

Research Data Distribution Center

Medicare Provider Analysis And Review (MEDPAR)

Record -- Dictionary For SAS and CSV Datasets

<i>Variable Name</i>	<i>Label</i>
<i>BID</i>	<i>Beneficiary Identification Number</i> Beneficiary Identification Number for this data request
<i>CAN</i>	<i>Beneficiary Claim Account Number (BLANKED)</i> DB2 ALIAS: BENE_CLM_ACNT_NUM NCH SOURCE: SAS ALIAS: CAN COMMON ALIAS: CAN first claim record included in the stay. NOTE: This field comes from the CAN that is present on STANDARD ALIAS: MEDPAR_BENE_CLM_ACNT_NUM The number identifying the primary beneficiary under the SSAor RRB programs submitted.
<i>EQ_BIC</i>	<i>MEDPAR Category Equatable Beneficiary Identification Code</i> is present on the first claim record included in the SOURCE: IN THE CODES APPENDIX REFER TO: CTGRY_EQTBL_BENE_IDENT_TB CODES: STANDARD ALIAS: MEDPAR_CTGRY_EQTBL_BIC_CD SAS ALIAS: EQ_BIC DB2 ALIAS: CTGRY_EQTBL_BIC stay. NCH NOTE: This field comes from the NCH category base BIC that for a beneficiary are stored under a single BIC.) the national claims history (NCH) databases. (All records and returns a base BIC under which to house the record in are records for the same beneficiary. It validates the BIC that contain different BICs where it is apparent that both The equatable BIC module electronically matches two records The code which categorizes groups of BICs representing similar relationships between the beneficiary and the primary wage earner. COMMON ALIAS: EQ_BIC

Variable Name

Label

AGE_CNT

MEDPAR Beneficiary Age Count

resulting age is 64, and the MSC = 10 or 11, the age NCH is changed to 65.
This field is derived by subtracting the bene date of claim record included in the stay. Exception: If the birth from the admission date, present on the first The beneficiary's age as of date of admission. 3 DIGITS UNSIGNED
DB2 ALIAS: MEDPAR_AGE_CNT
SAS ALIAS: AGE_CNT
STANDARD ALIAS: MEDPAR_BENE_AGE_CNT
DERIVATION:
SOURCE:

SEX

MEDPAR Beneficiary Sex Code

DB2 ALIAS: BENE_SEX_IDENT_CD
SAS ALIAS: SEX
NCH
SOURCE:
0 = Unknown
2 = Female
1 = Male
CODES:
SYSTEM ALIAS: LTSEX
COMMON ALIAS: SEX
on the first claim record included in the stay.
NOTE: This field comes from the sex code that is present The sex of a beneficiary.
STANDARD ALIAS: MEDPAR_BENE_SEX_CD

RACE

MEDPAR Beneficiary Race Code

1 = White
5 = Hispanic
4 = Asian
3 = Other
STANDARD ALIAS: MEDPAR_BENE_RACE_CD
SAS ALIAS: RACE
2 = Black
DB2 ALIAS: BENE_RACE_CD
COMMON ALIAS: RACE
NCH
6 = North American Native
The race of a beneficiary. NOTE: This field comes from the race code that is present
0 = Unknown
CODES:
SYSTEM ALIAS: LTRACE
on the first claim record included in the stay.
SOURCE:

Variable Name

Label

MS_CD

MEDPAR Beneficiary Medicare Status Code

SAS ALIAS: MS_CD
 4. ESRD indicator
 3. Original/Current reasons for entitlement
 2. Claim through date
 1. Date of birth
 CWF derives MSC from the following:
 DERIVATION:
 SYSTEM ALIAS: LTMSC
 NCH
 31 = ESRD only
 20 = Disabled without ESRD
 11 = Aged with ESRD
 10 = Aged without ESRD
 5. Beneficiary claim number
 STANDARD ALIAS: MEDPAR_BENE_MDCR_STUS_CD
 SOURCE:
 DB2 ALIAS: BENE_MDCR_STUS_CD
 COMMON ALIAS: MSC
 The CWF-derived reason for a beneficiary's entitlement to Medicare benefits, as of the reference date (CLM_THRU_DT).

31	NO	NO	YES	ANY AGE	T.
21	NO	YES	YES	UNDER 65	N/A
20	NO	YES	NO	UNDER 65	N/A
11	YES	N/A	YES	65 AND OVER	N/A
10	YES	N/A	NO	65 AND OVER	N/A

MSC	OASI	DIB	ESRD	AGE	BIC
-----	------	-----	------	-----	-----

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

STATE_CD

MEDPAR Beneficiary Residence SSA Standard State Code

The SSA standard state code of a beneficiary's residence.
 NOTE: This field comes from the state code that is present
 SYSTEM ALIAS: LTSTATE
 CODES:
 REFER TO: GEO_SSA_STATE_TB
 IN THE CODES APPENDIX
 STANDARD ALIAS:
 MEDPAR_BENE_RSDNC_SSA_STATE_CD
 SAS ALIAS: STATE_CD
 DB2 ALIAS: BENE_SSA_STATE_CD
 COMMON ALIAS: STATE
 on the first claim record included in the stay.
 SOURCE:
 NCH

Variable Name

Label

CNTY_CD

MEDPAR Beneficiary Residence SSA Standard County Code

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

NOTE: This field comes from the county code that is

STANDARD ALIAS:

MEDPAR_BENE_RSDNC_SSA_CNTY_CD

SOURCE:

NCH

SAS ALIAS: CNTY_CD

DB2 ALIAS: BENE_SSA_CNTY_CD

COMMON ALIAS: COUNTY_CODE

on the first claim record included in the stay.

BENE_ZIP

MEDPAR Beneficiary Mailing Contact Zip Code

NOTE: This field comes from the zip code that is present on

SAS ALIAS: BENE_ZIP

the first claim record included in the stay.

COMMON ALIAS: ZIP_CODE

DB2 ALIAS: BENE_MLG_ZIP_CD

NCH

SOURCE:

STANDARD ALIAS: MEDPAR_BENE_MLG_CNTCT_ZIP_CD

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

ADMSNDAY

MEDPAR Admission Day Code

3 = Tuesday

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

1 DIGIT UNSIGNED

COMMON ALIAS: DAY_OF_ADMISSION

DB2 ALIAS: ADMSN_DAY_CD

SAS ALIAS: ADMSNDAY

STANDARD ALIAS: MEDPAR_ADMSN_DAY_CD

DERIVATION:

5 = Thursday

1 = Sunday

This field is derived from the admission date that

SOURCE:

6 = Friday

NCH

4 = Wednesday

2 = Monday

CODES:

the stay.

is present on the first claim record included in

7 = Saturday

Variable Name

Label

DSCHRGCD

MEDPAR Beneficiary Discharge Status Code

C = Still a patient (claim status code = 30)
SOURCE:
present on the last claim record included in the stay.
B = Discharged dead (claim status code = 20)
A = Discharged alive (claim status code other than 20 or
COMMON ALIAS: DISCHARGE_STATUS
This field is derived from the claim status code that is
The code used to identify the status of the patient as of the
CLM_THRU_DT.
DB2 ALIAS: MEDPAR_DSCHRG_CD
SAS ALIAS: DSCHRGCD
DERIVATION:
30)
NCH
STANDARD ALIAS: MEDPAR_BENE_DSCHRG_STUS_CD
CODES:

GHOPDCD

MEDPAR GHO Paid Code

stay.
NCH
SOURCE:
Blank Or 0 = GHO has not paid the provider
1 = GHO has paid the provider
CODES:
STANDARD ALIAS: MEDPAR_GHO_PD_CD
SAS ALIAS: GHOPDCD
COMMON ALIAS: HMO_PAID_INDICATOR
present on the first claim record included in the
NOTE: This field comes from the GHO-paid indicator that is
The code indicating whether or not a GHO has paid the
provider for the claim(s).
DB2 ALIAS: MEDPAR_GHO_PD_CD

PPS_IND

MEDPAR PPS Indicator Code

2 = PPS
SOURCE:
0 = Non PPS
CODES:
2 (PPS). Otherwise set it to 0 (Non PPS.)
provider number is numeric set MEDPAR_PPS_IND_CD to
included in the stay and the third position of the
If the condition code not equal 65 on all of the claims
DERIVATION:
STANDARD ALIAS: MEDPAR_PPS_IND_CD
SAS ALIAS: PPS_IND
DB2 ALIAS: MEDPAR_PPS_IND_CD
COMMON ALIAS: PPS_INDICATOR
The code indicating whether or not the facility is being
paid under the prospective payment system (PPS).
NCH

Variable Name

Label

PRVSTATE

MEDPAR Provider State Code

SYSTEM ALIAS: LTSTATE
NCH
SAS ALIAS: PRVSTATE
DB2 ALIAS: MEDPAR_PRVDR_STATE
COMMON ALIAS: PROVIDER_STATE
2 DIGITS UNSIGNED
services to the beneficiary during the stay.
The first two positions of the provider number, identifying the state of the institutional provider that furnished
STANDARD ALIAS: MEDPAR_PRVDR_STATE_CD
DERIVATION:
SOURCE:
number that is present on the first claim record included in the stay.
CODES:
REFER TO: GEO_SSA_STATE_TB
IN THE CODES APPENDIX
This field comes from positions 1 & 2 of the provider

PRVNUM3

MEDPAR Provider Number Third Position Code

COMMON ALIAS: PROVIDER_CATEGORY
The third position of the provider number, identifying the category of institutional provider that furnished services to the beneficiary during the stay.
SAS ALIAS: PRVNUM3
STANDARD ALIAS: MEDPAR_PRVDR_NUM_3RD_CD
DERIVATION:
This field is position 3 of the provider number moved to the MEDPAR provider number special unit code and replaced with '0'.
modified as follows:
Where position 3 is an alpha character it is from the first claim record included in the stay
NCH
DB2 ALIAS: PRVDR_NUM_3RD_CD
SOURCE:

PRVDRSRL

MEDPAR Provider Number Serial Code

DB2 ALIAS: MEDPAR_SRL_CD
DERIVATION:
This field comes from positions 4 - 6 of the provider number on the first claim record included in the stay.
SOURCE:
NCH
STANDARD ALIAS: MEDPAR_PRVDR_NUM_SRL_CD
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.
SAS ALIAS: PRVDRSRL
COMMON ALIAS: PROVIDER_SEQUENCE_NUMBER

Variable Name

Label

SPCLUNIT

MEDPAR Provider Number Special Unit Code

CODES:

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

NCH

SOURCE:

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

COMMON ALIAS: SPECIAL_UNIT

10/97 changed to critical access hospitals

Blanks = Not PPS-exempt or swing-bed designation

Z = Swing-bed rural primary care hospital; eff.

S = PPS-exempt psychiatric unit

Y = Swing-bed rehabilitation hospital

W = Swing-bed long-term hospital

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

T = PPS-exempt rehabilitation unit

otherwise it is blank.

