is present on the first claim record included in the stay. If there is no CLM-NG-ACO-IND-3-CD on the first claim then take the first found code on any of the other claims that make up the stay.

SOURCE : NCH

CODE TABLE : NG\_ACO\_IND\_TB

222. MEDPAR Next Generation (NG) Accountable Care Organization (ACO) Indicator 4 Code  
1 1577 1577 CHAR

Effective with CR#10/CR#11, this field represents the benefit enhancement indicator that identifies claims that qualify for specific claims processing edits.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MNGACO4  
STANDARD ALIAS : MEDPAR\_NG\_ACO\_IND\_4\_CD

LENGTH : 1

DERIVATIONS :

This field comes from the CLM-NG-ACO-IND-4-CD that is present on the first claim record included in the stay. If there is no CLM-NG-ACO-IND-4-CD on the first claim then take the first found code on any of the other claims that

make up the stay.

SOURCE : NCH

CODE TABLE : NG\_ACO\_IND\_TB

223. MEDPAR Next Generation (NG) Accountable Care Organization (ACO) Indicator 5 Code  
1 1578 1578 CHAR

Effective with CR#10/CR#11, this field represents the benefit enhancement indicator that identifies claims that qualify for specific claims processing edits.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MNGAC05  
STANDARD ALIAS : MEDPAR\_NG\_ACO\_IND\_5\_CD

LENGTH : 1

DERIVATIONS :

This field comes from the CLM-NG-ACO-IND-5-CD that is present on the first claim record included in the stay. If there is no CLM-NG-ACO-IND-5-CD on the first claim then take the first found code on any of the other claims that make up the stay.

SOURCE : NCH

CODE TABLE : NG\_ACO\_IND\_TB

224. MEDPAR Residual Payment Indicator Code  
1 1579 1579 CHAR

Effective with CR#10/CR#11, the indicator used by CWF claims processing for the purpose of bypassing its normal MSP editing that would otherwise apply to ongoing responsibility for medicals (ORM) or worker's compensation Medicare Set-Aside Arrangements (WCMSA). Normally, CWF does not allow a secondary payment on MSP involving ORM or WCMSA, so the RPI will be used to allow CWF to make an exception to its normal routine.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MRSDLPMT  
STANDARD ALIAS : MEDPAR\_RSDDL\_PMT\_IND\_CD

LENGTH : 1

DERIVATIONS :

This field comes from the Claim Residual Payment Indicator Code (CLM-RSDL-PMT-IND-CD) that is present on the first claim record included in the stay. If there is no CLM-RSDL-PMT-IND-CD on the 1st claim then take the first round code on any of the other clams that make up the stay.

CODE TABLE : RSDL\_PMT\_IND\_TB

225. MEDPAR Claim Representative Payee Indicator Code  
1 1580 1580 CHAR

Effective with CR#10 & CR#11, the field at the claim level to designate bypassing of the prior authorization processing for claims with a representative payee when an 'R' is present in the field.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MCLMRP  
STANDARD ALIAS : MEDPAR\_CLM\_RP\_IND\_CD

LENGTH : 1

DERIVATIONS :

This field comes from the CLM-RP-IND-CD that is present on the first claim record included in the stay. If there is no CLM-RP-IND-CD on the first claim then take the first found code (R) on any of the other claims that make up the stay.

SOURCE : NCH

CODE TABLE : RP\_IND\_TB

226. MEDPAR Revenue Center Representative Payee Indicator Code  
1 1581 1581 CHAR

Effective with CR#10 & CR#11, the field at the line level to designate bypassing of the prior authorization processing for claims with a representative payee when an 'R' is present in the field.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MREVRP  
STANDARD ALIAS : MEDPAR\_REV\_RP\_IND\_CD

LENGTH : 1

DERIVATIONS :

This field comes from the REV-RP-IND-CD that is present on the first claim record included in the stay. If there is no REV-RP-IND-CD on the first claim then take the first found code (R) on any of the other claims that make up the stay.

SOURCE : NCH

CODE TABLE : RP\_IND\_TB

227. MEDPAR Accountable Care Organization (ACO) Identification Number

10 1582 1591 CHAR

Effective with CR#12, the field at the claim level to identify the unique identification number assigned to the Accountable Care Organization (ACO).

DB2 ALIAS : UNDEFINED

SAS ALIAS : MACOID

LENGTH : 10

DERIVATIONS :

This field comes from the Claim ACO Identification Number (CLM\_ACO\_ID\_NUM) that is present on the first claim record included in the stay. If there is no CLM\_ACO\_ID\_NUM on the 1st claim then take the first found on any of the other claims that make up the stay.

SOURCE : NCH

228. MEDPAR Medicare Beneficiary Identification (MBI) Number

11 1592 1602 CHAR

Effective with CR#12, this field represents the Medicare beneficiary identification number. This field is being added due to the removal of the Social Security Number (SSN) from the Medicare card. The MBI will replace the HICN on the Medicare card. CMS will continue to use the HICN within internal systems.

DB2 ALIAS : UNDEFINED

SAS ALIAS : MMBIID

LENGTH : 11

DERIVATIONS :

This field comes from the Medicare Beneficiary Identification Number (MBI\_ID) that is present on the first claim record included in the stay. If there is no MBI\_ID on the 1st claim then take the first found MBI\_ID on any other claims that make up the stay.

SOURCE : NCH

229. MEDPAR Claim Beneficiary Identifier Type Code

1 1603 1603 CHAR

EFFECTIVE WITH CR#12, THIS FIELD IDENTIFIES WHETHER THE CLAIM WAS SUBMITTED BY THE PROVIDER, DURING THE MBI TRANSITION PERIOD, WITH A HICN OR MBI.

DB2 ALIAS : UNDEFINED

SAS ALIAS : MBENEID

LENGTH : 1

DERIVATIONS :

This field comes from the Claim Beneficiary Identifier Type Code (CLM\_BENE\_ID\_TYPE\_CD) that is associated with the MBI\_CD that is used to populate the MEDPAR\_MBI\_CD field.

SOURCE : NCH

230. MEDPAR Allogeneic Stem Cell Aquisition /Donor Services Amount

5 1604 1608 PACK

Effective with CR#12, the field used to identify revenue center allogeneic stem cell acquisition/donor services.

DB2 ALIAS : UNDEFINED

SAS ALIAS : MSCELL

LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the revenue center total charge amount (REV\_CNTR\_TOT\_CHRG\_AMT) associated with revenue center code (REV\_CNTR\_CD) '0815' from all claim records included in the

stay.

SOURCE : NCH

EDIT RULES :

+\$\$\$\$\$\$

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

231. MEDPAR Islet Add-On Payment Amount  
5 1609 1613

PACK

Effective with CR#12, this field is used to identify the Islet add-on payment amount found in the value code/amount trailer.

DB2 ALIAS : UNDEFINED

SAS ALIAS : MISLET

LENGTH : 9 SIGNED : Y

DERIVATIONS :

THIS FIELD IS DERIVED BY ACCUMULATING THE CLAIM VALUE AMOUNT ASSOCIATED WITH CLAIM VALUE CODE (CLM\_VAL\_CD) EQUAL TO 'Q7' FROM ALL CLAIM RECORDS INCLUDED IN THE STAY.

SOURCE : NCH

EDIT RULES :

+\$\$\$\$\$\$

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

232. MEDPAR Claim Inpatient Initial MS DRG Code  
4 1614 1617

CHAR

Effective with CR#13, this field identifies the initial MS-DRG code assigned by MS-DRG Grouper prior to application of Hospital Acquired Conditions (HAC) logic.

