

MEDICARE PROVIDER ANALYSIS AND REVIEW (MEDPAR) RECORD

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
<p>**** 1995 MEDICARE PROVIDER ANALYSIS AND REVIEW (MEDPAR) RECORD</p>	REC	500	1	500	<p>THE REPRESENTATION OF A BENEFICIARY STAY IN AN INPATIENT HOSPITAL OR IN A SKILLED NURSING FACILITY (SNF) WHICH MAY INCLUDE ONE OR MORE FINAL ACTION CLAIMS.</p> <p>THE 1995 MEDICARE PROVIDER ANALYSIS AND REVIEW (MEDPAR) FILE CONTAINS DATA FROM CLAIMS FOR SERVICES PROVIDED TO MEDICARE BENEFICIARIES ADMITTED TO MEDICARE-CERTIFIED HOSPITALS AND SKILLED NURSING FACILITIES (SNF). THE FILE IS CREATED QUARTERLY IN MARCH, JUNE, SEPTEMBER, AND DECEMBER, AND IS GENERALLY AVAILABLE TWO WEEKS AFTER THE END OF THE QUARTER. EACH MEDPAR RECORD REPRESENTS A BENEFICIARY STAY IN AN INPATIENT HOSPITAL (WHERE DISCHARGED) OR IN A SNF (MAY BE 'STILL A PATIENT'; COMPLETE DISCHARGE DATA NOT ALWAYS RECEIVED), AND MAY INCLUDE ONE CLAIM OR MULTIPLE CLAIMS. (APPROXIMATELY 95% OF INPATIENT MEDPAR RECORDS AND 50% OF SNF MEDPAR RECORDS INVOLVE A SINGLE CLAIM.)</p> <p>BEGINNING IN JUNE 1995, THE INPATIENT AND SNF CLAIMS FROM THE NATIONAL CLAIMS HISTORY (NCH) 100% NEARLINE FILE BECAME THE SOURCE OF MEDPAR. ALSO EFFECTIVE JUNE, 1995, A MEDPAR RECORD REPRESENTS FINAL ACTION CLAIMS DATA IN WHICH ALL ADJUSTMENTS HAVE BEEN RESOLVED (THEREBY ELIMINATING CREDIT-ONLY SITUATIONS).</p> <p>(PRIOR TO JUNE 1995, MEDPAR WAS CREATED FROM CLAIMS FROM THE MEDICARE QUALITY ASSURANCE (MQA) SYSTEM; A MEDPAR RECORD REPRESENTED AN ACCUMULATION OF ADJUSTMENT CLAIMS, SOMETIMES INCLUDING CREDIT-ONLY STAYS.)</p> <p>EFFECTIVE WITH THE 9/96 UPDATE THE 1995 MEDPAR WAS CREATED AS FOLLOWS:</p> <ol style="list-style-type: none"> 1. EACH MONTH INPATIENT AND SNF CLAIMS ARE ACCUMULATED FROM THE NCH NEARLINE REPOSITORY. 2. AT THE END OF EACH QUARTER, THE MONTHLY FILES ARE MERGED INTO A DATABASE CONTAINING ALL CLAIMS FOR THE CURRENT YEAR AND PRIOR TWO YEARS. THE DATABASE IS PROCESSED THROUGH THE FINAL ACTION ALGORITHMS. 3. THE FINAL-ACTIONED DATABASE IS SPLIT INTO TWO SEGMENTS FOR EACH YEAR. INPATIENT CLAIMS WITH DISCHARGE DATES AND SNF CLAIMS WITH ADMISSION DATES IN JANUARY THROUGH SEPTEMBER ARE IN THE FIRST SEGMENT; CLAIMS WITH DATES IN OCTOBER THROUGH DECEMBER ARE IN THE SECOND SEGMENT. THIS ALLOWS FOR THE CREATION

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OF FISCAL YEAR OR CALENDAR YEAR FILES AS NEEDED.

- 4. THE CLAIMS REMAINING FROM THE FINAL ACTION PROCESSING ARE COLLAPSED BY CLAIM NUMBER, ADMISSION DATE, AND PROVIDER NUMBER (ALL IN ASCENDING ORDER) TO CREATE A STAY RECORD. THE RECORDS ARE FURTHER SORTED BY CLAIM FROM DATE, CLAIM THRU DATE, (BOTH IN ASCENDING ORDER), HCFA PROCESS DATE (DESCENDING), AND QUERY CODE (DESCENDING); AND THE RESULTS ARE USED TO CREATE MEDPAR.

FOR THE 6/95 THROUGH THE 6/96 UPDATES THE 1995 MEDPAR WAS CREATED AS FOLLOWS:

- * EACH MONTH INPATIENT AND SNF CLAIMS ARE ACCUMULATED FROM THE NCH NEARLINE REPOSITORY.
- * AT THE END OF EACH QUARTER, THE MONTHLY FILES ARE MERGED INTO A DATABASE CONTAINING ALL CLAIMS FOR THE CURRENT YEAR AND PRIOR TWO YEARS. THE DATABASE IS SPLIT INTO TWO SEGMENTS FOR EACH YEAR. INPATIENT CLAIMS WITH DISCHARGE DATES AND SNF CLAIMS WITH ADMISSION DATES IN JANUARY THROUGH SEPTEMBER ARE IN THE FIRST SEGMENT; CLAIMS WITH DATES IN OCTOBER THROUGH DECEMBER ARE IN THE SECOND SEGMENT. THIS ALLOWS FOR THE CREATION OF FISCAL YEAR OR CALENDAR YEAR FILES AS NEEDED.
- * THE SEGMENTS ARE PROCESSED THROUGH THE FINAL ACTION ALGORITHMS. THE CLAIMS REMAINING FROM THE FINAL ACTION PROCESSING ARE COLLAPSED BY CLAIM NUMBER, ADMISSION DATE, AND PROVIDER NUMBER (ALL IN ASCENDING ORDER) TO CREATE A STAY RECORD. THE RECORDS ARE FURTHER SORTED BY CLAIM FROM DATE, CLAIM THRU DATE, (BOTH IN ASCENDING ORDER), HCFA PROCESS DATE (DESCENDING), AND QUERY CODE (DESCENDING); AND THE RESULTS ARE USED TO CREATE MEDPAR.

SYSTEM ALIAS: MEDPAR5D

EFFECTIVE-DATE: 06/01/1995

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NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
**** MEDPAR CLAIM LOCATOR NUMBER GROUP	GROUP	10	1	10	THIS NUMBER UNIQUELY IDENTIFIES THE BENEFICIARY.
1. REGISTRY	CHAR	2	01	02	SEER REGISTRY 01 = SAN FRANCISCO 02 = CONNECTICUT 20 = DETROIT 21 = HAWAII 22 = IOWA 23 = NEW MEXICO 25 = SEATTLE 26 = UTAH 27 = ATLANTA 31 = SAN JOSE/MONTEREY 33 = ARIZONA INDIANS 35 = LOS ANGELES 37 = RURAL GEORGIA
2. CASE NUMBER	CHAR	8	03	10	SEER IDENTIFICATION NUMBER
3. MEDPAR BENEFICIARY AGE COUNT	NUM	3	12	14	THE BENEFICIARY'S AGE AS OF DATE OF ADMISSION. 3 DIGITS STANDARD ALIAS: MEDPAR_BENE_AGE_CNT COMMON ALIAS: AGE DERIVATION: THIS FIELD IS DERIVED BY SUBTRACTING THE BENE DATE OF BIRTH FROM THE ADMISSION DATE, PRESENT ON THE FIRST CLAIM RECORD INCLUDED IN THE STAY. EXCEPTION: IF THE RESULTING AGE IS 64, AND THE MSC = 10 OR 11, THE AGE IS CHANGED TO 65. SOURCE: NCH
4. MEDPAR BENEFICIARY SEX CODE	CHAR	1	15	15	THE CODE IDENTIFYING THE SEX OF THE BENEFICIARY, AS REFLECTED IN THE CWF BENE MASTER RECORD AT THE TIME THE

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			BEG	END	
					<p>CLAIM WAS PROCESSED BY THE HOST SITE. THIS CODE IS ANNOTATED TO THE CLAIM BY CWF PRIOR TO SUBMITTING THE CLAIM TO BDMS.</p> <p>STANDARD ALIAS: MEDPAR_BENE_SEX_CD COMMON ALIAS: SEX</p> <p>DERIVATION: THIS FIELD COMES FROM THE SEX CODE THAT IS PRESENT ON THE FIRST CLAIM RECORD INCLUDED IN THE STAY.</p> <p>CODES: 1 = MALE 2 = FEMALE 0 = UNKNOWN</p> <p>SOURCE: NCH</p>
5. MEDPAR BENEFICIARY RACE CODE	CHAR	1	16	16	<p>THE CODE IDENTIFYING THE RACE OF THE BENEFICIARY, AS REFLECTED IN THE CWF BENE MASTER RECORD AT THE TIME THE CLAIM WAS PROCESSED BY THE HOST SITE. THIS CODE IS ANNOTATED TO THE CLAIM BY CWF PRIOR TO SUBMITTING THE CLAIM TO BDMS.</p> <p>STANDARD ALIAS: MEDPAR_BENE_RACE_CD COMMON ALIAS: RACE</p> <p>DERIVATION: THIS FIELD COMES FROM THE RACE CODE THAT IS PRESENT ON THE FIRST CLAIM RECORD INCLUDED IN THE STAY.</p> <p>CODES: 0 = UNKNOWN 1 = WHITE 2 = BLACK 3 = OTHER 4 = ASIAN 5 = HISPANIC 6 = NORTH AMERICAN NATIVE</p> <p>SOURCE: NCH</p>
6. MEDPAR BENEFICIARY MEDICARE STATUS CODE	CHAR	2	17	18	<p>THE CODE IDENTIFYING THE REASON FOR A BENEFICIARY'S ENTITLEMENT TO MEDICARE BENEFITS, AS REFLECTED IN THE CWF BENE MASTER RECORD AT THE TIME THE CLAIM WAS PROCESSED BY THE HOST SITE. THIS CODE IS ANNOTATED TO THE CLAIM BY CWF PRIOR TO SUBMITTING THE CLAIM TO BDMS.</p> <p>STANDARD ALIAS: MEDPAR_BENE_MDCR_STUS_CD COMMON ALIAS: MSC</p> <p>DERIVATION:</p>

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NAME	TYPE	LENGTH	POSITIONS BEG END		CONTENTS
7. MEDPAR BENEFICIARY RESIDENCE SSA STANDARD STATE CODE	CHAR	2	19	20	<p>THIS FIELD COMES FROM THE MSC THAT IS PRESENT ON THE FIRST CLAIM RECORD INCLUDED IN THE STAY.</p> <p>CODES: 10 = AGED WITHOUT ESRD 11 = AGED WITH ESRD 20 = DISABLED WITHOUT ESRD 21 = DISABLED WITH ESRD 31 = ESRD ONLY</p> <p>SOURCE: NCH</p> <p>THE SSA STANDARD CODE IDENTIFYING THE STATE OF THE BENEFICIARY'S RESIDENCE, AS REFLECTED IN THE CWF BENE MASTER RECORD AT THE TIME THE CLAIM WAS PROCESSED BY THE HOST SITE. THIS CODE IS ANNOTATED TO THE CLAIM BY CWF PRIOR TO SUBMITTING THE CLAIM TO BDMS.</p> <p>STANDARD ALIAS: MEDPAR_BENE_RSDNC_SSA_STATE_CD COMMON ALIAS: STATE</p> <p>DERIVATION: THIS FIELD COMES FROM THE STATE CODE THAT IS PRESENT ON THE FIRST CLAIM RECORD INCLUDED IN THE STAY.</p> <p>CODES: 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</p>

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NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
					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 = ASIA
					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 = SAIPAN
					OR NORTHERN MARIANAS
					97 = NORTHERN MARIANAS
					98 = GUAM
					99 = WITH 000 COUNTY CODE IS AMERICAN SAMOA; OTHERWISE UNKNOWN
					SOURCE:
					NCH
8. MEDPAR BENEFICIARY RESIDENCE SSA STANDARD COUNTY CODE	CHAR	3	21	23	THE SSA STANDARD CODE IDENTIFYING THE COUNTY OF THE BENEFICIARY'S RESIDENCE, AS REFLECTED IN THE CWF BENE MASTER RECORD AT THE TIME THE CLAIM WAS PROCESSED BY THE HOST SITE. THIS CODE IS ANNOTATED TO THE CLAIM BY CWF PRIOR TO SUBMITTING THE CLAIM TO BDMS.

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			BEG	END	
					<p>STANDARD ALIAS: MEDPAR_BENE_RSDNC_SSA_CNTY_CD COMMON ALIAS: COUNTY_CODE</p> <p>DERIVATION: THIS FIELD COMES FROM THE COUNTY CODE THAT IS PRESENT ON THE FIRST CLAIM RECORD INCLUDED IN THE STAY.</p> <p>SOURCE: NCH</p>
9. MEDPAR BENEFICIARY MAILING CONTACT ZIP CODE	CHAR	5	24	28	<p>THE CODE IDENTIFYING THE ZIP CODE OF THE MAILING ADDRESS WHERE THE BENEFICIARY MAY BE CONTACTED, AS REFLECTED IN THE CWF BENE MASTER RECORD AT THE TIME THE CLAIM WAS PROCESSED BY THE HOST SITE. THIS CODE IS ANNOTATED TO THE CLAIM BY CWF PRIOR TO SUBMITTING THE CLAIM TO BDMS.</p> <p>STANDARD ALIAS: MEDPAR_BENE_MLG_CNTCT_ZIP_CD COMMON ALIAS: ZIP_CODE</p> <p>DERIVATION: THIS FIELD COMES FROM THE ZIP CODE THAT IS PRESENT ON THE FIRST CLAIM RECORD INCLUDED IN THE STAY.</p> <p>SOURCE: NCH</p>
10. FILLER	CHAR	4	29	32	<p>STANDARD ALIAS: FILLER SAS ALIAS: FILLER</p>
11. MEDPAR ADMISSION DAY CODE	NUM	1	33	33	<p>THE CODE INDICATING THE DAY OF THE WEEK ON WHICH THE BENEFICIARY WAS ADMITTED TO A FACILITY.</p> <p>1 DIGIT</p> <p>STANDARD ALIAS: MEDPAR_ADMN_DAY_CD COMMON ALIAS: DAY_OF_ADMISSION</p> <p>DERIVATION: THIS FIELD IS DERIVED FROM THE ADMISSION DATE THAT IS PRESENT ON THE FIRST CLAIM RECORD INCLUDED IN THE STAY.</p> <p>CODES: 1 = SUNDAY 2 = MONDAY 3 = TUESDAY 4 = WEDNESDAY 5 = THURSDAY 6 = FRIDAY 7 = SATURDAY</p> <p>SOURCE: NCH</p>
12. MEDPAR BENEFICIARY	CHAR	1	34	34	THE CODE INDICATING THE STATUS OF THE BENEFICIARY ON THE

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NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
DISCHARGE STATUS CODE					<p>DATE OF DISCHARGE FROM THE FACILITY.</p> <p>STANDARD ALIAS: MEDPAR_BENE_DSCHRG_STUS_CD COMMON ALIAS: DISCHARGE_STATUS</p> <p>DERIVATION: THIS FIELD IS DERIVED FROM THE CLAIM STATUS CODE THAT IS PRESENT ON THE LAST CLAIM RECORD INCLUDED IN THE STAY.</p> <p>CODES: A = DISCHARGED ALIVE (CLAIM STATUS CODE OTHER THAN 20 OR 30) B = DISCHARGED DEAD (CLAIM STATUS CODE = 20) C = STILL A PATIENT (CLAIM STATUS CODE = 30)</p> <p>SOURCE: NCH</p>
13. MEDPAR GHO PAID CODE	CHAR	1	35	35	<p>THE CODE INDICATING^(A) WHETHER OR NOT A GHO HAS PAID THE PROVIDER FOR THE CLAIM(S) (B) WHETHER THE PATIENT HAS BEEN READMITTED WITHIN SEVEN DAYS OF AN EARLIER DISCHARGE, OR (C) BOTH.</p> <p>STANDARD ALIAS: MEDPAR_GHO_PD_CD COMMON ALIAS: HMO_PAID_INDICATOR</p> <p>DERIVATION: THIS FIELD COMES FROM THE GHO-PAID INDICATOR THAT IS PRESENT ON THE FIRST CLAIM RECORD INCLUDED IN THE STAY.</p> <p>CODES: 0 = GHO HAS NOT PAID THE PROVIDER 1 = GHO HAS PAID THE PROVIDER 2 = READMISSION WITHIN SEVEN DAYS OF DISCHARGE 3 = BOTH CONDITIONS PRESENT</p> <p>MAY BE BLANK</p> <p>SOURCE: NCH</p>

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NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
14. MEDPAR PPS INDICATOR CODE	CHAR	1	36	36	<p>THE CODE INDICATING WHETHER OR NOT THE FACILITY IS BEING PAID UNDER THE PROSPECTIVE PAYMENT SYSTEM (PPS).</p> <p>STANDARD ALIAS: MEDPAR_PPS_IND_CD COMMON ALIAS: PPS_INDICATOR</p> <p>DERIVATION: IF THE CONDITION CODE NOT EQUAL 65 ON ALL OF THE CLAIMS INCLUDED IN THE STAY AND THE THIRD POSITION OF THE PROVIDER NUMBER IS NUMERIC SET MEDPAR_PPS_IND_CD TO 2 (PPS). OTHERWISE SET IT TO 0 (NONPPS.)</p> <p>CODES: 0 = NOT PPS 1 = DEEMED FEDERAL EMPLOYEE 2 = PPS 3 = BOTH DEEMED FEDERAL EMPLOYEE AND PPS</p> <p>SOURCE: NCH</p>

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NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
**** MEDPAR PROVIDER NUMBER GROUP	GROUP	6	37	42	<p>THE IDENTIFICATION NUMBER OF THE INSTITUTIONAL PROVIDER CERTIFIED BY MEDICARE TO PROVIDE SERVICES TO THE BENEFICIARY.</p> <p>STANDARD ALIAS: MEDPAR_PRVDR_NUM_GRP COMMON ALIAS: PROVIDER_NUMBER</p>
15. MEDPAR PROVIDER STATE CODE	NUM	2	37	38	<p>THE FIRST TWO POSITIONS OF THE PROVIDER NUMBER, IDENTIFYING THE STATE OF THE INSTITUTIONAL PROVIDER THAT FURNISHED SERVICES TO THE BENEFICIARY DURING THE STAY.</p> <p>2 DIGITS</p> <p>STANDARD ALIAS: MEDPAR_PRVDR_STATE_CD COMMON ALIAS: PROVIDER_STATE</p> <p>DERIVATION: THIS FIELD COMES FROM POSITIONS 1 AND 2 OF THE PROVIDER NUMBER THAT IS PRESENT ON THE FIRST CLAIM RECORD INCLUDED IN THE STAY.</p> <p>CODES:</p> <p>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</p>

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NAME	TYPE	POSITIONS		CONTENTS	
		LENGTH	BEG END		
				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 = ASIA	
				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 = SAIPAN OR NORTHERN MARIANAS	
				97 = NORTHERN MARIANAS	
				98 = GUAM	
				99 = WITH 000 COUNTY CODE IS AMERICAN SAMOA; OTHERWISE UNKNOWN	
				SOURCE: NCH	
16. MEDPAR PROVIDER NUMBER THIRD POSITION CODE	CHAR	1	39	39	THE THIRD POSITION OF THE PROVIDER NUMBER, IDENTIFYING THE CATEGORY OF INSTITUTIONAL PROVIDER THAT FURNISHED SERVICES TO THE BENEFICIARY DURING THE STAY.
					STANDARD ALIAS: MEDPAR_PRVDR_NUM_3RD_CD COMMON ALIAS: PROVIDER_CATEGORY
					DERIVATION: THIS FIELD IS POSITION 3 OF THE PROVIDER NUMBER FROM THE FIRST CLAIM RECORD INCLUDED IN THE

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NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	

					<p>STAY MODIFIED AS FOLLOWS: WHERE POSITION 3 IS AN ALPHA CHARACTER IT IS MOVED TO THE MEDPAR PROVIDER NUMBER SPECIAL UNIT CODE AND REPLACED WITH '0'.</p> <p>SOURCE: NCH</p>
17. MEDPAR PROVIDER NUMBER SERIAL CODE	CHAR	3	40	42	<p>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.</p> <p>STANDARD ALIAS: MEDPAR_PRVDR_NUM_SRL_CD COMMON ALIAS: PROVIDER_SEQUENCE_NUMBER</p> <p>DERIVATION: THIS FIELD COMES FROM POSITIONS 4 - 6 OF THE PROVIDER NUMBER ON THE FIRST CLAIM RECORD INCLUDED IN THE STAY.</p> <p>SOURCE: NCH</p>

