

**Restricted-use Linked NCHS-CMS Medicare Data
 Carrier (Physician/Supplier Part B) Claims
 DATE CREATED: 02FEB2017
 Number of Variables: 60**

Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
SURVEY	NCHS SURVEY NAME	Char	20	-	
PUBLICID	NHIS PUBLIC USE ID	Char	14	ID	
SEQN	NHANES SAMPLE SEQUENCE NUMBER (PUBLIC ID)	Num	8	ID	
RESNUM	NNHS RESIDENT ID NUMBER (PUBLIC)	Num	8	ID	
PATNUM	Patient/Discharge Record (Case) Number in public-use file	Num	8	ID	
FILE_YEAR4	Beneficiary Enrollment Reference Year (YYYY)	Num	4	1999-2013	
NCHS_CLM_ID	NCHS CLAIM ID	Num	8		
NCH_NEAR_LINE_REC_IDENT_CD	NCH Near Line Record Identification Code	Char	1	O	Part B physician/supplier claim record (processed by local carriers: can include DMEPOS services)
NCH_CLM_TYPE_CD	NCH Claim Type Code	Char	2	71	RIC O local carrier non-DMEPOS claim
				72	RIC O local carrier DMEPOS claim
CLM_FROM_DT	Claim From Date	Num	4		
CLM_THRU_DT	Claim Through Date (Determines Year of Claim)	Num	4		
NCH_WKLY_PROC_DT	NCH Weekly Claim Processing Date	Num	4		
CARR_CLM_ENTRY_CD	Carrier Claim Entry Code	Char	1	-	
CLM_DISP_CD	Claim Disposition Code	Char	2	01	Debit accepted

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CARR_CLM_PMT_DNL_CD	Carrier Claim Payment Denial Code	Char	2	**OTHER**	Miscoded
				0	Denied
				00	MSP cost avoided - COB Contractor
				1	Physician/supplier
				2	Beneficiary
				3	Both physician/supplier and beneficiary
				6	Group practice prepayment plan
				7	Other entries (e.g. Employer, union)
				9	PA service
				12	MSP cost avoided - BC/BS Voluntary Agreements
				14	MSP cost avoided - Workman's Compensation (WC) Datamatch
				17	MSP cost avoided - No-Fault Insurer VDSA (eff.4/2006)
				21	MSP cost avoided - MIR Group Health Plan (eff.1/2009)
				22	MSP cost avoided - MIR non-Group Health Plan (eff.1/2009)
				26	MSP cost avoided - Recovery Audit Contractor - Florida (eff.10/2005)
				A	Beneficiary under limitation of liability
				B	Physician/supplier under limitation of liability
				D	Denied due to demonstration involvement (eff. 5/97)
				E	MSP cost avoided IRS/SSA/HCFCA Data Match (eff. 7/3/00)
				F	MSP cost avoided HMO Rate Cell (eff. 7/3/00)
				G	MSP cost avoided Litigation Settlement (eff. 7/3/00)
				H	MSP cost avoided Employer Voluntary Reporting (eff. 7/3/00)
				J	MSP cost avoided Insurer Voluntary Reporting (eff. 7/3/00)
				K	MSP cost avoided Initial Enrollment Questionnaire (eff. 7/3/00)

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				Q	MSP cost avoided - (Contractor #88888) voluntary agreement (eff. 1/98)
				T	MSP cost avoided - IEQ contractor (eff. 7/96) (obsolete 6/30/00)
				U	MSP cost avoided - HMO rate cell adjustment (eff. 7/96) (obsolete 6/30/00)
				V	MSP cost avoided - litigation settlement (eff. 7/96) (obsolete 6/30/00)
				X	MSP cost avoided - generic
				Y	MSP cost avoided - IRS/SSA data match project (obsolete 6/30/00)
CLM_PMT_AMT	Claim Payment Amount	Num	8		
CARR_CLM_PRMRY_PYR_PD_AMT	Carrier Claim Primary Payer Paid Amount	Num	8		
RFR_PHYSN_UPIN	Carrier Claim Referring Physician UPIN Number	Char	12	-	
RFR_PHYSN_NPI	Carrier Claim Referring Physician NPI Number	Char	12	-	
CARR_CLM_PRVDR_ASGNMT_IND_SW	Carrier Claim Provider Assignment Indicator Switch	Char	1	A	Assigned claim
				N	Non-assigned claim
NCH_CLM_PRVDR_PMT_AMT	NCH Claim Provider Payment Amount	Num	8		
NCH_CLM_BENE_PMT_AMT	NCH Claim Beneficiary Payment Amount	Num	8		
NCH_CARR_CLM_SBM TD_CHRG_AMT	NCH Carrier Claim Submitted Charge Amount	Num	8		
NCH_CARR_CLM_ALLOWED_AMT	NCH Carrier Claim Allowed Charge Amount	Num	8		
CARR_CLM_CASH_DDCTBL_APLD_AMT	Carrier Claim Cash Deductible Applied Amount	Num	8		
CARR_CLM_HCPCS_YR_CD	Carrier Claim HCPCS Year Code	Char	1	-	

