

**NCHS Survey Data Linked to CMS MBSF, Claims/Encounters, and Assessment Data
 Skilled Nursing Facility (SNF) Fee-For-Service Base Claims
 Date Created: 26JAN2022
 Number of Variables: 179**

Variable Name	Variable (VAR) Label	VAR Type	Range of Values ¹	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_NEAR_LINE_REC_IDENT_CD	NCH Near Line Record Identification Code (RIC)	Char		
NCH_CLM_TYPE_CD	NCH Claim Type Code	Char		
CLM_FROM_DT	Claim From Date	Num		Date provided in SAS date (numeric) format.
CLM_THRU_DT	Claim Through Date	Num		Date provided in SAS date (numeric) format.
NCH_WKLY_PROC_DT	NCH Weekly Claim Processing Date	Num		Date provided in SAS date (numeric) format.

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FI_CLM_PROC_DT	FI Claim Process Date	Num		Date provided in SAS date (numeric) format.
CLAIM_QUERY_CODE	Claim Query Code	Char		
PRVDR_NUM	Provider Number	Char		For value description please see website: https://www.resdac.org/cms-data/variables/provider-number (accessed on 06/22/2020)
CLM_FAC_TYPE_CD	Claim Facility Type Code	Char		
CLM_SRVC_CLSFCTN_TYPE_CD	Claim Service classification Type Code	Char		
CLM_FREQ_CD	Claim Frequency Code	Char		
FI_NUM	FI or MAC Number	Char		For value description please see website: https://www.resdac.org/cms-data/variables/fi-or-mac-number (accessed on 06/22/2020)
CLM_MDCR_NON_PMT_RSN_CD	Claim Medicare Non Payment Reason Code	Char		
CLM_PMT_AMT	Claim (Medicare) Payment Amount	Num	0-159,200	Payment/Charged Amount, in dollars.
NCH_PRMRY_PYR_CLM_PD_AMT	NCH Primary Payer (if not Medicare) Claim Paid Amount	Num	0-165,800	Payment/Charged Amount, in dollars.
NCH_PRMRY_PYR_CD	NCH Primary Payer Code (if not Medicare)	Char		
FI_CLM_ACTN_CD	FI or MAC Claim Action Code	Char		
PRVDR_STATE_CD	NCH Provider SSA State Code	Char		For value description please see website: https://www.resdac.org/cms-data/variables/nch-provider-ssa-state-code (accessed on 06/22/2020)

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values ¹	Value Description
ORG_NPI_NUM	Organization NPI Number	Char		
AT_PHYSN_UPIN	Claim Attending Physician UPIN Number	Char		
AT_PHYSN_NPI	Claim Attending Physician NPI Number	Char		
AT_PHYSN_SPCLTY_CD	Claim Attending Physician Specialty Code	Char		For value description please see website: https://www.resdac.org/cms-data/variables/claim-attending-physician-specialty-code (accessed on 06/22/2020)
OP_PHYSN_UPIN	Claim Operating Physician UPIN Number	Char		
OP_PHYSN_NPI	Claim Operating Physician NPI Number	Char		
OP_PHYSN_SPCLTY_CD	Claim Operating Physician Specialty Code	Char		For value description please see website: https://www.resdac.org/cms-data/variables/claim-operating-physician-specialty-code (accessed on 06/22/2020)
OT_PHYSN_UPIN	Claim Other Physician UPIN Number	Char		
OT_PHYSN_NPI	Claim Other Physician NPI Number	Char		
OT_PHYSN_SPCLTY_CD	Claim Other Physician Specialty Code	Char		For value description please see website: https://www.resdac.org/cms-data/variables/claim-other-physician-specialty-code (accessed on 06/22/2020)
RNDRNG_PHYSN_NPI	Claim Rendering Physician NPI Number	Char		
RNDRNG_PHYSN_SPCLTY_CD	Claim Rendering Physician Specialty Code	Char		For value description please see website: https://www.resdac.org/cms-data/variables/claim-or-revenue-center-rendering-physician-specialty-code (accessed on 06/22/2020)

