| 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 Fee-for-Service Claim (YYYY) | Num | 2016-2018 | 2016 NHCS has been linked to only 2016-2017 Medicare Data. |
| NCHS_CLM_ID | NCHS CLAIM ID | Num | | |
| NCH_CLM_TYPE_CD | NCH Claim Type Code | Char | 50 | Hospice claim |
| RLT_SPAN_CD_SEQ | Claim Related Span Code Sequence | Char | | |
| CLM_SPAN_CD | Claim Occurrence Span Code | Char | **OTHER** | Miscoded |
| | | | 73 | Benefit eligibility period - the inclusive dates during which CHAMPUS medical benefits are available to a sponsor's bene as shown on the bene's ID card. |
| | | | 74 | Non-covered level of care - the from/thru dates of a period at a noncovered level of care in an otherwise covered stay, excluding any period reported with occurrence span code 76, 77, or 79. |
| | | | 77 | Provider liability (utilization charged) - The from/thru dates of period of noncovered care for which the provider is liable. Eff 3/92, applies to provider liability where bene is charged with utilization and is liable for deductible/coinsurance |

| Variable Name | Variable (VAR) Label | VAR Type | Range of Values | Value Description |
|------------------|------------------------------------|-------------|--------------------|--|
| | | | MO | PRO/UR approved stay dates - Eff 10/93, the first and last days that were approved where not all of the stay was approved. |
| | | | M2 | Dates of Inpatient Respite Care - from/thru dates of a period of inpatient respite care for hospice patients. (eff. 10/00) |
| | | | | |
| CLM_SPAN_FROM_DT | Claim Occurrence Span From Date | Num | | Date provided in SAS date (numeric) format. |
| | | | | |
| CLM_SPAN_THRU_DT | Claim Occurrence Span Through Date | Num | | Date provided in SAS date (numeric) format. |
| | | | | |