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
CARR_CLM_RFRNG_PIN_NUM	Carrier Claim Referring PIN Number	Char	14	-	
PRNCPAL_DGNS_CD	Primary Claim Diagnosis Code	Char	7	-	
PRNCPAL_DGNS_VRSN_CD	Primary Claim Diagnosis Code Diagnosis Version Code (ICD-9 or ICD-10)	Char	1	-	
ICD_DGNS_CD1	Claim Diagnosis Code I	Char	7	-	
ICD_DGNS_VRSN_CD1	Claim Diagnosis Code I Diagnosis Version Code (ICD-9 or ICD-10)	Char	1	**OTHER**	Miscoded
				9	ICD-9
ICD_DGNS_CD2	Claim Diagnosis Code II	Char	7	-	
ICD_DGNS_VRSN_CD2	Claim Diagnosis Code II Diagnosis Version Code (ICD-9 or ICD-10)	Char	1	**OTHER**	Miscoded
				9	ICD-9
ICD_DGNS_CD3	Claim Diagnosis Code III	Char	7	-	
ICD_DGNS_VRSN_CD3	Claim Diagnosis Code III Diagnosis Version Code (ICD-9 or ICD-10)	Char	1	**OTHER**	Miscoded
				9	ICD-9
ICD_DGNS_CD4	Claim Diagnosis Code IV	Char	7	-	
ICD_DGNS_VRSN_CD4	Claim Diagnosis Code IV Diagnosis Version Code (ICD-9 or ICD-10)	Char	1	**OTHER**	Miscoded
				9	ICD-9

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
ICD_DGNS_CD5	Claim Diagnosis Code V	Char	7	-	
ICD_DGNS_VRSN_CD5	Claim Diagnosis Code V Diagnosis Version Code (ICD-9 or ICD-10)	Char	1	**OTHER**	Miscoded
				9	ICD-9
ICD_DGNS_CD6	Claim Diagnosis Code VI	Char	7	-	
ICD_DGNS_VRSN_CD6	Claim Diagnosis Code VI Diagnosis Version Code (ICD-9 or ICD-10)	Char	1	**OTHER**	Miscoded
				9	ICD-9
ICD_DGNS_CD7	Claim Diagnosis Code VII	Char	7	-	
ICD_DGNS_VRSN_CD7	Claim Diagnosis Code VII Diagnosis Version Code (ICD-9 or ICD-10)	Char	1	**OTHER**	Miscoded
				9	ICD-9
ICD_DGNS_CD8	Claim Diagnosis Code VIII	Char	7	-	
ICD_DGNS_VRSN_CD8	Claim Diagnosis Code VIII Diagnosis Version Code (ICD-9 or ICD-10)	Char	1	**OTHER**	Miscoded
				9	ICD-9
ICD_DGNS_CD9	Claim Diagnosis Code IX	Char	7	-	
ICD_DGNS_VRSN_CD9	Claim Diagnosis Code IX Diagnosis Version Code (ICD-9 or ICD-10)	Char	1	**OTHER**	Miscoded
				9	ICD-9
ICD_DGNS_CD10	Claim Diagnosis Code X	Char	7	-	

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
ICD_DGNS_VRSN_CD10	Claim Diagnosis Code X Diagnosis Version Code (ICD-9 or ICD-10)	Char	1	**OTHER**	Miscoded
				9	ICD-9
ICD_DGNS_CD11	Claim Diagnosis Code XI	Char	7	-	
ICD_DGNS_VRSN_CD11	Claim Diagnosis Code XI Diagnosis Version Code (ICD-9 or ICD-10)	Char	1	**OTHER**	Miscoded
				9	ICD-9
ICD_DGNS_CD12	Claim Diagnosis Code XII	Char	7	-	
ICD_DGNS_VRSN_CD12	Claim Diagnosis Code XII Diagnosis Version Code (ICD-9 or ICD-10)	Char	1	**OTHER**	Miscoded
				9	ICD-9
CLM_CLNCL_TRIL_NUM	Clinical Trial Number	Char	8	-	
DOB_DT	Date of Birth from Claim (Date)	Num	4		
GNDR_CD	Gender Code from Claim	Char	1	**OTHER**	Miscoded
				0	Unknown
				1	Male
				2	Female
BENE_RACE_CD	Race Code from Claim	Char	1	**OTHER**	Miscoded
				0	Unknown
				1	White

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
				2	Black
				3	Other
				4	Asian
				5	Hispanic
				6	North American Native
BENE_CNTY_CD	County Code from Claim (SSA)	Char	3		
BENE_STATE_CD	State Code from Claim (SSA)	Char	2	**OTHER**	Miscoded
				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

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				17	Kansas
				18	Kentucky
				19	Louisiana
				20	Maine
				21	Maryland
				22	Massachusetts
				23	Michigan
				24	Minnesota
				25	Mississippi
				26	Missouri
				27	Montana
				28	Nebraska
				29	Nevada
				30	New Hampshire
				31	New Jersey
				32	New Mexico
				33	New York
				34	North Carolina
				35	North Dakota
				36	Ohio
				37	Oklahoma
				38	Oregon
				39	Pennsylvania
				40	Puerto Rico

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				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
				57	Central America and West Indies
				58	Europe
				59	Mexico
				60	Oceania
				61	Philippines
				62	South America
				99	American Samoa

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
BENE_MLG_CNTCT_ZIP_CD	Zip Code of Residence from Claim	Char	9		