

NCHS Survey Data Linked to CMS MBSF, Claims/Encounters, and Assessment Data

Inpatient Encounter Occurrence Codes

Date Created: 29JAN2021

Number of Variables: 11

Variable Name	Variable (VAR) Label	VAR Type	Range of Values	Value Description
PATIENT_ID	NHCS Patient ID	Char	ID	Patient Identifier assigned by NCHS. Researchers requesting linked NHCS-CMS data should use PATIENT_ID.
PUBLICID	NHIS Public Use ID	Char	ID	Public-use survey participant identifier assigned by NCHS. Researchers requesting linked NHIS/LSOA II-Medicare data should use PUBLICID.
SEQN	NHANES Respondent Sequence Number	Num	ID	Public-use survey participant identifier assigned by NCHS. Researchers requesting linked NHEFS/NHANES III/NHANES-Medicare data should use SEQN.
RESNUM	NNHS Resident Record (Case) Number	Num	ID	Public-use survey participant identifier assigned by NCHS. Researchers requesting linked 2004 NNHS-Medicare data should use RESNUM.
SURVEY	Survey Name and survey year/cycle	Char		
FILE_YEAR4	Year of Medicare Advantage (MA) Encounter (YYYY)	Num	2016	2016 NHCS has been linked to only 2016-2017 Medicare Data.
NCHS_ENC_JOIN_KEY	NCHS ENCOUNTER JOIN KEY	Num		
CLM_TYPE_CD	Claim Type Code	Char	4011	Hospital Inpatient
RLT_OCRNC_CD_SEQ	Claim Related Occurrence Code Sequence	Char		
CLM_RLT_OCRNC_CD	Claim Related Occurrence Code	Char	**OTHER**	Miscoded
			01	Auto accident - The date of an auto accident.
			02	No-fault insurance involved, including auto accident/other - The date of an accident where the state has applicable no-fault liability laws, (i.e., legal basis for settlement without admission or proof of guilt).
			03	Accident/tort liability - The date of an accident resulting from a third party's action that may involve a civil court process in an attempt to require payment by the third party, other than no-fault liability.
			04	Accident/employment related - The date of an accident relating to the patient's employment.

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			05	Other accident - The date of an accident not described by the codes 01 thru 04.
			06	Crime victim - Code indicating the date on which a medical condition resulted from alleged criminal action committed by one or more parties.
			07-08	Reserved for national assignment.
			11	Onset of symptoms/illness - The date the patient first became aware of symptoms/illness.
			12	Date of onset for a chronically dependent individual - Code indicates the date the patient/bene became a chronically dependent individual.
			13-16	Reserved for national assignment.
			17	Date outpatient occupational therapy plan established or last reviewed - Code indicating the date an occupational therapy plan was established or last reviewed (eff 3/93)
			18	Date of retirement (patient/bene) - Code indicates the date of retirement for the patient/bene.
			19	Date of retirement spouse - Code indicates the date of retirement for the patient's spouse.
			20	Guarantee of payment began - The date on which the provider began claiming Medicare payment under the guarantee of payment provision.
			21	UR notice received - Code indicating the date of receipt by the hospital & SNF of the UR committee's finding that the admission or future stay was not medically necessary.
			22	Active care ended - The date on which a covered level of care ended in a SNF or general hospital, or date active care ended in a psychiatric or tuberculosis hospital or date on which patient was released on a trial basis from a residential facility. Code is not required if code '21' is used.
			24	Date insurance denied - The date the insurer's denial of coverage was received by a higher priority payer.
			25	Date benefits terminated by primary payer - The date on which coverage (including worker's compensation benefits or no-fault coverage) is no longer available to the patient.