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BEG	END			
FOR PROVIDER NUMBER GROUP				
- POSITIONS 3 AND SOMETIMES 4 ARE USED AS A CATEGORY IDENTIFIER. THE REMAINING POSITIONS ARE SERIAL NUMBERS. THE FOLLOWING BLOCKS OF NUMBERS ARE RESERVED FOR THE FACILITIES INDICATED:				
0001-0899				SHORT-TERM (GENERAL AND SPECIALTY) HOSPITALS
0900-0999				MULTIPLE HOSPITAL COMPONENT IN A MEDICAL COMPLEX (NUMBERS RETIRED)
1000-1199				RESERVED FOR FUTURE USE
1200-1224				ALCOHOL/DRUG HOSPITALS (EXCLUDED FROM PPS-NUMBERS RETIRED)
1225-1299				MEDICAL ASSISTANCE FACILITIES (MONTANA PROJECT)
1300-1399				RURAL PRIMARY CARE HOSPITAL (RPCH)
1400-1499				RESERVED FOR FUTURE USE
1500-1799				HOSPICES
1800-1899				FEDERALLY QUALIFIED HEALTH CENTERS (FQHC)
1900-1989				RESERVED FOR FUTURE USE
1990-1999				CHRISTIAN SCIENCE SANATORIA (HOSPITAL SERVICES)
2000-2299				LONG-TERM HOSPITALS (EXCLUDED FROM PPS)
2300-2499				CHRONIC RENAL DISEASE FACILITIES (HOSPITAL BASED)
2500-2899				NON-HOSPITAL RENAL DISEASE TREATMENT CENTERS
2900-2999				INDEPENDENT SPECIAL PURPOSE RENAL DIALYSIS FACILITY (1)
3000-3024				FORMERLY TUBERCULOSIS HOSPITALS (NUMBERS RETIRED)
3025-3099				REHABILITATION HOSPITALS (EXCLUDED FROM PPS)
3100-3299				RESERVED FOR FUTURE USE
3300-3399				CHILDREN'S HOSPITALS (EXCLUDED FROM PPS)
3400-3499				CONTINUATION OF RURAL HEALTH CLINICS (PROVIDER-BASED) (3975-3999)
3500-3699				RENAL DISEASE TREATMENT CENTERS (HOSPITAL SATELLITES)
3700-3799				HOSPITAL BASED SPECIAL PURPOSE RENAL DIALYSIS FACILITY (1)
3800-3974				RURAL HEALTH CLINICS (FREE-STANDING)

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		3975-3999		RURAL HEALTH CLINICS (PROVIDER-BASED)
		4000-4499		PSYCHIATRIC HOSPITALS (EXCLUDED FROM PPS)
		4500-4599		COMPREHENSIVE OUTPATIENT REHABILITATION FACILITIES (CORF)
		4600-4799		COMMUNITY MENTAL HEALTH CENTERS (CMHC)
		4800-4999		RESERVED FOR FUTURE USE
		5000-6399		SKILLED NURSING FACILITIES
		6400-6499		RESERVED FOR FUTURE USE (2)
		6500-6899		OUTPATIENT PHYSICAL THERAPY SERVICES
		6900-6989		RESERVED FOR FUTURE USE
		6990-6999		CHRISTIAN SCIENCE SANATORIA (SKILLED NURSING SERVICES)
		7000-7299		HOME HEALTH AGENCIES (3)
		7300-7399		SUBUNITS OF 'NONPROFIT' AND 'PROPRIETARY' HOME HEALTH AGENCIES (4)
		7400-7799		CONTINUATION OF 7000-7299 SERIES
		7800-7999		SUBUNITS OF STATE AND LOCAL GOVERNMENTAL HOME HEALTH AGENCIES (4)
		8000-8499		CONTINUATION OF 7400-7799 SERIES
		8500-8899		CONTINUATION OF RURAL HEALTH CENTER (PROVIDER BASED) (3400-3499)
		8900-8999		CONTINUATION OF RURAL HEALTH CENTER (FREE-STANDING) (3800-3975)
		9000-9799		RESERVED FOR FUTURE USE

MEDICAID PROVIDERS (TITLE XIX-ONLY):

A001-A999	NURSING FACILITY
B001-B999	NURSING FACILITY (EXPANSION OF A001-A999)
E001-E999	NURSING FACILITY
F001-F999	NURSING FACILITY (EXPANSION OF E001-E999)
G001-G999	INTERMEDIATE CARE FACILITY FOR THE MENTALLY RETARDED
H001-H999	INTERMEDIATE CARE FACILITY FOR THE MENTALLY RETARDED (EXPANSION OF G001-G999)
P001-P999	ORGAN PROCUREMENT ORGANIZATION

- (1) THESE FACILITIES (SPRDFS) WILL BE ASSIGNED THE SAME PROVIDER NUMBER WHENEVER THEY ARE RECERTIFIED.
- (2) THE 6400-6499 SERIES OF PROVIDER NUMBERS IN IOWA (16), SOUTH DAKOTA (43) AND TEXAS (45) HAVE BEEN USED IN REDUCING ACUTE CARE COSTS (RACC) EXPERIMENTS.
- (3) IN VIRGINIA (49), THE SERIES 7100-7299 HAS BEEN RESERVED FOR STATEWIDE SUBUNIT COMPONENTS OF THE VIRGINIA STATE HOME HEALTH AGENCIES.
- (4) PARENT AGENCY MUST HAVE A NUMBER IN THE 7000-7299, 7400-7799 OR 8000-8499 SERIES.

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						<p>NOTE:</p> <p>THERE IS A SPECIAL NUMBERING SYSTEM FOR UNITS OF HOSPITALS THAT ARE EXCLUDED FROM PROSPECTIVE PAYMENT SYSTEM (PPS) AND HOSPITALS WITH SNF SWING-BED DESIGNATION. AN ALPHA CHARACTER IN THE THIRD POSITION OF THE PROVIDER NUMBER IDENTIFIES THE TYPE OF UNIT OR SWING-BED DESIGNATION AS FOLLOWS:</p> <p>S = PSYCHIATRIC UNIT (EXCLUDED FROM PPS) T = REHABILITATION UNIT (EXCLUDED FROM PPS) U = SHORT TERM/ACUTE CARE SWING-BED HOSPITAL V = ALCOHOL DRUG UNIT (PRIOR TO 10/87 ONLY) W = LONG TERM SNF SWING-BED HOSPITAL (EFF 3/91) Y = REHAB HOSPITAL SWING-BED (EFF 9/92) Z = RURAL PRIMARY CARE SWING-BED HOSPITAL (TO BE EFFECTIVE IN 1994)</p> <p>SOURCE: UNIFORM BILL 82, FORM HCFA-1450, ITEM 7 (MEDICARE PROVIDER NUMBER).</p> <p>LIMITATIONS: THE MEDPAR FILE CONTAINS ONLY INPATIENT HOSPITAL RECORDS. PROVIDER NUMBERS ARE VALIDATED AGAINST A FILE OF MEDICARE-CERTIFIED PROVIDERS BY THE INTERMEDIARY. HOWEVER, THIS PROCESS IS NOT REPEATED WHEN THE MEDPAR FILE IS CONSTRUCTED.</p>
18. MEDPAR PROVIDER NUMBER SPECIAL UNIT CODE	CHAR	1	43	43		<p>THE CODE IDENTIFYING THE SPECIAL NUMBERING SYSTEM FOR UNITS OF HOSPITALS THAT ARE EXCLUDED FROM PPS OR HOSPITALS WITH SNF SWING-BED DESIGNATION.</p> <p>STANDARD ALIAS: MEDPAR_PRVDR_NUM_SPCL_UNIT_CD COMMON ALIAS: SPECIAL_UNIT</p> <p>DERIVATION: 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, OTHERWISE IT IS BLANK.</p> <p>CODES: 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 BLANKS = NOT PPS-EXEMPT OR SWING-BED DESIGNATION</p> <p>SOURCE: NCH</p>
19. MEDPAR SHORT STAY/LONG STAY/SNF INDICATOR CODE	CHAR	1	44	44		<p>THE CODE INDICATING WHETHER THE STAY IS A SHORT STAY, LONG STAY, OR SNF.</p> <p>STANDARD ALIAS: MEDPAR SS LS SNF IND CD</p>

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NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
					<p>DERIVATION: THIS FIELD IS DERIVED FROM THE THIRD POSITION OF THE PROVIDER NUMBER THAT IS PRESENT ON THE FIRST CLAIM RECORD INCLUDED IN THE STAY.</p> <p>CODES: N = SNF STAY (PRVDR3 = 5, 6, U, W, Y, OR Z) S = SHORT-STAY (PRVDR3 = O, S, T) L = LONG-STAY (ALL OTHERS)</p> <p>SOURCE: NCH</p>
20. MEDPAR STAY FINAL ACTION CLAIMS COUNT	PACK	2	45	46	<p>THE COUNT OF THE NUMBER OF CLAIM RECORDS (FINAL ACTION) INCLUDED IN THE STAY.</p> <p>3 DIGITS SIGNED</p> <p>STANDARD ALIAS: MEDPAR_STAY_FINL_ACTN_CLM_CNT COMMON ALIAS: NUMBER_OF_BILLS</p> <p>DERIVATION: THIS FIELD IS DERIVED BY COUNTING THE NUMBER OF FINAL ACTION CLAIMS USED TO CREATE THE STAY.</p> <p>SOURCE: NCH</p>
21. MEDPAR LATEST CLAIM ACCRETION DATE	PACK	3	47	49	<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>5 DIGITS SIGNED</p> <p>STANDARD ALIAS: MEDPAR_LTST_CLM_ACRTN_DT COMMON ALIAS: ACCRETION_DATE</p> <p>EDIT-RULES: YYDDD</p> <p>DERIVATION: THIS FIELD COMES FROM THE HIGHEST ACCRETION DATE THAT IS PRESENT ON THE CLAIM RECORDS INCLUDED IN THE STAY.</p> <p>SOURCE: NCH</p>
22. MEDPAR BENEFICIARY MEDICARE BENEFIT EXHAUSTED DATE	PACK	3	50	52	<p>THE LAST DATE FOR WHICH THE BENEFICIARY HAD MEDICARE COVERAGE. THIS FIELD IS COMPLETED ONLY WHERE BENEFITS WERE EXHAUSTED BEFORE THE DISCHARGE DATE AND DURING THE PERIOD COVERED BY STAY.</p> <p>5 DIGITS SIGNED</p>

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NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
					<p>STANDARD ALIAS: MEDPAR_BENE_MDCR_BNFT_EXHST_DT COMMON ALIAS: EXHAUSTED_BENEFITS_DATE</p> <p>EDIT-RULES: YYDDD</p> <p>DERIVATION: THIS FIELD COMES FROM THE HIGHEST BENEFITS EXHAUSTED DATE THAT IS PRESENT ON THE CLAIM RECORDS INCLUDED IN THE STAY.</p> <p>SOURCE: NCH</p>
23. MEDPAR SNF QUALIFICATION FROM DATE	PACK	3	53	55	<p>THE FROM DATE OF AT LEAST A 3-DAY HOSPITAL STAY THAT QUALIFIES THE BENEFICIARY FOR MEDICARE COVERAGE IN A SNF FACILITY.</p> <p>5 DIGITS SIGNED</p> <p>STANDARD ALIAS: MEDPAR_SNF_QUALN_FROM_DT</p> <p>EDIT-RULES: YYDDD</p> <p>DERIVATION: THIS FIELD COMES FROM OCCURRENCE SPAN CODE = 70 AND RELATED OCCURRENCE SPAN FROM DATE, IF PRESENT ON ANY OF THE CLAIM RECORDS INCLUDED IN THE STAY. IF MORE THAN ONE RECORD HAS AN OCCURRENCE SPAN CODE = 70, WITH DIFFERENT SPAN DATES, THE DATE FROM THE LAST CLAIM RECORD INCLUDED IN THE STAY IS USED.</p> <p>SOURCE: NCH</p>
24. MEDPAR SNF QUALIFICATION THROUGH DATE	PACK	3	56	58	<p>THE THROUGH DATE OF AT LEAST A 3-DAY HOSPITAL STAY THAT QUALIFIES THE BENEFICIARY FOR MEDICARE COVERAGE IN A SNF FACILITY.</p> <p>5 DIGITS SIGNED</p> <p>STANDARD ALIAS: MEDPAR_SNF_QUALN_THRU_DT</p> <p>EDIT-RULES: YYDDD</p> <p>DERIVATION: THIS FIELD COMES FROM THE OCCURRENCE SPAN CODE = 70 AND RELATED OCCURRENCE SPAN THRU DATE, IF PRESENT ON ANY OF THE CLAIMS INCLUDED IN THE STAY. IF MORE THAN ONE RECORD HAS AN OCCURRENCE SPAN CODE = 70, WITH DIFFERENT SPAN DATES, THE DATE FROM THE LAST CLAIM RECORD INCLUDED IN</p>

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NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
					<p>THE STAY IS USED.</p> <p>SOURCE: NCH</p>
25. MEDPAR ADMISSION DATE	PACK	3	59	61	<p>THE DATE THE BENEFICIARY WAS ADMITTED FOR INPATIENT CARE OR THE DATE THAT CARE STARTED.</p> <p>5 DIGITS SIGNED</p> <p>STANDARD ALIAS: MEDPAR_ADMSN_DT COMMON ALIAS: ADMISSION_DATE</p> <p>EDIT-RULES: YYDDD</p> <p>DERIVATION: THIS FIELD COMES FROM THE ADMISSION DATE THAT IS PRESENT ON THE FIRST CLAIM RECORD INCLUDED IN THE STAY.</p> <p>SOURCE: NCH</p>
26. MEDPAR DISCHARGE DATE	PACK	3	62	64	<p>THE DATE ON WHICH THE BENEFICIARY WAS DISCHARGED OR DIED.</p> <p>5 DIGITS SIGNED</p> <p>STANDARD ALIAS: MEDPAR_DSCHRG_DT COMMON ALIAS: DISCHARGE_DATE</p> <p>EDIT-RULES: YYDDD</p> <p>DERIVATION: THIS FIELD COMES FROM THE HIGHEST CLAIM THRU DATE THAT IS PRESENT ON THE CLAIM RECORDS INCLUDED IN THE STAY, WHERE THE CLAIM STATUS CODE IS OTHER THAN '30' (STILL PATIENT) ON THE LAST CLAIM RECORD INCLUDED IN THE STAY. INPATIENT CLAIMS WILL ALWAYS HAVE A DISCHARGE DATE; SNF CLAIMS COULD HAVE ZERO DATE.</p> <p>SOURCE: NCH</p>
27. MEDPAR COVERED LEVEL CARE THRU DATE	PACK	3	65	67	<p>THE DATE ON WHICH A COVERED LEVEL OF CARE ENDED IN A SNF.</p> <p>5 DIGITS SIGNED</p> <p>STANDARD ALIAS: MEDPAR_CVR_LVL_CARE_THRU_DT COMMON ALIAS: DATE_CARE_ENDED</p> <p>EDIT-RULES: YYDDD</p>

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NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
					<p>DERIVATION: THIS FIELD COMES FROM THE DATE ASSOCIATED WITH OCCURRENCE CODE = 22 IF PRESENT ON ANY OF THE CLAIMS INCLUDED IN THE STAY. IF MULTIPLE DATES, THE HIGHEST DATE IS USED. THIS FIELD IS ONLY APPLICABLE TO SNF CLAIMS.</p> <p>SOURCE: NCH</p>
28. MEDPAR BENEFICIARY DEATH DATE	PACK	3	68	70	<p>THE DATE THE BENEFICIARY DIED.</p> <p>5 DIGITS SIGNED</p> <p>STANDARD ALIAS: MEDPAR_BENE_DEATH_DT</p> <p>EDIT-RULES: YYDDD</p> <p>DERIVATION: THIS FIELD COMES FROM THE BENEFICIARY DEATH DATE, IF PRESENT ON THE ENROLLMENT DATABASE, WHICH IS ACCESSED PRIOR TO CREATION OF THE QUARTERLY MEDPAR FILE.</p> <p>SOURCE: EDB</p>
29. MEDPAR BENEFICIARY DEATH DATE VERIFIED CODE	CHAR	1	71	71	<p>THE CODE INDICATING WHETHER THE BENEFICIARY'S DATE OF DEATH HAS BEEN VERIFIED (SOURCE: SSA'S MBR) OR ORIGINATED FROM A CLAIM RECORD.</p> <p>STANDARD ALIAS: MEDPAR_BENE_DEATH_DT_VRFY_CD COMMON ALIAS: DEATH_INDICATOR</p> <p>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.</p> <p>CODES: 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</p> <p>SOURCE: EDB,NCH</p>
**** MEDPAR INTERNAL USE SSI GROUP	GROUP	4	72	75	

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NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
30. MEDPAR INTERNAL USE SSI INDICATOR CODE	CHAR	1	72	72	COMMENT: LIMITED AVAILABILITY; FOR INTERNAL USE ONLY; APPLICABLE TO INPATIENT CLAIMS ONLY. WHERE NOT AVAILABLE, THIS FIELD IS BLANK.
31. MEDPAR INTERNAL USE SSI DAY COUNT	PACK	2	73	74	3 DIGITS SIGNED COMMENT: LIMITED AVAILABILITY; FOR INTERNAL USE; APPLICABLE TO INPATIENT CLAIMS ONLY. WHERE NOT AVAILABLE, THIS FIELD WILL CONTAIN ZEROES.
32. FILLER	CHAR	1	75	75	STANDARD ALIAS: FILLER SAS ALIAS: FILLER
33. MEDPAR LENGTH OF STAY DAY COUNT	PACK	3	76	78	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
34. MEDPAR OUTLIER DAY COUNT	PACK	2	79	80	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 STANDARD ALIAS: MEDPAR_OUTLIER_DAY_CNT COMMON ALIAS: OUTLIER_DAYS DERIVATION: THIS FIELD IS DERIVED BY CHECKING THE MEDPAR UTILIZATION DAY COUNT AGAINST THE DRG THRESHOLD TABLE (DRG WEIGHTS FILE). SOURCE: MEDPAR
35. MEDPAR UTILIZATION DAY COUNT	PACK	2	81	82	THE COUNT OF THE NUMBER OF COVERED DAYS OF CARE THAT ARE CHARGEABLE TO MEDICARE UTILIZATION FOR THE STAY. 3 DIGITS SIGNED

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NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
				<p>STANDARD ALIAS: MEDPAR_UTLZTN_DAY_CNT COMMON ALIAS: COVERED_DAYS</p> <p>DERIVATION: THIS FIELD IS DERIVED BY ACCUMULATING THE UTILIZATION DAY COUNT THAT IS PRESENT ON ANY OF THE CLAIM RECORDS INCLUDED IN THE STAY (I.E., THE SUM OF UTILIZATION DAYS REPORTED ON THE CLAIMS THAT COMPRISE THE STAY).</p> <p>SOURCE: NCH</p>
36. MEDPAR BENEFICIARY TOTAL COINSURANCE DAY COUNT	PACK	2	83 84	<p>THE COUNT OF THE TOTAL NUMBER OF COINSURANCE DAYS INVOLVED WITH THE BENEFICIARY'S STAY IN A FACILITY. FOR INPATIENT SERVICES, THE BENEFICIARY IS LIABLE FOR A DAILY COINSURANCE AMOUNT AFTER THE 60TH DAY AND BEFORE THE 91ST DAY IN A SINGLE SPELL OF ILLNESS; FOR SNF SERVICES, THE BENEFICIARY IS LIABLE FOR A DAILY COINSURANCE AMOUNT AFTER THE 20TH DAY AND BEFORE THE 101ST DAY IN A SINGLE SPELL OF ILLNESS.</p> <p>3 DIGITS SIGNED</p> <p>STANDARD ALIAS: MEDPAR_TOT_COINSRNC_DAY_CNT COMMON ALIAS: COINSURANCE_DAYS</p> <p>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 REPORTED ON THE CLAIMS THAT COMPRISE THE STAY).</p> <p>SOURCE: NCH</p>
37. MEDPAR BENEFICIARY LRD USED COUNT	PACK	2	85 86	<p>THE COUNT OF THE NUMBER OF LIFETIME RESERVE DAYS (LRD) USED BY THE BENEFICIARY FOR THIS STAY.</p> <p>3 DIGITS SIGNED</p> <p>STANDARD ALIAS: MEDPAR_BENE_LRD_USE_CNT COMMON ALIAS: LIFETIME_RESERVE_DAYS</p> <p>DERIVATION: THIS FIELD IS DERIVED BY ACCUMULATING THE LIFETIME RESERVE DAYS USED COUNT THAT IS PRESENT ON ANY OF THE CLAIM RECORDS INCLUDED IN THE STAY (I.E., THE SUM OF LRD REPORTED ON THE CLAIMS THAT COMPRISE THE STAY).</p> <p>SOURCE: NCH</p>