DB2 ALIAS: MEDPAR_SPCL_CD

SAS ALIAS: SPCLUNIT

DERIVATION:

STANDARD ALIAS:

MEDPAR_PRVDR_NUM_SPCL_UNIT_CD

SSLSSNF

MEDPAR Short Stay/Long Stay/SNF Indicator Code

SAS ALIAS: SSLSSNF

L = Long-Stay (All Others)

N = SNF Stay (Prvdr3 = 5, 6, U, W, Y, or Z)

CODES:

record included in the stay.

provider number that is present on the first claim

This field is derived from the third position of the

STANDARD ALIAS: MEDPAR_SS_LS_SNF_IND_CD

SOURCE:

DB2 ALIAS: SS_LS_SNF_IND_CD

COMMON ALIAS: STAY_INDICATOR

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

DERIVATION:

S = Short-Stay (Prvdr3 = 0, S, T)

NCH

<i>Variable Name</i>	<i>Label</i>
<i>FACLMCNT</i>	<p><i>MEDPAR Stay Final Action Claims Count</i></p> <p>The count of the number of claim records (final action) included in the stay.</p> <p>STANDARD ALIAS: MEDPAR_STAY_FINL_ACTN_CLM_CNT COMMON ALIAS: NUMBER_OF_BILLS 3 DIGITS SIGNED DERIVATION: SOURCE: action claims used to create the stay. SAS ALIAS: FACLMCNT DB2 ALIAS: FINL_ACTN_CLM_CNT This field is derived by counting the number of final NCH</p>
<i>ACRTNDT</i>	<p><i>MEDPAR Latest Claim Accretion Date</i></p> <p>The date the latest claim record included in the stay was accreted (posted/processed) to the beneficiary master record at the CWF host).</p> <p>SOURCE: NCH YYYYDDD is present on the claim records included in the stay. DERIVATION: SAS ALIAS: ACRTNDT 7 DIGITS UNSIGNED COMMON ALIAS: ACCRETION_DATE EDIT-RULES: DB2 ALIAS: LTST_ACRTN_DT STANDARD ALIAS: MEDPAR_LTST_CLM_ACRTN_DT This field comes from the highest accretion date that</p>
<i>EXHST_DT</i>	<p><i>MEDPAR Beneficiary Medicare Benefit Exhausted Date</i></p> <p>DERIVATION: covered by stay. 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 the stay. 7 DIGITS UNSIGNED EDIT-RULES: SOURCE: date that is present on the claim records included in This field comes from the highest benefits exhausted YYYYDDD STANDARD ALIAS: MEDPAR_BENE_MDCR_BNFT_EXHST_DT SAS ALIAS: EXHST_DT DB2 ALIAS: MDCR_BNFT_EXHST_DT COMMON ALIAS: EXHAUSTED_BENEFITS_DATE NCH</p>

Variable Name

Label

QLFYFROM

MEDPAR SNF Qualification From Date

NCH
This field comes from occurrence span code = 70 and
SAS ALIAS: QLFYFROM
EDIT-RULES:
YYYYDDD
DERIVATION:
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
SOURCE:
DB2 ALIAS: QLFY_STAY_FROM_DT
record included in the stay is used.
of admission is an 'a', or at least three days in a row if
STANDARD ALIAS: MEDPAR_SNF_QUALN_FROM_DT
7 DIGITS UNSIGNED
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.
a hospital that is at least two days in a row if the source
of the source of admission is other than an 'a'.
For SNF claims, the date relates to the qualifying stay from

QLFYTHRU

MEDPAR SNF Qualification Through Date

dates, the date from the last claim record included in
the stay is used.
DB2 ALIAS: QUALN_STAY_THRU_DT
has an occurrence span code = 70, with different span
YYYYDDD
the claims included in the stay. If more than one record
SOURCE:
related occurrence span thru date, if present on any of
NCH
source of admission is other than an 'A'.
hospital that is at least two days in a row if the source of
SNF claims, the date relates to the qualifying stay from a
7 DIGITS UNSIGNED
DERIVATION:
SAS ALIAS: QLFYTHRU
STANDARD ALIAS: MEDPAR_SNF_QUALN_THRU_DT
This field comes from the occurrence span code = 70 and
EDIT-RULES:
admission is an 'A', or at least three days in a row if the
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

Variable Name

Label

ADMSNDT

MEDPAR Admission Date

NOTE: This field comes from the admission date that is NCH
COMMON ALIAS: ADMISSION_DATE
The date the beneficiary was admitted for Inpatient care or the date that care started.
SOURCE:
present on the first claim record included in the stay.
7 DIGITS UNSIGNED
DB2 ALIAS: MEDPAR_ADMSN_DT
YYYYDDD
SAS ALIAS: ADMSNDT
STANDARD ALIAS: MEDPAR_ADMSN_DT
EDIT-RULES:

DSCHRGDT

MEDPAR Discharge Date

DB2 ALIAS: MEDPAR_DSCHRG_DT
COMMON ALIAS: DISCHARGE_DATE
7 DIGITS UNSIGNED
claims could have a zero date.
Inpatient claims will always have a discharge date; SNF patient) on the last claim record included in the stay, where the claim status code is other than '30' (still
SAS ALIAS: DSCHRGDT
NOTE: This field comes from the highest claim thru date NCH
The date on which the beneficiary was discharged or died.
STANDARD ALIAS: MEDPAR_DSCHRG_DT
EDIT-RULES:
YYYYDDD
SOURCE:
that is present on the claim records included in the stay,

CVRLVLDT

MEDPAR Covered Level Care Thru Date

occurrence code = 22 if present on any of the claims
This field comes from the date associated with date is used. This field is only applicable to SNF claims.
The date on which a covered level of care ended in a SNF.
7 DIGITS UNSIGNED
SOURCE:
DB2 ALIAS: CVR_LVL_THRU_DT
COMMON ALIAS: DATE_CARE_ENDED
DERIVATION:
YYYYDDD
EDIT-RULES:
STANDARD ALIAS: MEDPAR_CVR_LVL_CARE_THRU_DT
SAS ALIAS: CVRLVLDT
NCH
included in the stay. If multiple dates, the highest

Variable Name

Label

DEATHDT

MEDPAR Beneficiary Death Date

present on the enrollment database, which is accessed
SAS ALIAS: DEATHDT
The date the beneficiary died. 7 DIGITS UNSIGNED
DB2 ALIAS: BENE_DEATH_DT
STANDARD ALIAS: MEDPAR_BENE_DEATH_DT
EDIT-RULES:
YYYYDDD
LIMITATIONS:
This field comes from the beneficiary death date, if
REFER TO: MEDPAR_DOD_LIM
prior to creation of the quarterly MEDPAR file.
SOURCE:
DERIVATION:
EDB
IN THE LIMITATIONS APPENDIX

DEATHCD

MEDPAR Beneficiary Death Date Verified Code

from claim)
The code indicating whether the beneficiary's date of
death has been verified (SOURCE: SSA's MBR) or
originated from a claim record.
COMMON ALIAS: DEATH_INDICATOR
DB2 ALIAS: DEATH_DT_VRFY_CD
SAS ALIAS: DEATHCD
STANDARD ALIAS:
MEDPAR_BENE_DEATH_DT_VRFY_CD
DERIVATION:
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.
CODES:
V = Date of death verified (EDB received DOD from SSA's
B = Date of death taken from claim (EDB received DOD
N = Date of death not verified (neither V or B
applicable, but claim status code indicated death)
EDB,NCH
SOURCE:
Space = No date of death indicated
MBR)

SSICD

MEDPAR Internal Use SSI Indicator Code

DB2 ALIAS: INTRNL_USE_SSI_CD
SAS ALIAS: SSICD
STANDARD ALIAS: MEDPAR_INTRNL_USE_SSI_IND_CD
COMMENT:
Limited availability; for internal use only; applicable to
inpatient claims only. Where not available, this field is
blank.

<i>Variable Name</i>	<i>Label</i>
<i>SSIDAY</i>	<p><i>MEDPAR Internal Use SSI Day Count</i></p> <p>Limited availability; for internal use; applicable to Inpati claims only. Where not available, this field will contain COMMENT: STANDARD ALIAS: MEDPAR_INTRNL_USE_SSI_DAY_CNT</p> <p>SAS ALIAS: SSIDAY 3 DIGITS SIGNED DB2 ALIAS: SSI_DAY_CNT zeroes.</p>
<i>LOSCNT</i>	<p><i>MEDPAR Length of Stay Day Count</i></p> <p>DB2 ALIAS: MEDPAR_LOS_DAY_CNT SAS ALIAS: LOSCNT The count in days of the total length of a beneficiary's stay in a hospital or SNF. 5 DIGITS SIGNED STANDARD ALIAS: MEDPAR_LOS_DAY_CNT COMMON ALIAS: LENGTH_OF_STAY DERIVATION: 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</p>
<i>OUTLRDAY</i>	<p><i>MEDPAR Outlier Day Count</i></p> <p>day count against the DRG threshold table (DRG weights The count of the number of days paid as outliers (either a day or cost outlier) under PPS beyond the DRG threshold. 3 DIGITS SIGNED COMMON ALIAS: OUTLIER_DAYS DB2 ALIAS: OUTLIER_DAY_CNT SAS ALIAS: OUTLRDAY STANDARD ALIAS: MEDPAR_OUTLIER_DAY_CNT SOURCE: This field is derived by checking the MEDPAR utilization file). MEDPAR DERIVATION:</p>
<i>UTIL_DAY</i>	<p><i>MEDPAR Utilization Day Count</i></p> <p>3 DIGITS SIGNED NCH SOURCE: reported on the claims that comprise the stay). included in the stay (i.e., the sum of utilization days count that is present on any of the claim records This field is derived by accumulating the utilization day DERIVATION: STANDARD ALIAS: MEDPAR_UTLZTN_DAY_CNT DB2 ALIAS: UTLZTN_DAY_CNT COMMON ALIAS: COVERED_DAYS SAS ALIAS: UTIL_DAY The count of the number of covered days of care that are chargeable to Medicare utilization for the stay.</p>

Variable Name

Label

COIN_DAY

MEDPAR Beneficiary Total Coinsurance Day Count

is liable for a daily coinsurance amount after the 20th day
COMMON ALIAS: COINSURANCE_DAYS
3 DIGITS SIGNED
and before the 101st day in a single spell of illness.
NCH
amount after the 60th day and before the 91st day in a
single spell of illness; for SNF services, the beneficiary
DB2 ALIAS: COINSRNC_DAY_CNT
SAS ALIAS: COIN_DAY
STANDARD ALIAS:
DERIVATION:
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
SOURCE:
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
reported on the claims that comprise the stay).

