

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Part D event (YYYY)
BENE_ENROLLMT_REF_YR	Reference Year
COVSTART	Medicare Coverage Start Date
CRNT_BIC_CD	Current Beneficiary Identification Code
STATE_CODE	State code for beneficiary (SSA code)
COUNTY_CD	County code for beneficiary (SSA code)
ZIP_CD	5-digit ZIP code for beneficiary
STATE_CNTY_FIPS_CD_01	State and county FIPS code - January
STATE_CNTY_FIPS_CD_02	State and county FIPS code - February
STATE_CNTY_FIPS_CD_03	State and county FIPS code - March
STATE_CNTY_FIPS_CD_04	State and county FIPS code - April
STATE_CNTY_FIPS_CD_05	State and county FIPS code - May
STATE_CNTY_FIPS_CD_06	State and county FIPS code - June
STATE_CNTY_FIPS_CD_07	State and county FIPS code - July
STATE_CNTY_FIPS_CD_08	State and county FIPS code - August
STATE_CNTY_FIPS_CD_09	State and county FIPS code - September
STATE_CNTY_FIPS_CD_10	State and county FIPS code - October
STATE_CNTY_FIPS_CD_11	State and county FIPS code - November
STATE_CNTY_FIPS_CD_12	State and county FIPS code - December
AGE_AT_END_REF_YR	Age of beneficiary at end of year
BENE_BIRTH_DT	Beneficiary date of birth
VALID_DEATH_DT_SW	Valid Date of Death Switch
BENE_DEATH_DT	Date of Death
SEX_IDENT_CD	Sex
BENE_RACE_CD	Beneficiary Race Code
RTI_RACE_CD	Research Triangle Institute (RTI) Race Code
ENTLMT_RSN_ORIG	Original Reason for Entitlement Code
ENTLMT_RSN_CURR	Current Reason for Entitlement Code
ESRD_IND	End-stage Renal Disease (ESRD) Indicator
MDCR_STATUS_CODE_01	Medicare Status Code - January
MDCR_STATUS_CODE_02	Medicare Status Code - February
MDCR_STATUS_CODE_03	Medicare Status Code - March
MDCR_STATUS_CODE_04	Medicare Status Code - April
MDCR_STATUS_CODE_05	Medicare Status Code - May
MDCR_STATUS_CODE_06	Medicare Status Code - June
MDCR_STATUS_CODE_07	Medicare Status Code - July
MDCR_STATUS_CODE_08	Medicare Status Code - August
MDCR_STATUS_CODE_09	Medicare Status Code - September
MDCR_STATUS_CODE_10	Medicare Status Code - October
MDCR_STATUS_CODE_11	Medicare Status Code - November
MDCR_STATUS_CODE_12	Medicare Status Code - December
BENE_PTA_TRMNTN_CD	Part A Termination Code
BENE_PTB_TRMNTN_CD	Part B Termination Code
BENE_HI_CVRAGE_TOT_MONS	Part A Months Count
BENE_SMI_CVRAGE_TOT_MONS	Part B Months Count
BENE_STATE_BUYIN_TOT_MONS	State Buy-In Coverage Count
BENE_HMO_CVRAGE_TOT_MONS	HMO Coverage Count
PTD_PLAN_CVRG_MONS	Months of Part D Coverage
RDS_CVRG_MONS	Months of Retiree Drug Subsidy Coverage

## Master Beneficiary Summary Files (MBSF): Base A/B/C/D Segment

<u>Variable Name</u>	<u>Variable Label</u>
DUAL_ELGBL_MONS	Months of Dual Eligibility
MDCR_ENTLMT_BUYIN_IND_01	Medicare Entitlement/Buy-In Indicator - January
MDCR_ENTLMT_BUYIN_IND_02	Medicare Entitlement/Buy-In Indicator - February
MDCR_ENTLMT_BUYIN_IND_03	Medicare Entitlement/Buy-In Indicator - March
MDCR_ENTLMT_BUYIN_IND_04	Medicare Entitlement/Buy-In Indicator - April
MDCR_ENTLMT_BUYIN_IND_05	Medicare Entitlement/Buy-In Indicator - May
MDCR_ENTLMT_BUYIN_IND_06	Medicare Entitlement/Buy-In Indicator - June
MDCR_ENTLMT_BUYIN_IND_07	Medicare Entitlement/Buy-In Indicator - July
MDCR_ENTLMT_BUYIN_IND_08	Medicare Entitlement/Buy-In Indicator - August
MDCR_ENTLMT_BUYIN_IND_09	Medicare Entitlement/Buy-In Indicator - September
MDCR_ENTLMT_BUYIN_IND_10	Medicare Entitlement/Buy-In Indicator - October
MDCR_ENTLMT_BUYIN_IND_11	Medicare Entitlement/Buy-In Indicator - November
MDCR_ENTLMT_BUYIN_IND_12	Medicare Entitlement/Buy-In Indicator - December
HMO_IND_01	HMO Indicator - January
HMO_IND_02	HMO Indicator - February
HMO_IND_03	HMO Indicator - March
HMO_IND_04	HMO Indicator - April
HMO_IND_05	HMO Indicator - May
HMO_IND_06	HMO Indicator - June
HMO_IND_07	HMO Indicator - July
HMO_IND_08	HMO Indicator - August
HMO_IND_09	HMO Indicator - September
HMO_IND_10	HMO Indicator - October
HMO_IND_11	HMO Indicator - November
HMO_IND_12	HMO Indicator - December
PTC_CNTRCT_ID_01	Part C Contract Number - January
PTC_CNTRCT_ID_02	Part C Contract Number - February
PTC_CNTRCT_ID_03	Part C Contract Number - March
PTC_CNTRCT_ID_04	Part C Contract Number - April
PTC_CNTRCT_ID_05	Part C Contract Number - May
PTC_CNTRCT_ID_06	Part C Contract Number - June
PTC_CNTRCT_ID_07	Part C Contract Number - July
PTC_CNTRCT_ID_08	Part C Contract Number - August
PTC_CNTRCT_ID_09	Part C Contract Number - September
PTC_CNTRCT_ID_10	Part C Contract Number - October
PTC_CNTRCT_ID_11	Part C Contract Number - November
PTC_CNTRCT_ID_12	Part C Contract Number - December
PTC_PBP_ID_01	Part C PBP Number - January
PTC_PBP_ID_02	Part C PBP Number - February
PTC_PBP_ID_03	Part C PBP Number - March
PTC_PBP_ID_04	Part C PBP Number - April
PTC_PBP_ID_05	Part C PBP Number - May
PTC_PBP_ID_06	Part C PBP Number - June
PTC_PBP_ID_07	Part C PBP Number - July
PTC_PBP_ID_08	Part C PBP Number - August
PTC_PBP_ID_09	Part C PBP Number - September
PTC_PBP_ID_10	Part C PBP Number - October
PTC_PBP_ID_11	Part C PBP Number - November
PTC_PBP_ID_12	Part C PBP Number - December
PTC_PLAN_TYPE_CD_01	Part C Plan Type Code - January
PTC_PLAN_TYPE_CD_02	Part C Plan Type Code - February
PTC_PLAN_TYPE_CD_03	Part C Plan Type Code - March
PTC_PLAN_TYPE_CD_04	Part C Plan Type Code - April

## Master Beneficiary Summary Files (MBSF): Base A/B/C/D Segment

<u>Variable Name</u>	<u>Variable Label</u>
PTC_PLAN_TYPE_CD_05	Part C Plan Type Code - May
PTC_PLAN_TYPE_CD_06	Part C Plan Type Code - June
PTC_PLAN_TYPE_CD_07	Part C Plan Type Code - July
PTC_PLAN_TYPE_CD_08	Part C Plan Type Code - August
PTC_PLAN_TYPE_CD_09	Part C Plan Type Code - September
PTC_PLAN_TYPE_CD_10	Part C Plan Type Code - October
PTC_PLAN_TYPE_CD_11	Part C Plan Type Code - November
PTC_PLAN_TYPE_CD_12	Part C Plan Type Code - December
PTD_CNTRCT_ID_01	Part D Contract Number - January
PTD_CNTRCT_ID_02	Part D Contract Number - February
PTD_CNTRCT_ID_03	Part D Contract Number - March
PTD_CNTRCT_ID_04	Part D Contract Number - April
PTD_CNTRCT_ID_05	Part D Contract Number - May
PTD_CNTRCT_ID_06	Part D Contract Number - June
PTD_CNTRCT_ID_07	Part D Contract Number - July
PTD_CNTRCT_ID_08	Part D Contract Number - August
PTD_CNTRCT_ID_09	Part D Contract Number - September
PTD_CNTRCT_ID_10	Part D Contract Number - October
PTD_CNTRCT_ID_11	Part D Contract Number - November
PTD_CNTRCT_ID_12	Part D Contract Number - December
PTD_PBP_ID_01	Part D PBP Number - January
PTD_PBP_ID_02	Part D PBP Number - February
PTD_PBP_ID_03	Part D PBP Number - March
PTD_PBP_ID_04	Part D PBP Number - April
PTD_PBP_ID_05	Part D PBP Number - May
PTD_PBP_ID_06	Part D PBP Number - June
PTD_PBP_ID_07	Part D PBP Number - July
PTD_PBP_ID_08	Part D PBP Number - August
PTD_PBP_ID_09	Part D PBP Number - September
PTD_PBP_ID_10	Part D PBP Number - October
PTD_PBP_ID_11	Part D PBP Number - November
PTD_PBP_ID_12	Part D PBP Number - December
PTD_SGMT_ID_01	Part D Segment Number - January
PTD_SGMT_ID_02	Part D Segment Number - February
PTD_SGMT_ID_03	Part D Segment Number - March
PTD_SGMT_ID_04	Part D Segment Number - April
PTD_SGMT_ID_05	Part D Segment Number - May
PTD_SGMT_ID_06	Part D Segment Number - June
PTD_SGMT_ID_07	Part D Segment Number - July
PTD_SGMT_ID_08	Part D Segment Number - August
PTD_SGMT_ID_09	Part D Segment Number - September
PTD_SGMT_ID_10	Part D Segment Number - October
PTD_SGMT_ID_11	Part D Segment Number - November
PTD_SGMT_ID_12	Part D Segment Number - December
RDS_IND_01	Part D Retiree Drug Subsidy Indicator - January
RDS_IND_02	Part D Retiree Drug Subsidy Indicator - February
RDS_IND_03	Part D Retiree Drug Subsidy Indicator - March
RDS_IND_04	Part D Retiree Drug Subsidy Indicator - April
RDS_IND_05	Part D Retiree Drug Subsidy Indicator - May
RDS_IND_06	Part D Retiree Drug Subsidy Indicator - June
RDS_IND_07	Part D Retiree Drug Subsidy Indicator - July
RDS_IND_08	Part D Retiree Drug Subsidy Indicator - August
RDS_IND_09	Part D Retiree Drug Subsidy Indicator - September

## Master Beneficiary Summary Files (MBSF): Base A/B/C/D Segment

<u>Variable Name</u>	<u>Variable Label</u>
RDS_IND_10	Part D Retiree Drug Subsidy Indicator - October
RDS_IND_11	Part D Retiree Drug Subsidy Indicator - November
RDS_IND_12	Part D Retiree Drug Subsidy Indicator - December
DUAL_STUS_CD_01	Medicare-Medicaid dual eligibility code - January
DUAL_STUS_CD_02	Medicare-Medicaid dual eligibility code - February
DUAL_STUS_CD_03	Medicare-Medicaid dual eligibility code - March
DUAL_STUS_CD_04	Medicare-Medicaid dual eligibility code - April
DUAL_STUS_CD_05	Medicare-Medicaid dual eligibility code - May
DUAL_STUS_CD_06	Medicare-Medicaid dual eligibility code - June
DUAL_STUS_CD_07	Medicare-Medicaid dual eligibility code - July
DUAL_STUS_CD_08	Medicare-Medicaid dual eligibility code - August
DUAL_STUS_CD_09	Medicare-Medicaid dual eligibility code - September
DUAL_STUS_CD_10	Medicare-Medicaid dual eligibility code - October
DUAL_STUS_CD_11	Medicare-Medicaid dual eligibility code - November
DUAL_STUS_CD_12	Medicare-Medicaid dual eligibility code - December
CST_SHR_GRP_CD_01	Part D low-income cost share group code - January
CST_SHR_GRP_CD_02	Part D low-income cost share group code - February
CST_SHR_GRP_CD_03	Part D low-income cost share group code - March
CST_SHR_GRP_CD_04	Part D low-income cost share group code - April
CST_SHR_GRP_CD_05	Part D low-income cost share group code - May
CST_SHR_GRP_CD_06	Part D low-income cost share group code - June
CST_SHR_GRP_CD_07	Part D low-income cost share group code - July
CST_SHR_GRP_CD_08	Part D low-income cost share group code - August
CST_SHR_GRP_CD_09	Part D low-income cost share group code - September
CST_SHR_GRP_CD_10	Part D low-income cost share group code - October
CST_SHR_GRP_CD_11	Part D low-income cost share group code - November
CST_SHR_GRP_CD_12	Part D low-income cost share group code - December
PROBVALID	Estimated Probability of Match Validity

## Master Beneficiary Summary Files (MBSF): Chronic Conditions Segment

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Beneficiary Enrollment Reference Year (YYYY)
BENE_ENROLLMT_REF_YR	Reference Year
AMI	Acute Myocardial Infarction End-of-Year Indicator
AMI_MID	Acute Myocardial Infarction Mid-Year Indicator
AMI_EVER	First Occurrence of Acute Myocardial Infarction
ALZH	Alzheimer Disease End-of-Year Indicator
ALZH_MID	Alzheimer Disease Mid-Year Indicator
ALZH_EVER	First Occurrence of Alzheimer Disease
ALZH_DEMEN	Alzheimer Disease and Related Disorders or Senile Dementia End-of-Year Indicator
ALZH_DEMEN_MID	Alzheimer Disease and Related Disorders or Senile Dementia Mid-Year Indicator
ALZH_DEMEN_EVER	First Occurrence of Alzheimer Disease and Related Disorders or Senile Dementia
ATRIAL_FIB	Atrial Fibrillation End-of-Year Indicator
ATRIAL_FIB_MID	Atrial Fibrillation Mid-Year Indicator
ATRIAL_FIB_EVER	First Occurrence of Atrial Fibrillation
CATARACT	Cataract End-of-Year Indicator
CATARACT_MID	Cataract Mid-Year Indicator
CATARACT_EVER	First Occurrence of Cataract
CHRONICKIDNEY	Chronic Kidney Disease End-of-Year Indicator
CHRONICKIDNEY_MID	Chronic Kidney Disease Mid-Year Indicator
CHRONICKIDNEY_EVER	First Occurrence of Chronic Kidney Disease
COPD	Chronic Obstructive Pulmonary Disease End-of-Year Indicator
COPD_MID	Chronic Obstructive Pulmonary Disease Mid-Year Indicator
COPD_EVER	First Occurrence of Chronic Obstructive Pulmonary Disease
CHF	Heart Failure End-of-Year Indicator
CHF_MID	Heart Failure Mid-Year Indicator
CHF_EVER	First Occurrence of Heart Failure
DIABETES	Diabetes End-of-Year Indicator
DIABETES_MID	Diabetes Mid-Year Indicator
DIABETES_EVER	First Occurrence of Diabetes
GLAUCOMA	Glaucoma End-of-Year Indicator
GLAUCOMA_MID	Glaucoma Mid-Year Indicator
GLAUCOMA_EVER	First Occurrence of Glaucoma
HIP_FRACTURE	Hip/Pelvic Fracture End-of-Year Indicator
HIP_FRACTURE_MID	Hip/Pelvic Fracture Mid-Year Indicator
HIP_FRACTURE_EVER	First Occurrence of Hip/Pelvic Fracture
ISCHEMICHEART	Ischemic Heart Disease End-of-Year Indicator
ISCHEMICHEART_MID	Ischemic Heart Disease Mid-Year Indicator
ISCHEMICHEART_EVER	First Occurrence of Ischemic Heart Disease
DEPRESSION	Depression End-of-Year Indicator
DEPRESSION_MID	Depression Mid-Year Indicator
DEPRESSION_EVER	First Occurrence of Depression
OSTEOPOROSIS	Osteoporosis End-of-Year Indicator
OSTEOPOROSIS_MID	Osteoporosis Mid-Year Indicator
OSTEOPOROSIS_EVER	First Occurrence of Osteoporosis
RA_OA	Rheumatoid Arthritis / Osteoarthritis End-of-Year Indicator
RA_OA_MID	Rheumatoid Arthritis / Osteoarthritis Mid-Year Indicator
RA_OA_EVER	First Occurrence of Rheumatoid Arthritis / Osteoarthritis
STROKE_TIA	Stroke / Transient Ischemic Attack End-of-Year Indicator
STROKE_TIA_MID	Stroke / Transient Ischemic Attack Mid-Year Indicator

## Master Beneficiary Summary Files (MBSF): Chronic Conditions Segment

<u>Variable Name</u>	<u>Variable Label</u>
STROKE_TIA_EVER	First Occurrence of Stroke / Transient Ischemic Attack
CANCER_BREAST	Breast Cancer End-of-Year Indicator
CANCER_BREAST_MID	Breast Cancer Mid-Year Indicator
CANCER_BREAST_EVER	First Occurrence of Breast Cancer
CANCER_COLORECTAL	Colorectal Cancer End-of-Year Indicator
CANCER_COLORECTAL_MID	Colorectal Cancer Mid-Year Indicator
CANCER_COLORECTAL_EVER	First Occurrence of Colorectal Cancer
CANCER_PROSTATE	Prostate Cancer End-of-Year Indicator
CANCER_PROSTATE_MID	Prostate Cancer Mid-Year Indicator
CANCER_PROSTATE_EVER	First Occurrence of Prostate Cancer
CANCER_LUNG	Lung Cancer End-of-Year Indicator
CANCER_LUNG_MID	Lung Cancer Mid-Year Indicator
CANCER_LUNG_EVER	First Occurrence of Lung Cancer
CANCER_ENDOMETRIAL	Endometrial Cancer End-of-Year Indicator
CANCER_ENDOMETRIAL_MID	Endometrial Cancer Mid-Year Indicator
CANCER_ENDOMETRIAL_EVER	First Occurrence of Endometrial Cancer
ANEMIA	Anemia End Year Flag
ANEMIA_MID	Anemia Mid Year Flag
ANEMIA_EVER	Anemia First Ever Occurrence Date
ASTHMA	Asthma End Year Flag
ASTHMA_MID	Asthma Mid Year Flag
ASTHMA_EVER	Asthma First Ever Occurrence Date
HYPERL	Hyperlipidemia End Year Flag
HYPERL_MID	Hyperlipidemia Mid Year Flag
HYPERL_EVER	Hyperlipidemia First Ever Occurrence Date
HYPERP	Benign Prostatic Hyperplasia End Year Flag
HYPERP_MID	Benign Prostatic Hyperplasia Mid Year Flag
HYPERP_EVER	Benign Prostatic Hyperplasia First Ever Occurrence Date
HYPERT	Hypertension End Year Flag
HYPERT_MID	Hypertension Mid Year Flag
HYPERT_EVER	Hypertension First Ever Occurrence Date
HYPOTH	Acquired Hypothyroidism End Year Flag
HYPOTH_MID	Acquired Hypothyroidism Mid Year Flag
HYPOTH_EVER	Acquired Hypothyroidism First Ever Occurrence Date

## Master Beneficiary Summary Files (MBSF): Cost and Utilization Segment

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Beneficiary Enrollment Reference Year (YYYY)
BENE_ENROLLMT_REF_YR	Reference Year
ACUTE_BENE_PMT	Acute Inpatient Hospital Beneficiary Payments
ACUTE_MDCR_PMT	Acute Inpatient Medicare Payments
ACUTE_PERDIEM_PMT	Acute Inpatient Hospital Pass-thru Per Diem Payments
ACUTE_PRMRY_PMT	Acute Inpatient Hospital Primary Payer Amount
ACUTE_STAYS	Acute Inpatient Stays
ACUTE_COV_DAYS	Acute Inpatient Medicare Covered Days
READMISSIONS	Acute Inpatient Hospital Readmissions
IP_ER_VISITS	Inpatient Emergency Room Visits
OIP_BENE_PMT	Other Inpatient Hospital Beneficiary Payments
OIP_MDCR_PMT	Other Inpatient Hospital Medicare Payments
OIP_PERDIEM_PMT	Other Inpatient Pass-thru Per Diem Payments
OIP_PRMRY_PMT	Other Inpatient Hospital Primary Payer Amount
OIP_STAYS	Other Inpatient Stays
OIP_COV_DAYS	Other Inpatient Hospital Covered Days
SNF_BENE_PMT	Skilled Nursing Facility Beneficiary Payments
SNF_MDCR_PMT	Skilled Nursing Facility Medicare Payments
SNF_PRMRY_PMT	Skilled Nursing Facility Primary Payer Amount
SNF_STAYS	Skilled Nursing Facility Stays
SNF_COV_DAYS	Skilled Nursing Facility Medicare Covered Days
HOS_MDCR_PMT	Hospice Medicare Payments
HOS_PRMRY_PMT	Hospice Primary Payer Amount
HOS_STAYS	Hospice Stays
HOS_COV_DAYS	Hospice Medicare Covered Days
HH_MDCR_PMT	Home Health Medicare Payments
HH_PRMRY_PMT	Home Health Primary Payer Amount
HH_VISITS	Home Health Visits
HOP_BENE_PMT	Hospital Outpatient Beneficiary Payments
HOP_MDCR_PMT	Hospital Outpatient Medicare Payments
HOP_PRMRY_PMT	Hospital Outpatient Primary Payer Amount
HOP_VISITS	Hospital Outpatient Visits
HOP_ER_VISITS	Hospital Outpatient Emergency Room Visits
ASC_BENE_PMT	Ambulatory Surgery Center Beneficiary Payments
ASC_MDCR_PMT	Ambulatory Surgery Center Medicare Payments
ASC_PRMRY_PMT	Ambulatory Surgery Center Primary Payer Amount
ASC_EVENTS	Ambulatory Surgery Center Events
ANES_BENE_PMT	Anesthesia Beneficiary Payments
ANES_MDCR_PMT	Anesthesia Medicare Payments
ANES_PRMRY_PMT	Anesthesia Primary Payer Amount
ANES_EVENTS	Anesthesia Events
PTB_DRUG_BENE_PMT	Part B Drug Beneficiary Payments
PTB_DRUG_MDCR_PMT	Part B Drug Medicare Payments
PTB_DRUG_PRMRY_PMT	Part B Drug Primary Payer Amount
PTB_DRUG_EVENTS	Part B Drug Events
EM_BENE_PMT	Evaluation and Management Beneficiary Payments
EM_MDCR_PMT	Evaluation and Management Medicare Payments
EM_PRMRY_PMT	Evaluation and Management Primary Payer Amount
EM_EVENTS	Evaluation and Management Events

## Master Beneficiary Summary Files (MBSF): Cost and Utilization Segment

<u>Variable Name</u>	<u>Variable Label</u>
PHYS_BENE_PMT	Part B Physician Beneficiary Payments
PHYS_MDCR_PMT	Part B Physician Medicare Payments
PHYS_PRMRY_PMT	Part B Physician Primary Payer Amount
PHYS_EVENTS	Part B Physician Events
DIALYS_BENE_PMT	Dialysis Beneficiary Payments
DIALYS_MDCR_PMT	Dialysis Medicare Payments
DIALYS_PRMRY_PMT	Dialysis Primary Payer Amount
DIALYS_EVENTS	Dialysis Events
OPROC_BENE_PMT	Other Procedures Beneficiary Payments
OPROC_MDCR_PMT	Other Procedures Medicare Payments
OPROC_PRMRY_PMT	Other Procedures Primary Payer Amount
OPROC_EVENTS	Other Procedures Events
IMG_BENE_PMT	Imaging Beneficiary Payments
IMG_MDCR_PMT	Imaging Medicare Payments
IMG_PRMRY_PMT	Imaging Primary Payer Amount
IMG_EVENTS	Imaging Events
TEST_BENE_PMT	Tests Beneficiary Payments
TEST_MDCR_PMT	Tests Medicare Payments
TEST_PRMRY_PMT	Tests Primary Payer Amount
TEST_EVENTS	Tests Events
DME_BENE_PMT	Durable Medical Equipment Beneficiary Payments
DME_MDCR_PMT	Durable Medical Equipment Medicare Payments
DME_PRMRY_PMT	Durable Medical Equipment Primary Payer Amount
DME_EVENTS	Durable Medical Equipment Events
OTHC_BENE_PMT	Other Part B Carrier Beneficiary Payments
OTHC_MDCR_PMT	Other Part B Carrier Medicare Payments
OTHC_PRMRY_PMT	Other Part B Carrier Primary Payer Amount
OTHC_EVENTS	Other Part B Carrier Events
PTD_BENE_PMT	Part D Beneficiary Payments
PTD_MDCR_PMT	Part D Medicare Payments
PTD_EVENTS	Part D Events
PTD_FILL_CNT	Part D Standardized Fill Count
PTD_TOTAL_RX_CST	Part D Total Prescription Costs



## Part D Prescription Drug Event (PDE) Claims

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Beneficiary Enrollment Reference Year (YYYY)
DOB_DT	Patient Date of Birth (DOB)
SEX_CD	Patient Sex
SRVC_DT	RX Date of Service (DOS)
PD_DT	Paid Date
PRSCRBR_ID_QLFYR_CD	Prescriber ID Qualifier Code
PRSCRBR_ID	Prescriber Identification Number
RX_SRVC_RFRNC_NUM	RX Service Reference Number
PROD_SRVC_ID	Product Service ID (the National Drug Code [NDC])
PLAN_CNTRCT_REC_ID	Plan Contract ID
PLAN_PBP_REC_NUM	Plan Benefit Package ID
CMPND_CD	Compound Code
DAW_PROD_SLCTN_CD	Dispense as Written (DAW) Product Selection Code
QTY_DSPNSD_NUM	Quantity Dispensed
DAYS_SUPLY_NUM	Days Supply
FILL_NUM	Fill Number
DSPNSNG_STUS_CD	Dispensing Status Code
DRUG_CVRG_STUS_CD	Drug Coverage Status Code
ADJSTMT_DLTN_CD	Adjustment Deletion Code
NSTD_FRMT_CD	Non-Standard Format Code
PRCNG_EXCPTN_CD	Pricing Exception Code
CTSTRPHC_CVRG_CD	Catastrophic Coverage Code
GDC_BLW_OOPT_AMT	Gross Drug Cost Below Out-of-Pocket Threshold (GDCB)
GDC_ABV_OOPT_AMT	Gross Drug Cost Above Out-of-Pocket Threshold (GDCA)
PTNT_PAY_AMT	Patient Pay Amount
OTHR_TROOP_AMT	Other True Out-of-Pocket (TrOOP) Amount
LICS_AMT	Low Income Cost Sharing Subsidy Amount (LICS)
PLRO_AMT	Patient Liability Reduction Due to Other Payer Amount (PLRO)
CVRD_D_PLAN_PD_AMT	Covered D Plan Paid Amount (CPP)
NCVRD_PLAN_PD_AMT	Non-Covered Plan Paid Amount (NPP)
TOT_RX_CST_AMT	Gross Drug Cost
BN	Brand Name
GCDF	Dosage Form Code
GCDF_DESC	Dosage Form Code Description
STR	Drug Strength Description
GNN	Generic Name
BENEFIT_PHASE	Benefit Phase of Part D Event
FORMULARY_ID	Formulary ID
FRMLRY_RX_ID	CCW Formulary Drug ID
NCPDP_ID	NCPDP Pharmacy Identifier
RX_ORGN_CD	Prescription Origin Code
RPTD_GAP_DSCNT_NUM	Gap Discount Amount
BRND_GNRC_CD	Brand-Generic Code Reported by Submitting Plan
PHRMCY_SRVC_TYPE_CD	Pharmacy Service Type Code
PTNT_RSDNC_CD	Patient Residence Code
SUBMSN_CLR_CD	Submission Clarification Code

## Medicare Provider Analysis and Review (MedPAR) Claims

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of MEDPAR claim (YYYY)
MEDPAR_YR_NUM	Year of MedPAR Record
NCH_CLM_TYPE_CD	NCH Claim Type Code
BENE_IDENT_CD	BIC reported on first claim included in stay
EQTBL_BIC_CD	Equated BIC
BENE_AGE_CNT	Age as of Date of Admission
BENE_SEX_CD	Sex of Beneficiary
BENE_RACE_CD	Race of Beneficiary
BENE_MDCR_STUS_CD	Reason for entitlement to Medicare benefits as of CLM_THRU_DT
BENE_RSDNC_SSA_STATE_CD	SSA standard state code of the beneficiary's residence
BENE_RSDNC_SSA_CNTY_CD	SSA standard county code of the beneficiary's residence
BENE_MLG_CNTCT_ZIP_CD	Zip code of the beneficiary's residence
BENE_DSCHRG_STUS_CD	Code identifying status of patient as of CLM_THRU_DT
FICARR_IDENT_NUM	Fiscal Intermediary (FI) ID Number
WRNG_IND_CD	Warning indicators code specifying detailed billing info
GHO_PD_CD	Code indicating whether Group Health Organization (GHO) has paid provider for claim(s)
PPS_IND_CD	Prospective payment system (PPS) Indicator Code
ORG_NPI_NUM	Organization NPI Number
PRVDR_NUM	Provider Number
PRVDR_NUM_SPCL_UNIT_CD	Provider Number Special Unit Code
SS_LS_SNF_IND_CD	Short Stay/Long Stay/SNF Provider Indicator Code
ACTV_XREF_IND	MEDPAR Active Cross-Reference Claim Indicator
SLCT_RSN_CD	Specifies whether this record is a case or control record
STAY_FINL_ACTN_CLM_CNT	Number of claims (final action) included in stay
LTST_CLM_ACRTN_DT	Latest Claim Accretion Date
BENE_MDCR_BNFT_EXHST_DT	Beneficiary Medicare Benefit Exhausted Date
SNF_QUALN_FROM_DT	Beginning date of beneficiary's qualifying SNF stay
SNF_QUALN_THRU_DT	Ending date of beneficiary's qualifying SNF stay
SRC_IP_ADMSN_CD	Source of admission to an Inpatient facility - for newborn admit is type of delivery code
IP_ADMSN_TYPE_CD	Inpatient admission type code
ADMSN_DAY_CD	Code indicating day of week beneficiary was admitted to facility
ADMSN_DT	Date beneficiary admitted for Inpatient care or date care started
DSCHRG_DT	Date beneficiary was discharged or died
DSCHRG_DSTNTN_CD	Destination upon discharge from facility code
CVRD_LVL_CARE_THRU_DT	Date covered level of care ended in a SNF
BENE_DEATH_DT	Date beneficiary died
BENE_DEATH_DT_VRFY_CD	Death Date Verification Code
ADMSN_DEATH_DAY_CNT	Days from date admitted to facility to date of death
LOS_DAY_CNT	Days of beneficiary's stay in a hospital/SNF
OUTLIER_DAY_CNT	Days paid as outliers (either day or cost) under PPS beyond DRG threshold
UTLZTN_DAY_CNT	Covered days of care chargeable to Medicare utilization for stay
TOT_COINSRNC_DAY_CNT	MEDPAR Beneficiary Total Coinsurance Day Count
BENE_LRD_USE_CNT	Lifetime reserve days (LRD) used by beneficiary for stay
BENE_PTA_COINSRNC_AMT	Beneficiary's liability for part A coinsurance for stay (\$)
BENE_IP_DDCTBL_AMT	Beneficiary's liability for deductible for stay (\$)
BENE_BLOOD_DDCTBL_AMT	Beneficiary's liability for blood deductible for stay (\$)
BENE_PRMRY_PYR_CD	Primary payer responsibility code
BENE_PRMRY_PYR_AMT	Primary payer paid amount
DRG_CD	Diagnosis Related Group Code (or MS-DRG Code)

## Medicare Provider Analysis and Review (MedPAR) Claims

<u>Variable Name</u>	<u>Variable Label</u>
DRG_OUTLIER_STAY_CD	DRG Cost or Day Outlier code
DRG_OUTLIER_PMT_AMT	DRG Outlier Approved Payment Amount (\$)
DRG_PRICE_AMT	DRG Price Amount (\$)
IP_DSPRPRNT_SHR_AMT	Inpatient Disproportionate Share (DSH) Amount (\$)
IME_AMT	Indirect Medical Education (IME) Amount (\$)
PASS_THRU_AMT	Pass Thru Per Diem Amount for stay (\$)
TOT_PPS_CPTL_AMT	Total PPS capital Amount (\$)
IP_LOW_VOL_PYMT_AMT	Inpatient Low Volume Payment Amount
TOT_CHRG_AMT	Total Charge Amount (\$)
TOT_CVR_CHRG_AMT	Total Covered Charge Amount (\$)
MDCR_PMT_AMT	Total Medicare Payment Amount (\$)
ACMDTNS_TOT_CHRG_AMT	Total charge for all accommodations (\$)
DPRTMNTL_TOT_CHRG_AMT	Total charge for all ancillary depts related to beneficiary's stay (\$)
PRVT_ROOM_DAY_CNT	Private room day count
SEMIPRVT_ROOM_DAY_CNT	Semi-private room day count
WARD_DAY_CNT	Ward day count
INTNSV_CARE_DAY_CNT	Intensive care day count
CRNRY_CARE_DAY_CNT	Coronary care day count
PRVT_ROOM_CHRG_AMT	Private room charge amount (\$)
SEMIPRVT_ROOM_CHRG_AMT	Semi-private room charge amount (\$)
WARD_CHRG_AMT	Ward charge amount (\$)
INTNSV_CARE_CHRG_AMT	Intensive care charge amount (\$)
CRNRY_CARE_CHRG_AMT	Coronary care charge amount (\$)
OTHR_SRVC_CHRG_AMT	Other services charge amount (\$)
PHRMCY_CHRG_AMT	Pharmacy charge amount (\$)
MDCL_SUPLY_CHRG_AMT	Medical/surgical supplies charge amount (\$)
DME_CHRG_AMT	Durable Medical Equipment (DME) charge amount (\$)
USED_DME_CHRG_AMT	Used Durable Medical Equipment (DME) charge amount (\$)
PHYS_THRPY_CHRG_AMT	Physical therapy charge amount (\$)
OCPTNL_THRPY_CHRG_AMT	Occupational therapy charge amount (\$)
SPCH_PTHLGY_CHRG_AMT	Speech pathology charge amount (\$)
INHLTN_THRPY_CHRG_AMT	Inhalation therapy charge amount (\$)
BLOOD_CHRG_AMT	Blood charge amount (\$)
BLOOD_ADMIN_CHRG_AMT	Blood storage and processing charge amount (\$)
BLOOD_PT_FRNSH_QTY	Blood pints furnished quantity
OPRTG_ROOM_CHRG_AMT	Operating room charge amount (\$)
LTHTRPSY_CHRG_AMT	Lithotripsy charge amount (\$)
CRDLGY_CHRG_AMT	Cardiology charge amount (\$)
ANSTHSA_CHRG_AMT	Anesthesia charge amount (\$)
LAB_CHRG_AMT	Laboratory charge amount (\$)
RDLGY_CHRG_AMT	Radiology charge amount (excluding MRI) (\$)
MRI_CHRG_AMT	Magnetic resonance imaging (MRI) charge amount (\$)
OP_SRVC_CHRG_AMT	Outpatient service charge amount (\$)
ER_CHRG_AMT	Emergency room (ER) charge amount (\$)
AMBLNC_CHRG_AMT	Ambulance charge amount (\$)
PROFNL_FEES_CHRG_AMT	Professional fees charge amount (\$)
ORGN_ACQSTN_CHRG_AMT	Organ acquisition or other donor bank charge amount (\$)
ESRD_REV_SETG_CHRG_AMT	End Stage Renal Disease (ESRD) charge amount (\$)
CLNC_VISIT_CHRG_AMT	Clinic visit charge amount (\$)
ICU_IND_CD	Intensive Care Unit (ICU) indicator code
CRNRY_CARE_IND_CD	Coronary care unit (CCU) indicator code
PHRMCY_IND_CD	Pharmacy indicator code
TRNSPLNT_IND_CD	Organ transplant indicator code

## Medicare Provider Analysis and Review (MedPAR) Claims

<u>Variable Name</u>	<u>Variable Label</u>
RDLGY_ONCLGY_IND_SW	Oncology indicator
RDLGY_DGNSTC_IND_SW	Diagnostic radiology indicator
RDLGY_THRPTC_IND_SW	Therapeutic Radiology indicator
RDLGY_NUCLR_MDCN_IND_SW	Radiology nuclear medicine indicator
RDLGY_CT_SCAN_IND_SW	Radiology computed tomographic (CT) scan indicator
RDLGY_OTHR_IMGNG_IND_SW	Radiology other imaging indicator
OP_SRVC_IND_CD	Outpatient services/ambulatory surgical care indicator code
ORGN_ACQSTN_IND_CD	Organ acquisition type code
ESRD_COND_CD	End Stage Renal Disease (ESRD) condition indicator code
ESRD_SETG_IND_1_CD	Dialysis service type code 1
ESRD_SETG_IND_2_CD	Dialysis service type code 2
ESRD_SETG_IND_3_CD	Dialysis service type code 3
ESRD_SETG_IND_4_CD	Dialysis service type code 4
ESRD_SETG_IND_5_CD	Dialysis service type code 5
ADMTG_DGNS_CD	Initial diagnosis at time of admission
ADMTG_DGNS_VRSN_CD	Admitting Diagnosis Version Code (ICD-9 or ICD-10)
DGNS_CD_CNT	Count of diagnosis codes
DGNS_VRSN_CD	Diagnosis Version Code (ICD-9 or ICD-10)
DGNS_VRSN_CD_1	Diagnosis Version Code 1 (ICD-9 or ICD-10)
DGNS_VRSN_CD_2	Diagnosis Version Code 2 (ICD-9 or ICD-10)
DGNS_VRSN_CD_3	Diagnosis Version Code 3 (ICD-9 or ICD-10)
DGNS_VRSN_CD_4	Diagnosis Version Code 4 (ICD-9 or ICD-10)
DGNS_VRSN_CD_5	Diagnosis Version Code 5 (ICD-9 or ICD-10)
DGNS_VRSN_CD_6	Diagnosis Version Code 6 (ICD-9 or ICD-10)
DGNS_VRSN_CD_7	Diagnosis Version Code 7 (ICD-9 or ICD-10)
DGNS_VRSN_CD_8	Diagnosis Version Code 8 (ICD-9 or ICD-10)
DGNS_VRSN_CD_9	Diagnosis Version Code 9 (ICD-9 or ICD-10)
DGNS_VRSN_CD_10	Diagnosis Version Code 10 (ICD-9 or ICD-10)
DGNS_VRSN_CD_11	Diagnosis Version Code 11 (ICD-9 or ICD-10)
DGNS_VRSN_CD_12	Diagnosis Version Code 12 (ICD-9 or ICD-10)
DGNS_VRSN_CD_13	Diagnosis Version Code 13 (ICD-9 or ICD-10)
DGNS_VRSN_CD_14	Diagnosis Version Code 14 (ICD-9 or ICD-10)
DGNS_VRSN_CD_15	Diagnosis Version Code 15 (ICD-9 or ICD-10)
DGNS_VRSN_CD_16	Diagnosis Version Code 16 (ICD-9 or ICD-10)
DGNS_VRSN_CD_17	Diagnosis Version Code 17 (ICD-9 or ICD-10)
DGNS_VRSN_CD_18	Diagnosis Version Code 18 (ICD-9 or ICD-10)
DGNS_VRSN_CD_19	Diagnosis Version Code 19 (ICD-9 or ICD-10)
DGNS_VRSN_CD_20	Diagnosis Version Code 20 (ICD-9 or ICD-10)
DGNS_VRSN_CD_21	Diagnosis Version Code 21 (ICD-9 or ICD-10)
DGNS_VRSN_CD_22	Diagnosis Version Code 22 (ICD-9 or ICD-10)
DGNS_VRSN_CD_23	Diagnosis Version Code 23 (ICD-9 or ICD-10)
DGNS_VRSN_CD_24	Diagnosis Version Code 24 (ICD-9 or ICD-10)
DGNS_VRSN_CD_25	Diagnosis Version Code 25 (ICD-9 or ICD-10)
DGNS_1_CD	Principal diagnosis code
DGNS_2_CD	ICD-9-CM Diagnosis code 2
DGNS_3_CD	ICD-9-CM Diagnosis code 3
DGNS_4_CD	ICD-9-CM Diagnosis code 4
DGNS_5_CD	ICD-9-CM Diagnosis code 5
DGNS_6_CD	ICD-9-CM Diagnosis code 6
DGNS_7_CD	ICD-9-CM Diagnosis code 7
DGNS_8_CD	ICD-9-CM Diagnosis code 8
DGNS_9_CD	ICD-9-CM Diagnosis code 9
DGNS_10_CD	ICD-9-CM Diagnosis code 10

## Medicare Provider Analysis and Review (MedPAR) Claims

<u>Variable Name</u>	<u>Variable Label</u>
DGNS_11_CD	ICD-9-CM Diagnosis code 11
DGNS_12_CD	ICD-9-CM Diagnosis code 12
DGNS_13_CD	ICD-9-CM Diagnosis code 13
DGNS_14_CD	ICD-9-CM Diagnosis code 14
DGNS_15_CD	ICD-9-CM Diagnosis code 15
DGNS_16_CD	ICD-9-CM Diagnosis code 16
DGNS_17_CD	ICD-9-CM Diagnosis code 17
DGNS_18_CD	ICD-9-CM Diagnosis code 18
DGNS_19_CD	ICD-9-CM Diagnosis code 19
DGNS_20_CD	ICD-9-CM Diagnosis code 20
DGNS_21_CD	ICD-9-CM Diagnosis code 21
DGNS_22_CD	ICD-9-CM Diagnosis code 22
DGNS_23_CD	ICD-9-CM Diagnosis code 23
DGNS_24_CD	ICD-9-CM Diagnosis code 24
DGNS_25_CD	ICD-9-CM Diagnosis code 25
DGNS_POA_CD	Diagnosis Code POA Array
POA_DGNS_CD_CNT	Count of Present on Admission (POA) Diagnosis Codes
POA_DGNS_1_IND_CD	Diagnosis 1 Present on Admission (POA) Indicator Code
POA_DGNS_2_IND_CD	Diagnosis Present on Admission Indicator 2
POA_DGNS_3_IND_CD	Diagnosis Present on Admission Indicator 3
POA_DGNS_4_IND_CD	Diagnosis Present on Admission Indicator 4
POA_DGNS_5_IND_CD	Diagnosis Present on Admission Indicator 5
POA_DGNS_6_IND_CD	Diagnosis Present on Admission Indicator 6
POA_DGNS_7_IND_CD	Diagnosis Present on Admission Indicator 7
POA_DGNS_8_IND_CD	Diagnosis Present on Admission Indicator 8
POA_DGNS_9_IND_CD	Diagnosis Present on Admission Indicator 9
POA_DGNS_10_IND_CD	Diagnosis Present on Admission Indicator 10
POA_DGNS_11_IND_CD	Diagnosis Present on Admission Indicator 11
POA_DGNS_12_IND_CD	Diagnosis Present on Admission Indicator 12
POA_DGNS_13_IND_CD	Diagnosis Present on Admission Indicator 13
POA_DGNS_14_IND_CD	Diagnosis Present on Admission Indicator 14
POA_DGNS_15_IND_CD	Diagnosis Present on Admission Indicator 15
POA_DGNS_16_IND_CD	Diagnosis Present on Admission Indicator 16
POA_DGNS_17_IND_CD	Diagnosis Present on Admission Indicator 17
POA_DGNS_18_IND_CD	Diagnosis Present on Admission Indicator 18
POA_DGNS_19_IND_CD	Diagnosis Present on Admission Indicator 19
POA_DGNS_20_IND_CD	Diagnosis Present on Admission Indicator 20
POA_DGNS_21_IND_CD	Diagnosis Present on Admission Indicator 21
POA_DGNS_22_IND_CD	Diagnosis Present on Admission Indicator 22
POA_DGNS_23_IND_CD	Diagnosis Present on Admission Indicator 23
POA_DGNS_24_IND_CD	Diagnosis Present on Admission Indicator 24
POA_DGNS_25_IND_CD	Diagnosis Present on Admission Indicator 25
DGNS_E_CD_CNT	Count of Diagnosis E Codes
DGNS_E_VRSN_CD	Diagnosis E Version Code (Earlier Version)
DGNS_E_VRSN_CD_1	Diagnosis E Version Code 1
DGNS_E_VRSN_CD_2	Diagnosis E Version Code 2
DGNS_E_VRSN_CD_3	Diagnosis E Version Code 3
DGNS_E_VRSN_CD_4	Diagnosis E Version Code 4
DGNS_E_VRSN_CD_5	Diagnosis E Version Code 5
DGNS_E_VRSN_CD_6	Diagnosis E Version Code 6
DGNS_E_VRSN_CD_7	Diagnosis E Version Code 7
DGNS_E_VRSN_CD_8	Diagnosis E Version Code 8
DGNS_E_VRSN_CD_9	Diagnosis E Version Code 9

## Medicare Provider Analysis and Review (MedPAR) Claims

<u>Variable Name</u>	<u>Variable Label</u>
DGNS_E_VRSN_CD_10	Diagnosis E Version Code 10
DGNS_E_VRSN_CD_11	Diagnosis E Version Code 11
DGNS_E_VRSN_CD_12	Diagnosis E Version Code 12
DGNS_E_1_CD	Diagnosis E Code 1
DGNS_E_2_CD	Diagnosis E Code 2
DGNS_E_3_CD	Diagnosis E Code 3
DGNS_E_4_CD	Diagnosis E Code 4
DGNS_E_5_CD	Diagnosis E Code 5
DGNS_E_6_CD	Diagnosis E Code 6
DGNS_E_7_CD	Diagnosis E Code 7
DGNS_E_8_CD	Diagnosis E Code 8
DGNS_E_9_CD	Diagnosis E Code 9
DGNS_E_10_CD	Diagnosis E Code 10
DGNS_E_11_CD	Diagnosis E Code 11
DGNS_E_12_CD	Diagnosis E Code 12
POA_DGNS_E_CD_CNT	Count of Present on Admission (POA) Diagnosis E Codes
POA_DGNS_E_1_IND_CD	Diagnosis E Code Present on Admission Indicator 1
POA_DGNS_E_2_IND_CD	Diagnosis E Code Present on Admission Indicator 2
POA_DGNS_E_3_IND_CD	Diagnosis E Code Present on Admission Indicator 3
POA_DGNS_E_4_IND_CD	Diagnosis E Code Present on Admission Indicator 4
POA_DGNS_E_5_IND_CD	Diagnosis E Code Present on Admission Indicator 5
POA_DGNS_E_6_IND_CD	Diagnosis E Code Present on Admission Indicator 6
POA_DGNS_E_7_IND_CD	Diagnosis E Code Present on Admission Indicator 7
POA_DGNS_E_8_IND_CD	Diagnosis E Code Present on Admission Indicator 8
POA_DGNS_E_9_IND_CD	Diagnosis E Code Present on Admission Indicator 9
POA_DGNS_E_10_IND_CD	Diagnosis E Code Present on Admission Indicator 10
POA_DGNS_E_11_IND_CD	Diagnosis E Code Present on Admission Indicator 11
POA_DGNS_E_12_IND_CD	Diagnosis E Code Present on Admission Indicator 12
SRGCL_PRCDR_IND_SW	Surgical procedure indicator
SRGCL_PRCDR_CD_CNT	Surgical procedure codes included in stay
SRGCL_PRCDR_VRSN_CD	Surgical Procedure Version Code (Earlier Version)
SRGCL_PRCDR_VRSN_CD_1	MEDPAR Surgical Procedure Version Code 1 (ICD-9-CM or ICD-10-PCS)
SRGCL_PRCDR_VRSN_CD_2	MEDPAR Surgical Procedure Version Code 2
SRGCL_PRCDR_VRSN_CD_3	MEDPAR Surgical Procedure Version Code 3
SRGCL_PRCDR_VRSN_CD_4	MEDPAR Surgical Procedure Version Code 4
SRGCL_PRCDR_VRSN_CD_5	MEDPAR Surgical Procedure Version Code 5
SRGCL_PRCDR_VRSN_CD_6	MEDPAR Surgical Procedure Version Code 6
SRGCL_PRCDR_VRSN_CD_7	MEDPAR Surgical Procedure Version Code 7
SRGCL_PRCDR_VRSN_CD_8	MEDPAR Surgical Procedure Version Code 8
SRGCL_PRCDR_VRSN_CD_9	MEDPAR Surgical Procedure Version Code 9
SRGCL_PRCDR_VRSN_CD_10	MEDPAR Surgical Procedure Version Code 10
SRGCL_PRCDR_VRSN_CD_11	MEDPAR Surgical Procedure Version Code 11
SRGCL_PRCDR_VRSN_CD_12	MEDPAR Surgical Procedure Version Code 12
SRGCL_PRCDR_VRSN_CD_13	MEDPAR Surgical Procedure Version Code 13
SRGCL_PRCDR_VRSN_CD_14	MEDPAR Surgical Procedure Version Code 14
SRGCL_PRCDR_VRSN_CD_15	MEDPAR Surgical Procedure Version Code 15
SRGCL_PRCDR_VRSN_CD_16	MEDPAR Surgical Procedure Version Code 16
SRGCL_PRCDR_VRSN_CD_17	MEDPAR Surgical Procedure Version Code 17
SRGCL_PRCDR_VRSN_CD_18	MEDPAR Surgical Procedure Version Code 18
SRGCL_PRCDR_VRSN_CD_19	MEDPAR Surgical Procedure Version Code 19
SRGCL_PRCDR_VRSN_CD_20	MEDPAR Surgical Procedure Version Code 20
SRGCL_PRCDR_VRSN_CD_21	MEDPAR Surgical Procedure Version Code 21
SRGCL_PRCDR_VRSN_CD_22	MEDPAR Surgical Procedure Version Code 22