NOTE: This data will only be populated on Inpatient claims.

DB2 ALIAS : UNDEFINED

SAS ALIAS : MMSDRGCD

LENGTH : 4

DERIVATIONS :

This field comes from the Claim Inpatient Initial



MS DRG Code field (CLM-IP-INITL-MS-DRG-CD) that is present on the first NCH claim record included in the stay. If there is no CLM-IP-INITL-MS-DRG-CD on the 1st claim then take the 1st found code on any of the other claims that make up the stay.

SOURCE : NCH

233. MEDPAR Value Code Q1 Payment Reduction Amount

5 1618 1622 PACK

Effective with CR#13, this field identifies the ACO Payment Reduction Amount (Pioneer Reduction) which is the actual amount of the Pioneer reduction.

DB2 ALIAS : UNDEFINED

SAS ALIAS : MVALQ1AM

LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the amount field (CLM VAL AMT) found in the value code trailer for value code (CLM VAL CD) equal to 'Q1' for any claim records include

SOURCE : NCH

EDIT RULES :

+\$\$\$\$\$\$\$\$

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

234. MEDPAR Claim Model Reimbursement Amount

5 1623 1627 PACK

Effective with CR#14, this Claim Level Field will be used to identify the "Net Reimbursement Amount" of what Medicare would have paid for Global Budget Services from a hospital participating in the particular model. If the claim only includes global services, the reimbursement amount (CLM\_PMT\_AMT) will reflect \$0 (zero). If the claim includes global services and non-global services, the reimbursement amount will reflect the amount Medicare actually paid for the non-global services.

Note: This field will be used with future models and not just the Pennsylvania Rural Health Model (PARHM) (CR11355).

A demo code (CLM\_DEMO\_ID\_NUM) will be assigned for future models. CLM\_RLT\_COND\_CD = M6 and CLM\_VAL\_CD = Q4 have been created to identify the PARH model.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MCMODEL

LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the amount field (CLM\_MODEL\_REIMBRSMT\_AMT) that is present on any of the claim records included in the stay (i.e. sum of the CLM\_MODEL\_REIMBRSMT\_AMT reported on the claims that comprise the stay).

SOURCE : NCH

EDIT RULES :

+\$\$\$\$\$\$\$\$

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

235. MEDPAR Revenue Center Model Reimbursement Amount  
5 1628 1632 PACK

Effective with CR#14, this field identifies the "Net Reimbursement Amount" of what Medicare would have paid for the Global Budget Service reflected at the line level, from a hospital participating in the particular model.

Note: For the participating hospitals in the PA model all inpatient and outpatient services (Facility/Technical Services) are considered part of the Model/Global Budget Services. Basically, all of the services for a participating hospital would be global except for CAH Method II (85X) claim lines with revenue center codes 096X, 097X and 098X. The CAH Method II professional services (rev codes 096X, 097X and 098X) process as they do today, they have nothing to do with the model.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MRCMODEL

LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the

amount field (REV\_CNTR\_MODEL\_AMT) that is present on any of the claim records included in the stay (i.e. sum of the REV\_CNTR\_MODEL\_AMT reported on the claims that comprise the stay).

SOURCE : NCH

EDIT RULES :

+\$\$\$\$\$\$\$\$\$

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

236. MEDPAR Value Code QB Payment Adjustment Amount

5 1633 1637 PACK

Effective with CR#14, this field identifies the OCM+ Payment Adjustment Amount.

DB2 ALIAS : UNDEFINED

SAS ALIAS : MVALQB

LENGTH : 9 SIGNED : Y

DERIVATIONS :

This field is derived by accumulating the amount field (CLM VAL AMT) found in the value code trailer for value code (CLM VAL CD) equal to 'QB' for any claim records include

SOURCE : NCH

EDIT RULES :

+\$\$\$\$\$\$\$\$\$

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

237. MEDPAR Cell/Gene Therapy Procedures Total Charge Amount

5 1638 1642 PACK

Effective with MEDPAR CR#15, this field represents the revenue center total charge amount associated with revenue center code category 087X (Cell/Gene Therapy), effective 4/1/2019.

DB2 ALIAS : UNDEFINED

SAS ALIAS : MCGAMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :  
This field is derived by accumulating the revenue center total charge amount associated with revenue center code 087x from all claim records included in the stay.

SOURCE : NCH

EDIT RULES :  
+\$\$\$\$\$\$\$\$  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

238. MEDPAR Special Processed Cell Therapy Drugs Total Charge Amount  
5 1643 1647 PACK

Effective with MEDPAR CR#15, this field represents the revenue center total charge amount associated with the revenue center code 0891 (Special Processed Drugs/Cell Therapy), effective 4/1/2019.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MCTDAMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :  
This field is derived by accumulating the revenue center total charge amount associated with revenue center code 0891 from all claim records included in the stay.

SOURCE : NCH

EDIT RULES :  
+\$\$\$\$\$\$\$\$  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

239. MEDPAR Special Processed Gene Therapy Drugs Total Charge Amount  
5 1648 1652 PACK

Effective with MEDPAR CR#15, this field represents the revenue center total charge amount associated with revenue center code 0892 (Special Processed Drug/Gene Therapy), effective 4/1/2019.

DB2 ALIAS : UNDEFINED  
SAS ALIAS : MGDAMT

LENGTH : 9 SIGNED : Y

DERIVATIONS :  
This field is derived by accumulating the revenue center total charge amount associated with revenue center code 0892 from all claim records included in the stay.

SOURCE : NCH

EDIT RULES :  
+\$\$\$\$\$\$\$\$  
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

240. FILLER

348 1653 2000

CHAR

DB2 ALIAS : UNDEFINED

LENGTH : 348

QUERY: RIFQQ11, RIFQQ21 ON DB2T  
\*\*\*\*\*END OF MAIN REPORT FOR RECORD: MEDPAR\_2000\_REC\*\*\*\*\*

1  
TABLE OF CODES APPENDIX FOR RECORD: MEDPAR\_2000\_REC, STATUS: PROD, VERSION: 20061  
PRINTED: 06/15/2020, USER: F43D, DATA SOURCE: CA REPOSITORY ON DB2T

BENE\_IDENT\_TB Beneficiary Identification Code (BIC) Table

Social Security Administration:

- A = Primary claimant
- B = Aged wife, age 62 or over (1st claimant)
- B1 = Aged husband, age 62 or over (1st claimant)
- B2 = Young wife, with a child in her care (1st claimant)
- B3 = Aged wife (2nd claimant)
- B4 = Aged husband (2nd claimant)
- B5 = Young wife (2nd claimant)
- B6 = Divorced wife, age 62 or over (1st claimant)
- B7 = Young wife (3rd claimant)
- B8 = Aged wife (3rd claimant)