LRD_USE

MEDPAR Beneficiary LRD Used Count

SAS ALIAS: LRD_USE
SOURCE:
reported on the claims that comprise the stay).
claim records included in the stay (i.e., the sum of LRD
reserve days used count that is present on any of the
This field is derived by accumulating the lifetime
STANDARD ALIAS: MEDPAR_BENE_LRD_USE_CNT
NCH
DB2 ALIAS: BENE_LRD_USE_CNT
COMMON ALIAS: LIFETIME_RESERVE_DAYS
3 DIGITS SIGNED
The count of the number of lifetime reserve days (LRD)
used by the beneficiary for this stay.
DERIVATION:

COIN_AMT

MEDPAR Beneficiary Part A Coinsurance Liability Amount

+\$\$\$\$\$\$
The amount of money (rounded to whole dollars) identified
as the beneficiary's liability for part A coinsurance for the
stay.
7 DIGITS SIGNED
COMMON ALIAS: COINSURANCE_AMOUNT
DB2 ALIAS: PTA_COINSRNC_AMT
SAS ALIAS: COIN_AMT
STANDARD ALIAS:
MEDPAR_BENE_PTA_COINSRNC_AMT
EDIT-RULES:
sum of coinsurance amounts reported on the claims that
comprise the stay).
any of the claim records included in the stay (i.e., the
part a coinsurance liability amount that is present on
This field is derived by accumulating the beneficiary's
NCH
DERIVATION:
SOURCE:

Variable Name

Label

DED_AMT

MEDPAR Beneficiary Inpatient Deductible Liability Amount

+\$\$\$\$\$\$
Rounded; On-size (overflow) Situation = All nines
SOURCE:
comprise the stay).
Inpatient deductibles reported on the claims that
claim records included in the stay (i.e., the sum of the
Inpatient deductible amount that is present on any of the
This field is derived by accumulating the beneficiary
NCH
7 DIGITS SIGNED
DERIVATION:
The amount of money (rounded to whole dollars) identified
asthe beneficiary's liability for the Inpatient deductible
forthe stay.
COMMON ALIAS: INPATIENT_DEDUCTIBLE
DB2 ALIAS: BENE_IP_DDCTBL_AMT
SAS ALIAS: DED_AMT
STANDARD ALIAS: MEDPAR_BENE_IP_DDCTBL_AMT
EDIT-RULES:

BLDDEDAM

MEDPAR Beneficiary Blood Deductible Liability Amount

DB2 ALIAS: BLOOD_DDCTBL_AMT
DERIVATION:
that comprise the stay).
SOURCE:
of the claim records included in the stay (i.e., the sum
NCH
blood deductible liability amount that is present on any
This field is derived by accumulating the beneficiary
of the blood deductibles reported on the claims
7 DIGITS SIGNED
+\$\$\$\$\$\$
EDIT-RULES:
STANDARD ALIAS:
MEDPAR_BENE_BLOOD_DDCTBL_AMT
SAS ALIAS: BLDDEDAM
The amount of money (rounded to whole dollars) identified
asthe beneficiary's liability for the blood deductible for
thestay.
COMMON ALIAS: BLOOD_DEDUCTIBLE
Rounded; On-size (overflow) Situation = All nines

Variable Name

Label

PRPAYAMT

MEDPAR Beneficiary Primary Payer Amount

DERIVATION:
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 Rounded; On-size (overflow) situation = All nines comprise the stay).
SOURCE:
the primary payer amounts reported on the claims that +\$\$\$\$\$\$
EDIT-RULES:
DB2 ALIAS: BENE_PRMRY_PYR_AMT
SAS ALIAS: PRPAYAMT
COMMON ALIAS: PRIMARY_PAYER_AMOUNT
charges for the stay.
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 NCH
STANDARD ALIAS: MEDPAR_BENE_PRMRY_PYR_AMT
7 DIGITS SIGNED

OUTLRAMT

MEDPAR DRG Outlier Approved Payment Amount

THIS AMOUNT IS ALREADY INCLUDED IN THE MEDPAR
The amount of additional payment (rounded to whole dollars) approved due to an outlier situation over the DRG allowance for the stay.
7 DIGITS SIGNED
COMMON ALIAS: OUTLIER_AMOUNT
DB2 ALIAS: OUTLIER_PMT_AMT
SAS ALIAS: OUTLRAMT
STANDARD ALIAS: MEDPAR_DRG_OUTLIER_PMT_AMT
EDIT-RULES:
+\$\$\$\$\$\$
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES
DERIVATION:
present on any of the claim records included in the stay
COMMENT:
(i.e., the sum of outlier amounts reported on the claims MEDICARE PAYMENT AMOUNT.
approved payment amount (value code = 17 amount) that is
This field is derived by accumulating the DRG outlier NCH
SOURCE:
that comprise the stay).

Variable Name

Label

DISP_SHR

MEDPAR Inpatient Disproportionate Share Amount

STANDARD ALIAS:
EDIT-RULES:
NCH
7 DIGITS SIGNED
The amount paid over the DRG amount (rounded to whole dollars) for the disproportionate share hospital for the stay.
COMMON ALIAS: DISPROPORTIONATE_SHARE
DB2 ALIAS: DSPRPRTNT_SHR_AMT
value code 18 amounts reported on the claims that
SAS ALIAS: DISP_SHR
MEDICARE PAYMENT AMOUNT.
THIS AMOUNT IS ALREADY INCLUDED IN THE MEDPAR
comprise the stay).
SOURCE:
the claim records included in the stay (i.e., the sum of
associated with value code = 18 that is present on any of
This field is derived by accumulating the value amount
DERIVATION:
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL
NINES
+\$\$\$\$\$\$
COMMENT:

IME_AMT

MEDPAR Indirect Medical Education (IME) Amount

SOURCE:
+\$\$\$\$\$\$
NCH
7 DIGITS SIGNED
DB2 ALIAS: MEDPAR_IME_AMT
SAS ALIAS: IME_AMT
STANDARD ALIAS: MEDPAR_IME_AMT
EDIT-RULES:
amount.
This amount is already included in the MEDPAR Medicare
payme
COMMENT:
claims that comprise the stay).
the claim records included in the stay (i.e., the sum of
DERIVATION:
associated with value code = 19 that is present on any of
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL
NINES
The amount of additional payment (rounded to whole
dollars) made to teaching hospitals for IME for the stay.
This field is derived by accumulating the value amount
IME amounts - value code 19 amounts - reported on the

Variable Name

Label

DRGPRICE

MEDPAR DRG Price Amount

This field is derived by accumulating the following
COMMON ALIAS: DRG_PRICE
7 DIGITS SIGNED
(rounded to whole dollars).
coinsurance, primary payers, or outliers were involved
The amount (called the 'DRG price' for purposes of
MEDPAR analysis) that would have been paid if no
SAS ALIAS: DRGPRICE
EDIT-RULES:
DB2 ALIAS: DRG_PRICE_AMT
DERIVATION:
STANDARD ALIAS: MEDPAR_DRG_PRICE_AMT
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
NCH
SOURCE:
approved payment amount.
subtracting from the sum the MEDPAR DRG outlier
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL
NINES
+\$\$\$\$\$\$

PASSTHRU

MEDPAR Total Pass Through Amount

pass thru per diem amount that is present on the last
7 DIGITS SIGNED
COMMON ALIAS: BILL_TOTAL_PER_DIEM
DB2 ALIAS: PASS_THRU_AMT
SAS ALIAS: PASSTHRU
STANDARD ALIAS: MEDPAR_PASS_THRU_AMT
+\$\$\$\$\$\$
The total of all claim pass through amounts (rounded to
whole dollars) for the stay.
This field is derived by multiplying the
EDIT-RULES:
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).
COMMENT:
Items reimbursed as pass through include capital-related cos
DERIVATION:
The MEDPAR pass thru amount is not included in the
MEDPAR
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL
NINES
NCH
Medicare payment amount.
reimbursement manual, part 1, section 2405.2).
hospitals approved as rtc's, and bad debts (per provider
direct medical education costs, kidney acquisition costs for
SOURCE:

Variable Name

Label

PPS_CPTL

MEDPAR Total PPS Capital Amount

STANDARD ALIAS: MEDPAR_TOT_PPS_CPTL_AMT
capital amount that is present on any of the claim records included in the stay (i.e., the sum of total PPS NCH
This field is derived by accumulating the total PPS
SOURCE:
SAS ALIAS: PPS_CPTL
amount.
DB2 ALIAS: TOT_PPS_CPTL_AMT
COMMENT:
COMMON ALIAS: PPS_CAPITAL
EDIT-RULES:
capital amounts reported on the claims that comprise the +\$\$\$\$\$\$
stay).
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES
DERIVATION:
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).
7 DIGITS SIGNED
This field is already included in the MEDPAR Medicare paymen

TOTCHRG

MEDPAR Total Charge Amount

the sum of total charges reported on the claims that
COMMON ALIAS: TOTAL_CHARGES
The total amount (rounded to whole dollars) of all charges (covered and noncovered) for all services provided to the
SOURCE:
comprise the stay).
amount from all claim records included in the stay (i.e.,
This field is derived by accumulating the total charge
DERIVATION:
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES
+\$\$\$\$\$\$
EDIT-RULES:
STANDARD ALIAS: MEDPAR_TOT_CHRG_AMT
SAS ALIAS: TOTCHRG
7 DIGITS SIGNED
DB2 ALIAS: TOT_CHRG_AMT
NCH
beneficiary for the stay.

Variable Name

Label

CVRCHRG

MEDPAR Total Covered Charge Amount

stay with the results summed to create the total.
SAS ALIAS: CVRCHRG
The portion of the total charges amount (rounded to whole dollars) that is covered by Medicare for the stay.
SOURCE:
NCH
an erroneous condition relative to revenue center code the stay; sum the results). Exception: if there exists 7 DIGITS SIGNED
DB2 ALIAS: TOT_CVR_CHRG_AMT
STANDARD ALIAS: MEDPAR_TOT_CVR_CHRG_AMT
code = 0001 that is reported on the claims that comprise EDIT-RULES:
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES
DERIVATION:
This field is derived by calculating the covered charges 0001, the calculation will be made for each revenue from all claim records included in the stay (i.e., subtract the revenue center noncovered charge amount the revenue center total charge amount for revenue center +\$\$\$\$\$\$
COMMON ALIAS: COVERED_CHARGES
center code included on the claims that comprise the

Variable Name

Label

PMT_AMT

MEDPAR Medicare Payment Amount

SNF PPS claim, the SNF pricer will calculate/return the 5/1/86), in- direct medical education (since 10/1/88), total thru amounts (i.e., capital-related costs, direct medical education costs, 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 '0022'; multiply the rate times the units count; and then for each revenue center line item with revenue center code PPS claim, the payment amount includes the DRG outlier institutional provider, with the exceptions noted below. patient classification system known as rugs III. For the classification system and the pricer program. On the ip a predetermined rate per discharge, using the DRG patient Under ip PPS, Inpatient hospital services are paid based on daily per diem rate no matter what the charges are.) prevalent situation involves psych hospitals who are paid a coinsurance amount exceeds the amount Medicare pays (most is charged a coinsurance amount during a long stay and exceeded the amount Medicare pays; or (2) when a beneficiary full deductible during a short stay and the deductible **Note: in some situations, a negative claim payment 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 PPS capital (since 10/1/91). It does not include the pass sum the amount payable for all lines with revenue center May be present; e.g., (1) when a beneficiary is charged the ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES the actual payment to the bba plan. 7 DIGITS SIGNED COMMON ALIAS: REIMBURSEMENT_AMOUNT DB2 ALIAS: MDCR_PMT_AMT SAS ALIAS: PMT_AMT STANDARD ALIAS: MEDPAR_MDCR_PMT_AMT amount Medicare would have paid under ffs, instead of +\$\$\$\$\$\$ DERIVATION: approved payment amount, disproportionate share (since code '0022' to determine the total claim payment amount. This field is derived by accumulating the payment amount the stay (i.e, the sum of payment (reimbursement) reported on the claims that comprise the stay). SOURCE: NCH EDIT-RULES: represent the actual provider payment. that is present on all of the claim records included in For bba encounter data (non-demo) -- 'claims' contain data, the amount reported in this field May not just 'differentials' paid outside the normal payment system For demo ids '01','02','03','04' -- claims contain are not included.