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NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
<p>38a. COST REPORT ORGAN ACQUISITION CHARGES</p> <p><i>Item 80 in MEDPAR 330</i></p>	NUM	6	87	92	<p>THIS FIELD (FOR DRG 302 ONLY) SPECIFIES THE ACQUISITION OF A KIDNEY (OR, IN A VERY SMALL NUMBER OF CASES, A HEART OR LIVER) FOR USE IN TRANSPLANTATION.</p> <p>6 DIGITS</p> <p>EDIT-RULES: \$\$\$\$\$</p> <p>DERIVATION: ACQUISITION COSTS FROM COST REPORTS ARE USED TO COMPUTE AN AVERAGE COST PER CASE TO PUT IN INDIVIDUAL INPATIENT STAYS WITH A TRANSPLANT DRG.</p> <p>SOURCE: CENTRAL OFFICE</p>
38b. FILLER	CHAR	6	93	98	<p>STANDARD ALIAS: FILLER SAS ALIAS: FILLER</p>

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NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
39. MEDPAR BENEFICIARY PART A COINSURANCE LIABILITY AMOUNT	PACK	4	99	102	<p>THE AMOUNT OF MONEY (ROUNDED TO WHOLE DOLLARS) IDENTIFIED AS THE BENEFICIARY'S LIABILITY FOR PART A COINSURANCE FOR THE STAY.</p> <p>7 DIGITS SIGNED</p> <p>STANDARD ALIAS: MEDPAR_BENE_PTA_COINSRNC_AMT COMMON ALIAS: COINSURANCE_AMOUNT</p> <p>EDIT-RULES: \$\$\$\$\$\$ ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES</p> <p>DERIVATION: THIS FIELD IS DERIVED BY ACCUMULATING THE BENEFICIARY'S PART A COINSURANCE LIABILITY AMOUNT THAT IS PRESENT ON ANY OF THE CLAIM RECORDS INCLUDED IN THE STAY (I.E., THE SUM OF COINSURANCE AMOUNTS REPORTED ON THE CLAIMS THAT COMPRISE THE STAY).</p> <p>SOURCE: NCH</p>
40. MEDPAR BENEFICIARY INPATIENT DEDUCTIBLE LIABILITY AMOUNT	PACK	4	103	106	<p>THE AMOUNT OF MONEY (ROUNDED TO WHOLE DOLLARS) IDENTIFIED AS THE BENEFICIARY'S LIABILITY FOR THE INPATIENT DEDUCTIBLE FOR THE STAY.</p> <p>7 DIGITS SIGNED</p> <p>STANDARD ALIAS: MEDPAR_BENE_IP_DDCTBL_AMT COMMON ALIAS: INPATIENT_DEDUCTIBLE</p> <p>EDIT-RULES: \$\$\$\$\$\$ ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES</p> <p>DERIVATION: THIS FIELD IS DERIVED BY ACCUMULATING THE BENEFICIARY INPATIENT DEDUCTIBLE AMOUNT THAT IS PRESENT ON ANY OF THE CLAIM RECORDS INCLUDED IN THE STAY (I.E., THE SUM OF THE INPATIENT DEDUCTIBLES REPORTED ON THE CLAIMS THAT COMPRISE THE STAY).</p> <p>SOURCE: NCH</p>
41. MEDPAR BENEFICIARY BLOOD DEDUCTIBLE LIABILITY AMOUNT	PACK	4	107	110	<p>THE AMOUNT OF MONEY (ROUNDED TO WHOLE DOLLARS) IDENTIFIED AS THE BENEFICIARY'S LIABILITY FOR THE BLOOD DEDUCTIBLE FOR THE STAY.</p> <p>7 DIGITS SIGNED</p> <p>STANDARD ALIAS: MEDPAR_BENE_BLOOD_DDCTBL_AMT</p>

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NAME	TYPE	LENGTH	POSITIONS BEG END		CONTENTS
					<p>COMMON ALIAS: BLOOD_DEDUCTIBLE</p> <p>EDIT-RULES: \$\$\$\$\$\$ ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES</p> <p>DERIVATION: THIS FIELD IS DERIVED BY ACCUMULATING THE BENEFICIARY BLOOD DEDUCTIBLE LIABILITY AMOUNT THAT IS PRESENT ON ANY OF THE CLAIM RECORDS INCLUDED IN THE STAY (I.E., THE SUM OF THE BLOOD DEDUCTIBLES REPORTED ON THE CLAIMS THAT COMPRISE THE STAY).</p> <p>SOURCE: NCH</p>
42. MEDPAR BENEFICIARY PRIMARY PAYER AMOUNT	PACK	4	111	114	<p>THE AMOUNT OF PAYMENT (ROUNDED TO WHOLE DOLLARS) MADE ON BEHALF OF THE BENEFICIARY BY A PRIMARY PAYER OTHER THAN MEDICARE, WHICH HAS BEEN APPLIED TO THE COVERED MEDICARE CHARGES FOR THE STAY.</p> <p>7 DIGITS SIGNED</p> <p>STANDARD ALIAS: MEDPAR_BENE_PRMRY_PYR_AMT COMMON ALIAS: PRIMARY_PAYER_AMOUNT</p> <p>EDIT-RULES: \$\$\$\$\$\$ ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES</p> <p>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 THE PRIMARY PAYER AMOUNTS REPORTED ON THE CLAIMS THAT COMPRISE THE STAY).</p> <p>SOURCE: NCH</p>
43. MEDPAR DRG OUTLIER APPROVED PAYMENT AMOUNT	PACK	4	115	118	<p>THE AMOUNT OF ADDITIONAL PAYMENT (ROUNDED TO WHOLE DOLLARS) APPROVED DUE TO AN OUTLIER SITUATION OVER THE DRG ALLOWANCE FOR THE STAY.</p> <p>7 DIGITS SIGNED</p> <p>STANDARD ALIAS: MEDPAR_DRG_OUTLIER_PMT_AMT COMMON ALIAS: OUTLIER_AMOUNT</p> <p>EDIT-RULES: \$\$\$\$\$\$ ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES</p> <p>DERIVATION:</p>

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NAME	TYPE	LENGTH	POSITIONS BEG END		CONTENTS
44. MEDPAR INPATIENT DISPROPORTIONATE SHARE AMOUNT	PACK	4	119	122	<p>THIS FIELD IS DERIVED BY ACCUMULATING THE DRG OUTLIER APPROVED PAYMENT AMOUNT (VALUE CODE = 17 AMOUNT) THAT IS PRESENT ON ANY OF THE CLAIM RECORDS INCLUDED IN THE STAY (I.E., THE SUM OF OUTLIER AMOUNTS REPORTED ON THE CLAIMS THAT COMPRISE THE STAY).</p> <p>COMMENT: THIS AMOUNT IS ALREADY INCLUDED IN THE MEDPAR MEDICARE PAYMENT AMOUNT.</p> <p>SOURCE: NCH</p> <p>THE AMOUNT PAID OVER THE DRG AMOUNT (ROUNDED TO WHOLE DOLLARS) FOR THE DISPROPORTIONATE SHARE HOSPITAL FOR THE STAY.</p> <p>7 DIGITS SIGNED</p> <p>STANDARD ALIAS: MEDPAR_IP_DSPRPRNT_SHR_AMT COMMON ALIAS: DISPROPORTIONATE_SHARE</p> <p>EDIT-RULES: \$\$\$\$\$\$ ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES</p> <p>DERIVATION: THIS FIELD IS DERIVED BY ACCUMULATING THE VALUE AMOUNT ASSOCIATED WITH VALUE CODE = 18 THAT IS PRESENT ON ANY OF THE CLAIM RECORDS INCLUDED IN THE STAY (I.E., THE SUM OF VALUE CODE 18 AMOUNTS REPORTED ON THE CLAIMS THAT COMPRISE THE STAY).</p> <p>COMMENT: THIS AMOUNT IS ALREADY INCLUDED IN THE MEDPAR MEDICARE PAYMENT AMOUNT.</p> <p>SOURCE: NCH</p>
45. MEDPAR INDIRECT MEDICAL EDUCATION (IME) AMOUNT	PACK	4	123	126	<p>THE AMOUNT OF ADDITIONAL PAYMENT (ROUNDED TO WHOLE DOLLARS) MADE TO TEACHING HOSPITALS FOR IME FOR THE STAY.</p> <p>7 DIGITS SIGNED</p> <p>STANDARD ALIAS: MEDPAR_IME_AMT</p> <p>EDIT-RULES: \$\$\$\$\$\$ ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES</p> <p>DERIVATION: THIS FIELD IS DERIVED BY ACCUMULATING THE VALUE AMOUNT ASSOCIATED WITH VALUE CODE = 19 THAT IS PRESENT ON ANY OF</p>

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NAME	TYPE	LENGTH	POSITIONS BEG END		CONTENTS
					<p>THE CLAIM RECORDS INCLUDED IN THE STAY (I.E., THE SUM IME AMOUNTS - VALUE CODE 19 AMOUNTS - REPORTED ON THE CLAIMS THAT COMPRISE THE STAY).</p> <p>COMMENT: THIS AMOUNT IS ALREADY INCLUDED IN THE MEDPAR MEDICARE PAYMENT AMOUNT.</p> <p>SOURCE: NCH</p> <p>***PRIOR TO 1/95***</p> <p>THIS FIELD SPECIFIES THE ADDITIONAL AMOUNT PAID TO TEACHING HOSPITALS FOR IME. AFTER OCTOBER, 1989, THIS IS INCLUDED IN THE AMOUNT REIMBURSED.</p> <p>BEFORE 1989: THIS FIELD SPECIFIES THE AMOUNT NOT INCLUDED IN THE PPS REIMBURSEMENT THAT IS INCLUDED IN THE PASS THROUGH PORTION OF THE UNIBILL.</p> <p>DERIVATION: A RATIO IS DEVELOPED FROM THE COST REPORT OF IME COST TO TOTAL COSTS. THE REIMBURSEMENT AMOUNT FROM THE INDIVIDUAL INPATIENT STAY IS MULTIPLIED BY THE RATIO OF THE COST REPORT OF IME COST TO THE TOTAL COSTS; THE PRODUCT IS THE AMOUNT PLACED IN THE INDIVIDUAL INPATIENT STAY.</p>

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NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
46. MEDPAR DRG PRICE AMOUNT	PACK	4	127	130	<p>THE AMOUNT (CALLED THE 'DRG PRICE' FOR PURPOSES OF MEDPAR ANALYSIS) THAT WOULD HAVE BEEN PAID IF NO DEDUCTIBLES, COINSURANCE, PRIMARY PAYERS, OR OUTLIERS WERE INVOLVED (ROUNDED TO WHOLE DOLLARS).</p> <p>7 DIGITS SIGNED</p> <p>STANDARD ALIAS: MEDPAR_DRG_PRICE_AMT COMMON ALIAS: DRG_PRICE</p> <p>EDIT-RULES: \$\$\$\$\$\$ ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES</p> <p>DERIVATION: THIS FIELD IS DERIVED BY ACCUMULATING THE FOLLOWING AMOUNTS: MEDPAR MEDICARE PAYMENT AMOUNT, MEDPAR BENEFICIARY PRIMARY PAYER PAYMENT AMOUNT, MEDPAR BENEFICIARY COINSURANCE LIABILITY AMOUNT, MEDPAR BENEFICIARY INPATIENT DEDUCTIBLE LIABILITY AMOUNT, MEDPAR BENEFICIARY BLOOD DEDUCTIBLE AMOUNT; AND THEN SUBTRACTING FROM THE SUM THE MEDPAR DRG OUTLIER APPROVED PAYMENT AMOUNT.</p> <p>SOURCE: NCH</p>
47. MEDPAR TOTAL PASS THROUGH AMOUNT	PACK	4	131	134	<p>THE TOTAL OF ALL CLAIM PASS THROUGH AMOUNTS (ROUNDED TO WHOLE DOLLARS) FOR THE STAY.</p> <p>7 DIGITS SIGNED</p> <p>STANDARD ALIAS: MEDPAR_PASS_THRU_AMT COMMON ALIAS: BILL_TOTAL_PER_DIEM</p> <p>EDIT-RULES: \$\$\$\$\$\$ ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES</p> <p>DERIVATION: THIS FIELD IS DERIVED BY MULTIPLYING THE PASS THRU PER DIEM AMOUNT THAT IS PRESENT ON THE LAST CLAIM RECORD INCLUDED IN THE STAY TIMES THE MEDPAR</p>

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NAME	TYPE	LENGTH	POSITIONS BEG END	CONTENTS
				<p>UTILIZATION DAY COUNT (THE SUM OF THE UTILIZATION (COVERED) DAYS REPORTED ON THE CLAIMS THAT COMPRISE THE STAY).</p> <p>COMMENT: ITEMS REIMBURSED AS PASS THROUGH INCLUDE CAPITAL-RELATED COSTS, DIRECT MEDICAL EDUCATION COSTS, KIDNEY ACQUISITION COSTS FOR HOSPITALS APPROVED AS RTC'S, AND BAD DEBTS (PER PROVIDER REIMBURSEMENT MANUAL, PART 1, SECTION 2405.2).</p> <p>THE MEDPAR PASS THRU AMOUNT IS NOT INCLUDED IN THE MEDPAR MEDICARE PAYMENT AMOUNT.</p> <p>SOURCE: NCH</p>
48. MEDPAR TOTAL PPS CAPITAL AMOUNT	PACK	4	135 138	<p>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).</p> <p>7 DIGITS SIGNED</p> <p>STANDARD ALIAS: MEDPAR_TOT_PPS_CPTL_AMT COMMON ALIAS: PPS_CAPITAL</p> <p>EDIT-RULES: \$\$\$\$\$\$ ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES</p> <p>DERIVATION: THIS FIELD IS DERIVED BY ACCUMULATING THE TOTAL PPS CAPITAL AMOUNT THAT IS PRESENT ON ANY OF THE CLAIM RECORDS INCLUDED IN THE STAY (I.E., THE SUM OF TOTAL PPS CAPITAL AMOUNTS REPORTED ON THE CLAIMS THAT COMPRISE THE STAY).</p> <p>COMMENT: THIS FIELD IS ALREADY INCLUDED IN THE MEDPAR MEDICARE PAYMENT AMOUNT.</p> <p>SOURCE: NCH</p> <p>***PRIOR TO 1/95 ***</p> <p>THIS FIELD SPECIFIES THE TOTAL REIMBURSEMENT FOR DEPRECIATION, RENT, CERTAIN INTEREST, AND RENT, CERTAIN INTEREST, AND REAL ESTATE TAXES FOR HOSPITAL BUILDINGS AND EQUIPMENT SUBJECT TO THE PPS. EFFECTIVE WITH HOSPITAL COST REPORTING PERIODS ON OR AFTER OCTOBER 1991.</p>

MEDICARE PROVIDER ANALYSIS AND REVIEW (MEDPAR) HOSPITAL RECORD

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
49a. TOTAL PER DIEM <i>Item 45 in MEDPAR 1987-1994</i>	PACK	4	139	142	THIS FIELD SPECIFIES THE TOTAL PER DIEM AMOUNT. 7 DIGITS SIGNED EDIT-RULES: \$\$\$\$\$\$ DERIVATION: AMOUNT DERIVED BY MULTIPLYING THE HOSPITAL COST REPORT PER DIEM BY COVERED DAYS. SOURCE: FISCAL INTERMEDIARY
49b. IME <i>Item 46 in MEDPAR 1987-1994</i>	PACK	4	143	146	THIS FIELD SPECIFIES THE AMOUNT PAID TO TEACHING HOSPITALS FOR IME AND IS DERIVED FROM HOSPITAL COST REPORTS. 7 DIGITS SIGNED EDIT-RULES: AMOUNT IS ROUNDED TO WHOLE DOLLARS SOURCE: FROM THE HOSPITAL COST REPORTS
49c. ACQUISITION CHARGES <i>Item 47 in MEDPAR 1987-1994</i>	PACK	4	147	150	THIS FIELD SPECIFIES THE TOTAL AMOUNT OF ALL ACQUISITION CHARGES, I.E., ORGAN ACQUISITION, MEDICAL EQUIPMENT. 7 DIGITS SIGNED EDIT-RULES: \$\$\$\$\$\$ SOURCE: UNIFORM BILL 82, FORM HCFA-1450
50. MEDPAR TOTAL CHARGE AMOUNT	PACK	4	151	154	THE TOTAL AMOUNT (ROUNDED TO WHOLE DOLLARS) OF ALL CHARGES (COVERED AND NONCOVERED) FOR ALL SERVICES PROVIDED TO THE BENEFICIARY FOR THE STAY. 7 DIGITS SIGNED

MEDICARE PROVIDER ANALYSIS AND REVIEW (MEDPAR) RECORD

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
					<p>STANDARD ALIAS: MEDPAR_TOT_CHRG_AMT COMMON ALIAS: TOTAL_CHARGES</p> <p>EDIT-RULES: \$\$\$\$\$\$ ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES</p> <p>DERIVATION: THIS FIELD IS DERIVED BY ACCUMULATING THE TOTAL CHARGE AMOUNT FROM ALL CLAIM RECORDS INCLUDED IN THE STAY (I.E., THE SUM OF TOTAL CHARGES REPORTED ON THE CLAIMS THAT COMPRISE THE STAY).</p> <p>SOURCE: NCH</p>
51. MEDPAR TOTAL COVERED CHARGE AMOUNT	PACK	4	155	158	<p>THE PORTION OF THE TOTAL CHARGES AMOUNT (ROUNDED TO WHOLE DOLLARS) THAT IS COVERED BY MEDICARE FOR THE STAY.</p> <p>7 DIGITS SIGNED</p> <p>STANDARD ALIAS: MEDPAR_TOT_CVR_CHRG_AMT COMMON ALIAS: COVERED_CHARGES</p> <p>EDIT-RULES: \$\$\$\$\$\$ ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES</p> <p>DERIVATION: THIS FIELD IS DERIVED BY CALCULATING THE COVERED CHARGES FROM ALL CLAIM RECORDS INCLUDED IN THE STAY (I.E., SUBTRACT THE REVENUE CENTER NONCOVERED CHARGE AMOUNT FROM THE REVENUE CENTER TOTAL CHARGE AMOUNT FOR REVENUE CENTER CODE = 0001 THAT IS REPORTED ON THE CLAIMS THAT COMPRISE THE STAY; SUM THE RESULTS). EXCEPTION: IF THERE EXISTS AN ERRONEOUS CONDITION RELATIVE TO REVENUE CENTER CODE 0001, THE CALCULATION WILL BE MADE FOR EACH REVENUE CENTER CODE INCLUDED ON THE CLAIMS THAT COMPRISE THE STAY WITH THE RESULTS SUMMED TO CREATE THE TOTAL.</p> <p>SOURCE: NCH</p>
52. MEDPAR MEDICARE PAYMENT AMOUNT	PACK	4	159	162	<p>THE AMOUNT OF MEDICARE PAYMENT (ROUNDED TO WHOLE DOLLARS) MADE TO PROVIDER AND/OR BENEFICIARY (AFTER DEDUCTIBLE AND COINSURANCE HAVE BEEN PAID) FOR THE SERVICES PROVIDED TO THE BENEFICIARY FOR THE STAY.</p> <p>7 DIGITS SIGNED</p> <p>STANDARD ALIAS: MEDPAR_MDCR_PMT_AMT COMMON ALIAS: REIMBURSEMENT_AMOUNT</p> <p>EDIT-RULES:</p>