## Medicare Provider Analysis and Review (MedPAR) Claims

<u>Variable Name</u>	<u>Variable Label</u>
SRGCL_PRCDR_VRSN_CD_23	MEDPAR Surgical Procedure Version Code 23
SRGCL_PRCDR_VRSN_CD_24	MEDPAR Surgical Procedure Version Code 24
SRGCL_PRCDR_VRSN_CD_25	MEDPAR Surgical Procedure Version Code 25
SRGCL_PRCDR_1_CD	Principal Procedure code
SRGCL_PRCDR_2_CD	Procedure Code 2
SRGCL_PRCDR_3_CD	Procedure Code 3
SRGCL_PRCDR_4_CD	Procedure Code 4
SRGCL_PRCDR_5_CD	Procedure Code 5
SRGCL_PRCDR_6_CD	Procedure Code 6
SRGCL_PRCDR_7_CD	Procedure Code 7
SRGCL_PRCDR_8_CD	Procedure Code 8
SRGCL_PRCDR_9_CD	Procedure Code 9
SRGCL_PRCDR_10_CD	Procedure Code 10
SRGCL_PRCDR_11_CD	Procedure Code 11
SRGCL_PRCDR_12_CD	Procedure Code 12
SRGCL_PRCDR_13_CD	Procedure Code 13
SRGCL_PRCDR_14_CD	Procedure Code 14
SRGCL_PRCDR_15_CD	Procedure Code 15
SRGCL_PRCDR_16_CD	Procedure Code 16
SRGCL_PRCDR_17_CD	Procedure Code 17
SRGCL_PRCDR_18_CD	Procedure Code 18
SRGCL_PRCDR_19_CD	Procedure Code 19
SRGCL_PRCDR_20_CD	Procedure Code 20
SRGCL_PRCDR_21_CD	Procedure Code 21
SRGCL_PRCDR_22_CD	Procedure Code 22
SRGCL_PRCDR_23_CD	Procedure Code 23
SRGCL_PRCDR_24_CD	Procedure Code 24
SRGCL_PRCDR_25_CD	Procedure Code 25
SRGCL_PRCDR_DT_CNT	Dates associated with surgical procedures included in stay
SRGCL_PRCDR_PRFRM_1_DT	Principal Procedure Date
SRGCL_PRCDR_PRFRM_2_DT	Procedure Date 2
SRGCL_PRCDR_PRFRM_3_DT	Procedure Date 3
SRGCL_PRCDR_PRFRM_4_DT	Procedure Date 4
SRGCL_PRCDR_PRFRM_5_DT	Procedure Date 5
SRGCL_PRCDR_PRFRM_6_DT	Procedure Date 6
SRGCL_PRCDR_PRFRM_7_DT	Procedure Date 7
SRGCL_PRCDR_PRFRM_8_DT	Procedure Date 8
SRGCL_PRCDR_PRFRM_9_DT	Procedure Date 9
SRGCL_PRCDR_PRFRM_10_DT	Procedure Date 10
SRGCL_PRCDR_PRFRM_11_DT	Procedure Date 11
SRGCL_PRCDR_PRFRM_12_DT	Procedure Date 12
SRGCL_PRCDR_PRFRM_13_DT	Procedure Date 13
SRGCL_PRCDR_PRFRM_14_DT	Procedure Date 14
SRGCL_PRCDR_PRFRM_15_DT	Procedure Date 15
SRGCL_PRCDR_PRFRM_16_DT	Procedure Date 16
SRGCL_PRCDR_PRFRM_17_DT	Procedure Date 17
SRGCL_PRCDR_PRFRM_18_DT	Procedure Date 18
SRGCL_PRCDR_PRFRM_19_DT	Procedure Date 19
SRGCL_PRCDR_PRFRM_20_DT	Procedure Date 20
SRGCL_PRCDR_PRFRM_21_DT	Procedure Date 21
SRGCL_PRCDR_PRFRM_22_DT	Procedure Date 22
SRGCL_PRCDR_PRFRM_23_DT	Procedure Date 23
SRGCL_PRCDR_PRFRM_24_DT	Procedure Date 24

## Medicare Provider Analysis and Review (MedPAR) Claims

<u>Variable Name</u>	<u>Variable Label</u>
SRGCL_PRCDR_PRFRM_25_DT	Procedure Date 25
CLM_PTNT_RLTNSHP_CD	Claim Patient Relationship Code
CARE_IMPRVMT_MODEL_1_CD	Care Improvement Model 1 Code
CARE_IMPRVMT_MODEL_2_CD	Care Improvement Model 2 Code
CARE_IMPRVMT_MODEL_3_CD	Care Improvement Model 3 Code
CARE_IMPRVMT_MODEL_4_CD	Care Improvement Model 4 Code
VBP_PRTCPNT_IND_CD	Value Based Purchasing (VBP) Participant Indicator Code
HRR_PRTCPNT_IND_CD	Hospital Readmission Reduction (HRR) Participant Indicator Code
BNDLD_MODEL_DSCNT_PCT	Bundled Payment Model Discount Percent
VBP_ADJSTMT_PCT	Value Based Purchasing (VBP) Adjustment Percent
HRR_ADJSTMT_PCT	Hospital Readmission Reduction (HRR) Adjustment Percent
INFRMTL_ENCTR_IND_SW	Informational Encounter Indicator
MA_TCHNG_IND_SW	MA Teaching Indicator
PROD_RPLCMT_LIFECYC_SW	Product Replacement within Product Lifecycle (early)
PROD_RPLCMT_RCLL_SW	Product Replacement for Recall of Product
CRED_RCVD_RPLCD_DVC_SW	Credit Received Replaced Device
OBSRVTN_SW	Observation Unit Indicator
NEW_TCHNLGY_ADD_ON_AMT	New Technology Add-On Amount
BASE_OPRTG_DRG_AMT	Base Operating DRG Amount
OPRTG_HSP_AMT	Operating Hospital Amount
MDCL_SRGCL_GNRL_AMT	Medical/Surgical General Amount (\$)
MDCL_SRGCL_NSTRL_AMT	Medical/Surgical Non-Sterile Supplies Amount (\$)
MDCL_SRGCL_STRL_AMT	Medical/Surgical Sterile Supplies Amount (\$)
TAKE_HOME_AMT	Medical/Surgical Supplies Take Home Amount (\$)
PRSTHTC_ORTHTC_AMT	Medical/Surgical Supplies Prosthetic Orthotic Amount (\$)
MDCL_SRGCL_PCMKR_AMT	Medical/Surgical Pacemaker Amount (\$)
INTRAOCULAR_LENS_AMT	Medical/Surgical Supplies Intraocular Lens Amount (\$)
OXYGN_TAKE_HOME_AMT	Medical/Surgical Supplies Oxygen Take Home Amount (\$)
OTHR_IMPLANTS_AMT	Medical/Surgical Supplies Other Implants Amount (\$)
OTHR_SUPLIES_DVC_AMT	Medical/Surgical Supplies Other Device Amount (\$)
INCDNT_RDLGY_AMT	Medical/Surgical Supplies Incident Radiology Amount (\$)
INCDNT_DGNSTC_SRVCS_AMT	Medical/Surgical Supplies Incident Diagnostic Services Amount (\$)
MDCL_SRGCL_DRNG_AMT	Medical/Surgical Dressing Amount (\$)
INVSTGTNL_DVC_AMT	Medical/Surgical Supplies Investigational Device Amount (\$)
MDCL_SRGCL_MISC_AMT	Medical/Surgical Miscellaneous Amount (\$)
RDLGY_ONCOLOGY_AMT	Oncology Amount (\$)
RDLGY_DGNSTC_AMT	Radiology Diagnostic Amount (\$)
RDLGY_THRPTC_AMT	Radiology Therapeutic Amount (\$)
RDLGY_NUCLR_MDCN_AMT	Radiology Nuclear Medicine Amount (\$)
RDLGY_CT_SCAN_AMT	Radiology CT Scan Amount (\$)
RDLGY_OTHR_IMGNG_AMT	Radiology Other Imaging Amount (\$)
OPRTG_ROOM_AMT	Operating & Recovery Room Amount (\$)
OR_LABOR_DLVRV_AMT	Labor Room & Delivery Amount (\$)
CRDC_CATHRZTN_AMT	Cardiac Catheterization Lab Amount
SQSTRTN_RDCTN_AMT	Sequestration Reduction Amount
UNCOMP_D_CARE_PYMT_AMT	Uncompensated Care Payment Amount
BNDLD_ADJSTMT_AMT	Bundled Payment Adjustment Amount
VBP_ADJSTMT_AMT	Hospital Value Based Purchasing (VBP) Amount
HRR_ADJSTMT_AMT	Hospital Readmission Reduction (HRR) Adjustment Amount
EHR_PYMT_ADJSTMT_AMT	Electronic Health Record (EHR) Payment Adjustment Amount
PPS_STD_VAL_PYMT_AMT	Standard Payment Amount
FINL_STD_AMT	Final standard payment amount
HAC_RDCTN_PMT_AMT	Hospital Acquired Conditions (HAC) Reduction Payment Amount



## Medicare Provider Analysis and Review (MedPAR) Claims

<u>Variable Name</u>	<u>Variable Label</u>
IPPS_FLEX_PYMT_7_AMT	Flexible Payment Amount - 7th (placeholder)
PTNT_ADD_ON_PYMT_AMT	Patient Add-On Payment Amount (new pt)
HAC_PGM_RDCTN_IND_SW	Hospital Acquired Conditions (HAC) Program Reduction Indicator
PGM_RDCTN_IND_SW	Electronic Health Records (EHR) Program Reduction Indicator
PA_IND_CD	Prior Authorization Indicator Code
UNIQ_TRKNG_NUM	Unique Tracking Number
STAY_2_IND_SW	Two Midnight Stay Indicator
CLM_SITE_NTRL_PYMT_CST_AMT	Claim Site Neutral Payment Based on Cost Amount
CLM_SITE_NTRL_PYMT_IPPS_AMT	Claim Site Neutral Payment Based on IPPS Amount
CLM_FULL_STD_PYMT_AMT	Claim Full Standard Payment Amount
CLM_SS_OUTLIER_STD_PYMT_AMT	Claim Short Stay Outlier (SSO) Standard Payment Amount
CLM_NGACO_IND_1_CD	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code 1
CLM_NGACO_IND_2_CD	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code 2
CLM_NGACO_IND_3_CD	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code 3
CLM_NGACO_IND_4_CD	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code 4
CLM_NGACO_IND_5_CD	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code 5
CLM_RSDL_PYMT_IND_CD	Claim Residual Payment Indicator Code
CLM_RP_IND_CD	Claim Representative Payee (RP) Indicator Code
RC_RP_IND_CD	Revenue Center Representative Payee (RP) Indicator Code
ACO_ID_NUM	Accountable Care Organization (ACO) Identification Number
RC_ALLOGENEIC_STEM_CELL_AMT	Revenue Center Allogeneic Stem Cell Acquisition/Donor Services Amount
ISLET_ADD_ON_PYMT_AMT	Islet Add-On Payment Amount
CLM_IP_INITL_MS_DRG_CD	Claim Inpatient Initial MS-DRG Code
VAL_CD_Q1_PYMT_RDCTN_AMT	Value Code Q1 Payment Reduction Amount

## Carrier (Physician/Supplier Part B) Fee-for-Service Claims

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_NEAR_LINE_REC_IDENT_CD	NCH Near Line Record Identification Code (RIC)
NCH_CLM_TYPE_CD	NCH Claim Type Code
CLM_FROM_DT	Claim From Date
CLM_THRU_DT	Claim Through Date
NCH_WKLY_PROC_DT	NCH Weekly Claim Processing Date
CARR_CLM_ENTRY_CD	Carrier Claim Entry Code
CLM_DISP_CD	Claim Disposition Code
CARR_NUM	Carrier or MAC Number
CARR_CLM_PMT_DNL_CD	Carrier Claim Payment Denial Code
CLM_PMT_AMT	Claim (Medicare) Payment Amount
CARR_CLM_PRMRY_PYR_PD_AMT	NCH Primary Payer (if not Medicare) Claim Paid Amount
RFR_PHYSN_UPIN	Carrier/DMERC Claim Referring Physician UPIN Number
RFR_PHYSN_NPI	Carrier/DMERC Claim Referring Physician NPI Number
CARR_CLM_PRVDR_ASGNMT_IND_SW	Carrier Claim Provider Assignment Indicator Switch
NCH_CLM_PRVDR_PMT_AMT	NCH Claim Provider Payment Amount
NCH_CLM_BENE_PMT_AMT	NCH Claim Payment Amount to Beneficiary
NCH_CARR_CLM_SBMTD_CHRG_AMT	NCH Carrier Claim Submitted Charge Amount (sum of all line-level submitted charges)
NCH_CARR_CLM_ALOWD_AMT	NCH Carrier Claim Allowed Charge Amount (sum of all line-level allowed charges)
CARR_CLM_CASH_DDCTBL_APLD_AMT	Carrier Claim Cash Deductible Applied Amount (sum of all line-level deductible amounts)
CARR_CLM_HCPCS_YR_CD	Claim Healthcare Common Procedure Coding System (HCPCS) Year Code
CARR_CLM_RFRNG_PIN_NUM	Carrier Claim Referring Provider ID Number (PIN)
PRNCPAL_DGNS_CD	Claim Principal Diagnosis Code
PRNCPAL_DGNS_VRSN_CD	Claim Principal Diagnosis Version Code
ICD_DGNS_CD1	Claim Diagnosis Code I
ICD_DGNS_VRSN_CD1	Claim Diagnosis Code I Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD2	Claim Diagnosis Code II
ICD_DGNS_VRSN_CD2	Claim Diagnosis Code II Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD3	Claim Diagnosis Code III
ICD_DGNS_VRSN_CD3	Claim Diagnosis Code III Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD4	Claim Diagnosis Code IV
ICD_DGNS_VRSN_CD4	Claim Diagnosis Code IV Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD5	Claim Diagnosis Code V
ICD_DGNS_VRSN_CD5	Claim Diagnosis Code V Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD6	Claim Diagnosis Code VI
ICD_DGNS_VRSN_CD6	Claim Diagnosis Code VI Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD7	Claim Diagnosis Code VII
ICD_DGNS_VRSN_CD7	Claim Diagnosis Code VII Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD8	Claim Diagnosis Code VIII
ICD_DGNS_VRSN_CD8	Claim Diagnosis Code VIII Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD9	Claim Diagnosis Code IX
ICD_DGNS_VRSN_CD9	Claim Diagnosis Code IX Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD10	Claim Diagnosis Code X
ICD_DGNS_VRSN_CD10	Claim Diagnosis Code X Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD11	Claim Diagnosis Code XI
ICD_DGNS_VRSN_CD11	Claim Diagnosis Code XI Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD12	Claim Diagnosis Code XII
ICD_DGNS_VRSN_CD12	Claim Diagnosis Code XII Diagnosis Version Code (ICD-9 or ICD-10)

## Carrier (Physician/Supplier Part B) Fee-for-Service Claims

<u>Variable Name</u>	<u>Variable Label</u>
CLM_CLNCL_TRIL_NUM	Clinical Trial Number
DOB_DT	Date of Birth from Claim
SEX_CD	Sex Code from Claim
BENE_RACE_CD	Race Code from Claim
BENE_CNTY_CD	Beneficiary County Code from Claim (SSA)
BENE_STATE_CD	Beneficiary Residence (SSA) State Code
BENE_MLG_CNTCT_ZIP_CD	Beneficiary ZIP Code of Residence
CLM_BENE_PD_AMT	Carrier Claim Beneficiary Paid Amount
CPO_PRVDR_NUM	Care Plan Oversight (CPO) Provider Number
CPO_ORG_NPI_NUM	CPO Organization NPI Number
CARR_CLM_BLG_NPI_NUM	Carrier Claim Billing NPI Number
ACO_ID_NUM	Claim Accountable Care Organization (ACO) Identification Number
CARR_CLM_SOS_NPI_NUM	Carrier Claim Site of Service NPI Number
CLM_BENE_ID_TYPE_CD	Claim Beneficiary Identifier Type Code (For CMS Internal Use)
CLM_RSDL_PYMT_IND_CD	Claim Residual Payment Indicator Code
PRVDR_VLDTN_TYPE_CD	Provider Validation Type Code

## Carrier (Physician/Supplier Part B) Fee-for-Service Demonstration Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_CLM_TYPE_CD	NCH Claim Type Code
DEMO_ID_SQNC_NUM	Demonstration sequence number
DEMO_ID_NUM	Demonstration number
DEMO_INFO_TXT	Demo information text

**Carrier (Physician/Supplier Part B) Fee-for-Service Line Items**

<b><u>Variable Name</u></b>	<b><u>Variable Label</u></b>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
LINE_NUM	Claim Line Number
NCH_CLM_TYPE_CD	NCH Claim Type Code
CLM_THRU_DT	Claim Through Date
CARR_PRFRNG_PIN_NUM	Carrier Line Performing Provider ID Number (PIN)
PRF_PHYSN_UPIN	Carrier Line Performing UPIN Number
PRF_PHYSN_NPI	Carrier Line Performing NPI Number
ORG_NPI_NUM	Carrier Line Performing Group NPI Number
CARR_LINE_PRVDR_TYPE_CD	Carrier Line Provider Type Code
TAX_NUM	Line Provider Tax Number
PRVDR_STATE_CD	Line Provider State Code (SSA)
PRVDR_ZIP	Carrier Line Performing Provider ZIP Code
PRVDR_SPCLTY	Line CMS Provider Specialty Code
PRTCPTNG_IND_CD	Line Provider Participating Indicator Code
CARR_LINE_RDCD_PMT_PHYS_ASTN_C	Carrier Line Reduced Payment Physician Assistant Code
LINE_SRVC_CNT	Line Service Count
LINE_CMS_TYPE_SRVC_CD	Line CMS Type Service Code
LINE_PLACE_OF_SRVC_CD	Line Place of Service Code
CARR_LINE_PRCNG_LCLTY_CD	Carrier Line Pricing Locality Code
LINE_1ST_EXPNS_DT	Line First Expense Date
LINE_LAST_EXPNS_DT	Line Last Expense Date
HCPCS_CD	Healthcare Common Procedure Coding System (HCPCS) Code
HCPCS_1ST_MDFR_CD	HCPCS Initial Modifier Code
HCPCS_2ND_MDFR_CD	HCPCS Second Modifier Code
BETOS_CD	Line Berenson-Eggers Type of Service (BETOS) Code
LINE_NCH_PMT_AMT	Line NCH Medicare Payment Amount
LINE_BENE_PMT_AMT	Line Payment Amount to Beneficiary
LINE_PRVDR_PMT_AMT	Line Provider Payment Amount
LINE_BENE_PTB_DDCTBL_AMT	Line Beneficiary Part B Deductible Amount
LINE_BENE_PRMRY_PYR_CD	Line Primary Payer Code (if not Medicare)
LINE_BENE_PRMRY_PYR_PD_AMT	Line Primary Payer (if not Medicare) Paid Amount
LINE_COINSRNC_AMT	Line Beneficiary Coinsurance Amount
LINE_SBMTD_CHRG_AMT	Line Submitted Charge Amount
LINE_ALOWD_CHRG_AMT	Line Allowed Charge Amount
LINE_PRCSG_IND_CD	Line Processing Indicator Code
LINE_PMT_80_100_CD	Line Payment 80% / 100% Code
LINE_SERVICE_DEDUCTIBLE	Line Service Deductible Indicator Switch
CARR_LINE_MTUS_CNT	Carrier Line Miles/Time/Units/Services (MTUS) Count
CARR_LINE_MTUS_CD	Carrier Line Miles/Time/Units/Services (MTUS) Indicator Code
LINE_ICD_DGNS_CD	Line Diagnosis Code
LINE_ICD_DGNS_VRSN_CD	Line Diagnosis Code Diagnosis Version Code (ICD-9 or ICD-10)
HPSA_SCRCTY_IND_CD	Carrier Line Health Professional Shortage Area (HPSA) / Scarcity Indicator Code
CARR_LINE_RX_NUM	Carrier Line RX Number
LINE_HCT_HGB_RSLT_NUM	Hematocrit / Hemoglobin Test Results
LINE_HCT_HGB_TYPE_CD	Hematocrit / Hemoglobin Test Type Code
LINE_NDC_CD	Line National Drug Code (NDC)
CARR_LINE_CLIA_LAB_NUM	Clinical Laboratory Improvement Amendments (CLIA) monitored laboratory number
CARR_LINE_ANSTHSA_UNIT_CNT	Carrier Line Anesthesia Unit Count

## Carrier (Physician/Supplier Part B) Fee-for-Service Line Items

<u>Variable Name</u>	<u>Variable Label</u>
CARR_LINE_CL_CHRG_AMT	Carrier Line Clinical Lab Charge Amount
PHYSN_ZIP_CD	Line Place of Service (POS) Physician Zip Code
LINE_OTHR_APLD_IND_CD1	Line Other Applied Indicator 1st Code
LINE_OTHR_APLD_IND_CD2	Line Other Applied Indicator 2nd Code
LINE_OTHR_APLD_IND_CD3	Line Other Applied Indicator 3rd Code
LINE_OTHR_APLD_IND_CD4	Line Other Applied Indicator 4th Code
LINE_OTHR_APLD_IND_CD5	Line Other Applied Indicator 5th Code
LINE_OTHR_APLD_IND_CD6	Line Other Applied Indicator 6th Code
LINE_OTHR_APLD_IND_CD7	Line Other Applied Indicator 7th Code
LINE_OTHR_APLD_AMT1	Line Other Applied Amount for 1st Code
LINE_OTHR_APLD_AMT2	Line Other Applied Amount for 2nd Code
LINE_OTHR_APLD_AMT3	Line Other Applied Amount for 3rd Code
LINE_OTHR_APLD_AMT4	Line Other Applied Amount for 4th Code
LINE_OTHR_APLD_AMT5	Line Other Applied Amount for 5th Code
LINE_OTHR_APLD_AMT6	Line Other Applied Amount for 6th Code
LINE_OTHR_APLD_AMT7	Line Other Applied Amount for 7th Code
THRPY_CAP_IND_CD1	Line Therapy cap Indicator 1 Code
THRPY_CAP_IND_CD2	Line Therapy cap Indicator 2 Code
THRPY_CAP_IND_CD3	Line Therapy cap Indicator 3 Code
THRPY_CAP_IND_CD4	Line Therapy cap Indicator 4 Code
THRPY_CAP_IND_CD5	Line Therapy cap Indicator 5 Code
CLM_NEXT_GNRTN_ACO_IND_CD1	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Population based payments (PBP)
CLM_NEXT_GNRTN_ACO_IND_CD2	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Telehealth
CLM_NEXT_GNRTN_ACO_IND_CD3	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Post Discharge HH visits
CLM_NEXT_GNRTN_ACO_IND_CD4	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - 3 day SNF waiver
CLM_NEXT_GNRTN_ACO_IND_CD5	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Capitation
CARR_LINE_MDPP_NPI_NUM	Carrier Line Medicare Diabetes Prevention Program (MDPP) NPI Number
LINE_RSDL_PYMT_IND_CD	Line Residual Payment Indicator Code
LINE_RP_IND_CD	Line Representative Payee (RP) Indicator Code
LINE_PRVDR_VLDTN_TYPE_CD	Line Provider Validation Type Code

## Durable Medical Equipment (DME) Fee-for-Service Claims

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_NEAR_LINE_REC_IDENT_CD	NCH Near Line Record Identification Code (RIC)
NCH_CLM_TYPE_CD	NCH Claim Type Code
CLM_FROM_DT	Claim From Date
CLM_THRU_DT	Claim Through Date
NCH_WKLY_PROC_DT	NCH Weekly Claim Processing Date
CARR_CLM_ENTRY_CD	Carrier Claim Entry Code
CLM_DISP_CD	Claim Disposition Code
CARR_NUM	Carrier or MAC Number
CARR_CLM_PMT_DNL_CD	Carrier Claim Payment Denial Code
CLM_PMT_AMT	Claim (Medicare) Payment Amount
CARR_CLM_PRMRY_PYR_PD_AMT	NCH Primary Payer (if not Medicare) Claim Paid Amount
CARR_CLM_PRVDR_ASGNMT_IND_SW	Carrier Claim Provider Assignment Indicator Switch
NCH_CLM_PRVDR_PMT_AMT	NCH Claim Provider Payment Amount
NCH_CLM_BENE_PMT_AMT	NCH Claim Payment Amount to Beneficiary
NCH_CARR_CLM_SBMTD_CHRG_AMT	NCH Carrier Claim Submitted Charge Amount (sum of all line-level submitted charges)
NCH_CARR_CLM_ALOWD_AMT	NCH Carrier Claim Allowed Charge Amount (sum of all line-level allowed charges)
CARR_CLM_CASH_DDCTBL_APLD_AMT	Carrier Claim Cash Deductible Applied Amount (sum of all line-level deductible amounts)
CARR_CLM_HCPCS_YR_CD	Claim Healthcare Common Procedure Coding System (HCPCS) Year Code
PRNCPAL_DGNS_CD	Claim Principal Diagnosis Code
PRNCPAL_DGNS_VRSN_CD	Claim Principal Diagnosis Version Code
ICD_DGNS_CD1	Claim Diagnosis Code I
ICD_DGNS_VRSN_CD1	Claim Diagnosis Code I Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD2	Claim Diagnosis Code II
ICD_DGNS_VRSN_CD2	Claim Diagnosis Code II Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD3	Claim Diagnosis Code III
ICD_DGNS_VRSN_CD3	Claim Diagnosis Code III Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD4	Claim Diagnosis Code IV
ICD_DGNS_VRSN_CD4	Claim Diagnosis Code IV Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD5	Claim Diagnosis Code V
ICD_DGNS_VRSN_CD5	Claim Diagnosis Code V Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD6	Claim Diagnosis Code VI
ICD_DGNS_VRSN_CD6	Claim Diagnosis Code VI Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD7	Claim Diagnosis Code VII
ICD_DGNS_VRSN_CD7	Claim Diagnosis Code VII Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD8	Claim Diagnosis Code VIII
ICD_DGNS_VRSN_CD8	Claim Diagnosis Code VIII Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD9	Claim Diagnosis Code IX
ICD_DGNS_VRSN_CD9	Claim Diagnosis Code IX Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD10	Claim Diagnosis Code X
ICD_DGNS_VRSN_CD10	Claim Diagnosis Code X Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD11	Claim Diagnosis Code XI
ICD_DGNS_VRSN_CD11	Claim Diagnosis Code XI Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD12	Claim Diagnosis Code XII
ICD_DGNS_VRSN_CD12	Claim Diagnosis Code XII Diagnosis Version Code (ICD-9 or ICD-10)
RFR_PHYSN_UPIN	Carrier/DMERC Claim Ordering Physician UPIN Number
RFR_PHYSN_NPI	Carrier/DMERC Claim Ordering Physician NPI Number
CLM_CLNCL_TRIL_NUM	Clinical Trial Number

## Durable Medical Equipment (DME) Fee-for-Service Claims

<u>Variable Name</u>	<u>Variable Label</u>
DOB_DT	Date of Birth from Claim
SEX_CD	Sex Code from Claim
BENE_RACE_CD	Race Code from Claim
BENE_CNTY_CD	County Code from Claim (SSA)
BENE_STATE_CD	Beneficiary Residence (SSA) State Code
BENE_MLG_CNTCT_ZIP_CD	ZIP Code of Residence from Claim
CLM_BENE_PD_AMT	Carrier Claim Beneficiary Paid Amount
ACO_ID_NUM	Claim Accountable Care Organization (ACO) Identification Number
CLM_BENE_ID_TYPE_CD	Claim Beneficiary Identifier Type Code (For CMS Internal Use)
CLM_RSDL_PYMT_IND_CD	Claim Residual Payment Indicator Code



## Durable Medical Equipment (DME) Fee-for-Service Demonstration Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_CLM_TYPE_CD	NCH Claim Type Code
DEMO_ID_SQNC_NUM	Demonstration sequence number
DEMO_ID_NUM	Demonstration number
DEMO_INFO_TXT	Demo information text

## Durable Medical Equipment (DME) Fee-for-Service Line Items

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
LINE_NUM	Claim Line Number
NCH_CLM_TYPE_CD	NCH Claim Type Code
CLM_THRU_DT	Claim Through Date
TAX_NUM	Line Provider Tax Number
PRVDR_SPCLTY	Line CMS Provider Specialty Code
PRTCPTNG_IND_CD	Line Provider Participating Indicator Code
LINE_SRVC_CNT	Line Service Count
LINE_CMS_TYPE_SRVC_CD	Line CMS Type Service Code
LINE_PLACE_OF_SRVC_CD	Line Place of Service Code
LINE_1ST_EXPNS_DT	Line First Expense Date
LINE_LAST_EXPNS_DT	Line Last Expense Date
HCPCS_CD	Healthcare Common Procedure Coding System (HCPCS) Code
HCPCS_1ST_MDFR_CD	HCPCS Initial Modifier Code
HCPCS_2ND_MDFR_CD	HCPCS Second Modifier Code
BETOS_CD	Line Berenson-Eggers Type of Service (BETOS) Code
LINE_NCH_PMT_AMT	Line NCH Medicare Payment Amount
LINE_BENE_PMT_AMT	Line Payment Amount to Beneficiary
LINE_PRVDR_PMT_AMT	Line Provider Payment Amount
LINE_BENE_PTB_DDCTBL_AMT	Line Beneficiary Part B Deductible Amount
LINE_BENE_PRMRY_PYR_CD	Line Primary Payer Code (if not Medicare)
LINE_BENE_PRMRY_PYR_PD_AMT	Line Primary Payer (if not Medicare) Paid Amount
LINE_COINSRNC_AMT	Line Beneficiary Coinsurance Amount
LINE_PRMRY_ALOWD_CHRG_AMT	Line Primary Payer Allowed Charge Amount
LINE_SBMTD_CHRG_AMT	Line Submitted Charge Amount
LINE_ALOWD_CHRG_AMT	Line Allowed Charge Amount
LINE_PRCSG_IND_CD	Line Processing Indicator Code
LINE_PMT_80_100_CD	Line Payment 80% / 100% Code
LINE_SERVICE_DEDUCTIBLE	Line Service Deductible Indicator Switch
LINE_ICD_DGNS_CD	Line Diagnosis Code
LINE_ICD_DGNS_VRSN_CD	Line Diagnosis Code Diagnosis Version Code (ICD-9 or ICD-10)
LINE_DME_PRCHS_PRICE_AMT	Line DME Purchase Price Amount
PRVDR_NUM	DMERC Line Supplier Provider Number
PRVDR_NPI	DMERC Line Item Supplier NPI Number
DMERC_LINE_PRCNG_STATE_CD	DMERC Line Pricing State Code (SSA)
PRVDR_STATE_CD	Line Provider State Code (SSA)
DMERC_LINE_SUPPLR_TYPE_CD	DMERC Line Supplier Type Code
HCPCS_3RD_MDFR_CD	HCPCS Third Modifier Code
HCPCS_4TH_MDFR_CD	HCPCS Fourth Modifier Code
DMERC_LINE_SCRN_SVGS_AMT	DMERC Line Screen Savings Amount
DMERC_LINE_MTUS_CNT	DMERC Line Miles/Time/Units/Services (MTUS) Count
DMERC_LINE_MTUS_CD	DMERC Line Miles/Time/ Units/Services (MTUS) Indicator Code
LINE_HCT_HGB_RSLT_NUM	Hematocrit / Hemoglobin Test Results
LINE_HCT_HGB_TYPE_CD	Hematocrit / Hemoglobin Test Type Code
LINE_NDC_CD	Line National Drug Code (NDC)
LINE_OTHR_APLD_IND_CD1	Line Other Applied Indicator 1 Code
LINE_OTHR_APLD_IND_CD2	Line Other Applied Indicator 2 Code
LINE_OTHR_APLD_IND_CD3	Line Other Applied Indicator 3 Code

## Durable Medical Equipment (DME) Fee-for-Service Line Items

<u>Variable Name</u>	<u>Variable Label</u>
LINE_OTHR_APLD_IND_CD4	Line Other Applied Indicator 4 Code
LINE_OTHR_APLD_IND_CD5	Line Other Applied Indicator 5 Code
LINE_OTHR_APLD_IND_CD6	Line Other Applied Indicator 6 Code
LINE_OTHR_APLD_IND_CD7	Line Other Applied Indicator 7 Code
LINE_OTHR_APLD_AMT1	Line Other Applied 1 Amount
LINE_OTHR_APLD_AMT2	Line Other Applied 2 Amount
LINE_OTHR_APLD_AMT3	Line Other Applied 3 Amount
LINE_OTHR_APLD_AMT4	Line Other Applied 4 Amount
LINE_OTHR_APLD_AMT5	Line Other Applied 5 Amount
LINE_OTHR_APLD_AMT6	Line Other Applied 6 Amount
LINE_OTHR_APLD_AMT7	Line Other Applied 7 Amount
LINE_RSDL_PYMT_IND_CD	Line Residual Payment Indicator Code
LINE_RP_IND_CD	Line Representative Payee (RP) Indicator Code
DMERC_LINE_FRGN_ADR_IND	Line Foreign Address Indicator
LINE_RR_BRD_EXCLSN_IND_SW	Line Railroad Board Exclusion Indicator Switch

## Home Health Agency (HHA) Fee-for-Service Base Claims

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_NEAR_LINE_REC_IDENT_CD	NCH Near Line Record Identification Code (RIC)
NCH_CLM_TYPE_CD	NCH Claim Type Code
CLM_FROM_DT	Claim From Date
CLM_THRU_DT	Claim Through Date
NCH_WKLY_PROC_DT	NCH Weekly Claim Processing Date
FI_CLM_PROC_DT	FI Claim Process Date
PRVDR_NUM	Provider Number
CLM_FAC_TYPE_CD	Claim Facility Type Code
CLM_SRVC_CLSFCTN_TYPE_CD	Claim Service classification Type Code
CLM_FREQ_CD	Claim Frequency Code
FI_NUM	FI or MAC Number
CLM_MDCR_NON_PMT_RSN_CD	Claim Medicare Non Payment Reason Code
CLM_PMT_AMT	Claim (Medicare) Payment Amount
NCH_PRMRY_PYR_CLM_PD_AMT	NCH Primary Payer (if not Medicare) Claim Paid Amount
NCH_PRMRY_PYR_CD	NCH Primary Payer Code (if not Medicare)
PRVDR_STATE_CD	NCH Provider SSA State Code
ORG_NPI_NUM	Organization NPI Number
SRVC_LOC_NPI_NUM	Claim Service Location NPI Number
AT_PHYSN_UPIN	Claim Attending Physician UPIN Number
AT_PHYSN_NPI	Claim Attending Physician NPI Number
AT_PHYSN_SPCLTY_CD	Claim Attending Physician Specialty Code
OP_PHYSN_NPI	Claim Operating Physician NPI Number
OP_PHYSN_SPCLTY_CD	Claim Operating Physician Specialty Code
OT_PHYSN_NPI	Claim Other Physician NPI Number
OT_PHYSN_SPCLTY_CD	Claim Other Physician Specialty Code
RNDRNG_PHYSN_NPI	Claim Rendering Physician NPI Number
RNDRNG_PHYSN_SPCLTY_CD	Claim Rendering Physician Specialty Code
RFR_PHYSN_NPI	Claim Referring Physician NPI Number
RFR_PHYSN_SPCLTY_CD	Claim Referring Physician Specialty Code
PTNT_DSCHRG_STUS_CD	Patient Discharge Status Code
CLM_PPS_IND_CD	Claim PPS Indicator Code
CLM_TOT_CHRG_AMT	Claim Total Charge Amount
PRNCPAL_DGNS_CD	Claim Principal Diagnosis Code
ICD_DGNS_CD1	Claim Diagnosis Code I
ICD_DGNS_CD2	Claim Diagnosis Code II
ICD_DGNS_CD3	Claim Diagnosis Code III
ICD_DGNS_CD4	Claim Diagnosis Code IV
ICD_DGNS_CD5	Claim Diagnosis Code V
ICD_DGNS_CD6	Claim Diagnosis Code VI
ICD_DGNS_CD7	Claim Diagnosis Code VII
ICD_DGNS_CD8	Claim Diagnosis Code VIII
ICD_DGNS_CD9	Claim Diagnosis Code IX
ICD_DGNS_CD10	Claim Diagnosis Code X
ICD_DGNS_CD11	Claim Diagnosis Code XI
ICD_DGNS_CD12	Claim Diagnosis Code XII
ICD_DGNS_CD13	Claim Diagnosis Code XIII
ICD_DGNS_CD14	Claim Diagnosis Code XIV

## Home Health Agency (HHA) Fee-for-Service Base Claims

<u>Variable Name</u>	<u>Variable Label</u>
ICD_DGNS_CD15	Claim Diagnosis Code XV
ICD_DGNS_CD16	Claim Diagnosis Code XVI
ICD_DGNS_CD17	Claim Diagnosis Code XVII
ICD_DGNS_CD18	Claim Diagnosis Code XVIII
ICD_DGNS_CD19	Claim Diagnosis Code XIX
ICD_DGNS_CD20	Claim Diagnosis Code XX
ICD_DGNS_CD21	Claim Diagnosis Code XXI
ICD_DGNS_CD22	Claim Diagnosis Code XXII
ICD_DGNS_CD23	Claim Diagnosis Code XXIII
ICD_DGNS_CD24	Claim Diagnosis Code XXIV
ICD_DGNS_CD25	Claim Diagnosis Code XXV
FST_DGNS_E_CD	First Claim Diagnosis E Code
ICD_DGNS_E_CD1	Claim Diagnosis E Code I
ICD_DGNS_E_CD2	Claim Diagnosis E Code II
ICD_DGNS_E_CD3	Claim Diagnosis E Code III
ICD_DGNS_E_CD4	Claim Diagnosis E Code IV
ICD_DGNS_E_CD5	Claim Diagnosis E Code V
ICD_DGNS_E_CD6	Claim Diagnosis E Code VI
ICD_DGNS_E_CD7	Claim Diagnosis E Code VII
ICD_DGNS_E_CD8	Claim Diagnosis E Code VIII
ICD_DGNS_E_CD9	Claim Diagnosis E Code IX
ICD_DGNS_E_CD10	Claim Diagnosis E Code X
ICD_DGNS_E_CD11	Claim Diagnosis E Code XI
ICD_DGNS_E_CD12	Claim Diagnosis E Code XII
CLM_HHA_LUPA_IND_CD	Claim HHA Low Utilization Payment Adjustment (LUPA) Indicator Code
CLM_HHA_RFRL_CD	Claim HHA Referral Code
CLM_HHA_TOT_VISIT_CNT	Claim HHA Total Visit Count
CLM_ADMSN_DT	Claim Admission Date
DOB_DT	Date of Birth from Claim
SEX_CD	Sex Code from Claim
BENE_RACE_CD	Race Code from Claim
BENE_CNTY_CD	Beneficiary County Code from Claim (SSA)
BENE_STATE_CD	Beneficiary Residence (SSA) State Code
BENE_MLG_CNTCT_ZIP_CD	Beneficiary ZIP Code of Residence
CLM_MDCL_REC	Claim Medical Record Number
CLAIM_QUERY_CODE	Claim Query Code
FI_CLM_ACTN_CD	FI or MAC Claim Action Code
CLM_MCO_PD_SW	Claim MCO Paid Switch
NCH_BENE_DSCHRG_DT	NCH Beneficiary Discharge Date
CLM_TRTMT_AUTHRTN_NUM	Claim Treatment Authorization Number
CLM_PRCR_RTRN_CD	Claim Pricer Return Code
CLM_SRVC_FAC_ZIP_CD	Claim service facility ZIP code (where service was provided)
CLM_NEXT_GNRTN_ACO_IND_CD1	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Population based payments (PBP)
CLM_NEXT_GNRTN_ACO_IND_CD2	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Telehealth
CLM_NEXT_GNRTN_ACO_IND_CD3	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Post Discharge HH visits
CLM_NEXT_GNRTN_ACO_IND_CD4	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - 3 day SNF waiver
CLM_NEXT_GNRTN_ACO_IND_CD5	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Capitation
ACO_ID_NUM	Claim Accountable Care Organization (ACO) Identification Number
FINL_STD_AMT	Claim Final Standard Amount
CLM_BENE_ID_TYPE_CD	Claim Beneficiary Identifier Type Code (For CMS Internal Use)
CLM_RSDL_PYMT_IND_CD	Claim Residual Payment Indicator Code

Home Health Agency (HHA) Fee-for-Service Base Claims

<u>Variable Name</u>	<u>Variable Label</u>
PRVDR_VLDTN_TYPE_CD	Provider Validation Type Code
RR_BRD_EXCLSN_IND_SW	Railroad Board Exclusion Indicator Switch
PPS_STD_VAL_PYMT_AMT	Claim PPS Standard Value Payment Amount

## Home Health Agency (HHA) Fee-for-Service Condition Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_CLM_TYPE_CD	NCH Claim Type Code
RLT_COND_CD_SEQ	Claim Related Condition Code Sequence
CLM_RLT_COND_CD	Claim Related Condition Code

## Home Health Agency (HHA) Fee-for-Service Demonstration Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_CLM_TYPE_CD	NCH Claim Type Code
DEMO_ID_SQNC_NUM	Demonstration sequence number
DEMO_ID_NUM	Demonstration number
DEMO_INFO_TXT	Demo information text



## Home Health Agency (HHA) Fee-for-Service Occurrence Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_CLM_TYPE_CD	NCH Claim Type Code
RLT_OCRNC_CD_SEQ	Claim Related Occurrence Code Sequence
CLM_RLT_OCRNC_CD	Claim Related Occurrence Code
CLM_RLT_OCRNC_DT	Claim Related Occurrence Date

## Home Health Agency (HHA) Fee-for-Service Span Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_CLM_TYPE_CD	NCH Claim Type Code
RLT_SPAN_CD_SEQ	Claim Related Span Code Sequence
CLM_SPAN_CD	Claim Occurrence Span Code
CLM_SPAN_FROM_DT	Claim Occurrence Span From Date
CLM_SPAN_THRU_DT	Claim Occurrence Span Through Date

## Home Health Agency (HHA) Fee-for-Service Value Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_CLM_TYPE_CD	NCH Claim Type Code
RLT_VAL_CD_SEQ	Claim Related Value Code Sequence
CLM_VAL_CD	Claim Value Code
CLM_VAL_AMT	Claim Value Amount

## Home Health Agency (HHA) Fee-for-Service Revenue Center

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
CLM_THRU_DT	Claim Through Date
CLM_LINE_NUM	Claim Line Number
NCH_CLM_TYPE_CD	NCH Claim Type Code
REV_CNTR	Revenue Center Code
REV_CNTR_DT	Revenue Center Date
REV_CNTR_1ST_ANSI_CD	Revenue Center 1st ANSI Code
REV_CNTR_APC_HIPPS_CD	Revenue Center APC or HIPPS Code
HCPCS_CD	HCFA Common Procedure Coding System (HCPCS) Code
HCPCS_1ST_MDFR_CD	HCPCS Initial Modifier Code
HCPCS_2ND_MDFR_CD	HCPCS Second Modifier Code
HCPCS_3RD_MDFR_CD	HCPCS Third Modifier Code
REV_CNTR_PMT_MTHD_IND_CD	Revenue Center Payment Method Indicator Code
REV_CNTR_UNIT_CNT	Revenue Center Unit Count
REV_CNTR_RATE_AMT	Revenue Center Rate Amount
REV_CNTR_PMT_AMT_AMT	Revenue Center (Medicare) Payment Amount
REV_CNTR_TOT_CHRG_AMT	Revenue Center Total Charge Amount
REV_CNTR_NCVRD_CHRG_AMT	Revenue Center Non-Covered Charge Amount
REV_CNTR_DDCTBL_COINSRNC_CD	Revenue Center Deductible Coinsurance Code
REV_CNTR_STUS_IND_CD	Revenue Center Status Indicator Code
REV_CNTR_NDC_QTY	Revenue Center National Drug Code (NDC) Quantity
REV_CNTR_NDC_QTY_QLFR_CD	Revenue Center NDC Quantity Qualifier Code
RNDRNG_PHYSN_UPIN	Revenue Center Rendering Physician UPIN
RNDRNG_PHYSN_NPI	Revenue Center Rendering Physician NPI
RNDRNG_PHYSN_SPCLTY_CD	Revenue Center Rendering Physician Specialty Code
REV_CNTR_DSCNT_IND_CD	Revenue Center Discount Indicator Code
REV_CNTR_IDE_NDC_UPC_NUM	Revenue Center IDE, NDC, or UPC Number
REV_CNTR_PRVDR_PMT_AMT	Revenue Center (Medicare) Provider Payment Amount
REV_CNTR_PTNT_RSPNSBLTY_PMT	Revenue Center Patient Responsibility Payment Amount
REV_CNTR_PRCNG_IND_CD	Revenue Center Pricing Indicator Code
THRPY_CAP_IND_CD1	Revenue Center Therapy Cap Indicator 1 Code
THRPY_CAP_IND_CD2	Revenue Center Therapy Cap Indicator 2 Code
REV_CNTR_RP_IND_CD	Revenue Center Representative Payee (RP) Indicator Code

## Hospice Fee-for-Service Base Claims

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_NEAR_LINE_REC_IDENT_CD	NCH Near Line Record Identification Code (RIC)
NCH_CLM_TYPE_CD	NCH Claim Type Code
CLM_FROM_DT	Claim From Date
CLM_THRU_DT	Claim Through Date
NCH_WKLY_PROC_DT	NCH Weekly Claim Processing Date
FI_CLM_PROC_DT	FI Claim Process Date
PRVDR_NUM	Provider Number
CLM_FAC_TYPE_CD	Claim Facility Type Code
CLM_SRVC_CLSFCTN_TYPE_CD	Claim Service classification Type Code
CLM_FREQ_CD	Claim Frequency Code
FI_NUM	FI or MAC Number
CLM_MDCR_NON_PMT_RSN_CD	Claim Medicare Non Payment Reason Code
CLM_PMT_AMT	Claim (Medicare) Payment Amount
NCH_PRMRY_PYR_CLM_PD_AMT	NCH Primary Payer (if not Medicare) Claim Paid Amount
NCH_PRMRY_PYR_CD	NCH Primary Payer Code (if not Medicare)
PRVDR_STATE_CD	NCH Provider SSA State Code
ORG_NPI_NUM	Organization NPI Number
SRVC_LOC_NPI_NUM	Claim Service Location NPI Number
AT_PHYSN_UPIN	Claim Attending Physician UPIN Number
AT_PHYSN_NPI	Claim Attending Physician NPI Number
AT_PHYSN_SPCLTY_CD	Claim Attending Physician Specialty Code
OP_PHYSN_NPI	Claim Operating Physician NPI Number
OP_PHYSN_SPCLTY_CD	Claim Operating Physician Specialty Code
OT_PHYSN_NPI	Claim Other Physician NPI Number
OT_PHYSN_SPCLTY_CD	Claim Other Physician Specialty Code
RNDRNG_PHYSN_NPI	Claim Rendering Physician NPI Number
RNDRNG_PHYSN_SPCLTY_CD	Claim Rendering Physician Specialty Code
RFR_PHYSN_NPI	Claim Referring Physician NPI Number
RFR_PHYSN_SPCLTY_CD	Claim Referring Physician Specialty Code
PTNT_DSCHRG_STUS_CD	Patient Discharge Status Code
CLM_TOT_CHRG_AMT	Claim Total Charge Amount
NCH_PTNT_STATUS_IND_CD	NCH Patient Status Indicator Code
CLM_UTLZTN_DAY_CNT	Claim Medicare Utilization Day Count
NCH_BENE_DSCHRG_DT	NCH Beneficiary Discharge Date
PRNCPAL_DGNS_CD	Claim Principal Diagnosis Code
ICD_DGNS_CD1	Claim Diagnosis Code I
ICD_DGNS_CD2	Claim Diagnosis Code II
ICD_DGNS_CD3	Claim Diagnosis Code III
ICD_DGNS_CD4	Claim Diagnosis Code IV
ICD_DGNS_CD5	Claim Diagnosis Code V
ICD_DGNS_CD6	Claim Diagnosis Code VI
ICD_DGNS_CD7	Claim Diagnosis Code VII
ICD_DGNS_CD8	Claim Diagnosis Code VIII
ICD_DGNS_CD9	Claim Diagnosis Code IX
ICD_DGNS_CD10	Claim Diagnosis Code X
ICD_DGNS_CD11	Claim Diagnosis Code XI
ICD_DGNS_CD12	Claim Diagnosis Code XII