Variable Name

Label

For demo ids '05','15' -- encounter data 'claims' payment would have been, check value code = 'y4'. instead of the actual pay- ment to the MCO. amount paid to the provider, except that special 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 contain amount Medicare would have paid under ffs, Exceptions: For claims involving demos and bba

ACMDTNS

MEDPAR All Accommodations Total Charge Amount

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES
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).
NCH
EDIT-RULES:
+\$\$\$\$\$\$
SOURCE:
SAS ALIAS: ACMDTNS
related to a beneficiary's stay.
DB2 ALIAS: ACMDTNS_CHRG_AMT
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)
COMMON ALIAS: TOTAL_ACCOMMODATIONS_CHARGES
7 DIGITS SIGNED
DERIVATION:
STANDARD ALIAS:
MEDPAR_ACMDTNS_TOT_CHRG_AMT

Variable Name

Label

DPRTMNTL

MEDPAR Departmental Total Charge Amount

than accommodations 0100 - 0219).
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.
7 DIGITS SIGNED
COMMON ALIAS: TOTAL_DEPARTMENTAL_CHARGES
DB2 ALIAS: DPRTMNTL_CHRG_AMT
SAS ALIAS: DPRTMNTL
(i.e. the sum of charges for all revenue centers other
+\$\$\$\$\$\$
NCH
STANDARD ALIAS:
MEDPAR_DPRTMNTL_TOT_CHRG_AMT
EDIT-RULES:
total charge amount associated with revenue center codes
This field is derived by accumulating the revenue center
DERIVATION:
SOURCE:
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL
NINES
0220 - 0999 from all claim records included in the stay

PRVTDAY

MEDPAR Private Room Day Count

codes 011x and 014x from all claim records included in
The count of the number of private room days used by the beneficiary for the stay.
unit count associated with accommodation revenue center
DERIVATION:
STANDARD ALIAS: MEDPAR_PRVT_ROOM_DAY_CNT
SAS ALIAS: PRVTDAY
DB2 ALIAS: PRVT_ROOM_DAY_CNT
COMMON ALIAS: PRIVATE_ROOM_DAYS
3 DIGITS SIGNED
This field is derived by accumulating the revenue center
Exception for SNF rugs demo eff 3/96 SNF update:
field is derived from revenue center codes
in the 9033-9044 series.
SOURCE:
NCH
the stay.

Variable Name

Label

SPRVTDAY

MEDPAR Semiprivate Room Day Count

DB2 ALIAS: SEMIPRVT_DAY_CNT
NCH
SOURCE:
in the 9019-9032 series.
field is derived from revenue center codes
Exception for SNF rugs demo eff 3/96 SNF update:
records included in the stay.
unit count associated with accommodation revenue center
codes 010X, 012X, 013X, 016X - 019X from all claim
COMMON ALIAS: SEMI_PRIVATE_ROOM_DAYS
The count of the number of semi-private room days used by
the beneficiary for the stay.
SAS ALIAS: SPRVTDAY
STANDARD ALIAS:
MEDPAR_SEMIPRVT_ROOM_DAY_CNT
DERIVATION:
This field is derived by accumulating the revenue center
3 DIGITS SIGNED

WARDDAY

MEDPAR Ward Day Count

This field is derived by accumulating the revenue center
DB2 ALIAS: WARD_DAY_CNT
COMMON ALIAS: WARD_DAYS
3 DIGITS SIGNED
NCH
The count of the number of ward days used by the
beneficiaryfor the stay.
SAS ALIAS: WARDDAY
DERIVATION:
SOURCE:
in the 9000-9018 series.
field is derived from revenue center codes
Exception for SNF rugs demo eff 3/96 SNF update:
code 015x from all claim records included in the stay.
unit count associated with accommodation revenue center
STANDARD ALIAS: MEDPAR_WARD_DAY_CNT

Variable Name

Label

ICARECNT

MEDPAR Intensive Care Day Count

3 DIGITS SIGNED
center code category 0206 due to coders misunderstanding
COMMON ALIAS: INTENSIVE_CARE_DAYS
The count of the number of intensive care days used by the beneficiary for the stay.
DB2 ALIAS: INTNSV_CARE_CNT
NCH
unit count associated with accommodation revenue center
This field is derived by accumulating the revenue center
DERIVATION:
STANDARD ALIAS: MEDPAR_INTNSV_CARE_DAY_CNT
SAS ALIAS: ICARECNT
codes 020X (all 9 subcategories) from all claims
revenue center code 0206 description, effective
SOURCE:
the term 'post ICU' as including any day after an ICU
LIMITATIONS:
There is approximately a 20% error rate in the revenue as 'intermediate ICU'.
10/1/96 (12/96 MEDPAR update). 0206 Is now defined version of an ICU. 'Post' was removed from the stay rather than just days in a step-down/lower case included in the stay.

CRNRYDAY

MEDPAR Coronary Care Day Count

revenue center code 0214 description, effective
LIMITATIONS:
COMMON ALIAS: CORONARY_CARE_DAYS
3 DIGITS SIGNED
DB2 ALIAS: CRNRY_CARE_DAY_CNT
SAS ALIAS: CRNRYDAY
STANDARD ALIAS: MEDPAR_CRNRY_CARE_DAY_CNT
DERIVATION:
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.
as 'intermediate ccu'.
NCH
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 10/1/96 (12/96 MEDPAR update). 0214 Is now defined
The count of the number of coronary care days used by the beneficiary for the stay.
SOURCE:

Variable Name

Label

PRVTAMT

MEDPAR Private Room Charge Amount

7 DIGITS SIGNED
The charge amount (rounded to whole dollars) for private room accommodations related to a beneficiary's stay.
DB2 ALIAS: PRVT_ROOM_CHRG_AMT
COMMON ALIAS: PRIVATE_ROOM_CHARGES
field is derived from revenue center codes
SOURCE:
SAS ALIAS: PRVTAMT
NCH
in the 9033-9044 series.
Exception for SNF rugs demo eff 3/96 SNF update: stay.
011x and 014x from all claim records included in the
This field is derived by accumulating the revenue center
DERIVATION:
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES
+\$\$\$\$\$\$
total charge amount associated with revenue center codes
STANDARD ALIAS: MEDPAR_PRVT_ROOM_CHRG_AMT
EDIT-RULES:

SPRVTAMT

MEDPAR Semi-Private Room Charge Amount

7 DIGITS SIGNED
+\$\$\$\$\$\$
EDIT-RULES:
STANDARD ALIAS:
MEDPAR_SEMIPRVT_ROOM_CHRG_AMT
SAS ALIAS: SPRVTAMT
The charge amount (rounded to whole dollars) for semi-private room accommodations related to a beneficiary's
COMMON ALIAS: SEMI_PRIVATE_ROOM_CHARGES
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES
in the 9019-9032 series.
DB2 ALIAS: SEMIPRVT_CHRG_AMT
DERIVATION:
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.
field is derived from revenue center codes
SOURCE:
NCH
Exception for SNF rugs demo eff 3/96 SNF update:

Variable Name

Label

WARDAMT

MEDPAR Ward Charge Amount

DERIVATION:
COMMON ALIAS: WARD_CHARGES
The charge amount (rounded to whole dollars) for ward accommodations related to a beneficiary's stay.
7 DIGITS SIGNED
DB2 ALIAS: WARD_CHRG_AMT
total charge amount amount associated with revenue
This field is derived by accumulating the revenue center
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL
NINES
EDIT-RULES:
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
SAS ALIAS: WARDAMT
STANDARD ALIAS: MEDPAR_WARD_CHRG_AMT

ICAREAMT

MEDPAR Intensive Care Charge Amount

center code 020x from all claim records included in the
SOURCE:
This field is derived by accumulating the revenue center
total charge amount associated with accommodation
NCH
7 DIGITS SIGNED
stay.
COMMON ALIAS: INTENSIVE_CARE_CHARGES
DB2 ALIAS: INTNSV_CARE_AMT
SAS ALIAS: ICAREAMT
STANDARD ALIAS:
EDIT-RULES:
+\$\$\$\$\$\$
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL
NINES
DERIVATION:
The charge amount (rounded to whole dollars) for intensive care accommodations related to a beneficiary's stay.

Variable Name

Label

CRNRYAMT

MEDPAR Coronary Care Charge Amount

NCH
SOURCE:
EDIT-RULES:
total charge amount associated with accommodation
This field is derived by accumulating the revenue center
DERIVATION:
STANDARD ALIAS: MEDPAR_CRNRY_CARE_CHRG_AMT
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL
NINES
+\$\$\$\$\$\$
center code 021X from all claim records included in the
SAS ALIAS: CRNRYAMT
stay.
The charge amount (rounded to whole dollars) for coronary
care accommodations related to a beneficiary's stay.
7 DIGITS SIGNED
COMMON ALIAS: CORONARY_CARE_CHARGES
DB2 ALIAS: CRNRY_CHRG_AMT

OTHRAMT

MEDPAR Other Service Charge Amount

SAS ALIAS: OTHRAMT
DB2 ALIAS: OTHR_SRVC_CHRG_AMT
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL
NINES
COMMON ALIAS: OTHER_CHARGES
STANDARD ALIAS: MEDPAR_OTHR_SRVC_CHRG_AMT
7 DIGITS SIGNED
+\$\$\$\$\$\$
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.
DERIVATION:
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:

Variable Name

Label

PHRMCAMT

MEDPAR Pharmacy Charge Amount

EDIT-RULES:
The charge amount (rounded to whole dollars) for pharmaceutical costs related to the beneficiary's stay.
7 DIGITS SIGNED
COMMON ALIAS: PHARMACY_CHARGES
DB2 ALIAS: PHRMCY_CHRG_AMT
STANDARD ALIAS: MEDPAR_PHRMCY_CHRG_AMT
+\$\$\$\$\$\$
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES
DERIVATION:
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
SAS ALIAS: PHRMCAMT

SUPLYAMT

MEDPAR Medical/Surgical Supplies Charge Amount

stay.
DERIVATION:
NCH
SOURCE:
027x and 062x from all claim records included in the total charge amount associated with revenue center codes
This field is derived by accumulating the revenue center
EDIT-RULES:
DB2 ALIAS: MDCL_SUPLY_AMT
SAS ALIAS: SUPLYAMT
STANDARD ALIAS: MEDPAR_MDCL_SUPLY_CHRG_AMT
+\$\$\$\$\$\$
COMMON ALIAS: MEDICAL_SUPPLY_CHARGES
7 DIGITS SIGNED
The charge amount (rounded to whole dollars) for medical/surgical supplies related to the beneficiary's stay.
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

Variable Name

Label

DME_AMT

MEDPAR DME Charge Amount

0290, 0291, 0292, and 0294 - 0299 from all claim records
This field is derived by accumulating the revenue center
SAS ALIAS: DME_AMT
STANDARD ALIAS: MEDPAR_DME_CHRG_AMT
NCH
DB2 ALIAS: DME_CHRG_AMT
included in the stay.
beneficiary's stay.
total charge amount associated with revenue center codes
DERIVATION:
EDIT-RULES:
+\$\$\$\$\$\$
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL
NINES
COMMON ALIAS: DME_CHARGES
7 DIGITS SIGNED
The charge amount (rounded to whole dollars) for DME
(purchase of new DME and rentals) related to the
SOURCE:

UDME_AMT

MEDPAR Used DME Charge Amount

DERIVATION:
COMMON ALIAS: USED_DME_CHARGES
NCH
SOURCE:
0293 from all claim records included in the stay.
total charge amount associated with revenue center code
This field is derived by accumulating the revenue center
+\$\$\$\$\$\$
EDIT-RULES:
STANDARD ALIAS: MEDPAR_USED_DME_CHRG_AMT
DB2 ALIAS: USED_DME_CHRG_AMT
7 DIGITS SIGNED
The charge amount (rounded to whole dollars) for used
DME (purchase of used DME) related to the beneficiary's
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL
NINES
SAS ALIAS: UDME_AMT

Variable Name

Label

PHYTHAMT

MEDPAR Physical Therapy Charge Amount

NCH
total charge amount associated with revenue center code
This field is derived by accumulating the revenue center
DERIVATION:
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL
NINES
+\$\$\$\$\$\$
EDIT-RULES:
The charge amount (rounded to whole dollars) for physical
therapy services provided during the beneficiary's stay.
SOURCE:
SAS ALIAS: PHYTHAMT
DB2 ALIAS: PHYS_THRPY_AMT
COMMON ALIAS: PHYSICAL_THERAPY_CHARGES
7 DIGITS SIGNED
042x from all claims records included in the stay.
STANDARD ALIAS: MEDPAR_PHYS_THRPY_CHRG_AMT

