

MEDPAR Beneficiary Age

Age is grouped by the following values:

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

The beneficiary's age as of date of admission.

BENE\_MDCR\_STUS\_TB

CWF Beneficiary Medicare Status Table

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

BENE\_RACE\_TB

Beneficiary Race Table

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

BENE\_SEX\_IDENT\_TB

Beneficiary Sex Identification Table

- 1 = Male
- 2 = Female
- 0 = Unknown

CLM\_ADMTG\_DGNS\_VRSN\_TB

Claim Admitting Diagnosis Version Code Table

- Valid Values:
- 9 = ICD-9

0 = ICD-10

#### CLM\_CARE\_IMPRVMT\_MODEL\_TB

#### Claim Care Improvement Model Table

61 = CLAIM CARE IMPROVEMENT MODEL 1

62 = CLAIM CARE IMPROVEMENT MODEL 2

63 = CLAIM CARE IMPROVEMENT MODEL 3

64 = CLAIM CARE IMPROVEMENT MODEL 4

#### CLM\_DGNS\_VRSN\_TB

#### Claim Diagnosis Version Code Table

Valid Values:

9 = ICD-9

0 = ICD-10

#### CLM\_HRR\_PRTCPNT\_IND\_TB

#### Claim HRR Participant Indicator Code Table

0 = Not participating

1 = Participating and not equal to 1.0000

2 = Participating and equal to 1.0000

#### CLM\_PRCDR\_VRSN\_TB

#### Claim Procedure Version Code Table

Valid Values:

9 = ICD-9

0 = ICD-10

#### CLM\_SRC\_IP\_ADMSN\_TB

#### Claim Source Of Inpatient Admission Table

**\*\*For Inpatient/SNF Claims:\*\***

0 = ANOMALY: invalid value, if present,  
translate to '9'

1 = Non-Health Care Facility Point of Origin  
(Physician Referral) - The patient was  
admitted to this facility upon an order  
of a physician.

2 = Clinic referral - The patient was  
admitted upon the recommendation of  
this facility's clinic physician.

3 = HMO referral - Reserved for national  
assignment. (eff. 3/08)

Prior to 3/08, HMO referral - The patient  
was admitted upon the recommendation of  
an health maintenance organization (HMO)  
physician.

4 = Transfer from hospital (Different Facility) -

The patient was admitted to this facility as a hospital transfer from an acute care facility where he or she was an inpatient.  
5 = Transfer from a skilled nursing facility (SNF) or Intermediate Care Facility (ICF) - The patient was admitted to this facility as a transfer from a SNF or ICF where he or she was a resident.  
6 = Transfer from another health care facility - The patient was admitted to this facility as a transfer from another type of health care facility not defined elsewhere in this code list

where he or she was an inpatient.  
7 = Emergency room - The patient was admitted to this facility after receiving services in this facility's emergency room department. Obsolete - eff. 7/1/10  
8 = Court/law enforcement - The patient was admitted upon the direction of a court of law or upon the request of a law enforcement agency's representative. Includes transfers from incarceration facilities.  
9 = Information not available - The means by which the patient was admitted is not known.

A = Reserved for National Assignment. (eff. 3/08)  
Prior to 3/08 defined as: Transfer from a Critical Access Hospital - patient was admitted/referred to this facility as a transfer from a Critical Access Hospital.

B = Transfer from Another Home Health Agency - The patient was admitted to this home health agency as a transfer from another home health agency. (Discontinued July 1, 2010- See Condition Code 47)

C = Readmission to Same Home Health Agency - The patient was readmitted to this home health agency within the same home health episode period. (Discontinued July 1, 2010)

D = Transfer from hospital inpatient in the same facility resulting in a separate claim to the payer - The patient was admitted to this facility as a transfer from hospital inpatient within this facility resulting in a separate claim to the payer.

E - Transfer from Ambulatory Surgery Center (Effective 10/1/2007)  
Inpatient: The patient was admitted to this facility as a transfer from an ambulatory surgery center.

F- Transfer from Hospice and is Under a Hospice Plan of Care or Enrolled in a Hospice Program (Effective 10/1/2007)  
Inpatient: The patient was admitted to this facility as a transfer from a hospice.

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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\_PRTCPNT\_IND\_TB

Claim VBP Participant Indicator Table

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

GEO\_SSA\_STATE\_TB

State Table

01 = Alabama  
02 = Alaska  
03 = Arizona  
04 = Arkansas  
05 = California  
06 = Colorado  
07 = Connecticut  
08 = Delaware  
  
09 = District of Columbia  
10 = Florida  
11 = Georgia  
12 = Hawaii  
13 = Idaho  
14 = Illinois  
15 = Indiana  
16 = Iowa  
17 = Kansas  
18 = Kentucky  
19 = Louisiana  
20 = Maine  
21 = Maryland  
22 = Massachusetts  
23 = Michigan