MEDICARE PROVIDER ANALYSIS AND REVIEW (MEDPAR) RECORD

NAME	TYPE	LENGTH	POSITIONS BEG END	CONTENTS
				<p>\$\$\$\$\$\$</p> <p>ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES</p> <p>DERIVATION: THIS FIELD IS DERIVED BY ACCUMULATING THE PAYMENT AMOUNT THAT IS PRESENT ON ALL OF THE CLAIM RECORDS INCLUDED IN THE STAY (I.E, THE SUM OF PAYMENT (REIMBURSEMENT) REPORTED ON THE CLAIMS THAT COMPRISE THE STAY).</p> <p>COMMENT: FOR INPATIENT PPS CLAIMS, THIS AMOUNT DOES NOT INCLUDE THE MEDPAR PASS THRU AMOUNT, BUT DOES INCLUDE THE MEDPAR DRG OUTLIER APPROVED PAYMENT AMOUNT, MEDPAR DISPROPORTIONATE SHARE AMOUNT, MEDPAR IME AMOUNT, AND MEDPAR TOTAL PPS CAPITAL AMOUNT.</p> <p>SOURCE: NCH</p> <p>**FOR 1986 + 1988 **</p> <p>THE AMOUNT PAID TO THE PROVIDER AND/OR PATIENT BY MEDICARE FOR THE SERVICES REPORTED ON THE BILL. THIS AMOUNT DOES NOT INCLUDE CAPITAL CAPITAL PASS-THRU AMOUNT, INDIRECT MEDICAL EDUCATION AMOUNT (IME), OR KIDNEY ACQUISITION AMOUNT. IN ADDITION, IT EXCLUDES AMOUNTS PAID BY OR ON BEHALF OF THE PATIENT. (IME WAS INCLUDED EFFECTIVE OCTOBER, 1989.)</p> <p>6 DIGITS</p> <p>EDIT-RULES: \$\$\$\$\$\$</p> <p>COMMENT: IME WAS EXCLUDED BEFORE OCTOBER 1989. THIS FIELD MAY BE ZERO IF MEDICARE IS NOT THE PRIMARY PAYER.</p> <p>SOURCE: UNIFORM BILL 82, FORM HCFA-1450, 'FOR INTERMEDIARY USE ONLY' SECTION, ITEM F</p>

MEDICARE PROVIDER ANALYSIS AND REVIEW (MEDPAR) RECORD

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
53. MEDPAR ALL ACCOMMODATIONS TOTAL CHARGE AMOUNT	PACK	4	163	168	<p>THE TOTAL CHARGE AMOUNT (ROUNDED TO WHOLE DOLLARS) FOR ALL ACCOMMODATIONS (ROUTINE HOSPITAL ROOM AND BOARD CHARGES FOR GENERAL CARE, CORONARY CARE AND/OR INTENSIVE CARE UNITS) RELATED TO A BENEFICIARY'S STAY.</p> <p>7 DIGITS SIGNED</p> <p>STANDARD ALIAS: MEDPAR_ACMDTNS_TOT_CHRG_AMT COMMON ALIAS: TOTAL_ACCOMMODATIONS_CHARGES</p> <p>EDIT-RULES: \$\$\$\$\$\$ ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES</p> <p>DERIVATION: 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).</p> <p>SOURCE: NCH</p>
54. MEDPAR DEPARTMENTAL TOTAL CHARGE AMOUNT	PACK	4	167	170	<p>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.</p> <p>7 DIGITS SIGNED</p> <p>STANDARD ALIAS: MEDPAR_DPRTMNTL_TOT_CHRG_AMT COMMON ALIAS: TOTAL_DEPARTMENTAL_CHARGES</p>

MEDICARE PROVIDER ANALYSIS AND REVIEW (MEDPAR) RECORD

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
					EDIT-RULES: \$\$\$\$\$\$ 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 0220 - 0999 FROM ALL CLAIM RECORDS INCLUDED IN THE STAY (I.E, THE SUM OF CHARGES FOR ALL REVENUE CENTERS OTHER THAN ACCOMMODATIONS 0100 - 0219). SOURCE: NCH
**** MEDPAR ACCOMMODATIONS DAYS GROUP	GROUP	10	171	180	STANDARD ALIAS: MEDPAR_ACMDTNS_DAYS_GRP
55. MEDPAR PRIVATE ROOM DAY COUNT	PACK	2	171	172	THE COUNT OF THE NUMBER OF PRIVATE ROOM DAYS USED BY THE BENEFICIARY FOR THE STAY. 3 DIGITS SIGNED STANDARD ALIAS: MEDPAR_PRVT_ROOM_DAY_CNT COMMON ALIAS: PRIVATE_ROOM_DAYS DERIVATION: THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENTER UNIT COUNT ASSOCIATED WITH ACCOMMODATION REVENUE CENTER CODES 011X AND 014X FROM ALL CLAIM RECORDS INCLUDED IN THE STAY. EXCEPTION FOR SNF RUGS DEMO EFF 3/96 SNF UPDATE: FIELD IS DERIVED FROM REVENUE CENTER CODES IN THE 9033-9044 SERIES. SOURCE: NCH
56. MEDPAR SEMIPRIVATE ROOM DAY COUNT	PACK	2	173	174	THE COUNT OF THE NUMBER OF SEMI-PRIVATE ROOM DAYS USED BY THE BENEFICIARY FOR THE STAY. 3 DIGITS SIGNED STANDARD ALIAS: MEDPAR_SEMIPRVT_ROOM_DAY_CNT COMMON ALIAS: SEMI_PRIVATE_ROOM_DAYS DERIVATION: THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENTER UNIT COUNT ASSOCIATED WITH ACCOMMODATION REVENUE CENTER CODES 010X, 012X, 013X, 016X - 019X FROM ALL CLAIM RECORDS INCLUDED IN THE STAY. EXCEPTION FOR SNF RUGS DEMO EFF 3/96 SNF UPDATE: FIELD IS DERIVED FROM REVENUE CENTER CODES

MEDICARE PROVIDER ANALYSIS AND REVIEW (MEDPAR) RECORD

NAME	TYPE	LENGTH	POSITIONS BEG END		CONTENTS
					<p>-----</p> <p>IN THE 9019-9032 SERIES.</p> <p>SOURCE: NCH</p>
57. MEDPAR WARD DAY COUNT	PACK	2	175	176	<p>THE COUNT OF THE NUMBER OF WARD DAYS USED BY THE BENEFICIARY FOR THE STAY.</p> <p>3 DIGITS SIGNED</p> <p>STANDARD ALIAS: MEDPAR_WARD_DAY_CNT COMMON ALIAS: WARD_DAYS</p> <p>DERIVATION: THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENTER UNIT COUNT ASSOCIATED WITH ACCOMMODATION REVENUE CENTER CODE 015X FROM ALL CLAIM RECORDS INCLUDED IN THE STAY.</p> <p>EXCEPTION FOR SNF RUGS DEMO EFF 3/96 SNF UPDATE: FIELD IS DERIVED FROM REVENUE CENTER CODES IN THE 9000-9018 SERIES.</p> <p>SOURCE: NCH</p>
58. MEDPAR INTENSIVE CARE DAY COUNT	PACK	2	177	178	<p>THE COUNT OF THE NUMBER OF INTENSIVE CARE DAYS USED BY THE BENEFICIARY FOR THE STAY.</p> <p>3 DIGITS SIGNED</p> <p>STANDARD ALIAS: MEDPAR_INTNSV_CARE_DAY_CNT COMMON ALIAS: INTENSIVE_CARE_DAYS</p> <p>DERIVATION: THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENTER UNIT COUNT ASSOCIATED WITH ACCOMMODATION REVENUE CENTER CODES 020X (ALL 9 SUBCATEGORIES) FROM ALL CLAIMS INCLUDED IN THE STAY.</p> <p>SOURCE: NCH</p> <p>LIMITATIONS: THERE IS APPROXIMATELY A 20% ERROR RATE IN THE REVENUE CENTER CODE CATEGORY 0206 DUE TO CODERS MISUNDERSTANDING THE TERM 'POST ICU' AS INCLUDING ANY DAY AFTER AN ICU STAY RATHER THAN JUST DAYS IN A STEP-DOWN/LOWER CASE VERSION OF AN ICU. 'POST' WAS REMOVED FROM THE REVENUE CENTER CODE 0206 DESCRIPTION, EFFECTIVE 10/1/96 (12/96 MEDPAR UPDATE). 0206 IS NOW DEFINED AS 'INTERMEDIATE ICU'.</p>
59. MEDPAR CORONARY CARE DAY COUNT	PACK	2	179	180	<p>THE COUNT OF THE NUMBER OF CORONARY CARE DAYS USED BY THE BENEFICIARY FOR THE STAY.</p>

MEDICARE PROVIDER ANALYSIS AND REVIEW (MEDPAR) RECORD

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
					<p>3 DIGITS SIGNED</p> <p>STANDARD ALIAS: MEDPAR_CRNRY_CARE_DAY_CNT COMMON ALIAS: CORONARY_CARE_DAYS</p> <p>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.</p> <p>SOURCE: NCH</p> <p>LIMITATIONS: THERE IS APPROXIMATELY A 20% ERROR RATE IN THE REVENUE CENTER CODE CATEGORY 0214 DUE TO CODERS MISUNDERSTANDING THE TERM 'POST CCU' AS INCLUDING ANY DAY AFTER A CCU STAY RATHER THAN JUST DAYS IN A STEP-DOWN/LOWER CASE VERSION OF A CCU. 'POST' WAS REMOVED FROM THE REVENUE CENTER CODE 0214 DESCRIPTION, EFFECTIVE 10/1/98 (12/98 MEDPAR UPDATE). 0214 IS NOW DEFINED AS 'INTERMEDIATE CCU'.</p>
**** MEDPAR ACCOMMODATIONS CHARGES GROUP	GROUP	20	181	200	STANDARD ALIAS: MEDPAR_ACMDTNS_CHRG_GRP
80. MEDPAR PRIVATE ROOM CHARGE AMOUNT	PACK	4	181	184	<p>THE CHARGE AMOUNT (ROUNDED TO WHOLE DOLLARS) FOR PRIVATE ROOM ACCOMMODATIONS RELATED TO A BENEFICIARY'S STAY.</p> <p>7 DIGITS SIGNED</p> <p>STANDARD ALIAS: MEDPAR_PRVT_ROOM_CHRG_AMT COMMON ALIAS: PRIVATE_ROOM_CHARGES</p> <p>EDIT-RULES: \$\$\$\$\$\$ ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES</p> <p>DERIVATION: THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENTER TOTAL CHARGE AMOUNT ASSOCIATED WITH REVENUE CENTER CODES 011X AND 014X FROM ALL CLAIM RECORDS INCLUDED IN THE STAY.</p> <p>EXCEPTION FOR SNF RUGS DEMO EFF 3/96 SNF UPDATE: FIELD IS DERIVED FROM REVENUE CENTER CODES IN THE 9033-9044 SERIES.</p> <p>SOURCE: NCH</p>
61. MEDPAR SEMI-PRIVATE ROOM	PACK	4	185	188	THE CHARGE AMOUNT (ROUNDED TO WHOLE DOLLARS) FOR SEMI-

MEDICARE PROVIDER ANALYSIS AND REVIEW (MEDPAR) RECORD

NAME	TYPE	LENGTH	POSITIONS BEG END		CONTENTS
CHARGE AMOUNT					<p>PRIVATE ROOM ACCOMMODATIONS RELATED TO A BENEFICIARY'S STAY.</p> <p>7 DIGITS SIGNED</p> <p>STANDARD ALIAS: MEDPAR_SEMIPRVT_ROOM_CHRG_AMT COMMON ALIAS: SEMI_PRIVATE_ROOM_CHARGES</p> <p>EDIT-RULES: \$\$\$\$\$\$ ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES</p> <p>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.</p> <p>EXCEPTION FOR SNF RUGS DEMO EFF 3/96 SNF UPDATE: FIELD IS DERIVED FROM REVENUE CENTER CODES IN THE 9019-9032 SERIES.</p> <p>SOURCE: NCH</p>
62. MEDPAR WARD CHARGE AMOUNT	PACK	4	189	192	<p>THE CHARGE AMOUNT (ROUNDED TO WHOLE DOLLARS) FOR WARD ACCOMMODATIONS RELATED TO A BENEFICIARY'S STAY.</p> <p>7 DIGITS SIGNED</p> <p>STANDARD ALIAS: MEDPAR_WARD_CHRG_AMT COMMON ALIAS: WARD_CHARGES</p> <p>EDIT-RULES: \$\$\$\$\$\$ ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES</p> <p>DERIVATION: THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENTER TOTAL CHARGE AMOUNT ASSOCIATED WITH REVENUE CENTER CODE 015X FROM ALL CLAIM RECORDS INCLUDED IN THE STAY.</p> <p>EXCEPTION FOR SNF RUGS DEMO EFF 3/96 SNF UPDATE: FIELD IS DERIVED FROM REVENUE CENTER CODES IN THE 9000-9018 SERIES.</p> <p>SOURCE: NCH</p>
63. MEDPAR INTENSIVE CARE CHARGE AMOUNT	PACK	4	193	196	<p>THE CHARGE AMOUNT (ROUNDED TO WHOLE DOLLARS) FOR INTENSIVE CARE ACCOMMODATIONS RELATED TO A BENEFICIARY'S STAY.</p> <p>7 DIGITS SIGNED</p>

MEDICARE PROVIDER ANALYSIS AND REVIEW (MEDPAR) RECORD

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
64. MEDPAR CORONARY CARE CHARGE AMOUNT	PACK	4	197	200	<p>STANDARD ALIAS: MEDPAR_INTNSV_CARE_CHRG_AMT COMMON ALIAS: INTENSIVE_CARE_CHARGES</p> <p>EDIT-RULES: \$\$\$\$\$\$ ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES</p> <p>DERIVATION: THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENTER TOTAL CHARGE AMOUNT ASSOCIATED WITH ACCOMMODATION REVENUE CENTER CODE 020X FROM ALL CLAIM RECORDS INCLUDED IN THE STAY.</p> <p>SOURCE: NCH</p> <p>THE CHARGE AMOUNT (ROUNDED TO WHOLE DOLLARS) FOR CORONARY CARE ACCOMMODATIONS RELATED TO A BENEFICIARY'S STAY.</p> <p>7 DIGITS SIGNED</p> <p>STANDARD ALIAS: MEDPAR_CRNRY_CARE_CHRG_AMT COMMON ALIAS: CORONARY_CARE_CHARGES</p> <p>EDIT-RULES: \$\$\$\$\$\$ ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES</p> <p>DERIVATION: THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENTER TOTAL CHARGE AMOUNT ASSOCIATED WITH ACCOMMODATION REVENUE CENTER CODE 021X FROM ALL CLAIM RECORDS INCLUDED IN THE STAY.</p> <p>SOURCE: NCH</p>
**** MEDPAR SERVICE CHARGES GROUP	GROUP	100	201	300	STANDARD ALIAS: MEDPAR_SRVC_CHRG_GRP
65. MEDPAR OTHER SERVICE CHARGE AMOUNT	PACK	4	201	204	<p>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.</p> <p>7 DIGITS SIGNED</p> <p>STANDARD ALIAS: MEDPAR_OTHR_SRVC_CHRG_AMT COMMON ALIAS: OTHER_CHARGES</p> <p>EDIT-RULES: \$\$\$\$\$\$ ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES</p>

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NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
66. MEDPAR PHARMACY CHARGE AMOUNT	PACK	4	205	208	<p>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.)</p> <p>SOURCE: NCH</p> <p>THE CHARGE AMOUNT (ROUNDED TO WHOLE DOLLARS) FOR PHARMACEUTICAL COSTS RELATED TO THE BENEFICIARY'S STAY.</p> <p>7 DIGITS SIGNED</p> <p>STANDARD ALIAS: MEDPAR_PHRMCY_CHRG_AMT COMMON ALIAS: PHARMACY_CHARGES</p> <p>EDIT-RULES: \$\$\$\$\$\$ ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES</p> <p>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.</p> <p>SOURCE: NCH</p>
67. MEDPAR MEDICAL/SURGICAL SUPPLY CHARGE AMOUNT	PACK	4	209	212	<p>THE CHARGE AMOUNT (ROUNDED TO WHOLE DOLLARS) FOR MEDICAL/SURGICAL SUPPLIES RELATED TO THE BENEFICIARY'S STAY.</p> <p>7 DIGITS SIGNED</p> <p>STANDARD ALIAS: MEDPAR_MDCL_SUPPLY_CHRG_AMT COMMON ALIAS: MEDICAL_SUPPLY_CHARGES</p> <p>EDIT-RULES: \$\$\$\$\$\$ ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES</p> <p>DERIVATION: THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENTER TOTAL CHARGE AMOUNT ASSOCIATED WITH REVENUE CENTER CODES 027X AND 062X FROM ALL CLAIM RECORDS INCLUDED IN THE STAY.</p> <p>SOURCE: NCH</p>

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NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
68. MEDPAR DME CHARGE AMOUNT	PACK	4	213	216	<p>THE CHARGE AMOUNT (ROUNDED TO WHOLE DOLLARS) FOR DME (PURCHASE OF NEW DME AND RENTALS) RELATED TO THE BENEFICIARY'S STAY.</p> <p>7 DIGITS SIGNED</p> <p>STANDARD ALIAS: MEDPAR_DME_CHRG_AMT COMMON ALIAS: DME_CHARGES</p> <p>EDIT-RULES: \$\$\$\$\$\$ ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES</p> <p>DERIVATION: THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENTER TOTAL CHARGE AMOUNT ASSOCIATED WITH REVENUE CENTER CODES 0290, 0291, 0292, AND 0294 - 0299 FROM ALL CLAIM RECORDS INCLUDED IN THE STAY.</p> <p>SOURCE: NCH</p>
69. MEDPAR USED DME CHARGE AMOUNT	PACK	4	217	220	<p>THE CHARGE AMOUNT (ROUNDED TO WHOLE DOLLARS) FOR USED DME (PURCHASE OF USED DME) RELATED TO THE BENEFICIARY'S STAY.</p> <p>7 DIGITS SIGNED</p> <p>STANDARD ALIAS: MEDPAR_USED_DME_CHRG_AMT COMMON ALIAS: USED_DME_CHARGES</p> <p>EDIT-RULES: \$\$\$\$\$\$ ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES</p> <p>DERIVATION: THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENTER TOTAL CHARGE AMOUNT ASSOCIATED WITH REVENUE CENTER CODE 0293 FROM ALL CLAIM RECORDS INCLUDED IN THE STAY.</p> <p>SOURCE: NCH</p>
70. MEDPAR PHYSICAL THERAPY CHARGE AMOUNT	PACK	4	221	224	<p>THE CHARGE AMOUNT (ROUNDED TO WHOLE DOLLARS) FOR PHYSICAL THERAPY SERVICES PROVIDED DURING THE BENEFICIARY'S STAY.</p> <p>7 DIGITS SIGNED</p> <p>STANDARD ALIAS: MEDPAR_PHYS_THRPHY_CHRG_AMT COMMON ALIAS: PHYSICAL_THERAPY_CHARGES</p> <p>EDIT-RULES: \$\$\$\$\$\$ ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES</p>

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NAME	TYPE	LENGTH	POSITIONS BEG END		CONTENTS
71. MEDPAR OCCUPATIONAL THERAPY CHARGE AMOUNT	PACK	4	225	228	<p>DERIVATION: THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENTER TOTAL CHARGE AMOUNT ASSOCIATED WITH REVENUE CENTER CODE 042X FROM ALL CLAIMS RECORDS INCLUDED IN THE STAY.</p> <p>SOURCE: NCH</p> <p>THE CHARGE AMOUNT (ROUNDED TO WHOLE DOLLARS) FOR OCCUPATIONAL THERAPY SERVICES PROVIDED DURING THE BENEFICIARY'S STAY.</p> <p>7 DIGITS SIGNED</p> <p>STANDARD ALIAS: MEDPAR_OCPTNL_THRPY_CHRG_AMT COMMON ALIAS: OCCUPATIONAL_THERAPY_CHARGES</p> <p>EDIT-RULES: \$\$\$\$\$\$ ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES</p>
72. MEDPAR SPEECH PATHOLOGY CHARGE AMOUNT	PACK	4	229	232	<p>DERIVATION: THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENTER TOTAL CHARGE AMOUNT ASSOCIATED WITH REVENUE CENTER CODE 043X FROM ALL CLAIMS RECORDS INCLUDED IN THE STAY.</p> <p>SOURCE: NCH</p> <p>THE CHARGE AMOUNT (ROUNDED TO WHOLE DOLLARS) FOR SPEECH PATHOLOGY SERVICES (SPEECH, LANGUAGE, AUDIOLOGY) PROVIDED DURING THE BENEFICIARY'S STAY.</p> <p>7 DIGITS SIGNED</p> <p>STANDARD ALIAS: MEDPAR_SPCH_PTHLGY_CHRG_AMT COMMON ALIAS: SPEECH_PATHOLOGY_CHARGES</p> <p>EDIT-RULES: \$\$\$\$\$\$ ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES</p>
73. MEDPAR INHALATION THERAPY CHARGE AMOUNT	PACK	4	233	236	<p>DERIVATION: THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENTER TOTAL CHARGE AMOUNT ASSOCIATED WITH REVENUE CENTER CODE 044X AND 047X FROM ALL CLAIM RECORDS INCLUDED IN THE STAY.</p> <p>SOURCE: NCH</p> <p>THE CHARGE AMOUNT (ROUNDED TO WHOLE DOLLARS) FOR INHALATION THERAPY SERVICES (RESPIRATORY AND PULMONARY</p>