OCPTLAMT

MEDPAR Occupational Therapy Charge Amount

EDIT-RULES:
total charge amount associated with revenue center code
The charge amount (rounded to whole dollars) for
occupational therapy services provided during the
beneficiary's stay.
SAS ALIAS: OCPTLAMT
NCH
043x from all claims records included in the stay.
This field is derived by accumulating the revenue center
DERIVATION:
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL
NINES
+\$\$\$\$\$\$
STANDARD ALIAS:
MEDPAR_OCPTNL_THRPY_CHRG_AMT
DB2 ALIAS: OCPTNL_THRPY_AMT
COMMON ALIAS: OCCUPATIONAL_THERAPY_CHARGES
7 DIGITS SIGNED
SOURCE:

Variable Name

Label

SPCH_AMT

MEDPAR Speech Pathology Charge Amount

SOURCE:
EDIT-RULES:
total charge amount associated with revenue center code
This field is derived by accumulating the revenue center
DERIVATION:
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL
NINES
+\$\$\$\$\$\$
STANDARD ALIAS: MEDPAR_SPCH_PTHLGY_CHRG_AMT

SAS ALIAS: SPCH_AMT
DB2 ALIAS: SPCH_PTHLGY_AMT
COMMON ALIAS: SPEECH_PATHOLOGY_CHARGES
7 DIGITS SIGNED
044x and 047x from all claim records included in the
stay.
NCH
The charge amount (rounded to whole dollars) for speech
pathology services (speech, language, audiology) provided
during the beneficiary's stay.

INHLTAMT

MEDPAR Inhalation Therapy Charge Amount

+\$\$\$\$\$\$
EDIT-RULES:
The charge amount (rounded to whole dollars) for
inhalation therapy services (respiratory and pulmonary
function) provided during the beneficiary's stay.
7 DIGITS SIGNED
COMMON ALIAS: INHALATION_THERAPY_CHARGES
DB2 ALIAS: INHLTN_THRPY_AMT
DERIVATION:
STANDARD ALIAS:
MEDPAR_INHLTN_THRPY_CHRG_AMT
NCH
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL
NINES
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:
SAS ALIAS: INHLTAMT

Variable Name

Label

BLOODAMT

MEDPAR Blood Charge Amount

COMMON ALIAS: BLOOD_CHARGES
7 DIGITS SIGNED
total charge amount associated with revenue center code
SOURCE:
NCH
DB2 ALIAS: BLOOD_CHRG_AMT
038x from all claim records included in the stay.
The charge amount (rounded to whole dollars) for blood
provided during the beneficiary's stay.
This field is derived by accumulating the revenue center
DERIVATION:
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL
NINES
+\$\$\$\$\$\$
EDIT-RULES:
STANDARD ALIAS: MEDPAR_BLOOD_CHRG_AMT
SAS ALIAS: BLOODAMT

BLDADMIN

MEDPAR Blood Administration Charge Amount

COMMON ALIAS: BLOOD_ADMINISTRATION_CHARGES
+\$\$\$\$\$\$
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL
NINES
SAS ALIAS: BLDADMIN
STANDARD ALIAS: MEDPAR_BLOOD_ADMIN_CHRG_AMT

7 DIGITS SIGNED
EDIT-RULES:
DB2 ALIAS: BLOOD_ADMIN_AMT
The charge amount (rounded to whole dollars) for blood
storage and processing related to the beneficiary's stay.
SOURCE:
039x from all claim records included in the stay.
total charge amount associated with revenue center code
This field is derived by accumulating the revenue center
DERIVATION:
NCH

Variable Name

Label

OROOMAMT

MEDPAR Operating Room Charge Amount

7 DIGITS SIGNED
the stay.
The charge amount (rounded to whole dollars) for the operating room, recovery room, and labor room delivery used by the beneficiary during the stay.
SOURCE:
036X, 071X, and 072X from all claim records included in total charge amount associated with revenue center codes
This field is derived by accumulating the revenue center
DERIVATION:
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES
+\$\$\$\$\$\$
EDIT-RULES:
STANDARD ALIAS: MEDPAR_OPRTG_ROOM_CHRG_AMT
SAS ALIAS: OROOMAMT
DB2 ALIAS: OPRTG_ROOM_AMT
COMMON ALIAS: OPERATING_ROOM_CHARGES
NCH

LTHTRPSY

MEDPAR Lithotripsy Charge Amount

STANDARD ALIAS: MEDPAR_LTHTRPSY_CHRG_AMT
EDIT-RULES:
DB2 ALIAS: LTHTRPSY_CHRG_AMT
+\$\$\$\$\$\$
COMMON ALIAS: LITHOTRIPSY_CHARGES
NCH
7 DIGITS SIGNED
The charge amount (rounded to whole dollars) for lithotripsy services provided during the beneficiary's stay.
SAS ALIAS: LTHTRPSY
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES
DERIVATION:
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:

Variable Name

Label

CRDLGY

MEDPAR Cardiology Charge Amount

COMMON ALIAS: CARDIOLOGY_CHARGES
stay.
DERIVATION:
This field is derived by accumulating the revenue center
048X and 073X from all claim records included in the
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL
NINES
+\$\$\$\$\$\$
EDIT-RULES:
STANDARD ALIAS: MEDPAR_CRDLGY_CHRG_AMT
DB2 ALIAS: CRDLGY_CHRG_AMT
7 DIGITS SIGNED
The charge amount (rounded to whole dollars) for
cardiology services and electrocardiogram(s) provided
during the beneficiary's stay.
NCH
SOURCE:
SAS ALIAS: CRDLGY
total charge amount associated with revenue center codes

ANSTHSA

MEDPAR Anesthesia Charge Amount

SOURCE:
037X from all claim records included in the stay.
SAS ALIAS: ANSTHSA
DB2 ALIAS: ANSTHSA_CHRG_AMT
COMMON ALIAS: ANESTHESIA_CHARGES
NCH
The charge amount (rounded to whole dollars) for
anesthesia services provided during the beneficiary's stay.
total charge amount associated with revenue center code
EDIT-RULES:
STANDARD ALIAS: MEDPAR_ANSTHSA_CHRG_AMT
+\$\$\$\$\$\$
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL
NINES
DERIVATION:
This field is derived by accumulating the revenue center
7 DIGITS SIGNED

Variable Name

Label

LAB_AMT

MEDPAR Laboratory Charge Amount

+\$\$\$\$\$\$
NCH
SOURCE:
included in the stay.
030x, 031x, 074x, and 075x from all claim records
total charge amount associated with revenue center codes
This field is derived by accumulating the revenue center
The charge amount (rounded to whole dollars) for
laboratory costs related to the beneficiary's stay.
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL
NINES
7 DIGITS SIGNED
EDIT-RULES:
STANDARD ALIAS: MEDPAR_LAB_CHRG_AMT
SAS ALIAS: LAB_AMT
DB2 ALIAS: LAB_CHRG_AMT
COMMON ALIAS: LABORATORY_CHARGES
DERIVATION:

RDLGYAMT

MEDPAR Radiology Charge Amount

records included in the stay.
The charge amount (rounded to whole dollars) for
radiology costs (including oncology, excluding MRI) related
to a beneficiary's stay.
NCH
SOURCE:
7 DIGITS SIGNED
028x, 032x, 033x, 034x, 035x, and 040x from all claim
total charge amount associated with revenue center codes
This field is derived by accumulating revenue center
DERIVATION:
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL
NINES
+\$\$\$\$\$\$
EDIT-RULES:
STANDARD ALIAS: MEDPAR_RDLGY_CHRG_AMT
SAS ALIAS: RDLGYAMT
COMMON ALIAS: RADIOLOGY_CHARGES
DB2 ALIAS: RDLGY_CHRG_AMT

Variable Name

Label

MRI_AMT

MEDPAR MRI Charge Amount

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES
COMMON ALIAS: MRI_CHARGES
7 DIGITS SIGNED
SAS ALIAS: MRI_AMT
The charge amount (rounded to whole dollars) for MRI services provided during the beneficiary's stay.
STANDARD ALIAS: MEDPAR_MRI_CHRG_AMT
DB2 ALIAS: MRI_CHRG_AMT
+\$\$\$\$\$\$
from all claim records included in the stay.
DERIVATION:
This field is derived by accumulating the revenue center NCH
total charge amount associated with revenue center 061x
SOURCE:
EDIT-RULES:

OPSRVC

MEDPAR Outpatient Service Charge Amount

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES
EDIT-RULES:
The charge amount (rounded to whole dollars) for outpatient services provided during the beneficiary's stay.
7 DIGITS SIGNED
COMMON ALIAS: OP_SERVICES_CHARGES
DB2 ALIAS: OP_SRVC_CHRG_AMT
This field is derived by accumulating the revenue center
STANDARD ALIAS: MEDPAR_OP_SRVC_CHRG_AMT
NCH
+\$\$\$\$\$\$
DERIVATION:
total charge amount associated with revenue center code 049x and 050x from all claim records included in the stay.
SOURCE:
SAS ALIAS: OPSRVC

Variable Name

Label

ER_AMT

MEDPAR Emergency Room Charge Amount

COMMON ALIAS: EMERGENCY_ROOM_CHARGES
SOURCE:
SAS ALIAS: ER_AMT
STANDARD ALIAS: MEDPAR_ER_CHRG_AMT
EDIT-RULES:
+\$\$\$\$\$\$
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL
NINES
DERIVATION:
This field is derived by accumulating the revenue center
045X from all claim records included in the stay.
DB2 ALIAS: MEDPAR_ER_CHRG_AMT
NCH
7 DIGITS SIGNED
The charge amount (rounded to whole dollars) for
emergency room services provided during the beneficiary's
stay.
total charge amount associated with revenue center code

AMBLNC

MEDPAR Ambulance Charge Amount

+\$\$\$\$\$\$
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL
NINES
DERIVATION:
DB2 ALIAS: AMBLNC_CHRG_AMT
This field is derived by accumulating the revenue center
total charge amount associated with revenue center code
EDIT-RULES:
054x from all claim records included in the stay.
SOURCE:
NCH
STANDARD ALIAS: MEDPAR_AMBLNC_CHRG_AMT
SAS ALIAS: AMBLNC
7 DIGITS SIGNED
The charge amount (rounded to whole dollars) for
ambulance services related to a beneficiary's stay.
COMMON ALIAS: AMBULANCE_CHARGES

Variable Name

Label

PROFFEES

MEDPAR Professional Fees Charge Amount

ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES
The charge amount (rounded to whole dollars) for professional fees related to a beneficiary's stay.
7 DIGITS SIGNED
COMMON ALIAS: PROFESSIONAL_FEES
DB2 ALIAS: PROFNL_FEES_AMT
the stay.
096x, 097x, and 098x from all claims records included in total charge amount associated with revenue center codes
DERIVATION:
+\$\$\$\$\$\$
EDIT-RULES:
STANDARD ALIAS:
SAS ALIAS: PROFFEES
NCH
SOURCE:
This field is derived by accumulating the revenue center

ORGNAMT

MEDPAR Organ Acquisition Charge Amount

SOURCE:
stay.
The charge amount (rounded to whole dollars) for organ acquisition or other donor bank services related to a beneficiary's stay.
+\$\$\$\$\$\$
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES
DERIVATION:
This field is derived by accumulating the revenue center 081x and 089x from all claim records included in the
EDIT-RULES:
NCH
STANDARD ALIAS:
MEDPAR_ORGN_ACQSTN_CHRG_AMT
SAS ALIAS: ORGNAMT
DB2 ALIAS: ORGN_ACQSTN_AMT
COMMON ALIAS: ORGAN_ACQUISITION_CHARGES
7 DIGITS SIGNED
total charge amount associated with revenue center codes

Variable Name

Label

ESRDSETG

MEDPAR ESRD Revenue Setting Charge Amount

SOURCE:
080x, 082x - 088x from all claim records included in the NCH stay.
COMMON ALIAS: ESRD_REVENUE_SETTING_CHARGES
7 DIGITS SIGNED
total charge amount associated with revenue center codes
DB2 ALIAS: ESRD_REV_SETG_AMT
SAS ALIAS: ESRDSETG
STANDARD ALIAS:
MEDPAR_ESRD_REV_SETG_CHRG_AMT
EDIT-RULES:
+\$\$\$\$\$\$
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES
DERIVATION:
This field is derived by accumulating the revenue center The charge amount (rounded to whole dollars) for ESRD services (other than organ acquisition and other donor bank)related to a beneficiary's stay.