B9 = Divorced wife (2nd claimant)  
BA = Aged wife (4th claimant)  
BD = Aged wife (5th claimant)  
BG = Aged husband (3rd claimant)  
BH = Aged husband (4th claimant)  
BJ = Aged husband (5th claimant)  
BK = Young wife (4th claimant)  
BL = Young wife (5th claimant)  
BN = Divorced wife (3rd claimant)  
BP = Divorced wife (4th claimant)  
BQ = Divorced wife (5th claimant)  
BR = Divorced husband (1st claimant)  
BT = Divorced husband (2nd claimant)  
BW = Young husband (2nd claimant)  
BY = Young husband (1st claimant)  
C1-C9,CA-CZ = Child (includes minor, student  
or disabled child)  
D = Aged widow, 60 or over (1st claimant)  
D1 = Aged widower, age 60 or over (1st  
claimant)  
D2 = Aged widow (2nd claimant)  
D3 = Aged widower (2nd claimant)  
D4 = Widow (remarried after attainment of  
age 60) (1st claimant)  
D5 = Widower (remarried after attainment of  
age 60) (1st claimant)  
D6 = Surviving divorced wife, age 60 or over  
(1st claimant)  
D7 = Surviving divorced wife (2nd claimant)  
D8 = Aged widow (3rd claimant)  
D9 = Remarried widow (2nd claimant)  
DA = Remarried widow (3rd claimant)  
DD = Aged widow (4th claimant)  
DG = Aged widow (5th claimant)  
DH = Aged widower (3rd claimant)  
DJ = Aged widower (4th claimant)  
DK = Aged widower (5th claimant)  
DL = Remarried widow (4th claimant)  
DM = Surviving divorced husband (2nd  
claimant)  
DN = Remarried widow (5th claimant)  
DP = Remarried widower (2nd claimant)  
DQ = Remarried widower (3rd claimant)  
DR = Remarried widower (4th claimant)  
DS = Surviving divorced husband (3rd  
claimant)  
DT = Remarried widower (5th claimant)

DV = Surviving divorced wife (3rd claimant)  
DW = Surviving divorced wife (4th claimant)  
DX = Surviving divorced husband (4th  
claimant)  
DY = Surviving divorced wife (5th claimant)  
DZ = Surviving divorced husband (5th  
claimant)  
E = Mother (widow) (1st claimant)  
E1 = Surviving divorced mother (1st  
claimant)  
E2 = Mother (widow) (2nd claimant)  
E3 = Surviving divorced mother (2nd  
claimant)  
E4 = Father (widower) (1st claimant)  
E5 = Surviving divorced father (widower)  
(1st claimant)  
E6 = Father (widower) (2nd claimant)  
E7 = Mother (widow) (3rd claimant)  
E8 = Mother (widow) (4th claimant)  
E9 = Surviving divorced father (widower)  
(2nd claimant)  
EA = Mother (widow) (5th claimant)  
EB = Surviving divorced mother (3rd  
claimant)  
EC = Surviving divorced mother (4th  
claimant)  
ED = Surviving divorced mother (5th  
claimant)  
EF = Father (widower) (3rd claimant)  
EG = Father (widower) (4th claimant)  
EH = Father (widower) (5th claimant)  
EJ = Surviving divorced father (3rd  
claimant)  
EK = Surviving divorced father (4th  
claimant)  
EM = Surviving divorced father (5th  
claimant)  
F1 = Father  
F2 = Mother  
F3 = Stepfather  
F4 = Stepmother  
F5 = Adopting father  
F6 = Adopting mother  
F7 = Second alleged father  
F8 = Second alleged mother  
J1 = Primary prouty entitled to HIB  
(less than 3 Q.C.) (general fund)

J2 = Primary prouty entitled to HIB  
(over 2 Q.C.) (RSI trust fund)

J3 = Primary prouty not entitled to HIB  
(less than 3 Q.C.) (general fund)

J4 = Primary prouty not entitled to HIB  
(over 2 Q.C.) (RSI trust fund)

K1 = Prouty wife entitled to HIB (less than  
3 Q.C.) (general fund) (1st claimant)

K2 = Prouty wife entitled to HIB (over 2  
Q.C.) (RSI trust fund) (1st claimant)

K3 = Prouty wife not entitled to HIB (less  
than 3 Q.C.) (general fund) (1st  
claimant)

K4 = Prouty wife not entitled to HIB (over  
2 Q.C.) (RSI trust fund) (1st  
claimant)

K5 = Prouty wife entitled to HIB (less than  
3 Q.C.) (general fund) (2nd claimant)

K6 = Prouty wife entitled to HIB (over 2  
Q.C.) (RSI trust fund) (2nd claimant)

K7 = Prouty wife not entitled to HIB (less  
than 3 Q.C.) (general fund) (2nd  
claimant)

K8 = Prouty wife not entitled to HIB (over  
2 Q.C.) (RSI trust fund) (2nd  
claimant)

K9 = Prouty wife entitled to HIB (less than  
3 Q.C.) (general fund) (3rd claimant)

KA = Prouty wife entitled to HIB (over 2  
Q.C.) (RSI trust fund) (3rd claimant)

KB = Prouty wife not entitled to HIB (less  
than 3 Q.C.) (general fund) (3rd  
claimant)

KC = Prouty wife not entitled to HIB (over  
2 Q.C.) (RSI trust fund) (3rd  
claimant)

KD = Prouty wife entitled to HIB (less than  
3 Q.C.) (general fund) (4th claimant)

KE = Prouty wife entitled to HIB (over 2 Q.C  
(4th claimant)

KF = Prouty wife not entitled to HIB (less  
than 3 Q.C.)(4th claimant)

KG = Prouty wife not entitled to HIB (over  
2 Q.C.)(4th claimant)

KH = Prouty wife entitled to HIB (less than  
3 Q.C.)(5th claimant)

KJ = Prouty wife entitled to HIB (over 2



Q.C.) (5th claimant)  
KL = Prouty wife not entitled to HIB (less than 3 Q.C.)(5th claimant)  
KM = Prouty wife not entitled to HIB (over 2 Q.C.) (5th claimant)  
M = Uninsured-not qualified for deemed HIB  
M1 = Uninsured-qualified but refused HIB  
T = Uninsured-entitled to HIB under deemed or renal provisions  
TA = MQGE (primary claimant)  
TB = MQGE aged spouse (first claimant)  
TC = MQGE disabled adult child (first claimant)  
TD = MQGE aged widow(er) (first claimant)  
TE = MQGE young widow(er) (first claimant)  
TF = MQGE parent (male)  
TG = MQGE aged spouse (second claimant)  
TH = MQGE aged spouse (third claimant)  
TJ = MQGE aged spouse (fourth claimant)  
TK = MQGE aged spouse (fifth claimant)  
TL = MQGE aged widow(er) (second claimant)  
TM = MQGE aged widow(er) (third claimant)  
TN = MQGE aged widow(er) (fourth claimant)  
TP = MQGE aged widow(er) (fifth claimant)  
TQ = MQGE parent (female)  
TR = MQGE young widow(er) (second claimant)  
TS = MQGE young widow(er) (third claimant)  
TT = MQGE young widow(er) (fourth claimant)  
TU = MQGE young widow(er) (fifth claimant)  
TV = MQGE disabled widow(er) fifth claimant  
TW = MQGE disabled widow(er) first claimant  
TX = MQGE disabled widow(er) second claimant  
TY = MQGE disabled widow(er) third claimant  
TZ = MQGE disabled widow(er) fourth claimant  
T2-T9 = Disabled child (second to ninth claimant)  
W = Disabled widow, age 50 or over (1st claimant)  
W1 = Disabled widower, age 50 or over (1st claimant)  
W2 = Disabled widow (2nd claimant)  
W3 = Disabled widower (2nd claimant)  
W4 = Disabled widow (3rd claimant)  
W5 = Disabled widower (3rd claimant)  
W6 = Disabled surviving divorced wife (1st claimant)  
W7 = Disabled surviving divorced wife (2nd claimant)