## Hospice Fee-for-Service Base Claims

<u>Variable Name</u>	<u>Variable Label</u>
ICD_DGNS_CD13	Claim Diagnosis Code XIII
ICD_DGNS_CD14	Claim Diagnosis Code XIV
ICD_DGNS_CD15	Claim Diagnosis Code XV
ICD_DGNS_CD16	Claim Diagnosis Code XVI
ICD_DGNS_CD17	Claim Diagnosis Code XVII
ICD_DGNS_CD18	Claim Diagnosis Code XVIII
ICD_DGNS_CD19	Claim Diagnosis Code XIX
ICD_DGNS_CD20	Claim Diagnosis Code XX
ICD_DGNS_CD21	Claim Diagnosis Code XXI
ICD_DGNS_CD22	Claim Diagnosis Code XXII
ICD_DGNS_CD23	Claim Diagnosis Code XXIII
ICD_DGNS_CD24	Claim Diagnosis Code XXIV
ICD_DGNS_CD25	Claim Diagnosis Code XXV
FST_DGNS_E_CD	First Claim Diagnosis E Code
ICD_DGNS_E_CD1	Claim Diagnosis E Code I
ICD_DGNS_E_CD2	Claim Diagnosis E Code II
ICD_DGNS_E_CD3	Claim Diagnosis E Code III
ICD_DGNS_E_CD4	Claim Diagnosis E Code IV
ICD_DGNS_E_CD5	Claim Diagnosis E Code V
ICD_DGNS_E_CD6	Claim Diagnosis E Code VI
ICD_DGNS_E_CD7	Claim Diagnosis E Code VII
ICD_DGNS_E_CD8	Claim Diagnosis E Code VIII
ICD_DGNS_E_CD9	Claim Diagnosis E Code IX
ICD_DGNS_E_CD10	Claim Diagnosis E Code X
ICD_DGNS_E_CD11	Claim Diagnosis E Code XI
ICD_DGNS_E_CD12	Claim Diagnosis E Code XII
CLM_HOSPC_START_DT_ID	Claim Hospice Start Date
BENE_HOSPC_PRD_CNT	Beneficiary's Hospice Period Count
DOB_DT	Date of Birth from Claim
SEX_CD	Sex Code from Claim
BENE_RACE_CD	Race Code from Claim
BENE_CNTY_CD	County Code from Claim (SSA)
BENE_STATE_CD	Beneficiary Residence (SSA) State Code
BENE_MLG_CNTCT_ZIP_CD	ZIP Code of Residence from Claim
CLM_MDCL_REC	Claim Medical Record Number
CLAIM_QUERY_CODE	Claim Query Code
FI_CLM_ACTN_CD	FI or MAC Claim Action Code
CLM_TRTMT_AUTHRZTN_NUM	Claim Treatment Authorization Number
CLM_PRCR_RTRN_CD	Claim Pricer Return Code
CLM_SRVC_FAC_ZIP_CD	Claim service facility ZIP code (where service was provided)
CLM_NEXT_GNRTN_ACO_IND_CD1	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Population based payments (PBP)
CLM_NEXT_GNRTN_ACO_IND_CD2	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Telehealth
CLM_NEXT_GNRTN_ACO_IND_CD3	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Post Discharge HH visits
CLM_NEXT_GNRTN_ACO_IND_CD4	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - 3 day SNF waiver
CLM_NEXT_GNRTN_ACO_IND_CD5	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Capitation
ACO_ID_NUM	Claim Accountable Care Organization (ACO) Identification Number
CLM_BENE_ID_TYPE_CD	Claim Beneficiary Identifier Type Code (For CMS Internal Use)
CLM_RSDL_PYMT_IND_CD	Claim Residual Payment Indicator Code
PRVDR_VLDTN_TYPE_CD	Provider Validation Type Code
RR_BRD_EXCLSN_IND_SW	Railroad Board Exclusion Indicator Switch

## Hospice Fee-for-Service Condition Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_CLM_TYPE_CD	NCH Claim Type Code
RLT_COND_CD_SEQ	Claim Related Condition Code Sequence
CLM_RLT_COND_CD	Claim Related Condition Code

## Hospice Fee-for-Service Demonstration Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_CLM_TYPE_CD	NCH Claim Type Code
DEMO_ID_SQNC_NUM	Demonstration sequence number
DEMO_ID_NUM	Demonstration number
DEMO_INFO_TXT	Demo information text



## Hospice Fee-for-Service Occurrence Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_CLM_TYPE_CD	NCH Claim Type Code
RLT_OCRNC_CD_SEQ	Claim Related Occurrence Code Sequence
CLM_RLT_OCRNC_CD	Claim Related Occurrence Code
CLM_RLT_OCRNC_DT	Claim Related Occurrence Date

## Hospice Fee-for-Service Span Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_CLM_TYPE_CD	NCH Claim Type Code
RLT_SPAN_CD_SEQ	Claim Related Span Code Sequence
CLM_SPAN_CD	Claim Occurrence Span Code
CLM_SPAN_FROM_DT	Claim Occurrence Span From Date
CLM_SPAN_THRU_DT	Claim Occurrence Span Through Date

## Hospice Fee-for-Service Value Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_CLM_TYPE_CD	NCH Claim Type Code
RLT_VAL_CD_SEQ	Claim Related Value Code Sequence
CLM_VAL_CD	Claim Value Code
CLM_VAL_AMT	Claim Value Amount

## Hospice Fee-for-Service Revenue Center

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
CLM_THRU_DT	Claim Through Date
CLM_LINE_NUM	Claim Line Number
NCH_CLM_TYPE_CD	NCH Claim Type Code
REV_CNTR	Revenue Center Code
REV_CNTR_DT	Revenue Center Date
HCPCS_CD	HCFA Common Procedure Coding System (HCPCS) Code
HCPCS_1ST_MDFR_CD	HCPCS Initial Modifier Code
HCPCS_2ND_MDFR_CD	HCPCS Second Modifier Code
HCPCS_3RD_MDFR_CD	HCPCS Third Modifier Code
REV_CNTR_UNIT_CNT	Revenue Center Unit Count
REV_CNTR_RATE_AMT	Revenue Center Rate Amount
REV_CNTR_PRVDR_PMT_AMT	Revenue Center (Medicare) Provider Payment Amount
REV_CNTR_BENE_PMT_AMT	Revenue Center Payment Amount to Beneficiary
REV_CNTR_PMT_AMT_AMT	Revenue Center (Medicare) Payment Amount
REV_CNTR_TOT_CHRG_AMT	Revenue Center Total Charge Amount
REV_CNTR_NCVRD_CHRG_AMT	Revenue Center Non-Covered Charge Amount
REV_CNTR_DDCTBL_COINSRNC_CD	Revenue Center Deductible Coinsurance Code
REV_CNTR_NDC_QTY	Revenue Center National Drug Code (NDC) Quantity
REV_CNTR_NDC_QTY_QLFR_CD	Revenue Center NDC Quantity Qualifier Code
RNDRNG_PHYSN_UPIN	Revenue Center Rendering Physician UPIN
RNDRNG_PHYSN_NPI	Revenue Center Rendering Physician NPI
RNDRNG_PHYSN_SPCLTY_CD	Revenue Center Rendering Physician Specialty Code
REV_CNTR_IDE_NDC_UPC_NUM	Revenue Center IDE, NDC, or UPC Number
REV_CNTR_STUS_IND_CD	Revenue Center Status Indicator Code
REV_CNTR_PRCNG_IND_CD	Revenue Center Pricing Indicator Code
THRPY_CAP_IND_CD1	Revenue Center Therapy Cap Indicator 1 Code
THRPY_CAP_IND_CD2	Revenue Center Therapy Cap Indicator 2 Code
REV_CNTR_RP_IND_CD	Revenue Center Representative Payee (RP) Indicator Code

## Inpatient Fee-for-Service Base Claims

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_NEAR_LINE_REC_IDENT_CD	NCH Near Line Record Identification Code (RIC)
NCH_CLM_TYPE_CD	NCH Claim Type Code
CLM_FROM_DT	Claim From Date
CLM_THRU_DT	Claim Through Date
NCH_WKLY_PROC_DT	NCH Weekly Claim Processing Date
FI_CLM_PROC_DT	FI Claim Process Date
CLAIM_QUERY_CODE	Claim Query Code
PRVDR_NUM	Provider Number
CLM_FAC_TYPE_CD	Claim Facility Type Code
CLM_SRVC_CLSFCTN_TYPE_CD	Claim Service classification Type Code
CLM_FREQ_CD	Claim Frequency Code
FI_NUM	FI or MAC Number
CLM_MDCR_NON_PMT_RSN_CD	Claim Medicare Non Payment Reason Code
CLM_PMT_AMT	Claim (Medicare) Payment Amount
NCH_PRMRY_PYR_CLM_PD_AMT	NCH Primary Payer (if not Medicare) Claim Paid Amount
NCH_PRMRY_PYR_CD	NCH Primary Payer Code (if not Medicare)
FI_CLM_ACTN_CD	FI or MAC Claim Action Code
PRVDR_STATE_CD	NCH Provider SSA State Code
ORG_NPI_NUM	Organization NPI Number
AT_PHYSN_UPIN	Claim Attending Physician UPIN Number
AT_PHYSN_NPI	Claim Attending Physician NPI Number
AT_PHYSN_SPCLTY_CD	Claim Attending Physician Specialty Code
OP_PHYSN_UPIN	Claim Operating Physician UPIN Number
OP_PHYSN_NPI	Claim Operating Physician NPI Number
OP_PHYSN_SPCLTY_CD	Claim Operating Physician Specialty Code
OT_PHYSN_UPIN	Claim Other Physician UPIN Number
OT_PHYSN_NPI	Claim Other Physician NPI Number
OT_PHYSN_SPCLTY_CD	Claim Other Physician Specialty Code
RNDRNG_PHYSN_NPI	Claim Rendering Physician NPI Number
RNDRNG_PHYSN_SPCLTY_CD	Claim Rendering Physician Specialty Code
CLM_MCO_PD_SW	Claim MCO Paid Switch
PTNT_DSCHRG_STUS_CD	Patient Discharge Status Code
CLM_PPS_IND_CD	Claim PPS Indicator Code
CLM_TOT_CHRG_AMT	Claim Total Charge Amount
CLM_ADMSN_DT	Claim Admission Date
CLM_IP_ADMSN_TYPE_CD	Claim Inpatient Admission Type Code
CLM_SRC_IP_ADMSN_CD	Claim Source Inpatient Admission Code
NCH_PTNT_STATUS_IND_CD	NCH Patient Status Indicator Code
CLM_PASS_THRU_PER_DIEM_AMT	Claim Pass Thru Per Diem Amount
NCH_BENE_IP_DDCTBL_AMT	NCH Beneficiary Inpatient (or other Part A) Deductible Amount
NCH_BENE_PTA_COINSRNC_LBLTY_AM	NCH Beneficiary Part A Coinsurance Liability Amount
NCH_BENE_BLOOD_DDCTBL_LBLTY_AM	NCH Beneficiary Blood Deductible Liability Amount
NCH_PROFNL_CMPNT_CHRG_AMT	NCH Professional Component Charge Amount
NCH_IP_NCVRD_CHRG_AMT	NCH Inpatient (or other Part A) Noncovered Charge Amount
NCH_IP_TOT_DDCTN_AMT	NCH Inpatient (or other Part A) Total Deductible/Coinsurance Amount
CLM_TOT_PPS_CPTL_AMT	Claim Total PPS Capital Amount
CLM_PPS_CPTL_FSP_AMT	Claim PPS Capital Federal Specific Portion (FSP) Amount

## Inpatient Fee-for-Service Base Claims

<u>Variable Name</u>	<u>Variable Label</u>
CLM_PPS_CPTL_OUTLIER_AMT	Claim PPS Capital Outlier Amount
CLM_PPS_CPTL_DSPRPRTNT_SHR_AMT	Claim PPS Capital Disproportionate Share (DSH) Amount
CLM_PPS_CPTL_IME_AMT	Claim PPS Capital Indirect Medical Education (IME) Amount
CLM_PPS_CPTL_EXCPTN_AMT	Claim PPS Capital Exception Amount
CLM_PPS_OLD_CPTL_HLD_HRMLS_AMT	Claim PPS Old Capital Hold Harmless Amount
CLM_PPS_CPTL_DRG_WT_NUM	Claim PPS Capital DRG Weight Number
CLM_UTLZTN_DAY_CNT	Claim Medicare Utilization Day Count
BENE_TOT_COINSRNC_DAYS_CNT	Beneficiary Total Coinsurance Days Count
BENE_LRD_USED_CNT	Beneficiary Medicare Lifetime Reserve Days (LRD) Used Count
CLM_NON_UTLZTN_DAYS_CNT	Claim Medicare Non Utilization Days Count
NCH_BLOOD_PNTS_FRNSHD_QTY	NCH Blood Pints Furnished Quantity
NCH_VRFD_NCVRD_STAY_FROM_DT	NCH Verified Noncovered Stay From Date
NCH_VRFD_NCVRD_STAY_THRU_DT	NCH Verified Noncovered Stay Through Date
NCH_ACTV_OR_CVRD_LVL_CARE_THRU	NCH Active or Covered Level Care Thru Date
NCH_BENE_MDCR_BNFTS_EXHTD_DT_I	NCH Beneficiary Medicare Benefits Exhausted Date
NCH_BENE_DSCHRG_DT	NCH Beneficiary Discharge Date
CLM_DRG_CD	Claim Diagnosis Related Group Code (or MS-DRG Code)
CLM_DRG_OUTLIER_STAY_CD	Claim Diagnosis Related Group Outlier Stay Code
NCH_DRG_OUTLIER_APRVD_PMT_AMT	NCH DRG Outlier Approved Payment Amount
ADMTG_DGNS_CD	Claim Admitting Diagnosis Code
PRNCPAL_DGNS_CD	Claim Principal Diagnosis Code
ICD_DGNS_CD1	Claim Diagnosis Code I
CLM_POA_IND_SW1	Claim Diagnosis Code I Diagnosis Present on Admission (POA) Indicator Code
ICD_DGNS_CD2	Claim Diagnosis Code II
CLM_POA_IND_SW2	Claim Diagnosis Code II Diagnosis Present on Admission (POA) Indicator Code
ICD_DGNS_CD3	Claim Diagnosis Code III
CLM_POA_IND_SW3	Claim Diagnosis Code III Diagnosis Present on Admission (POA) Indicator Code
ICD_DGNS_CD4	Claim Diagnosis Code IV
CLM_POA_IND_SW4	Claim Diagnosis Code IV Diagnosis Present on Admission (POA) Indicator Code
ICD_DGNS_CD5	Claim Diagnosis Code V
CLM_POA_IND_SW5	Claim Diagnosis Code V Diagnosis Present on Admission (POA) Indicator Code
ICD_DGNS_CD6	Claim Diagnosis Code VI
CLM_POA_IND_SW6	Claim Diagnosis Code VI Diagnosis Present on Admission Indicator Code
ICD_DGNS_CD7	Claim Diagnosis Code VII
CLM_POA_IND_SW7	Claim Diagnosis Code VII Diagnosis Present on Admission Indicator Code
ICD_DGNS_CD8	Claim Diagnosis Code VIII
CLM_POA_IND_SW8	Claim Diagnosis Code VIII Diagnosis Present on Admission Indicator Code
ICD_DGNS_CD9	Claim Diagnosis Code IX
CLM_POA_IND_SW9	Claim Diagnosis Code IX Diagnosis Present on Admission Indicator Code
ICD_DGNS_CD10	Claim Diagnosis Code X
CLM_POA_IND_SW10	Claim Diagnosis Code X Diagnosis Present on Admission Indicator Code
ICD_DGNS_CD11	Claim Diagnosis Code XI
CLM_POA_IND_SW11	Claim Diagnosis Code XI Diagnosis Present on Admission Indicator Code
ICD_DGNS_CD12	Claim Diagnosis Code XII
CLM_POA_IND_SW12	Claim Diagnosis Code XII Diagnosis Present on Admission Indicator Code
ICD_DGNS_CD13	Claim Diagnosis Code XIII
CLM_POA_IND_SW13	Claim Diagnosis Code XIII Diagnosis Present on Admission Indicator Code
ICD_DGNS_CD14	Claim Diagnosis Code XIV
CLM_POA_IND_SW14	Claim Diagnosis Code XIV Diagnosis Present on Admission Indicator Code
ICD_DGNS_CD15	Claim Diagnosis Code XV
CLM_POA_IND_SW15	Claim Diagnosis Code XV Diagnosis Present on Admission Indicator Code
ICD_DGNS_CD16	Claim Diagnosis Code XVI
CLM_POA_IND_SW16	Claim Diagnosis Code XVI Diagnosis Present on Admission Indicator Code

## Inpatient Fee-for-Service Base Claims

<u>Variable Name</u>	<u>Variable Label</u>
ICD_DGNS_CD17	Claim Diagnosis Code XVII
CLM_POA_IND_SW17	Claim Diagnosis Code XVII Diagnosis Present on Admission Indicator Code
ICD_DGNS_CD18	Claim Diagnosis Code XVIII
CLM_POA_IND_SW18	Claim Diagnosis Code XVIII Diagnosis Present on Admission Indicator Code
ICD_DGNS_CD19	Claim Diagnosis Code XIX
CLM_POA_IND_SW19	Claim Diagnosis Code XIX Diagnosis Present on Admission Indicator Code
ICD_DGNS_CD20	Claim Diagnosis Code XX
CLM_POA_IND_SW20	Claim Diagnosis Code XX Diagnosis Present on Admission Indicator Code
ICD_DGNS_CD21	Claim Diagnosis Code XXI
CLM_POA_IND_SW21	Claim Diagnosis Code XXI Diagnosis Present on Admission Indicator Code
ICD_DGNS_CD22	Claim Diagnosis Code XXII
CLM_POA_IND_SW22	Claim Diagnosis Code XXII Diagnosis Present on Admission Indicator Code
ICD_DGNS_CD23	Claim Diagnosis Code XXIII
CLM_POA_IND_SW23	Claim Diagnosis Code XXIII Diagnosis Present on Admission Indicator Code
ICD_DGNS_CD24	Claim Diagnosis Code XXIV
CLM_POA_IND_SW24	Claim Diagnosis Code XXIV Diagnosis Present on Admission Indicator Code
ICD_DGNS_CD25	Claim Diagnosis Code XXV
CLM_POA_IND_SW25	Claim Diagnosis Code XXV Diagnosis Present on Admission Indicator Code
FST_DGNS_E_CD	First Claim Diagnosis E Code
ICD_DGNS_E_CD1	Claim Diagnosis E Code I
CLM_E_POA_IND_SW1	Claim Diagnosis E Code I Diagnosis Present on Admission Indicator Code
ICD_DGNS_E_CD2	Claim Diagnosis E Code II
CLM_E_POA_IND_SW2	Claim Diagnosis E Code II Diagnosis Present on Admission Indicator Code
ICD_DGNS_E_CD3	Claim Diagnosis E Code III
CLM_E_POA_IND_SW3	Claim Diagnosis E Code III Diagnosis Present on Admission Indicator Code
ICD_DGNS_E_CD4	Claim Diagnosis E Code IV
CLM_E_POA_IND_SW4	Claim Diagnosis E Code IV Diagnosis Present on Admission Indicator Code
ICD_DGNS_E_CD5	Claim Diagnosis E Code V
CLM_E_POA_IND_SW5	Claim Diagnosis E Code V Diagnosis Present on Admission Indicator Code
ICD_DGNS_E_CD6	Claim Diagnosis E Code VI
CLM_E_POA_IND_SW6	Claim Diagnosis E Code VI Diagnosis Present on Admission Indicator Code
ICD_DGNS_E_CD7	Claim Diagnosis E Code VII
CLM_E_POA_IND_SW7	Claim Diagnosis E Code VII Diagnosis Present on Admission Indicator Code
ICD_DGNS_E_CD8	Claim Diagnosis E Code VIII
CLM_E_POA_IND_SW8	Claim Diagnosis E Code VIII Diagnosis Present on Admission Indicator Code
ICD_DGNS_E_CD9	Claim Diagnosis E Code IX
CLM_E_POA_IND_SW9	Claim Diagnosis E Code IX Diagnosis Present on Admission Indicator Code
ICD_DGNS_E_CD10	Claim Diagnosis E Code X
CLM_E_POA_IND_SW10	Claim Diagnosis E Code X Diagnosis Present on Admission Indicator Code
ICD_DGNS_E_CD11	Claim Diagnosis E Code XI
CLM_E_POA_IND_SW11	Claim Diagnosis E Code XI Diagnosis Present on Admission Indicator Code
ICD_DGNS_E_CD12	Claim Diagnosis E Code XII
CLM_E_POA_IND_SW12	Claim Diagnosis E Code XII Diagnosis Present on Admission Indicator Code
ICD_PRCDR_CD1	Claim Procedure Code I
PRCDR_DT1	Claim Procedure Code I Date
ICD_PRCDR_CD2	Claim Procedure Code II
PRCDR_DT2	Claim Procedure Code II Date
ICD_PRCDR_CD3	Claim Procedure Code III
PRCDR_DT3	Claim Procedure Code III Date
ICD_PRCDR_CD4	Claim Procedure Code IV
PRCDR_DT4	Claim Procedure Code IV Date
ICD_PRCDR_CD5	Claim Procedure Code V
PRCDR_DT5	Claim Procedure Code V Date

## Inpatient Fee-for-Service Base Claims

<u>Variable Name</u>	<u>Variable Label</u>
ICD_PRCDR_CD6	Claim Procedure Code VI
PRCDR_DT6	Claim Procedure Code VI Date
ICD_PRCDR_CD7	Claim Procedure Code VII
PRCDR_DT7	Claim Procedure CodeVII Date
ICD_PRCDR_CD8	Claim Procedure Code VIII
PRCDR_DT8	Claim Procedure Code VIII Date
ICD_PRCDR_CD9	Claim Procedure Code IX
PRCDR_DT9	Claim Procedure Code IX Date
ICD_PRCDR_CD10	Claim Procedure Code X
PRCDR_DT10	Claim Procedure Code X Date
ICD_PRCDR_CD11	Claim Procedure Code XI
PRCDR_DT11	Claim Procedure Code XI Date
ICD_PRCDR_CD12	Claim Procedure Code XII
PRCDR_DT12	Claim Procedure Code XII Date
ICD_PRCDR_CD13	Claim Procedure Code XIII
PRCDR_DT13	Claim Procedure Code XIII Date
ICD_PRCDR_CD14	Claim Procedure Code XIV
PRCDR_DT14	Claim Procedure Code XIV Date
ICD_PRCDR_CD15	Claim Procedure Code XV
PRCDR_DT15	Claim Procedure Code XV Date
ICD_PRCDR_CD16	Claim Procedure Code XVI
PRCDR_DT16	Claim Procedure Code XVI Date
ICD_PRCDR_CD17	Claim Procedure Code XVII
PRCDR_DT17	Claim Procedure Code XVII Date
ICD_PRCDR_CD18	Claim Procedure Code XVIII
PRCDR_DT18	Claim Procedure Code XVIII Date
ICD_PRCDR_CD19	Claim Procedure Code XIX
PRCDR_DT19	Claim Procedure Code XIX Date
ICD_PRCDR_CD20	Claim Procedure Code XX
PRCDR_DT20	Claim Procedure Code XX Date
ICD_PRCDR_CD21	Claim Procedure Code XXI
PRCDR_DT21	Claim Procedure Code XXI Date
ICD_PRCDR_CD22	Claim Procedure Code XXII
PRCDR_DT22	Claim Procedure Code XXII Date
ICD_PRCDR_CD23	Claim Procedure Code XXIII
PRCDR_DT23	Claim Procedure Code XXIII Date
ICD_PRCDR_CD24	Claim Procedure Code XXIV
PRCDR_DT24	Claim Procedure Code XXIV Date
ICD_PRCDR_CD25	Claim Procedure Code XXV
PRCDR_DT25	Claim Procedure Code XXV Date
IME_OP_CLM_VAL_AMT	Operating Indirect Medical Education (IME) Amount
DSH_OP_CLM_VAL_AMT	Operating Disproportionate Share Amount
DOB_DT	Date of Birth from Claim
SEX_CD	Sex Code from Claim
BENE_RACE_CD	Race Code from Claim
BENE_CNTY_CD	Beneficiary County Code from Claim (SSA)
BENE_STATE_CD	Beneficiary Residence (SSA) State Code
BENE_MLG_CNTCT_ZIP_CD	Beneficiary ZIP Code of Residence
CLM_MDCL_REC	Claim Medical Record Number
CLM_TRTMT_AUTHRZTN_NUM	Claim Treatment Authorization Number
CLM_PRCR_RTRN_CD	Claim Pricer Return Code
CLM_SRVC_FAC_ZIP_CD	Claim service facility ZIP code (where service was provided)
CLM_IP_LOW_VOL_PMT_AMT	Claim Inpatient Low Volume Payment Amount



## Inpatient Fee-for-Service Base Claims

<u>Variable Name</u>	<u>Variable Label</u>
CLM_CARE_IMPRVMT_MODEL_CD1	Claim Care Improvement Model 1 Code (budled payment)
CLM_CARE_IMPRVMT_MODEL_CD2	Claim Care Improvement Model 2 Code
CLM_CARE_IMPRVMT_MODEL_CD3	Claim Care Improvement Model 3 Code
CLM_CARE_IMPRVMT_MODEL_CD4	Claim Care Improvement Model 4 Code
CLM_BNDLD_MODEL_1_DSCNT_PCT	Claim Bundled Model 1 Discount Percent
CLM_BASE_OPRTG_DRG_AMT	Claim Base Operating DRG Amount
CLM_VBP_PRTCPNT_IND_CD	Claim Value-Based Purchasing (VBP) Participant Indicator Code
CLM_VBP_ADJSTMT_PCT	Claim VBP Adjustment Percent
CLM_HRR_PRTCPNT_IND_CD	Claim Hospital Readmission Rdctn (HRR) Participant Indicator Code
CLM_HRR_ADJSTMT_PCT	Claim HRR Adjustment Percent
CLM_MODEL_4_READMSN_IND_CD	Claim Model 4 Readmission Indicator Code
CLM_UNCOMPED_CARE_PMT_AMT	Claim Uncompensated Care Payment Amount
CLM_BNDLD_ADJSTMT_PMT_AMT	Claim Bundled Adjustment Payment Amount
CLM_VBP_ADJSTMT_PMT_AMT	Claim Value Based Purchasing Adjustment Payment Amount
CLM_HRR_ADJSTMT_PMT_AMT	Claim Hospital Readmission Reduction (HRR) Adjustment Payment Amount
EHR_PYMT_ADJSTMT_AMT	Claim Electronic Health Record (EHR) Payment Adjustment Amount
PPS_STD_VAL_PYMT_AMT	Standard Payment Amount
FINL_STD_AMT	Claim Final Standard Payment Amount
HAC_PGM_RDCTN_IND_SW	Claim Hospital Acquired Condition (HAC) Program Reduction Indicator Switch
EHR_PGM_RDCTN_IND_SW	Claim Electronic Health Records (EHR) Program Reduction Indicator Switch
CLM_SITE_NTRL_PYMT_CST_AMT	Claim Site Neutral Payment Based on Cost Amount
CLM_SITE_NTRL_PYMT_IPPS_AMT	Claim Site Neutral Payment Based on inpatient prospective payment system (IPPS) Amounts
CLM_FULL_STD_PYMT_AMT	Claim Full Standard Payment Amount
CLM_SS_OUTLIER_STD_PYMT_AMT	Claim Short Stay Outlier (SSO) Standard Payment Amount
CLM_NEXT_GNRTN_ACO_IND_CD1	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Population based payments (PBP)
CLM_NEXT_GNRTN_ACO_IND_CD2	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Telehealth
CLM_NEXT_GNRTN_ACO_IND_CD3	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Post Discharge HH visits
CLM_NEXT_GNRTN_ACO_IND_CD4	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - 3 day SNF waiver
CLM_NEXT_GNRTN_ACO_IND_CD5	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Capitation
ACO_ID_NUM	Claim Accountable Care Organization (ACO) Identification Number
CLM_BENE_ID_TYPE_CD	Claim Beneficiary Identifier Type Code (For CMS Internal Use)
CLM_RSDL_PYMT_IND_CD	Claim Residual Payment Indicator Code
CLM_RP_IND_CD	Claim Representative Payee (RP) Indicator Code
PRVDR_VLDTN_TYPE_CD	Provider Validation Type Code
RR_BRD_EXCLSN_IND_SW	Railroad Board Exclusion Indicator Switch
CLM_IP_INITL_MS_DRG_CD	Claim Inpatient Initial MS DRG Code

## Inpatient Fee-for-Service Condition Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_CLM_TYPE_CD	NCH Claim Type Code
RLT_COND_CD_SEQ	Claim Related Condition Code Sequence
CLM_RLT_COND_CD	Claim Related Condition Code

## Inpatient Fee-for-Service Demonstration Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_CLM_TYPE_CD	NCH Claim Type Code
DEMO_ID_SQNC_NUM	Demonstration sequence number
DEMO_ID_NUM	Demonstration number
DEMO_INFO_TXT	Demo information text

## Inpatient Fee-for-Service Occurrence Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_CLM_TYPE_CD	NCH Claim Type Code
RLT_OCRNC_CD_SEQ	Claim Related Occurrence Code Sequence
CLM_RLT_OCRNC_CD	Claim Related Occurrence Code
CLM_RLT_OCRNC_DT	Claim Related Occurrence Date

## Inpatient Fee-for-Service Span Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_CLM_TYPE_CD	NCH Claim Type Code
RLT_SPAN_CD_SEQ	Claim Related Span Code Sequence
CLM_SPAN_CD	Claim Occurrence Span Code
CLM_SPAN_FROM_DT	Claim Occurrence Span From Date
CLM_SPAN_THRU_DT	Claim Occurrence Span Through Date

## Inpatient Fee-for-Service Value Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_CLM_TYPE_CD	NCH Claim Type Code
RLT_VAL_CD_SEQ	Claim Related Value Code Sequence
CLM_VAL_CD	Claim Value Code
CLM_VAL_AMT	Claim Value Amount

## Inpatient Fee-for-Service Revenue Center

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
CLM_THRU_DT	Claim Through Date
CLM_LINE_NUM	Claim Line Number
NCH_CLM_TYPE_CD	NCH Claim Type Code
REV_CNTR	Revenue Center Code
HCPCS_CD	HCFA Common Procedure Coding System (HCPCS) Code
HCPCS_1ST_MDFR_CD	HCPCS Initial Modifier Code
HCPCS_2ND_MDFR_CD	HCPCS Second Modifier Code
HCPCS_3RD_MDFR_CD	HCPCS Third Modifier Code
REV_CNTR_UNIT_CNT	Revenue Center Unit Count
REV_CNTR_RATE_AMT	Revenue Center Rate Amount
REV_CNTR_TOT_CHRG_AMT	Revenue Center Total Charge Amount
REV_CNTR_NCVRD_CHRG_AMT	Revenue Center Non-Covered Charge Amount
REV_CNTR_DDCTBL_COINSRNC_CD	Revenue Center Deductible Coinsurance Code
REV_CNTR_NDC_QTY	Revenue Center National Drug Code (NDC) Quantity
REV_CNTR_NDC_QTY_QLFR_CD	Revenue Center NDC Quantity Qualifier Code
RNDRNG_PHYSN_UPIN	Revenue Center Rendering Physician UPIN
RNDRNG_PHYSN_NPI	Revenue Center Rendering Physician NPI
RNDRNG_PHYSN_SPCLTY_CD	Revenue Center Rendering Physician Specialty Code
REV_CNTR_IDE_NDC_UPC_NUM	Revenue Center IDE, NDC, or UPC Number
REV_CNTR_PRCNG_IND_CD	Revenue Center Pricing Indicator Code
THRPY_CAP_IND_CD1	Revenue Center Therapy Cap Indicator 1 Code
THRPY_CAP_IND_CD2	Revenue Center Therapy Cap Indicator 2 Code

## Outpatient Fee-for-Service Base Claims

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_NEAR_LINE_REC_IDENT_CD	NCH Near Line Record Identification Code (RIC)
NCH_CLM_TYPE_CD	NCH Claim Type Code
CLM_FROM_DT	Claim From Date
CLM_THRU_DT	Claim Through Date
NCH_WKLY_PROC_DT	NCH Weekly Claim Processing Date
FI_CLM_PROC_DT	FI Claim Process Date
CLAIM_QUERY_CODE	Claim Query Code
PRVDR_NUM	Provider Number
CLM_FAC_TYPE_CD	Claim Facility Type Code
CLM_SRVC_CLSFCTN_TYPE_CD	Claim Service classification Type Code
CLM_FREQ_CD	Claim Frequency Code
FI_NUM	FI or MAC Number
CLM_MDCR_NON_PMT_RSN_CD	Claim Medicare Non Payment Reason Code
CLM_PMT_AMT	Claim (Medicare) Payment Amount
NCH_PRMRY_PYR_CLM_PD_AMT	NCH Primary Payer (if not Medicare) Claim Paid Amount
NCH_PRMRY_PYR_CD	NCH Primary Payer Code (if not Medicare)
PRVDR_STATE_CD	NCH Provider SSA State Code
ORG_NPI_NUM	Organization NPI Number
SRVC_LOC_NPI_NUM	Claim Service Location NPI Number
AT_PHYSN_UPIN	Claim Attending Physician UPIN Number
AT_PHYSN_NPI	Claim Attending Physician NPI Number
AT_PHYSN_SPCLTY_CD	Claim Attending Physician Specialty Code
OP_PHYSN_UPIN	Claim Operating Physician UPIN Number
OP_PHYSN_NPI	Claim Operating Physician NPI Number
OP_PHYSN_SPCLTY_CD	Claim Operating Physician Specialty Code
OT_PHYSN_UPIN	Claim Other Physician UPIN Number
OT_PHYSN_NPI	Claim Other Physician NPI Number
OT_PHYSN_SPCLTY_CD	Claim Other Physician Specialty Code
RNDRNG_PHYSN_NPI	Claim Rendering Physician NPI Number
RNDRNG_PHYSN_SPCLTY_CD	Claim Rendering Physician Specialty Code
RFR_PHYSN_NPI	Claim Referring Physician NPI Number
RFR_PHYSN_SPCLTY_CD	Claim Referring Physician Specialty Code
CLM_MCO_PD_SW	Claim MCO Paid Switch
PTNT_DSCHRG_STUS_CD	Patient Discharge Status Code
CLM_TOT_CHRG_AMT	Claim Total Charge Amount
NCH_BENE_BLOOD_DDCTBL_LBLTY_AM	NCH Beneficiary Blood Deductible Liability Amount
NCH_PROFNL_CMPNT_CHRG_AMT	NCH Professional Component Charge Amount
PRNCPAL_DGNS_CD	Claim Principal Diagnosis Code
ICD_DGNS_CD1	Claim Diagnosis Code I
ICD_DGNS_CD2	Claim Diagnosis Code II
ICD_DGNS_CD3	Claim Diagnosis Code III
ICD_DGNS_CD4	Claim Diagnosis Code IV
ICD_DGNS_CD5	Claim Diagnosis Code V
ICD_DGNS_CD6	Claim Diagnosis Code VI
ICD_DGNS_CD7	Claim Diagnosis Code VII
ICD_DGNS_CD8	Claim Diagnosis Code VIII
ICD_DGNS_CD9	Claim Diagnosis Code IX



## Outpatient Fee-for-Service Base Claims

<u>Variable Name</u>	<u>Variable Label</u>
ICD_DGNS_CD10	Claim Diagnosis Code X
ICD_DGNS_CD11	Claim Diagnosis Code XI
ICD_DGNS_CD12	Claim Diagnosis Code XII
ICD_DGNS_CD13	Claim Diagnosis Code XIII
ICD_DGNS_CD14	Claim Diagnosis Code XIV
ICD_DGNS_CD15	Claim Diagnosis Code XV
ICD_DGNS_CD16	Claim Diagnosis Code XVI
ICD_DGNS_CD17	Claim Diagnosis Code XVII
ICD_DGNS_CD18	Claim Diagnosis Code XVIII
ICD_DGNS_CD19	Claim Diagnosis Code XIX
ICD_DGNS_CD20	Claim Diagnosis Code XX
ICD_DGNS_CD21	Claim Diagnosis Code XXI
ICD_DGNS_CD22	Claim Diagnosis Code XXII
ICD_DGNS_CD23	Claim Diagnosis Code XXIII
ICD_DGNS_CD24	Claim Diagnosis Code XXIV
ICD_DGNS_CD25	Claim Diagnosis Code XXV
FST_DGNS_E_CD	First Claim Diagnosis E Code
ICD_DGNS_E_CD1	Claim Diagnosis E Code I
ICD_DGNS_E_CD2	Claim Diagnosis E Code II
ICD_DGNS_E_CD3	Claim Diagnosis E Code III
ICD_DGNS_E_CD4	Claim Diagnosis E Code IV
ICD_DGNS_E_CD5	Claim Diagnosis E Code V
ICD_DGNS_E_CD6	Claim Diagnosis E Code VI
ICD_DGNS_E_CD7	Claim Diagnosis E Code VII
ICD_DGNS_E_CD8	Claim Diagnosis E Code VIII
ICD_DGNS_E_CD9	Claim Diagnosis E Code IX
ICD_DGNS_E_CD10	Claim Diagnosis E Code X
ICD_DGNS_E_CD11	Claim Diagnosis E Code XI
ICD_DGNS_E_CD12	Claim Diagnosis E Code XII
ICD_PRCDR_CD1	Claim Procedure Code I
PRCDR_DT1	Claim Procedure Code I Date
ICD_PRCDR_CD2	Claim Procedure Code II
PRCDR_DT2	Claim Procedure Code II Date
ICD_PRCDR_CD3	Claim Procedure Code III
PRCDR_DT3	Claim Procedure Code III Date
ICD_PRCDR_CD4	Claim Procedure Code IV
PRCDR_DT4	Claim Procedure Code IV Date
ICD_PRCDR_CD5	Claim Procedure Code V
PRCDR_DT5	Claim Procedure Code V Date
ICD_PRCDR_CD6	Claim Procedure Code VI
PRCDR_DT6	Claim Procedure Code VI Date
ICD_PRCDR_CD7	Claim Procedure Code VII
PRCDR_DT7	Claim Procedure CodeVII Date
ICD_PRCDR_CD8	Claim Procedure Code VIII
PRCDR_DT8	Claim Procedure Code VIII Date
ICD_PRCDR_CD9	Claim Procedure Code IX
PRCDR_DT9	Claim Procedure Code IX Date
ICD_PRCDR_CD10	Claim Procedure Code X
PRCDR_DT10	Claim Procedure Code X Date
ICD_PRCDR_CD11	Claim Procedure Code XI
PRCDR_DT11	Claim Procedure Code XI Date
ICD_PRCDR_CD12	Claim Procedure Code XII
PRCDR_DT12	Claim Procedure Code XII Date

## Outpatient Fee-for-Service Base Claims

<u>Variable Name</u>	<u>Variable Label</u>
ICD_PRCDR_CD13	Claim Procedure Code XIII
PRCDR_DT13	Claim Procedure Code XIII Date
ICD_PRCDR_CD14	Claim Procedure Code XIV
PRCDR_DT14	Claim Procedure Code XIV Date
ICD_PRCDR_CD15	Claim Procedure Code XV
PRCDR_DT15	Claim Procedure Code XV Date
ICD_PRCDR_CD16	Claim Procedure Code XVI
PRCDR_DT16	Claim Procedure Code XVI Date
ICD_PRCDR_CD17	Claim Procedure Code XVII
PRCDR_DT17	Claim Procedure Code XVII Date
ICD_PRCDR_CD18	Claim Procedure Code XVIII
PRCDR_DT18	Claim Procedure Code XVIII Date
ICD_PRCDR_CD19	Claim Procedure Code XIX
PRCDR_DT19	Claim Procedure Code XIX Date
ICD_PRCDR_CD20	Claim Procedure Code XX
PRCDR_DT20	Claim Procedure Code XX Date
ICD_PRCDR_CD21	Claim Procedure Code XXI
PRCDR_DT21	Claim Procedure Code XXI Date
ICD_PRCDR_CD22	Claim Procedure Code XXII
PRCDR_DT22	Claim Procedure Code XXII Date
ICD_PRCDR_CD23	Claim Procedure Code XXIII
PRCDR_DT23	Claim Procedure Code XXIII Date
ICD_PRCDR_CD24	Claim Procedure Code XXIV
PRCDR_DT24	Claim Procedure Code XXIV Date
ICD_PRCDR_CD25	Claim Procedure Code XXV
PRCDR_DT25	Claim Procedure Code XXV Date
RSN_VISIT_CD1	Reason for Visit Diagnosis Code I
RSN_VISIT_CD2	Reason for Visit Diagnosis Code II
RSN_VISIT_CD3	Reason for Visit Diagnosis Code III
NCH_BENE_PTB_DDCTBL_AMT	NCH Beneficiary Part B Deductible Amount
NCH_BENE_PTB_COINSRNC_AMT	NCH Beneficiary Part B Coinsurance Amount
CLM_OP_PRVDR_PMT_AMT	Claim Outpatient Provider Payment Amount
CLM_OP_BENE_PMT_AMT	Claim Outpatient Payment Amount to Beneficiary
DOB_DT	Date of Birth from Claim
SEX_CD	Sex Code from Claim
BENE_RACE_CD	Race Code from Claim
BENE_CNTY_CD	Beneficiary County Code from Claim (SSA)
BENE_STATE_CD	Beneficiary Residence (SSA) State Code
BENE_MLG_CNTCT_ZIP_CD	ZIP Code of Residence from Claim
CLM_MDCL_REC	Claim Medical Record Number
FI_CLM_ACTN_CD	FI or MAC Claim Action Code
NCH_BLOOD_PNTS_FRNSHD_QTY	NCH Blood Pints Furnished Quantity
CLM_TRTMT_AUTHRZTN_NUM	Claim Treatment Authorization Number
CLM_PRCR_RTRN_CD	Claim Pricer Return Code
CLM_SRVC_FAC_ZIP_CD	Claim service facility ZIP code (where service was provided)
CLM_OP_TRANS_TYPE_CD	Claim Outpatient transaction type
CLM_OP_ESRD_MTHD_CD	Claim Outpatient End Stage Renal Disease (ESRD) Method of Reimbursement Code
CLM_NEXT_GNRTN_ACO_IND_CD1	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Population based payments (PBP)
CLM_NEXT_GNRTN_ACO_IND_CD2	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Telehealth
CLM_NEXT_GNRTN_ACO_IND_CD3	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Post Discharge HH visits
CLM_NEXT_GNRTN_ACO_IND_CD4	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - 3 day SNF waiver

## Outpatient Fee-for-Service Base Claims

<u>Variable Name</u>	<u>Variable Label</u>
CLM_NEXT_GNRTN_ACO_IND_CD5	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Capitation
ACO_ID_NUM	Claim Accountable Care Organization (ACO) Identification Number
CLM_BENE_ID_TYPE_CD	Claim Beneficiary Identifier Type Code (For CMS Internal Use)
CLM_RSDL_PYMT_IND_CD	Claim Residual Payment Indicator Code
PRVDR_VLDTN_TYPE_CD	Provider Validation Type Code
RR_BRD_EXCLSN_IND_SW	Railroad Board Exclusion Indicator Switch

## Outpatient Fee-for-Service Condition Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_CLM_TYPE_CD	NCH Claim Type Code
RLT_COND_CD_SEQ	Claim Related Condition Code Sequence
CLM_RLT_COND_CD	Claim Related Condition Code

## Outpatient Fee-for-Service Demonstration Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_CLM_TYPE_CD	NCH Claim Type Code
DEMO_ID_SQNC_NUM	Demonstration sequence number
DEMO_ID_NUM	Demonstration number
DEMO_INFO_TXT	Demo information text

## Outpatient Fee-for-Service Occurrence Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_CLM_TYPE_CD	NCH Claim Type Code
RLT_OCRNC_CD_SEQ	Claim Related Occurrence Code Sequence
CLM_RLT_OCRNC_CD	Claim Related Occurrence Code
CLM_RLT_OCRNC_DT	Claim Related Occurrence Date

## Outpatient Fee-for-Service Span Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_CLM_TYPE_CD	NCH Claim Type Code
RLT_SPAN_CD_SEQ	Claim Related Span Code Sequence
CLM_SPAN_CD	Claim Occurrence Span Code
CLM_SPAN_FROM_DT	Claim Occurrence Span From Date
CLM_SPAN_THRU_DT	Claim Occurrence Span Through Date

## Outpatient Fee-for-Service Value Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_CLM_TYPE_CD	NCH Claim Type Code
RLT_VAL_CD_SEQ	Claim Related Value Code Sequence
CLM_VAL_CD	Claim Value Code
CLM_VAL_AMT	Claim Value Amount



## Outpatient Fee-for-Service Revenue Center

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
CLM_THRU_DT	Claim Through Date
CLM_LINE_NUM	Claim Line Number
NCH_CLM_TYPE_CD	NCH Claim Type Code
REV_CNTR	Revenue Center Code
REV_CNTR_DT	Revenue Center Date
REV_CNTR_1ST_ANSI_CD	Revenue Center 1st ANSI Code
REV_CNTR_2ND_ANSI_CD	Revenue Center 2nd ANSI Code
REV_CNTR_3RD_ANSI_CD	Revenue Center 3rd ANSI Code
REV_CNTR_4TH_ANSI_CD	Revenue Center 4th ANSI Code
REV_CNTR_APC_HIPPS_CD	Revenue Center APC or HIPPS Code
HCPCS_CD	HCFA Common Procedure Coding System (HCPCS) Code
HCPCS_1ST_MDFR_CD	HCPCS Initial Modifier Code
HCPCS_2ND_MDFR_CD	HCPCS Second Modifier Code
HCPCS_3RD_MDFR_CD	HCPCS Third Modifier Code
HCPCS_4TH_MDFR_CD	HCPCS Fourth Modifier Code
REV_CNTR_PMT_MTHD_IND_CD	Revenue Center Payment Method Indicator Code
REV_CNTR_DSCNT_IND_CD	Revenue Center Discount Indicator Code
REV_CNTR_PACKG_IND_CD	Revenue Center Packaging Indicator Code
REV_CNTR_OTAF_PMT_CD	Revenue Center Obligation to Accept As Full (OTAF) Payment Code
REV_CNTR_IDE_NDC_UPC_NUM	Revenue Center IDE, NDC, or UPC Number
REV_CNTR_UNIT_CNT	Revenue Center Unit Count
REV_CNTR_RATE_AMT	Revenue Center Rate Amount
REV_CNTR_BLOOD_DDCTBL_AMT	Revenue Center Blood Deductible Amount
REV_CNTR_CASH_DDCTBL_AMT	Revenue Center Cash Deductible Amount
REV_CNTR_COINSRNC_WGE_ADJSTD_C	Revenue Center Coinsurance/Wage Adjusted Coinsurance Amount
REV_CNTR_RDCD_COINSRNC_AMT	Revenue Center Reduced Coinsurance Amount
REV_CNTR_1ST_MSP_PD_AMT	Revenue Center 1st Medicare Secondary Payer (MSP) Paid Amount
REV_CNTR_2ND_MSP_PD_AMT	Revenue Center 2nd Medicare Secondary Payer Paid Amount
REV_CNTR_PRVDR_PMT_AMT	Revenue Center (Medicare) Provider Payment Amount
REV_CNTR_BENE_PMT_AMT	Revenue Center Payment Amount to Beneficiary
REV_CNTR_PTNT_RSPNSBLTY_PMT	Revenue Center Patient Responsibility Payment Amount
REV_CNTR_PMT_AMT_AMT	Revenue Center (Medicare) Payment Amount
REV_CNTR_TOT_CHRG_AMT	Revenue Center Total Charge Amount
REV_CNTR_NCVRD_CHRG_AMT	Revenue Center Non-Covered Charge Amount
REV_CNTR_STUS_IND_CD	Revenue Center Status Indicator Code
REV_CNTR_NDC_QTY	Revenue Center National Drug Code (NDC) Quantity
REV_CNTR_NDC_QTY_QLFR_CD	Revenue Center NDC Quantity Qualifier Code
RNDRNG_PHYSN_UPIN	Revenue Center Rendering Physician UPIN
RNDRNG_PHYSN_NPI	Revenue Center Rendering Physician NPI
RNDRNG_PHYSN_SPCLTY_CD	Revenue Center Rendering Physician Specialty Code
REV_CNTR_DDCTBL_COINSRNC_CD	Revenue Center Deductible Coinsurance Code
REV_CNTR_PRCNG_IND_CD	Revenue Center Pricing Indicator Code
THRPY_CAP_IND_CD1	Revenue Center Therapy Cap Indicator 1 Code
THRPY_CAP_IND_CD2	Revenue Center Therapy Cap Indicator 2 Code
RC_PTNT_ADD_ON_PYMT_AMT	Revenue Center Patient/Initial Visit Add-On Payment Amount (for initial wellness visit)
TRNSTNL_DRUG_ADD_ON_PYMT_AMT	Transitional Drug Add-On Payment Amount
REV_CNTR_RP_IND_CD	Revenue Center Representative Payee (RP) Indicator Code