24 = Minnesota  
25 = Mississippi  
26 = Missouri  
27 = Montana  
28 = Nebraska  
29 = Nevada  
30 = New Hampshire  
31 = New Jersey  
32 = New Mexico  
33 = New York  
34 = North Carolina  
35 = North Dakota  
36 = Ohio  
37 = Oklahoma  
38 = Oregon  
39 = Pennsylvania  
40 = Puerto Rico  
41 = Rhode Island  
42 = South Carolina  
43 = South Dakota  
44 = Tennessee  
45 = Texas  
46 = Utah  
47 = Vermont  
48 = Virgin Islands  
49 = Virginia  
50 = Washington  
51 = West Virginia  
52 = Wisconsin  
53 = Wyoming  
54 = Africa

55 = California  
56 = Canada & Islands  
57 = Central America and West Indies  
58 = Europe  
59 = Mexico  
60 = Oceania  
61 = Philippines  
62 = South America  
63 = U.S. Possessions  
64 = American Samoa  
65 = Guam  
66 = Commonwealth of the Northern Marianas Islands  
67 = Texas  
68 = Florida (eff. 10/2005)  
69 = Florida (eff. 10/2005)  
70 = Kansas (eff. 10/2005)  
71 = Louisiana (eff. 10/2005)  
72 = Ohio (eff. 10/2005)  
73 = Pennsylvania (eff. 10/2005)  
74 = Texas (eff. 10/2005)  
80 = Maryland (eff. 8/2000)  
97 = Northern Marianas

98 = Guam  
99 = With 000 county code is American Samoa;  
otherwise unknown

MEDPAR\_ADMSN\_DAY\_TB

MEDPAR Admission Day Code Table

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

MEDPAR\_BENE\_DEATH\_DT\_VRFY\_TB

MEDPAR Beneficiary Death Date Verified Code Table

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

MEDPAR\_BENE\_DSCHRG\_STUS\_TB

MEDPAR Beneficiary Discharge Status Code Table

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

MEDPAR\_BENE\_PRMRY\_PYR\_TB

MEDPAR Beneficiary Primary Payer Code Table

A = Working aged bene/spouse with eghp  
B = ESRD bene in 18-month coordination period with eghp  
C = Conditional Medicare payment; future reimbursement expected  
D = Auto no-fault or any liability insurance  
E = Worker's compensation  
F = Phs or other federal agency (other than dept of veterans affairs)  
G = Working disabled  
H = Black lung  
I = Dept of veterans affairs  
J = Any liability insurance  
Z/BLANK = Medicare is primary payer

MEDPAR\_CRED\_RCVD\_RPLCD\_DVC\_TB  
Replaced Medical Device Switch

MEDPAR Credit Received from Manufacturer for

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)  
34 = Peritoneal-op/home-maintenance/100% (revenue code 0834)

0834)  
 35 = Peritoneal-op/home-support services (revenue code 0835)  
 39 = Peritoneal-op/home-other (revenue code 0839)  
 40 = Capd-op-capd/general (revenue code 0840)  
 41 = Capd-op-capd/composite (revenue code 0841)  
 42 = Capd-op-home supplies (revenue code 0842)  
 43 = Capd-op-home equipment (revenue code 0843)  
 44 = Capd-op-maintenance/100% (revenue code 0844)  
 45 = Capd-op-support services (revenue code 0845)  
 49 = Capd-op-other (revenue code 0849)  
 50 = Ccpd-op-ccpd/general (revenue code 0850)  
 51 = Ccpd-op-ccpd/composite (revenue code 0851)  
 52 = Ccpd-op-home supplies (revenue code 0852)  
 53 = Ccpd-op-home equipment (revenue code 0853)  
 54 = Ccpd-op-maintenance/100% (revenue code 0854)  
 55 = Ccpd-op-support services (revenue code 0855)  
 59 = Ccpd-op-other (revenue code 0859)  
 80 = Miscellaneous dialysis-general (revenue code 0880)  
 81 = Miscellaneous dialysis-ultrafiltration (revenue code 0881)  
  
 89 = Miscellaneous dialysis-other (revenue code 0889)  
 BLANK = No ESRD setting indication

#### MEDPAR\_GHO\_PD\_TB

#### MEDPAR GHO Paid Code Table

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

#### MEDPAR\_ICU\_IND\_TB

#### MEDPAR Intensive Care Unit (ICU) Indicator Code

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

#### MEDPAR\_INFRMTL\_ENCTR\_IND\_TB

#### MEDPAR Informational Encounter Indicator Code

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

#### MEDPAR\_MA\_TCHNG\_IND\_TB

#### MEDPAR MA Teaching indicator Code

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



MEDPAR\_OBSRVTN\_TB  
Medical Device Switch

MEDPAR Credit Received from Manufacturer for Replaced

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 Codcode Table

0 = No outpatient services/ambulatory surgical care (revenue code other than 049X, 050X)

1 = Outpatient services (revenue code 050X)

2 = Ambulatory surgical care (revenue code 049X)

3 = Outpatient services and ambulatory surgical care (revenue codes 049X and 050X)

MEDPAR\_ORGN\_ACQSTN\_IND\_TB

MEDPAR Organ Acquisition Indicator Code Table

K1 = General classification (revenue code 0810)