W8 = Disabled surviving divorced wife (3rd claimant)  
W9 = Disabled widow (4th claimant)  
WB = Disabled widower (4th claimant)  
WC = Disabled surviving divorced wife (4th claimant)  
WF = Disabled widow (5th claimant)  
WG = Disabled widower (5th claimant)  
WJ = Disabled surviving divorced wife (5th claimant)  
WR = Disabled surviving divorced husband (1st claimant)  
WT = Disabled surviving divorced husband (2nd claimant)

Railroad Retirement Board:

NOTE:

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 on or after 03/01/37

Pensioner: a person who retired prior to 03/01/37 and was included in the railroad retirement act

10 = Retirement - employee or annuitant  
80 = RR pensioner (age or disability)  
14 = Spouse of RR employee or annuitant (husband or wife)  
84 = Spouse of RR pensioner  
43 = Child of RR employee  
13 = Child of RR annuitant  
17 = Disabled adult child of RR annuitant  
46 = Widow/widower of RR employee  
16 = Widow/widower of RR annuitant  
86 = Widow/widower of RR pensioner  
43 = Widow of employee with a child in her care  
13 = Widow of annuitant with a child in her care  
83 = Widow of pensioner with a child in her care  
45 = Parent of employee  
15 = Parent of annuitant  
85 = Parent of pensioner  
11 = Survivor joint annuitant (reduced benefits taken to insure benefits)

for surviving spouse)

BENE\_MDCR\_STUS\_TB

CWF Beneficiary Medicare Status Table

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

BENE\_RACE\_TB

Beneficiary Race Table

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

BENE\_SEX\_IDENT\_TB

Beneficiary Sex Identification Table

1 = Male  
2 = Female  
0 = Unknown

CLM\_ADMTG\_DGNS\_VRSN\_TB

Claim Admitting Diagnosis Version Code Table

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

CLM\_CARE\_IMPRVMT\_MODEL\_TB

Claim Care Improvement Model Table

61 = CLAIM CARE IMPROVEMENT MODEL 1  
62 = CLAIM CARE IMPROVEMENT MODEL 2

63 = CLAIM CARE IMPROVEMENT MODEL 3

64 = CLAIM CARE IMPROVEMENT MODEL 4

CLM\_DGNS\_VRSN\_TB Claim Diagnosis Version Code Table

Valid Values:

9 = ICD-9

0 = ICD-10

CLM\_HRR\_PRTCNT\_IND\_TB Claim HRR Participant Indicator Code Table

0 = Not participating

1 = Participating and not equal to 1.0000

2 = Participating and equal to 1.0000

CLM\_PRCDR\_VRSN\_TB Claim Procedure Version Code Table

Valid Values:

9 = ICD-9

0 = ICD-10

CLM\_PTNT\_RLTNSHP\_TB Claim Patient Relationship Table

01 = Spouse

04 = Grandparent

05 = Grandchild

07 = Niece/Nephew

10 = Foster child

15 = Ward of the court

17 = Step child

18 = Patient is insured

19 = Natural child/insured financial responsibility

20 = Employee

21 = Unknown

22 = Handicapped dependent

23 = Sponsored dependent

24 = Minor dependent of a minor dependent

32 = Mother

33 = Father

- 39 = Organ donor
- 40 = Cadaver donor
- 41 = Injured plaintiff
- 43 = Natural child/insured does not have financial responsibility

CLM\_SRC\_IP\_ADMSN\_TB

Claim Source Of Inpatient Admission Table

\*\*For Inpatient/SNF Claims:\*\*

- 0 = ANOMALY: invalid value, if present, translate to '9'
- 1 = Non-Health Care Facility Point of Origin (Physician Referral) - The patient was admitted to this facility upon an order of a physician.
- 2 = Clinic referral - The patient was admitted upon the recommendation of this facility's clinic physician.
- 3 = HMO referral - Reserved for national assignment. (eff. 3/08)  
Prior to 3/08, HMO referral - The patient was admitted upon the recommendation of an health maintenance organization (HMO) physician.
- 4 = Transfer from hospital (Different Facility) - The patient was admitted to this facility as a hospital transfer from an acute care facility where he or she was an inpatient.
- 5 = Transfer from a skilled nursing facility (SNF) or Intermediate Care Facility (ICF) - The patient was admitted to this facility as a transfer from a SNF or ICF where he or she was a resident.
- 6 = Transfer from another health care facility - The patient was admitted to this facility as a transfer from another type of health care facility not defined elsewhere in this code list where he or she was an inpatient.
- 7 = Emergency room - The patient was admitted to this facility after receiving services in this facility's emergency room department. Obsolete - eff. 7/1/10
- 8 = Court/law enforcement - The patient was

admitted upon the direction of a court of law or upon the request of a law enforcement agency's representative. Includes transfers from incarceration facilities.

- 9 = Information not available - The means by which the patient was admitted is not known.
- A = Reserved for National Assignment. (eff. 3/08)  
Prior to 3/08 defined as: Transfer from a Critical Access Hospital - patient was admitted/referred to this facility as a transfer from a Critical Access Hospital.
- B = Transfer from Another Home Health Agency -  
The patient was admitted to this home health agency as a transfer from another home health agency. (Discontinued July 1, 2010 - See Condition Code 47)
- C = Readmission to Same Home Health Agency -  
The patient was readmitted to this home health agency within the same home health episode period. (Discontinued July 1, 2010)
- D = Transfer from hospital inpatient in the same facility resulting in a separate claim to the payer - The patient was admitted to this facility as a transfer from hospital inpatient within this facility resulting in a separate claim to the payer.
- E = Transfer from Ambulatory Surgery Center -  
The patient was admitted to this facility as a transfer from an ambulatory surgery center. (eff. 10/1/2007)
- F = Transfer from Hospice and is under a Hospice Plan of Care or Enrolled in a Hospice Program -  
The patient was admitted to this facility as a transfer from a hospice. (eff. 10/1/2007)

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\*\*For Newborn Type of Admission\*\*

- 1 = Normal delivery - A baby delivered with out complications. Obsolete eff. 10/1/07
- 2 = Premature delivery - A baby delivered with time and/or weight factors qualifying it for premature status. Obsolete eff. 10/1/07
- 3 = Sick baby - A baby delivered with

medical complications, other than those relating to premature status. Obsolete eff. 10/1/07  
 4 = Extramural birth - A baby delivered in a nonsterile environment. Obsolete eff. 10/1/07  
 5 = Born Inside this Hospital - eff. 10/1/07  
 6 = Born Outside of this Hospital - eff. 10/1/07  
 7-9 = Reserved for national assignment.