CLNC_AMT

MEDPAR Clinic Visit Charge Amount

SAS ALIAS: CLNC_AMT
SOURCE:
051x from all claim records included in the stay.
total charge amount associated with revenue center code
This field is derived by accumulating the revenue center
DERIVATION:
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES
+\$\$\$\$\$\$
STANDARD ALIAS: MEDPAR_CLNC_VISIT_CHRG_AMT
7 DIGITS SIGNED
DB2 ALIAS: CLNC_VISIT_AMT
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
COMMON ALIAS: CLINIC_VISIT_CHARGES
NCH
EDIT-RULES:
services) related to the beneficiary's stay.

Variable Name

Label

ICUINDCD

MEDPAR Intensive Care Unit (ICU) Indicator Code

This field is derived by checking for the presence of icu
3 = Pediatric (revenue center 0203)
1 = Surgical (revenue center 0201)
CODES:
charge amount is used.
claims, the code with the highest revenue center total
revenue center codes listed below are included on these
4 = Psychiatric (revenue center 0204)
revenue center codes (listed below) on any of the claim
2 = Medical (revenue center 0202)
DERIVATION:
STANDARD ALIAS: MEDPAR_ICU_IND_CD
SAS ALIAS: ICUINDCD
The code indicating that the beneficiary has spent time
under intensive care during the stay. It also specifies
thetype of ICU.
COMMON ALIAS: INTENSIVE_CARE_INDICATOR
DB2 ALIAS: MEDPAR_ICU_IND_CD
records included in the stay. If more than one of the
There is approximately a 20% error rate in the revenue
as 'intermediate ICU'.
10/1/96 (12/96 MEDPAR update). 0206 Is now defined
revenue center code 0206 description, effective
version of an ICU. 'Post' was removed from the
stay rather than just days in a step-down/lower case
0 = General (revenue center 0200)
center code category 0206 due to coders misunderstanding
6 = Intermediate ICU (revenue center 0206)
LIMITATIONS:
NCH
SOURCE:
BLANK = No intensive care indication
9 = Other intensive care (revenue code 0209)
8 = Trauma (revenue center 0208)
7 = Burn care (revenue center 0207)
prior to 12/96 update was 'post ICU'
the term 'post ICU' as including any day after an ICU

Variable Name

Label

CRNRY_CD

MEDPAR Coronary Care Indicator Code

10/1/96 (12/96 MEDPAR update). 0214 Is now defined the term 'post CCU' as including any day after a CCU version of a CCU. 'Post' was removed from the as 'intermediate CCU'.
revenue center code 0214 description, effective total charge amount is used.
stay rather than just days in a step-down/lower case
DB2 ALIAS: CRNRY_CARE_IND_CD
BLANK = No coronary care indication
4 = Intermediate CCU (revenue code 0214)
3 = Heart transplant (revenue code 0213)
DERIVATION:
STANDARD ALIAS: MEDPAR_CRNRY_CARE_IND_CD
This field is derived by checking for the presence of center code category 0214 due to coders misunderstanding coronary care revenue center codes (listed below) on any
CODES:
The code indicating that the beneficiary has spent time under coronary care during the stay. It also specifies the type of coronary care unit.
COMMON ALIAS: CORONARY_CARE_INDICATOR
2 = Pulmonary care (revenue code 0212)
1 = Myocardial (revenue code 0211)
0 = General (revenue code 0210)
SAS ALIAS: CRNRY_CD
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
There is approximately a 20% error rate in the revenue
LIMITATIONS:
NCH
SOURCE:
9 = Other coronary care (revenue code 0219)
prior to 12/96 update was 'post ccu'

Variable Name

Label

PHRMCYCD

MEDPAR Pharmacy Indicator Code

drugs (combination of values 1 and 3)
SOURCE:
COMMON ALIAS: PHARMACY_INDICATOR
5 = General drugs and/or IV therapy; and blood clotting
(combination of values 1 and 2)
4 = General drugs and/or IV therapy; and epoetin
NCH
0 = No drugs (revenue code other than those listed below)
3 = Blood clotting drugs (revenue code 0636)
drug-specific revenue center codes (listed below) on any
This field is derived by checking for the presence of
DERIVATION:
0637, 0639)
2 = Erythropoietin (epoetin: revenue code 0630, 0635,
The code indicating whether or not the beneficiary
received drugs during the stay. It also specifies the type of
1 = General drugs and/pr IV therapy (revenue code 025x,
CODES:
of the claim records included in the stay.
STANDARD ALIAS: MEDPAR_PHRMCY_IND_CD
SAS ALIAS: PHRMCYCD
DB2 ALIAS: PHRMCY_IND_CD
1 DIGIT UNSIGNED
026x)

TRNSPLNT

MEDPAR Transplant Indicator Code

CODES:
transplant revenue center code (listed below) on any of
(revenue code not 0362 or 0367)
1 DIGIT UNSIGNED
COMMON ALIAS: TRANSPLANT_INDICATOR
DB2 ALIAS: TRNSPLNT_IND_CD
SAS ALIAS: TRNSPLNT
STANDARD ALIAS: MEDPAR_TRNSPLNT_IND_CD
This field is derived by checking for the presence of the
The code indicating whether or not the beneficiary
received a organ transplant during the stay.
the claim records included in the stay.
0 = No organ or kidney transplant
2 = Organ transplant other than kidney (revenue code
0362)
7 = Kidney transplant (revenue code 0367)
SOURCE:
NCH
DERIVATION:

Variable Name

Label

ONCLGYSW

MEDPAR Radiology Oncology Indicator Switch

DERIVATION:
1 DIGIT UNSIGNED
COMMON ALIAS: RADIOLOGY_ONCOLOGY_INDICATOR
DB2 ALIAS: RDLGY_ONCLGY_SW
SAS ALIAS: ONCLGYSW
NCH
The switch indicating whether or not the beneficiary received radiology oncology services during the stay.
This field is derived by checking for revenue center code 028X on any of the claim records included in the stay.
CODES:
0 = No radiology-oncology (revenue code not 028x)
1 = Yes radiology-oncology (revenue code 028x)
SOURCE:
STANDARD ALIAS: MEDPAR_RDLGY_ONCLGY_IND_SW

DGNSTCSW

MEDPAR Radiology Diagnostic Indicator Switch

NCH
1 = Yes radiology-diagnostic (revenue code 032x)
0 = No radiology-diagnostic (revenue code not 032x)
CODES:
032x on any of the claim records included in the stay.
This field is derived by checking for revenue center code
DERIVATION:
STANDARD ALIAS: MEDPAR_RDLGY_DGNSTC_IND_SW
SAS ALIAS: DGNSTCSW
DB2 ALIAS: RDLGY_DGNSTC_SW
COMMON ALIAS:
1 DIGIT UNSIGNED
The switch indicating whether or not the beneficiary received radiology diagnostic services during the stay.
SOURCE:

THRPTCSW

MEDPAR Radiology Therapeutic Indicator Switch

The switch indicating whether or not the beneficiary received radiology therapeutic services during the stay.
1 DIGIT UNSIGNED
COMMON ALIAS:
RADIOLOGY_THERAPEUTIC_INDICATOR
DB2 ALIAS: RDLGY_THRPTC_SW
SAS ALIAS: THRPTCSW
STANDARD ALIAS: MEDPAR_RDLGY_THRPTC_IND_SW
DERIVATION:
This field is derived by checking for revenue center code 033X on any of the claim records included in the stay.
CODES:
0 = No radiology-therapeutic (revenue code not 033X)
1 = Yes radiology-therapeutic (revenue code 033X)
NCH
SOURCE:

<i>Variable Name</i>	<i>Label</i>
<i>NUCLR_SW</i>	<p><i>MEDPAR Radiology Nuclear Medicine Indicator Switch</i></p> <p>1 = Yes nuclear medicine (revenue code 034x) STANDARD ALIAS: MEDPAR_RDLGY_NUCLR_MDCN_IND_SW CODES: The switch indicating whether or not the beneficiary received radiology nuclear medicine services during the 1 DIGIT UNSIGNED COMMON ALIAS: NUCLEAR_MEDICINE_INDICATOR SAS ALIAS: NUCLR_SW DERIVATION: This field is derived by checking for revenue center code 034x on any of the claim records included in the stay. 0 = No nuclear medicine (revenue code not 034x) SOURCE: NCH DB2 ALIAS: NUCLR_MDCN_SW</p>
<i>CTSCANSW</i>	<p><i>MEDPAR Radiology CT Scan Indicator Switch</i></p> <p>DB2 ALIAS: RDLGY_CT_SCAN_SW 035X on any of the claim records included in the stay. NCH SOURCE: 1 = Yes radiology CT scan (revenue code 035X) 0 = No radiology CT scan (revenue code not 035X) CODES: The switch indicating whether or not the beneficiary received radiology computed tomographic (CT) scan services during the stay. This field is derived by checking for revenue center code DERIVATION: SAS ALIAS: CTSCANSW COMMON ALIAS: RADIOLOGY_CT_SCAN_INDICATOR 1 DIGIT UNSIGNED STANDARD ALIAS: MEDPAR_RDLGY_CT_SCAN_IND_SW</p>
<i>IMGNG_SW</i>	<p><i>MEDPAR Radiology Other Imaging Indicator Switch</i></p> <p>STANDARD ALIAS: MEDPAR_RDLGY_OTHR_IMGNG_IND_SW DERIVATION: The switch indicating whether or not the beneficiary received radiology other imaging services during the stay. 1 DIGIT UNSIGNED COMMON ALIAS: OTHER_IMAGING_SERVICES DB2 ALIAS: OTHR_IMGNG_SW This field is derived by checking for revenue center code NCH SOURCE: 1 = Yes other imaging services (revenue code 040x) 0 = No other imaging services (revenue code not 040x) CODES: 040X on any of the claim records included in the stay. SAS ALIAS: IMGNG_SW</p>

Variable Name

Label

OPSRVCCD

MEDPAR Outpatient Services Indicator Code

2 = Ambulatory surgical care (revenue code 049X)
COMMON ALIAS: OUTPATIENT_SERVICES_INDICATOR
DB2 ALIAS: OP_SRVC_IND_CD
SOURCE:
STANDARD ALIAS: MEDPAR_OP_SRVC_IND_CD
This field is derived by checking for the presence of the NCH
1 DIGIT UNSIGNED
3 = Outpatient services and ambulatory surgical care (revenue code other than 049X, 050X)
The code indicating whether or not the beneficiary has received outpatient services, ambulatory surgical care, or both.
1 = Outpatient services (revenue code 050X)
SAS ALIAS: OPSRVCCD
outpatient services revenue center codes listed below on any of the claim records included in the stay.
CODES:
0 = No outpatient services/ambulatory surgical care (revenue codes 049X and 050X)
DERIVATION:

ORGNCD

MEDPAR Organ Acquisition Indicator Code

SOURCE:
DB2 ALIAS: ORGN_ACQSTN_IND_CD
SAS ALIAS: ORGNCD
STANDARD ALIAS: MEDPAR_ORGN_ACQSTN_IND_CD
DERIVATION:
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.
CODES:
K1 = General classification (revenue code 0810)
K2 = Living donor kidney (revenue code 0811)
K3 = Cadaver donor kidney (revenue code 0812)
NCH
The code indicating the type of organ acquisition received by the beneficiary during the stay.
0892)
BLANK = No organ acquisition indication
04 = Other donor bank (revenue code 0899)
K4 = Unknown donor kidney (revenue code 0813)
S1 = Skin donor bank (revenue code 0893)
K5 = Other kidney acquisition (revenue code 0814)
03 = Organ donor bank other than kidney (revenue code 0891)
B1 = Bone donor bank (revenue code 0891)
02 = General acquisition (revenue code 0890)
01 = Other organ acquisition (revenue code 0819)
L1 = Donor liver (revenue code 0817)
H2 = Other heart acquisition (revenue code 0816)
H1 = Cadaver donor heart (revenue code 0815)
COMMON ALIAS: ORGAN_INDICATOR

Variable Name

ESRDSETG{x}

where { x } 1:5

Label

MEDPAR ESRD Setting Indicator Code

SOURCE:

89 = Miscellaneous dialysis-other (revenue code 0889)
NCH
0881)
81 = Miscellaneous dialysis-ultrafiltration (revenue code
80 = Miscellaneous dialysis-general (revenue code 0880)
59 = Ccpd-op-other (revenue code 0859)
55 = Ccpd-op-support services (revenue code 0855)
code 0802)
49 = Capd-op-other (revenue code 0849)
29 = Hemodialysis-op-other (revenue code 0829)
25 = Hemodialysis-op-support services (revenue code 0825)
24 = Hemodialysis-op-maintenance/100% (revenue code
0824
23 = Hemodialysis-op-home equipment (revenue code
22 = Hemodialysis-op-home supplies (revenue code 0822)
0821)
21 = Hemodialysis-op-hemodialysis/composite (revenue
20 = Hemodialysis-op-general (revenue code 0820)
09 = Ip renal dialysis-other (revenue code 0809)
31 = Peritoneal-op/home-peritoneal/composite (revenue
03 = Ip renal dialysis-capd (revenue code 0803)
code 0831)
02 = Ip renal dialysis-peritoneal (non-capd: revenue
01 = Ip renal dialysis-hemodialysis (revenue code 0801)
00 = Ip renal dialysis-general (revenue code 0800)

CODES:

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

STANDARD ALIAS: MEDPAR_ESRD_SETG_IND_CD

SAS ALIAS: ESRDSETGX

04 = Ip renal dialysis-ccpd (revenue code 0804)
42 = Capd-op-home supplies (revenue code 0842)
53 = Ccpd-op-home equipment (revenue code 0853)
52 = Ccpd-op-home supplies (revenue code 0852)
51 = Ccpd-op-ccpd/composite (revenue code 0851)
50 = Ccpd-op-ccpd/general (revenue code 0850)
45 = Capd-op-support services (revenue code 0845)

DB2 ALIAS: ESRD_SETG_IND_CD

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

OCCURS: 5 TIMES

COMMON ALIAS: ESRD_SETTING_INDICATOR

BLANK = No ESRD setting indication

30 = Peritoneal-op/home-general (revenue code 0830)
43 = Capd-op-home equipment (revenue code 0843)
54 = Ccpd-op-maintenance/100% (revenue code 0854)
41 = Capd-op-capd/composite (revenue code 0841)
40 = Capd-op-capd/general (revenue code 0840)
39 = Peritoneal-op/home-other (revenue code 0839)
0835)
35 = Peritoneal-op/home-support services (revenue code

Variable Name

Label

0834)
34 = Peritoneal-op/home-maintenance/100% (revenue code 0833)
33 = Peritoneal-op/home-home equipment (revenue code 32 = Peritoneal-op/home-home supplies (revenue code 44 = Capd-op-maintenance/100% (revenue code 0844)

DGNSCNT

MEDPAR Diagnosis Code Count

included in the stay. The '1' represents the principal The count of the number of diagnosis codes included in the stay.

SOURCE:

NCH

diagnosis code, which is reported separately from the other diagnosis codes reported on the last claim record

This field is derived by adding '1' to the count of the

DERIVATION:

COMMON ALIAS: NUMBER_OF_DIAGNOSIS_CODES

EDIT-RULES:

STANDARD ALIAS: MEDPAR_DGNS_CD_CNT

SAS ALIAS: DGNSCNT

DB2 ALIAS: MEDPAR_DGNS_CD_CNT

RANGE: 1 through 10

other diagnosis.

2 DIGITS UNSIGNED

DGNS_CDG{x}

where { x } 1:10

MEDPAR Diagnosis Code

EDIT-RULES:

5 POSITION Diagnosis Code LEFT JUSTIFIED

DERIVATION:

This field is the actual principal diagnosis code (1st

NCH

STANDARD ALIAS: MEDPAR_DGNS_CD

occurrence) or one of up to 9 other diagnosis codes that are present on the last claim record included in the stay.

DB2 ALIAS: MEDPAR_DGNS_CD

COMMON ALIAS: DIAGNOSIS_CODE

OCCURS: 10 TIMES

which May occur up to 10 times.

stay. This element is part of the MEDPAR diagnosis group affecting the services provided during the beneficiary's

The ICD-9-CM code identifying the primary condition or

othercoexisting conditions shown in the medical records as

SOURCE:

SAS ALIAS: DGNS_CD

Variable Name

Label

PRCDRSW

MEDPAR Surgical Procedure Indicator Switch

0 = No surgery indicated
COMMON ALIAS: SURGERY_INDICATOR
The switch indicating whether or not there were any surgical procedures performed during the beneficiary's stay.
SAS ALIAS: PRCDRSW
STANDARD ALIAS: MEDPAR_SRGCL_PRCR_IND_SW
DERIVATION:
This field is derived by checking for the presence of procedure codes on the last claim record included in the
DB2 ALIAS: SRGCL_PRCR_IND_SW
CODES:
1 = Yes surgery indicated
SOURCE:
NCH
stay.

PRCDRCNT

MEDPAR Surgical Procedure Code Count

that are reported on the last claim record included in
NCH
the stay.
DERIVATION:
EDIT-RULES:
STANDARD ALIAS: MEDPAR_SRGCL_PRCR_CD_CNT
SAS ALIAS: PRCDRCNT
DB2 ALIAS: SRGCL_PRCR_CD_CNT
COMMON ALIAS: NUMBER_OF_SURGICAL_CODES
2 DIGITS UNSIGNED
The count of the number of surgical procedure codes included in the stay.
RANGE: 0 through 6
SOURCE:
This field is derived by counting the procedure codes

PRCDTCNT

MEDPAR Surgical Procedure Performed Date Count

2 DIGITS UNSIGNED
The count of the number of dates associated with the surgical procedures included in the stay.
COMMON ALIAS: NUMBER_OF_SURGICAL_DATES
DB2 ALIAS: SRGCL_PRCR_DT_CNT
SAS ALIAS: PRCDTCNT
STANDARD ALIAS: MEDPAR_SRGCL_PRCR_DT_CNT
EDIT-RULES:
DERIVATION:
This field is derived by counting the surgical procedure dates that are reported on the last claim record included in the stay.
SOURCE:
NCH
RANGE: 0 THROUGH 6

Variable Name

Label

PRCDR_CDG{x}
where { x } 1:6

MEDPAR Surgical Procedure Code

record included in the stay.
It May occur up to 6 times.
OCCURS: 6 TIMES
COMMON ALIAS: SURGICAL_CODE
DB2 ALIAS: SRGCL_PRCDR_CD
SAS ALIAS: PRCDR_CD
EDIT-RULES:
DERIVATION:
This field is the actual principal surgical procedure
NCH
procedure codes that May be present on the last claim
SOURCE:
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
STANDARD ALIAS: MEDPAR_SRGCL_PRCDR_CD
code (1st occurrence) or one of up to 5 other surgical
4 POSITION Surgical Procedure Code LEFT JUSTIFIED

PRCDR_DTG{x}
where { x } 1:6

MEDPAR Surgical Procedure Performed Date

DERIVATION:
up to 6 times.
6 DIGITS SIGNED
OCCURS: 6 TIMES
COMMON ALIAS: SURGICAL_DATE
SAS ALIAS: PRCDR_DT
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
+YYYYDDD
DB2 ALIAS: PRCDR_PRFRM_DT
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:
STANDARD ALIAS:
MEDPAR_SRGCL_PRCDR_PRFRM_DT

Variable Name

Label

BLDFRNSH

MEDPAR Blood Pints Furnished Quantity

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

4 DIGITS SIGNED

COMMON ALIAS: BLOOD_FURNISHED

DB2 ALIAS: BLOOD_PT_FRNSH_QTY

SAS ALIAS: BLDFRNSH

STANDARD ALIAS: MEDPAR_BLOOD_PT_FRNSH_QTY

DERIVATION:

furnished quantity from all claim records included in the stay.

SOURCE:

This field is derived by accumulating the blood pints

NCH

BIC

MEDPAR Beneficiary Identification Code

CODES:

NCH

processed the claim.

STANDARD ALIAS: MEDPAR_BENE_IDENT_CD

REFER TO: BENE_IDENT_TB

IN THE CODES APPENDIX

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

SOURCE:

SAS ALIAS: BIC

DB2 ALIAS: BENE_IDENT_CD

COMMON ALIAS: ORIGINAL_BIC

DRG_CD

MEDPAR DRG Code

NCH

SOURCE:

grouper software and is moved to this field.

do not have a DRG), a valid DRG is obtained using the

(e.g., claims from maryland and PPS-exempt hospital units

exception: if the DRG code is not present

on the last claim record included in the stay.

3 DIGITS UNSIGNED

SAS ALIAS: DRG_CD

This field comes from the actual DRG code that is present

DB2 ALIAS: MEDPAR_DRG_CD

COMMON ALIAS: DRG_CODE

The code indicating the DRG to which the claims that

comprise the stay belong for payment purposes.

DERIVATION:

STANDARD ALIAS: MEDPAR_DRG_CD

Variable Name

Label

DSTNTNCD

MEDPAR Discharge Destination Code

NCH
SOURCE:
REFER TO: PTNT_DSCHRG_STUS_TB
The code primarily indicating the destination of the beneficiary upon discharge from a facility; also denotes death or SNF/still patient situations.
2 DIGITS UNSIGNED
COMMON ALIAS: DISCHARGE_DESTINATION
DB2 ALIAS: DSCHRG_DSTNTN_CD
This field comes from the claim status code that is
STANDARD ALIAS: MEDPAR_DSCHRG_DSTNTN_CD
IN THE CODES APPENDIX
SYSTEM ALIAS: LTCLMST
DERIVATION:
SAS ALIAS: DSTNTNCD
CODES:
present on the last claim record included in the stay.

