

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

Hospice Fee-for-Service 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 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_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.
			11	Onset of symptoms/illness - The date the patient first became aware of symptoms/illness.
			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.
			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.
			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)
			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
			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.
			35	Date treatment started for physical therapy - Code indicates the date services were initiated by the billing provider for physical 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.)
			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.
			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)
CLM_RLT_OCRNC_DT	Claim Related Occurrence Date	Num		Date provided in SAS date (numeric) format.