

APPENDIX G

VARIABLE DESCRIPTION FFS COMMON NON-INSTITUTIONAL HEADER FILE

The following is a description of all of the variables captured in the Common Non-institutional header data set file.

VARIABLE NAME	VARIABLE DESCRIPTION
Acc_code	Accounting code
Aid_cat	Aid category
Case_typ	Case type
Cat_svc	category of service
Clminfrm	claim input form indicator
Diagcd1	diagnostic code (primary)
Diagcd2	diagnostic code (secondary)
Firstdos(fdos)	first date of service
Lastdos(ldos)	last date of service
Liv_arng	living arrangements
Paidate(datepaid)	date paid
Pay_to	pay-to provider number
Provider	provider number
Provtype	provider type
Reccode	record code
Recipcnt	recipient's county of residence
Recipno	recipient's identification number
Ref_prov	referring provider number
Reimbamt	reimbursement amount
Tcn	transaction control number
Totchrg	total charges
Tpl_amt	third party liability payment

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VARIABLE DESCRIPTION FFS COMMON NON-INSTITUTIONAL DETAIL LINE ITEM FILE

The following is a description of all of the variables captured in the Common Non-institutional detail line item data set file.

VARIABLE NAME	VARIABLE DESCRIPTION
Acc_code	accounting code
Allowed	allowed amount
Clminfrm	claim input form indicator
Cpt	procedure code
Diagcd1	diagnostic code (primary)
Diagcd2	diagnostic code (secondary)
Dos	line date of service
Modifier	procedure code modifier
Placesvc	place of service
Provtype	provider type
Recipno	recipient's identification number
Source	allowed charge source code
Srvunits	units of service
Sub_chrg	submitted charges
Subunits	units of service (use this one)
Tcn	transaction control number
Typsvc	type of service

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VARIABLE DESCRIPTION FFS INSTITUTIONAL HEADER FILE (OTHER INSTITUTIONAL(otherio), INPATIENT(inpat), OUTPATIENT (outpat))

The following is a description of all of the variables captured in the Institutional header data set file.

VARIABLE NAME	VARIABLE DESCRIPTION
Acc_code	Accounting code
Aid_cat	Aid category
Case_typ	Case type
Cat_svc	category of service
Clminfrm	claim input form indicator
Cond_cd1	condition code #1
Cond_cd2	condition code #2
Cond_cd3	condition code #3
Cond_cd4	condition code #4
Cond_cd5	condition code #5
Cov_days	covered days
Diagcd1	diagnostic code (primary)
Diagcd2	diagnostic code (secondary)
Diagcd3	diagnostic code (3)
Diagcd4	diagnostic code (4)
Diagcd5	diagnostic code (5)
Dis_stat	discharge status (patient status)
Drg_amt	drg amount
Drgcode	drg code
Firstdos	first date of service
Fund_cd	fund code indicator
Hadmtsrc	allowed charge source code
Lastdos	last date of service
Liv_arng	living arrangements
Out_amt	outlier amount
Out_days	outlier days
Paidate	date paid
Pay_to	pay-to provider number
Provider	provider number
Provtype	provider type
Reccode	record code
Recipcnt	recipient's county of residence
Recipno	recipient's identification number
Reimbamt	reimbursement amount
Sproc1	procedure code #1

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Sproc2	procedure code #2
Sproc3	procedure code #3
Tcn	transaction control number
Totchrg	total charges
Tpl_amt	third party liability payment
Typebill	type of bill

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VARIABLE DESCRIPTION FFS INSTITUTIONAL DETAIL LINE ITEM FILE

The following is a description of all of the variables captured in the Institutional detail line item data set file.

VARIABLE NAME	VARIABLE DESCRIPTION
Acc_code	Accounting code
Allowed	allowed amount
Clminfrm	claim input form indicator
Cpt	procedure code
Diagcd1	diagnostic code (primary)
Diagcd2	diagnostic code (secondary)
Dos	line date of service
Provtype	provider type
Recipno	recipient's identification number
Rcc	Revenue center code
Source	allowed charge source code
Sub_chrg	submitted charges
Tcn	transaction control number
Units	units of service

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VARIABLE DESCRIPTION FFS PRESCRIPTION DRUGS

The following is a description of all of the variables captured in the Drug data set file.

VARIABLE NAME	VARIABLE DESCRIPTION
Acc_code	accounting code
Aid_cat	aid category
All_unit	drug quantity
Allowed	allowed amount
Allsrce	allowed charge source code
Case_typ	Case type
Cat_svc	category of service
Clminfrm	claim input form indicator
Firstdos	first date of service
Lastdos	last date of service
Liv_arng	living arrangements
Ndc	national drug code
Paidate	date paid
Pay_to	pay-to provider number
Pres_dte	date prescribed
Presprov	prescribing physician provider number
Provider	provider number
Provtype	provider type
Reccode	record code
Recipcnt	recipient's county of residence
Recipno	recipient's identification number
Reimbamt	reimbursement amount
Sub_unit	submitted units
Tcn	transaction control number
Therclas	therapeutic drug class
Totchrg	total charges
Tpl_amt	third party liability payment