CLM\_VBP\_PRTCNT\_IND\_TB Claim VBP Participant Indicator Table

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

CTGRY\_EQTBL\_BENE\_IDENT\_TB Category Equatable Beneficiary Identification Code (BIC) Table

NCH BIC -----	SSA Categories -----
A	= A;J1;J2;J3;J4;M;M1;T;TA
B	= B;B2;B6;D;D4;D6;E;E1;K1;K2;K3;K4;W;W6; TB(F);TD(F);TE(F);TW(F)
B1	= B1;BR;BY;D1;D5;DC;E4;E5;W1;WR;TB(M) TD(M);TE(M);TW(M)
B3	= B3;B5;B9;D2;D7;D9;E2;E3;K5;K6;K7;K8;W2 W7;TG(F);TL(F);TR(F);TX(F)
B4	= B4;BT;BW;D3;DM;DP;E6;E9;W3;WT;TG(M) TL(M);TR(M);TX(M)
B8	= B8;B7;BN;D8;DA;DV;E7;EB;K9;KA;KB;KC;W4 W8;TH(F);TM(F);TS(F);TY(F)
BA	= BA;BK;BP;DD;DL;DW;E8;EC;KD;KE;KF;KG;W9 WC;TJ(F);TN(F);TT(F);TZ(F)
BD	= BD;BL;BQ;DG;DN;DY;EA;ED;KH;KJ;KL;KM;WF WJ;TK(F);TP(F);TU(F);TV(F)
BG	= BG;DH;DQ;DS;EF;EJ;W5;TH(M);TM(M);TS(M) TY(M)
BH	= BH;DJ;DR;DX;EG;EK;WB;TJ(M);TN(M);TT(M) TZ(M)
BJ	= BJ;DK;DT;DZ;EH;EM;WG;TK(M);TP(M);TU(M) TV(M)
C1	= C1;TC
C2	= C2;T2
C3	= C3;T3

C4 = C4;T4  
C5 = C5;T5  
C6 = C6;T6  
C7 = C7;T7  
C8 = C8;T8  
C9 = C9;T9  
F1 = F1;TF  
F2 = F2;TQ  
F3-F8 = Equatable only to itself (e.g., F3 IS  
equatable to F3)  
CA-CZ = Equatable only to itself. (e.g., CA is  
only equatable to CA)

-----  
RRB Categories

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

GEO\_SSA\_STATE\_TB

State Table

01 = Alabama  
02 = Alaska  
03 = Arizona  
04 = Arkansas  
05 = California  
06 = Colorado  
07 = Connecticut  
08 = Delaware  
09 = District of Columbia  
10 = Florida  
11 = Georgia  
12 = Hawaii  
13 = Idaho  
14 = Illinois



15 = Indiana  
16 = Iowa  
17 = Kansas  
18 = Kentucky  
19 = Louisiana  
20 = Maine  
21 = Maryland  
22 = Massachusetts  
23 = Michigan  
24 = Minnesota  
25 = Mississippi  
26 = Missouri  
27 = Montana  
28 = Nebraska  
29 = Nevada  
30 = New Hampshire  
31 = New Jersey  
32 = New Mexico  
33 = New York  
34 = North Carolina  
35 = North Dakota  
36 = Ohio  
37 = Oklahoma  
38 = Oregon  
39 = Pennsylvania  
40 = Puerto Rico  
41 = Rhode Island  
42 = South Carolina  
43 = South Dakota  
44 = Tennessee  
45 = Texas  
46 = Utah  
47 = Vermont  
48 = Virgin Islands  
49 = Virginia  
50 = Washington  
51 = West Virginia  
52 = Wisconsin  
53 = Wyoming  
54 = Africa  
55 = California  
56 = Canada & Islands  
57 = Central America and West Indies  
58 = Europe  
59 = Mexico  
60 = Oceania  
61 = Philippines

62 = South America  
63 = U.S. Possessions  
64 = American Samoa  
65 = Guam  
66 = Commonwealth of the Northern Marianas Islands  
67 = Texas  
68 = Florida (eff. 10/2005)  
69 = Florida (eff. 10/2005)  
70 = Kansas (eff. 10/2005)  
71 = Louisiana (eff. 10/2005)  
72 = Ohio (eff. 10/2005)  
73 = Pennsylvania (eff. 10/2005)  
74 = Texas (eff. 10/2005)  
80 = Maryland (eff. 8/2000)  
97 = Northern Marianas  
98 = Guam  
99 = With 000 county code is American Samoa;  
    otherwise unknown  
A0 = California (eff. 4/2019)  
A1 = California (eff. 4/2019)  
A2 = Florida (eff. 4/2019)  
A3 = Louisiana (eff. 4/2019)  
A4 = Michigan (eff. 4/2019)  
A5 = Mississippi (eff. 4/2019)  
A6 = Ohio (eff. 4/2019)  
A7 = Pennsylvania (eff. 4/2019)  
A8 = Tennessee (eff. 4/2019)  
A9 = Texas (eff. 4/2019)  
B0 = Kentucky (eff. 4/2020)  
B1 = West Virginia (eff. 4/2020)  
B2 = California (eff. 4/2020)

MEDPAR\_ADMSN\_DAY\_TB

MEDPAR Admission Day Code Table

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

MEDPAR\_BENE\_DEATH\_DT\_VRFY\_TB

MEDPAR Beneficiary Death Date Verified Code Table

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

MEDPAR\_BENE\_DSCHRG\_STUS\_TB MEDPAR Beneficiary Discharge Status Code Table

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

MEDPAR\_BENE\_PRMRY\_PYR\_TB MEDPAR Beneficiary Primary Payer Code Table

A = Working aged bene/spouse with eghp  
B = ESRD bene in 18-month coordination period with eghp  
C = Conditional Medicare payment; future reimbursement expected  
D = Auto no-fault or any liability insurance  
E = Worker's compensation  
F = Phs or other federal agency (other than dept of veterans affairs)  
G = Working disabled  
H = Black lung  
I = Dept of veterans affairs  
J = Any liability insurance  
Z/BLANK = Medicare is primary payer

MEDPAR\_CRED\_RCVD\_RPLCD\_DVC\_TB MEDPAR Credit Received from Manufacturer for Replaced Medical Device Switch Table

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

MEDPAR\_CRNRY\_CARE\_IND\_TB

MEDPAR Coronary Care Indicator Code Table

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

MEDPAR\_ESRD\_COND\_TB

MEDPAR ESRD Condition Code Table

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

MEDPAR\_ESRD\_SETG\_IND\_TB

MEDPAR ESRD Setting Indicator Code Table

- 00 = Ip renal dialysis-general (revenue code 0800)
- 01 = Ip renal dialysis-hemodialysis (revenue code 0801)
- 02 = Ip renal dialysis-peritoneal (non-capd: revenue code 0802)
- 03 = Ip renal dialysis-capd (revenue code 0803)
- 04 = Ip renal dialysis-ccpd (revenue code 0804)
- 09 = Ip renal dialysis-other (revenue code 0809)
- 20 = Hemodialysis-op-general (revenue code 0820)
- 21 = Hemodialysis-op-hemodialysis/composite (revenue code 0821)
- 22 = Hemodialysis-op-home supplies (revenue code 0822)
- 23 = Hemodialysis-op-home equipment (revenue code 0823)
- 24 = Hemodialysis-op-maintenance/100% (revenue code 0824)
- 25 = Hemodialysis-op-support services (revenue code 0825)
- 29 = Hemodialysis-op-other (revenue code 0829)
- 30 = Peritoneal-op/home-general (revenue code 0830)
- 31 = Peritoneal-op/home-peritoneal/composite (revenue code 0831)
- 32 = Peritoneal-op/home-home supplies (revenue code 0832)
- 33 = Peritoneal-op/home-home equipment (revenue code 0833)

0833)  
34 = Peritoneal-op/home-maintenance/100% (revenue code 0834)  
35 = Peritoneal-op/home-support services (revenue code 0835)  
39 = Peritoneal-op/home-other (revenue code 0839)  
40 = Capd-op-capd/general (revenue code 0840)  
41 = Capd-op-capd/composite (revenue code 0841)  
42 = Capd-op-home supplies (revenue code 0842)  
43 = Capd-op-home equipment (revenue code 0843)  
44 = Capd-op-maintenance/100% (revenue code 0844)  
45 = Capd-op-support services (revenue code 0845)  
49 = Capd-op-other (revenue code 0849)  
50 = Ccpd-op-ccpd/general (revenue code 0850)  
51 = Ccpd-op-ccpd/composite (revenue code 0851)  
52 = Ccpd-op-home supplies (revenue code 0852)  
53 = Ccpd-op-home equipment (revenue code 0853)  
54 = Ccpd-op-maintenance/100% (revenue code 0854)  
55 = Ccpd-op-support services (revenue code 0855)  
59 = Ccpd-op-other (revenue code 0859)  
80 = Miscellaneous dialysis-general (revenue code 0880)  
81 = Miscellaneous dialysis-ultrafiltration (revenue code 0881)  
89 = Miscellaneous dialysis-other (revenue code 0889)  
BLANK = No ESRD setting indication