MEDICARE PROVIDER ANALYSIS AND REVIEW (MEDPAR) RECORD

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
					<p>FUNCTION) PROVIDED DURING THE BENEFICIARY'S STAY.</p> <p>7 DIGITS SIGNED</p> <p>STANDARD ALIAS: MEDPAR_INHLTN_THRPY_CHRG_AMT COMMON ALIAS: INHALATION_THERAPY_CHARGES</p> <p>EDIT-RULES: \$\$\$\$\$\$ ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES</p> <p>DERIVATION: 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.</p> <p>SOURCE: NCH</p>
74. MEDPAR BLOOD CHARGE AMOUNT	PACK	4	237	240	<p>THE CHARGE AMOUNT (ROUNDED TO WHOLE DOLLARS) FOR BLOOD PROVIDED DURING THE BENEFICIARY'S STAY.</p> <p>7 DIGITS SIGNED</p> <p>STANDARD ALIAS: MEDPAR_BLOOD_CHRG_AMT COMMON ALIAS: BLOOD_CHARGES</p> <p>EDIT-RULES: \$\$\$\$\$\$ ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES</p> <p>DERIVATION: THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENTER TOTAL CHARGE AMOUNT ASSOCIATED WITH REVENUE CENTER CODE 038X FROM ALL CLAIM RECORDS INCLUDED IN THE STAY.</p> <p>SOURCE: NCH</p>
75. MEDPAR BLOOD ADMINISTRATION CHARGE AMOUNT	PACK	4	241	244	<p>THE CHARGE AMOUNT (ROUNDED TO WHOLE DOLLARS) FOR BLOOD STORAGE AND PROCESSING RELATED TO THE BENEFICIARY'S STAY.</p> <p>7 DIGITS SIGNED</p> <p>STANDARD ALIAS: MEDPAR_BLOOD_ADMIN_CHRG_AMT COMMON ALIAS: BLOOD_ADMINISTRATION_CHARGES</p> <p>EDIT-RULES: \$\$\$\$\$\$ ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES</p> <p>DERIVATION: THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENTER</p>

MEDICARE PROVIDER ANALYSIS AND REVIEW (MEDPAR) RECORD

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
<p>TOTAL CHARGE AMOUNT ASSOCIATED WITH REVENUE CENTER CODE 039X FROM ALL CLAIM RECORDS INCLUDED IN THE STAY.</p> <p>SOURCE: NCH</p>					
76. MEDPAR OPERATING ROOM CHARGE AMOUNT	PACK	4	245	248	<p>THE CHARGE AMOUNT (ROUNDED TO WHOLE DOLLARS) FOR THE OPERATING ROOM, RECOVERY ROOM, AND LABOR ROOM DELIVERY USED BY THE BENEFICIARY DURING THE STAY.</p> <p>7 DIGITS SIGNED</p> <p>STANDARD ALIAS: MEDPAR_QPRTG_ROOM_CHRG_AMT COMMON ALIAS: OPERATING_ROOM_CHARGES</p> <p>EDIT-RULES: \$\$\$\$\$\$ ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES</p> <p>DERIVATION: THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENTER TOTAL CHARGE AMOUNT ASSOCIATED WITH REVENUE CENTER CODES 036X, 071X, AND 072X FROM ALL CLAIM RECORDS INCLUDED IN THE STAY.</p> <p>SOURCE: NCH</p>
77. MEDPAR LITHOTRIPSY CHARGE AMOUNT	PACK	4	249	252	<p>THE CHARGE AMOUNT (ROUNDED TO WHOLE DOLLARS) FOR LITHOTRIPSY SERVICES PROVIDED DURING THE BENEFICIARY'S STAY.</p> <p>7 DIGITS SIGNED</p> <p>STANDARD ALIAS: MEDPAR_LTHRPSY_CHRG_AMT COMMON ALIAS: LITHOTRIPSY_CHARGES</p> <p>EDIT-RULES: \$\$\$\$\$\$ ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES</p> <p>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.</p> <p>SOURCE: NCH</p>
78. MEDPAR CARDIOLOGY CHARGE AMOUNT	PACK	4	253	256	<p>THE CHARGE AMOUNT (ROUNDED TO WHOLE DOLLARS) FOR CARDIOLOGY SERVICES AND ELECTROCARDIOGRAM(S) PROVIDED DURING THE BENEFICIARY'S STAY.</p> <p>7 DIGITS SIGNED</p>

MEDICARE PROVIDER ANALYSIS AND REVIEW (MEDPAR) RECORD

NAME	TYPE	LENGTH	POSITIONS BEG END		CONTENTS
79. MEDPAR ANESTHESIA CHARGE AMOUNT	PACK	4	257	260	<p>STANDARD ALIAS: MEDPAR_CRDLGY_CHRG_AMT COMMON ALIAS: CARDIOLOGY_CHARGES</p> <p>EDIT-RULES: \$\$\$\$\$\$ ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES</p> <p>DERIVATION: THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENTER TOTAL CHARGE AMOUNT ASSOCIATED WITH REVENUE CENTER CODES 048X AND 073X FROM ALL CLAIM RECORDS INCLUDED IN THE STAY.</p> <p>SOURCE: NCH</p> <p>THE CHARGE AMOUNT (ROUNDED TO WHOLE DOLLARS) FOR ANESTHESIA SERVICES PROVIDED DURING THE BENEFICIARY'S STAY.</p> <p>7 DIGITS SIGNED</p> <p>STANDARD ALIAS: MEDPAR_ANSTHSA_CHRG_AMT COMMON ALIAS: ANESTHESIA_CHARGES</p> <p>EDIT-RULES: \$\$\$\$\$\$ ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES</p> <p>DERIVATION: THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENTER TOTAL CHARGE AMOUNT ASSOCIATED WITH REVENUE CENTER CODE 037X FROM ALL CLAIM RECORDS INCLUDED IN THE STAY.</p> <p>SOURCE: NCH</p>
80. MEDPAR LABORATORY CHARGE AMOUNT	PACK	4	261	264	<p>THE CHARGE AMOUNT (ROUNDED TO WHOLE DOLLARS) FOR LABORATORY COSTS RELATED TO THE BENEFICIARY'S STAY.</p> <p>7 DIGITS SIGNED</p> <p>STANDARD ALIAS: MEDPAR_LAB_CHRG_AMT COMMON ALIAS: LABORATORY_CHARGES</p> <p>EDIT-RULES: \$\$\$\$\$\$ ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES</p> <p>DERIVATION: THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENTER TOTAL CHARGE AMOUNT ASSOCIATED WITH REVENUE CENTER CODES 030X, 031X, 074X, AND 075X FROM ALL CLAIM RECORDS</p>

MEDICARE PROVIDER ANALYSIS AND REVIEW (MEDPAR) RECORD

NAME	TYPE	LENGTH	POSITIONS BEG END		CONTENTS
					<p>INCLUDED IN THE STAY.</p> <p>SOURCE: NCH</p>
81. MEDPAR RADIOLOGY CHARGE AMOUNT	PACK	4	265	268	<p>THE CHARGE AMOUNT (ROUNDED TO WHOLE DOLLARS) FOR RADIOLOGY COSTS (INCLUDING ONCOLOGY, EXCLUDING MRI) RELATED TO A BENEFICIARY'S STAY.</p> <p>7 DIGITS SIGNED</p> <p>STANDARD ALIAS: MEDPAR_RDLGY_CHRG_AMT COMMON ALIAS: RADIOLOGY_CHARGES</p> <p>EDIT-RULES: \$\$\$\$\$\$ ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES</p> <p>DERIVATION: THIS FIELD IS DERIVED BY ACCUMULATING REVENUE CENTER TOTAL CHARGE AMOUNT ASSOCIATED WITH REVENUE CENTER CODES 028X, 032X, 033X, 034X, 035X, AND 040X FROM ALL CLAIM RECORDS INCLUDED IN THE STAY.</p> <p>SOURCE: NCH</p>
82. MEDPAR MRI CHARGE AMOUNT	PACK	4	269	272	<p>THE CHARGE AMOUNT (ROUNDED TO WHOLE DOLLARS) FOR MRI SERVICES PROVIDED DURING THE BENEFICIARY'S STAY.</p> <p>7 DIGITS SIGNED</p> <p>STANDARD ALIAS: MEDPAR_MRI_CHRG_AMT COMMON ALIAS: MRI_CHARGES</p> <p>EDIT-RULES: \$\$\$\$\$\$ ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES</p> <p>DERIVATION: THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENTER TOTAL CHARGE AMOUNT ASSOCIATED WITH REVENUE CENTER 061X FROM ALL CLAIM RECORDS INCLUDED IN THE STAY.</p> <p>SOURCE: NCH</p>
83. MEDPAR OUTPATIENT SERVICE CHARGE AMOUNT	PACK	4	273	276	<p>THE CHARGE AMOUNT (ROUNDED TO WHOLE DOLLARS) FOR OUTPATIENT SERVICES PROVIDED DURING THE BENEFICIARY'S STAY.</p> <p>7 DIGITS SIGNED</p> <p>STANDARD ALIAS: MEDPAR_OP_SRVC_CHRG_AMT</p>

MEDICARE PROVIDER ANALYSIS AND REVIEW (MEDPAR) RECORD

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
					<p>-----</p> <p>COMMON ALIAS: OP_SERVICES_CHARGES</p> <p>EDIT-RULES: \$\$\$\$\$\$ ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES</p> <p>DERIVATION: THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENTER TOTAL CHARGE AMOUNT ASSOCIATED WITH REVENUE CENTER CODE 049X AND 050X FROM ALL CLAIM RECORDS INCLUDED IN THE STAY.</p> <p>SOURCE: NCH</p>
84. MEDPAR EMERGENCY ROOM CHARGE AMOUNT	PACK	4	277	280	<p>THE CHARGE AMOUNT (ROUNDED TO WHOLE DOLLARS) FOR EMERGENCY ROOM SERVICES PROVIDED DURING THE BENEFICIARY'S STAY.</p> <p>7 DIGITS SIGNED</p> <p>STANDARD ALIAS: MEDPAR_ER_CHRG_AMT COMMON ALIAS: EMERGENCY_ROOM_CHARGES</p> <p>EDIT-RULES: \$\$\$\$\$\$ ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES</p> <p>DERIVATION: THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENTER TOTAL CHARGE AMOUNT ASSOCIATED WITH REVENUE CENTER CODE 045X FROM ALL CLAIM RECORDS INCLUDED IN THE STAY.</p> <p>SOURCE: NCH</p>
85. MEDPAR AMBULANCE CHARGE AMOUNT	PACK	4	281	284	<p>THE CHARGE AMOUNT (ROUNDED TO WHOLE DOLLARS) FOR AMBULANCE SERVICES RELATED TO A BENEFICIARY'S STAY.</p> <p>7 DIGITS SIGNED</p> <p>STANDARD ALIAS: MEDPAR_AMBLNC_CHRG_AMT COMMON ALIAS: AMBULANCE_CHARGES</p> <p>EDIT-RULES: \$\$\$\$\$\$ ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES</p> <p>DERIVATION: THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENTER TOTAL CHARGE AMOUNT ASSOCIATED WITH REVENUE CENTER CODE 054X FROM ALL CLAIM RECORDS INCLUDED IN THE STAY.</p> <p>SOURCE:</p>

MEDICARE PROVIDER ANALYSIS AND REVIEW (MEDPAR) RECORD

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
					NCH
86. MEDPAR PROFESSIONAL FEES CHARGE AMOUNT	PACK	4	285	288	<p>THE CHARGE AMOUNT (ROUNDED TO WHOLE DOLLARS) FOR PROFESSIONAL FEES RELATED TO A BENEFICIARY'S STAY.</p> <p>7 DIGITS SIGNED</p> <p>STANDARD ALIAS: MEDPAR_PROFNL_FEES_CHRG_AMT COMMON ALIAS: PROFESSIONAL_FEES</p> <p>EDIT-RULES: \$\$\$\$\$\$ ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES</p> <p>DERIVATION: THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENTER TOTAL CHARGE AMOUNT ASSOCIATED WITH REVENUE CENTER CODES O96X, O97X, AND O98X FROM ALL CLAIMS RECORDS INCLUDED IN THE STAY.</p> <p>SOURCE: NCH</p>
87. MEDPAR ORGAN ACQUISITION CHARGE AMOUNT	PACK	4	289	292	<p>THE CHARGE AMOUNT (ROUNDED TO WHOLE DOLLARS) FOR ORGAN ACQUISITION OR OTHER DONOR BANK SERVICES RELATED TO A BENEFICIARY'S STAY.</p> <p>7 DIGITS SIGNED</p> <p>STANDARD ALIAS: MEDPAR_ORGN_ACQSTN_CHRG_AMT COMMON ALIAS: ORGAN_ACQUISITION_CHARGES</p> <p>EDIT-RULES: \$\$\$\$\$\$ ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES</p> <p>DERIVATION: THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENTER TOTAL CHARGE AMOUNT ASSOCIATED WITH REVENUE CENTER CODES O81X AND O89X FROM ALL CLAIM RECORDS INCLUDED IN THE STAY.</p> <p>SOURCE: NCH</p>
88. MEDPAR ESRD REVENUE SETTING CHARGE AMOUNT	PACK	4	293	296	<p>THE CHARGE AMOUNT (ROUNDED TO WHOLE DOLLARS) FOR ESRD SERVICES (OTHER THAN ORGAN ACQUISITION AND OTHER DONOR BANK) RELATED TO A BENEFICIARY'S STAY.</p> <p>7 DIGITS SIGNED</p> <p>STANDARD ALIAS: MEDPAR_ESRD_REV_SETG_CHRG_AMT COMMON ALIAS: ESRD_REVENUE_SETTING_CHARGES</p>

MEDICARE PROVIDER ANALYSIS AND REVIEW (MEDPAR) RECORD

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
					<p>EDIT-RULES: \$\$\$\$\$\$ ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES</p> <p>DERIVATION: THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENTER TOTAL CHARGE AMOUNT ASSOCIATED WITH REVENUE CENTER CODES 080X, 082X - 088X FROM ALL CLAIM RECORDS INCLUDED IN THE STAY.</p> <p>SOURCE: NCH</p>
89. MEDPAR CLINIC VISIT CHARGE AMOUNT	PACK	4	297	300	<p>THE CHARGE AMOUNT (ROUNDED TO WHOLE DOLLARS) FOR CLINIC VISITS (E.G., VISITS TO CHRONIC PAIN OR DENTAL CENTERS OR TO CLINICS PROVIDING PSYCHIATRIC, OB-GYN, PEDIATRIC SERVICES) RELATED TO THE BENEFICIARY'S STAY.</p> <p>7 DIGITS SIGNED</p> <p>STANDARD ALIAS: MEDPAR_CLNC_VISIT_CHRG_AMT COMMON ALIAS: CLINIC_VISIT_CHARGES</p> <p>EDIT-RULES: \$\$\$\$\$\$ ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES</p> <p>DERIVATION: THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENTER TOTAL CHARGE AMOUNT ASSOCIATED WITH REVENUE CENTER CODE 051X FROM ALL CLAIM RECORDS INCLUDED IN THE STAY.</p> <p>SOURCE: NCH</p>
**** MEDPAR ACCOMMODATIONS/SERVICES INDICATOR GROUP	GROUP	23	301	323	<p>STANDARD ALIAS: MEDPAR_ACMDTNS_SRVC_IND_GRP</p>
90. MEDPAR INTENSIVE CARE UNIT (ICU) INDICATOR CODE	CHAR	1	301	301	<p>THE CODE INDICATING THAT THE BENEFICIARY HAS SPENT TIME UNDER INTENSIVE CARE DURING THE STAY. IT ALSO SPECIFIES THE TYPE OF ICU.</p> <p>STANDARD ALIAS: MEDPAR_ICU_IND_CD COMMON ALIAS: INTENSIVE_CARE_INDICATOR</p> <p>DERIVATION: THIS FIELD IS DERIVED BY CHECKING FOR THE PRESENCE OF ICU REVENUE CENTER CODES (LISTED BELOW) ON ANY OF THE CLAIM RECORDS INCLUDED IN THE STAY. IF MORE THAN ONE OF THE REVENUE CENTER CODES LISTED BELOW ARE INCLUDED ON THESE CLAIMS, THE CODE WITH THE HIGHEST REVENUE CENTER TOTAL CHARGE AMOUNT IS USED.</p>

MEDICARE PROVIDER ANALYSIS AND REVIEW (MEDPAR) RECORD

NAME	TYPE	POSITIONS		CONTENTS
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CODES:

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)
 6 = INTERMEDIATE ICU (REVENUE CENTER 0206)
 PRIOR TO 12/96 UPDATE WAS 'POST ICU'
 7 = BURN CARE (REVENUE CENTER 0207)
 8 = TRAUMA (REVENUE CENTER 0208)
 9 = OTHER INTENSIVE CARE (REVENUE CODE 0209)
 BLANK = NO INTENSIVE CARE INDICATION

SOURCE:

NCH

LIMITATIONS:

THERE IS APPROXIMATELY A 20% ERROR RATE IN THE REVENUE CENTER CODE CATEGORY 0206 DUE TO CODERS MISUNDERSTANDING THE TERM 'POST ICU' AS INCLUDING ANY DAY AFTER AN ICU STAY RATHER THAN JUST DAYS IN A STEP-DOWN/LOWER CASE VERSION OF AN ICU. 'POST' WAS REMOVED FROM THE REVENUE CENTER CODE 0206 DESCRIPTION, EFFECTIVE 10/1/96 (12/96 MEDPAR UPDATE). 0206 IS NOW DEFINED AS 'INTERMEDIATE ICU'.

91. MEDPAR CORONARY CARE INDICATOR CODE

CHAR 1 302 302

THE CODE INDICATING THAT THE BENEFICIARY HAS SPENT TIME UNDER CORONARY CARE DURING THE STAY. IT ALSO SPECIFIES THE TYPE OF CORONARY CARE UNIT.

STANDARD ALIAS: MEDPAR_CRNRY_CARE_IND_CD
 COMMON ALIAS: CORONARY_CARE_INDICATOR

DERIVATION:

THIS FIELD IS DERIVED BY CHECKING FOR THE PRESENCE OF CORONARY CARE REVENUE CENTER CODES (LISTED BELOW) ON ANY OF THE CLAIM RECORDS INCLUDED IN THE STAY. IF MORE THAN ONE OF THE REVENUE CENTER CODES LISTED BELOW ARE INCLUDED ON THESE CLAIMS, THE CODE WITH THE HIGHEST REVENUE CENTER TOTAL CHARGE AMOUNT IS USED.