## Skilled Nursing Facility (SNF) Fee-for-Service Base Claims

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_NEAR_LINE_REC_IDENT_CD	NCH Near Line Record Identification Code (RIC)
NCH_CLM_TYPE_CD	NCH Claim Type Code
CLM_FROM_DT	Claim From Date
CLM_THRU_DT	Claim Through Date
NCH_WKLY_PROC_DT	NCH Weekly Claim Processing Date
FI_CLM_PROC_DT	FI Claim Process Date
CLAIM_QUERY_CODE	Claim Query Code
PRVDR_NUM	Provider Number
CLM_FAC_TYPE_CD	Claim Facility Type Code
CLM_SRVC_CLSFCTN_TYPE_CD	Claim Service classification Type Code
CLM_FREQ_CD	Claim Frequency Code
FI_NUM	FI or MAC Number
CLM_MDCR_NON_PMT_RSN_CD	Claim Medicare Non Payment Reason Code
CLM_PMT_AMT	Claim (Medicare) Payment Amount
NCH_PRMRY_PYR_CLM_PD_AMT	NCH Primary Payer (if not Medicare) Claim Paid Amount
NCH_PRMRY_PYR_CD	NCH Primary Payer Code (if not Medicare)
FI_CLM_ACTN_CD	FI or MAC Claim Action Code
PRVDR_STATE_CD	NCH Provider SSA State Code
ORG_NPI_NUM	Organization NPI Number
AT_PHYSN_UPIN	Claim Attending Physician UPIN Number
AT_PHYSN_NPI	Claim Attending Physician NPI Number
AT_PHYSN_SPCLTY_CD	Claim Attending Physician Specialty Code
OP_PHYSN_UPIN	Claim Operating Physician UPIN Number
OP_PHYSN_NPI	Claim Operating Physician NPI Number
OP_PHYSN_SPCLTY_CD	Claim Operating Physician Specialty Code
OT_PHYSN_UPIN	Claim Other Physician UPIN Number
OT_PHYSN_NPI	Claim Other Physician NPI Number
OT_PHYSN_SPCLTY_CD	Claim Other Physician Specialty Code
RNDRNG_PHYSN_NPI	Claim Rendering Physician NPI Number
RNDRNG_PHYSN_SPCLTY_CD	Claim Rendering Physician Specialty Code
CLM_MCO_PD_SW	Claim MCO Paid Switch
PTNT_DSCHRG_STUS_CD	Patient Discharge Status Code
CLM_PPS_IND_CD	Claim PPS Indicator Code
CLM_TOT_CHRG_AMT	Claim Total Charge Amount
CLM_ADMSN_DT	Claim Admission Date
CLM_IP_ADMSN_TYPE_CD	Claim Inpatient Admission Type Code
CLM_SRC_IP_ADMSN_CD	Claim Source Inpatient Admission Code
NCH_PTNT_STATUS_IND_CD	NCH Patient Status Indicator Code
NCH_BENE_IP_DDCTBL_AMT	NCH Beneficiary Inpatient (or other Part A) Deductible Amount
NCH_BENE_PTA_COINSRNC_LBLTY_AM	NCH Beneficiary Part A Coinsurance Liability Amount
NCH_BENE_BLOOD_DDCTBL_LBLTY_AM	NCH Beneficiary Blood Deductible Liability Amount
NCH_IP_NCVRD_CHRG_AMT	NCH Inpatient (or other Part A) Noncovered Charge Amount
NCH_IP_TOT_DDCTN_AMT	NCH Inpatient (or other Part A) Total Deductible/Coinsurance Amount
CLM_PPS_CPTL_FSP_AMT	Claim PPS Capital Federal Specific Portion (FSP) Amount
CLM_PPS_CPTL_OUTLIER_AMT	Claim PPS Capital Outlier Amount
CLM_PPS_CPTL_DSPRPRTNT_SHR_AMT	Claim PPS Capital Disproportionate Share (DSH) Amount
CLM_PPS_CPTL_IME_AMT	Claim PPS Capital Indirect Medical Education (IME) Amount

## Skilled Nursing Facility (SNF) Fee-for-Service Base Claims

<u>Variable Name</u>	<u>Variable Label</u>
CLM_PPS_CPTL_EXCPTN_AMT	Claim PPS Capital Exception Amount
CLM_PPS_OLD_CPTL_HLD_HRMLS_AMT	Claim PPS Old Capital Hold Harmless Amount
CLM_UTLZTN_DAY_CNT	Claim Medicare Utilization Day Count
BENE_TOT_COINSRNC_DAYS_CNT	Beneficiary Total Coinsurance Days Count
CLM_NON_UTLZTN_DAYS_CNT	Claim Medicare Non Utilization Days Count
NCH_BLOOD_PNTS_FRNSHD_QTY	NCH Blood Pints Furnished Quantity
NCH_QLFYD_STAY_FROM_DT	NCH Qualified Stay From Date
NCH_QLFYD_STAY_THRU_DT	NCH Qualified Stay Through Date
NCH_VRFD_NCVRD_STAY_FROM_DT	NCH Verified Noncovered Stay From Date
NCH_VRFD_NCVRD_STAY_THRU_DT	NCH Verified Noncovered Stay Through Date
NCH_ACTV_OR_CVRD_LVL_CARE_THRU	NCH Active or Covered Level Care Thru Date
NCH_BENE_MDCR_BNFTS_EXHTD_DT_I	NCH Beneficiary Medicare Benefits Exhausted Date
NCH_BENE_DSCHRG_DT	NCH Beneficiary Discharge Date
CLM_DRG_CD	Claim Diagnosis Related Group Code (or MS-DRG Code)
ADMTG_DGNS_CD	Claim Admitting Diagnosis Code
PRNCPAL_DGNS_CD	Claim Principal Diagnosis Code
ICD_DGNS_CD1	Claim Diagnosis Code I
ICD_DGNS_CD2	Claim Diagnosis Code II
ICD_DGNS_CD3	Claim Diagnosis Code III
ICD_DGNS_CD4	Claim Diagnosis Code IV
ICD_DGNS_CD5	Claim Diagnosis Code V
ICD_DGNS_CD6	Claim Diagnosis Code VI
ICD_DGNS_CD7	Claim Diagnosis Code VII
ICD_DGNS_CD8	Claim Diagnosis Code VIII
ICD_DGNS_CD9	Claim Diagnosis Code IX
ICD_DGNS_CD10	Claim Diagnosis Code X
ICD_DGNS_CD11	Claim Diagnosis Code XI
ICD_DGNS_CD12	Claim Diagnosis Code XII
ICD_DGNS_CD13	Claim Diagnosis Code XIII
ICD_DGNS_CD14	Claim Diagnosis Code XIV
ICD_DGNS_CD15	Claim Diagnosis Code XV
ICD_DGNS_CD16	Claim Diagnosis Code XVI
ICD_DGNS_CD17	Claim Diagnosis Code XVII
ICD_DGNS_CD18	Claim Diagnosis Code XVIII
ICD_DGNS_CD19	Claim Diagnosis Code XIX
ICD_DGNS_CD20	Claim Diagnosis Code XX
ICD_DGNS_CD21	Claim Diagnosis Code XXI
ICD_DGNS_CD22	Claim Diagnosis Code XXII
ICD_DGNS_CD23	Claim Diagnosis Code XXIII
ICD_DGNS_CD24	Claim Diagnosis Code XXIV
ICD_DGNS_CD25	Claim Diagnosis Code XXV
FST_DGNS_E_CD	First Claim Diagnosis E Code
ICD_DGNS_E_CD1	Claim Diagnosis E Code I
ICD_DGNS_E_CD2	Claim Diagnosis E Code II
ICD_DGNS_E_CD3	Claim Diagnosis E Code III
ICD_DGNS_E_CD4	Claim Diagnosis E Code IV
ICD_DGNS_E_CD5	Claim Diagnosis E Code V
ICD_DGNS_E_CD6	Claim Diagnosis E Code VI
ICD_DGNS_E_CD7	Claim Diagnosis E Code VII
ICD_DGNS_E_CD8	Claim Diagnosis E Code VIII
ICD_DGNS_E_CD9	Claim Diagnosis E Code IX
ICD_DGNS_E_CD10	Claim Diagnosis E Code X
ICD_DGNS_E_CD11	Claim Diagnosis E Code XI

## Skilled Nursing Facility (SNF) Fee-for-Service Base Claims

<u>Variable Name</u>	<u>Variable Label</u>
ICD_DGNS_E_CD12	Claim Diagnosis E Code XII
ICD_PRCDR_CD1	Claim Procedure Code I
PRCDR_DT1	Claim Procedure Code I Date
ICD_PRCDR_CD2	Claim Procedure Code II
PRCDR_DT2	Claim Procedure Code II Date
ICD_PRCDR_CD3	Claim Procedure Code III
PRCDR_DT3	Claim Procedure Code III Date
ICD_PRCDR_CD4	Claim Procedure Code IV
PRCDR_DT4	Claim Procedure Code IV Date
ICD_PRCDR_CD5	Claim Procedure Code V
PRCDR_DT5	Claim Procedure Code V Date
ICD_PRCDR_CD6	Claim Procedure Code VI
PRCDR_DT6	Claim Procedure Code VI Date
ICD_PRCDR_CD7	Claim Procedure Code VII
PRCDR_DT7	Claim Procedure CodeVII Date
ICD_PRCDR_CD8	Claim Procedure Code VIII
PRCDR_DT8	Claim Procedure Code VIII Date
ICD_PRCDR_CD9	Claim Procedure Code IX
PRCDR_DT9	Claim Procedure Code IX Date
ICD_PRCDR_CD10	Claim Procedure Code X
PRCDR_DT10	Claim Procedure Code X Date
ICD_PRCDR_CD11	Claim Procedure Code XI
PRCDR_DT11	Claim Procedure Code XI Date
ICD_PRCDR_CD12	Claim Procedure Code XII
PRCDR_DT12	Claim Procedure Code XII Date
ICD_PRCDR_CD13	Claim Procedure Code XIII
PRCDR_DT13	Claim Procedure Code XIII Date
ICD_PRCDR_CD14	Claim Procedure Code XIV
PRCDR_DT14	Claim Procedure Code XIV Date
ICD_PRCDR_CD15	Claim Procedure Code XV
PRCDR_DT15	Claim Procedure Code XV Date
ICD_PRCDR_CD16	Claim Procedure Code XVI
PRCDR_DT16	Claim Procedure Code XVI Date
ICD_PRCDR_CD17	Claim Procedure Code XVII
PRCDR_DT17	Claim Procedure Code XVII Date
ICD_PRCDR_CD18	Claim Procedure Code XVIII
PRCDR_DT18	Claim Procedure Code XVIII Date
ICD_PRCDR_CD19	Claim Procedure Code XIX
PRCDR_DT19	Claim Procedure Code XIX Date
ICD_PRCDR_CD20	Claim Procedure Code XX
PRCDR_DT20	Claim Procedure Code XX Date
ICD_PRCDR_CD21	Claim Procedure Code XXI
PRCDR_DT21	Claim Procedure Code XXI Date
ICD_PRCDR_CD22	Claim Procedure Code XXII
PRCDR_DT22	Claim Procedure Code XXII Date
ICD_PRCDR_CD23	Claim Procedure Code XXIII
PRCDR_DT23	Claim Procedure Code XXIII Date
ICD_PRCDR_CD24	Claim Procedure Code XXIV
PRCDR_DT24	Claim Procedure Code XXIV Date
ICD_PRCDR_CD25	Claim Procedure Code XXV
PRCDR_DT25	Claim Procedure Code XXV Date
DOB_DT	Date of Birth from Claim (Date)
SEX_CD	Sex Code from Claim

## Skilled Nursing Facility (SNF) Fee-for-Service Base Claims

<u>Variable Name</u>	<u>Variable Label</u>
BENE_RACE_CD	Race Code from Claim
BENE_CNTY_CD	Beneficiary County Code from Claim (SSA)
BENE_STATE_CD	Beneficiary Residence (SSA) State Code
BENE_MLG_CNTCT_ZIP_CD	Beneficiary ZIP Code of Residence
CLM_MDCL_REC	Claim Medical Record Number
CLM_TRTMT_AUTHRZTN_NUM	Claim Treatment Authorization Number
CLM_PRCR_RTRN_CD	Claim Pricer Return Code
CLM_SRVC_FAC_ZIP_CD	Claim service facility ZIP code (where service was provided)
NCH_PROFNL_CMPNT_CHRG_AMT	Professional Component Charge Amount
CLM_NEXT_GNRTN_ACO_IND_CD1	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Population based payments (PBP)
CLM_NEXT_GNRTN_ACO_IND_CD2	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Telehealth
CLM_NEXT_GNRTN_ACO_IND_CD3	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Post Discharge HH visits
CLM_NEXT_GNRTN_ACO_IND_CD4	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - 3 day SNF waiver
CLM_NEXT_GNRTN_ACO_IND_CD5	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Capitation
ACO_ID_NUM	Claim Accountable Care Organization (ACO) Identification Number
CLM_BENE_ID_TYPE_CD	Claim Beneficiary Identifier Type Code (For CMS Internal Use)
CLM_RSDL_PYMT_IND_CD	Claim Residual Payment Indicator Code
PRVDR_VLDTN_TYPE_CD	Provider Validation Type Code
RR_BRD_EXCLSN_IND_SW	Railroad Board Exclusion Indicator Switch

## Skilled Nursing Facility (SNF) Fee-for-Service Condition Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_CLM_TYPE_CD	NCH Claim Type Code
RLT_COND_CD_SEQ	Claim Related Condition Code Sequence
CLM_RLT_COND_CD	Claim Related Condition Code

## Skilled Nursing Facility (SNF) Fee-for-Service Demonstration Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_CLM_TYPE_CD	NCH Claim Type Code
DEMO_ID_SQNC_NUM	Demonstration sequence number
DEMO_ID_NUM	Demonstration number
DEMO_INFO_TXT	Demo information text

**Skilled Nursing Facility (SNF) Fee-for-Service Occurrence Codes**

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_CLM_TYPE_CD	NCH Claim Type Code
RLT_OCRNC_CD_SEQ	Claim Related Occurrence Code Sequence
CLM_RLT_OCRNC_CD	Claim Related Occurrence Code
CLM_RLT_OCRNC_DT	Claim Related Occurrence Date



## Skilled Nursing Facility (SNF) Fee-for-Service Span Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_CLM_TYPE_CD	NCH Claim Type Code
RLT_SPAN_CD_SEQ	Claim Related Span Code Sequence
CLM_SPAN_CD	Claim Occurrence Span Code
CLM_SPAN_FROM_DT	Claim Occurrence Span From Date
CLM_SPAN_THRU_DT	Claim Occurrence Span Through Date

## Skilled Nursing Facility (SNF) Fee-for-Service Value Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
NCH_CLM_TYPE_CD	NCH Claim Type Code
RLT_VAL_CD_SEQ	Claim Related Value Code Sequence
CLM_VAL_CD	Claim Value Code
CLM_VAL_AMT	Claim Value Amount

## Skilled Nursing Facility (SNF) Fee-for-Service Revenue Center

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)
NCHS_CLM_ID	NCHS CLAIM ID
CLM_THRU_DT	Claim Through Date
CLM_LINE_NUM	Claim Line Number
NCH_CLM_TYPE_CD	NCH Claim Type Code
REV_CNTR	Revenue Center Code
HCPCS_CD	HCFA Common Procedure Coding System (HCPCS) Code
HCPCS_1ST_MDFR_CD	HCPCS Initial Modifier Code
HCPCS_2ND_MDFR_CD	HCPCS Second Modifier Code
HCPCS_3RD_MDFR_CD	HCPCS Third Modifier Code
REV_CNTR_UNIT_CNT	Revenue Center Unit Count
REV_CNTR_RATE_AMT	Revenue Center Rate Amount
REV_CNTR_TOT_CHRG_AMT	Revenue Center Total Charge Amount
REV_CNTR_NCVRD_CHRG_AMT	Revenue Center Non-Covered Charge Amount
REV_CNTR_DDCTBL_COINSRNC_CD	Revenue Center Deductible Coinsurance Code
REV_CNTR_NDC_QTY	Revenue Center National Drug Code (NDC) Quantity
REV_CNTR_NDC_QTY_QLFR_CD	Revenue Center NDC Quantity Qualifier Code
RNDRNG_PHYSN_UPIN	Revenue Center Rendering Physician UPIN
RNDRNG_PHYSN_NPI	Revenue Center Rendering Physician NPI
RNDRNG_PHYSN_SPCLTY_CD	Revenue Center Rendering Physician Specialty Code
REV_CNTR_IDE_NDC_UPC_NUM	Revenue Center IDE, NDC, or UPC Number
REV_CNTR_PRCNG_IND_CD	Revenue Center Pricing Indicator Code
THRPY_CAP_IND_CD1	Revenue Center Therapy Cap Indicator 1 Code
THRPY_CAP_IND_CD2	Revenue Center Therapy Cap Indicator 2 Code
REV_CNTR_RP_IND_CD	Revenue Center Representative Payee (RP) Indicator Code

## Carrier (Physician/Supplier Part B) Encounter Claims

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Advantage (MA) Encounter (YYYY)
NCHS_ENC_JOIN_KEY	NCHS ENCOUNTER JOIN KEY
CLM_TYPE_CD	Claim Type Code
CLM_FROM_DT	Claim From Date
CLM_THRU_DT	Claim Through Date
SRVC_MONTH	Service Month
CLM_CHRT_RVW_SW	Claim Chart Review Switch
NCHS_CLM_CNTL_NUM	NCHS CLAIM CONTROL NUMBER
NCHS_CLM_ORIG_CNTL_NUM	NCHS CLAIM ORIGINAL CONTROL NUMBER
CLM_FINL_ACTN_IND	Claim Final Action Indicator
CLM_LTST_CLM_IND	Latest Claim Indicator
EDPS_CREATE_DT	Encounter Data Processing System (EDPS) Create Date
CLM_RCPT_DT	Claim Receipt Date
CLM_FREQ_CD	Claim Frequency Code
CNTRCT_NUM	Medicare Part C Contract Number
CNTRCT_PBP_NUM	Medicare Part C Plan Benefit Package (PBP) Number
CLM_MDCL_REC	Claim Medical Record Number
ORG_NPI	Organization NPI Number
ORG_TXNMY_CD	Organization Taxonomy Code
RFRG_PHYSN_NPI	Claim Referring Physician NPI Number
PRNCPAL_DGNS_CD	Claim Principal Diagnosis Code
PRNCPAL_DGNS_VRSN_CD	Claim Principal Diagnosis Version Code
ICD_DGNS_CD1	Claim Diagnosis Code I
ICD_DGNS_VRSN_CD1	Claim Diagnosis Code I Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD2	Claim Diagnosis Code II
ICD_DGNS_VRSN_CD2	Claim Diagnosis Code II Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD3	Claim Diagnosis Code III
ICD_DGNS_VRSN_CD3	Claim Diagnosis Code III Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD4	Claim Diagnosis Code IV
ICD_DGNS_VRSN_CD4	Claim Diagnosis Code IV Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD5	Claim Diagnosis Code V
ICD_DGNS_VRSN_CD5	Claim Diagnosis Code V Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD6	Claim Diagnosis Code VI
ICD_DGNS_VRSN_CD6	Claim Diagnosis Code VI Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD7	Claim Diagnosis Code VII
ICD_DGNS_VRSN_CD7	Claim Diagnosis Code VII Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD8	Claim Diagnosis Code VIII
ICD_DGNS_VRSN_CD8	Claim Diagnosis Code VIII Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD9	Claim Diagnosis Code IX
ICD_DGNS_VRSN_CD9	Claim Diagnosis Code IX Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD10	Claim Diagnosis Code X
ICD_DGNS_VRSN_CD10	Claim Diagnosis Code X Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD11	Claim Diagnosis Code XI
ICD_DGNS_VRSN_CD11	Claim Diagnosis Code XI Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD12	Claim Diagnosis Code XII
ICD_DGNS_VRSN_CD12	Claim Diagnosis Code XII Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD13	Claim Diagnosis Code 13
ICD_DGNS_VRSN_CD13	Claim Diagnosis Code XIII Diagnosis Version Code (ICD-9 or ICD-10)
CLM_OBSLT_DT	Claim Obsolete Date

## Carrier (Physician/Supplier Part B) Encounter Claims

<u>Variable Name</u>	<u>Variable Label</u>
CLM_BPRVDR_CITY_NAME	Billing Provider Address - City
CLM_BPRVDR_USPS_STATE_CD	Billing Provider Address - USPS State Code
CLM_BPRVDR_ADR_ZIP_CD	Billing Provider Address - ZIP Code
CLM_SUBSCR_CITY_NAME	Medicare Subscriber Address - City
CLM_SUBSCR_USPS_STATE_CD	Medicare Subscriber Address - USPS State Code
CLM_SUBSCR_ADR_ZIP_CD	Medicare Subscriber Address - ZIP Code
BENE_CNTY_CD	Beneficiary County Code from Claim (SSA)
BENE_STATE_CD	Beneficiary Residence (SSA) State Code
BENE_MLG_CNTCT_ZIP_CD	Beneficiary ZIP Code of Residence
SEX_CD	Sex Code from Claim
BENE_RACE_CD	Race Code from Claim
DOB_DT	Date of Birth from Claim
BENE_MDCR_STUS_CD	Beneficiary Medicare Status Code
TAX_NUM	Provider Tax Number
BENE_STATE	Beneficiary State Postal Code
RNDRNG_PHYSN_NPI	Claim Rendering Physician NPI Number
CLM_PLACE_OF_SRVC_CD	Claim Place of Service Code

## Carrier (Physician/Supplier Part B) Encounter Line Items

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Advantage (MA) Encounter (YYYY)
NCHS_ENC_JOIN_KEY	NCHS ENCOUNTER JOIN KEY
CLM_TYPE_CD	Claim Type Code
CLM_LINE_NUM	Claim Line Number
CLM_THRU_DT	Claim Through Date
PRVDR_NPI	Line Rendering Physician NPI
PRVDR_SPCLTY	Line CMS Provider Specialty Code
LINE_SRVC_CNT	Line Service Count
LINE_PLACE_OF_SRVC_CD	Line Place of Service Code
LINE_1ST_EXPNS_DT	Line First Expense Date
LINE_LAST_EXPNS_DT	Line Last Expense Date
HCPCS_CD	Healthcare Common Procedure Coding System (HCPCS) Code
HCPCS_1ST_MDFR_CD	HCPCS Initial Modifier Code
HCPCS_2ND_MDFR_CD	HCPCS Second Modifier Code
HCPCS_3RD_MDFR_CD	HCPCS Third Modifier Code
HCPCS_4TH_MDFR_CD	HCPCS Fourth Modifier Code
LINE_NDC_CD	Line National Drug Code (NDC)
LINE_RX_NUM	Line RX Number
LINE_LTST_CLM_IND	Line Latest Claim Indicator
LINE_NUM_ORIG	Original Claim Line Number

## Durable Medical Equipment (DME) Encounter Claims

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Advantage (MA) Encounter (YYYY)
NCHS_ENC_JOIN_KEY	NCHS ENCOUNTER JOIN KEY
CLM_TYPE_CD	Claim Type Code
CLM_FROM_DT	Claim From Date
CLM_THRU_DT	Claim Through Date
SRVC_MONTH	Service Month
CLM_CHRT_RVW_SW	Claim Chart Review Switch
NCHS_CLM_CNTL_NUM	NCHS CLAIM CONTROL NUMBER
NCHS_CLM_ORIG_CNTL_NUM	NCHS CLAIM ORIGINAL CONTROL NUMBER
CLM_FINL_ACTN_IND	Claim Final Action Indicator
CLM_LTST_CLM_IND	Latest Claim Indicator
EDPS_CREATE_DT	Encounter Data Processing System (EDPS) Create Date
CLM_RCPT_DT	Claim Receipt Date
CLM_FREQ_CD	Claim Frequency Code
CNTRCT_NUM	Medicare Part C Contract Number
CNTRCT_PBP_NUM	Medicare Part C Plan Benefit Package (PBP) Number
CLM_MDCL_REC	Claim Medical Record Number
ORG_NPI	Organization NPI Number
ORG_TXNMY_CD	Organization Taxonomy Code
RFRG_PHYSN_NPI	Claim Referring Physician NPI Number
PRNCPAL_DGNS_CD	Claim Principal Diagnosis Code
PRNCPAL_DGNS_VRSN_CD	Claim Principal Diagnosis Version Code
ICD_DGNS_CD1	Claim Diagnosis Code I
ICD_DGNS_VRSN_CD1	Claim Diagnosis Code I Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD2	Claim Diagnosis Code II
ICD_DGNS_VRSN_CD2	Claim Diagnosis Code II Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD3	Claim Diagnosis Code III
ICD_DGNS_VRSN_CD3	Claim Diagnosis Code III Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD4	Claim Diagnosis Code IV
ICD_DGNS_VRSN_CD4	Claim Diagnosis Code IV Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD5	Claim Diagnosis Code V
ICD_DGNS_VRSN_CD5	Claim Diagnosis Code V Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD6	Claim Diagnosis Code VI
ICD_DGNS_VRSN_CD6	Claim Diagnosis Code VI Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD7	Claim Diagnosis Code VII
ICD_DGNS_VRSN_CD7	Claim Diagnosis Code VII Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD8	Claim Diagnosis Code VIII
ICD_DGNS_VRSN_CD8	Claim Diagnosis Code VIII Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD9	Claim Diagnosis Code IX
ICD_DGNS_VRSN_CD9	Claim Diagnosis Code IX Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD10	Claim Diagnosis Code X
ICD_DGNS_VRSN_CD10	Claim Diagnosis Code X Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD11	Claim Diagnosis Code XI
ICD_DGNS_VRSN_CD11	Claim Diagnosis Code XI Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD12	Claim Diagnosis Code XII
ICD_DGNS_VRSN_CD12	Claim Diagnosis Code XII Diagnosis Version Code (ICD-9 or ICD-10)
ICD_DGNS_CD13	Claim Diagnosis Code 13
ICD_DGNS_VRSN_CD13	Claim Diagnosis Code XIII Diagnosis Version Code (ICD-9 or ICD-10)
CLM_OBSLT_DT	Claim Obsolete Date

## Durable Medical Equipment (DME) Encounter Claims

<u>Variable Name</u>	<u>Variable Label</u>
CLM_BPRVDR_CITY_NAME	Billing Provider Address - City
CLM_BPRVDR_USPS_STATE_CD	Billing Provider Address - USPS State Code
CLM_BPRVDR_ADR_ZIP_CD	Billing Provider Address - ZIP Code
CLM_SUBSCR_CITY_NAME	Beneficiary County Code from Claim (SSA)
CLM_SUBSCR_USPS_STATE_CD	Beneficiary Residence (SSA) State Code
CLM_SUBSCR_ADR_ZIP_CD	Beneficiary ZIP Code of Residence
BENE_CNTY_CD	County Code from Claim (SSA)
BENE_STATE_CD	Beneficiary Residence (SSA) State Code
BENE_MLG_CNTCT_ZIP_CD	ZIP Code of Residence from Claim
SEX_CD	Sex Code from Claim
BENE_RACE_CD	Race Code from Claim
DOB_DT	Date of Birth from Claim
BENE_MDCR_STUS_CD	Beneficiary Medicare Status Code
TAX_NUM	Provider Tax Number
BENE_STATE	Beneficiary State Postal Code
RNDRNG_PHYSN_NPI	Claim Rendering Physician NPI Number
CLM_PLACE_OF_SRVC_CD	Claim Place of Service Code



## Durable Medical Equipment (DME) Encounter Line Items

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Advantage (MA) Encounter (YYYY)
NCHS_ENC_JOIN_KEY	NCHS ENCOUNTER JOIN KEY
CLM_TYPE_CD	Claim Type Code
CLM_LINE_NUM	Claim Line Number
CLM_THRU_DT	Claim Through Date
PRVDR_NPI	DMERC Line Item Supplier NPI Number
PRVDR_SPCLTY	Line CMS Provider Specialty Code
LINE_SRVC_CNT	Line Service Count
LINE_PLACE_OF_SRVC_CD	Line Place of Service Code
LINE_1ST_EXPNS_DT	Line First Expense Date
LINE_LAST_EXPNS_DT	Line Last Expense Date
HCPCS_CD	Healthcare Common Procedure Coding System (HCPCS) Code
HCPCS_1ST_MDFR_CD	HCPCS Initial Modifier Code
HCPCS_2ND_MDFR_CD	HCPCS Second Modifier Code
HCPCS_3RD_MDFR_CD	HCPCS Third Modifier Code
HCPCS_4TH_MDFR_CD	HCPCS Fourth Modifier Code
LINE_NDC_CD	Line National Drug Code (NDC)
LINE_LTST_CLM_IND	Line Latest Claim Indicator
LINE_NUM_ORIG	Original Claim Line Number

## Home Health Agency (HHA) Encounter Base Claims

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Advantage (MA) Encounter (YYYY)
NCHS_ENC_JOIN_KEY	NCHS ENCOUNTER JOIN KEY
CLM_TYPE_CD	Claim Type Code
CLM_FROM_DT	Claim From Date
CLM_THRU_DT	Claim Through Date
SRVC_MONTH	Service Month
CLM_CHRT_RVW_SW	Claim Chart Review Switch
NCHS_CLM_CNTL_NUM	NCHS CLAIM CONTROL NUMBER
NCHS_CLM_ORIG_CNTL_NUM	NCHS CLAIM ORIGINAL CONTROL NUMBER
CLM_FINL_ACTN_IND	Claim Final Action Indicator
CLM_LTST_CLM_IND	Latest Claim Indicator
EDPS_CREATE_DT	Encounter Data Processing System (EDPS) Create Date
CLM_RCPT_DT	Claim Receipt Date
CLM_FAC_TYPE_CD	Claim Facility Type Code
CLM_SRVC_CLSFCTN_TYPE_CD	Claim Service classification Type Code
CLM_FREQ_CD	Claim Frequency Code
CNTRCT_NUM	Medicare Part C Contract Number
CNTRCT_PBP_NUM	Medicare Part C Plan Benefit Package (PBP) Number
CLM_MDCL_REC	Claim Medical Record Number
ORG_NPI	Organization NPI Number
ORG_TXNMY_CD	Organization Taxonomy Code
RNDRNG_PHYSN_NPI	Claim Rendering Physician NPI Number
RFRG_PHYSN_NPI	Claim Referring Physician NPI Number
AT_PHYSN_NPI	Claim Attending Physician NPI Number
AT_PHYSN_TXNMY_CD	Claim Attending Physician Taxonomy Code
OP_PHYSN_NPI	Claim Operating Physician NPI Number
OT_PHYSN_NPI	Claim Other Physician NPI Number
CLM_ADMSN_DT	Claim Admission Date
PTNT_DSCHRG_STUS_CD	Patient Discharge Status Code
BENE_DSCHRG_DT	Beneficiary Discharge Date
PRNCPAL_DGNS_CD	Claim Principal Diagnosis Code
ICD_DGNS_CD1	Claim Diagnosis Code I
ICD_DGNS_CD2	Claim Diagnosis Code II
ICD_DGNS_CD3	Claim Diagnosis Code III
ICD_DGNS_CD4	Claim Diagnosis Code IV
ICD_DGNS_CD5	Claim Diagnosis Code V
ICD_DGNS_CD6	Claim Diagnosis Code VI
ICD_DGNS_CD7	Claim Diagnosis Code VII
ICD_DGNS_CD8	Claim Diagnosis Code VIII
ICD_DGNS_CD9	Claim Diagnosis Code IX
ICD_DGNS_CD10	Claim Diagnosis Code X
ICD_DGNS_CD11	Claim Diagnosis Code XI
ICD_DGNS_CD12	Claim Diagnosis Code XII
ICD_DGNS_CD13	Claim Diagnosis Code XIII
ICD_DGNS_CD14	Claim Diagnosis Code XIV
ICD_DGNS_CD15	Claim Diagnosis Code XV
ICD_DGNS_CD16	Claim Diagnosis Code XVI
ICD_DGNS_CD17	Claim Diagnosis Code XVII
ICD_DGNS_CD18	Claim Diagnosis Code XVIII

## Home Health Agency (HHA) Encounter Base Claims

<u>Variable Name</u>	<u>Variable Label</u>
ICD_DGNS_CD19	Claim Diagnosis Code XIX
ICD_DGNS_CD20	Claim Diagnosis Code XX
ICD_DGNS_CD21	Claim Diagnosis Code XXI
ICD_DGNS_CD22	Claim Diagnosis Code XXII
ICD_DGNS_CD23	Claim Diagnosis Code XXIII
ICD_DGNS_CD24	Claim Diagnosis Code XXIV
ICD_DGNS_CD25	Claim Diagnosis Code XXV
CLM_1ST_DGNS_E_CD	First Claim Diagnosis E Code
ICD_DGNS_E_CD1	Claim Diagnosis E Code I
ICD_DGNS_E_CD2	Claim Diagnosis E Code II
ICD_DGNS_E_CD3	Claim Diagnosis E Code III
RSN_VISIT_CD1	Reason for Visit Diagnosis Code 1
RSN_VISIT_CD2	Reason for Visit Diagnosis Code 2
RSN_VISIT_CD3	Reason for Visit Diagnosis Code 3
CLM_OBSLT_DT	Claim Obsolete Date
CLM_BPRVDR_CITY_NAME	Billing Provider Address - City
CLM_BPRVDR_USPS_STATE_CD	Billing Provider Address - USPS State Code
CLM_BPRVDR_ADR_ZIP_CD	Billing Provider Address - ZIP Code
CLM_SUBSCR_CITY_NAME	Medicare Subscriber Address - City
CLM_SUBSCR_USPS_STATE_CD	Medicare Subscriber Address - USPS State Code
CLM_SUBSCR_ADR_ZIP_CD	Medicare Subscriber Address - ZIP Code
BENE_CNTY_CD	Beneficiary County Code from Claim (SSA)
BENE_STATE_CD	Beneficiary Residence (SSA) State Code
BENE_MLG_CNTCT_ZIP_CD	Beneficiary ZIP Code of Residence
SEX_CD	Sex Code from Claim
BENE_RACE_CD	Race Code from Claim
DOB_DT	Date of Birth from Claim
BENE_MDCR_STUS_CD	Beneficiary Medicare Status Code
TAX_NUM	Provider Tax Number
BENE_STATE	Beneficiary State Postal Code

## Home Health Agency (HHA) Encounter Condition Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Advantage (MA) Encounter (YYYY)
NCHS_ENC_JOIN_KEY	NCHS ENCOUNTER JOIN KEY
CLM_TYPE_CD	Claim Type Code
RLT_COND_CD_SEQ	Claim Related Condition Code Sequence
CLM_RLT_COND_CD	Claim Related Condition Code

## Home Health Agency (HHA) Encounter Occurrence Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Advantage (MA) Encounter (YYYY)
NCHS_ENC_JOIN_KEY	NCHS ENCOUNTER JOIN KEY
CLM_TYPE_CD	Claim Type Code
RLT_OCRNC_CD_SEQ	Claim Related Occurrence Code Sequence
CLM_RLT_OCRNC_CD	Claim Related Occurrence Code
CLM_RLT_OCRNC_DT	Claim Related Occurrence Date

## Home Health Agency (HHA) Encounter Span Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Advantage (MA) Encounter (YYYY)
NCHS_ENC_JOIN_KEY	NCHS ENCOUNTER JOIN KEY
CLM_TYPE_CD	Claim Type Code
RLT_SPAN_CD_SEQ	Claim Related Span Code Sequence
CLM_SPAN_CD	Claim Occurrence Span Code
CLM_SPAN_FROM_DT	Claim Occurrence Span From Date
CLM_SPAN_THRU_DT	Claim Occurrence Span Through Date

Home Health Agency (HHA) Encounter Value Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Advantage (MA) Encounter (YYYY)
NCHS_ENC_JOIN_KEY	NCHS ENCOUNTER JOIN KEY
CLM_TYPE_CD	Claim Type Code
RLT_VAL_CD_SEQ	Claim Related Value Code Sequence
CLM_VAL_CD	Claim Value Code

## Home Health Agency (HHA) Encounter Revenue Center

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Advantage (MA) Encounter (YYYY)
NCHS_ENC_JOIN_KEY	NCHS ENCOUNTER JOIN KEY
CLM_TYPE_CD	Claim Type Code
CLM_LINE_NUM	Claim Line Number
CLM_THRU_DT	Claim Through Date
REV_CNTR	Revenue Center Code
REV_CNTR_FROM_DT	Revenue Center From Date
REV_CNTR_THRU_DT	Revenue Center Thru Date
REV_CNTR_UNIT_CNT	Revenue Center Unit Count
HCPCS_CD	HCFA Common Procedure Coding System (HCPCS) Code
HCPCS_1ST_MDFR_CD	HCPCS Initial Modifier Code
HCPCS_2ND_MDFR_CD	HCPCS Second Modifier Code
HCPCS_3RD_MDFR_CD	HCPCS Third Modifier Code
REV_CNTR_IDE_NDC_UPC_NUM	Revenue Center IDE, NDC, or UPC Number
REV_CNTR_NDC_QTY	Revenue Center National Drug Code (NDC) Quantity
REV_CNTR_NDC_QTY_QLFR_CD	Revenue Center NDC Quantity Qualifier Code
REV_CNTR_RNDRNG_PHYSN_NPI	Revenue Center Rendering Physician NPI
LINE_LTST_CLM_IND	Line Latest Claim Indicator
LINE_NUM_ORIG	Original Claim Line Number



## Inpatient Encounter Base Claims

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Advantage (MA) Encounter (YYYY)
NCHS_ENC_JOIN_KEY	NCHS ENCOUNTER JOIN KEY
CLM_TYPE_CD	Claim Type Code
CLM_FROM_DT	Claim From Date
CLM_THRU_DT	Claim Through Date
SRVC_MONTH	Service Month
CLM_CHRT_RVW_SW	Claim Chart Review Switch
NCHS_CLM_CNTL_NUM	NCHS CLAIM CONTROL NUMBER
NCHS_CLM_ORIG_CNTL_NUM	NCHS CLAIM ORIGINAL CONTROL NUMBER
CLM_FINL_ACTN_IND	Claim Final Action Indicator
CLM_LTST_CLM_IND	Latest Claim Indicator
EDPS_CREATE_DT	Encounter Data Processing System (EDPS) Create Date
CLM_RCPT_DT	Claim Receipt Date
CLM_FAC_TYPE_CD	Claim Facility Type Code
CLM_SRVC_CLSFCTN_TYPE_CD	Claim Service classification Type Code
CLM_FREQ_CD	Claim Frequency Code
CNTRCT_NUM	Medicare Part C Contract Number
CNTRCT_PBP_NUM	Medicare Part C Plan Benefit Package (PBP) Number
CLM_MDCL_REC	Claim Medical Record Number
ORG_NPI	Organization NPI Number
ORG_TXNMY_CD	Organization Taxonomy Code
RNDRNG_PHYSN_NPI	Claim Rendering Physician NPI Number
AT_PHYSN_NPI	Claim Attending Physician NPI Number
AT_PHYSN_TXNMY_CD	Claim Attending Physician Taxonomy Code
OP_PHYSN_NPI	Claim Operating Physician NPI Number
OT_PHYSN_NPI	Claim Other Physician NPI Number
CLM_ADMSN_DT	Claim Admission Date
CLM_IP_ADMSN_TYPE_CD	Claim Inpatient Admission Type Code
CLM_SRC_IP_ADMSN_CD	Claim Source Inpatient Admission Code
PTNT_DSCHRG_STUS_CD	Patient Discharge Status Code
CLM_DAY_CNT	Day Count (Length of Stay)
BENE_DSCHRG_DT	Beneficiary Discharge Date
CLM_DRG_CD	Claim Diagnosis Related Group Code (or MS-DRG Code)
DRVD_DRG_CD	Derived MS-Diagnosis Related Group Code (MS-DRG)
ADMTG_DGNS_CD	Claim Admitting Diagnosis Code
PRNCPAL_DGNS_CD	Claim Principal Diagnosis Code
ICD_DGNS_CD1	Claim Diagnosis Code I
ICD_DGNS_CD2	Claim Diagnosis Code II
ICD_DGNS_CD3	Claim Diagnosis Code III
ICD_DGNS_CD4	Claim Diagnosis Code IV
ICD_DGNS_CD5	Claim Diagnosis Code V
ICD_DGNS_CD6	Claim Diagnosis Code VI
ICD_DGNS_CD7	Claim Diagnosis Code VII
ICD_DGNS_CD8	Claim Diagnosis Code VIII
ICD_DGNS_CD9	Claim Diagnosis Code IX
ICD_DGNS_CD10	Claim Diagnosis Code X
ICD_DGNS_CD11	Claim Diagnosis Code XI
ICD_DGNS_CD12	Claim Diagnosis Code XII
ICD_DGNS_CD13	Claim Diagnosis Code XIII

## Inpatient Encounter Base Claims

<u>Variable Name</u>	<u>Variable Label</u>
ICD_DGNS_CD14	Claim Diagnosis Code XIV
ICD_DGNS_CD15	Claim Diagnosis Code XV
ICD_DGNS_CD16	Claim Diagnosis Code XVI
ICD_DGNS_CD17	Claim Diagnosis Code XVII
ICD_DGNS_CD18	Claim Diagnosis Code XVIII
ICD_DGNS_CD19	Claim Diagnosis Code XIX
ICD_DGNS_CD20	Claim Diagnosis Code XX
ICD_DGNS_CD21	Claim Diagnosis Code XXI
ICD_DGNS_CD22	Claim Diagnosis Code XXII
ICD_DGNS_CD23	Claim Diagnosis Code XXIII
ICD_DGNS_CD24	Claim Diagnosis Code XXIV
ICD_DGNS_CD25	Claim Diagnosis Code XXV
CLM_POA_IND_SW1	Claim Diagnosis Code I Diagnosis Present on Admission (POA) Indicator Code
CLM_POA_IND_SW2	Claim Diagnosis Code II Diagnosis Present on Admission (POA) Indicator Code
CLM_POA_IND_SW3	Claim Diagnosis Code III Diagnosis Present on Admission (POA) Indicator Code
CLM_POA_IND_SW4	Claim Diagnosis Code IV Diagnosis Present on Admission (POA) Indicator Code
CLM_POA_IND_SW5	Claim Diagnosis Code V Diagnosis Present on Admission (POA) Indicator Code
CLM_POA_IND_SW6	Claim Diagnosis Code VI Diagnosis Present on Admission Indicator Code
CLM_POA_IND_SW7	Claim Diagnosis Code VII Diagnosis Present on Admission Indicator Code
CLM_POA_IND_SW8	Claim Diagnosis Code VIII Diagnosis Present on Admission Indicator Code
CLM_POA_IND_SW9	Claim Diagnosis Code IX Diagnosis Present on Admission Indicator Code
CLM_POA_IND_SW10	Claim Diagnosis Code X Diagnosis Present on Admission Indicator Code
CLM_POA_IND_SW11	Claim Diagnosis Code XI Diagnosis Present on Admission Indicator Code
CLM_POA_IND_SW12	Claim Diagnosis Code XII Diagnosis Present on Admission Indicator Code
CLM_POA_IND_SW13	Claim Diagnosis Code XIII Diagnosis Present on Admission Indicator Code
CLM_POA_IND_SW14	Claim Diagnosis Code XIV Diagnosis Present on Admission Indicator Code
CLM_POA_IND_SW15	Claim Diagnosis Code XV Diagnosis Present on Admission Indicator Code
CLM_POA_IND_SW16	Claim Diagnosis Code XVI Diagnosis Present on Admission Indicator Code
CLM_POA_IND_SW17	Claim Diagnosis Code XVII Diagnosis Present on Admission Indicator Code
CLM_POA_IND_SW18	Claim Diagnosis Code XVIII Diagnosis Present on Admission Indicator Code
CLM_POA_IND_SW19	Claim Diagnosis Code XIX Diagnosis Present on Admission Indicator Code
CLM_POA_IND_SW20	Claim Diagnosis Code XX Diagnosis Present on Admission Indicator Code
CLM_POA_IND_SW21	Claim Diagnosis Code XXI Diagnosis Present on Admission Indicator Code
CLM_POA_IND_SW22	Claim Diagnosis Code XXII Diagnosis Present on Admission Indicator Code
CLM_POA_IND_SW23	Claim Diagnosis Code XXIII Diagnosis Present on Admission Indicator Code
CLM_POA_IND_SW24	Claim Diagnosis Code XXIV Diagnosis Present on Admission Indicator Code
CLM_POA_IND_SW25	Claim Diagnosis Code XXV Diagnosis Present on Admission Indicator Code
CLM_1ST_DGNS_E_CD	First Claim Diagnosis E Code
ICD_DGNS_E_CD1	Claim Diagnosis E Code I
ICD_DGNS_E_CD2	Claim Diagnosis E Code II
ICD_DGNS_E_CD3	Claim Diagnosis E Code III
ICD_DGNS_E_CD4	Claim Diagnosis E Code IV
ICD_DGNS_E_CD5	Claim Diagnosis E Code V
ICD_DGNS_E_CD6	Claim Diagnosis E Code VI
ICD_DGNS_E_CD7	Claim Diagnosis E Code VII
ICD_DGNS_E_CD8	Claim Diagnosis E Code VIII
ICD_DGNS_E_CD9	Claim Diagnosis E Code IX
ICD_DGNS_E_CD10	Claim Diagnosis E Code X
CLM_E_POA_IND_SW1	Claim Diagnosis E Code I Diagnosis Present on Admission Indicator Code
CLM_E_POA_IND_SW2	Claim Diagnosis E Code II Diagnosis Present on Admission Indicator Code
CLM_E_POA_IND_SW3	Claim Diagnosis E Code III Diagnosis Present on Admission Indicator Code
CLM_E_POA_IND_SW4	Claim Diagnosis E Code IV Diagnosis Present on Admission Indicator Code
CLM_E_POA_IND_SW5	Claim Diagnosis E Code V Diagnosis Present on Admission Indicator Code

## Inpatient Encounter Base Claims

<u>Variable Name</u>	<u>Variable Label</u>
CLM_E_POA_IND_SW6	Claim Diagnosis E Code VI Diagnosis Present on Admission Indicator Code
CLM_E_POA_IND_SW7	Claim Diagnosis E Code VII Diagnosis Present on Admission Indicator Code
CLM_E_POA_IND_SW8	Claim Diagnosis E Code VIII Diagnosis Present on Admission Indicator Code
CLM_E_POA_IND_SW9	Claim Diagnosis E Code IX Diagnosis Present on Admission Indicator Code
CLM_E_POA_IND_SW10	Claim Diagnosis E Code X Diagnosis Present on Admission Indicator Code
ICD_PRCDR_CD1	Claim Procedure Code I
ICD_PRCDR_CD2	Claim Procedure Code II
ICD_PRCDR_CD3	Claim Procedure Code III
ICD_PRCDR_CD4	Claim Procedure Code IV
ICD_PRCDR_CD5	Claim Procedure Code V
ICD_PRCDR_CD6	Claim Procedure Code VI
ICD_PRCDR_CD7	Claim Procedure Code VII
ICD_PRCDR_CD8	Claim Procedure Code VIII
ICD_PRCDR_CD9	Claim Procedure Code IX
ICD_PRCDR_CD10	Claim Procedure Code X
ICD_PRCDR_CD11	Claim Procedure Code XI
ICD_PRCDR_CD12	Claim Procedure Code XII
ICD_PRCDR_CD13	Claim Procedure Code XIII
PRCDR_DT1	Claim Procedure Code I Date
PRCDR_DT2	Claim Procedure Code II Date
PRCDR_DT3	Claim Procedure Code III Date
PRCDR_DT4	Claim Procedure Code IV Date
PRCDR_DT5	Claim Procedure Code V Date
PRCDR_DT6	Claim Procedure Code VI Date
PRCDR_DT7	Claim Procedure Code VII Date
PRCDR_DT8	Claim Procedure Code VIII Date
PRCDR_DT9	Claim Procedure Code IX Date
PRCDR_DT10	Claim Procedure Code X Date
PRCDR_DT11	Claim Procedure Code XI Date
PRCDR_DT12	Claim Procedure Code XII Date
PRCDR_DT13	Claim Procedure Code XIII Date
CLM_OBSLT_DT	Claim Obsolete Date
CLM_BPRVDR_CITY_NAME	Billing Provider Address - City
CLM_BPRVDR_USPS_STATE_CD	Billing Provider Address - USPS State Code
CLM_BPRVDR_ADR_ZIP_CD	Billing Provider Address - ZIP Code
CLM_SUBSCR_CITY_NAME	Medicare Subscriber Address - City
CLM_SUBSCR_USPS_STATE_CD	Medicare Subscriber Address - USPS State Code
CLM_SUBSCR_ADR_ZIP_CD	Medicare Subscriber Address - ZIP Code
BENE_CNTY_CD	Beneficiary County Code from Claim (SSA)
BENE_STATE_CD	Beneficiary Residence (SSA) State Code
BENE_MLG_CNTCT_ZIP_CD	Beneficiary ZIP Code of Residence
SEX_CD	Sex Code from Claim
BENE_RACE_CD	Race Code from Claim
DOB_DT	Date of Birth from Claim
BENE_MDCR_STUS_CD	Beneficiary Medicare Status Code
TAX_NUM	Provider Tax Number
BENE_STATE	Beneficiary State Postal Code