MEDPAR\_GHO\_PD\_TB

MEDPAR GHO Paid Code Table

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

MEDPAR\_ICU\_IND\_TB

MEDPAR Intensive Care Unit (ICU) Indicator Code Table

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

MEDPAR\_INFRMTL\_ENCTR\_IND\_TB

MEDPAR Informational Encounter Indicator Code Table

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

MEDPAR\_MA\_TCHNG\_IND\_TB MEDPAR MA Teaching Indicator Code Table

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

MEDPAR\_OBSRVTN\_TB MEDPAR Observation Switch Table

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

MEDPAR\_OP\_SRVC\_IND\_TB MEDPAR Outpatient Services Indicator Code Table

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

MEDPAR\_ORGN\_ACQSTN\_IND\_TB MEDPAR Organ Acquisition Indicator Code Table

K1 = General classification (revenue code 0810)  
K2 = Living donor kidney (revenue code 0811)  
K3 = Cadaver donor kidney (revenue code 0812)  
K4 = Unknown donor kidney (revenue code 0813)  
K5 = Other kidney acquisition (revenue code 0814)  
H1 = Cadaver donor heart (revenue code 0815)  
H2 = Other heart acquisition (revenue code 0816)  
L1 = Donor liver (revenue code 0817)  
01 = Other organ acquisition (revenue code 0819)  
02 = General acquisition (revenue code 0890)  
B1 = Bone donor bank (revenue code 0891)

03 = Organ donor bank other than kidney (revenue code 0892)  
S1 = Skin donor bank (revenue code 0893)  
04 = Other donor bank (revenue code 0899)  
BLANK = No organ acquisition indication

MEDPAR\_PHRMCY\_IND\_TB

MEDPAR Pharmacy Indicator Code Table

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

MEDPAR\_PPS\_IND\_TB

MEDPAR PPS Indicator Code Table

0 = Non PPS  
2 = PPS

MEDPAR\_PROD\_RPLCMT\_LIFECYC\_TB

MEDPAR Product Replacement within Lifecycle Switch

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

MEDPAR\_PROD\_RPLCMT\_RCLL\_TB

MEDPAR Product Replacement for known Recall Switch Table

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

MEDPAR\_PRVDR\_NUM\_SPCL\_UNIT\_TB                      MEDPAR Provider Number Special Unit Code

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

MEDPAR\_RDLGY\_CT\_SCAN\_IND\_TB                      MEDPAR Radiology CT Scan Indicator Code Table

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

MEDPAR\_RDLGY\_DGNSTC\_IND\_TB                      MEDPAR Radiology Diagnostic Indicator Code Table

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

MEDPAR\_RDLGY\_NUCLR\_MDCN\_IND\_TB                      MEDPAR Radiology Nuclear Medicine Indicator Code Table

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

MEDPAR\_RDLGY\_ONCLGY\_IND\_TB                      MEDPAR Radiology Oncology Indicator Code Table

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

MEDPAR\_RDLGY\_OTHR\_IMGNG\_IND\_TB                      MEDPAR Radiology Other Imaging Indicator Code Table



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

MEDPAR\_RDLGY\_THRPTC\_IND\_TB MEDPAR Radiology Therapeutic Indicator Code Table

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

MEDPAR\_SRGCL\_PRCDR\_IND\_TB MEDPAR Surgical Procedure Indicator Code Table

0 = No surgery indicated  
1 = Yes surgery indicated

MEDPAR\_SS\_LS\_SNF\_IND\_TB MEDPAR Short Stay/Long Stay/SNF Indicator Code Table

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

MEDPAR\_TRNSPLNT\_IND\_TB MEDPAR Transplant Indicator Code Table

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

MEDPAR\_WRNG\_IND\_TB MEDPAR Warning Indicators Code Table

Warning indicator 1 ('adjustment indicator' derived  
from the presence of query code values noted below  
on any of the claim records included in the analysis):

0 = No adjustment (no query code = 0 or 5)  
1 = Credit adjustment (query code = 0)  
2 = Debit adjustment (query code = 5)  
3 = Credit and debit adjustment (both query code = 0  
and 5)

Warning indicator 2 ('error condition' derived from checking the edit code trailer on the final action claim(s) that comprise the stay):

0 = No error  
1 = Error condition

Warning indicator 3 ('reimbursement/total charge indicator' derived after summing up fields on the final action claim(s) that comprise the stay; checks resulting Medicare payment amount (commonly called reimbursement), total charge amount, as well as beneficiary primary payer amount and utilization day count):

0 = Medicare payment amount and total charge amount > zeroes  
1 = Medicare payment amount and total charge amount < zeroes  
2 = Medicare payment amount is a credit  
3 = Total charge amount is a credit  
4 = Medicare payment amount, total charge amount, beneficiary primary payer claim payment amount, and utilization day count = zeroes

Warning indicator 4 ('utilization day/los day indicator' derived after summing up fields on the final action claim(s) that comprise the stay; compares resulting utilization day count and length-of-stay count):

0 = Utilization day count = los day count  
1 = Utilization day count < los day count  
2 = Utilization day count > los day count

warning indicator 5 ('single/multiple claim indicator' derived when the stay record is created by checking the number of final action claims that comprise the stay):

0 = Stay includes a single final action claim  
1 = Stay includes multiple final action claims  
2 = Stay includes multiple final action claims and beneficiary is still a patient (applicable to SNF stays only)

Warning indicator 6 ('intermediary cancel indicator' derived from the presence of the values noted below

for intermediary claim action code and intermediary-requested claim cancel reason code on any of the claims included in the analysis. If multiple claims contain these values, latest claim is used. If both specified action code and cancel reason code are present, cancel reason code takes priority.):

- 0 = No cancel action
- 1 = Cancel action by credit adjustment (action code = (2 or 6))
- 2 = Cancel action only (action code = 4)
- 3 = Coverage transfer (cancel reason code = C)
- 4 = Plan transfer (cancel reason code = P)
- 5 = Scramble (cancel reason code = S)
- 6 = Duplicate billing (cancel reason code = D)
- 7 = Other (cancel reason code = H)
- 8 = Combining 2 spells or 2 beneficiary records (cancel reason code = L)

Warning indicator 7 ('state/county numeric indicator' derived from checking the format of the beneficiary residence SSA state code and beneficiary residence county code on the final action claim(s) that comprise the stay; determine if in numeric range):

- 0 = State and county codes are valid numeric values
- 1 = State and county codes are not in numeric range
- 2 = State code is not in numeric range
- 3 = County code is not in numeric range

Warning indicator 8 ('duplicate indicator' derived from the presence of two claim records with the same claim number, admission date, provider number, claim from/ thru date, HCFA process date and query code; death/ admission date indicator derived by comparing the admission date on the final claim(s) that comprise the stay to the beneficiary death date):

- 0 = Do duplicate record
- 1 = Duplicate record
- 2 = Death date < admission date
- 3 = Death date < admission date and duplicate record

Warning indicator 9 ('pass-thru indicator' derived from the presence of a pass thru per diem amount on the final action claim(s) that comprise the stay):

0 = No pass thru per diem present (Non-PPS)  
1 = Pass thru per diem present on final action claim

Warning indicator 10 (eff 3/96 update) (rugs indicator applicable to 'nhcmq rugs III SNF demo' stay records derived from the presence of 9,000 series revenue center codes.)