CODES:

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)
 PRIOR TO 12/96 UPDATE WAS 'POST CCU'
 9 = OTHER CORONARY CARE (REVENUE CODE 0219)
 BLANK = NO CORONARY CARE INDICATION

SOURCE:

NCH

MEDICARE PROVIDER ANALYSIS AND REVIEW (MEDPAR) RECORD

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
					<p>LIMITATIONS: THERE IS APPROXIMATELY A 20% ERROR RATE IN THE REVENUE CENTER CODE CATEGORY 0214 DUE TO CODERS MISUNDERSTANDING THE TERM 'POST CCU' AS INCLUDING ANY DAY AFTER A CCU STAY RATHER THAN JUST DAYS IN A STEP-DOWN/LOWER CASE VERSION OF A CCU. 'POST' WAS REMOVED FROM THE REVENUE CENTER CODE 0214 DESCRIPTION, EFFECTIVE 10/1/96 (12/96 MEDPAR UPDATE). 0214 IS NOW DEFINED AS 'INTERMEDIATE CCU'.</p>
92. MEDPAR PHARMACY INDICATOR CODE	NUM	1	303	303	<p>THE CODE INDICATING WHETHER OR NOT THE BENEFICIARY RECEIVED DRUGS DURING THE STAY. IT ALSO SPECIFIES THE TYPE OF DRUGS.</p> <p>1 DIGIT</p> <p>STANDARD ALIAS: MEDPAR_PHRMCY_IND_CD COMMON ALIAS: PHARMACY_INDICATOR</p> <p>DERIVATION: THIS FIELD IS DERIVED BY CHECKING FOR THE PRESENCE OF DRUG-SPECIFIC REVENUE CENTER CODES (LISTED BELOW) ON ANY OF THE CLAIM RECORDS INCLUDED IN THE STAY.</p> <p>CODES: 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)</p> <p>SOURCE: NCH</p>
93. MEDPAR TRANSPLANT INDICATOR CODE	NUM	1	304	304	<p>THE CODE INDICATING WHETHER OR NOT THE BENEFICIARY RECEIVED A ORGAN TRANSPLANT DURING THE STAY.</p> <p>1 DIGIT</p> <p>STANDARD ALIAS: MEDPAR_TRNSPLNT_IND_CD COMMON ALIAS: TRANSPLANT_INDICATOR</p> <p>DERIVATION: THIS FIELD IS DERIVED BY CHECKING FOR THE PRESENCE OF THE TRANSPLANT REVENUE CENTER CODE (LISTED BELOW) ON ANY OF THE CLAIM RECORDS INCLUDED IN THE STAY.</p> <p>CODES: 0 = NO ORGAN OR KIDNEY TRANSPLANT</p>

MEDICARE PROVIDER ANALYSIS AND REVIEW (MEDPAR) RECORD

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
					(REVENUE CODE NOT 0362 OR 0367) 2 = ORGAN TRANSPLANT OTHER THAN KIDNEY (REVENUE CODE 0362) 7 = KIDNEY TRANSPLANT (REVENUE CODE 0367)
					SOURCE: NCH
**** MEDPAR RADIOLOGY INDICATORS GROUP	GROUP	6	305	310	STANDARD ALIAS: MEDPAR_RDLGY_IND_GRP
94. MEDPAR RADIOLOGY ONCOLOGY INDICATOR SWITCH	NUM	1	305	305	THE SWITCH INDICATING WHETHER OR NOT THE BENEFICIARY RECEIVED RADIOLOGY ONCOLOGY SERVICES DURING THE STAY. 1 DIGIT STANDARD ALIAS: MEDPAR_RDLGY_ONCLGY_IND_SW COMMON ALIAS: RADIOLOGY_ONCOLOGY_INDICATOR DERIVATION: 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: NCH
95. MEDPAR RADIOLOGY DIAGNOSTIC INDICATOR SWITCH	NUM	1	306	306	THE SWITCH INDICATING WHETHER OR NOT THE BENEFICIARY RECEIVED RADIOLOGY DIAGNOSTIC SERVICES DURING THE STAY. 1 DIGIT STANDARD ALIAS: MEDPAR_RDLGY_DGNSTC_IND_SW COMMON ALIAS: RADIOLOGY_DIAGNOSTIC_INDICATOR DERIVATION: THIS FIELD IS DERIVED BY CHECKING FOR REVENUE CENTER CODE 032X ON ANY OF THE CLAIM RECORDS INCLUDED IN THE STAY. CODES: 0 = NO RADIOLOGY-DIAGNOSTIC (REVENUE CODE NOT 032X) 1 = YES RADIOLOGY-DIAGNOSTIC (REVENUE CODE 032X) SOURCE: NCH
96. MEDPAR RADIOLOGY THERAPEUTIC INDICATOR SWITCH	NUM	1	307	307	THE SWITCH INDICATING WHETHER OR NOT THE BENEFICIARY RECEIVED RADIOLOGY THERAPEUTIC SERVICES DURING THE STAY. 1 DIGIT

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NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
97. MEDPAR RADIOLOGY NUCLEAR MEDICINE INDICATOR SWITCH	NUM	1	308	308	<p>STANDARD ALIAS: MEDPAR_RDLGY_THRPTC_IND_SW COMMON ALIAS: RADIOLOGY_THERAPEUTIC_INDICATOR</p> <p>DERIVATION: THIS FIELD IS DERIVED BY CHECKING FOR REVENUE CENTER CODE 033X ON ANY OF THE CLAIM RECORDS INCLUDED IN THE STAY.</p> <p>CODES: 0 = NO RADIOLOGY-THERAPEUTIC (REVENUE CODE NOT 033X) 1 = YES RADIOLOGY-THERAPEUTIC (REVENUE CODE 033X)</p> <p>SOURCE: NCH</p> <p>THE SWITCH INDICATING WHETHER OR NOT THE BENEFICIARY RECEIVED RADIOLOGY NUCLEAR MEDICINE SERVICES DURING THE STAY.</p> <p>1 DIGIT</p> <p>STANDARD ALIAS: MEDPAR_RDLGY_NUCLR_MDCN_IND_SW COMMON ALIAS: NUCLEAR_MEDICINE_INDICATOR</p> <p>DERIVATION: THIS FIELD IS DERIVED BY CHECKING FOR REVENUE CENTER CODE 034X ON ANY OF THE CLAIM RECORDS INCLUDED IN THE STAY.</p> <p>CODES: 0 = NO NUCLEAR MEDICINE (REVENUE CODE NOT 034X) 1 = YES NUCLEAR MEDICINE (REVENUE CODE 034X)</p> <p>SOURCE: NCH</p>
98. MEDPAR RADIOLOGY CT SCAN INDICATOR SWITCH	NUM	1	309	309	<p>STANDARD ALIAS: MEDPAR_RDLGY_CT_SCAN_IND_SW COMMON ALIAS: RADIOLOGY_CT_SCAN_INDICATOR</p> <p>DERIVATION: THIS FIELD IS DERIVED BY CHECKING FOR REVENUE CENTER CODE 035X ON ANY OF THE CLAIM RECORDS INCLUDED IN THE STAY.</p> <p>CODES: 0 = NO RADIOLOGY CT SCAN (REVENUE CODE NOT 035X) 1 = YES RADIOLOGY CT SCAN (REVENUE CODE 035X)</p> <p>SOURCE: NCH</p> <p>THE SWITCH INDICATING WHETHER OR NOT THE BENEFICIARY RECEIVED RADIOLOGY COMPUTED TOMOGRAPHIC (CT) SCAN SERVICES DURING THE STAY.</p> <p>1 DIGIT</p>

MEDICARE PROVIDER ANALYSIS AND REVIEW (MEDPAR) RECORD

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
99. MEDPAR RADIOLOGY OTHER IMAGING INDICATOR SWITCH	NUM	1	310	310	<p>THE SWITCH INDICATING WHETHER OR NOT THE BENEFICIARY RECEIVED RADIOLOGY OTHER IMAGING SERVICES DURING THE STAY.</p> <p>1 DIGIT</p> <p>STANDARD ALIAS: MEDPAR_RDLGY_OTHR_IMGNG_IND_SW COMMON ALIAS: OTHER_IMAGING_SERVICES</p> <p>DERIVATION: THIS FIELD IS DERIVED BY CHECKING FOR REVENUE CENTER CODE 040X ON ANY OF THE CLAIM RECORDS INCLUDED IN THE STAY.</p> <p>CODES: 0 = NO OTHER IMAGING SERVICES (REVENUE CODE NOT 040X) 1 = YES OTHER IMAGING SERVICES (REVENUE CODE 040X)</p> <p>SOURCE: NCH</p>
100. MEDPAR OUTPATIENT SERVICES INDICATOR CODE	NUM	1	311	311	<p>THE CODE INDICATING WHETHER OR NOT THE BENEFICIARY HAS RECEIVED OUTPATIENT SERVICES, AMBULATORY SURGICAL CARE, OR BOTH.</p> <p>1 DIGIT</p> <p>STANDARD ALIAS: MEDPAR_OP_SRVC_IND_CD COMMON ALIAS: OUTPATIENT_SERVICES_INDICATOR</p> <p>DERIVATION: THIS FIELD IS DERIVED BY CHECKING FOR THE PRESENCE OF THE OUTPATIENT SERVICES REVENUE CENTER CODES LISTED BELOW ON ANY OF THE CLAIM RECORDS INCLUDED IN THE STAY.</p> <p>CODES: 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)</p> <p>SOURCE: NCH</p>
101. MEDPAR ORGAN ACQUISITION INDICATOR CODE	CHAR	2	312	313	<p>THE CODE INDICATING THE TYPE OF ORGAN ACQUISITION RECEIVED BY THE BENEFICIARY DURING THE STAY.</p> <p>STANDARD ALIAS: MEDPAR_ORGN_ACQSTN_IND_CD COMMON ALIAS: ORGAN_INDICATOR</p> <p>DERIVATION: THIS FIELD IS DERIVED BY CHECKING FOR THE PRESENCE OF THE ORGAN ACQUISITION INDICATOR REVENUE CENTER CODES LISTED</p>

MEDICARE PROVIDER ANALYSIS AND REVIEW (MEDPAR) RECORD

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
					<p>-----</p> <p>BELOW ON ANY OF THE CLAIM RECORDS INCLUDED IN THE STAY.</p> <p>CODES:</p> <p>K1 = GENERAL CLASSIFICATION (REVENUE CODE 0810)</p> <p>K2 = LIVING DONOR KIDNEY (REVENUE CODE 0811)</p> <p>K3 = CADAVER DONOR KIDNEY (REVENUE CODE 0812)</p> <p>K4 = UNKNOWN DONOR KIDNEY (REVENUE CODE 0813)</p> <p>K5 = OTHER KIDNEY ACQUISITION (REVENUE CODE 0814)</p> <p>H1 = CADAVER DONOR HEART (REVENUE CODE 0815)</p> <p>H2 = OTHER HEART ACQUISITION (REVENUE CODE 0816)</p> <p>L1 = DONOR LIVER (REVENUE CODE 0817)</p> <p>O1 = OTHER ORGAN ACQUISITION (REVENUE CODE 0819)</p> <p>O2 = GENERAL ACQUISITION (REVENUE CODE 0890)</p> <p>B1 = BONE DONOR BANK (REVENUE CODE 0891)</p> <p>O3 = ORGAN DONOR BANK OTHER THAN KIDNEY (REVENUE CODE 0892)</p> <p>S1 = SKIN DONOR BANK (REVENUE CODE 0893)</p> <p>O4 = OTHER DONOR BANK (REVENUE CODE 0899)</p> <p>BLANK = NO ORGAN ACQUISITION INDICATION</p> <p>SOURCE:</p> <p>NCH</p>
102. MEDPAR ESRD SETTING INDICATOR CODE	CHAR	2	314	315	<p>THE CODE INDICATING THE TYPE OF DIALYSIS RECEIVED BY THE BENEFICIARY DURING THE STAY. UP TO 5 2-POSITION CODES MAY BE PRESENT.</p> <p>OCCURS: 5 TIMES</p> <p>STANDARD ALIAS: MEDPAR_ESRD_SETG_IND_CD</p> <p>COMMON ALIAS: ESRD_SETTING_INDICATOR</p> <p>DERIVATION:</p> <p>THIS FIELD IS DERIVED FROM THE PRESENCE OF THE DIALYSIS REVENUE CENTER CODES LISTED BELOW ON ANY OF THE CLAIM RECORDS INCLUDED IN THE STAY.</p> <p>CODES:</p> <p>00 = IP RENAL DIALYSIS-GENERAL (REVENUE CODE 0800)</p> <p>01 = IP RENAL DIALYSIS-HEMODIALYSIS (REVENUE CODE 0801)</p> <p>02 = IP RENAL DIALYSIS-PERITONEAL (NON-CAPD: REVENUE CODE 0802)</p> <p>03 = IP RENAL DIALYSIS-CAPD (REVENUE CODE 0803)</p> <p>04 = IP RENAL DIALYSIS-CCPD (REVENUE CODE 0804)</p> <p>09 = IP RENAL DIALYSIS-OTHER (REVENUE CODE 0809)</p> <p>20 = HEMODIALYSIS-OP-GENERAL (REVENUE CODE 0820)</p> <p>21 = HEMODIALYSIS-OP-HEMODIALYSIS/COMPOSITE (REVENUE CODE 0821)</p> <p>22 = HEMODIALYSIS-OP-HOME SUPPLIES (REVENUE CODE 0822)</p> <p>23 = HEMODIALYSIS-OP-HOME EQUIPMENT (REVENUE CODE 0823)</p> <p>24 = HEMODIALYSIS-OP-MAINTENANCE/100% (REVENUE CODE 0824)</p> <p>25 = HEMODIALYSIS-OP-SUPPORT SERVICES (REVENUE CODE 0825)</p> <p>29 = HEMODIALYSIS-OP-OTHER (REVENUE CODE 0829)</p> <p>30 = PERITONEAL-OP/HOME-GENERAL (REVENUE CODE 0830)</p>

MEDICARE PROVIDER ANALYSIS AND REVIEW (MEDPAR) RECORD

NAME	TYPE	LENGTH	POSITIONS		CONTENTS	
			BEG	END		
					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)	
					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	
					SOURCE: NCH	
****	MEDPAR DIAGNOSIS CODE GROUP	GROUP	52	324	375	STANDARD ALIAS: MEDPAR_DGNS_CD_GRP
103.	MEDPAR DIAGNOSIS CODE COUNT	NUM	2	324	325	THE COUNT OF THE NUMBER OF DIAGNOSIS CODES INCLUDED IN THE STAY. 2 DIGITS STANDARD ALIAS: MEDPAR_DGNS_CD_CNT COMMON ALIAS: NUMBER_OF_DIAGNOSIS_CODES EDIT-RULES: RANGE: 1 THROUGH 10 DERIVATION: THIS FIELD IS DERIVED BY ADDING '1' TO THE COUNT OF THE OTHER DIAGNOSIS CODES REPORTED ON THE LAST CLAIM RECORD INCLUDED IN THE STAY. THE '1' REPRESENTS THE PRINCIPAL DIAGNOSIS CODE, WHICH IS REPORTED SEPARATELY FROM THE OTHER DIAGNOSIS. SOURCE:

MEDICARE PROVIDER ANALYSIS AND REVIEW (MEDPAR) RECORD

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
					NCH
104. MEDPAR DIAGNOSIS CODE	CHAR	5	326	330	<p>THE ICD-9-CM CODE IDENTIFYING THE PRIMARY CONDITION OR OTHER COEXISTING CONDITIONS SHOWN IN THE MEDICAL RECORDS AS AFFECTING THE SERVICES PROVIDED DURING THE BENEFICIARY'S STAY. THIS ELEMENT IS PART OF THE MEDPAR DIAGNOSIS GROUP WHICH MAY OCCUR UP TO 10 TIMES.</p> <p>OCCURS: 10 TIMES</p> <p>STANDARD ALIAS: MEDPAR_DGNS_CD COMMON ALIAS: DIAGNOSIS_CODE</p> <p>EDIT-RULES: 5 POSITION DIAGNOSIS CODE</p> <p>DERIVATION: THIS FIELD IS THE ACTUAL PRINCIPAL DIAGNOSIS CODE (1ST OCCURRENCE) OR ONE OF UP TO 9 OTHER DIAGNOSIS CODES THAT ARE PRESENT ON THE LAST CLAIM RECORD INCLUDED IN THE STAY.</p> <p>SOURCE: NCH</p>
105. MEDPAR SURGICAL PROCEDURE INDICATOR SWITCH	CHAR	1	376	376	<p>THE SWITCH INDICATING WHETHER OR NOT THERE WERE ANY SURGICAL PROCEDURES PERFORMED DURING THE BENEFICIARY'S STAY.</p> <p>STANDARD ALIAS: MEDPAR_SRGCL_PRCDR_IND_SW COMMON ALIAS: SURGERY_INDICATOR</p> <p>DERIVATION: THIS FIELD IS DERIVED BY CHECKING FOR THE PRESENCE OF PROCEDURE CODES ON THE LAST CLAIM RECORD INCLUDED IN THE STAY.</p> <p>CODES: 0 = NO SURGERY INDICATED 1 = YES SURGERY INDICATED</p> <p>SOURCE: NCH</p>
**** MEDPAR SURGICAL PROCEDURE GROUP	GROUP	74	377	450	STANDARD ALIAS: MEDPAR_SRGCL_PRCDR_GROUP
106. MEDPAR SURGICAL PROCEDURE CODE COUNT	NUM	2	377	378	<p>THE COUNT OF THE NUMBER OF SURGICAL PROCEDURE CODES INCLUDED IN THE STAY.</p> <p>2 DIGITS</p> <p>STANDARD ALIAS: MEDPAR_SRGCL_PRCDR_CD_CNT COMMON ALIAS: NUMBER_OF_SURGICAL_CODES</p>

MEDICARE PROVIDER ANALYSIS AND REVIEW (MEDPAR) RECORD

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
					<p>EDIT-RULES: RANGE: 0 THROUGH 10</p> <p>DERIVATION: THIS FIELD IS DERIVED BY COUNTING THE PROCEDURE CODES THAT ARE REPORTED ON THE LAST CLAIM RECORD INCLUDED IN THE STAY.</p> <p>SOURCE: NCH</p>
107. MEDPAR SURGICAL PROCEDURE PERFORMED DATE COUNT	NUM	2	379	380	<p>THE COUNT OF THE NUMBER OF DATES ASSOCIATED WITH THE SURGICAL PROCEDURES INCLUDED IN THE STAY.</p> <p>2 DIGITS</p> <p>STANDARD ALIAS: MEDPAR_SRGCL_PRCDR_DT_CNT COMMON ALIAS: NUMBER_OF_SURGICAL_DATES</p> <p>EDIT-RULES: RANGE: 0 THROUGH 10</p> <p>DERIVATION: THIS FIELD IS DERIVED BY COUNTING THE SURGICAL PROCEDURES DATES THAT ARE REPORTED ON THE LAST CLAIM RECORD INCLUDED IN THE STAY.</p> <p>SOURCE: NCH</p>
108. MEDPAR SURGICAL PROCEDURE CODE	CHAR	4	381	384	<p>THE ICD-9-CM CODE IDENTIFYING THE PRINCIPAL OR OTHER SURGICAL PROCEDURE PERFORMED DURING THE BENEFICIARY'S STAY. THIS ELEMENT IS PART OF THE MEDPAR SURGICAL PROCEDURE GROUP. IT MAY OCCUR UP TO 10 TIMES.</p> <p>OCCURS: 10 TIMES</p> <p>STANDARD ALIAS: MEDPAR_SRGCL_PRCDR_CD COMMON ALIAS: SURGICAL_CODE</p> <p>EDIT-RULES: 4 POSITION SURGICAL PROCEDURE CODE</p> <p>DERIVATION: THIS FIELD IS THE ACTUAL PRINCIPAL SURGICAL PROCEDURE CODE (1ST OCCURRENCE) OR ONE OF UP TO 9 OTHER SURGICAL PROCEDURE CODES THAT MAY BE PRESENT ON THE LAST CLAIM RECORD INCLUDED IN THE STAY.</p> <p>SOURCE: NCH</p>
109. MEDPAR SURGICAL PROCEDURE PERFORMED DATE	PACK	3	421	423	<p>THE DATE ON WHICH THE ICD-9-CM SURGICAL PROCEDURE WAS PERFORMED DURING THE BENEFICIARY'S STAY. THIS ELEMENT IS</p>

MEDICARE PROVIDER ANALYSIS AND REVIEW (MEDPAR) RECORD

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
					<p>PART OF THE MEDPAR SURGICAL PROCEDURE GROUP. IT CAN OCCUR UP TO 10 TIMES.</p> <p>5 DIGITS SIGNED</p> <p>OCCURS: 10 TIMES</p> <p>STANDARD ALIAS: MEDPAR_SRGCL_PRCDR_PRFRM_DT COMMON ALIAS: SURGICAL_DATE</p> <p>EDIT-RULES: YYDDD</p> <p>DERIVATION: THIS FIELD IS THE ACTUAL DATE ASSOCIATED WITH THE PRINCIPAL OR ONE OF UP TO 9 OTHER SURGICAL PROCEDURE CODES THAT IS PRESENT ON THE LAST CLAIM RECORD INCLUDED IN THE STAY.</p> <p>SOURCE: NCH</p>
110. MEDPAR BLOOD PINTS FURNISHED QUANTITY	PACK	2	451	452	<p>THE QUANTITY OF BLOOD (NUMBER OF WHOLE PINTS) FURNISHED TO THE BENEFICIARY DURING THE STAY. NOTE: THIS INCLUDES BLOOD PINTS REPLACED AS WELL AS NOT REPLACED.</p> <p>3 DIGITS SIGNED</p> <p>STANDARD ALIAS: MEDPAR_BLOOD_PT_FRNSH_QTY COMMON ALIAS: BLOOD_FURNISHED</p> <p>DERIVATION: THIS FIELD IS DERIVED BY ACCUMULATING THE BLOOD PINTS FURNISHED QUANTITY FROM ALL CLAIM RECORDS INCLUDED IN THE STAY.</p> <p>SOURCE: NCH</p>
111. MEDPAR BENEFICIARY IDENTIFICATION CODE	CHAR	2	453	454	<p>THE BIC REPORTED ON THE FIRST CLAIM RECORD INCLUDED IN THE STAY, REPRESENTING THE VALUES EXISTING ON THE CWF BENEFICIARY MASTER RECORD ON THE DATE THE CWF HOST SITE PROCESSED THE CLAIM.</p> <p>STANDARD ALIAS: MEDPAR_BENE_IDENT_CD COMMON ALIAS: ORIGINAL_BIC</p> <p>CODES: SOCIAL SECURITY ADMINISTRATION:</p> <p>A = PRIMARY CLAIMANT B = AGED WIFE, AGE 62 OR OVER (1ST CLAIMANT) B1 = AGED HUSBAND, AGE 62 OR OVER (1ST</p>