## Inpatient Encounter Condition Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Advantage (MA) Encounter (YYYY)
NCHS_ENC_JOIN_KEY	NCHS ENCOUNTER JOIN KEY
CLM_TYPE_CD	Claim Type Code
RLT_COND_CD_SEQ	Claim Related Condition Code Sequence
CLM_RLT_COND_CD	Claim Related Condition Code

## Inpatient Encounter Occurrence Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Advantage (MA) Encounter (YYYY)
NCHS_ENC_JOIN_KEY	NCHS ENCOUNTER JOIN KEY
CLM_TYPE_CD	Claim Type Code
RLT_OCRNC_CD_SEQ	Claim Related Occurrence Code Sequence
CLM_RLT_OCRNC_CD	Claim Related Occurrence Code
CLM_RLT_OCRNC_DT	Claim Related Occurrence Date

## Inpatient Encounter Span Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Advantage (MA) Encounter (YYYY)
NCHS_ENC_JOIN_KEY	NCHS ENCOUNTER JOIN KEY
CLM_TYPE_CD	Claim Type Code
RLT_SPAN_CD_SEQ	Claim Related Span Code Sequence
CLM_SPAN_CD	Claim Occurrence Span Code
CLM_SPAN_FROM_DT	Claim Occurrence Span From Date
CLM_SPAN_THRU_DT	Claim Occurrence Span Through Date

## Inpatient Encounter Value Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Advantage (MA) Encounter (YYYY)
NCHS_ENC_JOIN_KEY	NCHS ENCOUNTER JOIN KEY
CLM_TYPE_CD	Claim Type Code
RLT_VAL_CD_SEQ	Claim Related Value Code Sequence
CLM_VAL_CD	Claim Value Code

## Inpatient Encounter Revenue Center

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Advantage (MA) Encounter (YYYY)
NCHS_ENC_JOIN_KEY	NCHS ENCOUNTER JOIN KEY
CLM_TYPE_CD	Claim Type Code
CLM_LINE_NUM	Claim Line Number
CLM_THRU_DT	Claim Through Date
REV_CNTR	Revenue Center Code
REV_CNTR_FROM_DT	Revenue Center From Date
REV_CNTR_THRU_DT	Revenue Center Thru Date
REV_CNTR_UNIT_CNT	Revenue Center Unit Count
HCPCS_CD	HCFA Common Procedure Coding System (HCPCS) Code
HCPCS_1ST_MDFR_CD	HCPCS Initial Modifier Code
HCPCS_2ND_MDFR_CD	HCPCS Second Modifier Code
HCPCS_3RD_MDFR_CD	HCPCS Third Modifier Code
REV_CNTR_IDE_NDC_UPC_NUM	Revenue Center IDE, NDC, or UPC Number
REV_CNTR_NDC_QTY	Revenue Center National Drug Code (NDC) Quantity
REV_CNTR_NDC_QTY_QLFR_CD	Revenue Center NDC Quantity Qualifier Code
REV_CNTR_RNDRNG_PHYSN_NPI	Revenue Center Rendering Physician NPI
LINE_LTST_CLM_IND	Line Latest Claim Indicator
LINE_NUM_ORIG	Original Claim Line Number



## Outpatient Encounter Base Claims

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Advantage (MA) Encounter (YYYY)
NCHS_ENC_JOIN_KEY	NCHS ENCOUNTER JOIN KEY
CLM_TYPE_CD	Claim Type Code
CLM_FROM_DT	Claim From Date
CLM_THRU_DT	Claim Through Date
SRVC_MONTH	Service Month
CLM_CHRT_RVW_SW	Claim Chart Review Switch
NCHS_CLM_CNTL_NUM	NCHS CLAIM CONTROL NUMBER
NCHS_CLM_ORIG_CNTL_NUM	NCHS CLAIM ORIGINAL CONTROL NUMBER
CLM_FINL_ACTN_IND	Claim Final Action Indicator
CLM_LTST_CLM_IND	Latest Claim Indicator
EDPS_CREATE_DT	Encounter Data Processing System (EDPS) Create Date
CLM_RCPT_DT	Claim Receipt Date
CLM_FAC_TYPE_CD	Claim Facility Type Code
CLM_SRVC_CLSFCTN_TYPE_CD	Claim Service classification Type Code
CLM_FREQ_CD	Claim Frequency Code
CNTRCT_NUM	Medicare Part C Contract Number
CNTRCT_PBP_NUM	Medicare Part C Plan Benefit Package (PBP) Number
CLM_MDCL_REC	Claim Medical Record Number
ORG_NPI	Organization NPI Number
ORG_TXNMY_CD	Organization Taxonomy Code
RNDRNG_PHYSN_NPI	Claim Rendering Physician NPI Number
RFRG_PHYSN_NPI	Claim Referring Physician NPI Number
AT_PHYSN_NPI	Claim Attending Physician NPI Number
AT_PHYSN_TXNMY_CD	Claim Attending Physician Taxonomy Code
OP_PHYSN_NPI	Claim Operating Physician NPI Number
OT_PHYSN_NPI	Claim Other Physician NPI Number
PTNT_DSCHRG_STUS_CD	Patient Discharge Status Code
PRNCPAL_DGNS_CD	Claim Principal Diagnosis Code
ICD_DGNS_CD1	Claim Diagnosis Code I
ICD_DGNS_CD2	Claim Diagnosis Code II
ICD_DGNS_CD3	Claim Diagnosis Code III
ICD_DGNS_CD4	Claim Diagnosis Code IV
ICD_DGNS_CD5	Claim Diagnosis Code V
ICD_DGNS_CD6	Claim Diagnosis Code VI
ICD_DGNS_CD7	Claim Diagnosis Code VII
ICD_DGNS_CD8	Claim Diagnosis Code VIII
ICD_DGNS_CD9	Claim Diagnosis Code IX
ICD_DGNS_CD10	Claim Diagnosis Code X
ICD_DGNS_CD11	Claim Diagnosis Code XI
ICD_DGNS_CD12	Claim Diagnosis Code XII
ICD_DGNS_CD13	Claim Diagnosis Code XIII
ICD_DGNS_CD14	Claim Diagnosis Code XIV
ICD_DGNS_CD15	Claim Diagnosis Code XV
ICD_DGNS_CD16	Claim Diagnosis Code XVI
ICD_DGNS_CD17	Claim Diagnosis Code XVII
ICD_DGNS_CD18	Claim Diagnosis Code XVIII
ICD_DGNS_CD19	Claim Diagnosis Code XIX
ICD_DGNS_CD20	Claim Diagnosis Code XX

## Outpatient Encounter Base Claims

<u>Variable Name</u>	<u>Variable Label</u>
ICD_DGNS_CD21	Claim Diagnosis Code XXI
ICD_DGNS_CD22	Claim Diagnosis Code XXII
ICD_DGNS_CD23	Claim Diagnosis Code XXIII
ICD_DGNS_CD24	Claim Diagnosis Code XXIV
ICD_DGNS_CD25	Claim Diagnosis Code XXV
CLM_1ST_DGNS_E_CD	First Claim Diagnosis E Code
ICD_DGNS_E_CD1	Claim Diagnosis E Code I
ICD_DGNS_E_CD2	Claim Diagnosis E Code II
ICD_DGNS_E_CD3	Claim Diagnosis E Code III
ICD_DGNS_E_CD4	Claim Diagnosis E Code IV
ICD_DGNS_E_CD5	Claim Diagnosis E Code V
ICD_DGNS_E_CD6	Claim Diagnosis E Code VI
ICD_DGNS_E_CD7	Claim Diagnosis E Code VII
ICD_DGNS_E_CD8	Claim Diagnosis E Code VIII
ICD_DGNS_E_CD9	Claim Diagnosis E Code IX
ICD_DGNS_E_CD10	Claim Diagnosis E Code X
RSN_VISIT_CD1	Reason for Visit Diagnosis Code I
RSN_VISIT_CD2	Reason for Visit Diagnosis Code II
RSN_VISIT_CD3	Reason for Visit Diagnosis Code III
ICD_PRCDR_CD1	Claim Procedure Code I
ICD_PRCDR_CD2	Claim Procedure Code II
ICD_PRCDR_CD3	Claim Procedure Code III
ICD_PRCDR_CD4	Claim Procedure Code IV
ICD_PRCDR_CD5	Claim Procedure Code V
ICD_PRCDR_CD6	Claim Procedure Code VI
ICD_PRCDR_CD7	Claim Procedure Code VII
ICD_PRCDR_CD8	Claim Procedure Code VIII
ICD_PRCDR_CD9	Claim Procedure Code IX
ICD_PRCDR_CD10	Claim Procedure Code X
ICD_PRCDR_CD11	Claim Procedure Code XI
ICD_PRCDR_CD12	Claim Procedure Code XII
ICD_PRCDR_CD13	Claim Procedure Code XIII
PRCDR_DT1	Claim Procedure Code I Date
PRCDR_DT2	Claim Procedure Code II Date
PRCDR_DT3	Claim Procedure Code III Date
PRCDR_DT4	Claim Procedure Code IV Date
PRCDR_DT5	Claim Procedure Code V Date
PRCDR_DT6	Claim Procedure Code VI Date
PRCDR_DT7	Claim Procedure CodeVII Date
PRCDR_DT8	Claim Procedure Code VIII Date
PRCDR_DT9	Claim Procedure Code IX Date
PRCDR_DT10	Claim Procedure Code X Date
PRCDR_DT11	Claim Procedure Code XI Date
PRCDR_DT12	Claim Procedure Code XII Date
PRCDR_DT13	Claim Procedure Code XIII Date
CLM_OBSLT_DT	Claim Obsolete Date
CLM_BPRVDR_CITY_NAME	Billing Provider Address - City
CLM_BPRVDR_USPS_STATE_CD	Billing Provider Address - USPS State Code
CLM_BPRVDR_ADR_ZIP_CD	Billing Provider Address - ZIP Code
CLM_SUBSCR_CITY_NAME	Medicare Subscriber Address - City
CLM_SUBSCR_USPS_STATE_CD	Medicare Subscriber Address - USPS State Code
CLM_SUBSCR_ADR_ZIP_CD	Medicare Subscriber Address - ZIP Code
BENE_CNTY_CD	Beneficiary County Code from Claim (SSA)

Outpatient Encounter Base Claims

<u>Variable Name</u>	<u>Variable Label</u>
BENE_STATE_CD	Beneficiary Residence (SSA) State Code
BENE_MLG_CNTCT_ZIP_CD	Beneficiary ZIP Code of Residence
SEX_CD	Sex Code from Claim
BENE_RACE_CD	Race Code from Claim
DOB_DT	Date of Birth from Claim
BENE_MDCR_STUS_CD	Beneficiary Medicare Status Code
TAX_NUM	Provider Tax Number
BENE_STATE	Beneficiary State Postal Code

## Outpatient Encounter Condition Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Advantage (MA) Encounter (YYYY)
NCHS_ENC_JOIN_KEY	NCHS ENCOUNTER JOIN KEY
CLM_TYPE_CD	Claim Type Code
RLT_COND_CD_SEQ	Claim Related Condition Code Sequence
CLM_RLT_COND_CD	Claim Related Condition Code

## Outpatient Encounter Occurrence Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Advantage (MA) Encounter (YYYY)
NCHS_ENC_JOIN_KEY	NCHS ENCOUNTER JOIN KEY
CLM_TYPE_CD	Claim Type Code
RLT_OCRNC_CD_SEQ	Claim Related Occurrence Code Sequence
CLM_RLT_OCRNC_CD	Claim Related Occurrence Code
CLM_RLT_OCRNC_DT	Claim Related Occurrence Date

## Outpatient Encounter Span Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Advantage (MA) Encounter (YYYY)
NCHS_ENC_JOIN_KEY	NCHS ENCOUNTER JOIN KEY
CLM_TYPE_CD	Claim Type Code
RLT_SPAN_CD_SEQ	Claim Related Span Code Sequence
CLM_SPAN_CD	Claim Occurrence Span Code
CLM_SPAN_FROM_DT	Claim Occurrence Span From Date
CLM_SPAN_THRU_DT	Claim Occurrence Span Through Date

## Outpatient Encounter Value Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Advantage (MA) Encounter (YYYY)
NCHS_ENC_JOIN_KEY	NCHS ENCOUNTER JOIN KEY
CLM_TYPE_CD	Claim Type Code
RLT_VAL_CD_SEQ	Claim Related Value Code Sequence
CLM_VAL_CD	Claim Value Code

## Outpatient Encounter Revenue Center

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Advantage (MA) Encounter (YYYY)
NCHS_ENC_JOIN_KEY	NCHS ENCOUNTER JOIN KEY
CLM_TYPE_CD	Claim Type Code
CLM_LINE_NUM	Claim Line Number
CLM_THRU_DT	Claim Through Date
REV_CNTR	Revenue Center Code
REV_CNTR_FROM_DT	Revenue Center From Date
REV_CNTR_THRU_DT	Revenue Center Thru Date
REV_CNTR_UNIT_CNT	Revenue Center Unit Count
HCPCS_CD	HCFA Common Procedure Coding System (HCPCS) Code
HCPCS_1ST_MDFR_CD	HCPCS Initial Modifier Code
HCPCS_2ND_MDFR_CD	HCPCS Second Modifier Code
HCPCS_3RD_MDFR_CD	HCPCS Third Modifier Code
HCPCS_4TH_MDFR_CD	HCPCS Fourth Modifier Code
REV_CNTR_IDE_NDC_UPC_NUM	Revenue Center IDE, NDC, or UPC Number
REV_CNTR_NDC_QTY	Revenue Center National Drug Code (NDC) Quantity
REV_CNTR_NDC_QTY_QLFR_CD	Revenue Center NDC Quantity Qualifier Code
REV_CNTR_RNDRNG_PHYSN_NPI	Revenue Center Rendering Physician NPI
LINE_LTST_CLM_IND	Line Latest Claim Indicator
LINE_NUM_ORIG	Original Claim Line Number



## Skilled Nursing Facility (SNF) Encounter Base Claims

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Advantage (MA) Encounter (YYYY)
NCHS_ENC_JOIN_KEY	NCHS ENCOUNTER JOIN KEY
CLM_TYPE_CD	Claim Type Code
CLM_FROM_DT	Claim From Date
CLM_THRU_DT	Claim Through Date
SRVC_MONTH	Service Month
CLM_CHRT_RVW_SW	Claim Chart Review Switch
NCHS_CLM_CNTL_NUM	NCHS CLAIM CONTROL NUMBER
NCHS_CLM_ORIG_CNTL_NUM	NCHS CLAIM ORIGINAL CONTROL NUMBER
CLM_FINL_ACTN_IND	Claim Final Action Indicator
CLM_LTST_CLM_IND	Latest Claim Indicator
EDPS_CREATE_DT	Encounter Data Processing System (EDPS) Create Date
CLM_RCPT_DT	Claim Receipt Date
CLM_FAC_TYPE_CD	Claim Facility Type Code
CLM_SRVC_CLSFCTN_TYPE_CD	Claim Service classification Type Code
CLM_FREQ_CD	Claim Frequency Code
CNTRCT_NUM	Medicare Part C Contract Number
CNTRCT_PBP_NUM	Medicare Part C Plan Benefit Package (PBP) Number
CLM_MDCL_REC	Claim Medical Record Number
ORG_NPI	Organization NPI Number
ORG_TXNMY_CD	Organization Taxonomy Code
RNDRNG_PHYSN_NPI	Claim Rendering Physician NPI Number
AT_PHYSN_NPI	Claim Attending Physician NPI Number
AT_PHYSN_TXNMY_CD	Claim Attending Physician Taxonomy Code
OP_PHYSN_NPI	Claim Operating Physician NPI Number
OT_PHYSN_NPI	Claim Other Physician NPI Number
CLM_ADMSN_DT	Claim Admission Date
CLM_IP_ADMSN_TYPE_CD	Claim Inpatient Admission Type Code
CLM_SRC_IP_ADMSN_CD	Claim Source Inpatient Admission Code
PTNT_DSCHRG_STUS_CD	Patient Discharge Status Code
CLM_DAY_CNT	Day Count (Length of Stay)
BENE_DSCHRG_DT	Beneficiary Discharge Date
CLM_DRG_CD	Claim Diagnosis Related Group Code (or MS-DRG Code)
DRVD_DRG_CD	Derived MS-Diagnosis Related Group Code (MS-DRG)
ADMTG_DGNS_CD	Claim Admitting Diagnosis Code
PRNCPAL_DGNS_CD	Claim Principal Diagnosis Code
ICD_DGNS_CD1	Claim Diagnosis Code I
ICD_DGNS_CD2	Claim Diagnosis Code II
ICD_DGNS_CD3	Claim Diagnosis Code III
ICD_DGNS_CD4	Claim Diagnosis Code IV
ICD_DGNS_CD5	Claim Diagnosis Code V
ICD_DGNS_CD6	Claim Diagnosis Code VI
ICD_DGNS_CD7	Claim Diagnosis Code VII
ICD_DGNS_CD8	Claim Diagnosis Code VIII
ICD_DGNS_CD9	Claim Diagnosis Code IX
ICD_DGNS_CD10	Claim Diagnosis Code X
ICD_DGNS_CD11	Claim Diagnosis Code XI
ICD_DGNS_CD12	Claim Diagnosis Code XII
ICD_DGNS_CD13	Claim Diagnosis Code XIII

## Skilled Nursing Facility (SNF) Encounter Base Claims

<u>Variable Name</u>	<u>Variable Label</u>
ICD_DGNS_CD14	Claim Diagnosis Code XIV
ICD_DGNS_CD15	Claim Diagnosis Code XV
ICD_DGNS_CD16	Claim Diagnosis Code XVI
ICD_DGNS_CD17	Claim Diagnosis Code XVII
ICD_DGNS_CD18	Claim Diagnosis Code XVIII
ICD_DGNS_CD19	Claim Diagnosis Code XIX
ICD_DGNS_CD20	Claim Diagnosis Code XX
ICD_DGNS_CD21	Claim Diagnosis Code XXI
ICD_DGNS_CD22	Claim Diagnosis Code XXII
ICD_DGNS_CD23	Claim Diagnosis Code XXIII
ICD_DGNS_CD24	Claim Diagnosis Code XXIV
ICD_DGNS_CD25	Claim Diagnosis Code XXV
CLM_POA_IND_SW1	Claim Diagnosis Code 1 Diagnosis Present on Admission (POA) Indicator Code
CLM_POA_IND_SW2	Claim Diagnosis Code 2 Diagnosis Present on Admission (POA) Indicator Code
CLM_POA_IND_SW3	Claim Diagnosis Code 3 Diagnosis Present on Admission (POA) Indicator Code
CLM_POA_IND_SW4	Claim Diagnosis Code 4 Diagnosis Present on Admission (POA) Indicator Code
CLM_POA_IND_SW5	Claim Diagnosis Code 5 Diagnosis Present on Admission (POA) Indicator Code
CLM_POA_IND_SW6	Claim Diagnosis Code 6 Diagnosis Present on Admission (POA) Indicator Code
CLM_POA_IND_SW7	Claim Diagnosis Code 7 Diagnosis Present on Admission (POA) Indicator Code
CLM_POA_IND_SW8	Claim Diagnosis Code 8 Diagnosis Present on Admission (POA) Indicator Code
CLM_POA_IND_SW9	Claim Diagnosis Code 9 Diagnosis Present on Admission (POA) Indicator Code
CLM_POA_IND_SW10	Claim Diagnosis Code 10 Diagnosis Present on Admission (POA) Indicator Code
CLM_POA_IND_SW11	Claim Diagnosis Code 11 Diagnosis Present on Admission (POA) Indicator Code
CLM_POA_IND_SW12	Claim Diagnosis Code 12 Diagnosis Present on Admission (POA) Indicator Code
CLM_POA_IND_SW13	Claim Diagnosis Code 13 Diagnosis Present on Admission (POA) Indicator Code
CLM_POA_IND_SW14	Claim Diagnosis Code 14 Diagnosis Present on Admission (POA) Indicator Code
CLM_POA_IND_SW15	Claim Diagnosis Code 15 Diagnosis Present on Admission (POA) Indicator Code
CLM_POA_IND_SW16	Claim Diagnosis Code 16 Diagnosis Present on Admission (POA) Indicator Code
CLM_POA_IND_SW17	Claim Diagnosis Code 17 Diagnosis Present on Admission (POA) Indicator Code
CLM_POA_IND_SW18	Claim Diagnosis Code 18 Diagnosis Present on Admission (POA) Indicator Code
CLM_POA_IND_SW19	Claim Diagnosis Code 19 Diagnosis Present on Admission (POA) Indicator Code
CLM_POA_IND_SW20	Claim Diagnosis Code 20 Diagnosis Present on Admission (POA) Indicator Code
CLM_POA_IND_SW21	Claim Diagnosis Code 21 Diagnosis Present on Admission (POA) Indicator Code
CLM_POA_IND_SW22	Claim Diagnosis Code 22 Diagnosis Present on Admission (POA) Indicator Code
CLM_POA_IND_SW23	Claim Diagnosis Code 23 Diagnosis Present on Admission (POA) Indicator Code
CLM_POA_IND_SW24	Claim Diagnosis Code 24 Diagnosis Present on Admission (POA) Indicator Code
CLM_POA_IND_SW25	Claim Diagnosis Code 25 Diagnosis Present on Admission (POA) Indicator Code
CLM_1ST_DGNS_E_CD	First Claim Diagnosis E Code
ICD_DGNS_E_CD1	Claim Diagnosis E Code I
ICD_DGNS_E_CD2	Claim Diagnosis E Code II
ICD_DGNS_E_CD3	Claim Diagnosis E Code III
ICD_DGNS_E_CD4	Claim Diagnosis E Code IV
ICD_DGNS_E_CD5	Claim Diagnosis E Code V
ICD_DGNS_E_CD6	Claim Diagnosis E Code VI
ICD_DGNS_E_CD7	Claim Diagnosis E Code VII
ICD_DGNS_E_CD8	Claim Diagnosis E Code VIII
ICD_DGNS_E_CD9	Claim Diagnosis E Code IX
ICD_DGNS_E_CD10	Claim Diagnosis E Code X
CLM_E_POA_IND_SW1	Claim Diagnosis E Code 1 Diagnosis Present on Admission Indicator Code
CLM_E_POA_IND_SW2	Claim Diagnosis E Code 2 Diagnosis Present on Admission Indicator Code
CLM_E_POA_IND_SW3	Claim Diagnosis E Code 3 Diagnosis Present on Admission Indicator Code
CLM_E_POA_IND_SW4	Claim Diagnosis E Code 4 Diagnosis Present on Admission Indicator Code
CLM_E_POA_IND_SW5	Claim Diagnosis E Code 5 Diagnosis Present on Admission Indicator Code

## Skilled Nursing Facility (SNF) Encounter Base Claims

<u>Variable Name</u>	<u>Variable Label</u>
CLM_E_POA_IND_SW6	Claim Diagnosis E Code 6 Diagnosis Present on Admission Indicator Code
CLM_E_POA_IND_SW7	Claim Diagnosis E Code 7 Diagnosis Present on Admission Indicator Code
CLM_E_POA_IND_SW8	Claim Diagnosis E Code 8 Diagnosis Present on Admission Indicator Code
CLM_E_POA_IND_SW9	Claim Diagnosis E Code 9 Diagnosis Present on Admission Indicator Code
CLM_E_POA_IND_SW10	Claim Diagnosis E Code 10 Diagnosis Present on Admission Indicator Code
ICD_PRCDR_CD1	Claim Procedure Code I
ICD_PRCDR_CD2	Claim Procedure Code II
ICD_PRCDR_CD3	Claim Procedure Code III
ICD_PRCDR_CD4	Claim Procedure Code IV
ICD_PRCDR_CD5	Claim Procedure Code V
ICD_PRCDR_CD6	Claim Procedure Code VI
ICD_PRCDR_CD7	Claim Procedure Code VII
ICD_PRCDR_CD8	Claim Procedure Code VIII
ICD_PRCDR_CD9	Claim Procedure Code IX
ICD_PRCDR_CD10	Claim Procedure Code X
ICD_PRCDR_CD11	Claim Procedure Code XI
ICD_PRCDR_CD12	Claim Procedure Code XII
ICD_PRCDR_CD13	Claim Procedure Code XIII
PRCDR_DT1	Claim Procedure Code I Date
PRCDR_DT2	Claim Procedure Code II Date
PRCDR_DT3	Claim Procedure Code III Date
PRCDR_DT4	Claim Procedure Code IV Date
PRCDR_DT5	Claim Procedure Code V Date
PRCDR_DT6	Claim Procedure Code VI Date
PRCDR_DT7	Claim Procedure Code VII Date
PRCDR_DT8	Claim Procedure Code VIII Date
PRCDR_DT9	Claim Procedure Code IX Date
PRCDR_DT10	Claim Procedure Code X Date
PRCDR_DT11	Claim Procedure Code XI Date
PRCDR_DT12	Claim Procedure Code XII Date
PRCDR_DT13	Claim Procedure Code XIII Date
CLM_OBSLT_DT	Claim Obsolete Date
CLM_BPRVDR_CITY_NAME	Billing Provider Address - City
CLM_BPRVDR_USPS_STATE_CD	Billing Provider Address - USPS State Code
CLM_BPRVDR_ADR_ZIP_CD	Billing Provider Address - ZIP Code
CLM_SUBSCR_CITY_NAME	Medicare Subscriber Address - City
CLM_SUBSCR_USPS_STATE_CD	Medicare Subscriber Address - USPS State Code
CLM_SUBSCR_ADR_ZIP_CD	Medicare Subscriber Address - ZIP Code
BENE_CNTY_CD	Beneficiary County Code from Claim
BENE_STATE_CD	(SSA) Beneficiary Residence (SSA) State
BENE_MLG_CNTCT_ZIP_CD	Code Beneficiary ZIP Code of Residence
SEX_CD	Sex Code from Claim
BENE_RACE_CD	Race Code from Claim
DOB_DT	Date of Birth from Claim (Date)
BENE_MDCR_STUS_CD	Beneficiary Medicare Status Code
TAX_NUM	Provider Tax Number
BENE_STATE	Beneficiary State Postal Code

**Skilled Nursing Facility (SNF) Encounter Condition Codes**

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Advantage (MA) Encounter (YYYY)
NCHS_ENC_JOIN_KEY	NCHS ENCOUNTER JOIN KEY
CLM_TYPE_CD	Claim Type Code
RLT_COND_CD_SEQ	Claim Related Condition Code Sequence
CLM_RLT_COND_CD	Claim Related Condition Code

## Skilled Nursing Facility (SNF) Encounter Occurrence Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Advantage (MA) Encounter (YYYY)
NCHS_ENC_JOIN_KEY	NCHS ENCOUNTER JOIN KEY
CLM_TYPE_CD	Claim Type Code
RLT_OCRNC_CD_SEQ	Claim Related Occurrence Code Sequence
CLM_RLT_OCRNC_CD	Claim Related Occurrence Code
CLM_RLT_OCRNC_DT	Claim Related Occurrence Date

## Skilled Nursing Facility (SNF) Encounter Span Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Advantage (MA) Encounter (YYYY)
NCHS_ENC_JOIN_KEY	NCHS ENCOUNTER JOIN KEY
CLM_TYPE_CD	Claim Type Code
RLT_SPAN_CD_SEQ	Claim Related Span Code Sequence
CLM_SPAN_CD	Claim Occurrence Span Code
CLM_SPAN_FROM_DT	Claim Occurrence Span From Date
CLM_SPAN_THRU_DT	Claim Occurrence Span Through Date

## Skilled Nursing Facility (SNF) Encounter Value Codes

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Advantage (MA) Encounter (YYYY)
NCHS_ENC_JOIN_KEY	NCHS ENCOUNTER JOIN KEY
CLM_TYPE_CD	Claim Type Code
RLT_VAL_CD_SEQ	Claim Related Value Code Sequence
CLM_VAL_CD	Claim Value Code

## Skilled Nursing Facility (SNF) Encounter Revenue Center

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of Medicare Advantage (MA) Encounter (YYYY)
NCHS_ENC_JOIN_KEY	NCHS ENCOUNTER JOIN KEY
CLM_TYPE_CD	Claim Type Code
CLM_LINE_NUM	Claim Line Number
CLM_THRU_DT	Claim Through Date
REV_CNTR	Revenue Center Code
REV_CNTR_FROM_DT	Revenue Center From Date
REV_CNTR_THRU_DT	Revenue Center Thru Date
REV_CNTR_UNIT_CNT	Revenue Center Unit Count
HCPCS_CD	HCFA Common Procedure Coding System (HCPCS) Code
HCPCS_1ST_MDFR_CD	HCPCS Initial Modifier Code
HCPCS_2ND_MDFR_CD	HCPCS Second Modifier Code
HCPCS_3RD_MDFR_CD	HCPCS Third Modifier Code
REV_CNTR_IDE_NDC_UPC_NUM	Revenue Center IDE, NDC, or UPC Number
REV_CNTR_NDC_QTY	Revenue Center National Drug Code (NDC) Quantity
REV_CNTR_NDC_QTY_QLFR_CD	Revenue Center NDC Quantity Qualifier Code
REV_CNTR_RNDRNG_PHYSN_NPI	Revenue Center Rendering Physician NPI
LINE_LTST_CLM_IND	Line Latest Claim Indicator
LINE_NUM_ORIG	Original Claim Line Number



## Home Health Outcome and Assessment Information Set (OASIS) Assessment File

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of OASIS assessment (YYYY)
FACILITY_ID	Facility Internal ID
AST_BEG_VER_DT	Assessment Beginning Version Date
AST_END_VER_DT	Assessment Correction Version Date
ASMT_EFF_DATE	Assessment Effective Date
AST_MOD_IND	Assessment Modification Indicator
BIRTHDATE_SUBM_IND	Birthdate Submit Indicator
BRANCH_IDENTIFIER	Branch Identifier
CALC_HIPPS_CODE	Calculated HIPPS Code
CALC_HIPPS_VERSION	Calculated HIPPS Version
CORRECTION_NUM	Correction Number
LOCK_DATE	Lock Date
RES_CHG_TIMESTAMP	Resident Data Update Timestamp
RES_MATCH_CRITERIA	Resident Matching Criteria
STATE_ID	State ID
ST_PREPD_DT	State Prepared Date
SUBMISSION_DATE	Submission Date
SUBM_HIPPS_CODE	Submitted HIPPS Code
SUBM_HIPPS_VERSION	Submitted HIPPS Version
VERSION_CD	Version Code
VCODE2	Version Completed Code
M0010_MEDICARE_ID	(M0010) Agency Medicare Number
M0012_MEDICAID_ID	(M0012) Agency Medicaid Number
M0014_BRANCH_STATE	(M0014) Branch State
M0016_BRANCH_ID	(M0016) Branch Identifier Number
M0018_PHYSICIAN_ID	M0018 (M0072) Physician NPI
M0018_PHYSICIAN_UK	M0018 (M0072) Physician NPI UK
M0030_SOC_DT	(M0030) Start of Care Date
M0032_ROC_DT_NA	(M0032) Resumption of Care Date Not Applicable
M0032_ROC_DT	(M0032) Resumption of Care Date
M0050_PAT_ST	(M0050) Patient State
M0060_PAT_ZIP	(M0060) Patient ZIP Code
M0063_MEDICARE_NA	(M0063) No Medicare Number
M0065_MEDICAID_NA	(M0065) No Medicaid Number
M0066_PAT_BIRTH_DT	(M0066) Patient Birth Date
M0069_PAT_SEX	(M0069) Sex
M0072_PHYSICIAN_UK	(M0072) Physician NPI UK
M0072_PHYSICIAN_ID	(M0072) Physician NPI
M0080_ASSR_DISCIPL	(M0080) Discipline of Person Completing Assessment
M0090_ASMT_CPLT_DT	(M0090) Date Assessment Completed
M0100_ASSMT_REASON	(M0100) Assessment Reason
M0102_PHYSN_ORDRD_SOCROC_DT	M0102 Physician Ordered SOC ROC
M0102_PHYSN_ORDRD_SOCROC_DT_NA	M0102 Physician Ordered SOC ROC - NA
M0104_PHYSN_RFRL_DT	M0104 Physician Date of Referral
M0140_ETHNIC_AI_AN	(M0140) American Indian or Alaska Native
M0140_ETHNIC_ASIAN	(M0140) Asian
M0140_ETHNIC_BLACK	(M0140) Black or African-American
M0140_ETHNIC_HISP	(M0140) Hispanic or Latino
M0140_ETHNIC_NH_PI	(M0140) Native Hawaiian or Pacific Islander

## Home Health Outcome and Assessment Information Set (OASIS) Assessment File

<u>Variable Name</u>	<u>Variable Label</u>
M0140_ETHNIC_UK	(M0140) Unknown Race/Ethnicity
M0140_ETHNIC_WHITE	(M0140) White
M0150_CPY_MCAIDFFS	(M0150) Medicaid Fee-For-Service
M0150_CPY_MCAIDHMO	(M0150) Medicaid HMO/Managed Care
M0150_CPY_MCAREFFS	(M0150) Medicare Fee-For-Service
M0150_CPY_MCAREHMO	(M0150) Medicare HMO/Managed Care
M0150_CPY_NONE	(M0150) No Charge for Current Services
M0150_CPY_OTH_GOVT	(M0150) Other Government
M0150_CPY_OTHER	(M0150) Other Payment Source
M0150_CPY_PRIV_HMO	(M0150) Private HMO/Managed Care
M0150_CPY_PRIV_INS	(M0150) Private Insurance
M0150_CPY_SELFPAY	(M0150) Self-Pay
M0150_CPY_TITLEPGM	(M0150) Title Programs
M0150_CPY_UK	(M0150) Unknown Payment Source
M0150_CPY_WRKCOMP	(M0150) Workers Compensation
M0160_LTD_FIN_FOOD	(M0160) Limited Financial Factors - Food
M0160_LTD_FIN_EXP	(M0160) Limited Financial Factors - Medical Expenses
M0160_LTD_FIN_SUPP	(M0160) Limited Financial Factors - Medicine/Medical Supplies
M0160_LTD_FIN_NONE	(M0160) Limited Financial Factors - None
M0160_LTD_FIN_OTHR	(M0160) Limited Financial Factors - Other
M0160_LTD_FIN_RENT	(M0160) Limited Financial Factors - Rent/Utilities
M0170_DC_HOSP_14_D	(M0170) Hospital
M0170_DC_N_HM_14_D	(M0170) Nursing Home
M0170_DC_OTHER	(M0170) Other Inpatient Facility
M0170_NONE_14_DAYS	(M0170) Patient Not Discharged from Inpatient Facility
M0170_DC_REHB_14_D	(M0170) Rehabilitation Facility
M0175_DC_HSP_14_DA	(M0175) Inpatient Facility Admitted From During Past 14 Days - Hospital
M0175_DC_NON_14_DA	(M0175) Inpatient Facility Admitted From during past 14 Days - Not Discharged from an Inpatient Facility
M0175_DC_ONH_14_DA	(M0175) Inpatient Facility Admitted From during past 14 Days - Other Nursing Home
M0175_DC_OTH_14_DA	(M0175) Inpatient Facility Admitted From during past 14 Days - Other
M0175_DC_RHB_14_DA	(M0175) Inpatient Facility Admitted From during past 14 Days - Rehabilitation Facility
M0175_DC_SNF_14_DA	(M0175) Inpatient Facility Admitted From during past 14 Days - Skilled Nursing Facility
M0180_DSCHG_UK	(M0180) Inpatient Discharge Date Unknown
M0180_INP_DSCHG_DT	(M0180) Inpatient Discharge Date
M0190_14D_INP1_ICD	(M0190) Inpatient Diagnosis and ICD Code - a
M0190_14D_INP2_ICD	(M0190) Inpatient Diagnosis and ICD Code - b
M0200_REG_CHG_14_D	(M0200) Medical/Treatment Regimen Change
M0210_CHGREG_ICD1	(M0210) Medical Diagnosis and ICD Code - a
M0210_CHGREG_ICD2	(M0210) Medical Diagnosis and ICD Code - b
M0210_CHGREG_ICD3	(M0210) Medical Diagnosis and ICD Code - c
M0210_CHGREG_ICD4	(M0210) Medical Diagnosis and ICD Code - d
M0220_PR_DISRUPT	(M0220) Disruptive/Socially Inappropriate Behavior
M0220_PR_IMP_DCSN	(M0220) Impaired Decision Making
M0220_PR_CATH	(M0220) Indwelling/Suprapubic Catheter
M0220_PR_INTR_PAIN	(M0220) Intractable Pain
M0220_PR_MEM_LOSS	(M0220) Memory Loss to Extent Supervision Required
M0220_PR_NOCHG_14D	(M0220) No Inpatient Discharge and No Regimen Change
M0220_PR_NONE	(M0220) None of the Above Regimen Change
M0220_PR_UK	(M0220) Unknown Regimen Change
M0220_PR_UR_INCON	(M0220) Urinary Incontinence
M0230_PRI_DGN_SEV	(M0230) Primary Diagnosis Severity Rating - a
M0230_PRI_DGN_ICD	(M0230) Primary Diagnosis and ICD Code - a
M0240_OTH_DGN1_SEV	(M0240) Other Diagnosis Severity Rating - b

## Home Health Outcome and Assessment Information Set (OASIS) Assessment File

<u>Variable Name</u>	<u>Variable Label</u>
M0240_OTH_DGN2_SEV	(M0240) Other Diagnosis Severity Rating - c
M0240_OTH_DGN3_SEV	(M0240) Other Diagnosis Severity Rating - d
M0240_OTH_DGN4_SEV	(M0240) Other Diagnosis Severity Rating - e
M0240_OTH_DGN5_SEV	(M0240) Other Diagnosis Severity Rating - f
M0240_OTH_DGN1_ICD	(M0240) Other Diagnosis and ICD Code - b
M0240_OTH_DGN2_ICD	(M0240) Other Diagnosis and ICD Code - c
M0240_OTH_DGN3_ICD	(M0240) Other Diagnosis and ICD Code - d
M0240_OTH_DGN4_ICD	(M0240) Other Diagnosis and ICD Code - e
M0240_OTH_DGN5_ICD	(M0240) Other Diagnosis and ICD Code - f
M0245_PMT_ICD2	(M0245) Payment Diagnosis: First Secondary ICD
M0245_PMT_ICD1	(M0245) Payment Diagnosis: Primary ICD
M0250_THH_ENT_NUTR	(M0250) Enteral Nutrition
M0250_THH_IV_INFUS	(M0250) Intravenous or Infusion Therapy
M0250_THH_NONE_ABV	(M0250) None of the Above Therapies
M0250_THH_PAR_NUTR	(M0250) Parenteral Nutrition
M0260_OVRALL_PROGN	(M0260) Overall Prognosis
M0270_REHAB_PROGN	(M0270) Rehabilitative Prognosis
M0280_LIFE_EXPECT	(M0280) Life Expectancy
M0290_RSK_ALCOHOL	(M0290) Alcohol Dependency
M0290_RSK_DRUGS	(M0290) Drug Dependency
M0290_RSK_SMOKING	(M0290) Heavy Smoking
M0290_RSK_NONE	(M0290) None of Above High Risk Factors
M0290_RSK_OBESITY	(M0290) Obesity
M0290_RSK_UK	(M0290) Unknown High Risk Factors
M0300_CURR_RESIDEN	(M0300) Current Residence
M0310_STR_DOORWAYS	(M0310) Narrow or Obstructed Doorways
M0310_STR_NONE	(M0310) No Structural Barriers
M0310_STR_MST_ISTR	(M0310) Stairs Inside Home Must Be Used
M0310_STR_OPT_ISTR	(M0310) Stairs Inside Home Used Optionally
M0310_STR_OUTSTAIR	(M0310) Stairs Leading Inside Home
M0320_SAF_HAZ_MAT	(M0320) Improperly Stored Hazardous Materials
M0320_SAF_COOLING	(M0320) Inadequate Cooling
M0320_SAF_FLOOR	(M0320) Inadequate Floor/Roof/Windows
M0320_SAF_HEATING	(M0320) Inadequate Heating
M0320_SAF_LIGHTING	(M0320) Inadequate Lighting
M0320_SAF_RAILINGS	(M0320) Inadequate Stair Railings
M0320_SAF_FIRE_SAF	(M0320) Lack of Fire Safety Devices
M0320_SAF_PAINT	(M0320) Lead-Based Paint
M0320_SAF_NONE	(M0320) No Safety Hazards
M0320_SAF_OTHER	(M0320) Other Safety Hazards
M0320_SAF_FLOORCOV	(M0320) Unsafe Floor Coverings
M0320_SAF_APPLIANC	(M0320) Unsafe Gas/Electric Appliance
M0330_SAN_LIVING_A	(M0330) Cluttered/Soiled Living Area
M0330_SAN_BAD_H2O	(M0330) Contaminated Water
M0330_SAN_SEW_DISP	(M0330) Inadequate Sewage Disposal
M0330_SAN_FOOD_STR	(M0330) Inadequate/Improper Food Storage
M0330_SAN_BUGS_ROD	(M0330) Insects/Rodents Present
M0330_SAN_COOK_FAC	(M0330) No Cooking Facilities
M0330_SAN_REFRIGER	(M0330) No Food Refrigeration
M0330_SAN_NO_H2O	(M0330) No Running Water
M0330_SAN_NONE	(M0330) No Sanitation Hazards
M0330_SAN_TRASH	(M0330) No Scheduled Trash Pickup
M0330_SAN_NO_TOILT	(M0330) No Toileting Facilities

## Home Health Outcome and Assessment Information Set (OASIS) Assessment File

<u>Variable Name</u>	<u>Variable Label</u>
M0330_SAN_OTHER	(M0330) Other Sanitation Hazards
M0330_SAN_OUT_TOIL	(M0330) Outdoor Toileting Facilities Only
M0340_LIV_ALONE	(M0340) Lives Alone
M0340_LIV_FRIEND	(M0340) Lives With Friend
M0340_LIV_OTH_FAM	(M0340) Lives With Other Family Member
M0340_LIV_OTHER	(M0340) Lives With Other Than Above
M0340_LIV_PD_HELP	(M0340) Lives With Paid Help
M0340_LIV_SPOUSE	(M0340) Lives With Spouse/Significant Other
M0350_AP_NONE	(M0350) None of the Above Assisting Persons
M0350_AP_PD_HELP	(M0350) Paid Help
M0350_AP_HM_RES	(M0350) Person Residing in Home
M0350_AP_REL_FRND	(M0350) Relatives/Friends/Neighbors Living Outside Home
M0350_AP_UK	(M0350) Unknown Assisting Persons
M0360_PRI_CAREGVR	(M0360) Primary Caregiver
M0370_FREQ_PRM_AST	(M0370) Frequency Patient Receives Assistance
M0380_CA_ADL	(M0380) ADL Assistance
M0380_CA_MEDICAL	(M0380) Advocates Participation in Medical Care
M0380_CA_ENVIRON	(M0380) Environmental Support
M0380_CA_FIN_LEGAL	(M0380) Financial Agent/Power of Attorney/Conservator of Finance
M0380_CA_HLTH_CARE	(M0380) Health Care Agent/Conservator of Person/Power of Attorney
M0380_CA_IADL	(M0380) IADL Assistance
M0380_CA_PSYCHSOC	(M0380) Psychosocial Support
M0380_CA_UK	(M0380) Unknown Primary Caregiver Assistance
M0390_VISION	(M0390) Vision
M0400_HEARING	(M0400) Hearing
M0410_SPEECH	(M0410) Speech
M0420_FREQ_PAIN	(M0420) Frequency of Pain
M0430_INTRACT_PAIN	(M0430) Intractable Pain
M0440_LES_OPEN_WND	(M0440) Skin Lesion/Open Wound
M0445_PRESS_ULCER	(M0445) Pressure Ulcer
M0450_NBR_PRU_STG1	(M0450) Number Stage 1 Pressure Ulcers
M0450_NBR_PRU_STG2	(M0450) Number Stage 2 Pressure Ulcers
M0450_NBR_PRU_STG3	(M0450) Number Stage 3 Pressure Ulcers
M0450_NBR_PRU_STG4	(M0450) Number Stage 4 Pressure Ulcers
M0450_UNOBS_PRSULC	(M0450) Unobservable Pressure Ulcer
M0460_STG_PRBL_PRU	(M0460) Stage of Most Problematic Pressure Ulcer
M0464_STA_PRBL_PRU	(M0464) Status of Most Problematic Pressure Ulcer
M0468_STASIS_ULCER	(M0468) Stasis Ulcer
M0470_NBR_STAS_ULC	(M0470) Number Stasis Ulcers
M0474_UNOBS_STAULC	(M0474) Unobservable Stasis Ulcer
M0476_STA_PRB_STAU	(M0476) Status of Most Problematic Stasis Ulcer
M0482_SURG_WOUND	(M0482) Surgical Wound
M0484_NBR_SURGWND	(M0484) Number Surgical Wounds
M0486_UNOBS_SRGWND	(M0486) Unobservable Surgical Wound
M0488_STA_PRB_SWND	(M0488) Status of Most Problematic Surgical Wound
M0490_WHEN_DYSPNIC	(M0490) Patient Dyspneic/Short of Breath
M0500_RESPTX_AIRPR	(M0500) Continuous Positive Airway Pressure
M0500_RESPTX_NONE	(M0500) None of the Above Respiratory Treatments
M0500_RESPTX_OXYGN	(M0500) Oxygen
M0500_RESPTX_VENT	(M0500) Ventilator
M0510_UTI	(M0510) Urinary Tract Infection
M0520_UR_INCONT	(M0520) Urinary Incontinence
M0530_UR_INCONT_OC	(M0530) When Urinary Incontinence Occurs

## Home Health Outcome and Assessment Information Set (OASIS) Assessment File

<u>Variable Name</u>	<u>Variable Label</u>
M0540_BWL_INCONT	(M0540) Bowel Incontinence Frequency
M0550_OSTOMY	(M0550) Ostomy for Bowel Elimination
M0560_COG_FUNCTION	(M0560) Cognitive Functioning
M0570_WHEN_CONFUSD	(M0570) When Confused
M0580_WHEN_ANXIOUS	(M0580) When Anxious
M0590_DP_MOOD	(M0590) Depressed Mood
M0590_DP_HOPELESS	(M0590) Hopelessness
M0590_DP_NONE	(M0590) None of the Above Depressive Feelings
M0590_DP_DEATH	(M0590) Recurrent Thoughts of Death
M0590_DP_SENS_FAIL	(M0590) Sense of Failure/Self Reproach
M0590_DP_SUICIDE	(M0590) Thoughts of Suicide
M0600_BEH_SUICIDE	(M0600) A Suicide Attempt
M0600_BEH_AGITAT	(M0600) Agitation
M0600_BEH_DIM_INT	(M0600) Diminished Interest in Most Activities
M0600_BEH_INDECIS	(M0600) Indecisiveness, Lack of Concentration
M0600_BEH_NONE	(M0600) None of the Above Behaviors Observed
M0600_BEH_APPWT_C	(M0600) Recent Change in Appetite or Weight
M0600_BEH_SLEEP_D	(M0600) Sleep Disturbances
M0610_BD_DELUSIONS	(M0610) Delusional/Hallucinatory/Paranoid Behavior
M0610_BD_SOC_INAPP	(M0610) Disruptive/Infantile/Inappropriate Behavior
M0610_BD_IMP_DCSN	(M0610) Impaired Decision Making
M0610_BD_MEM_DFICT	(M0610) Memory Deficit
M0610_BD_NONE	(M0610) None of the Above Behaviors Demonstrated
M0610_BD_PHYSICAL	(M0610) Physical Aggression
M0610_BD_VERBAL	(M0610) Verbal disruption
M0620_BEH_PROB_FRQ	(M0620) Frequency of Behavior Problems
M0630_REC_PSYCH	(M0630) Psychiatric Nursing Services
M0640_CU_GROOMING	(M0640) Current Grooming
M0640_PR_GROOMING	(M0640) Prior Grooming
M0650_CU_DRESS_UPR	(M0650) Current Ability to Dress Upper Body
M0650_PR_DRESS_UPR	(M0650) Prior Ability to Dress Upper Body
M0660_CU_DRESS_LOW	(M0660) Current Ability to Dress Lower Body
M0660_PR_DRESS_LOW	(M0660) Prior Ability to Dress Lower Body
M0670_CU_BATHING	(M0670) Current Bathing
M0670_PR_BATHING	(M0670) Prior Bathing
M0680_CU_TOILETING	(M0680) Current Toileting
M0680_PR_TOILETING	(M0680) Prior Toileting
M0690_CU_TRANSFER	(M0690) Current Transferring
M0690_PR_TRANSFER	(M0690) Prior Transferring
M0700_CU_AMBULATN	(M0700) Current Ambulation/Locomotion
M0700_PR_AMBULATN	(M0700) Prior Ambulation/Locomotion
M0710_CU_FEEDING	(M0710) Current Feeding/Eating
M0710_PR_FEEDING	(M0710) Prior Feeding/Eating
M0720_CU_PREP_MEAL	(M0720) Current Preparing Light Meals
M0720_PR_PREP_MEAL	(M0720) Prior Preparing Light Meals
M0730_CU_TRANSPORT	(M0730) Current Transportation
M0730_PR_TRANSPORT	(M0730) Prior Transportation
M0740_CU_LAUNDRY	(M0740) Current Laundry
M0740_PR_LAUNDRY	(M0740) Prior Laundry
M0750_CU_HOUSEKEEP	(M0750) Current Housekeeping
M0750_PR_HOUSEKEEP	(M0750) Prior Housekeeping
M0760_CU_SHOPPING	(M0760) Current Shopping
M0760_PR_SHOPPING	(M0760) Prior Shopping