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CLM_MCO_PD_SW	Claim MCO Paid Switch	Char		
PTNT_DSCHRG_STUS_CD	Patient Discharge Status Code	Char		
CLM_PPS_IND_CD	Claim PPS Indicator Code	Char		
CLM_TOT_CHRG_AMT	Claim Total Charge Amount	Num	0-901,800	Payment/Charged Amount, in dollars.
CLM_ADMSN_DT	Claim Admission Date	Num		Date provided in SAS date (numeric) format.
CLM_IP_ADMSN_TYPE_CD	Claim Inpatient Admission Type Code	Char		
CLM_SRC_IP_ADMSN_CD	Claim Source Inpatient Admission Code	Char		
NCH_PTNT_STATUS_IND_CD	NCH Patient Status Indicator Code	Char		
NCH_BENE_IP_DDCTBL_AMT	NCH Beneficiary Inpatient (or other Part A) Deductible Amount	Num		Payment/Charged Amount, in dollars.
NCH_BENE_PTA_COINSRNC_LBLTY_AM	NCH Beneficiary Part A Coinsurance Liability Amount	Num	0-4,900	Payment/Charged Amount, in dollars.
NCH_BENE_BLOOD_DDCTBL_LBLTY_AM	NCH Beneficiary Blood Deductible Liability Amount	Num	0-1,500	Payment/Charged Amount, in dollars.
NCH_IP_NCVRD_CHRG_AMT	NCH Inpatient (or other Part A) Noncovered Charge Amount	Num	0-817,700	Payment/Charged Amount, in dollars.
NCH_IP_TOT_DDCTN_AMT	NCH Inpatient (or other Part A) Total Deductible/Coinsurance Amount	Num	0-13,400	Payment/Charged Amount, in dollars.

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CLM_PPS_CPTL_FSP_AMT	Claim PPS Capital Federal Specific Portion (FSP) Amount	Num		Payment/Charged Amount, in dollars.
CLM_PPS_CPTL_OUTLIER_AMT	Claim PPS Capital Outlier Amount	Num		Payment/Charged Amount, in dollars.
CLM_PPS_CPTL_DSPRPRTNT_SHR_AMT	Claim PPS Capital Disproportionate Share (DSH) Amount	Num		Payment/Charged Amount, in dollars.
CLM_PPS_CPTL_IME_AMT	Claim PPS Capital Indirect Medical Education (IME) Amount	Num		Payment/Charged Amount, in dollars.
CLM_PPS_CPTL_EXCPTN_AMT	Claim PPS Capital Exception Amount	Num		Payment/Charged Amount, in dollars.
CLM_PPS_OLD_CPTL_HLD_HRMLS_AMT	Claim PPS Old Capital Hold Harmless Amount	Num		Payment/Charged Amount, in dollars.
CLM_UTLZTN_DAY_CNT	Claim Medicare Utilization Day Count	Num	0-100	Number of days (count)
BENE_TOT_COINSRNC_DAYS_CNT	Beneficiary Total Coinsurance Days Count	Num	0-100	Number of days (count)
CLM_NON_UTLZTN_DAYS_CNT	Claim Medicare Non Utilization Days Count	Num	0-1,800	Number of days (count)
NCH_BLOOD_PNTS_FRNSHD_QTY	NCH Blood Pints Furnished Quantity	Num	0-6	
NCH_QLFYD_STAY_FROM_DT	NCH Qualified Stay From Date	Num		Date provided in SAS date (numeric) format.
NCH_QLFYD_STAY_THRU_DT	NCH Qualified Stay Through Date	Num		Date provided in SAS date (numeric) format.
NCH_VRFD_NCVRD_STAY_FROM_DT	NCH Verified Noncovered Stay From Date	Num		Date provided in SAS date (numeric) format.
NCH_VRFD_NCVRD_STAY_THRU_DT	NCH Verified Noncovered Stay Through Date	Num		Date provided in SAS date (numeric) format.