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			26	Date skilled nursing facility (SNF) bed available - The date on which a SNF bed became available to a hospital inpatient who required only SNF level of care.
			27	Date of Hospice Certification or Re-Certification -- code indicates the date of certification or recertification of the hospice benefit period, beginning with the first two initial benefit periods of 90 days each and the subsequent 60-day benefit periods. (eff. 9/01)
			28	Date comprehensive outpatient rehabilitation plan established or last reviewed - Code indicating the date a comprehensive outpatient rehabilitation plan was established or last reviewed. not used by hospital unless owner of facility
			29	Date OPT plan established or last reviewed - the date a plan of treatment was established for outpatient physical therapy. Not used by hospital unless owner of facility
			30	Date speech pathology plan treatment established or last reviewed - The date a speech pathology plan of treatment was established or last reviewed. Not used by hospital unless owner of facility
			31	Date bene notified of intent to bill (accommodations) - The date of the notice provided to the patient by the hospital stating that he no longer required a covered level of IP care.
			32	Date bene notified of intent to bill (procedures or treatment) - The date of the notice provided to the patient by the hospital stating requested care (diagnostic procedures or treatments) is not considered reasonable or necessary.
			33	First day of the Medicare coordination period for ESRD bene - During which Medicare benefits are secondary to benefits payable under an EGHP. Required only for ESRD beneficiaries.
			34	Date of election of extended care facilities - The date the guest elected to receive extended care services (used by Religious Nonmedical Health Care Institutions only).
			35	Date treatment started for physical therapy - Code indicates the date services were initiated by the billing provider for physical therapy.
			36	Date of discharge for the IP hospital stay when patient received a transplant procedure - Hospital is billing for immunosuppressive drugs.
			39	Date discharged on a continuous course of IV therapy - Date the patient was discharged from the hospital on a continuous course of IV therapy.

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			40	Scheduled date of admission - The date on which a patient will be admitted as an inpatient to the hospital. (This code may only be used on an outpatient claim.)
			41	Date of First Test for Pre-admission Testing - The date on which the first outpatient diagnostic test was performed as part of a pre-admission testing (PAT) program. This code may only be used if a date of admission was scheduled prior to the administration of the test(s). (eff. 10/01)
			42	Date of discharge/termination of hospice care - for the final bill for hospice care. Eff 5/93, definition revised to apply only to date patient revoked hospice election.
			44	Date treatment started for occupational therapy - Code indicates the date services were initiated by the billing provider for occupational therapy.
			45	Date treatment started for speech therapy - Code indicates the date services were initiated by the billing provider for speech therapy.
			46	Date treatment started for cardiac rehabilitation - Code indicates the date services were initiated by the billing provider for cardiac rehabilitation.
			47	Date Cost Outlier Status Begins - code indicates that this is the first day the cost outlier threshold is reached. For Medicare purposes, a bene must have regular coinsurance and/or lifetime reserve days available beginning on this date to allow coverage of additional daily charges for the purpose of making cost outlier payments. (eff. 9/01)
			50-55	Reserved for state assignment
			57-69	Reserved for state assignment
			A1	Birthdate, Insured A - The birthdate of the individual in whose name the insurance is carried. (Eff 10/93)
			A2	Effective date, Insured A policy - A code indicating the first date insurance is in force. (eff 10/93)
			A3	Benefits exhausted - Code indicating the last date for which benefits are available and after which no payment can be made to payer A. (eff 10/93)
			B1	Birthdate, Insured B - The birthdate of the individual in whose name the insurance is carried. (eff 10/93)
			B2	Effective date, Insured B policy - A code indicating the first date insurance is in force. (eff 10/93)

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			B3	Benefits exhausted - code indicating the last date for which benefits are available and after which no payment can be made to payer B. (eff 10/93)
			C1	Birthdate, Insured C - The birthdate of the individual in whose name the insurance is carried. (eff 10/93)
			C2	Effective date, Insured C policy - A code indicating the first date insurance is in force. (eff 10/93)
			C3	Benefits exhausted - Code indicating the last date for which benefits are available and after which no payment can be made to payer C. (eff 10/93)
CLM_RLT_OCRNC_DT	Claim Related Occurrence Date	Num		Date provided in SAS date (numeric) format.