## Home Health Outcome and Assessment Information Set (OASIS) Assessment File

<u>Variable Name</u>	<u>Variable Label</u>
M0770_CU_PHONE_USE	(M0770) Current Ability to Use Telephone
M0770_PR_PHONE_USE	(M0770) Prior Ability to Use Telephone
M0780_CU_ORAL_MED	(M0780) Current Management of Oral Medications
M0780_PR_ORAL_MED	(M0780) Prior Management of Oral Medications
M0790_CU_INHAL_MED	(M0790) Current Management of Inhalant Medications
M0790_PR_INHAL_MED	(M0790) Prior Management of Inhalant Medications
M0800_CU_INJCT_MED	(M0800) Current Management of Injectable Medications
M0800_PR_INJCT_MED	(M0800) Prior Management of Injectable Medications
M0810_PAT_MGMT_EQP	(M0810) Patient Management of Equipment
M0820_CG_MGMT_EQP	(M0820) Caregiver Management of Equipment
M0825_THERAPY_NEED	(M0825) Therapy Need
M0830_EC_MD_OFF	(M0830) Doctor's Office Emergency Visit
M0830_EC_EMER_ROOM	(M0830) Hospital Emergency Room
M0830_EC_NONE	(M0830) No Emergent Care Services
M0830_EC_OUTPAT	(M0830) Outpatient Department Emergency
M0830_EC_UK	(M0830) Unknown Emergent Care
M0840_ECR_CARDIAC	(M0840) Cardiac Problems
M0840_ECR_GI_BLEED	(M0840) GI Bleeding, Obstruction
M0840_ECR_HYPOGLYC	(M0840) Hypo/Hyperglycemia, Diabetes Out of Control
M0840_ECR_MEDICAT	(M0840) Improper Medication Administration
M0840_ECR_INJURY	(M0840) Injury Caused by Fall/Accident
M0840_ECR_NAUSEA	(M0840) Nausea/Dehydration/Malnutrition/Constipation/Impaction
M0840_ECR_OTHER	(M0840) Other than Above Reasons for Emergent Care
M0840_ECR_RESP	(M0840) Respiratory Problems
M0840_ECR_UK	(M0840) Unknown Emergent Care Reason
M0840_ECR_WOUND	(M0840) Wound Infection
M0855_INPAT_FAC	(M0855) Inpatient Facility Where Admitted
M0870_DSCHG_DISP	(M0870) Discharge Disposition
M0880_AFDC_OTH_AST	(M0880) Assistance/Services Provided By Community Resources
M0880_AFDC_FAM_AST	(M0880) Assistance/Services Provided by Family/Friends
M0880_AFDC_NO_AST	(M0880) No Assistance/Services Received
M0890_HOSP_RSN	(M0890) Reason Admitted to Hospital
M0895_HOSP_CHEMO	(M0895) Chemotherapy
M0895_HOSP_VN_PULM	(M0895) Deep Vein Thrombosis/Pulmonary Embolus
M0895_HOSP_CF_FLDS	(M0895) Exacerbation of CHF/Fluid Overload/Heart Failure
M0895_HOSP_GI_BLD	(M0895) GI Bleeding, Obstruction
M0895_HOSP_HYPOGLYC	(M0895) Hypo/Hyperglycemia, Diabetes Out of Control
M0895_HOSP_IVC_INF	(M0895) IV Catheter-Related Infection
M0895_HOSP_MED	(M0895) Improper Medication Administration
M0895_HOSP_INJURY	(M0895) Injury Caused by Fall/Accident
M0895_HOSP_STROKE	(M0895) Myocardial Infarction/Stroke
M0895_HOSP_OTHER	(M0895) Other Than Above Reason for Hospitalization
M0895_HOSP_PSYCH	(M0895) Psychotic Episode
M0895_HOSP_RESP	(M0895) Respiratory Problems
M0895_HOSP_SURGERY	(M0895) Scheduled Surgical Procedure
M0895_HOSP_PAIN	(M0895) Uncontrolled Pain
M0895_HOSP_UR_TRCT	(M0895) Urinary Tract Infection
M0895_HOSP_WOUND	(M0895) Wound or Tube Site Infection
M0900_NH_HOSPICE	(M0900) Hospice Care
M0900_NH_OTHER	(M0900) Other Reason Admitted to Nursing Home
M0900_NH_PERMANENT	(M0900) Permanent Placement
M0900_NH_RESPITE	(M0900) Respite Care
M0900_NH_THERAPY	(M0900) Therapy Services

## Home Health Outcome and Assessment Information Set (OASIS) Assessment File

<u>Variable Name</u>	<u>Variable Label</u>
M0900_NH_UK	(M0900) Unknown Reason Admitted to Nursing Home
M0900_NH_UNSAFE_HM	(M0900) Unsafe for Care at Home
M0903_LST_HM_VISIT	(M0903) Date of Last Home Visit
M0906_DC_TR_DTH_DT	(M0906) Discharge/Transfer/Death Date
NATL_PRVDR_ID	National Provider Identifier
M0246_PMT_DGNS_ICD_A3_CD	(M0246) Case Mix Dgns for PPS Pymnt rplcd by V-Cd in M0230 A
M0246_PMT_DGNS_ICD_A4_CD	(M0246) Optional - Case Mix Diagnosis
M0246_PMT_DGNS_ICD_B3_CD	(M0246) Case Mix Dgns for PPS Pymnt rplcd by V-Cd in M0240 B
M0246_PMT_DGNS_ICD_B4_CD	(M0246) Optional - Case Mix Diagnosis
M0246_PMT_DGNS_ICD_C3_CD	(M0246) Case Mix Dgns for PPS Pymnt rplcd by V-Cd in M0240 C
M0246_PMT_DGNS_ICD_C4_CD	(M0246) Optional - Case Mix Diagnosis
M0246_PMT_DGNS_ICD_D3_CD	(M0246) Case Mix Dgns for PPS Pymnt rplcd by V-Cd in M0240 D
M0246_PMT_DGNS_ICD_D4_CD	(M0246) Optional - Case Mix Diagnosis
M0246_PMT_DGNS_ICD_E3_CD	(M0246) Case Mix Dgns for PPS Pymnt rplcd by V-Cd in M0240 E
M0246_PMT_DGNS_ICD_E4_CD	(M0246) Optional - Case Mix Diagnosis
M0246_PMT_DGNS_ICD_F3_CD	(M0246) Case Mix Dgns for PPS Pymnt rplcd by V-Cd in M0240 F
M0246_PMT_DGNS_ICD_F4_CD	(M0246) Optional - Case Mix Diagnosis
M0826_THRPY_NEED_NUM	(M0826) Number of therapy visits indicated for current payment episode
M0826_THRPY_NEED_NA_NUM	(M0826) Therapy visits not applicable
M1000_DC_IPPS_14_DA	M1000 Discharged Past 14 Days From IPPS
M1000_DC_IRF_14_DA	M1000 Discharged Past 14 Days From IRF
M1000_DC_LTC_14_DA	M1000 Discharged Past 14 Days From LTC
M1000_DC_LTCH_14_DA	M1000 Discharged Past 14 Days From LTCH
M1000_DC_OTH_14_DA	M1000 Discharged Past 14 Days From Other
M1000_DC_PSYCH_14_DA	M1000 Discharged Past 14 Days From Psychiatric Hospital or Unit
M1000_DC_SNF_14_DA	M1000 (M0175) Discharged Past 14 Days From SNF/TCU
M1000_DC_NON_14_DA	M1000 (M0175) Discharged Past 14 Days - NA
M1005_DSCHG_UK	M1005 (M0180) Most Recent Inpat Discharge Date- UK
M1005_INP_DSCHG_DT	M1005 (M0180) Most Recent Inpatient Discharge Date
M1010_14D_INP1_ICD	M1010 (M0190) Inpatient Diagnosis1 ICD Code
M1010_14D_INP2_ICD	M1010 (M0190) Inpatient Diagnosis2 ICD Code
M1010_14_DAY_INP3_ICD	M1010 Inpatient Diagnosis3 ICD Code
M1010_14_DAY_INP4_ICD	M1010 Inpatient Diagnosis4 ICD Code
M1010_14_DAY_INP5_ICD	M1010 Inpatient Diagnosis5 ICD Code
M1010_14_DAY_INP6_ICD	M1010 Inpatient Diagnosis6 ICD Code
M1012_INP_NA_ICD	M1012 Inpatient ICD Procedure Code- NA
M1012_INP_UK_ICD	M1012 Inpatient ICD Procedure Code- UK
M1012_INP_PRCDR1_ICD	M1012 Inpatient ICD Procedure1 Code
M1012_INP_PRCDR2_ICD	M1012 Inpatient ICD Procedure2 Code
M1012_INP_PRCDR3_ICD	M1012 Inpatient ICD Procedure3 Code
M1012_INP_PRCDR4_ICD	M1012 Inpatient ICD Procedure4 Code
M1016_CHGREG_ICD1	M1016 (M0210) Regimen Change- Diagnosis1 ICD Code
M1016_CHGREG_ICD2	M1016 (M0210) Regimen Change- Diagnosis2 ICD Code
M1016_CHGREG_ICD3	M1016 (M0210) Regimen Change- Diagnosis3 ICD Code
M1016_CHGREG_ICD4	M1016 (M0210) Regimen Change- Diagnosis4 ICD Code
M1016_CHGREG_ICD5	M1016 Regimen Change- Diagnosis5 ICD Code
M1016_CHGREG_ICD6	M1016 Regimen Change- Diagnosis6 ICD Code
M1016_CHGREG_ICD_NA	M1016 Regimen Change in Past 14 Days- NA
M1018_PR_CATH	M1018 (M0220) Prior Condition- Catheter
M1018_PR_DISRUPT	M1018 (M0220) Prior Condition- Disruptive Behavior
M1018_PR_IMP_DCSN	M1018 (M0220) Prior Condition- Impaired Decision-Making
M1018_PR_INTR_PAIN	M1018 (M0220) Prior Condition- Intractable Pain
M1018_PR_MEM_LOSS	M1018 (M0220) Prior Condition- Memory Loss

## Home Health Outcome and Assessment Information Set (OASIS) Assessment File

<u>Variable Name</u>	<u>Variable Label</u>
M1018_PR_NOCHG_14D	M1018 (M0220) Prior Condition- NA
M1018_PR_NONE	M1018 (M0220) Prior Condition- None of the Above
M1018_PR_UK	M1018 (M0220) Prior Condition- UK
M1018_PR_UR_INCON	M1018 (M0220) Prior Condition- Urinary Incontinence
M1020_PRI_DGN_ICD	M1020 (M0230) Primary Diagnosis ICD Code
M1020_PRI_DGN_SEV	M1020 (M0230) Primary Diagnosis Severity
M1022_OTH_DGN1_ICD	M1022 (M0240) Other Diagnosis1 ICD Code
M1022_OTH_DGN1_SEV	M1022 (M0240) Other Diagnosis1 Severity
M1022_OTH_DGN2_ICD	M1022 (M0240) Other Diagnosis2 ICD Code
M1022_OTH_DGN2_SEV	M1022 (M0240) Other Diagnosis2 Severity
M1022_OTH_DGN3_ICD	M1022 (M0240) Other Diagnosis3 ICD Code
M1022_OTH_DGN3_SEV	M1022 (M0240) Other Diagnosis3 Severity
M1022_OTH_DGN4_ICD	M1022 (M0240) Other Diagnosis4 ICD Code
M1022_OTH_DGN4_SEV	M1022 (M0240) Other Diagnosis4 Severity
M1022_OTH_DGN5_ICD	M1022 (M0240) Other Diagnosis5 ICD Code
M1022_OTH_DGN5_SEV	M1022 (M0240) Other Diagnosis5 Severity
M1024_PMT_DGNS_ICD_A3_CD	M1024 (M0246) Case Mix Dx- Primary ICD, Col3
M1024_PMT_DGNS_ICD_A4_CD	M1024 (M0246) Case Mix Dx- Primary ICD, Col4
M1024_PMT_DGNS_ICD_B3_CD	M1024 (M0246) Case Mix Dx- Secndry ICD1, Col3
M1024_PMT_DGNS_ICD_B4_CD	M1024 (M0246) Case Mix Dx- Secndry ICD1, Col4
M1024_PMT_DGNS_ICD_C3_CD	M1024 (M0246) Case Mix Dx- Secndry ICD2, Col3
M1024_PMT_DGNS_ICD_C4_CD	M1024 (M0246) Case Mix Dx- Secndry ICD2, Col4
M1024_PMT_DGNS_ICD_D3_CD	M1024 (M0246) Case Mix Dx- Secndry ICD3, Col3
M1024_PMT_DGNS_ICD_D4_CD	M1024 (M0246) Case Mix Dx- Secndry ICD3, Col4
M1024_PMT_DGNS_ICD_E3_CD	M1024 (M0246) Case Mix Dx- Secndry ICD4, Col3
M1024_PMT_DGNS_ICD_E4_CD	M1024 (M0246) Case Mix Dx- Secndry ICD4, Col4
M1024_PMT_DGNS_ICD_F3_CD	M1024 (M0246) Case Mix Dx- Secndry ICD5, Col3
M1024_PMT_DGNS_ICD_F4_CD	M1024 (M0246) Case Mix Dx- Secndry ICD5, Col4
M1030_THH_ENT_NUTR	M1030 (M0250) Therapies in Home- Enteral Nutrition
M1030_THH_IV_INFUS	M1030 (M0250) Therapies in Home- IV Infusion
M1030_THH_NONE_ABV	M1030 (M0250) Therapies in Home- None Above
M1030_THH_PAR_NUTR	M1030 (M0250) Therapies in Home- Parenteral Nutrition
M1032_HOSP_RISK_RCNT_DCLN	M1032 Risk for Hosp- Decline in Mental, Emotional, Behavioral
M1032_HOSP_RISK_FRAILITY	M1032 Risk for Hosp- Frailty Indicators
M1032_HOSP_RISK_HSTRY_FALLS	M1032 Risk for Hosp- History of Falls
M1032_HOSP_RISK_MLTPH_HOSPZTN	M1032 Risk for Hosp- More Than 1 Hospital In 12 Mo
M1032_HOSP_RISK_NONE_ABOVE	M1032 Risk for Hosp- None of The Above
M1032_HOSP_RISK_5PLUS_MDCTN	M1032 Risk for Hosp- Taking 5 or More Meds
M1032_HOSP_RISK_OTHR	M1032 Risk for Hospitalization- Other
M1034_PTNT_OVRAL_STUS	M1034 Overall Status
M1036_RSK_ALCOHOL	M1036 (M0290) High Risk Factor- Alcohol Dependency
M1036_RSK_DRUGS	M1036 (M0290) High Risk Factor- Drug Dependency
M1036_RSK_NONE	M1036 (M0290) High Risk Factor- None of The Above
M1036_RSK_OBESITY	M1036 (M0290) High Risk Factor- Obesity
M1036_RSK_SMOKING	M1036 (M0290) High Risk Factor- Smoking
M1036_RSK_UK	M1036 (M0290) High Risk Factor- UK
M1040_INFLNZ_RCVD_AGENCY	M1040 Influenza Received in Agency
M1045_INFLNZ_RSN_NOT_RCVD	M1045 Influenza Vaccine- Reason not Received
M1050_PPV_RCVD_AGENCY	M1050 Pneumococcal Vaccine (PPV) Received in Agency
M1055_PPV_RSN_NOT_RCVD_AGENCY	M1055 Pneumococcal Vaccine (PV)- Reason Not Received
M1100_PTNT_LVG_STUTN	M1100 Patient Living Situation
M1200_VISION	M1200 (M0390) Vision
M1210_HEARG_ABLTY	M1210 Ability To Hear



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<u>Variable Name</u>	<u>Variable Label</u>
M1220_UNDRSTG_VERBAL_CNTNT	M1220 Understanding Of Verbal Content
M1230_SPEECH	M1230 (M0410) Speech And Oral Expression
M1240_FRML_PAIN_ASMT	M1240 Formal Pain Assessment
M1242_PAIN_FREQ_ACTVTY_MVMT	M1242 Frequency of Pain Interfering With Activity
M1300_PRSR_ULCR_RISK_ASMT	M1300 Pressure Ulcer Assessment
M1302_RISK_OF_PRSR_ULCR	M1302 Risk of Developing Pressure Ulcers
M1306_UNHLD_STG2_PRSR_ULCR	M1306 Unhealed Pressure Ulcer at Least Stage II
M1307_OLDST_STG2_ONST_DT	M1307 Oldest Stage II Onset Date
M1307_OLDST_STG2_AT_DSCHRG	M1307 Status Oldst Stg 2 Pressure Ulcer At Discharge
M1308_NBR_PRSULC_STG2	M1308 Number of Pressure Ulcers- Stage II
M1308_NBR_STG2_AT_SOC_ROC	M1308 Number of Pressure Ulcers- Stage II At SOC ROC
M1308_NBR_PRSULC_STG3	M1308 Number of Pressure Ulcers- Stage III
M1308_NBR_STG3_AT_SOC_ROC	M1308 Number of Pressure Ulcers- Stage III At SOC ROC
M1308_NBR_PRSULC_STG4	M1308 Number of Pressure Ulcers- Stage IV
M1308_NBR_STG4_AT_SOC_ROC	M1308 Number of Pressure Ulcers- Stage IV At SOC ROC
M1308_NSTG_DRSG	M1308 Number of Unstageable Pressure Ulcers Due To Non-Rmvble Dsg
M1308_NSTG_DRSG_SOC_ROC	M1308 Number of Unstageable Pressure Ulcers Non-Rmvble Dsg @ SOC ROC
M1308_NSTG_CVRG_SOC_ROC	M1308 Number of Unstageable Pressure Ulcers D/T Coverage Slough @ SOC ROC
M1308_NSTG_CVRG	M1308 Number of Unstageable Pressure Ulcers D/T Coverage By Slough/Eschar
M1308_NSTG_DEEP_TISUE	M1308 Number Unstageable Pressure Ulcers D/T Deep Tissue Injury
M1308_NSTG_DEEP_TISUE_SOC_ROC	M1308 Number Unstageable Pressure Ulcers D/T Deep Tissue Injury @ SOC ROC
M1310_PRSR_ULCR_LNGTH	M1310 Largest Pressure Ulcer Length
M1312_PRSR_ULCR_WDTH	M1312 Largest Pressure Ulcer Width
M1314_PRSR_ULCR_DEPTH	M1314 Largest Pressure Ulcer Depth
M1320_STUS_PRBLM_PRSR_ULCR	M1320 Status Of Most Problematic Pressure Ulcer
M1322_NBR_PRU_STG1	M1322 (M0450) Current Number of Stage I Pressure Ulcers
M1324_STG_PRBL_PRU	M1324 (M0460) Stage of Most Problematic Pressure Ulcer
M1330_STAS_ULCR_PRSNT	M1330 Stasis Ulcer Present
M1332_NUM_STAS_ULCR	M1332 Current Number of (Observable) Stasis Ulcers
M1334_STUS_PRBLM_STAS_ULCR	M1334 Status of Most Problematic Stasis Ulcer
M1340_SRGL_WND_PRSNT	M1340 Does This Patient Have A Surgical Wound
M1342_STUS_PRBLM_SRGL_WND	M1342 Status of Most Problematic Surgical Wound
M1350_LESION_OPEN_WND	M1350 Skin Lesion Or Open Wound
M1400_WHEN_DYSPNIC	M1400 (M0490) When Is Patient Dyspneic
M1410_RESPTX_AIRPR	M1410 (M0500) Resprtry Treat At Home- Airway Press
M1410_RESPTX_NONE	M1410 (M0500) Resprtry Treat At Home- None
M1410_RESPTX_OXYGN	M1410 (M0500) Resprtry Treat At Home- Oxygen
M1410_RESPTX_VENT	M1410 (M0500) Resprtry Treat At Home- Ventilator
M1500_SYMTM_HRT_FAILR_PTNTS	M1500 Symptoms in Heart Failure Patients
M1510_HRT_FAILR_CARE_PLAN_CHG	M1510 Heart Fail. Follow-Up: Change In Care Plan
M1510_HRT_FAILR_CLNCL_INTRVTN	M1510 Heart Fail. Follow-Up: Clinical Intervention
M1510_HRT_FAILR_ER_TRTMT	M1510 Heart Fail. Follow-Up: ER Treatment Advised
M1510_HRT_FAILR_NO_ACTN	M1510 Heart Fail. Follow-Up: No Action Taken
M1510_HRT_FAILR_PHYSN_CNTCT	M1510 Heart Fail. Follow-Up: Physician Contacted
M1510_HRT_FAILR_PHYSN_TRTMT	M1510 Heart Fail. Follow-Up: Physician-Ordered Treatment
M1600_UTI	M1600 (M0510) Patient Treated For UTI Last 14 Days
M1610_UR_INCONT	M1610 (M0520) Urinary Incontinence Or Catheter Presence
M1615_INCNTNT_TIMING	M1615 When Does Urinary Incontinence Occur
M1620_BWL_INCONT	M1620 (M0540) Bowel Incontinence Frequency
M1630_OSTOMY	M1630 (M0550) Ostomy For Bowel Elimination
M1700_COG_FUNCTION	M1700 (M0560) Cognitive Functioning
M1710_WHEN_CONFUSD	M1710 (M0570) When Confused
M1720_WHEN_ANXIOUS	M1720 (M0580) When Anxious

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<u>Variable Name</u>	<u>Variable Label</u>
M1730_STDZ_DPRSN_SCRNG	M1730 Depression Screening
M1730_PHQ2_DPRSN	M1730 PHQ2- Feeling Down, Depressed, Or Hopeless
M1730_PHQ2_LACK_INTRST	M1730 PHQ2- Little Interest Or Pleasure In Doing Things
M1740_BD_DELUSIONS	M1740 (M0610) Cog/Behavr/Psych Symp- Delusional
M1740_BD_IMP_DCSN	M1740 (M0610) Cog/Behavr/Psych Symp- Impaired Decision
M1740_BD_MEM_DFICT	M1740 (M0610) Cog/Behavr/Psych Symp- Memory Deficit
M1740_BD_NONE	M1740 (M0610) Cog/Behavr/Psych Symp- None of The Above
M1740_BD_PHYSICAL	M1740 (M0610) Cog/Behavr/Psych Symp- Physical Aggression
M1740_BD_SOC_INAPP	M1740 (M0610) Cog/Behavr/Psych Symp- Socially Inapp
M1740_BD_VERBAL	M1740 (M0610) Cog/Behavr/Psych Symp- Verbal Disruption
M1745_BEH_PROB_FRQ	M1745 (M0620) Frequency of Disruptive Behavior Symptoms
M1750_REC_PSYCH	M1750 (M0630) Receives Psych Nursing Services
M1800_CU_GROOMING	M1800 (M0640) Current Grooming
M1810_CU_DRESS_UPR	M1810 (M0650) Current Dress Upper
M1820_CU_DRESS_LOW	M1820 (M0660) Current Dress Lower
M1830_CRNT_BATHG	M1830 Current Bathing
M1840_CUR_TOILTG	M1840 Toilet Transferring
M1845_CUR_TOILTG_HYGN	M1845 Current Toileting Hygiene
M1850_CUR_TRNSFRNG	M1850 Transferring
M1860_CRNT_AMBLTN	M1860 Ambulation/Locomotion
M1870_CU_FEEDING	M1870 (M0710) Current Feeding
M1880_CU_PREP_MEAL	M1880 (M0720) Current Preparing Light Meals
M1890_CU_PHONE_USE	M1890 (M0770) Current Phone Use
M1900_PRIOR_ADLIADL_AMBLTN	M1900 Prior Functioning ADL/IADL- Ambulation
M1900_PRIOR_ADLIADL_HSEHOLD	M1900 Prior Functioning ADL/IADL - Household Tasks
M1900_PRIOR_ADLIADL_SELF	M1900 Prior Functioning ADL/IADL- Self Care
M1900_PRIOR_ADLIADL_TRNSFR	M1900 Prior Functioning ADL/IADL- Transfer
M1910_MLT_FCTR_FALL_RISK_ASMT	M1910 Multi-Factor Fall Risk Assessment
M2000_DRUG_RGMN_RVW	M2000 Drug Regimen Review
M2002_MDCTN_FLWP	M2002 Medication Follow-Up
M2004_MDCTN_INTRVTN	M2004 Medication Intervention
M2010_HIGH_RISK_DRUG_EDCTN	M2010 Patient/Caregiver High Risk Drug Educ
M2015_DRUG_EDCTN_INTRVTN	M2015 Patient/Caregiver Drug Educ Intervention
M2020_CRNT_MGMT_ORAL_MDCTN	M2020 Current Management Of Oral Medications
M2030_CRNT_MGMT_INJCTN_MDCTN	M2030 Current Management Of Injectable Meds
M2040_PRIOR_MGMT_INJCTN_MDCTN	M2040 Prior Medication Management- Injectable Meds
M2040_PRIOR_MGMT_ORAL_MDCTN	M2040 Prior Medication Management- Oral Meds
M2100_CARE_TYPE_SRC_ADL	M2100 Care Management- ADL Assistance
M2100_CARE_TYPE_SRC_ADVCY	M2100 Care Management- Advocacy Or Facilitation
M2100_CARE_TYPE_SRC_IADL	M2100 Care Management- IADL Assistance
M2100_CARE_TYPE_SRC_EQUIP	M2100 Care Management- Management of Equipment
M2100_CARE_TYPE_SRC_PRCDR	M2100 Care Management- Medical Procedures/Treatments
M2100_CARE_TYPE_SRC_MDCTN	M2100 Care Management- Medication Administration
M2100_CARE_TYPE_SRC_SPRVSN	M2100 Care Management- Supervision and Safety
M2110_ADL_IADL_ASTNC_FREQ	M2110 Frequency of ADL or IADL Assistance From Caregiver
M2200_THRPY_NEED_NA_NUM	M2200 (M0826) Therapy Need- NA
M2200_THRPY_NEED_NUM	M2200 (M0826) Therapy Need- Number of Visits
M2250_PLAN_SMRY_FALL_PRVNT	M2250 Plan of Care Synopsis- At Risk for Falls
M2250_PLAN_SMRY_DPRSN_INTRVTN	M2250 Plan of Care Synopsis- Depression
M2250_PLAN_SMRY_DBTS_FT_CARE	M2250 Plan of Care Synopsis- Diabetic Foot Care
M2250_PLAN_SMRY_PAIN_INTRVTN	M2250 Plan of Care Synopsis- Pain Intervention
M2250_PLAN_SMRY_PTNT_SPECF	M2250 Plan of Care Synopsis- Patient Specific
M2250_PLAN_SMRY_PRSULC_TRTMT	M2250 Plan of Care Synopsis- Pressure Ulcer Moist Treatment

## Home Health Outcome and Assessment Information Set (OASIS) Assessment File

<u>Variable Name</u>	<u>Variable Label</u>
M2250_PLAN_SMRY_PRSULC_PRVNT	M2250 Plan of Care Synopsis- Pressure Ulcer Prevention
M2300_EMER_USE_AFTR_LAST_ASMT	M2300 Emergent Care Since Last OASIS
M2310_ECR_MENTL_BHVRL_PRBLM	M2310 Emergent Care Reason- Acute Mental/Behavioral
M2310_ECR_CRDC_DSRTHM	M2310 Emergent Care Reason- Cardiac Dysrhythmia
M2310_ECR_DHYDRTN_MALNTR	M2310 Emergent Care Reason- Dehydration, Malnutrition
M2310_ECR_DVT_PULMNRY	M2310 Emergent Care Reason- DVT, Pulmonary Embolus
M2310_ECR_GI_PRBLM	M2310 Emergent Care Reason- GI Issues
M2310_ECR_HRT_FAILR	M2310 Emergent Care Reason- Heart Failure
M2310_ECR_HYPOGLYC	M2310 (M0840) Emergent Care Reason- Hypo-Hyperglycemia
M2310_ECR_MEDICAT	M2310 (M0840) Emergent Care Reason- Improper Medication Administration
M2310_ECR_INJRY_BY_FALL	M2310 Emergent Care Reason- Injury Caused By Fall
M2310_ECR_CTHTR_CMPLCTN	M2310 Emergent Care Reason- IV Catheter Infection
M2310_ECR_MI_CHST_PAIN	M2310 Emergent Care Reason- Myocardial Infarction
M2310_ECR_OTHR_HRT_DEASE	M2310 Emergent Care Reason- Other Heart Disease
M2310_ECR_RSPRTRY_OTHR	M2310 Emergent Care Reason- Other Respiratory Problem
M2310_ECR_OTHER	M2310 Emergent Care Reason- Other Than Above
M2310_ECR_UK	M2310 (M0840) Emergent Care Reason- Reason Unknown
M2310_ECR_RSPRTRY_INFCTN	M2310 Emergent Care Reason- Respiratory Infection
M2310_ECR_STROKE_TIA	M2310 Emergent Care Reason- Stroke (CVA) or TIA
M2310_ECR_UNCNTLD_PAIN	M2310 Emergent Care Reason- Uncontrolled Pain
M2310_ECR_UTI	M2310 Emergent Care Reason- Urinary Tract Infection
M2310_ECR_WND_INFCTN_DTRORTN	M2310 Emergent Care Reason- Wound Infection or Deter
M2400_INTRVTN_SMRY_DPRSNT	M2400 Intervention Synopsis- Depression Intervent
M2400_INTRVTN_SMRY_DBTS_FT	M2400 Intervention Synopsis- Diabetic Foot Care
M2400_INTRVTN_SMRY_FALL_PRVNT	M2400 Intervention Synopsis- Falls Prevention
M2400_INTRVTN_SMRY_PRSULC_WET	M2400 Intervention Synopsis- Moist Wound Treat of Pressure Ulcer
M2400_INTRVTN_SMRY_PAIN_MNTR	M2400 Intervention Synopsis- Monitor and Mitigate Pain
M2400_INTRVTN_SMRY_PRSULC_PRVNT	M2400 Intervention Synopsis- Prevent Pressure Ulcers
M2410_INPAT_FAC	M2410 (M0855) Inpatient Facility Admitted
M2430_HOSP_MENTL_BHVRL_PRBLM	M2430 Hospital Reason- Acute Mental/Behavioral
M2430_HOSP_CRDC_DSRTHM	M2430 Hospital Reason- Cardiac Dysrhythmia
M2430_HOSP_DHYDRTN_MALNTR	M2430 Hospital Reason- Dehydration, Malnutrition
M2430_HOSP_VN_PULM	M2430 (M0895)Hospital Reason- DVT Pulmonary Embolus
M2430_HOSP_GI_PRBLM	M2430 Hospital Reason- GI Issues
M2430_HOSP_HRT_FAILR	M2430 Hospital Reason- Heart Failure
M2430_HOSP_HYPOGLYC	M2430 Hospital Reason- (M0895) Hypo/Hyperglycemia
M2430_HOSP_MED	M2430 Hospital Reason- (M0895) Improper Medication Administration
M2430_HOSP_INJRY_BY_FALL	M2430 Hospital Reason- Injury Caused By Fall
M2430_HOSP_CTHTR_CMPLCTN	M2430 Hospital Reason- IV Catheter Infection/Complication
M2430_HOSP_MI_CHST_PAIN	M2430 Hospital Reason- Myocardial Infarction
M2430_HOSP_OTHR_HRT_DEASE	M2430 Hospital Reason- Other Heart Disease
M2430_HOSP_RSPRTRY_OTHR	M2430 Hospital Reason- Other Respiratory Problem
M2430_HOSP_OTHER	M2430 Hospital Reason- Other Than Above
M2430_HOSP_UK	M2430 Hospital Reason- Reason Unknown
M2430_HOSP_RSPRTRY_INFCTN	M2430 Hospital Reason- Respiratory Infection
M2430_HOSP_SCHLD_TRTMT	M2430 Hospital Reason- Scheduled Treatment Or Procedure
M2430_HOSP_STROKE_TIA	M2430 Hospital Reason- Stroke (CVA) Or TIA
M2430_HOSP_PAIN	M2430 (M0895) Hospital Reason- Uncontrolled Pain
M2430_HOSP_UR_TRCT	M2430 (M0895) Hospital Reason- Urinary Tract Infect
M2430_HOSP_WND_INFCTN	M2430 Hospital Reason- Wound Infection/Deterioration
M2440_NH_HOSPICE	M2440 (M0900) Nursing Home Reason- Hospice Care
M2440_NH_OTHER	M2440 (M0900) Nursing Home Reason- Other
M2440_NH_PERMANENT	M2440 (M0900) Nursing Home Reason- Permanent Placement

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<u>Variable Name</u>	<u>Variable Label</u>
M2440_NH_RESPITE	M2440 (M0900) Nursing Home Reason- Respite Care
M2440_NH_THERAPY	M2440 (M0900) Nursing Home Reason- Therapy Services
M2440_NH_UK	M2440 (M0900) Nursing Home Reason- Unknown
M2440_NH_UNSAFE_HM	M2440 (M0900) Nursing Home Reason- Unsafe At Home
TRANS_TYPE_CD	Transaction Type Code
M1011_14D_INP1_ICD	M1011 Inpatient Diagnosis1 ICD10 Code
M1011_14D_INP2_ICD	M1011 Inpatient Diagnosis2 ICD10 Code
M1011_14_DAY_INP3_ICD	M1011 Inpatient Diagnosis3 ICD10 Code
M1011_14_DAY_INP4_ICD	M1011 Inpatient Diagnosis4 ICD10 Code
M1011_14_DAY_INP5_ICD	M1011 Inpatient Diagnosis5 ICD10 Code
M1011_14_DAY_INP6_ICD	M1011 Inpatient Diagnosis6 ICD10 Code
M1011_14_DAY_ICD_NA	M1011 Inpatient Diagnosis - NA
M1017_CHGREG_ICD1	M1017 (M0210) Regimen Change - Diagnosis1 ICD-10 Code
M1017_CHGREG_ICD2	M1017 (M0210) Regimen Change - Diagnosis2 ICD-10 Code
M1017_CHGREG_ICD3	M1017 (M0210) Regimen Change - Diagnosis3 ICD-10 Code
M1017_CHGREG_ICD4	M1017 (M0210) Regimen Change - Diagnosis4 ICD-10 Code
M1017_CHGREG_ICD5	M1017 Regimen Change - Diagnosis5 ICD-10 Code
M1017_CHGREG_ICD6	M1017 Regimen Change - Diagnosis6 ICD-10 Code
M1017_CHGREG_ICD_NA	M1017 Regimen Change In Past 14 Days - NA
M1021_PRI_DGN_ICD	M1021 Primary Diagnosis ICD-10 Code
M1021_PRI_DGN_SEV	M1021 Primary Diagnosis Severity
M1023_OTH_DGN1_ICD	M1023 (M0240) Other Diagnosis1 ICD-10 Code
M1023_OTH_DGN1_SEV	M1023 (M0240) Other Diagnosis1 Severity
M1023_OTH_DGN2_ICD	M1023 (M0240) Other Diagnosis2 ICD-10 Code
M1023_OTH_DGN2_SEV	M1023 (M0240) Other Diagnosis2 Severity
M1023_OTH_DGN3_ICD	M1023 (M0240) Other Diagnosis3 ICD-10 Code
M1023_OTH_DGN3_SEV	M1023 (M0240) Other Diagnosis3 Severity
M1023_OTH_DGN4_ICD	M1023 (M0240) Other Diagnosis4 ICD-10 Code
M1023_OTH_DGN4_SEV	M1023 (M0240) Other Diagnosis4 Severity
M1023_OTH_DGN5_ICD_I10	M1023 (M0240) Other Diagnosis5 ICD-10 Code
M1023_OTH_DGN5_SEV_I10	M1023 (M0240) Other Diagnosis5 Severity
M1025_PMT_DGNS_ICD_A3_CD	M1025 (M0246) Case Mix Dx - Primary ICD10; Col3
M1025_PMT_DGNS_ICD_A4_CD	M1025 (M0246) Case Mix Dx - Primary ICD10; Col4
M1025_PMT_DGNS_ICD_B3_CD	M1025 (M0246) Case Mix Dx - Secndry ICD10; 1, Col3
M1025_PMT_DGNS_ICD_B4_CD	M1025 (M0246) Case Mix Dx - Secndry ICD10; 1, Col4
M1025_PMT_DGNS_ICD_C3_CD	M1025 (M0246) Case Mix Dx - Secndry ICD10; 2, Col3
M1025_PMT_DGNS_ICD_C4_CD	M1025 (M0246) Case Mix Dx - Secndry ICD10; 2, Col4
M1025_PMT_DGNS_ICD_D3_CD	M1025 (M0246) Case Mix Dx - Secndry ICD10; 3, Col3
M1025_PMT_DGNS_ICD_D4_CD	M1025 (M0246) Case Mix Dx - Secndry ICD10; 3, Col4
M1025_PMT_DGNS_ICD_E3_CD	M1025 (M0246) Case Mix Dx - Secndry ICD10; 4, Col3
M1025_PMT_DGNS_ICD_E4_CD	M1025 (M0246) Case Mix Dx - Secndry ICD10; 4, Col4
M1025_PMT_DGNS_ICD_F3_CD	M1025 (M0246) Case Mix Dx - Secndry ICD10; 5, Col3
M1025_PMT_DGNS_ICD_F4_CD	M1025 (M0246) Case Mix Dx - Secndry ICD10; 5, Col4
M1033_HOSP_RISK_HSTRY_FALLS	M1033 (M1032) Risk For Hosp - History Of Falls
M1033_HOSP_RISK_WGHT_LOSS	M1033 Risk For Hosp - Unintentional weight loss
M1033_HOSP_RISK_MLTPH_HOSPZTN	M1033 (M1032) Risk For Hosp - More Than 1 Hospital In 12 Mo
M1033_HOSP_RISK_PLTPL_ER_VSTS	M1033 Risk For Hosp - 2 or More ED Visits In 6 Mo
M1033_HOSP_RISK_RCNT_DCLN	M1033 (M1032) Risk For Hosp - Decline In Mental, Emotional, Behavioral
M1033_HOSP_RISK_5PLUS_MDCTN	M1033 (M1032) Risk For Hosp - Taking 5 Or More Meds
M1033_HOSP_RISK_EXHAUSTION	M1033 Risk For Hosp - Exhaustion
M1033_HOSP_RISK_OTHR	M1033 (M1032) Risk For Hospitalization - Other
M1033_HOSP_RISK_NONE_ABOVE	M1033 (M1032) Risk For Hosp - None Of The Above
M1033_HOSP_RISK_CMPLY_MED_INSTR	M1033 Risk For Hosp - Reported or Observed History Of Complying With Medical Instructions

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<u>Variable Name</u>	<u>Variable Label</u>
M1041_INFLNZ_DATA_COLL_PERIOD	M1041 (M1040) Influenza Vaccine Received In Agency
M1046_INFLNZ_RCVD	M1046 (M1045) Influenza Vaccine - Received
M1051_PPV_RCVD_AGENCY	M1051 (M1050) Pneumococcal Vaccine (PPV) Received In Agency
M1056_PPV_RSN_NOT_EVER_RCVD	M1056 (M1055) Pneumococcal Vaccine (PPV) - Reason Not Received
M1309_NBR_STG2_AT_SOC_ROC	M1309 (M1308) Number Of Pressure Ulcers - Stage II At SOC ROC
M1309_NBR_STG3_AT_SOC_ROC	M1309 (M1308) Number Of Pressure Ulcers - Stage III At SOC ROC
M1309_NBR_STG4_AT_SOC_ROC	M1309 (M1308) Number Of Pressure Ulcers - Stage IV At SOC ROC
M2102_CARE_TYPE_SRC_ADL	M2102 (M2100) Care Management - ADL Assistance
M2102_CARE_TYPE_SRC_IADL	M2102 (M2100) Care Management - IADL Assistance
M2102_CARE_TYPE_SRC_MDCTN	M2102 (M2100) Care Management - Medication Administration
M2102_CARE_TYPE_SRC_PRCDR	M2102 (M2100) Care Management - Medical Procedures / Treatments
M2102_CARE_ASTNC_EQUIP_CD	M2102 (M2100) Care Management - Management Of Equipment
M2102_CARE_TYPE_SRC_SPRVSN	M2102 (M2100) Care Management - Supervision And Safety
M2102_CARE_TYPE_SRC_ADVCY	M2102 (M2100) Care Management - Advocacy Or Facilitation
M1309_NSTG_CVRG_SOC_ROC	M1309 (M1308) Number Unstageble Pressure Ulcers D/T Coverage Slough @ SOC ROC
M1511_HRT_FAILR_PHYSN_TRTMT	M1511 Heart Fail. Follow-Up: Physician-Ordered Treatment
CALCD_CCN_NUM	Calculated CMS Certification Number (CCN)
CALCD_PTNT_AGE_NUM	Calculated Patient Age Number
GG0170C_MBLTY_DSCHRG_GOAL_CD	GG0170C Mobility - Discharge Goal - Lying to Sitting
GG0170C_MBLTY_PRFMNC_CD	GG0170C Mobility - SOC/ROC Performance - Lying to Sitting
HHA_AGENCY_ID	HHA Agency Code
HHA_ITM_SBST_CD	HHA Item Subset Code
M1028_ACTV_DGNS_DML_IND	Active Diagnosis - Diabetes Mellitus
M1028_ACTV_DGNS_IND	Active Diagnosis - PVD or PAD
M1060_HEIGHT	M1060 Height and Weight - Height (in inches)
M1060_WEIGHT	M1060 Height and Weight - Weight (in pounds)
M1311_NBR_STG2	M1311 (M1309) Number Of Unhealed Pressure Ulcers - Stage II
M1311_NBR_STG2_AT_SOC_ROC	M1311 (M1309) Number Of Unhealed Pressure Ulcers - Stage II that were present at most recent SOC/ROC
M1311_NBR_STG3	M1311 (M1309) Number Of Unhealed Pressure Ulcers - Stage III
M1311_NBR_STG3_AT_SOC_ROC	M1311 (M1309) Number Of Unhealed Pressure Ulcers - Stage III that were present at most recent SOC/ROC
M1311_NBR_STG4	M1311 (M1309) Number Of Unhealed Pressure Ulcers - Stage IV
M1311_NBR_STG4_AT_SOC_ROC	M1311 (M1309) Number Of Unhealed Pressure Ulcers - Stage IV that were present at most recent SOC/ROC
M1311_NSTG_CVRG	M1311 (M1309) Number Unstageble Pressure Ulcers D/T Coverage Slough and/or Eschar
M1311_NSTG_CVRG_SOC_ROC	M1311 (M1309) Number Unstageble Pressure Ulcers D/T Coverage Slough and/or Eschar that were present at most recent SOC/ROC
M1311_NSTG_DEEP_TISSUE	M1311 (M1309) Number Unstageble Pressure Ulcers D/T Deep Tissue Injury in Evolution
M1311_NSTG_DEEP_TISSUE_SOC_ROC	M1311 (M1309) Number Unstageble Pressure Ulcers D/T Deep Tissue Injury in Evolution that were present at most recent SOC/ROC
M1311_NSTG_DRSG	M1311 (M1309) Number of Unstageble Pressure Ulcers D/T Non-removeable dressing/device
M1311_NSTG_DRSG_SOC_ROC	M1311 (M1309) Number of Unstageble Pressure Ulcers D/T Non-removeable dressing that were present at most recent SOC/ROC
M1313_NBR_STG2_NOT_PRESENT	M1313 Number Of Unhealed Pressure Ulcers - Stage II that were not present or were at a lesser stage at most recent SOC/ROC
M1313_NBR_STG3_NOT_PRESENT	M1313 (M1309) Number Of Unhealed Pressure Ulcers - Stage III that were not present or were at a lesser stage at most recent SOC/ROC
M1313_NBR_STG4_NOT_PRESENT	M1313 Number Of Unhealed Pressure Ulcers - Stage IV that were not present or were at a lesser stage at most recent SOC/ROC
M1313_NSTG_DRSG_NOT_PRESENT	M1313 Number of Unstageble Pressure Ulcers D/T Non-removeable dressing that were not present or were at a lesser stage at most recent SOC/ROC
M1313_NSTG_CVRG_NOT_PRESENT	M1313 Number Unstageble Pressure Ulcers D/T Coverage Slough and/or Eschar that were not present or were at a lesser stage at most recent SOC/ROC