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NCH_ACTV_OR_CVRD_LVL_CARE_THRU	NCH Active or Covered Level Care Thru Date	Num		Date provided in SAS date (numeric) format.
NCH_BENE_MDCR_BNFTS_EXHTD_DT_I	NCH Beneficiary Medicare Benefits Exhausted Date	Num		Date provided in SAS date (numeric) format.
NCH_BENE_DSCHRG_DT	NCH Beneficiary Discharge Date	Num		Date provided in SAS date (numeric) format.
CLM_DRG_CD	Claim Diagnosis Related Group Code (or MS-DRG Code)	Char		For value description please see website: https://www.resdac.org/cms-data/variables/claim-diagnosis-related-group-code-or-ms-drg-code-0 (accessed on 06/22/2020)
ADMTG_DGNS_CD	Claim Admitting Diagnosis Code	Char		
PRNCPAL_DGNS_CD	Claim Principal Diagnosis Code	Char		
ICD_DGNS_CD1	Claim Diagnosis Code I	Char		
ICD_DGNS_CD2	Claim Diagnosis Code II	Char		
ICD_DGNS_CD3	Claim Diagnosis Code III	Char		
ICD_DGNS_CD4	Claim Diagnosis Code IV	Char		
ICD_DGNS_CD5	Claim Diagnosis Code V	Char		
ICD_DGNS_CD6	Claim Diagnosis Code VI	Char		
ICD_DGNS_CD7	Claim Diagnosis Code VII	Char		
ICD_DGNS_CD8	Claim Diagnosis Code VIII	Char		

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ICD_DGNS_CD9	Claim Diagnosis Code IX	Char		
ICD_DGNS_CD10	Claim Diagnosis Code X	Char		
ICD_DGNS_CD11	Claim Diagnosis Code XI	Char		
ICD_DGNS_CD12	Claim Diagnosis Code XII	Char		
ICD_DGNS_CD13	Claim Diagnosis Code XIII	Char		
ICD_DGNS_CD14	Claim Diagnosis Code XIV	Char		
ICD_DGNS_CD15	Claim Diagnosis Code XV	Char		
ICD_DGNS_CD16	Claim Diagnosis Code XVI	Char		
ICD_DGNS_CD17	Claim Diagnosis Code XVII	Char		
ICD_DGNS_CD18	Claim Diagnosis Code XVIII	Char		
ICD_DGNS_CD19	Claim Diagnosis Code XIX	Char		
ICD_DGNS_CD20	Claim Diagnosis Code XX	Char		
ICD_DGNS_CD21	Claim Diagnosis Code XXI	Char		
ICD_DGNS_CD22	Claim Diagnosis Code XXII	Char		
ICD_DGNS_CD23	Claim Diagnosis Code XXIII	Char		

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values ¹	Value Description
ICD_DGNS_CD24	Claim Diagnosis Code XXIV	Char		
ICD_DGNS_CD25	Claim Diagnosis Code XXV	Char		
FST_DGNS_E_CD	First Claim Diagnosis E Code	Char		
ICD_DGNS_E_CD1	Claim Diagnosis E Code I	Char		
ICD_DGNS_E_CD2	Claim Diagnosis E Code II	Char		
ICD_DGNS_E_CD3	Claim Diagnosis E Code III	Char		
ICD_DGNS_E_CD4	Claim Diagnosis E Code IV	Char		
ICD_DGNS_E_CD5	Claim Diagnosis E Code V	Char		
ICD_DGNS_E_CD6	Claim Diagnosis E Code VI	Char		
ICD_DGNS_E_CD7	Claim Diagnosis E Code VII	Char		
ICD_DGNS_E_CD8	Claim Diagnosis E Code VIII	Char		
ICD_DGNS_E_CD9	Claim Diagnosis E Code IX	Char		
ICD_DGNS_E_CD10	Claim Diagnosis E Code X	Char		
ICD_DGNS_E_CD11	Claim Diagnosis E Code XI	Char		
ICD_DGNS_E_CD12	Claim Diagnosis E Code XII	Char		

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values ¹	Value Description
ICD_PRCDR_CD1	Claim Procedure Code I	Char		
PRCDR_DT1	Claim Procedure Code I Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD2	Claim Procedure Code II	Char		
PRCDR_DT2	Claim Procedure Code II Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD3	Claim Procedure Code III	Char		
PRCDR_DT3	Claim Procedure Code III Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD4	Claim Procedure Code IV	Char		
PRCDR_DT4	Claim Procedure Code IV Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD5	Claim Procedure Code V	Char		
PRCDR_DT5	Claim Procedure Code V Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD6	Claim Procedure Code VI	Char		
PRCDR_DT6	Claim Procedure Code VI Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD7	Claim Procedure Code VII	Char		
PRCDR_DT7	Claim Procedure CodeVII Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD8	Claim Procedure Code VIII	Char		