MEDICARE PROVIDER ANALYSIS AND REVIEW (MEDPAR) RECORD

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
					CLAIMANT)
					B2 = YOUNG WIFE, WITH A CHILD IN HER CARE (1ST CLAIMANT)
					B3 = AGED WIFE (2ND CLAIMANT)
					B4 = AGED HUSBAND (2ND CLAIMANT)
					B5 = YOUNG WIFE (2ND CLAIMANT)
					B6 = DIVORCED WIFE, AGE 62 OR OVER (1ST CLAIMANT)
					B7 = YOUNG WIFE (3RD CLAIMANT)
					B8 = AGED WIFE (3RD CLAIMANT)
					B9 = DIVORCED WIFE (2ND CLAIMANT)
					BA = AGED WIFE (4TH CLAIMANT)
					BD = AGED WIFE (5TH CLAIMANT)
					BG = AGED HUSBAND (3RD CLAIMANT)
					BH = AGED HUSBAND (4TH CLAIMANT)
					BJ = AGED HUSBAND (5TH CLAIMANT)
					BK = YOUNG WIFE (4TH CLAIMANT)
					BL = YOUNG WIFE (5TH CLAIMANT)
					BN = DIVORCED WIFE (3RD CLAIMANT)
					BP = DIVORCED WIFE (4TH CLAIMANT)
					BQ = DIVORCED WIFE (5TH CLAIMANT)
					BR = DIVORCED HUSBAND (1ST CLAIMANT)
					BT = DIVORCED HUSBAND (2ND CLAIMANT)
					BW = YOUNG HUSBAND (2ND CLAIMANT)
					BY = YOUNG HUSBAND (1ST CLAIMANT)
					C1-C9, CA-CZ = CHILD (INCLUDES MINOR, STUDENT OR DISABLED CHILD)
					D = AGED WIDOW, 60 OR OVER (1ST CLAIMANT)
					D1 = AGED WIDOWER, AGE 60 OR OVER (1ST CLAIMANT)
					D2 = AGED WIDOW (2ND CLAIMANT)
					D3 = AGED WIDOWER (2ND CLAIMANT)
					D4 = WIDOW (REMARRIED AFTER ATTAINMENT OF AGE 60) (1ST CLAIMANT)
					D5 = WIDOWER (REMARRIED AFTER ATTAINMENT OF AGE 60) (1ST CLAIMANT)
					D6 = SURVIVING DIVORCED WIFE, AGE 60 OR OVER (1ST CLAIMANT)
					D7 = SURVIVING DIVORCED WIFE (2ND CLAIMANT)
					D8 = AGED WIDOW (3RD CLAIMANT)
					D9 = REMARRIED WIDOW (2ND CLAIMANT)
					DA = REMARRIED WIDOW (3RD CLAIMANT)
					DD = AGED WIDOW (4TH CLAIMANT)
					DG = AGED WIDOW (5TH CLAIMANT)
					DH = AGED WIDOWER (3RD CLAIMANT)
					DJ = AGED WIDOWER (4TH CLAIMANT)
					DK = AGED WIDOWER (5TH CLAIMANT)
					DL = REMARRIED WIDOW (4TH CLAIMANT)
					DM = SURVIVING DIVORCED HUSBAND (2ND CLAIMANT)
					DN = REMARRIED WIDOW (5TH CLAIMANT)
					DP = REMARRIED WIDOWER (2ND CLAIMANT)
					DQ = REMARRIED WIDOWER (3RD CLAIMANT)
					DR = REMARRIED WIDOWER (4TH CLAIMANT)

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NAME	TYPE	LENGTH	POSITIONS BEG END		CONTENTS
					DS = SURVIVING DIVORCED HUSBAND (3RD CLAIMANT)
					DT = REMARRIED WIDOWER (5TH CLAIMANT)
					DV = SURVIVING DIVORCED WIFE (3RD CLAIMANT)
					DW = SURVIVING DIVORCED WIFE (4TH CLAIMANT)
					DX = SURVIVING DIVORCED HUSBAND (4TH CLAIMANT)
					DY = SURVIVING DIVORCED WIFE (5TH CLAIMANT)
					DZ = SURVIVING DIVORCED HUSBAND (5TH CLAIMANT)
					E = MOTHER (WIDOW) (1ST CLAIMANT)
					E1 = SURVIVING DIVORCED MOTHER (1ST CLAIMANT)
					E2 = MOTHER (WIDOW) (2ND CLAIMANT)
					E3 = SURVIVING DIVORCED MOTHER (2ND CLAIMANT)
					E4 = FATHER (WIDOWER) (1ST CLAIMANT)
					E5 = SURVIVING DIVORCED FATHER (WIDOWER) (1ST CLAIMANT)
					E6 = FATHER (WIDOWER) (2ND CLAIMANT)
					E7 = MOTHER (WIDOW) (3RD CLAIMANT)
					E8 = MOTHER (WIDOW) (4TH CLAIMANT)
					E9 = SURVIVING DIVORCED FATHER (WIDOWER) (2ND CLAIMANT)
					EA = MOTHER (WIDOW) (5TH CLAIMANT)
					EB = SURVIVING DIVORCED MOTHER (3RD CLAIMANT)
					EC = SURVIVING DIVORCED MOTHER (4TH CLAIMANT)
					ED = SURVIVING DIVORCED MOTHER (5TH CLAIMANT)
					EF = FATHER (WIDOWER) (3RD CLAIMANT)
					EG = FATHER (WIDOWER) (4TH CLAIMANT)
					EH = FATHER (WIDOWER) (5TH CLAIMANT)
					EJ = SURVIVING DIVORCED FATHER (3RD CLAIMANT)
					EK = SURVIVING DIVORCED FATHER (4TH CLAIMANT)
					EM = SURVIVING DIVORCED FATHER (5TH CLAIMANT)
					F1 = FATHER
					F2 = MOTHER
					F3 = STEPFATHER
					F4 = STEPMOTHER
					F5 = ADOPTING FATHER
					F6 = ADOPTING MOTHER
					F7 = SECOND ALLEGED FATHER
					F8 = SECOND ALLEGED MOTHER
					J1 = PRIMARY PROUTY ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND)
					J2 = PRIMARY PROUTY ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND)
					J3 = PRIMARY PROUTY NOT ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND)

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NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
				J4 = PRIMARY PROUTY NOT ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND)
				K1 = PROUTY WIFE ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (1ST CLAIMANT)
				K2 = PROUTY WIFE ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND) (1ST CLAIMANT)
				K3 = PROUTY WIFE NOT ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (1ST CLAIMANT)
				K4 = PROUTY WIFE NOT ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND) (1ST CLAIMANT)
				K5 = PROUTY WIFE ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (2ND CLAIMANT)
				K6 = PROUTY WIFE ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND) (2ND CLAIMANT)
				K7 = PROUTY WIFE NOT ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (2ND CLAIMANT)
				K8 = PROUTY WIFE NOT ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND) (2ND CLAIMANT)
				K9 = PROUTY WIFE ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (3RD CLAIMANT)
				KA = PROUTY WIFE ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND) (3RD CLAIMANT)
				KB = PROUTY WIFE NOT ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (3RD CLAIMANT)
				KC = PROUTY WIFE NOT ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND) (3RD CLAIMANT)
				KD = PROUTY WIFE ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (4TH CLAIMANT)
				KE = PROUTY WIFE ENTITLED TO HIB (OVER 2 Q.C.) (4TH CLAIMANT)
				KF = PROUTY WIFE NOT ENTITLED TO HIB (LESS THAN 3 Q.C.) (4TH CLAIMANT)
				KG = PROUTY WIFE NOT ENTITLED TO HIB (OVER 2 Q.C.) (4TH CLAIMANT)
				KH = PROUTY WIFE ENTITLED TO HIB (LESS THAN 3 Q.C.) (5TH CLAIMANT)
				KJ = PROUTY WIFE ENTITLED TO HIB (OVER 2 Q.C.) (5TH CLAIMANT)
				KL = PROUTY WIFE NOT ENTITLED TO HIB (LESS THAN 3 Q.C.) (5TH CLAIMANT)
				KM = PROUTY WIFE NOT ENTITLED TO HIB (OVER 2 Q.C.) (5TH CLAIMANT)
				M = UNINSURED-NOT QUALIFIED FOR DEEMED HIB
				M1 = UNINSURED-QUALIFIED BUT REFUSED HIB
				T = UNINSURED-ENTITLED TO HIB UNDER DEEMED OR RENAL PROVISIONS
				TA = MQGE (PRIMARY CLAIMANT)
				TB = MQGE AGED SPOUSE (FIRST CLAIMANT)

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NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
					TC = MQGE DISABLED ADULT CHILD (FIRST CLAIMANT)
					TD = MQGE AGED WIDOW(ER) (FIRST CLAIMANT)
					TE = MQGE YOUNG WIDOW(ER) (FIRST CLAIMANT)
					TF = MQGE PARENT (MALE)
					TG = MQGE AGED SPOUSE (SECOND CLAIMANT)
					TH = MQGE AGED SPOUSE (THIRD CLAIMANT)
					TJ = MQGE AGED SPOUSE (FOURTH CLAIMANT)
					TK = MQGE AGED SPOUSE (FIFTH CLAIMANT)
					TL = MQGE AGED WIDOW(ER) (SECOND CLAIMANT)
					TM = MQGE AGED WIDOW(ER) (THIRD CLAIMANT)
					TN = MQGE AGED WIDOW(ER) (FOURTH CLAIMANT)
					TP = MQGE AGED WIDOW(ER) (FIFTH CLAIMANT)
					TQ = MQGE PARENT (FEMALE)
					TR = MQGE YOUNG WIDOW(ER) (SECOND CLAIMANT)
					TS = MQGE YOUNG WIDOW(ER) (THIRD CLAIMANT)
					TT = MQGE YOUNG WIDOW(ER) (FOURTH CLAIMANT)
					TU = MQGE YOUNG WIDOW(ER) (FIFTH CLAIMANT)
					TV = MQGE DISABLED WIDOW(ER) FIFTH CLAIMANT
					TW = MQGE DISABLED WIDOW(ER) FIRST CLAIMANT
					TX = MQGE DISABLED WIDOW(ER) SECOND CLAIMANT
					TY = MQGE DISABLED WIDOW(ER) THIRD CLAIMANT
					TZ = MQGE DISABLED WIDOW(ER) FOURTH CLAIMANT
					T2-T9 = DISABLED CHILD (SECOND TO NINTH CLAIMANT)
					W = DISABLED WIDOW, AGE 50 OR OVER (1ST CLAIMANT)
					W1 = DISABLED WIDOWER, AGE 50 OR OVER (1ST CLAIMANT)
					W2 = DISABLED WIDOW (2ND CLAIMANT)
					W3 = DISABLED WIDOWER (2ND CLAIMANT)
					W4 = DISABLED WIDOW (3RD CLAIMANT)
					W5 = DISABLED WIDOWER (3RD CLAIMANT)
					W6 = DISABLED SURVIVING DIVORCED WIFE (1ST CLAIMANT)
					W7 = DISABLED SURVIVING DIVORCED WIFE (2ND CLAIMANT)
					W8 = DISABLED SURVIVING DIVORCED WIFE (3RD CLAIMANT)
					W9 = DISABLED WIDOW (4TH CLAIMANT)
					WB = DISABLED WIDOWER (4TH CLAIMANT)
					WC = DISABLED SURVIVING DIVORCED WIFE (4TH CLAIMANT)
					WF = DISABLED WIDOW (5TH CLAIMANT)
					WG = DISABLED WIDOWER (5TH CLAIMANT)
					WJ = DISABLED SURVIVING DIVORCED WIFE (5TH CLAIMANT)
					WR = DISABLED SURVIVING DIVORCED HUSBAND (1ST CLAIMANT)
					WT = DISABLED SURVIVING DIVORCED HUSBAND (2ND CLAIMANT)

RAILROAD RETIREMENT BOARD:

NOTE:

MEDICARE PROVIDER ANALYSIS AND REVIEW (MEDPAR) RECORD

NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
				<p>EMPLOYEE: A MEDICARE BENEFICIARY WHO IS STILL WORKING OR A WORKER WHO DIED BEFORE RETIREMENT</p> <p>ANNUITANT: A PERSON WHO RETIRED UNDER THE RAILROAD RETIREMENT ACT ON OR AFTER 03/01/37</p> <p>PENSIONER: A PERSON WHO RETIRED PRIOR TO 03/01/37 AND WAS INCLUDED IN THE RAILROAD RETIREMENT ACT</p> <p>10 = RETIREMENT - EMPLOYEE OR ANNUITANT 80 = RR PENSIONER (AGE OR DISABILITY) 14 = SPOUSE OF RR EMPLOYEE OR ANNUITANT (HUSBAND OR WIFE) 84 = SPOUSE OF RR PENSIONER 43 = CHILD OF RR EMPLOYEE 13 = CHILD OF RR ANNUITANT 17 = DISABLED ADULT CHILD OF RR ANNUITANT 46 = WIDOW/WIDOWER OF RR EMPLOYEE 16 = WIDOW/WIDOWER OF RR ANNUITANT 88 = WIDOW/WIDOWER OF RR PENSIONER 43 = WIDOW OF EMPLOYEE WITH A CHILD IN HER CARE 13 = WIDOW OF ANNUITANT WITH A CHILD IN HER CARE 83 = WIDOW OF PENSIONER WITH A CHILD IN HER CARE 45 = PARENT OF EMPLOYEE 15 = PARENT OF ANNUITANT 85 = PARENT OF PENSIONER 11 = SURVIVOR JOINT ANNUITANT (REDUCED BENEFITS TAKEN TO INSURE BENEFITS FOR SURVIVING SPOUSE)</p> <p>SOURCE: NCH</p>
112. MEDPAR DRG CODE	NUM	3	455 457	<p>THE CODE INDICATING THE DRG TO WHICH THE CLAIMS THAT COMPRISE THE STAY BELONG FOR PAYMENT PURPOSES.</p> <p>3 DIGITS</p> <p>STANDARD ALIAS: MEDPAR_DRG_CD COMMON ALIAS: DRG_CODE</p> <p>DERIVATION: THIS FIELD COMES FROM THE ACTUAL DRG CODE THAT IS PRESENT ON THE LAST CLAIM RECORD INCLUDED IN THE STAY. EXCEPTION: IF THE DRG CODE IS NOT PRESENT (E.G., CLAIMS FROM MARYLAND AND PPS-EXEMPT HOSPITAL UNITS DO NOT HAVE A DRG), A VALID DRG IS OBTAINED USING THE GROUPER SOFTWARE AND IS MOVED TO THIS FIELD.</p> <p>SOURCE: NCH</p>
113. MEDPAR DISCHARGE	NUM	2	458 459	<p>THE CODE PRIMARILY INDICATING THE DESTINATION OF THE</p>

MEDICARE PROVIDER ANALYSIS AND REVIEW (MEDPAR) RECORD

NAME	TYPE	LENGTH	POSITIONS BEG END		CONTENTS
DESTINATION CODE					<p>BENEFICIARY UPON DISCHARGE FROM A FACILITY; ALSO DENOTES DEATH OR SNF/STILL PATIENT SITUATIONS.</p> <p>2 DIGITS</p> <p>STANDARD ALIAS: MEDPAR_DSCHRG_DSTNTN_CD COMMON ALIAS: DISCHARGE_DESTINATION</p> <p>DERIVATION: THIS FIELD COMES FROM THE CLAIM STATUS CODE THAT IS PRESENT ON THE LAST CLAIM RECORD INCLUDED IN THE STAY.</p> <p>CODES: 01 = TO HOME/SELF CARE 02 = TO OTHER SHORT-TERM GENERAL HOSPITAL 03 = TO SKILLED NURSING FACILITY (SNF) 04 = TO INTERMEDIATE CARE FACILITY (ICF) 05 = TO ANOTHER TYPE OF INSTITUTION 06 = TO HOME HEALTH SERVICE CARE 07 = LEFT AGAINST MEDICAL ADVICE 08 = TO HOME UNDER CARE OF A HOME IV DRUG THERAPY PROVIDER 20 = DIED 30 = STILL PATIENT, OR EXPECTED TO RETURN FOR OP SERVICES</p> <p>SOURCE: NCH</p>
114. MEDPAR DRG/OUTLIER STAY CODE	NUM	1	460	460	<p>THE CODE IDENTIFYING (1) FOR PPS PROVIDERS IF THE STAY HAS AN UNUSUALLY LONG LENGTH (DAY OUTLIER) OR HIGH COST (COST OUTLIER); OR (2) FOR NON-PPS PROVIDERS THE SOURCE FOR DEVELOPING THE DRG.</p> <p>1 DIGIT</p> <p>STANDARD ALIAS: MEDPAR_DRG_OUTLIER_STAY_CD COMMON ALIAS: OUTLIER_CODE/DRG_SOURCE</p> <p>DERIVATION: THIS FIELD IS THE ACTUAL DRG OUTLIER STAY CODE THAT IS PRESENT ON THE LAST CLAIM RECORD INCLUDED IN THE STAY. APPLICABLE TO PPS PROVIDERS: 0 = NO OUTLIER 1 = DAY OUTLIER 2 = COST OUTLIER</p> <p>APPLICABLE TO NON-PPS PROVIDERS: 6 = VALID DRG RECEIVED FROM INTERMEDIARY 7 = HCFA-DEVELOPED DRG 8 = HCFA-DEVELOPED DRG USING CLAIM STATUS CODE 9 = NOT GROUPABLE</p> <p>SOURCE: NCH</p>

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NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
115. MEDPAR BENEFICIARY PRIMARY PAYER CODE	CHAR	1	461	461	<p>THE CODE INDICATING THE TYPE OF PAYER WHO HAS PRIMARY RESPONSIBILITY FOR THE PAYMENT OF THE MEDICARE BENEFICIARY'S CLAIMS RELATED TO THE STAY.</p> <p>STANDARD ALIAS: MEDPAR_BENE_PRMRY_PYR_CD COMMON ALIAS: PRIMARY_PAYER_CODE</p> <p>DERIVATION: THIS FIELD COMES FROM THE PRIMARY PAYER CODE THAT IS PRESENT ON THE FIRST CLAIM RECORD INCLUDED IN THE STAY.</p> <p>CODES: 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 M = OVERRIDE CODE: EGHP SERVICES INVOLVED N = OVERRIDE CODE: NON-EGHP SERVICES INVOLVED X = OVERRIDE CODE MSP COST AVOIDED Y = OTHER SECONDARY PAYER INVESTIGATION SHOWS MEDICARE AS PRIMARY PAYER O/Z/BLANK = MEDICARE IS PRIMARY PAYER 1 = POTENTIAL WORKERS' COMPENSATION 2 = POTENTIAL BLACK LUNG 3 = POTENTIAL DEPT. OF VETERANS AFFAIRS</p> <p>SOURCE: NCH</p>

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NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
116. MEDPAR ESRD CONDITION CODE	NUM	2	462	463	<p>THE CODE INDICATING IF THE BENEFICIARY HAD AN ESRD CONDITION REPORTED DURING THE STAY.</p> <p>2 DIGITS</p> <p>STANDARD ALIAS: MEDPAR_ESRD_COND_CD</p> <p>DERIVATION: THIS FIELD IS DERIVED BY CHECKING FOR CONDITION CODES 70 - 76 ON ANY OF THE CLAIM RECORDS INCLUDED IN THE STAY.</p> <p>CODES: 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</p> <p>SOURCE: NCH</p>