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<u>Variable Name</u>	<u>Variable Label</u>
M1313_NSTG_DEEP_TISSUE_NOT_PRSNT	M1313 Number Unstageable Pressure Ulcers D/T Deep Tissue Injury in Evolution that were not present or were at a lesser stage at most recent SOC/ROC
M1501_SYMTM_HRT_FAILR_PTNTS	M1501 Symptoms In Heart Failure Patients
M1511_HRT_FAILR_CARE_PLAN_CHG	M1511 Heart Fail. Follow-Up: Change In Care Plan
M1511_HRT_FAILR_CLNCL_INTRVTN	M1511 Heart Fail. Follow-Up: Clinical Intervention
M1511_HRT_FAILR_ER_TRTMT	M1511 Heart Fail. Follow-Up: ER Treatment Advised
M1511_HRT_FAILR_NO_ACTN	M1511 Heart Fail. Follow-Up: No Action Taken
M1511_HRT_FAILR_PHYSN_CNTCT	M1511 Heart Fail. Follow-Up: Physician Contacted
M2001_DRUG_RGMN_RVW	M2001 Drug Regimen Review
M2003_MDCTN_FLWP	M2003 Medication Follow-Up
M2005_MDCTN_INTRVTN	M2005 Medication Intervention
M2016_DRUG_EDCTN_INTRVTN	M2016 Patient/Caregiver Drug Educ Intervention
M2301_EMER_USE_AFTR_LAST_ASMT	M2301 Emergent Care Since Last OASIS
M2401_INTRVTN_SMRY_DBTS_FT	M2401 Intervention Synopsis - Diabetic Foot Care
M2401_INTRVTN_SMRY_DPRSND	M2401 Intervention Synopsis - Depression Intervent
M2401_INTRVTN_SMRY_FALL_PRVNT	M2401 Intervention Synopsis - Falls Prevention
M2401_INTRVTN_SMRY_PAIN_MNTR	M2401 Intervention Synopsis - Monitor And Mitigate Pain
M2401_INTRVTN_SMRY_PRSULC_PRVND	M2401 Intervention Synopsis - Prevent Pressure Ulcers
M2401_INTRVTN_SMRY_PRSULC_WET	M2401 Intervention Synopsis - Moist Wound Treat Of Pressure Ulcer
SUBMSN_CMPLT_TS	Submission Complete Timestamp
M1028_ACTV_DGNS_OTHRSD_IND	M1028 Active Diagnoses: None of the above
GG0100A_PRIOR_SELF_CARE_IND	GG0100A Prior Functioning: Self Care
GG0100B_PRIOR_INDR_MBLTY_IND	GG0100B Prior Functioning: Indoor Mobility (Ambulation)
GG0100C_PRIOR_STRS_IND	GG0100C Prior Functioning: Stairs
GG0100D_PRIOR_FNCTNL_CGNTN_IND	GG0100D Prior Functioning: Functional Cognition
GG0110A_PRIOR_MNL_WLCHR_IND	GG0110A Prior Device: Manual Wheelchair
GG0110B_PRIOR_MTRZD_WLCHR_IND	GG0110B Prior Device: Motorized Wheelchair and/or Scooter
GG0110C_PRIOR_MCHNCL_LIFT_IND	GG0110C Prior Device: Mechanical Lift
GG0110D_PRIOR_WLKR_IND	GG0110D Prior Device: Walker
GG0110E_PRIOR_ORTHTCS_IND	GG0110E Prior Device: Orthotics/Prosthetics
GG0110Z_PRIOR_NONE_OF_THE_ABV	GG0110Z Prior Device: None of the Above
GG0130A1_EATG_ABILITY_STRT_CD	GG0130A1 Self Care: Eating Ability at SOC/ROC
GG0130A2_EATG_ABILITY_GOAL_CD	GG0130A2 Self Care: Eating Goal by Discharge
GG0130A3_EATG_ABILITY_END_CD	GG0130A3 Self Care: Eating Ability at Discharge
GG0130A3_EATG_ABILITY_FLWP_CD	GG0130A3 Self Care: Eating Ability at Follow-Up
GG0130B1_ORAL_HYGN_STRT_CD	GG0130B1 Self Care: Oral Hygiene Ability at SOC/ROC
GG0130B2_ORAL_HYGN_GOAL_CD	GG0130B2 Self Care: Oral Hygiene Goal by Discharge
GG0130B3_ORAL_HYGN_END_CD	GG0130B3 Self Care: Oral Hygiene Ability at Discharge
GG0130B3_ORAL_HYGN_FLWP_CD	GG0130B3 Self Care: Oral Hygiene Ability at Follow-Up
GG0130C1_TOILTG_HYGN_STRT_CD	GG0130C1 Self Care: Toileting Hygiene Ability at SOC/ROC
GG0130C2_TOILTG_HYGN_GOAL_CD	GG0130C2 Self Care: Toileting Hygiene Goal by Discharge
GG0130C3_TOILTG_HYGN_END_CD	GG0130C3 Self Care: Toileting Hygiene Ability at Discharge
GG0130C3_TOILTG_HYGN_FLWP_CD	GG0130C3 Self Care: Toileting Hygiene Ability at Follow-Up
GG0130E1_SHWR_BTHER_STRT_CD	GG0130E1 Self Care: Shower/Bathe Ability at SOC/ROC
GG0130E2_SHWR_BTHER_GOAL_CD	GG0130E2 Self Care: Shower/Bathe Goal by Discharge
GG0130E3_SHWR_BTHER_END_CD	GG0130E3 Self Care: Shower/Bathe Ability at Discharge
GG0130F1_UPR_DRSDNG_STRT_CD	GG0130F1 Self Care: Upper Body Dressing Ability at SOC/ROC
GG0130F2_UPR_DRSDNG_GOAL_CD	GG0130F2 Self Care: Upper Body Dressing Goal by Discharge
GG0130F3_UPR_DRSDNG_END_CD	GG0130F3 Self Care: Upper Body Dressing Ability at Discharge
GG0130G1_LWR_DRSDNG_STRT_CD	GG0130G1 Self Care: Lower Body Dressing Ability at SOC/ROC
GG0130G2_LWR_DRSDNG_GOAL_CD	GG0130G2 Self Care: Lower Body Dressing Goal by Discharge
GG0130G3_LWR_DRSDNG_END_CD	GG0130G3 Self Care: Lower Body Dressing Ability at Discharge
GG0130H1_FTWDR_STRT_CD	GG0130H1 Self Care: Footwear Ability at SOC/ROC

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### Variable Name

GG0130H2\_FTWR\_GOAL\_CD  
GG0130H3\_FTWR\_END\_CD  
GG0170A1\_ROLL\_STRT\_CD  
GG0170A2\_ROLL\_GOAL\_CD  
GG0170A3\_ROLL\_END\_CD  
GG0170A4\_ROLL\_FLWP\_CD  
GG0170B1\_SIT\_STRT\_CD  
GG0170B2\_SIT\_GOAL\_CD  
GG0170B3\_SIT\_END\_CD  
GG0170B4\_SIT\_FLWP\_CD  
GG0170C3\_LYNG\_END\_CD  
GG0170C4\_LYNG\_FLWP\_CD  
GG0170D1\_STND\_STRT\_CD  
GG0170D2\_STND\_GOAL\_CD  
GG0170D3\_STND\_END\_CD  
GG0170D4\_STND\_FLWP\_CD  
GG0170E1\_CHR\_TRNSFR\_STRT\_CD  
GG0170E2\_CHR\_TRNSFR\_GOAL\_CD  
GG0170E3\_CHR\_TRNSFR\_END\_CD  
GG0170E4\_CHR\_TRNSFR\_FLWP\_CD  
GG0170F1\_TOILT\_TRNSFR\_STRT\_CD  
GG0170F2\_TOILT\_TRNSFR\_GOAL\_CD  
GG0170F3\_TOILT\_TRNSFR\_END\_CD  
GG0170F4\_TOILT\_TRNSFR\_FLWP\_CD  
GG0170G1\_CAR\_TRNSFR\_STRT\_CD  
GG0170G2\_CAR\_TRNSFR\_GOAL\_CD  
GG0170G3\_CAR\_TRNSFR\_END\_CD  
GG0170I1\_WLK\_10\_FEET\_STRT\_CD  
GG0170I2\_WLK\_10\_FEET\_GOAL\_CD  
GG0170I3\_WLK\_10\_FEET\_END\_CD  
GG0170I4\_WLK\_10\_FEET\_FLWP\_CD  
GG0170J1\_WLK\_50\_FEET\_STRT\_CD  
GG0170J2\_WLK\_50\_FEET\_GOAL\_CD  
GG0170J3\_WLK\_50\_FEET\_END\_CD  
GG0170J4\_WLK\_50\_FEET\_FLWP\_CD  
GG0170K1\_WLK\_150\_FEET\_STRT\_CD  
GG0170K2\_WLK\_150\_FEET\_GOAL\_CD  
GG0170K3\_WLK\_150\_FEET\_END\_CD  
GG0170L1\_WLKG\_UNEVEN\_STRT\_CD  
GG0170L2\_WLKG\_UNEVEN\_GOAL\_CD  
GG0170L3\_WLKG\_UNEVEN\_END\_CD  
GG0170L4\_WLKG\_UNEVEN\_FLWP\_CD  
GG0170M1\_1\_STP\_STRT\_CD  
GG0170M2\_1\_STP\_GOAL\_CD  
GG0170M3\_1\_STP\_END\_CD  
GG0170M4\_1\_STP\_FLWP\_CD  
GG0170N1\_4\_STP\_STRT\_CD  
GG0170N2\_4\_STP\_GOAL\_CD  
GG0170N3\_4\_STP\_END\_CD  
GG0170N4\_4\_STP\_FLWP\_CD  
GG0170O1\_12\_STP\_STRT\_CD  
GG0170O2\_12\_STP\_GOALCD  
GG0170O3\_12\_STP\_END\_CD

### Variable Label

GG0130H2 Self Care: Footwear Goal by Discharge  
GG0130H3 Self Care: Footwear Ability at Discharge  
GG0170A1 Mobility: Roll Left Right Ability at SOC/ROC  
GG0170A2 Mobility: Roll Left Right Goal by Discharge  
GG0170A3 Mobility: Roll Left Right Ability at Discharge  
GG0170A4 Mobility: Roll Left Right Ability at Follow-Up  
GG0170B1 Mobility: Sit to Lying at SOC/ROC  
GG0170B2 Mobility: Sit to Lying Goal by Discharge  
GG0170B3 Mobility: Sit to Lying at Discharge  
GG0170B4 Mobility: Sit to Lying at Follow-Up  
GG0170C3 Mobility: Lying to Sitting at Side of Bed Ability at Discharge  
GG0170C4 Mobility: Lying to Sitting at Side of Bed Ability at Follow-Up  
GG0170D1 Mobility: Sitting to Standing Ability at SOC/ROC  
GG0170D2 Mobility: Sitting to Standing Goal by Discharge  
GG0170D3 Mobility: Sitting to Standing Ability at Discharge  
GG0170D4 Mobility: Sitting to Standing Ability at Follow-Up  
GG0170E1 Mobility: Chair/Bed to Chair Transfer Ability at SOC/ROC  
GG0170E2 Mobility: Chair/Bed to Chair Transfer Goal by Discharge  
GG0170E3 Mobility: Chair/Bed to Chair Transfer Ability at Discharge  
GG0170E4 Mobility: Chair/Bed to Chair Transfer Ability at Follow-Up  
GG0170F1 Mobility: Toilet Transfer Ability at SOC/ROC  
GG0170F2 Mobility: Toilet Transfer Goal by Discharge  
GG0170F3 Mobility: Toilet Transfer Ability at Discharge  
GG0170F4 Mobility: Toilet Transfer Ability at Follow-Up  
GG0170G1 Mobility: Car transfer Ability at SOC/ROC  
GG0170G2 Mobility: Car transfer Goal by Discharge  
GG0170G3 Mobility: Car transfer Ability at Discharge  
GG0170I1 Mobility: Ability to Walk 10 feet at SOC/ROC  
GG0170I2 Mobility: Goal to Walk 10 feet by Discharge  
GG0170I3 Mobility: Ability to Walk 10 feet at Discharge  
GG0170I4 Mobility: Ability to Walk 10 feet at Follow-Up  
GG0170J1 Mobility: Ability to Walk 50 Feet With Two Turns at SOC/ROC  
GG0170J2 Mobility: Goal to Walk 50 Feet With Two Turns by Discharge  
GG0170J3 Mobility: Ability to Walk 50 Feet With Two Turns at Discharge  
GG0170J4 Mobility: Ability to Walk 50 Feet With Two Turns at Follow-Up  
GG0170K1 Mobility: Ability to Walk 150 Feet at SOC/ROC  
GG0170K2 Mobility: Goal to Walk 150 Feet by Discharge  
GG0170K3 Mobility: Ability to Walk 150 Feet at Discharge  
GG0170L1 Mobility: Ability to Walk 10 feet on uneven surface at SOC/ROC  
GG0170L2 Mobility: Goal to Walk 10 feet on uneven surface by Discharge  
GG0170L3 Mobility: Ability to Walk 10 feet on uneven surface at Discharge  
GG0170L4 Mobility: Ability to Walk 10 feet on uneven surface at Follow-Up  
GG0170M1 Mobility: Ability to Go Up 1 step (curb) at SOC/ROC  
GG0170M2 Mobility: Goal to Go Up 1 step (curb) by Discharge  
GG0170M3 Mobility: Ability to Go Up 1 step (curb) at Discharge  
GG0170M4 Mobility: Ability to Go Up 1 step (curb) at Follow-Up  
GG0170N1 Mobility: Ability to Go Up 4 steps at SOC/ROC  
GG0170N2 Mobility: Goal to Go Up 4 steps by Discharge  
GG0170N3 Mobility: Ability to Go Up 4 steps at Discharge  
GG0170N4 Mobility: Ability to Go Up 4 steps at Follow-Up  
GG0170O1 Mobility: Ability to Go Up 12 steps at SOC/ROC  
GG0170O2 Mobility: Goal to Go Up 12 steps by Discharge  
GG0170O3 Mobility: Ability to Go Up 12 steps at Discharge

## Home Health Outcome and Assessment Information Set (OASIS) Assessment File

<u>Variable Name</u>	<u>Variable Label</u>
GG0170P1_PCKNG_UP_OBJ_STRT_CD	GG0170P1 Mobility: Ability to up Object at SOC/ROC
GG0170P2_PCKNG_UP_OBJ_GOAL_CD	GG0170P2 Mobility: Goal to up Object by Discharge
GG0170P3_PCKNG_UP_OBJ_END_CD	GG0170P3 Mobility: Ability to up Object at Discharge
GG0170Q1_WLCHR_STRT_CD	GG0170Q1 Mobility: Uses Wheelchair and/or Scooter at SOC/ROC
GG0170Q3_WLCHR_END_CD	GG0170Q3 Mobility: Uses Wheelchair and/or Scooter at Discharge
GG0170Q4_WLCHR_FLWP_CD	GG0170Q4 Mobility: Uses Wheelchair and/or Scooter at Follow-Up
GG0170R1_WHEEL_50_STRT_CD	GG0170R1 Mobility: Ability to Wheel 50 Feet With Two Turns at SOC/ROC
GG0170R2_WHEEL_50_GOAL_CD	GG0170R2 Mobility: Goal to Wheel 50 Feet With Two Turns by Discharge
GG0170R3_WHEEL_50_END_CD	GG0170R3 Mobility: Ability to Wheel 50 Feet With Two Turns at Discharge
GG0170R4_WHEEL_50_FLWP_CD	GG0170R4 Mobility: Ability to Wheel 50 Feet With Two Turns at Follow-Up
GG0170RR1_WLCHR_50_STRT_CD	GG0170RR1 Mobility: Type of Wheelchair or Scooter Used to Propel 50 Feet at SOC/
GG0170RR3_WLCHR_50_END_CD	GG0170RR3 Mobility: Type of Wheelchair or Scooter Used to Propel 50 Feet at Disc
GG0170S1_WHEEL_150_STRT_CD	GG0170S1 Mobility: Ability to Wheel at Least 150 Feet in Corridor at SOC/ROC
GG0170S2_WHEEL_150_GOAL_CD	GG0170S2 Mobility: Goal to Wheel at Least 150 Feet by Discharge
GG0170S3_WHEEL_150_END_CD	GG0170S3 Mobility: Ability to Wheel at Least 150 Feet in Corridor at Discharge
GG0170SS1_WLCHR_150_STRT_IND	GG0170SS1 Mobility: Type of Wheelchair or Scooter Used to Propel 150 Feet at SOC
GG0170SS3_WLCHR_150_END_IND	GG0170SS3 Mobility: Type of Wheelchair or Scooter Used to Propel 150 Feet at Dis
J1800_FLS_SINCE_STRT_IND	J1800 Falls Since SOC/ROC
J1900A_FLS_NO_INJURY_IND	J1900A Number of Falls Since SOC/ROC With No Injury Code
J1900B_FLS_INJURY_IND	J1900B Number of Falls Since SOC/ROC With Injury Except Major Code
J1900C_FLS_MAJ_INJURY_IND	J1900C Number of Falls Since SOC/ROC With Major Injury Code



## Home Health Outcome and Assessment Information Set (OASIS) Facility File

<u>Variable Name</u>	<u>Variable Label</u>
FILE_YEAR4	Year of facility information (YYYY)
FACILITY_ID	Facility Internal ID
STATE_ID	State Abbreviation Code
PRVDR_STATE_CD	Mailing State Code
PRVDR_ZIP_CD	ZIP Code
PRVDR_ZIP_PLUS_CD	Plus ZIP Code
PRVDR_CTGRY_CD	Provider Category Code
PRVDR_CLOSE_DT	Provider Closed Date
ADD_DT	Add Date

## Long-Term Care Minimum Data Set Assessment File

<u>Variable Name</u>	<u>Variable Label</u>
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
FILE_YEAR4	Year of MDS 3.0 assessment (YYYY)
FACILITY_ID	Facility Internal ID
TRGT_DT	Target Date (Date of Assessment)
STATE_CD	State Code
MDS_ITM_SBST_CD	Item Subset Code (ISC)
SUBMSN_DT	Submission Date
RQRD_SUBMSN_CD	Submission Required Code (SUB_REQ)
C_BIRTH_DT_SBMT_CD	Birth Date Submit Code
CRCTN_NUM	Correction Number
MDS_CRCTN_STUS_CD	Correction Status Code
SPEC_VRSN_CD	Data Submission Specification Version Code
ITM_SET_VRSN_CD	Item Set Version Code
V0100F_PRIOR_STF_MOOD_SCRE_NUM	Prior Assessment Staff Assessment of Resident Mood (PHQ-9) Total Severity Score Number
PRCSD_TS	Processed Timestamp
C_RSDNT_AGE_NUM	Resident Age
RSDNT_MATCH_CRTIA_ID	Resident Match Criteria ID
C_URBN_RRL_CD	CBSA Urban/Rural Code
C_MDCR_HIPPS_TXT	Recalculated Z0100A
C_MDCR_RUG_VRSN_TXT	Recalculated Z0100B
C_MDCR_STAY_CD	Recalculated Z0100C
C_MDCR_SET_CD	CMI Set for Recalculated Z0100A
C_MDCR_CMI_TXT	CMI Value for Recalculated Z0100A
C_MDCR_NT_HIPPS_TXT	Recalculated Z0150A
C_MDCR_NT_RUG_VRSN_TXT	Recalculated Z0150B
C_MDCR_NT_SET_CD	CMI Set for Recalculated Z0150A
C_MDCR_NT_CMI_TXT	CMI Value for Recalculated Z0150A
C_STATE_RUG_GRP_TXT	Recalculated Z0200A
C_STATE_RUG_VRSN_TXT	Recalculated Z0200B
C_STATE_SET_CD	CMI Set for Recalculated Z0200A
C_STATE_CMI_TXT	CMI Value for Recalculated Z0200A
C_STATE_2_RUG_GRP_TXT	Recalculated Z0250A
C_STATE_2_RUG_VRSN_TXT	Recalculated Z0250B
C_STATE_2_SET_CD	CMI Set for Recalculated Z0250A
C_STATE_2_CMI_TXT	CMI Value for Recalculated Z0250A
C_MDCR_RUG3_IDX_MAX_GRP_TXT	Medicare RUG III Index Maximized Group
C_MDCR_RUG3_IDX_MAX_VRSN_TXT	Medicare RUG III Index Maximized Version
C_MDCR_RUG3_IDX_MAX_CMI_SET_CD	Medicare RUG III Index Maximized CMI Set
C_MDCR_RUG3_IDX_MAX_CMI_TXT	Medicare RUG III Index Maximized CMI Value
C_MDCR_RUG3_HIRCHCL_GRP_TXT	Medicare RUG III Hierarchical Group
C_MDCR_RUG3_HIRCHCL_VRSN_TXT	Medicare RUG III Hierarchical Version
C_MDCR_RUG4_HIRCHCL_GRP_TXT	Medicare RUG IV Hierarchical Group
C_MDCR_RUG4_HIRCHCL_VRSN_TXT	Medicare RUG IV Hierarchical Version
A0050_TRANS_TYPE_CD	A0050 Type of Record Code
A0100A_NPI_NUM	A0100A Facility National Provider Identifier (NPI)
A0100B_CMS_CRTFCTN_NUM	A0100B Facility CMS Certification Number (CCN)
A0100C_STATE_PRVDR_NUM	A0100C State Provider Number
A0200_PRVDR_TYPE_CD	A0200 Type of Provider
A0310A_FED_OBRA_CD	A0310A Federal OBRA Reason for Assessment Code
A0310B_PPS_CD	A0310B PPS Assessment Code

## Long-Term Care Minimum Data Set Assessment File

<u>Variable Name</u>	<u>Variable Label</u>
A0310C_PPS_OMRA_CD	A0310C PPS Other Medicare Required Assessment (OMRA) Code
A0310D_SB_CLNCL_CHG_CD	A0310D Swing Bed Clinical Change Code
A0310E_FIRST_SINCE_ADMSN_CD	A0310E First Assessment Since Most Recent Admission Code
A0310F_ENTRY_DSCHRG_CD	A0310F Entry/Discharge Code
A0310G_PLND_DSCHRG_CD	A0310G Planned Discharge Code
A0410_RQRD_SUBMSN_CD	A0410 Submission Required Code
A0800_SEX_CD	A0800 Sex
A0900_BIRTH_DT	A0900 Birth Date
A1000A_AMRCN_INDN_AK_NTV_CD	A1000A Race/Ethnicity: American Indian or Alaskan Native Code
A1000B_ASN_CD	A1000B Race/Ethnicity: Asian Code
A1000C_AFRCN_AMRCN_CD	A1000C Race/Ethnicity: African American Code
A1000D_HSPNC_CD	A1000D Race/Ethnicity: Hispanic Code
A1000E_NTV_HI_PCFC_ISLNDR_CD	A1000E Race/Ethnicity: Native Hawaiian/Pacific Islander Code
A1000F_WHT_CD	A1000F Race/Ethnicity: White Code
A1100A_NEED_INTRPTR_CD	A1100A Resident Need Interpreter Code
A1100B_INTRPTR_LANG_TXT	A1100B Preferred Language
A1200_MRTL_STUS_CD	A1200 Marital Status Code
A1300A_MDCL_REC_NUM	A1300A Medical Record Number
A1300B_ROOM_NUM	A1300B Room Number
A1300D_LFTM_OCPTN_TXT	A1300D Lifetime Occupation(s) Text
A1500_PASRR_CD	A1500 Preadmission Screening and Resident Review (PASRR) Code
A1510A_SRUS_MENTL_ILL_CD	A1510A Serious Mental Illness Code
A1510B_MENTL_RTRDTN_CD	A1510B Intellectual Disability Code
A1510C_OTHR_PASSR_RLTD_CD	A1510C Other Related Condition Code
A1550A_DOWN_SYNDRM_CD	A1550A MR/DD Status: Down Syndrome Code
A1550B_AUTSM_CD	A1550B MR/DD Status: Autism Code
A1550C_EPLPSY_CD	A1550C MR/DD Status: Epilepsy Code
A1550D_OTHR_ORGNC_MR_DD_CD	A1550D MR/DD Status: Other Organic MR/DD Condition Code
A1550E_OTHR_MR_DD_CD	A1550E MR/DD Status: MR/DD With No Organic Condition Code
A1550Z_NO_MR_DD_CD	A1550Z MR/DD Status: None of the Above
A1600_ENTRY_DT	A1600 Entry Date
A1700_ENTRY_TYPE_CD	A1700 Type of Entry Code
A1800_ENTRD_FROM_TXT	A1800 Entered From Code
A2000_DSCHRG_DT	A2000 Discharge Date
A2100_DSCHRG_STUS_CD	A2100 Discharge Status Code
A2200_PRVS_ASMT_RFRNC_DT	A2200 Previous Assessment Reference Date For Significant Correction
A2300_ASMT_RFRNC_DT	A2300 Assessment Reference Date
A2400A_MDCR_STAY_CD	A2400A Has Resident Had a Medicare Stay Code Since Most Recent Admission
A2400B_MDCR_STAY_STRT_DT	A2400B Start Date of Most Recent Medicare Stay
A2400C_MDCR_STAY_END_DT	A2400C End Date of Most Recent Medicare Stay
B0100_CMTS_CD	B0100 Comatose Code
B0200_HEARG_CD	B0200 Hearing Code
B0300_HEARG_AID_CD	B0300 Hearing Aide Code
B0600_SPCH_CLRTY_CD	B0600 Speech Clarity Code
B0700_SELF_UNDRSTOD_CD	B0700 Makes Self Understood Code
B0800_UNDRST_OTHR_CD	B0800 Ability to Understand Others Code
B1000_VSN_CD	B1000 Vision Code
B1200_CRCTV_LENS_CD	B1200 Corrective Lenses Code
C0100_CNDCT_MENTL_STUS_CD	C0100 Brief Interview for Mental Status Be Conducted Code
C0200_WORD_RPET_FIRST_ATMPT_CD	C0200 BIMS: Number of Words Repeated After First Attempt
C0300A_RPT_CRCT_YR_CD	C0300A BIMS: Temporal Orientation - Able to Report Correct Year
C0300B_RPT_CRCT_MO_CD	C0300B BIMS: Temporal Orientation - Able to Report Correct Month
C0300C_RPT_CRCT_DAY_CD	C0300C BIMS: Temporal Orientation - Able to Report Correct Day of Week

## Long-Term Care Minimum Data Set Assessment File

<u>Variable Name</u>	<u>Variable Label</u>
C0400A_RCALL_FIRST_WORD_CD	C0400A BIMS: Recall - Able to Recall Sock
C0400B_RCALL_SCND_WORD_CD	C0400B BIMS: Recall - Able to Recall Blue
C0400C_RCALL_THRD_WORD_CD	C0400C BIMS: Recall - Able to Recall Bed
C0500_BIMS_SCRE_NUM	C0500 Brief Interview for Mental Status (BIMS) Score Number
C0600_CNDCT_STF_MENTL_STUS_CD	C0600 Staff to Conduct Brief Interview for Mental Status
C0700_SHRT_TERM_MEMRY_CD	C0700 Staff Assessment of Mental Status - Short Term Memory Code
C0800_LT_MEMRY_CD	C0800 Staff Assessment of Mental Status - Long Term Memory Code
C0900A_RCALL_CRNT_SEASN_CD	C0900A Staff Assessment of Mental Status - Recalls Current Season Code
C0900B_RCALL_LCTN_ROOM_CD	C0900B Staff Assessment of Mental Status - Recalls Location of Room Code
C0900C_RCALL_STF_NAME_CD	C0900C Staff Assessment of Mental Status - Recalls Staff Name Code
C0900D_RCALL_NH_CD	C0900D Staff Assessment of Mental Status - Recalls Nursing Home Code
C0900Z_RCALL_NONE_CD	C0900Z Staff Assessment of Mental Status - Recalls None of Above Code
C1000_DCSN_MKNG_CD	C1000 Cognitive Skills for Decision Making Code
C1300A_INATTNTN_CD	C1300A Signs and Symptoms of Delirium - Inattention
C1300B_DISORGNZ_THNGK_CD	C1300B Signs and Symptoms of Delirium - Disorganized Thinking
C1300C_ALTRD_CONSCS_CD	C1300C Signs and Symptoms of Delirium - Altered Level of Consciousness
C1300D_PSYCHMTR_RTRDTN_CD	C1300D Signs and Symptoms of Delirium - Psychomotor Retardation
C1600_CHG_MENTL_STUS_CD	C1600 Acute Onset Mental Status Change
D0100_CNDCT_MOOD_CD	D0100 Resident Mood Interview Be Conducted Code
D0200A1_INTRST_LOSS_CD	D0200A1 Resident Mood Interview - Interest Loss Code
D0200A2_INTRST_LOSS_FREQ_CD	D0200A2 Resident Mood Interview - Interest Loss Frequency Code
D0200B1_FEEL_DOWN_CD	D0200B1 Resident Mood Interview - Feel Down Code
D0200B2_FEEL_DOWN_FREQ_CD	D0200B2 Resident Mood Interview - Feel Down Frequency Code
D0200C1_TRBL_SLEEP_CD	D0200C1 Resident Mood Interview - Trouble Sleep Code
D0200C2_TRBL_SLEEP_FREQ_CD	D0200C2 Resident Mood Interview - Trouble Sleep Frequency Code
D0200D1_LTL_ENRGY_CD	D0200D1 Resident Mood Interview - Little Energy Code
D0200D2_LTL_ENRGY_FREQ_CD	D0200D2 Resident Mood Interview - Little Energy Frequency Code
D0200E1_POOR_APTIT_CD	D0200E1 Resident Mood Interview - Poor Appetite Code
D0200E2_POOR_APTIT_FREQ_CD	D0200E2 Resident Mood Interview - Poor Appetite Frequency Code
D0200F1_SELF_DPRCTN_CD	D0200F1 Resident Mood Interview - Self Depreciation Code
D0200F2_SELF_DPRCTN_FREQ_CD	D0200F2 Resident Mood Interview - Self Depreciation Frequency Code
D0200G1_CNCNTRTN_CD	D0200G1 Resident Mood Interview - Lack of Concentration Code
D0200G2_CNCNTRTN_FREQ_CD	D0200G2 Resident Mood Interview - Lack of Concentration Frequency Code
D0200H1_MVMT_DFRNT_CD	D0200H1 Resident Mood Interview - Movement Different Code
D0200H2_MVMT_DFRNT_FREQ_CD	D0200H2 Resident Mood Interview - Movement Different Frequency Code
D0200I1_NGTV_STATE_CD	D0200I1 Resident Mood Interview - Negative Statement Code
D0200I2_NGTV_STATE_FREQ_CD	D0200I2 Resident Mood Interview - Negative Statement Frequency Code
D0300_MOOD_SCRE_NUM	D0300 Resident Mood Interview - Total Severity Mood Score Code
D0350_NGTV_STATE_NTFY_STF_CD	D0350 Resident Mood Interview - Negative Statements Notify Staff Code
D0500A1_STF_INTRST_LOSS_CD	D0500A1 Staff Assessment of Resident Mood - Interest Loss Code
D0500A2_STF_INTRSTLOSS_FREQ_CD	D0500A2 Staff Assessment of Resident Mood - Interest Loss Frequency Code
D0500B1_STF_FEEL_DOWN_CD	D0500B1 Staff Assessment of Resident Mood - Feel Down Code
D0500B2_STF_FEEL_DOWN_FREQ_CD	D0500B2 Staff Assessment of Resident Mood - Feel Down Frequency Code
D0500C1_STF_TRBL_SLEEP_CD	D0500C1 Staff Assessment of Resident Mood - Trouble Sleep Code
D0500C2_STF_TRBL_SLEEP_FREQ_CD	D0500C2 Staff Assessment of Resident Mood - Trouble Sleep Frequency Code
D0500D1_STF_LTL_ENRGY_CD	D0500D1 Staff Assessment of Resident Mood - Little Energy Code
D0500D2_STF_LTL_ENRGY_FREQ_CD	D0500D2 Staff Assessment of Resident Mood - Little Energy Frequency Code
D0500E1_STF_POOR_APTIT_CD	D0500E1 Staff Assessment of Resident Mood - Poor Appetite Code
D0500E2_STF_POOR_APTIT_FREQ_CD	D0500E2 Staff Assessment of Resident Mood - Poor Appetite Frequency Code
D0500F1_STF_SELF_DPRCTN_CD	D0500F1 Staff Assessment of Resident Mood - Self Depreciation Code
D0500F2_STF_SELFDPRCTN_FREQ_CD	D0500F2 Staff Assessment of Resident Mood - Self Depreciation Frequency Code
D0500G1_STF_CNCNTRTN_CD	D0500G1 Staff Assessment of Resident Mood - Concentration Code
D0500G2_STF_CNCNTRTN_FREQ_CD	D0500G2 Staff Assessment of Resident Mood - Concentration Frequency Code

## Long-Term Care Minimum Data Set Assessment File

<u>Variable Name</u>	<u>Variable Label</u>
D0500H1_STF_MVMT_DFRNT_CD	D0500H1 Staff Assessment of Resident Mood - Movement Different Code
D0500H2_STF_MVMT_DFRNT_FREQ_CD	D0500H2 Staff Assessment of Resident Mood - Movement Different Frequency Code
D0500I1_STF_NGTV_STATE_CD	D0500I1 Staff Assessment of Resident Mood - Negative Statement Code
D0500I2_STF_NGTV_STATE_FREQ_CD	D0500I2 Staff Assessment of Resident Mood - Negative Statement Frequency Code
D0500J1_STF_SHRT_TMPR_CD	D0500J1 Staff Assessment of Resident Mood - Short Temper Code
D0500J2_STF_SHRT_TMPR_FREQ_CD	D0500J2 Staff Assessment of Resident Mood - Short Temper Frequency Code
D0600_STF_MOOD_SCRE_NUM	D0600 Staff Assessment Total Severity Mood Score
D0650_STF_NGTV_STATE_NTFY_CD	D0650 Staff Assessment of Resident Mood - Negative Statement Notify Code
E0100A_HLLCNTN_CD	E0100A Behavior: Hallucinations Code
E0100B_DLSN_CD	E0100B Behavior: Delusion Code
E0100Z_NO_PSYCHOSIS_CD	E0100Z Behavior: No Psychosis Code
E0200A_PHYS_BHVRL_CD	E0200A Behavior: Physical Behavioral Code
E0200B_VRBL_BHVRL_CD	E0200B Behavior: Verbal Behavioral Code
E0200C_OTHR_BHVRL_CD	E0200C Behavior: Other Behavioral Code
E0300_BHVR_PRSNT_CD	E0300 Overall Presence of Behavioral Symptoms
E0500A_BHVR_INJR_SELF_CD	E0500A Behavior Impact on Resident: Risk to Injure Self
E0500B_BHVR_INTRFR_CARE_CD	E0500B Behavior Impact on Resident: Interferes With Care
E0500C_BHVR_INTRFR_PRTCPTN_CD	E0500C Behavior Impact on Resident: Interferes With Participation
E0600A_BHVR_INJR_OTHR_CD	E0600A Behavior Impact on Others: Risk to Injure Others
E0600B_BHVR_INTRD_PRIVCY_CD	E0600B Behavior Impact on Others: Intrude On Privacy of Others
E0600C_BHVR_DSrupt_ENVRMNT_CD	E0600C Behavior Impact on Others: Disrupt Care or Living Environment
E0800_RJCT_EVALTN_CD	E0800 Rejection of Care: Presence and Frequency
E0900_WNDR_CD	E0900 Wandering: Presence and Frequency
E1000A_WNDR_RISK_CD	E1000A Wander Risk Impact
E1000B_WNDR_INTRD_PRIVCY_CD	E1000B Wandering Intrudes on Privacy of Others
E1100_BHVR_CHG_PRIOR_CD	E1100 Change in Behavior or Other Symptoms
F0300_CNDCT_ACTVTY_CD	F0300 Should Daily and Activity Preference Interview Be Conducted
F0400A_DRESS_CD	F0400A Interview for Daily Preferences: Chooses Clothes Code
F0400B_CARE_PRSNL_ITM_CD	F0400B Interview for Daily Preferences: Care Personal Items Code
F0400C_BATHG_OPTN_CD	F0400C Interview for Daily Preferences: Bathing Option Code
F0400D_SNACK_BTWN_CD	F0400D Interview for Daily Preferences: Snack Between Meals Code
F0400E_BED_TIME_CD	F0400E Interview for Daily Preferences: Choose Bed Time Code
F0400F_FMLY_INVLVMT_CD	F0400F Interview for Daily Preferences: Family Involvement Code
F0400G_PRIVT_PHNE_CD	F0400G Interview for Daily Preferences: Private Phone Time Code
F0400H_LOCK_ITM_CD	F0400H Interview for Daily Preferences: Lock Item Code
F0500A_READG_AVLBL_CD	F0500A Interview for Activity Preferences: Reading Materials Available Code
F0500B_MUSIC_CD	F0500B Interview for Activity Preferences: Music Code
F0500C_ANML_CD	F0500C Interview for Activity Preferences: Animal Presence Code
F0500D_NEWS_CD	F0500D Interview for Activity Preferences: News Code
F0500E_GRP_ACTVTY_CD	F0500E Interview for Activity Preferences: Group Activity Code
F0500F_FVRT_ACTVTY_CD	F0500F Interview for Activity Preferences: Favorite Activity Code
F0500G_FRSH_AIR_CD	F0500G Interview for Activity Preferences: Time Outdoors Code
F0500H_RLGN_CD	F0500H Interview for Activity Preferences: Religion Code
F0600_RSPNDT_ACTVTY_CD	F0600 Daily and Activity Preferences Primary Respondent Code
F0700_STF_CNDCT_ACTVTY_CD	F0700 Conduct Staff Assessment of Daily and Activity Preferences Code
F0800A_STF_DRESS_CD	F0800A Staff Assessment: Chooses Clothes Code
F0800B_STF_CARE_PRSNL_ITM_CD	F0800B Staff Assessment: Care Personal Item Code
F0800C_STF_TUB_BATH_CD	F0800C Staff Assessment: Tub Bath Code
F0800D_STF_SHWR_CD	F0800D Staff Assessment: Shower Code
F0800E_STF_BED_BATH_CD	F0800E Staff Assessment: Bed Bath Code
F0800F_STF_SPNG_BATH_CD	F0800F Staff Assessment: Sponge Bath Code
F0800G_STF_SNACK_BTWN_CD	F0800G Staff Assessment: Snacks Between Code
F0800H_STF_BED_TIME_CD	F0800H Staff Assessment: Bed Time Code

## Long-Term Care Minimum Data Set Assessment File

<u>Variable Name</u>	<u>Variable Label</u>
F0800I_STF_FMLY_INVLVMT_CD	F0800I Staff Assessment: Family Involvement Code
F0800J_STF_PRVT_PHNE_CD	F0800J Staff Assessment: Private Phone Code
F0800K_STF_LOCK_ITM_CD	F0800K Staff Assessment: Lock Item Code
F0800L_STF_READG_AVLBL_CD	F0800L Staff Assessment: Reading Materials Available Code
F0800M_STF_MUSIC_CD	F0800M Staff Assessment: Music Code
F0800N_STF_ANML_CD	F0800N Staff Assessment: Animal Presence Code
F0800O_STF_NEWS_CD	F0800O Staff Assessment: News Code
F0800P_STF_GRP_ACTVTY_CD	F0800P Staff Assessment: Group Activity Code
F0800Q_STF_FVRT_ACTVTY_CD	F0800Q Staff Assessment: Favorite Activity Code
F0800R_STF_TIME_AWAY_NH_CD	F0800R Staff Assessment: Time Away Nursing Home Code
F0800S_STF_FRSH_AIR_CD	F0800S Staff Assessment: Time Outdoors Code
F0800T_STF_RLGN_CD	F0800T Staff Assessment: Participating in Religious Activities Code
F0800Z_STF_NO_ACTVTY_CD	F0800Z Staff Assessment: None of Above Activity Code
G0110F2_LOCOMTN_OFF_SPRT_CD	G0110F2 ADL Assistance: Locomotion Off Support Provided Code
G0110A1_BED_MBLTY_SELF_CD	G0110A1 ADL Assistance: Bed Mobility Self Performance Code
G0110A2_BED_MBLTY_SPRT_CD	G0110A2 ADL Assistance: Bed Mobility Support Provided Code
G0110B1_TRNSFR_SELF_CD	G0110B1 ADL Assistance: Transfer Self Performance Code
G0110B2_TRNSFR_SPRT_CD	G0110B2 ADL Assistance: Transfer Self Support Provided Code
G0110C1_WLK_ROOM_SELF_CD	G0110C1 ADL Assistance: Walk In Room Self Performance Code
G0110C2_WLK_ROOM_SPRT_CD	G0110C2 ADL Assistance: Walk In Room Support Provided Code
G0110D1_WLK_CRDR_SELF_CD	G0110D1 ADL Assistance: Walk In Corridor Self Performance Code
G0110D2_WLK_CRDR_SPRT_CD	G0110D2 ADL Assistance: Walk In Corridor Self Support Provided Code
G0110E1_LOCOMTN_ON_SELF_CD	G0110E1 ADL Assistance: Locomotion On Self Performance Code
G0110E2_LOCOMTN_ON_SPRT_CD	G0110E2 ADL Assistance: Locomotion On Support Provided Code
G0110F1_LOCOMTN_OFF_SELF_CD	G0110F1 ADL Assistance: Locomotion Off Self Performance Code
G0110G1_DRESS_SELF_CD	G0110G1 ADL Assistance: Dress Self Performance Code
G0110G2_DRESS_SPRT_CD	G0110G2 ADL Assistance: Dress Support Provided Code
G0110H1_EATG_SELF_CD	G0110H1 ADL Assistance: Eating Self Performance Code
G0110H2_EATG_SPRT_CD	G0110H2 ADL Assistance: Eating Support Provided Code
G0110I1_TOILTG_SELF_CD	G0110I1 ADL Assistance: Toileting Self Performance Code
G0110I2_TOILTG_SPRT_CD	G0110I2 ADL Assistance: Toileting Support Provided Code
G0110J1_PRSNL_HYGNE_SELF_CD	G0110J1 ADL Assistance: Personal Hygiene Self Performance Code
G0110J2_PRSNL_HYGNE_SPRT_CD	G0110J2 ADL Assistance: Personal Hygiene Support Provided Code
G0120A_BATHG_SELF_CD	G0120A ADL Assistance: Bathing Self Performance Code
G0120B_BATHG_SPRT_CD	G0120B ADL Assistance: Bathing Support Provided Code
G0300A_BAL_SEAT_STNDG_CD	G0300A Balance During Seated to Standing Position Code
G0300B_BAL_WLKG_CD	G0300B Balance During Walking Code
G0300C_BAL_TRNG_ARND_CD	G0300C Balance When Turning Around Code
G0300D_BAL_TOILT_CD	G0300D Balance Moving On and Off Toilet Code
G0300E_BAL_SRFC_TRNSFR_CD	G0300E Balance With Surface to Surface Transfer Code
G0400A_UPR_XTRMTY_MTN_CD	G0400A Functional Limitation in ROM: Upper Extremity Motion Code
G0400B_LWR_XTRMTY_MTN_CD	G0400B Functional Limitation in ROM: Lower Extremity Motion Code
G0600A_CANE_CD	G0600A Mobility Devices: Cane Code
G0600B_WLKR_CD	G0600B Mobility Devices: Walker Code
G0600C_WHLCHR_CD	G0600C Mobility Devices: Wheelchair Code
G0600D_LIMB_PRSTHTC_CD	G0600D Mobility Devices: Limb Prosthesis Code
G0600Z_NO_MBLTY_CD	G0600Z Mobility Devices: None of Above Code
G0900A_INCRS_INDPNDNC_CD	G0900A Functional Rehabilitation Potential: Resident Increased Independence Code
G0900B_STF_INCRS_INDPNDNC_CD	G0900B Functional Rehabilitation Potential: Staff Increased Independence Code
H0100A_INDWLG_CTHTR_CD	H0100A Bladder and Bowel Appliances: Indwelling Catheter Code
H0100B_EXTRNL_CTHTR_CD	H0100B Bladder and Bowel Appliances: External Catheter Code
H0100C_OSTMY_CD	H0100C Bladder and Bowel Appliances: Ostomy Code
H0100D_INTRMTNT_CTHTR_CD	H0100D Bladder and Bowel Appliances: Intermittent Catheter Code

## Long-Term Care Minimum Data Set Assessment File

<u>Variable Name</u>	<u>Variable Label</u>
H0100Z_NO_URNRY_APLNC_CD	H0100Z Bladder and Bowel Appliances: No Urinary Appliance Code
H0200A_TRIL_TOILTG_PGM_CD	H0200A Urinary Toileting Program: Trial Toileting Program Code
H0200B_RSPNS_TOILTG_PGM_CD	H0200B Urinary Toileting Program: Response To Toileting Program Code
H0200C_CRNT_TOILTG_PGM_CD	H0200C Urinary Toileting Program: Current Toileting Program Code
H0300_URNRY_CNTNC_CD	H0300 Urinary Continence Code
H0400_BWL_CNTNC_CD	H0400 Bowel Continence Code
H0500_BWL_TOILTG_PGM_CD	H0500 Bowel Toileting Program Code
H0600_CONSTPTN_CD	H0600 Constipation Code
I0100_CNCR_CD	I0100 Active Diagnoses: Cancer Code
I0200_ANEMIA_CD	I0200 Active Diagnoses: Anemia Code
I0300_DYSRHYTHMIA_CD	I0300 Active Diagnoses: Dysrhythmia Code
I0400_CAD_CD	I0400 Active Diagnoses: Coronary Artery Disease (CAD) Code
I0500_DVT_CD	I0500 Active Diagnoses: Deep Vein Thrombosis (DVT) Code
I0600_HRT_FAILR_CD	I0600 Active Diagnoses: Heart Failure (CHF) Code
I0700_HYPRTNSN_CD	I0700 Active Diagnoses: Hypertension Code
I0800_HYPOTNSN_CD	I0800 Active Diagnoses: Hypotension Code
I0900_PVD_CD	I0900 Active Diagnoses: Peripheral Vascular Disease (PVD) Code
I1100_CRRHS_CD	I1100 Active Diagnoses: Cirrhosis Code
I1200_GERD_CD	I1200 Active Diagnoses: Gastroesophageal Reflux Disease (GERD) Code
I1300_ULCRTV_CLTS_CD	I1300 Active Diagnoses: Ulcerative Colitis Code
I1400_BPH_CD	I1400 Active Diagnoses: Benign Prostatic Hyperplasia (BPH) Code
I1500_ESRD_CD	I1500 Active Diagnoses: End Stage Renal Disease (ESRD) Code
I1550_NRGNC_BLADR_CD	I1550 Active Diagnoses: Neurogenic Bladder Code
I1650_OBSTRCT_URPTHY_CD	I1650 Active Diagnoses: Obstructive Uropathy Code
I1700_MDRO_CD	I1700 Active Diagnoses: Multi-drug Resistant Drug Organism (MDRO) Code
I2000_PNEUMO_CD	I2000 Active Diagnoses: Pneumonia Code
I2100_SPTCMIA_CD	I2100 Active Diagnoses: Septicemia Code
I2200_TB_CD	I2200 Active Diagnoses: Tuberculosis Code
I2300_UTI_CD	I2300 Active Diagnoses: Urinary Tract Infection (UTI) Code
I2400_VRL_HPT_CD	I2400 Active Diagnoses: Viral Hepatitis Code
I2500_WND_INFCTN_CD	I2500 Wound Infection Code
I2900_DM_CD	I2900 Active Diagnoses: Diabetes Mellitus (DM) Code
I3100_HYPONATREMIA_CD	I3100 Active Diagnoses: Hyponatremia Code
I3200_HYPERKALEMIA_CD	I3200 Active Diagnoses: Hyperkalemia Code
I3300_HYPERLIPIDMIA_CD	I3300 Active Diagnoses: Hyperlipidemia Code
I3400_THYRD_CD	I3400 Active Diagnoses: Thyroid Code
I3700_ARTHTS_CD	I3700 Active Diagnoses: Arthritis Code
I3800_OSTPRS_CD	I3800 Active Diagnoses: Osteoporosis Code
I3900_HIP_FRCTR_CD	I3900 Active Diagnoses: Hip Fracture Code
I4000_OTHR_FRCTR_CD	I4000 Active Diagnoses: Other Fracture Code
I4200_ALZHMZ_CD	I4200 Active Diagnoses: Alzheimers Disease Code
I4300_APHASIA_CD	I4300 Active Diagnoses: Aphasia Code
I4400_CRBRL_PLSY_CD	I4400 Active Diagnoses: Cerebral Palsy Code
I4500_STRK_CD	I4500 Active Diagnoses: Stroke (CVA or TIA or Stroke) Code
I4800_DMNT_CD	I4800 Active Diagnoses: Dementia Code
I4900_HEMIPLG_CD	I4900 Active Diagnoses: Hemiplegia Code
I5000_PARAPLG_CD	I5000 Active Diagnoses: Paraplegia Code
I5100_QUADPLG_CD	I5100 Active Diagnoses: Quadriplegia Code
I5200_MS_CD	I5200 Active Diagnoses: Multiple Sclerosis Code
I5250_HNTGTN_CD	I5250 Active Diagnoses: Huntingtons Code
I5300_PRKNSN_CD	I5300 Active Diagnoses: Parkinsons Code
I5350_TOURT_CD	I5350 Tourettes Code
I5400_SZRE_CD	I5400 Active Diagnoses: Seizure Code