0 = No rugs 9,000 series revenue center codes  
2 = Rugs 9,000 series revenue center code(s) with service date 1/1/96 or later  
3 = Rugs 9,000 series revenue center code(s) with service date 7/1/96 or later  
4 = Rugs 9,000 series revenue center code(s) with service date 1/1/97 or later

Warning indicators 11 - 17 (not yet assigned; zeroes will be present)

NCH\_CLM\_TYPE\_TB

NCH Claim Type Table

10 = HHA claim  
20 = Non swing bed SNF claim  
30 = Swing bed SNF claim  
40 = Outpatient claim  
50 = Hospice claim  
60 = Inpatient claim  
61 = Inpatient 'Full-Encounter' claim  
62 = Medicare Advantage IME/GME Claims  
63 = Medicare Advantage (no-pay) claims  
64 = Medicare Advantage (paid as FFS) claims  
71 = RIC 0 local carrier non-DMEPOS claim  
72 = RIC 0 local carrier DMEPOS claim  
81 = RIC M DMERC non-DMEPOS claim  
82 = RIC M DMERC DMEPOS claim

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

NG\_ACO\_IND\_TB

Next Generation (NG) Accountable Care Organization (ACO) Indicator Code Table

- 0 = Base record (no enhancements)
- 1 = Population Based Payments (PBP)
- 2 = Telehealth
- 3 = Post Discharge Home Health Visits
- 4 = 3-Day SNF Waiver
- 5 = Capitation
- 6 = CEC Telehealth
- 7 = Care Management Home Visits

PTNT\_DSCHRG\_STUS\_TB

Patient Discharge Status Table

- 01 = Discharged to home/self care (routine charge).
- 02 = Discharged/transferred to other short term general hospital for inpatient care.
- 03 = Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of covered skilled care -- (For hospitals with an approved swing bed arrangement, use Code 61 - swing bed. For reporting discharges/transfers to a non-certified SNF, the hospital must use Code 04 - ICF.
- 04 = Discharged/transferred to a facility that provides custodial or supportive care (includes intermediate care facilities (ICF). Also used to designate patients that are discharged/transferred to a nursing facility with neither Medicare nor Medicaid certification and for discharges/transfers to Assisted Living Facilities.
- 05 = Discharged/transferred to a designated cancer center or children's hospital (eff. 10/09). Prior to 10/1/09, discharged/transferred to another type of institution for inpatient care (including distinct parts). NOTE: Effective 1/2005, psychiatric hospital or psychiatric distinct part unit of a hospital will no longer be identified by this code. New code is '65'.
- 06 = Discharged/transferred to home care of organized home health service organization in anticipation of covered skilled care.
- 07 = Left against medical advice or discontinued care.
- 08 = Discharged/transferred to home under care of a home IV drug therapy provider.

- (discontinued effective 10/1/05)
- 09 = Admitted as an inpatient to this hospital (effective 3/1/91). In situations where a patient is admitted before midnight of the third day following the day of an outpatient service, the outpatient services are considered inpatient.
  - 20 = Expired
  - 21 = Discharged/transferred to Court/Law Enforcement.
  - 30 = Still patient.
  - 40 = Expired at home (Hospice claims only).
  - 41 = Expired in a medical facility such as hospital, SNF, ICF, or freestanding hospice. (Hospice claims only)
  - 42 = Expired - place unknown (Hospice claims only)
  - 43 = Discharged/transferred to a federal hospital (eff. 10/1/03). Discharges and transfers to a government operated health facility such as a Department of Defense hospital, a Veteran's Administration hospital or a Veteran's Administration nursing facility. To be used whenever the destination at discharge is a federal health care facility, whether the patient lives there or not.
  - 50 = Hospice - home (eff. 10/96)
  - 51 = Hospice - medical facility (certified) providing hospice level of care
  - 61 = Discharged/transferred within this institution to a hospital-based Medicare approved swing bed (eff. 9/01)
  - 62 = Discharged/transferred to an inpatient rehabilitation facility including distinct parts units of a hospital. (eff. 1/2002)
  - 63 = Discharged/transferred to a Medicare certified long term care hospital. (eff. 1/2002)
  - 64 = Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare (eff. 10/2002)
  - 65 = Discharged/Transferred to a psychiatric hospital or psychiatric distinct unit of a hospital (these types of hospitals were pulled from patient/discharge status code '05' and given their own code). (eff. 1/2005).
  - 66 = Discharged/transferred to a Critical Access Hospital (CAH) (eff. 1/1/06)

- 69 = Discharge/transfers to a Designated Disaster Alternative Care site (eff. 10/2013)
- 70 = Discharged/transferred to another type of health care institution not defined elsewhere in code list.
- 71 = Discharged/transferred/referred to another institution for outpatient services as specified by the discharge plan of care (eff. 9/01) (discontinued effective 10/1/05)
- 72 = Discharged/transferred/referred to this institution for outpatient services as specified by the discharge plan of care (eff. 9/01) (discontinued effective 10/1/05)
- 81 = Discharged to home or self-care with a planned acute care hospital inpatient (eff. 10/2013)
- 82 = Discharged/transferred to a short term general hospital for inpatient care readmission (eff. 10/2013)
- 83 = Discharged/transferred to a skilled nursing facility (SNF) with Medicare (eff. 10/2013)
- 84 = Discharged/transferred to a facility that provides custodial supportative care with a planned acute care hospital inpatient readmission certification with a planned acute care hospital inpatient readmission (eff. 10/2013)
- 85 = Discharged/transferred to a designated cancer center or children's hospital with a planned acute care hospital inpatient readmission (eff. 10/2013)
- 86 = Discharged/transferred to home under care of organized home health service organization with a planned acute care hospital inpatient readmission (eff. 10/2013)
- 87 = Discharged/transferred to court/law enforcement with a planned acute care hospital inpatient readmission (eff. 10/2013)
- 88 = Discharged/transferred to a Federal health care facility with a planned acute care hospital inpatient readmission (eff. 10/2013)
- 89 = Discharged/transferred to a hospital-based Medicare approved swing bed with a planned acute care hospital inpatient readmission (eff. 10/2013)
- 90 = Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct units of a hospital with a planned acute care hospital inpatient readmission (eff. 10/2013)
- 91 = Discharged/transferred to a Medicare certified Long Term Care Hospital (LTCH) with a planned acute care hospital inpatient readmission (eff. 10/2013)
- 92 = Discharged/transferred to a nursing facility certified

under Medicaid but not certified under Medicare with a  
planned acute care hospital inpatient readmission (eff.  
10/2013)

93 = Discharged/transferred to a psychiatric hospital or  
psychiatric distinct part unit of a hospital with a  
planned acute care hospital inpatient readmission  
(eff. 10/2013)

94 = Discharged/transferred to a critical access hospital (CAH)  
with a planned acute care hospital inpatient readmission  
(eff. 10/2013)

95 = Discharged/transferred to another type of health care  
institution not defined elsewhere in this code list with a  
planned acute care hospital inpatient readmission. (eff. 10/2013)

RP\_IND\_TB Claim Representative Payee (RP) Indicator Code Table

R = bypass representative payee  
Space

RSDL\_PMT\_IND\_TB Claim Residual Payment Indicator Code Table

X = Residual Payment  
Space

QUERY: RIFQQ11, RIFQQ21 ON DB2T

\*\*\*\*\*END OF TOC APPENDIX FOR RECORD: MEDPAR\_2000\_REC\*\*\*\*\*

1  
LIMITATIONS APPENDIX FOR RECORD: MEDPAR\_2000\_REC, STATUS: PROD, VERSION: 20061  
PRINTED: 06/15/2020, USER: F43D, DATA SOURCE: CA REPOSITORY ON DB2T

CARR\_LINE\_DME\_CVRG\_STRT\_LIM

FULL NAME: Carrier Line DME Coverage Period Start Date Limitation  
DESCRIPTION :

When the revised DME processing was implemented  
(phased in between 10/93-6/94), this field was not  
included on the new DMERC claim; it is being  
reported on the certificate of medical necessity  
(CMN) transaction. HCFA does not receivee CMN



transaction from CWF.