MEDICARE PROVIDER ANALYSIS AND REVIEW (MEDPAR) RECORD

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
117. MEDPAR SOURCE INPATIENT ADMISSION CODE	CHAR	1	464	464	<p>THE CODE INDICATING THE SOURCE OF THE BENEFICIARY'S ADMISSION TO AN INPATIENT FACILITY OR, FOR NEWBORN ADMISSION, THE TYPE OF DELIVERY.</p> <p>STANDARD ALIAS: MEDPAR_SRC_IP_ADMSN_CD COMMON ALIAS: SOURCE_OF_ADMISSION</p> <p>DERIVATION: THIS FIELD COMES FROM THE SOURCE INPATIENT ADMISSION CODE THAT IS PRESENT ON THE LAST CLAIM RECORD INCLUDED IN THE STAY.</p> <p>CODES:</p> <p style="padding-left: 40px;">**FOR INPATIENT/SNF CLAIMS:**</p> <p>1 = PHYSICIAN REFERRAL - THE PATIENT WAS ADMITTED UPON THE RECOMMENDATION OF A PERSONAL PHYSICIAN.</p> <p>2 = CLINIC REFERRAL - THE PATIENT WAS ADMITTED UPON THE RECOMMENDATION OF THIS FACILITY'S CLINIC PHYSICIAN.</p> <p>3 = HMO REFERRAL - THE PATIENT WAS ADMITTED UPON THE RECOMMENDATION OF AN HEALTH MAINTENANCE ORGANIZATION (HMO) PHYSICIAN.</p> <p>4 = TRANSFER FROM HOSPITAL - THE PATIENT WAS ADMITTED AS AN INPATIENT TRANSFER FROM AN ACUTE CARE FACILITY.</p> <p>5 = TRANSFER FROM A SKILLED NURSING FACILITY (SNF) - THE PATIENT WAS ADMITTED AS AN INPATIENT TRANSFER FROM A SNF.</p> <p>6 = TRANSFER FROM ANOTHER HEALTH CARE FACILITY - THE PATIENT WAS ADMITTED AS A TRANSFER FROM A HEALTH CARE FACILITY OTHER THAN AN ACUTE CARE FACILITY OR SNF.</p> <p>7 = EMERGENCY ROOM - THE PATIENT WAS ADMITTED UPON THE RECOMMENDATION OF THIS FACILITY'S EMERGENCY ROOM PHYSICIAN.</p> <p>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.</p> <p>9 = INFORMATION NOT AVAILABLE - THE MEANS BY WHICH THE PATIENT WAS ADMITTED IS NOT KNOWN.</p> <p>A = SNF ADMISSION - QUALIFYING STAY DATES ARE FROM A RURAL PRIMARY CARE HOSPITAL (RPCH)</p> <p style="text-align: center;">----- **FOR NEWBORN TYPE OF ADMISSION**</p>

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NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
118. MEDPAR INPATIENT ADMISSION TYPE CODE	CHAR	1	465 465	<p>1 = NORMAL DELIVERY - A BABY DELIVERED WITH OUT COMPLICATIONS.</p> <p>2 = PREMATURE DELIVERY - A BABY DELIVERED WITH TIME AND/OR WEIGHT FACTORS QUALIFYING IT FOR PREMATURE STATUS.</p> <p>3 = SICK BABY - A BABY DELIVERED WITH MEDICAL COMPLICATIONS, OTHER THAN THOSE RELATING TO PREMATURE STATUS.</p> <p>4 = EXTRAMURAL BIRTH - A BABY DELIVERED IN A NONSTERILE ENVIRONMENT.</p> <p>5-8 = RESERVED FOR NATIONAL ASSIGNMENT.</p> <p>9 = INFORMATION NOT AVAILABLE.</p> <p>SOURCE: NCH</p> <p>THE CODE INDICATING THE TYPE AND PRIORITY OF THE BENEFICIARY'S ADMISSION TO A FACILITY FOR THE INPATIENT HOSPITAL STAY.</p> <p>STANDARD ALIAS: MEDPAR_IP_ADMSN_TYPE_CD COMMON ALIAS: TYPE_OF_ADMISSION</p> <p>DERIVATION: THIS FIELD COMES FROM THE INPATIENT ADMISSION TYPE CODE THAT IS PRESENT ON THE LAST CLAIM RECORD INCLUDED IN THE STAY.</p> <p>CODES: 0 = BLANK 1 = EMERGENCY - THE PATIENT REQUIRED IMMEDIATE MEDICAL INTERVENTION AS A RESULT OF SEVERE, LIFE THREATENING, OR POTENTIALLY DISABLING CONDITIONS. GENERALLY, THE PATIENT WAS ADMITTED THROUGH THE EMERGENCY ROOM. 2 = URGENT - THE PATIENT REQUIRED IMMEDIATE ATTENTION FOR THE CARE AND TREATMENT OF A PHYSICAL OR MENTAL DISORDER. GENERALLY, THE PATIENT WAS ADMITTED TO THE FIRST AVAILABLE AND SUITABLE ACCOMMODATION. 3 = ELECTIVE - THE PATIENT'S CONDITION PERMITTED ADEQUATE TIME TO SCHEDULE THE AVAILABILITY OF SUITABLE ACCOMMODATIONS. 4 = NEWBORN - NECESSITATES THE USE OF SPECIAL SOURCE OF ADMISSION CODES.</p> <p>5 THRU 8 = RESERVED. 9 = UNKNOWN - INFORMATION NOT AVAILABLE.</p> <p>SOURCE: NCH</p>

MEDICARE PROVIDER ANALYSIS AND REVIEW (MEDPAR) RECORD

	NAME	TYPE	LENGTH	POSITIONS		CONTENTS
				BEG	END	
119.	MEDPAR FISCAL INTERMEDIARY/CARRIER IDENTIFICATION NUMBER	CHAR	5	466	470	<p>THE IDENTIFICATION OF THE INTERMEDIARY PROCESSING THE BENEFICIARY'S CLAIMS RELATED TO THE STAY.</p> <p>STANDARD ALIAS: MEDPAR_FICARR_IDENT_NUM COMMON ALIAS: INTERMEDIARY_NUMBER</p> <p>DERIVATION: THIS FIELD COMES FROM THE INTERMEDIARY NUMBER THAT IS PRESENT ON THE FIRST CLAIM RECORD INCLUDED IN THE STAY.</p> <p>EDIT-RULES: FOR THE FIRST TWO POSITIONS: OO = BLUE CROSS</p> <p>SOURCE: NCH</p>
120.	MEDPAR ADMITTING DIAGNOSIS CODE	CHAR	5	471	475	<p>THE ICD-9-CM CODE INDICATING THE BENEFICIARY'S INITIAL DIAGNOSIS AT THE TIME OF ADMISSION.</p> <p>STANDARD ALIAS: MEDPAR_ADMTG_DGNS_CD COMMON ALIAS: ADMISSION_DIAGNOSIS</p> <p>DERIVATION: THIS FIELD COMES FROM THE ADMITTING DIAGNOSIS CODE THAT IS PRESENT ON THE LAST CLAIM RECORD INCLUDED IN THE STAY.</p> <p>SOURCE: NCH</p>
121a.	HMO NUMBER <i>Item 119 in MEDPAR 1987-1994</i>	PACK	3	476	478	<p>THIS FIELD SPECIFIES THE NUMBER OF THE HMO PLAN IN WHICH THE BENEFICIARY IS ENROLLED.</p> <p>5 DIGITS SIGNED</p> <p>STANDARD ALIAS: HMO_NUM</p> <p>EDIT-RULES: NUMERIC</p> <p>SOURCE: FROM THE FISCAL INTERMEDIARY</p>
121b.	HMO OPTION CODE <i>Item 120 in MEDPAR 1987-1994</i>	CHAR	1	479	479	<p>THIS FIELD SPECIFIES THE TYPE OF PLAN THE BENEFICIARY HAS CHOSEN.</p> <p>STANDARD ALIAS: HMO_OPTN_CD</p> <p>CODES: A = HCFA TO PROCESS ALL PROVIDER BILLS B = HMO TO PROCESS ONLY IN-PLAN PART A IN-AREA PART B BILLS C = HMO TO PROCESS ALL PART A AND PART B BILLS</p> <p>SOURCE: FROM THE FISCAL INTERMEDIARY</p>

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NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
122. MEDPAR ADMISSION DEATH DAY COUNT	PACK	3	480 482	<p>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).</p> <p>5 DIGITS SIGNED</p> <p>STANDARD ALIAS: MEDPAR_ADMSN_DEATH_DAY_CNT COMMON ALIAS: ADMISSION_TO_DEATH_INTERVAL</p> <p>DERIVATION: THIS FIELD IS DERIVED BY COUNTING THE NUMBER OF DAYS BETWEEN THE MEDPAR ADMISSION DATE (THE ADMISSION DATE PRESENT ON THE FIRST CLAIM RECORD INCLUDED IN THE STAY) AND MEDPAR BENEFICIARY DEATH DATE (THE DEATH DATE PRESENT ON THE ENROLLMENT DATABASE, WHICH IS ACCESSED PRIOR TO CREATION OF THE QUARTERLY MEDPAR FILE).</p> <p>SOURCE: NCH/EDB</p>
123a <i>Converted File Flag</i>	CHAR	1	483 483	<p><i>Blank = Not converted</i> <i>1 = converted from length 330 to 500</i></p>
123b UNIBILL INDICATOR <i>Item 64 in MEDPAR 330</i>	CHAR	1	484 484	<p>THIS FIELD SPECIFIES WHETHER THE BILL IS A UNIBILL.</p> <p>CODES: 1 = UNIBILL BLANK = DEFAULT</p> <p>SOURCE: UNIBILL RECORD RECEIVED FROM INTERMEDIARY.</p>
123c QUERY CODE <i>Item 67 in MEDPAR 330</i>	CHAR	1	485 485	<p>THIS FIELD INDICATES THE STATUS OF THE BILL RECEIVED.</p> <p>CODES: 0 = CREDIT ADJUSTMENT 3 = FINAL BILL 4 = DISCHARGE NOTICE 5 = DEBIT ADJUSTMENT</p> <p>SOURCE: INTERMEDIARY</p>
123d YEAR BILL APPROVED <i>Item 76 in MEDPAR 330</i>	CHAR	1	486 486	<p>THIS FIELD SPECIFIES THE YEAR THE BILL WAS APPROVED FOR PAYMENT BY THE FISCAL INTERMEDIARY.</p> <p>EDIT-RULES: THE LAST DIGIT OF THE YEAR YEARS PRIOR TO 1983 = ZERO</p>
124. MEDPAR INTERNAL USE (BY IPSB) CODE	NUM	3	487 489	<p>LIMITED AVAILABILITY; FOR INTERNAL USE ONLY BY BDMS-OHCIS-DPD'S INSTITUTIONAL PAYMENT AND STUDIES BRANCH.</p>

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NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
					WHERE NOT AVAILABLE, THIS FIELD WILL CONTAIN ZEROES.
					3 DIGITS
125. MEDPAR INTERNAL USE FILE DATE CODE	NUM	1	490	490	LIMITED AVAILABILITY; FOR INTERNAL USE ONLY BY BDMS COMPONENTS TO IDENTIFY FISCAL YEAR/CALENDAR YEAR SEGMENTS. WHERE NOT AVAILABLE, THIS FIELD WILL CONTAIN A ZERO.
					1 DIGIT
126. MEDPAR INTERNAL USE SAMPLE SIZE CODE	NUM	1	491	491	LIMITED AVAILABILITY; FOR INTERNAL USE ONLY BY BDMS COMPONENTS TO IDENTIFY THE MEDPAR SAMPLE SIZE: 20% (HIC 9TH DIGIT = 0, 5); 20% (HIC 9TH DIGIT = 4, 8; 60% (REMAINDER). WHERE NOT AVAILABLE, THIS FIELD WILL CONTAIN A ZERO.
					1 DIGIT
127. MEDPAR WARNING INDICATORS CODE	PACK	9	492	500	THE CODES (COMMONLY CALLED WARNING INDICATORS) SPECIFYING DETAILED BILLING INFORMATION OBTAINED FROM THE CLAIMS ANALYZED FOR THE STAY PROCESS. THE PURPOSE OF THESE CODES IS TO PROVIDE ADDITIONAL INFORMATION FOR THE MEDPAR USER; I.E., LET THE USER KNOW WHETHER OR NOT THE STAY INCLUDED ADJUSTMENTS, A SINGLE CLAIM OR MULTIPLE CLAIMS, ANY ERROR CONDITIONS, ETC..
					17 DIGITS SIGNED
					STANDARD ALIAS: MEDPAR_WRN _G _IND_CD COMMON ALIAS: WARNING_INDICATORS
					DERIVATION: THIS FIELD IS PACKED. EACH OF THE DIGITS IDENTIFY A SPECIFIC ITEM OF INTEREST TO USERS OF THE MEDPAR FILE. WARNING INDICATORS 1 AND 6, AND THE FIRST TWO VALUES OF INDICATOR 8, ARE SET EARLY IN THE PROCESS - WHILE PROCESSING ALL CLAIMS THROUGH THE FINAL ACTION ALGORITHM, PRIOR TO THE CREATION OF THE STAY RECORD. THE OTHER INDICATORS ARE DERIVED FROM THE CLAIMS REMAINING AFTER THE FINAL ACTION PROCESSING, WHICH ARE USED TO CREATE THE STAY RECORD.
					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):
					0 = NO ADJUSTMENT (NO QUERY CODE = 0 OR 5)
					1 = CREDIT ADJUSTMENT (QUERY CODE = 0)
					2 = DEBIT ADJUSTMENT (QUERY CODE = 5)
					3 = CREDIT AND DEBIT ADJUSTMENT (BOTH QUERY CODE = 0 AND 5)

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NAME	TYPE	LENGTH	POSITIONS BEG END	CONTENTS
<p>WARNING INDICATOR 2 ('ERROR CONDITION INDICATOR' DERIVED FROM CHECKING THE EDIT CODE TRAILER ON THE FINAL ACTION CLAIM(S) THAT COMPRISE THE STAY):</p>				
<p>0 = NO ERROR 1 = ERROR CONDITION</p>				
<p>WARNING INDICATOR 3 ('REIMBURSEMENT/TOTAL CHARGE INDICATOR' DERIVED AFTER SUMMING UP FIELDS ON THE FINAL ACTION CLAIM(S) THAT COMPRISE THE STAY; CHECKS RESULTING MEDICARE PAYMENT AMOUNT (COMMONLY CALLED REIMBURSEMENT), TOTAL CHARGE AMOUNT, AS WELL AS BENEFICIARY PRIMARY PAYER AMOUNT AND UTILIZATION DAY COUNT):</p>				
<p>0 = MEDICARE PAYMENT AMOUNT AND TOTAL CHARGE AMOUNT > ZEROES 1 = MEDICARE PAYMENT AMOUNT AND TOTAL CHARGE AMOUNT < ZEROES 2 = MEDICARE PAYMENT AMOUNT IS A CREDIT 3 = TOTAL CHARGE AMOUNT IS A CREDIT 4 = MEDICARE PAYMENT AMOUNT, TOTAL CHARGE AMOUNT, BENEFICIARY PRIMARY PAYER CLAIM PAYMENT AMOUNT, AND UTILIZATION DAY COUNT = ZEROES</p>				
<p>WARNING INDICATOR 4 ('UTILIZATION DAY/LOS DAY INDICATOR' DERIVED AFTER SUMMING UP FIELDS ON THE FINAL ACTION CLAIM(S) THAT COMPRISE THE STAY; COMPARES RESULTING UTILIZATION DAY COUNT AND LENGTH-OF-STAY COUNT):</p>				
<p>0 = UTILIZATION DAY COUNT = LOS DAY COUNT 1 = UTILIZATION DAY COUNT < LOS DAY COUNT 2 = UTILIZATION DAY COUNT > LOS DAY COUNT</p>				
<p>WARNING INDICATOR 5 ('SINGLE/MULTIPLE CLAIM INDICATOR' DERIVED WHEN THE STAY RECORD IS CREATED BY CHECKING THE NUMBER OF FINAL ACTION CLAIMS THAT COMPRISE THE STAY):</p>				
<p>0 = STAY INCLUDES A SINGLE FINAL ACTION CLAIM 1 = STAY INCLUDES MULTIPLE FINAL ACTION CLAIMS 2 = STAY INCLUDES MULTIPLE FINAL ACTION CLAIMS AND BENEFICIARY IS STILL A PATIENT (APPLICABLE TO SNF STAYS ONLY)</p>				
<p>WARNING INDICATOR 6 ('INTERMEDIARY CANCEL INDICATOR' DERIVED FROM THE PRESENCE OF THE VALUES NOTED BELOW FOR INTERMEDIARY CLAIM ACTION CODE AND INTERMEDIARY-REQUESTED CLAIM CANCEL REASON CODE ON ANY OF THE CLAIMS INCLUDED IN THE ANALYSIS. IF MULTIPLE CLAIMS CONTAIN THESE VALUES, LATEST CLAIM IS USED. IF BOTH SPECIFIED ACTION CODE AND CANCEL REASON CODE ARE PRESENT, CANCEL REASON CODE TAKES PRIORITY.):</p>				
<p>0 = NO CANCEL ACTION</p>				

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NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
					<p>1 = CANCEL ACTION BY CREDIT ADJUSTMENT (ACTION CODE = 2 OR 6)</p> <p>2 = CANCEL ACTION ONLY (ACTION CODE = 4)</p> <p>3 = COVERAGE TRANSFER (CANCEL REASON CODE = C)</p> <p>4 = PLAN TRANSFER (CANCEL REASON CODE = P)</p> <p>5 = SCRAMBLE (CANCEL REASON CODE = S)</p> <p>6 = DUPLICATE BILLING (CANCEL REASON CODE = D)</p> <p>7 = OTHER (CANCEL REASON CODE = H)</p> <p>8 = COMBINING 2 SPELLS OR 2 BENEFICIARY RECORDS (CANCEL REASON CODE = L)</p>
					<p>WARNING INDICATOR 7 ('STATE/COUNTY NUMERIC INDICATOR' DERIVED FROM CHECKING THE FORMAT OF BENEFICIARY RESIDENCE SSA STATE CODE AND BENEFICIARY RESIDENCE SSA COUNTY CODE ON THE FINAL ACTION CLAIM(S) THAT COMPRISE THE STAY; DETERMINE IF IN NUMERIC RANGE):</p> <p>0 = STATE AND COUNTY CODES ARE VALID NUMERIC VALUES</p> <p>1 = STATE AND COUNTY CODES ARE NOT IN NUMERIC RANGE</p> <p>2 = STATE CODE IS NOT IN NUMERIC RANGE</p> <p>3 = COUNTY CODE IS NOT IN NUMERIC RANGE</p>
					<p>WARNING INDICATOR 8 ('DUPLICATE INDICATOR' DERIVED FROM THE PRESENCE OF TWO CLAIM RECORDS WITH THE SAME CLAIM NUMBER, ADMISSION DATE, PROVIDER NUMBER, CLAIM FROM/THRU DATE, HCFA PROCESS DATE AND QUERY CODE; 'DEATH/ADMISSION DATE INDICATOR' DERIVED BY COMPARING THE ADMISSION DATE ON THE FINAL ACTION CLAIM(S) THAT COMPRISE THE STAY TO THE BENEFICIARY DEATH DATE):</p> <p>0 = NO DUPLICATE RECORD</p> <p>1 = DUPLICATE RECORD</p> <p>2 = DEATH DATE < ADMISSION DATE</p> <p>3 = DEATH DATE < ADMISSION DATE AND DUPLICATE RECORD</p>
					<p>WARNING INDICATOR 9 ('PASS-THRU INDICATOR' DERIVED FROM THE PRESENCE OF A PASS THRU PER DIEM AMOUNT ON THE FINAL ACTION CLAIM(S) THAT COMPRISE THE STAY)</p> <p>0 = NO PASS THRU PER DIEM PRESENT (NON-PPS)</p> <p>1 = PASS THRU PER DIEM PRESENT ON FINAL ACTION CLAIM</p>
					<p>WARNING INDICATOR 10 (EFF 3/96 UPDATE) (RUGS INDICATOR APPLICABLE TO 'NHCMQ RUGS III SNF DEMO' STAY RECORDS DERIVED FROM THE PRESENCE OF 9,000 SERIES REVENUE CENTER CODES.)</p> <p>0 = NO RUGS 9,000 SERIES REVENUE CENTER CODES</p> <p>2 = RUGS 9,000 SERIES REVENUE CENTER CODE(S) WITH SERVICE DATE 1/1/96 OR LATER</p> <p>3 = RUGS 9,000 SERIES REVENUE CENTER CODE(S) WITH SERVICE DATE 7/1/96 OR LATER</p> <p>4 = RUGS 9,000 SERIES REVENUE CENTER CODE(S) WITH</p>