## Long-Term Care Minimum Data Set Assessment File

<u>Variable Name</u>	<u>Variable Label</u>
I5500_BRN_INJURY_CD	I5500 Active Diagnoses: Traumatic Brain Injury (TBI) Code
I5600_MALNTRTN_CD	I5600 Active Diagnoses: Malnutrition Code
I5700_ANXTY_DSORDR_CD	I5700 Active Diagnoses: Anxiety Disorder Code
I5800_DPRSN_CD	I5800 Active Diagnoses: Depression Code
I5900_MNC_DPRSN_CD	I5900 Active Diagnoses: Manic Depression Code
I5950_PSYCHTC_CD	I5950 Active Diagnoses: Psychotic Code
I6000_SCHZOPRNIA_CD	I6000 Active Diagnoses: Schizophrenia Code
I6100_PTSD_CD	I6100 Active Diagnoses: Post-traumatic Stress Disorder (PTSD) Code
I6200_ASTHMA_CD	I6200 Active Diagnoses: Asthma COPD Chronic Lung Disease Code
I6300_RSPRTRY_FAILR_CD	I6300 Active Diagnoses: Respiratory Failure Code
I6500_CTRCT_CD	I6500 Active Diagnoses: Cataracts Glaucoma or Macular Degeneration Code
I7900_NO_ACTV_DEASE_CD	I7900 Active Diagnoses: No Active Disease Code
I8000A_ICD_1_CD	I8000A Additional Active Diagnoses: ICD 1 Code
I8000B_ICD_2_CD	I8000B Additional Active Diagnoses: ICD 2 Code
I8000C_ICD_3_CD	I8000C Additional Active Diagnoses: ICD 3 Code
I8000D_ICD_4_CD	I8000D Additional Active Diagnoses: ICD 4 Code
I8000E_ICD_5_CD	I8000E Additional Active Diagnoses: ICD 5 Code
I8000F_ICD_6_CD	I8000F Additional Active Diagnoses: ICD 6 Code
I8000G_ICD_7_CD	I8000G Additional Active Diagnoses: ICD 7 Code
I8000H_ICD_8_CD	I8000H Additional Active Diagnoses: ICD 8 Code
I8000I_ICD_9_CD	I8000I Additional Active Diagnoses: ICD 9 Code
I8000J_ICD_10_CD	I8000J Additional Active Diagnoses: ICD 10 Code
J0100A_SCHLD_PAIN_MDCTN_CD	J0100A Pain management: Scheduled Pain Medication Code
J0100B_PRN_PAIN_MDCTN_CD	J0100B Pain management: PRN Pain Medication Code
J0100C_OTHR_PAIN_INTRVTN_CD	J0100C Pain management: Other Pain Intervention Code
J0200_CNDCT_PAIN_ASMT_CD	J0200 Should Pain Assessment be Conducted Code
J0300_PAIN_CD	J0300 Pain Assessment Interview: Pain Presence Code
J0400_PAIN_FREQ_CD	J0400 Pain Assessment Interview: Pain Frequency Code
J0500A_PAIN_EFCT_SLEEP_CD	J0500A Pain Assessment Interview: Pain Effect Sleep Code
J0500B_PAIN_EFCT_ACTVTY_CD	J0500B Pain Assessment Interview: Pain Effect Activity Code
J0600A_PAIN_INTNSTY_NUM	J0600A Pain Intensity Numeric Rating Scale Number
J0600B_VRBL_DSCRPTR_SCALE_NUM	J0600B Pain Intensity Verbal Descriptor Scale Number
J0700_STF_CNDCT_PAIN_ASMT_CD	J0700 Staff Conduct Pain Assessment Code
J0800A_NVRBL_SND_CD	J0800A Staff Assessment for Pain: Nonverbal Sound Code
J0800B_VCL_CMPLNT_CD	J0800B Staff Assessment for Pain: Vocal Complaint Code
J0800C_FACE_EXPRSN_CD	J0800C Staff Assessment for Pain: Facial Expression Code
J0800D_PRTCTV_MVMT_CD	J0800D Staff Assessment for Pain: Protective Movement Code
J0800Z_NO_SGN_PAIN_CD	J0800Z Staff Assessment for Pain: None of Above Signs of Pain Code
J0850_STF_PAIN_FREQ_CD	J0850 Staff Frequency of Indicator of Pain or Possible Pain Frequency Code
J1100A_SOB_EXRTN_CD	J1100A Shortness of Breath With Exertion Code
J1100B_SOB_SITG_CD	J1100B Shortness of Breath When Sitting Code
J1100C_SOB_LYG_CD	J1100C Shortness of Breath When Lying Flat Code
J1100Z_NO_SOB_CD	J1100Z None of Above Shortness of Breath Code
J1300_TOBCO_CD	J1300 Tobacco Use Code
J1400_LIFE_PRGNS_CD	J1400 Life Prognosis Less Than Six Months Code
J1550A_FVR_CD	J1550A Problem Conditions: Fever Code
J1550B_VMTG_CD	J1550B Problem Conditions: Vomiting Code
J1550C_DHYDRT_CD	J1550C Problem Conditions: Dehydration Code
J1550D_INTRNL_BLEDG_CD	J1550D Problem Conditions: Internal Bleeding Code
J1550Z_NO_PRBLM_COND_CD	J1550Z Problem Conditions: None of Above Code
J1700A_FALL_30_DAY_CD	J1700A Fall History on Admission: Fall 30 Day Code
J1700B_FALL_31_180_DAY_CD	J1700B Fall History on Admission: Fall 31-180 Day Code
J1700C_FRCTR_SIX_MO_CD	J1700C Fall History on Admission: Fall Six Month Code



## Long-Term Care Minimum Data Set Assessment File

<u>Variable Name</u>	<u>Variable Label</u>
J1800_FALL_LAST_ASMT_CD	J1800 Falls Since Admission or Prior Assessment Code
J1900A_FALL_NO_INJURY_CD	J1900A Number of Falls Since Admission or Prior Assessment With No Injury Code
J1900B_FALL_INJURY_CD	J1900B Number of Falls Since Admission or Prior Assessment With Injury Except Major Code
J1900C_FALL_MAJ_INJURY_CD	J1900C Number of Falls Since Admission or Prior Assessment With Major Injury Code
K0100A_LOSS_MOUTH_EATG_CD	K0100A Swallowing Disorder: Loss Mouth Eating Code
K0100B_HLD_FOOD_MOUTH_CD	K0100B Swallowing Disorder: Hold Food Mouth Code
K0100C_CHOK_DRNG_MEAL_CD	K0100C Swallowing Disorder: Choke Drinking Meal Code
K0100D_CMPLNT_SWLWG_CD	K0100D Swallowing Disorder: Complaint Swallowing Code
K0100Z_NO_SWLWG_CD	K0100Z Swallowing Disorder: None of Above Code
K0200A_HGT_NUM	K0200A Height Number
K0200B_WT_NUM	K0200B Weight Number
K0300_WT_LOSS_CD	K0300 Weight Loss Code
K0310_WT_GAIN_CD	K0310 Weight Gain Code
K0500A_PEN_CD	K0500A Nutritional Approaches: Parenteral/IV Feeding Code
K0500B_FEEDG_TUBE_CD	K0500B Nutritional Approaches: Feeding Tube Code
K0500C_ALTR_FOOD_CD	K0500C Nutritional Approaches: Mechanically Altered Diet Code
K0500D_THRPTC_DIET_CD	K0500D Nutritional Approaches: Therapeutic Diet Code
K0500Z_NO_FEEDG_CD	K0500Z Nutritional Approaches: None of Above Code
K0510A1_PEN_PRIOR_CD	K0510A1 Nutritional Approaches: Prior Parenteral/IV Feeding Code
K0510A2_PEN_POST_CD	K0510A2 Nutritional Approaches: Post Parenteral/IV
K0510B1_FEEDG_TUBE_PRIOR_CD	K0510B1 Nutritional Approaches: Prior Feeding Tube Code
K0510B2_FEEDG_TUBE_POST_CD	K0510B2 Nutritional Approaches: Post Feeding Tube Code
K0510C1_ALTR_FOOD_PRIOR_CD	K0510C1 Nutritional Approaches: Prior Mechanically Altered Diet Code
K0510C2_ALTR_FOOD_POST_CD	K0510C2 Nutritional Approaches: Post Mechanically Altered Diet Code
K0510D1_THRPTC_DIET_PRIOR_CD	K0510D1 Nutritional Approaches: Prior Therapeutic Diet Code
K0510D2_THRPTC_DIET_POST_CD	K0510D2 Nutritional Approaches: Post Therapeutic Diet Code
K0510Z1_NO_FEEDG_PRIOR_CD	K0510Z1 Nutritional Approaches: Prior None of Above Code
K0510Z2_NO_FEEDG_POST_CD	K0510Z2 Nutritional Approaches: Post None of Above Code
K0700A_CAL_PEN_CD	K0700A Percent Caloric Intake Through Parenteral/Tube Feeding Code
K0700B_IV_TUBE_DAILY_CD	K0700B Average Fluid Intake by IV Or Tube Feeding Code
K0710A1_CAL_PRNTRL_PRIOR_CD	K0710A1 Percent Caloric Intake Through Parenteral/Tube Feeding While Not a Resident Code.
K0710A2_CAL_PRNTRL_PST_CD	K0710A2 Percent Caloric Intake Through Parenteral/Tube Feeding While a Resident Code.
K0710A3_CAL_PRNTRL_7_DAY_CD	K0710A3 Percent Caloric Intake Through Parenteral/Tube Feeding During the Entire Seven Days.
K0710B1_IV_TUBE_DAILY_PRIOR_CD	K0710B1 Average Fluid Intake per Day by IV or Tube Feeding While Not a Resident.
K0710B2_IV_TUBE_DAILY_PST_CD	K0710B2 Average Fluid Intake per Day by IV or Tube Feeding While a Resident.
K0710B3_IV_TUBE_DAILY_7_DAY_CD	K0710B3 Average Fluid Intake per Day by IV or Tube Feeding During the Entire Seven Days.
L0200A_BRKN_DNTR_CD	L0200A Dental Status: Broken Denture Code
L0200B_NO_TEETH_CD	L0200B Dental Status: No Teeth Code
L0200C_ABNRML_MOUTH_TISUE_CD	L0200C Dental Status: Abnormal Mouth Tissue Code
L0200D_CVTY_CD	L0200D Dental Status: Cavity Code
L0200E_INFLMD_GUM_CD	L0200E Dental Status: Inflamed Gum Code
L0200F_MOUTH_PAIN_CD	L0200F Dental Status: Mouth or Facial Pain Code
L0200G_DNTL_UNK_CD	L0200G Dental Status: Unable to Examine Code
L0200Z_NO_DNTL_CD	L0200Z Dental Status: None of Above Code
M0100A_RISK_VSBL_CD	M0100A Determination of Pressure Ulcer Risk: Ulcer Visible Code
M0100B_RISK_FRML_ASMT_CD	M0100B Determination of Pressure Ulcer Risk: Formal Assessment/Instrument Code
M0100C_RISK_CLNCL_JDGMNT_CD	M0100C Determination of Pressure Ulcer Risk: Clinical Assessment Code
M0100Z_NO_RISK_DTMNTN_CD	M0100Z Determination of Pressure Ulcer Risk: None of Above
M0150_PRSR_ULCR_RISK_CD	M0150 Pressure Ulcer Risk Code
M0210_STG_1_HGHR_ULCR_CD	M0210 One or More Stage 1 or Higher Unhealed Pressure Ulcer Code
M0300A_STG_1_ULCR_NUM	M0300A Stage 1 Pressure Ulcer Number
M0300B1_STG_2_ULCR_NUM	M0300B1 Stage 2 Pressure Ulcer Number
M0300B2_STG_2_ULCR_ADMSN_NUM	M0300B2 Stage 2 Pressure Ulcer Present on Admission Number

## Long-Term Care Minimum Data Set Assessment File

<u>Variable Name</u>	<u>Variable Label</u>
M0300B3_STG_2_ULCR_OLD_DT	M0300B3 Date of Oldest Stage 2 Pressure Ulcer
M0300C1_STG_3_ULCR_NUM	M0300C1 Stage 3 Pressure Ulcer Number
M0300C2_STG_3_ULCR_ADMSN_NUM	M0300C2 Stage 3 Pressure Ulcer Present on Admission Number
M0300D1_STG_4_ULCR_NUM	M0300D1 Stage 4 Pressure Ulcer Number
M0300D2_STG_4_ULCR_ADMSN_NUM	M0300D2 Stage 4 Pressure Ulcer Present on Admission Number
M0300E1_UNSTGBL_ULCR_DRSNG_NUM	M0300E1 Unstageable Pressure Ulcer Due To Dressing Number
M0300E2_U_ULCR_DRSNG_ADMSN_NUM	M0300E2 Unstageable Pressure Ulcer Due To Dressing on Admission Number
M0300F1_UNSTGBL_ULCR_ESC_NUM	M0300F1 Unstageable Pressure Ulcer With Slough or Eschar Number
M0300F2_U_ULCR_ESC_ADMSN_NUM	M0300F2 Unstageable Pressure Ulcer With Slough or Eschar on Admission Number
M0300G1_UNSTGBL_ULCR_DEEP_NUM	M0300G1 Unstageable Pressure Ulcer With Deep Tissue Injury Number
M0300G2_U_ULCR_DEEP_ADMSN_NUM	M0300G2 Unstageable Pressure Ulcer With Deep Tissue Injury on Admission Number
M0610A_STG_3_4_ULCR_LNGTH_NUM	M0610A Unhealed Stage 3-4 Pressure Ulcer Length Number
M0610B_STG_3_4_ULCR_WDTH_NUM	M0610B Unhealed Stage 3-4 Pressure Ulcer Width Number
M0610C_STG_3_4_ULCR_DPTH_NUM	M0610C Unhealed Stage 3-4 Pressure Ulcer Depth Number
M0700_ULCR_TISUE_TYPE_CD	M0700 Most Severe Pressure Ulcer Tissue Type Code
M0800A_WRSNG_STG_2_ULCR_NUM	M0800A Worsening Stage 2 Pressure Ulcer Since Prior Assessment Number
M0800B_WRSNG_STG_3_ULCR_NUM	M0800B Worsening Stage 3 Pressure Ulcer Since Prior Assessment Number
M0800C_WRSNG_STG_4_ULCR_NUM	M0800C Worsening Stage 4 Pressure Ulcer Since Prior Assessment Number
M0900A_PRSR_ULCR_PRIOR_CD	M0900A Healed Pressure Ulcer Present on Prior Assessment Code
M0900B_HEALD_STG_2_ULCR_NUM	M0900B Healed Stage 2 Pressure Ulcer Number
M0900C_HEALD_STG_3_ULCR_NUM	M0900C Healed Stage 3 Pressure Ulcer Number
M0900D_HEALD_STG_4_ULCR_NUM	M0900D Healed Stage 4 Pressure Ulcer Number
M1030_ARTRL_ULCR_NUM	M1030 Venous and Arterial Ulcer Number
M1040A_FT_INFCTN_CD	M1040A Other Foot Skin Problems: Foot Infection Code
M1040B_DBTC_FT_ULCR_CD	M1040B Other Foot Skin Problems: Diabetic Foot Ulcer Code
M1040C_OTHR_LSN_FT_CD	M1040C Other Foot Skin Problems: Other Open Lesion on Foot Code
M1040D_OPEN_LSN_CD	M1040D Other Skin Problems: Open Lesions Other Than Ulcers Rashes Cuts Code
M1040E_SRGL_WND_CD	M1040E Other Skin Problems: Surgical Wound(s) Code
M1040F_BRN_CD	M1040F Other Skin Problems: Burn(s) Code
M1040G_SKIN_TEAR_CD	M1040G Other Skin Problems: Skin Tear(s)
M1040H_MASD_CD	M1040H Other Skin Problems: Moisture Associated Skin Damage
M1040Z_NO_OTHR_SKIN_PRBLM_CD	M1040Z Other Skin Problems: None of Above Code
M1200A_PRSR_RDC_CHR_CD	M1200A Skin and Ulcer Treatments: Pressure Reducing Device in Chair Code
M1200B_PRSR_RDC_BED_CD	M1200B Skin and Ulcer Treatments: Pressure Reducing Device in Bed Code
M1200C_TRNG_PGM_CD	M1200C Skin and Ulcer Treatments: Turning/Repositioning Program Code
M1200D_HYDRTN_CD	M1200D Skin and Ulcer Treatments: Nutrition/Hydration Code
M1200E_ULCR_CARE_CD	M1200E Skin and Ulcer Treatments: Ulcer Care Code
M1200F_SRGL_WND_CARE_CD	M1200F Skin and Ulcer Treatments: Surgical Wound Care Code
M1200G_APLCTN_DRSNG_CD	M1200G Skin and Ulcer Treatments: Application Nonsurgical Dressing Code
M1200H_APLCTN_ONTMNT_CD	M1200H Skin and Ulcer Treatments: Application Ointments/Medications Code
M1200I_APLCTN_DRSNG_FOOT_CD	M1200I Skin and Ulcer Treatments: Application Dressings to Foot Code
M1200Z_NO_SKIN_TRMNT_CD	M1200Z Skin and Ulcer Treatments: None of Above Code
N0300_INJCT_MDCTN_DAY_NUM	N0300 Number of Days Injections of Any Type
N0350A_INSLN_INJCT_DAY_NUM	N0350A Number of Days Insulin Injections
N0350B_INSLN_ORDR_DAY_NUM	N0350B Number of Days Insulin Orders Changed
N0400A_ANTIPSYCHTC_CD	N0400A Medications Received: Antipsychotic Code
N0400B_ANTINXTY_CD	N0400B Medications Received: Antianxiety Code
N0400C_ANTIDPRSNT_CD	N0400C Medications Received: Antidepressant Code
N0400D_HPNTC_CD	N0400D Medications Received: Hypnotic Code
N0400E_ANTICOAGLNT_CD	N0400E Medications Received: Anticoagulant Code
N0400F_ANTBTC_CD	N0400F Medications Received: Antibiotic Code
N0400G_DRTC_CD	N0400G Medications Received: Diuretic Code
N0400Z_NO_MDCTN_RCVD_CD	N0400Z Medications Received: None of Above

## Long-Term Care Minimum Data Set Assessment File

<u>Variable Name</u>	<u>Variable Label</u>
N0410A_ANTIPSYCHTC_DAY_NUM	N0410A Medications Received: Antipsychotic Number Days
N0410B_ANTINXTY_DAY_NUM	N0410B Medications Received: Antianxiety Number Days
N0410C_ANTIDPRSNT_DAY_NUM	N0410C Medications Received: Antidepressant Number Days
N0410D_HPNTC_DAY_NUM	N0410D Medications Received: Hypnotic Number Days
N0410E_ANTICOAGLNT_DAY_NUM	N0410E Medications Received: Anticoagulant Number Days
N0410F_ANTBTC_DAY_NUM	N0410F Medications Received: Antibiotic Number Days
N0410G_DRTC_DAY_NUM	N0410G Medications Received: Diuretic Number Days
O0100A1_CHMTHRPY_PRIOR_CD	O0100A1 Special Treatments/Programs: Chemotherapy Pre-admit Code
O0100A2_CHMTHRPY_POST_CD	O0100A2 Special Treatments/Programs: Chemotherapy Post-admit Code
O0100B1_RDTN_PRIOR_CD	O0100B1 Special Treatments/Programs: Radiation Pre-admit Code
O0100B2_RDTN_POST_CD	O0100B2 Special Treatments/Programs: Radiation Post-admit Code
O0100C1_OXGN_PRIOR_CD	O0100C1 Special Treatments/Programs: Oxygen Pre-admit Code
O0100C2_OXGN_POST_CD	O0100C2 Special Treatments/Programs: Oxygen Post-admit Code
O0100D1_SCTNG_PRIOR_CD	O0100D1 Special Treatments/Programs: Suctioning Pre-admit Code
O0100D2_SCTNG_POST_CD	O0100D2 Special Treatments/Programs: Suctioning Post-admit Code
O0100E1_TRCHOSTMY_PRIOR_CD	O0100E1 Special Treatments/Programs: Tracheostomy Pre-admit Code
O0100E2_TRCHOSTMY_POST_CD	O0100E2 Special Treatments/Programs: Tracheostomy Post-admit Code
O0100F1_VNTLTR_PRIOR_CD	O0100F1 Special Treatments/Programs: Ventilator Pre-admit Code
O0100F2_VNTLTR_POST_CD	O0100F2 Special Treatments/Programs: Ventilator Post-admit Code
O0100G1_CPAP_PRIOR_CD	O0100G1 Special Treatments/Programs: Continuous Positive Airway Pressure Pre-admit Code
O0100G2_CPAP_POST_CD	O0100G2 Special Treatments/Programs: Continuous Positive Airway Pressure Post-admit Code
O0100H1_IV_MDCTN_PRIOR_CD	O0100H1 Special Treatments/Programs: Intravenous Medication Pre-admit Code
O0100H2_IV_MDCTN_POST_CD	O0100H2 Special Treatments/Programs: Intravenous Medication Post-admit Code
O0100I1_TRNSFSN_PRIOR_CD	O0100I1 Special Treatments/Programs: Transfusion Pre-admit Code
O0100I2_TRNSFSN_POST_CD	O0100I2 Special Treatments/Programs: Transfusion Post-admit Code
O0100J1_DLYS_PRIOR_CD	O0100J1 Special Treatments/Programs: Dialysis Pre-admit Code
O0100J2_DLYS_POST_CD	O0100J2 Special Treatments/Programs: Dialysis Post-admit Code
O0100K1_HOSPC_PRIOR_CD	O0100K1 Special Treatments/Programs: Hospice Pre-admit Code
O0100K2_HOSPC_POST_CD	O0100K2 Special Treatments/Programs: Hospice Post-admit Code
O0100L2_RESP_POST_CD	O0100L2 Special Treatments/Programs: Respite Post-admit Code
O0100M1_ISLTN_PRIOR_CD	O0100M1 Special Treatments/Programs: Isolation Pre-admit Code
O0100M2_ISLTN_POST_CD	O0100M2 Special Treatments/Programs: Isolation Post-admit Code
O0100Z1_NO_TRTMT_PRIOR_CD	O0100Z1 Special Treatments/Programs: None of Above Pre-admit Treatment Prior Code
O0100Z2_NO_TRTMT_POST_CD	O0100Z2 Special Treatments/Programs: None of Above Treatment Post-admit Code
O0250A_INFLNZ_RCVD_CD	O0250A Influenza Received Code
O0250B_INFLNZ_RCVD_DT	O0250B Influenza Received Date
O0250C_RSN_INFLNZ_NOT_RCV_CD	O0250C Reason Influenza Not Received Code
O0300A_PPV_CD	O0300A Pneumococcal Vaccination Code
O0300B_RSN_PPV_NOT_RCV_CD	O0300B Reason Pneumococcal Vaccination Not Received Code
O0400A1_SPCH_THRPY_IND_MIN_NUM	O0400A1 Speech Therapy/Audiology Individual Minutes Number
O0400A2_SPCH_THRPY_CNC_MIN_NUM	O0400A2 Speech Therapy/Audiology Concurrent Minutes Number
O0400A3_SPCH_THRPY_GRP_MIN_NUM	O0400A3 Speech Therapy/Audiology Group Minutes Number
O0400A3A_ST_TRTMT_MINUTE_NUM	O0400A3A Therapy/Audiology Co-Treatment Minutes Number
O0400A4_SPCH_THRPY_DAY_NUM	O0400A4 Number of Days Speech Therapy/Audiology Administered
O0400A5_SPCH_THRPY_STRT_DT	O0400A5 Speech Therapy/Audiology Start Date
O0400A6_SPCH_THRPY_END_DT	O0400A6 Speech Therapy/Audiology End Date
O0400B1_OT_INDVDL_MIN_NUM	O0400B1 Occupational Therapy Individual Minutes Number
O0400B2_OT_CNCRNT_MIN_NUM	O0400B2 Occupational Therapy Concurrent Minutes Number
O0400B3_OT_GRP_MIN_NUM	O0400B3 Occupational Therapy Group Minutes Number
O0400B3A_OT_TRTMT_MINUTE_NUM	O0400B3A Occupational Therapy Co-Treatment Minutes Number
O0400B4_OT_DAY_NUM	O0400B4 Number of Days Occupational Therapy Administered
O0400B5_OT_STRT_DT	O0400B5 Occupational Therapy Start Date
O0400B6_OT_END_DT	O0400B6 Occupational Therapy End Date

## Long-Term Care Minimum Data Set Assessment File

<u>Variable Name</u>	<u>Variable Label</u>
O0400C1_PT_INDVDL_MIN_NUM	O0400C1 Physical Therapy Individual Minutes Number
O0400C2_PT_CNCRNT_MIN_NUM	O0400C2 Physical Therapy Concurrent Minutes Number
O0400C3_PT_GRP_MIN_NUM	O0400C3 Physical Therapy Group Minutes Number
O0400C3A_PT_TRTMT_MINUTE_NUM	O0400B3A Physical Therapy Co-Treatment Minutes Number
O0400C4_PT_DAY_NUM	O0400C4 Number of Days Physical Therapy Administered
O0400C5_PT_STRT_DT	O0400C5 Physical Therapy Start Date
O0400C6_PT_END_DT	O0400C6 Physical Therapy End Date
O0400D1_RT_MIN_NUM	O0400D1 Respiratory Therapy Minutes Number
O0400D2_RT_DAY_NUM	O0400D2 Number of Days Respiratory Therapy Administered
O0400E1_PSYCH_THRPY_MIN_NUM	O0400E1 Psychological Therapy Minutes Number
O0400E2_PSYCH_THRPY_DAY_NUM	O0400E2 Number of Days Psychological Therapy Administered
O0400F1_RCRTNL_THRPY_MIN_NUM	O0400F1 Recreational Therapy Minutes Number
O0400F2_RCRTNL_THRPY_DAY_NUM	O0400F2 Number of Days Recreational Therapy Administered
O0420_DSTNCT_THRPY_DAY_NUM	O0420 Number of Distinct Calendar Days of Therapy Administered
O0450A_RSMPTN_THRPY_CD	O0450A Has Therapy Resumed Code
O0450B_RSMPTN_THRPY_DT	O0450B Date Therapy Resumed
O0500A_PSV_ROM_NUM	O0500A Restorative Nursing: Passive Range of Motion Number
O0500B_ACTV_ROM_NUM	O0500B Restorative Nursing: Active Range of Motion Number
O0500C_BRC_ASTNC_NUM	O0500C Restorative Nursing: Splint/Brace Assistance Number
O0500D_BED_MBLTY_TRNG_NUM	O0500D Restorative Nursing: Bed Mobility Training Number
O0500E_TRNSFR_TRNG_NUM	O0500E Restorative Nursing: Transfer Training Number
O0500F_WLKG_TRNG_NUM	O0500F Restorative Nursing: Walking Training Number
O0500G_DRSG_TRNG_NUM	O0500G Restorative Nursing: Dressing/Grooming Training Number
O0500H_EATG_TRNG_NUM	O0500H Restorative Nursing: Eating/Swallowing Training Number
O0500I_AMPUTTN_TRNG_NUM	O0500I Restorative Nursing: Amputation/Prosthesis Care Training Number
O0500J_COMMUN_TRNG_NUM	O0500J Restorative Nursing: Communication Training Number
O0600_PHYSN_EXMN_NUM	O0600 Physician Examination Day Number
O0700_PHYSN_ORDR_NUM	O0700 Physician Order Day Number
P0100A_BED_RAIL_CD	P0100A Physical Restraints in Bed: Bed Rail Code
P0100B_TRNK_RSTRNT_BED_CD	P0100B Physical Restraints in Bed: Trunk Restraint Bed Code
P0100C_LMB_RSTRNT_BED_CD	P0100C Physical Restraints in Bed: Limb Restraint Bed Code
P0100D_OTHR_RSTRNT_BED_CD	P0100D Physical Restraints in Bed: Other Restraint Bed Code
P0100E_TRNK_RSTRNT_CHR_CD	P0100E Physical Restraints in Chair: Trunk Restraint Chair Code
P0100F_LMB_RSTRNT_CHR_CD	P0100F Physical Restraints in Chair: Limb Restraint Chair Code
P0100G_CHR_PRVNT_RISE_CD	P0100G Physical Restraints in Chair: Chair Prevent Rise Code
P0100H_OTHR_RSTRNT_CHR_CD	P0100H Physical Restraints in Chair: Other Restraint Chair Code
V0100A_PRIOR_FED_OBRA_CD	V0100A Prior Assessment Federal OBRA Reason for Assessment Code
V0100B_PRIOR_PPS_CD	V0100B Prior Assessment PPS Reason for Assessment Code
V0100C_PRIOR_ASMT_RFRNC_DT	V0100C Prior Assessment Reference Date
V0100D_PRIOR_BIMS_SCRE_NUM	V0100D Prior Assessment Brief Interview for Mental Status (BIMS) Summary Score Number
V0100E_PRIOR_MOOD_SCRE_NUM	V0100E Prior Assessment Resident Mood Interview (PHQ-9) Total Severity Score Number
V0200A01A_DLRM_CTR_CD	V0200A01A Delirium Care Area Trigger Code
V0200A01B_DLRM_CPL_CD	V0200A01B Delirium Addressed in Care Plan Code
V0200A02A_DMNT_CTR_CD	V0200A02A Dementia Care Area Trigger Code
V0200A02B_DMNT_CPL_CD	V0200A02B Dementia Addressed in Care Plan Code
V0200A03A_VISL_FUNC_CTR_CD	V0200A03A Visual Function Care Area Trigger Code
V0200A03B_VISL_FUNC_CPL_CD	V0200A03B Visual Function Addressed in Care Plan Code
V0200A04A_COMMUN_CTR_CD	V0200A04A Communication Care Area Trigger Code
V0200A04B_COMMUN_CPL_CD	V0200A04B Communication Addressed in Care Plan Code
V0200A05A_ADL_CTR_CD	V0200A05A ADL Care Area Trigger Code
V0200A05B_ADL_CPL_CD	V0200A05B ADL Addressed in Care Plan Code
V0200A06A_URNRY_CTR_CD	V0200A06A Urinary Care Area Trigger Code
V0200A06B_URNRY_CPL_CD	V0200A06B Urinary Addressed in Care Plan Code

## Long-Term Care Minimum Data Set Assessment File

<u>Variable Name</u>	<u>Variable Label</u>
V0200A07A_PSYCHSOC_CTR_CD	V0200A07A Psychosocial Care Area Trigger Code
V0200A07B_PSYCHSOC_CPL_CD	V0200A07B Psychosocial Addressed in Care Plan Code
V0200A08A_MOOD_CTR_CD	V0200A08A Mood Care Area Trigger Code
V0200A08B_MOOD_CPL_CD	V0200A08B Mood Addressed in Care Plan Code
V0200A09A_BHVRL_CTR_CD	V0200A09A Behavioral Care Area Trigger Code
V0200A09B_BHVRL_CPL_CD	V0200A09B Behavioral Addressed in Care Plan Code
V0200A10A_ACTVTY_CTR_CD	V0200A10A Activity Care Area Trigger Code
V0200A10B_ACTVTY_CPL_CD	V0200A10B Activity Addressed in Care Plan Code
V0200A11A_FALL_CTR_CD	V0200A11A Fall Care Area Trigger Code
V0200A11B_FALL_CPL_CD	V0200A11B Fall Addressed in Care Plan Code
V0200A12A_NTRNT_CTR_CD	V0200A12A Nutritional Care Area Trigger Code
V0200A12B_NTRNT_CPL_CD	V0200A12B Nutritional Addressed in Care Plan Code
V0200A13A_FEEDG_TUBE_CTR_CD	V0200A13A Feeding Tube Care Area Trigger Code
V0200A13B_FEEDG_TUBE_CPL_CD	V0200A13B Feeding Tube Addressed in Care Plan Code
V0200A14A_DHYDRTN_CTR_CD	V0200A14A Dehydration Care Area Trigger Code
V0200A14B_DHYDRTN_CPL_CD	V0200A14B Dehydration Addressed in Care Plan Code
V0200A15A_DNTL_CTR_CD	V0200A15A Dental Care Area Trigger Code
V0200A15B_DNTL_CPL_CD	V0200A15B Dental Addressed in Care Plan Code
V0200A16A_PRSR_ULCR_CTR_CD	V0200A16A Pressure Ulcer Care Area Trigger Code
V0200A16B_PRSR_ULCR_CPL_CD	V0200A16B Pressure Ulcer Addressed in Care Plan Code
V0200A17A_PSYCH_DRUG_CTR_CD	V0200A17A Psychotropic Drug Care Area Trigger Code
V0200A17B_PSYCH_DRUG_CPL_CD	V0200A17B Psychotropic Drug Addressed in Care Plan Code
V0200A18A_RSTRNT_CTR_CD	V0200A18A Restraint Care Area Trigger Code
V0200A18B_RSTRNT_CPL_CD	V0200A18B Restraint Addressed in Care Plan Code
V0200A19A_PAIN_CTR_CD	V0200A19A Pain Care Area Trigger Code
V0200A19B_PAIN_CPL_CD	V0200A19B Pain Addressed in Care Plan Code
V0200A20A_RTN_CMNTY_CTR_CD	V0200A20A Return to Community Care Area Trigger Code
V0200A20B_RTN_CMNTY_CPL_CD	V0200A20B Return to Community Addressed in Care Plan Code
V0200B2_CAT_DT	V0200B2 Care Area Assessment Completion Date
V0200C2_CARE_PLN_DT	V0200C2 Care Plan Completion Date
X0100_TRANS_TYPE_CD	X0100 Type of Record Code
X0150_CRCTN_PRVDR_TYPE_CD	X0150 Correction Provider Type Code
X0300_CRCTN_SEX_CD	X0300 Correction Sex Code
X0400_CRCTN_BIRTH_DT	X0400 Correction Birth Date
X0600A_CRCTN_FED_OBRA_CD	X0600A Correction Federal OBRA Reason for Assessment Code
X0600B_CRCTN_PPS_CD	X0600B Correction PPS Reason for Assessment Code
X0600C_CRCTN_PPS_OMRA_CD	X0600C PPS Other Medicare Required Assessment (OMRA) Code
X0600D_CRCTN_SB_CLNCL_CHG_CD	X0600D Correction Swing Bed Clinical Change Code
X0600F_CRCTN_ENTRY_DSCHRG_CD	X0600F Correction Entry/Discharge Code
X0700A_CRCTN_ASMT_RFRNC_DT	X0700A Correction Assessment Reference Date
X0700B_CRCTN_DSCHRG_DT	X0700B Correction Discharge Date
X0700C_CRCTN_ENTRY_DT	X0700C Correction Entry Date
X0800_CRCTN_NUM	X0800 Correction Number
X0900A_MDFCTN_TRNSCRPT_ERR_CD	X0900A Reason for Modification: Transcription Error Code
X0900B_MDFCTN_ENTRY_ERR_CD	X0900B Reason for Modification: Data Entry Error Code
X0900C_MDFCTN_SFTWR_ERR_CD	X0900C Reason for Modification: Software Product Error Code
X0900D_MDFCTN_ITM_ERR_CD	X0900D Reason for Modification: Item Coding Error Code
X0900E_MDFCTN_ADD_THRPY_DT	X0900E Reason for Modification: Add Resume Therapy Date
X0900Z_MDFCTN_OTHR_CD	X0900Z Reason for Modification: Other Error Requiring Modification Code
X1050A_INACTV_NO_EVNT_CD	X1050A Reason for Inactivation: Event Did Not Occur Code
X1050Z_INACTV_OTHR_CD	X1050B Reason for Inactivation: Other Error Requiring Inactivation Code
X1100E_ATSTN_DT	X1100E Attestation Date
Z0100A_MDCR_HIPPS_TXT	Z0100A Medicare Part A HIPPS Code Text

## Long-Term Care Minimum Data Set Assessment File

<u>Variable Name</u>	<u>Variable Label</u>
Z0100B_MDCR_RUG_VRSN_TXT	Z0100B Medicare Part A RUG Version Text
Z0100C_MDCR_SHRT_STAY_CD	Z0100C Medicare Part A Short Stay Assessment Code
Z0150A_MDCR_NTHRPY_HIPPS_TXT	Z0150A Medicare Part A Non-therapy HIPPS Code Text
Z0150B_MDCR_NTHRPY_RUGVRSN_TXT	Z0150B Medicare Non-therapy Part A RUG Version Text
Z0200A_STATE_RUG_GRP_TXT	Z0200A State Medicaid RUG Case Mix Group Text
Z0200B_STATE_RUG_VRSN_TXT	Z0200B State Medicaid RUG Version Text
Z0250A_STATE_2_RUG_GRP_TXT	Z0250A Alternate State Medicaid RUG Case Mix Group Text
Z0250B_STATE_2_RUG_VRSN_TXT	Z0250B Alternate State Medicaid RUG Version Text
Z0500B_RN_SGN_CMPLT_DT	Z0500B Date RN Assessment Coordinator Signed Assessment as Complete
A0310H_PTA_DSCHRG_ASMT_IND	A0310H SNF PPS Part A Discharge Assessment
C1310A_MENTL_STUS_CHG_IND	C1310A Acute Mental Status Change
C1310B_INTNTN_IND	C1310B Signs and Symptoms of Delirium: Inattention
C1310C_DSRGNZD_THKNG_IND	C1310C Signs and Symptoms of Delirium: Disorganized Thinking
C1310D_LVL_OF_CNCSNS_IND	C1310D Signs and Symptoms of Delirium: Altered Level of Consciousness
GG0130A1_EATG_ABILITY_STRT_CD	GG0130A1 Self Care: Eating Ability at Start of SNF PPS Part A Stay
GG0130A2_EATG_GOAL_BY_END_CD	GG0130A2 Self Care: Eating Goal by End of SNF PPS Part A Stay
GG0130A3_EATG_ABILITY_END_CD	GG0130A3 Self Care: Eating Ability at End of SNF PPS Part A Stay
GG0130B1_ORAL_ABILITY_STRT_CD	GG0130B1 Self Care: Oral Hygiene Ability at Start of SNF PPS Part A Stay
GG0130B2_ORAL_GOAL_BY_END_CD	GG0130B2 Self Care: Oral Hygiene Goal by End of SNF PPS Part A Stay
GG0130B3_ORAL_ABILITY_END_CD	GG0130B3 Self Care: Oral Hygiene Ability at End of SNF PPS Part A Stay
GG0130C1_TOILT_ABILITY_STRT_CD	GG0130C1 Self Care: Toileting Hygiene Ability at Start of SNF PPS Part A Stay
GG0130C2_TOILT_GOAL_BY_END_CD	GG0130C2 Self Care: Toileting Hygiene Goal by End of SNF PPS Part A Stay
GG0130C3_TOILT_ABILITY_END_CD	GG0130C3 Self Care: Toileting Hygiene Ability at End of SNF PPS Part A Stay
GG0170B1_SIT_LYNG_STRT_CD	GG0170B1 Mobility: Sit to Lying Ability at Start of SNF PPS Part A Stay
GG0170B2_SIT_LYNG_GOAL_END_CD	GG0170B2 Mobility: Sit to Lying Goal by End of SNF PPS Part A Stay
GG0170B3_SIT_LYNG_END_CD	GG0170B3 Mobility: Sit to Lying Ability at End of SNF PPS Part A Stay
GG0170C1_STTG_BED_SIDE_STRT_CD	Lying to Sitting at Side of Bed Ability at Start of SNF PPS Part A Stay
GG0170C2_STTG_BED_SIDE_GOAL_CD	Lying to Sitting at Side of Bed Goal by End of SNF PPS Part A Stay
GG0170C3_STTG_BED_SIDE_END_CD	Lying to Sitting at Side of Bed Ability at End of SNF PPS Part A Stay
GG0170D1_STTG_STNDG_STRT_CD	GG0170D1 Mobility: Sitting to Standing Ability at Start of SNF PPS Part A Stay
GG0170D2_STTG_STNDG_GOAL_CD	GG0170D2 Mobility: Sitting to Standing Goal by End of SNF PPS Part A Stay
GG0170D3_STTG_STNDG_END_CD	GG0170D3 Mobility: Sitting to Standing Ability at End of SNF PPS Part A Stay
GG0170E1_TRNSFR_STRT_CD	Chair/Bed to Chair Transfer Ability at Start of SNF PPS Part A Stay
GG0170E2_TRNSFR_GOAL_BY_END_CD	Chair/Bed to Chair Transfer Goal by End of SNF PPS Part A Stay
GG0170E3_TRNSFR_END_CD	Chair/Bed to Chair Transfer Ability at End of SNF PPS Part A Stay
GG0170F1_TOILT_TRNSFR_STRT_CD	GG0170F1 Mobility: Toilet Transfer at Start of SNF PPS Part A Stay
GG0170F2_TOILT_TRNSFR_GOAL_CD	GG0170F2 Mobility: Toilet Transfer Goal by End of SNF PPS Part A Stay
GG0170F3_TOILT_TRNSFR_END_CD	GG0170F3 Mobility: Toilet Transfer at End of SNF PPS Part A Stay
GG0170H1_RSDNT_WLK_STRT_CD	GG0170H1 Mobility: Does Resident Walk at Start of SNF PPS Part A Stay
GG0170H3_RSDNT_WLK_END_CD	GG0170H3 Mobility: Does Resident Walk at End of SNF PPS Part A Stay
GG0170J1_WLK_50_2_TURN_STRT_CD	Mobility: Ability to Walk 50 Feet With Two Turns at Start of SNF PPS Part A Stay
GG0170J2_WLK_50_2_TURN_GOAL_CD	Mobility: Goal to Walk 50 Feet With Two Turns by End of SNF PPS Part A Stay
GG0170J3_WLK_50_2_TURN_END_CD	Mobility: Ability to Walk 50 Feet With Two Turns at End of SNF PPS Part A Stay
GG0170K1_WLK_150_STRT_CD	GG0170K1 Mobility: Ability to Walk 150 Feet at Start of SNF PPS Part A Stay
GG0170K2_WLK_150_BYGOAL_CD	GG0170K2 Mobility: Goal to Walk 150 Feet by End of SNF PPS Part A Stay
GG0170K3_WLK_150_END_CD	GG0170K3 Mobility: Ability to Walk 150 Feet at End of SNF PPS Part A Stay
GG0170Q1_USE_WLCHR_STRT_CD	GG0170Q1 Mobility: Uses Wheelchair/Scooter at Start of SNF PPS Part A Stay
GG0170Q3_USE_WLCHR_END_CD	GG0170Q3 Mobility: Uses Wheelchair/Scooter at End of SNF PPS Part A Stay
GG0170R1_WHEEL_50_2_TURN_STRT	Ability to Wheel 50 Feet With Two Turns at Start of SNF PPS Part A Stay
GG0170R2_WHEEL_50_2_TURN_GOAL	Mobility: Goal to Wheel 50 Feet With Two Turns by End of SNF PPS Part A Stay
GG0170R3_WHEEL_50_2_TURN_END_C	Mobility: Ability to Wheel 50 Feet With Two Turns at End of SNF PPS Part A Stay
GG0170RR1_TYPE_OF_WLCHR_STRT_C	GG0170RR1 Type of Wheelchair Used to Propel 50 Feet at SNF PPS Part A Admission
GG0170RR3_TYPE_OF_WLCHR_END_CD	Type of Wheelchair Used to Propel 50 Feet at End of SNF PPS Part A Stay

## Long-Term Care Minimum Data Set Assessment File

<u>Variable Name</u>	<u>Variable Label</u>
GG0170S1_WHEEL_150_STRT_CD	Ability to Wheel at Least 150 Feet in Corridor at Start of SNF PPS Part A Stay
GG0170S2_WHEEL_150_GOAL_CD	GG0170S2 Mobility: Goal to Wheel at Least 150 Feet by End of SNF PPS Part A Stay
GG0170S3_WHEEL150_END_CD	Ability to Wheel at Least 150 Feet in Corridor at End of SNF PPS Part A Stay
GG0170SS1_TYPE_OF_WLCHR_150_ST	Type of Wheelchair Used to Propel 150 Feet at Start of SNF PPS Part A Stay
GG0170SS3_TYPE_OF_WLCHR150_END	Type of Wheelchair Used to Propel 150 Feet at End of SNF PPS Part A Stay
X0600H_CRCTN_TYPE_OF_ASMT_IND	X0600H Correction Type of Assessment: SNF PPS Part A Discharge Assessment
N0410H_RCVD_OPIOID_DAYS_NUM	N0410H Medications Received: Opioid Number Days
N0450A_ANTPSYCT_MDCTNS_CNT	N0450A Resident Received Antipsychotic Medications
N0450B_DOSE_RDCTN_SW	N0450B Gradual Dose Reduction
N0450C_LAST_ATMPTED_GDR_DT	N0450C Date of Last Attempted GDR
N0450D_GDR_DOCD_CONTRA_SW	N0450D GDR Physician Documented Contraindicated
N0450E_GRADUAL_PHYSN_DOCD_DT	N0450E Gradual Physician Documented Date
P0200A_BED_ALARM_IND	P0200A Bed Alarm
P0200B_CHR_ALARM_IND	P0200B Chair Alarm
P0200C_FLR_MAT_ALARM_IND	P0200C Floor Mat Alarm
P0200D_MTN_SENSOR_ALARM_IND	P0200D Motion Sensor Alarm
P0200E_WNDR_ALARM_IND	P0200E Wander/Elopement Alarm
P0200F_OTHR_ALARM_IND	P0200F Other Alarm
GG0100A_PRIOR_SELF_CARE_IND	GG0100A Prior Self Care Indicator
GG0100B_PRIOR_INDR_MBLTY_IND	GG0100B Prior Indoor Mobility Indicator
GG0100C_PRIOR_STRS_IND	GG0100C Prior Stairs Indicator
GG0100D_PRIOR_FNCTNL_CGNTN_IND	GG0100D Prior Functional Cognition Indicator
GG0110A_PRIOR_MNL_WLCHR_IND	GG0110A Prior Manual Wheelchair Indicator
GG0110B_PRIOR_MTRZD_WLCHR_IND	GG0110B Prior Motorized Wheelchair Indicator
GG0110C_PRIOR_MCHNCL_LIFT_IND	GG0110C Prior Mechaniccl Lift Indicator
GG0110D_PRIOR_WLKR_IND	GG0110D Prior Walker Indicator
GG0110E_PRIOR_ORTHTCS_IND	GG0110E Prior Orthotics Indicator
GG0110Z_PRIOR_NONE_OF_THE_ABV	GG0110Z Prior None Of The Above Indicator
GG0130E1_BTHE_SELF_STRT_CD	GG0130E1 Bathe Self Start Indicator
GG0130E2_BTHE_SELF_GOAL_CD	GG0130E2 Bathe Self Goal Indicator
GG0130E3_BTHE_SELF_END_CD	GG0130E3 Bathe Self End Indicator
GG0130F1_UPR_DRSNG_STRT_CD	GG0130F1 Upper Dressing Start Indicator
GG0130F2_UPR_DRSNG_GOAL_CD	GG0130F2 Upper Dressing Goal Indicator
GG0130F3_UPR_DRSNG_END_CD	GG0130F3 Upper Dressing End Indicator
GG0130G1_LWR_DRSNG_STRT_CD	GG0130G1 Lower Dressing Start Indicator
GG0130G2_LWR_DRSNG_GOAL_CD	GG0130G2 Lower Dressing Goal Indicator
GG0130G3_LWR_DRSNG_END_CD	GG0130G3 Lower Dressing End Indicator
GG0130H1_ON_OFF_FTWR_STRT_CD	GG0130H1 On Off Footwear Start Indicator
GG0130H2_ON_OFF_FTWR_GOAL_CD	GG0130H2 On Off Footwear Goal Indicator
GG0130H3_ON_OFF_FTWR_END_CD	GG0130H3 On Off Footwear End Indicator
GG0170A1_ROLL_STRT_CD	GG0170A1 Roll Start Indicator
GG0170A2_ROLL_GOAL_CD	GG0170A2 Roll Goal Indicator
GG0170A3_ROLL_END_CD	GG0170A3 Roll End Indicator
GG0170G1_CAR_TRNSFR_STRT_CD	GG0170G1 Car Transfer Start Indicator
GG0170G2_CAR_TRNSFR_GOAL_CD	GG0170G2 Car Transfer Goal Indicator
GG0170G3_CAR_TRNSFR_END_CD	GG0170G3 Car Transfer End Indicator
GG0170I1_WLK_10_FEET_STRT_CD	GG0170I1 Once Standing, Walk 10 Feet Start Indicator
GG0170I2_WLK_10_FEET_GOAL_CD	GG0170I2 Walk 10 Feet Goal Indicator
GG0170I3_WLK_10_FEET_END_CD	GG0170I3 Once Standing, Walk 10 Feet End Indicator
GG0170L1_WLKG_UNEVEN_STRT_CD	GG0170L1 Walking Uneven Start Indicator
GG0170L2_WLKG_UNEVEN_GOAL_CD	GG0170L2 Walking Uneven Goal Indicator
GG0170L3_WLKG_UNEVEN_END_CD	GG0170L3 Wlkg Uneven End Indicaty to
GG0170M1_1_STP_STRT_CD	GG0170M1 1 Step Start Indicator

## Long-Term Care Minimum Data Set Assessment File

<u>Variable Name</u>	<u>Variable Label</u>
GG0170M2_1_STP_GOAL_CD	GG0170M2 1 Step Goal Indicator
GG0170M3_1_STP_END_CD	GG0170M3 1 Step End Indicator
GG0170N1_4_STP_STRT_CD	GG0170N1 4 Step Start Indicator
GG0170N2_4_STP_GOAL_CD	GG0170N2 4 Step Goal Indicator
GG0170N3_4_STP_END_CD	GG0170N3 4 Step End Indicator
GG0170O1_12_STP_STRT_CD	GG0170O1 12 Step Start Indicator
GG0170O2_12_STP_GOAL_CD	GG0170O2 12 Stp Goal Indicato
GG0170O3_12_STP_END_CD	GG0170O3 12 Stp End Indicaty to
GG0170P1_PCKNG_UP_OBJ_STRT_CD	GG0170P1 Picking Up Object Start Indicator
GG0170P2_PCKNG_UP_OBJ_GOAL_CD	GG0170P2 Picking Up Object Goal Indicator
GG0170P3_PCKNG_UP_OBJ_END_CD	GG0170P3 Picking Up Object End Indicator
I0020A_OTHR_MDCL_COND_ICD_CD	I0020A Other Medical Condition ICD Code
I0020_PRMRY_MDCL_COND_CTGRY_CD	I0020 Primary Medical Condition Category
J2000_PRIOR_SRGRY_IND	J2000 Prior Surgry Indicator
N2001_DRUG_RGMN_RVW_IND	N2001 Drug Regimen Review Indicator
N2003_MDCTN_FLW_UP_IND	N2003 Medicationn Follow Up Indicator
N2005_MDCTN_INTRVTN_IND	N2005 Medication Intervention Indicator



Long-Term Care Minimum Data Set Facility File

<u>Variable Name</u>	<u>Variable Label</u>
FILE_YEAR4	Year of facility information (YYYY)
FACILITY_ID	Facility Internal ID
STATE_ID	State Abbreviation Code
PRVDR_STATE_CD	Mailing State Code
PRVDR_ZIP_CD	ZIP Code
PRVDR_MLG_ZIP_PLUS_CD	Mailing Plus ZIP Code
PRVDR_CTGRY_CD	Provider Category Code
PRVDR_CLOSE_DT	Provider Closed Date
ADD_DT	Add Date