K2 = Living donor kidney (revenue code 0811)

K3 = Cadaver donor kidney (revenue code 0812)

K4 = Unknown donor kidney (revenue code 0813)

K5 = Other kidney acquisition (revenue code 0814)

H1 = Cadaver donor heart (revenue code 0815)

H2 = Other heart acquisition (revenue code 0816)

L1 = Donor liver (revenue code 0817)

01 = Other organ acquisition (revenue code 0819)

02 = General acquisition (revenue code 0890)

B1 = Bone donor bank (revenue code 0891)

03 = Organ donor bank other than kidney (revenue code 0892)

S1 = Skin donor bank (revenue code 0893)

04 = Other donor bank (revenue code 0899)

BLANK = No organ acquisition indication

MEDPAR\_PHRMCY\_IND\_TB

MEDPAR Pharmacy Indicator Code Table

0 = No drugs (revenue code other than those listed below)

1 = General drugs and/pr IV therapy (revenue code 025x, 026x)

2 = Erythropoietin (epoetin: revenue code 0630, 0635, 0637, 0639)

3 = Blood clotting drugs (revenue code 0636)

4 = General drugs and/or IV therapy; and epoetin (combination of values 1 and 2)

5 = General drugs and/or IV therapy; and blood clotting drugs (combination of values 1 and 3)

MEDPAR\_PPS\_IND\_TB

MEDPAR PPS Indicator Code Table

0 = Non PPS

2 = PPS

#### MEDPAR\_PROD\_RPLCMT\_LIFECYC\_TB

#### MEDPAR Product Replacement within Lifecycle Switch

Y = Claim involves the replacement of a product earlier than scheduled due to apparent malfunction.

N = C

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

N = C

#### MEDPAR\_PROD\_RPLCMT\_RCLL\_TB

#### MEDPAR Product Replacement for known Recall Switch

Y = Claim involves the replacement of a product due to a recall of the product by the manufacturer or by the FDA.

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

#### MEDPAR\_PRVDR\_NUM\_SPCL\_UNIT\_TB

#### MEDPAR Provider Number Special Unit Code

M = PPS-exempt psychiatric unit in CAH

R = PPS-exempt rehabilitation unit in CAH

S = PPS-exempt psychiatric unit

T = PPS-exempt rehabilitation unit

U = Swing-bed short-term/acute care hospital

W = Swing-bed long-term hospital

Y = Swing-bed rehabilitation hospital

Z = Swing-bed rural primary care hospital; eff 10/97 changed to critical access hospitals

Blanks = Not PPS-exempt or swing-bed designation

#### MEDPAR\_RDLGY\_CT\_SCAN\_IND\_TB Table

#### MEDPAR Radiology CT Scan Indicator Switch Code

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

1 = Yes radiology CT scan (revenue code 035X)

#### MEDPAR\_RDLGY\_DGNSTC\_IND\_TB Table

#### MEDPAR Radiology Diagnostic Indicator Switch Code

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

1 = Yes radiology-diagnostic (revenue code 032x)

#### MEDPAR\_RDLGY\_NUCLR\_MDCN\_IND\_TB Switch Code Table

#### MEDPAR Radiology Nuclear Medicine Indicator

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

MEDPAR\_RDLGY\_ONCLGY\_IND\_TB  
Table

MEDPAR Radiology Oncology Indicator Switch Code

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

MEDPAR\_RDLGY\_OTHR\_IMGNG\_IND\_TB  
Table

MEDPAR Radiology Other Imaging Indicator Code

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

MEDPAR\_RDLGY\_THRPTC\_IND\_TB

MEDPAR Radiology Therapeutic Indicator Code Table

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

MEDPAR\_SRGCL\_PRCDR\_IND\_TB

MEDPAR Surgical Procedure Indicator Switch Code Table

0 = No surgery indicated  
1 = Yes surgery indicated

MEDPAR\_SS\_LS\_SNF\_IND\_TB

MEDPAR Short Stay/Long Stay/SNF Indicator Code Table

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

MEDPAR\_TRNSPLNT\_IND\_TB

MEDPAR Transplant Indicator Code Table

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

NCH\_CLM\_TYPE\_TB

NCH Claim Type Table

10 = HHA claim  
20 = Non swing bed SNF claim  
30 = Swing bed SNF claim  
40 = Outpatient claim  
50 = Hospice claim  
60 = Inpatient claim  
61 = Inpatient 'Full-Encounter' claim

62 = Medicare Advantage IME/GME Claims  
 63 = Medicare Advantage (no-pay) claims  
 64 = Medicare Advantage (paid as FFS) claims  
 71 = RIC O local carrier non-DMEPOS claim  
 72 = RIC O local carrier DMEPOS claim  
 81 = RIC M DMERC non-DMEPOS claim  
 82 = RIC M DMERC DMEPOS claim

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

## PTNT\_DSCHRG\_STUS\_TB

## Patient Discharge Status Table

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

tions 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)

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)