SOURCE:

CARR\_LINE\_DME\_NCSTY\_LIM

FULL NAME: Carrier Line DME Medical Necessity Month Count Limitation

DESCRIPTION :

When the revised DME processing was implemented (phased in between 10/93-6/94), this field was not included on the new DMERC claim; it is being reported on the certificate of medical necessity (CMN) transaction. HCFA does not receive CMN transaction from CWF.

SOURCE:

CLM\_ACNT\_NUM\_LIM

FULL NAME: Beneficiary Claim Account Number Limitation

DESCRIPTION :

RRB-issued numbers contain an overpunch in the first position that may appear as a plus zero or A-G. RRB-formatted numbers may cause matching problems on non-IBM machines.

SOURCE:

MEDPAR\_ADMSN\_DEATH\_DAY\_CNT\_LIM

FULL NAME: MEDPAR Admission Death Day Count Limitation

DESCRIPTION :

MEDPAR Admission Death Day Count calculated incorrectly, on both the 3/00 and 6/00 MEDPAR updates.

BACKGROUND :

Both the 3/00 and 6/00 MEDPAR updates incorrectly calculated the mortality days; i.e., days between the admission date and the beneficiary date of death. Users of the regular unencrypted MEDPAR file, this is not a problem, as the count can be calculated using the admission date and the date of death. The problem is with the encrypted file (the expanded modified MEDPAR) because the fields needed to calculate the mortality days are ranged.

CORRECTIVE ACTION :

The problem was corrected with the 12/00 MEDPAR update. NOTE: For users of the expanded modified MEDPAR file who needs the mortality days, the 12/00 update of the FY1999 file can be given as a replacement.

SOURCE:

CONTACT : OIS/EDG/DMUDD

MEDPAR\_BLOOD\_DDCTBL\_AMT\_LIM

FULL NAME: MEDPAR Blood Deductible Amount Limitation

DESCRIPTION :

It was discovered that the blood deductible amounts were

incorrect on the old MEDPAR Files.

BACKGROUND :

Users of the MEDPAR data were comparing money amounts and counts present on the new MEDPAR file (created 6/95 using NCH Nearline File as the source) to that reported on the old MEDPAR File (created 3/95 and prior from claims from the Medicare Quality Assurance System) for Fiscal Year 1994. They discovered that the blood deductible amount on the new MEDPAR was greater than that of the old MEDPAR.

During NCH's investigation it was determined that the old 500-character MEDPAR incorrectly used a different field to report the blood deductible; specifically the noncovered charges derived from blood use Revenue Center codes 0380-0389. The new program correctly used the NCH field, BENE\_BLOOD\_DDCTBL\_LBLTY\_AMT, which is derived from a value code (CLM\_VAL\_AMT associated with CLM\_VAL\_CD = '6').

It is believed that all MEDPAR files created prior to 6/95 in the 500 character version are affected. MEDPAR 500 was first available with calendar year and fiscal year 9/91 updates for year 1987 forward.

NOTE: This anomaly also impacts the DRG Price Amount on the old MEDPAR file because it is calculated from a number of fields including the blood deductible.

SOURCE:

CONTACT : OIS/EDG/DMUDD

MEDPAR\_DOD\_LIM

FULL NAME: MEDPAR Date of Death Limitation

DESCRIPTION :

The Date of Death on the MEDPAR files were not up-to-date for four cycles.

BACKGROUND :

The MEDPAR process pulls in 10 segments of the HISKEW file, to get the date of death. The HISKEW file names were changed with no notification the change was being made. Because of this, MEDPAR kept using the HISKEW that was created in June 2000.

The incomplete MEDPAR cycles are: 12/2000, 3/2001, 6/2001 and 9/2001 (9/2000 MEDPAR was not run).

CORRECTIVE ACTION :

Since this anomaly causes no major problem to the prime user of this data, a rerun will not take place.

NOTE: The 12/01 quarterly update will access up-to-date information.

SOURCE:  
ADMINISTRATIVE DATA:  
START DATE : 12/01/00  
END DATE : 09/30/01  
DISCOVERY DATE : 01/16/02  
CONTACT : OIS/EDG/DMUDD

MEDPAR\_DRG\_PRICE\_AMT\_LIM

FULL NAME: MEDPAR DRG Price Amount Limitation

DESCRIPTION :

IT WAS DISCOVERED THAT THE DRG PRICE AMOUNT WAS INCORRECT ON THE OLD MEDPAR FILES.

BACKGROUND :

Users of the MEDPAR data were comparing money amounts and counts present on the new MEDPAR file (created 6/95 using NCH Nearline File as the source) to that reported on the old MEDPAR File (created 3/95 and prior from claims from the Medicare Quality Assurance System) for Fiscal Year 1994. They discovered that the DRG price amount on the new MEDPAR contained incorrect amounts.

NOTE: This anomaly occurs because the DRG price amount is calculated from a number of fields including the blood deductible amount, which was discovered to be populated incorrectly.

During NCH's investigation it was determined that the old 500-character MEDPAR incorrectly used a different field to report the blood deductible; specifically the noncovered charges derived from blood use Revenue Center codes 0380-0389. The new program correctly used the NCH field, BENE\_BLOOD\_DDCTBL\_LBLTY\_AMT, which is derived from a value code (CLM\_VAL\_AMT associated with CLM\_VAL\_CD = '6').

It is believed that all MEDPAR files created prior to 6/95 in the 500 character version were affected. MEDPAR 500 was first available with calendar year and fiscal year 9/91 updates for year 1987 forward.

SOURCE:

MEDPAR\_MAR\_QTRLY\_UPDT\_LIM

FULL NAME: MEDPAR March Quarterly Update Limitation

DESCRIPTION :

The 3/01 quarterly update of the FY00 file containing fewer records than the 12/00 version.

BACKGROUND :

The 3/01 quarterly update of the FY00 file has about 50,000 fewer records than the 12/00 update. The problem originated from modified programs required to

process Version 'I' input. There was an omission of a sort step from the modified Version 'I' processing procedures.

CORRECTIVE ACTION :

The sort sequence was corrected and the 3/01 incorrect datasets were replaced with new files on 7/17/01.

SOURCE:

ADMINISTRATIVE DATA:

START DATE : 04/01/01  
END DATE : 07/17/01  
CONTACT : OIS/EDG/DMUDD

QUERY: RIFQQ41 ON DB2T

\*\*\*\*\*END OF LIMITATION APPENDIX FOR RECORD: MEDPAR\_2000\_REC\*\*\*\*\*