OUTLR_CD

MEDPAR DRG/Outlier Stay Code

DERIVATION:
STANDARD ALIAS: MEDPAR_DRG_OUTLIER_STAY_CD
SAS ALIAS: OUTLR_CD
DB2 ALIAS: DRG_OUTLIER_CD
COMMON ALIAS: OUTLIER_CODE/DRG_SOURCE
developing the DRG.
1 DIGIT UNSIGNED
This field is the actual DRG outlier stay code that is
0 = No Outlier
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
Applicable to Non-PPS Providers:
NCH
SOURCE:
9 = Not Groupable
8 = HCFA-Developed DRG Using Claim Status Code
present on the last claim record included in the stay.
6 = Valid DRG Received From Intermediary
2 = Cost Outlier
1 = Day Outlier
Applicable to PPS providers:
7 = HCFA-Developed DRG

Variable Name

Label

PRPAY_CD

MEDPAR Beneficiary Primary Payer Code

The code indicating the type of payer who has primary responsibility for the payment of the Medicare beneficiary's claims related to the stay.
B = ESRD bene in 18-month coordination period with eghp
COMMON ALIAS: PRIMARY_PAYER_CODE
DB2 ALIAS: BENE_PRMRY_PYR_CD
SAS ALIAS: PRPAY_CD
STANDARD ALIAS: MEDPAR_BENE_PRMRY_PYR_CD
F = Phs or other federal agency (other than dept of
This field comes from the primary payer code that is present on the first claim record included in the stay.
CODES:
A = Working aged bene/spouse with eghp
H = Black lung
DERIVATION:
NCH
SOURCE:
Z/BLANK = Medicare is primary payer
J = Any liability insurance
D = Auto no-fault or any liability insurance
I = Dept of veterans affairs
C = Conditional Medicare payment; future reimbursement
G = Working disabled veterans affairs)
E = Worker's compensation expected

ESRD_CD

MEDPAR ESRD Condition Code

STANDARD ALIAS: MEDPAR_ESRD_COND_CD
75 = Home Dialysis/100% Reimbursement
76 = Backup-In-Facility Dialysis
SOURCE:
NCH
74 = Home Dialysis
CODES:
- 76 on any of the claim records included in the stay.
The code indicating if the beneficiary had an ESRD condition reported during the stay.
DERIVATION:
SAS ALIAS: ESRD_CD
DB2 ALIAS: ESRD_COND_CD
2 DIGITS UNSIGNED
73 = Self-Care Training
72 = Self-Care In Unit
00 = No ESRD Condition Codes
71 = Full Care In Unit
70 = Self-Administered Epo
This field is derived by checking for condition codes 70

<i>Variable Name</i>	<i>Label</i>
<i>SRC_ADMS</i>	<p><i>MEDPAR Source Inpatient Admission Code</i></p> <p>SOURCE: NCH The code indicating the source of the beneficiary's admission to an Inpatient facility or, for newborn admission, the type of delivery. IN THE CODES APPENDIX REFER TO: CLM_SRC_IP_ADMSN_TB CODES: stay. This field comes from the source Inpatient admission code DERIVATION: STANDARD ALIAS: MEDPAR_SRC_IP_ADMSN_CD SAS ALIAS: SRC_ADMS DB2 ALIAS: SRC_IP_ADMSN_CD COMMON ALIAS: SOURCE_OF_ADMISSION that is present on the last claim record included in the</p>
<i>TYPE_ADM</i>	<p><i>MEDPAR Inpatient Admission Type Code</i></p> <p>COMMON ALIAS: TYPE_OF_ADMISSION NCH SOURCE: stay. that is present on the last claim record included in the This field comes from the Inpatient admission type code DERIVATION: STANDARD ALIAS: MEDPAR_IP_ADMSN_TYPE_CD DB2 ALIAS: IP_ADMSN_TYPE_CD The code indicating the type and priority of the beneficiary's admission to a facility for the Inpatient SAS ALIAS: TYPE_ADM</p>
<i>FICARR</i>	<p><i>MEDPAR Fiscal Intermediary/Carrier Identification Number</i></p> <p>COMMON ALIAS: INTERMEDIARY_NUMBER DB2 ALIAS: FICARR_IDENT_NUM NCH SOURCE: The identification of the intermediary processing the beneficiary's claims related to the stay. SAS ALIAS: FICARR present on the first claim record included in the stay. STANDARD ALIAS: MEDPAR_FICARR_IDENT_NUM NOTE: This field comes from the intermediary number that</p>
<i>AD_DGNS</i>	<p><i>MEDPAR Admitting Diagnosis Code</i></p> <p>The ICD-9-CM 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. SOURCE: SAS ALIAS: AD_DGNS DB2 ALIAS: ADMTG_DGNS_CD STANDARD ALIAS: MEDPAR_ADMTG_DGNS_CD NCH COMMON ALIAS: ADMISSION_DIAGNOSIS</p>

<i>Variable Name</i>	<i>Label</i>
<i>DEATHDAY</i>	<p><i>MEDPAR Admission Death Day Count</i></p> <p>NCH/EDB present on the first claim record included in the stay) and MEDPAR beneficiary death date (the death date on the enrollment database, which is accessed prior to SOURCE: LIMITATIONS: REFER TO: MEDPAR_ADMSN_DEATH_DAY_CNT_LIM IN THE LIMITATIONS APPENDIX creation of the quarterly MEDPAR file). 5 DIGITS SIGNED between the MEDPAR admission date (the admission date 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). This field is derived by counting the number of days COMMON ALIAS: ADMISSION_TO_DEATH_INTERVAL DB2 ALIAS: ADMSN_DEATH_CNT SAS ALIAS: DEATHDAY STANDARD ALIAS: MEDPAR_ADMSN_DEATH_DAY_CNT DERIVATION:</p>
<i>IPSBCD</i>	<p><i>MEDPAR Internal Use (By IPSB) Code</i></p> <p>STANDARD ALIAS: MEDPAR_INTRNL_USE_IPSB_CD SAS ALIAS: IPSBCD Limited availability; for internal use only. Where not available, this field will contain zeroes. 3 DIGITS UNSIGNED DB2 ALIAS: INTRNL_USE_IPSB_CD</p>
<i>FILDTCD</i>	<p><i>MEDPAR Internal Use File Date Code</i></p> <p>1 DIGIT UNSIGNED Limited availability; for internal use only to to identify fiscal year/calendar year segments. Where not available, this field will contain a zero. SAS ALIAS: FILDTCD STANDARD ALIAS: MEDPAR_INTRNL_USE_FIL_DT_CD DB2 ALIAS: INTRNL_FIL_DT_CD</p>
<i>SMPLSIZE</i>	<p><i>MEDPAR Internal Use Sample Size Code</i></p> <p>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, SAS ALIAS: SMPLSIZE 1 DIGIT UNSIGNED DB2 ALIAS: SMPL_SIZE_CD STANDARD ALIAS: MEDPAR_INTRNL_USE_SMPL_SIZE_CD this field will contain a zero.</p>

Variable Name

Label

WRNGCD

MEDPAR Warning Indicators Code

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 0 = No cancel action (2 or 6) stay):
1 = Cancel action by credit adjustment (action code = these values, latest claim is used. If both specified action code and cancel reason code are present, cancel reason code takes priority.);
2 = Cancel action only (action code = 4)
2 = Stay includes multiple final action claims and
3 = Coverage transfer (cancel reason code = C)
0 = Stay includes a single final action claim
7 = Other (cancel reason code = H)
the number of final action claims that comprise the applicable to 'nhcmq rugs III SNF demo' stay records derived from the presence of 9,000 series revenue is to provide additional information for the MEDPAR user; 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
1 = Stay includes multiple final action claims number, admission date, provider number, claim from/
5 = Scramble (cancel reason code = S)
Warning indicator 9 ('pass-thru indicator' derived from
3 = Death date < admission date and duplicate record
2 = State code is not in numeric range
3 = County code is not in numeric range
action claim(s) that comprise the stay):
the presence of two claim records with the same claim
0 = No pass thru per diem present (Non-PPS) 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
Warning indicator 8 ('duplicate indicator' derived from residence SSA state code and beneficiary residence derived when the stay record is created by checking
6 = Duplicate billing (cancel reason code = D)
0 = Utilization day count = los day count
8 = Combining 2 spells or 2 beneficiary records (cancel reason code = L)
the presence of a pass thru per diem amount on the final derived from checking the format of the beneficiary
4 = Plan transfer (cancel reason code = P)

Variable Name

Label

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
Warning indicator 10 (eff 3/96 update) (rugs indicator
1 = Pass thru per diem present on final action claim
Warning indicator 7 ('state/county numeric indicator'
after the final action processing, which are used to
1 = Credit adjustment (query code = 0)
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
DERIVATION:
other indicators are derived from the claims remaining
STANDARD ALIAS: MEDPAR_WRNG_IND_CD
create the stay record.
CODES:
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):
2 = Utilization day count > los day count
algorithm, prior to the creation of the stay record. The
MEDPAR
i.e., let the user know whether or not the stay included
adjustments, a single claim or multiple claims, any error
conditions, etc..
17 DIGITS SIGNED
COMMON ALIAS: WARNING_INDICATORS
This field is packed. Each of the digits identify
The codes (commonly called warning indicators) specifying
detailed billing information obtained from the claims
analyzed for the stay process. The purpose of these codes
2 = Debit adjustment (query code = 5)
SOURCE:
will be present)
Warning indicators 11 - 17 (not yet assigned; zeroes
service date 1/1/97 or later
4 = Rugs 9,000 series revenue center code(s) with
SAS ALIAS: WRNGCD
DB2 ALIAS: MEDPAR_WRNG_IND_CD
0 = Medicare payment amount and total charge amount >
2 = Death date < admission date
1 = Utilization day count < los day count
utilization day count and length-of-stay count):
claim(s) that comprise the stay; compares resulting
derived after summing up fields on the final action
Warning indicator 4 ('utilization day/los day indicator'
and utilization day count = zeroes
beneficiary primary payer claim payment amount,
4 = Medicare payment amount, total charge amount,
3 = Total charge amount is a credit
2 = Medicare payment amount is a credit
zeroes
0 = No adjustment (no query code = 0 or 5)
zeroes
Warning indicator 3 ('reimbursement/total charge
3 = Credit and debit adjustment (both query code = 0

<i>Variable Name</i>	<i>Label</i>	
		and 5) Warning indicator 2 ('error condition' derived from checking the edit code trailer on the final action claims(s) that comprise the stay): 1 = Medicare payment amount and total charge amount < 1 = Error condition Warning indicator 5 ('single/multiple claim indicator' 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 = No error
<i>ORGNL_HIC</i>	<i>MEDPAR Original Health Insurance Claim Number</i>	STANDARD ALIAS: MEDPAR_ORGNL_HIC_NUM This field specifies the original HIC provided by the DB2 ALIAS: ORGNL_HIC SAS ALIAS: ORGNL_HIC
<i>ACTV_XREF_IND</i>	<i>MEDPAR Active Cross-Reference Indicator Code</i>	SAS ALIAS: ACTV_XREF_IND DB2 ALIAS: ACTV_XREF_IND STANDARD ALIAS: MEDPAR_ACTV_XREF_IND_CD CODES: X = Cross-Reference A = Active Specifies whether the HI claim number originated from a cross-reference.
<i>SLCT_RSN_CD</i>	<i>MEDPAR Select Reason Code</i>	Specifies whether this record is a case or control record. NCH SOURCE: S = Surgical M = Medical 1 = Medical or Case 0 = Surgical or control CODES: STANDARD ALIAS: MEDPAR_SLCT_RSN_CD SAS ALIAS: SLCT_RSN_CD DB2 ALIAS: SLCT_RSN_CD