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values ¹	Value Description
PRCDR_DT8	Claim Procedure Code VIII Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD9	Claim Procedure Code IX	Char		
PRCDR_DT9	Claim Procedure Code IX Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD10	Claim Procedure Code X	Char		
PRCDR_DT10	Claim Procedure Code X Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD11	Claim Procedure Code XI	Char		
PRCDR_DT11	Claim Procedure Code XI Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD12	Claim Procedure Code XII	Char		
PRCDR_DT12	Claim Procedure Code XII Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD13	Claim Procedure Code XIII	Char		
PRCDR_DT13	Claim Procedure Code XIII Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD14	Claim Procedure Code XIV	Char		
PRCDR_DT14	Claim Procedure Code XIV Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD15	Claim Procedure Code XV	Char		
PRCDR_DT15	Claim Procedure Code XV Date	Num		Date provided in SAS date (numeric) format.

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values ¹	Value Description
ICD_PRCDR_CD16	Claim Procedure Code XVI	Char		
PRCDR_DT16	Claim Procedure Code XVI Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD17	Claim Procedure Code XVII	Char		
PRCDR_DT17	Claim Procedure Code XVII Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD18	Claim Procedure Code XVIII	Char		
PRCDR_DT18	Claim Procedure Code XVIII Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD19	Claim Procedure Code XIX	Char		
PRCDR_DT19	Claim Procedure Code XIX Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD20	Claim Procedure Code XX	Char		
PRCDR_DT20	Claim Procedure Code XX Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD21	Claim Procedure Code XXI	Char		
PRCDR_DT21	Claim Procedure Code XXI Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD22	Claim Procedure Code XXII	Char		
PRCDR_DT22	Claim Procedure Code XXII Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD23	Claim Procedure Code XXIII	Char		

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values ¹	Value Description
PRCDR_DT23	Claim Procedure Code XXIII Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD24	Claim Procedure Code XXIV	Char		
PRCDR_DT24	Claim Procedure Code XXIV Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD25	Claim Procedure Code XXV	Char		
PRCDR_DT25	Claim Procedure Code XXV Date	Num		Date provided in SAS date (numeric) format.
DOB_DT	Date of Birth from Claim (Date)	Num		Date provided in SAS date (numeric) format.
GNDR_CD	Gender Code from Claim	Char		
BENE_RACE_CD	Race Code from Claim	Char		
BENE_CNTY_CD	Beneficiary County Code from Claim (SSA)	Char		
BENE_STATE_CD	Beneficiary Residence (SSA) State Code	Char		For value description please see website: https://www.resdac.org/cms-data/variables/beneficiary-residence-ssa-state-code-ffs (accessed on 06/22/2020)
BENE_MLG_CNTCT_ZIP_CD	Beneficiary ZIP Code of Residence	Char		
CLM_MDCL_REC	Claim Medical Record Number	Char		
CLM_TRTMT_AUTHRZTN_NUM	Claim Treatment Authorization Number	Char		

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CLM_PRCR_RTRN_CD	Claim Pricer Return Code	Char		For value description please see website: https://www.resdac.org/cms-data/variables/claim-pricer-return-code (accessed on 06/22/2020)
CLM_SRVC_FAC_ZIP_CD	Claim service facility ZIP code (where service was provided)	Char		
NCH_PROFNL_CMPNT_CHRG_AMT	Professional Component Charge Amount	Num	0-1,400	Payment/Charged Amount, in dollars.
CLM_NEXT_GNRTN_ACO_IND_CD1	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Population based payments (PBP)	Char		
CLM_NEXT_GNRTN_ACO_IND_CD2	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Telehealth	Char		
CLM_NEXT_GNRTN_ACO_IND_CD3	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Post Discharge HH visits	Char		
CLM_NEXT_GNRTN_ACO_IND_CD4	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - 3 day SNF waiver	Char		
CLM_NEXT_GNRTN_ACO_IND_CD5	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Capitation	Char		
ACO_ID_NUM	Claim Accountable Care Organization (ACO) Identification Number	Char		
CLM_BENE_ID_TYPE_CD	Claim Beneficiary Identifier Type Code (For CMS Internal Use)	Char		
CLM_RSDL_PYMT_IND_CD	Claim Residual Payment Indicator Code	Char		

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PRVDR_VLDTN_TYPE_CD	Provider Validation Type Code	Char		
RR_BRD_EXCLSN_IND_SW	Railroad Board Exclusion Indicator Switch	Char		

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