

**Restricted-use Linked NCHS-CMS Medicare Data**  
**Durable Medical Equipment (DME) Claims**  
**DATE CREATED: 02FEB2017**  
**Number of Variables: 59**

Document version date: 2/3/2025 1

| Variable Name              | Variable Label (VAR)                                      | VAR Type | VAR Length | Range of Values | Value Description  |
|----------------------------|---|----------|------------|-----------------|--|
| SURVEY                     | NCHS SURVEY NAME  | Char     | 20         | -               |  |
| PUBLICID                   | NHIS PUBLIC USE ID  | Char     | 14         | ID              |  |
| SEQN                       | NHANES SAMPLE SEQUENCE NUMBER (PUBLIC ID)                 | Num      | 8          | ID              |  |
| RESNUM                     | NNHS RESIDENT ID NUMBER (PUBLIC)                          | Num      | 8          | ID              |  |
| PATNUM                     | Patient/Discharge Record (Case) Number in public-use file | Num      | 8          | ID              |  |
| FILE_YEAR4                 | Beneficiary Enrollment Reference Year (YYYY)              | Num      | 4          | 1999-2013       |  |
| NCHS_CLM_ID                | NCHS CLAIM ID   | Num      | 8          |                 |  |
| NCH_NEAR_LINE_REC_IDENT_CD | NCH Near Line Record Identification Code                  | Char     | 1          | M               | Part B DMEPOS claim record (processed by DME Regional Carrier) (effective 10/93) |
| NCH_CLM_TYPE_CD            | NCH Claim Type Code                                       | Char     | 2          | 81              | RIC M DMERC non-DMEPOS claim   |
|                            |   |          |            | 82              | RIC M DMERC DMEPOS claim   |
| CLM_FROM_DT                | Claim From Date   | Num      | 4          |                 |  |
| CLM_THRU_DT                | Claim Through Date (Determines Year of Claim)             | Num      | 4          |                 |  |
| NCH_WKLY_PROC_DT           | NCH Weekly Claim Processing Date                          | Num      | 4          |                 |  |
| CARR_CLM_ENTRY_CD          | Carrier Claim Entry Code                                  | Char     | 1          | -               |  |
| CLM_DISP_CD                | Claim Disposition Code                                    | Char     | 2          | 01              | Debit accepted   |

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| CARR_CLM_PMT_DNL_CD | Carrier Claim Payment Denial Code | Char     | 2          | **OTHER**       | Miscoded   |
|                     |                                   |          |            | 0               | Denied   |
|                     |                                   |          |            | 1               | Physician/supplier   |
|                     |                                   |          |            | 2               | Beneficiary  |
|                     |                                   |          |            | 3               | Both physician/supplier and beneficiary                                    |
|                     |                                   |          |            | 12              | MSP cost avoided - BC/BS Voluntary Agreements                              |
|                     |                                   |          |            | 14              | MSP cost avoided - Workman's Compensation (WC) Datamatch                   |
|                     |                                   |          |            | 21              | MSP cost avoided - MIR Group Health Plan (eff.1/2009)                      |
|                     |                                   |          |            | 22              | MSP cost avoided - MIR non-Group Health Plan (eff.1/2009)                  |
|                     |                                   |          |            | A               | Beneficiary under limitation of liability                                  |
|                     |                                   |          |            | B               | Physician/supplier under limitation of liability                           |
|                     |                                   |          |            | D               | Denied due to demonstration involvement (eff. 5/97)                        |
|                     |                                   |          |            | E               | MSP cost avoided IRS/SSA/HCFA Data Match (eff. 7/3/00)                     |
|                     |                                   |          |            | F               | MSP cost avoided HMO Rate Cell (eff. 7/3/00)                               |
|                     |                                   |          |            | G               | MSP cost avoided Litigation Settlement (eff. 7/3/00)                       |
|                     |                                   |          |            | H               | MSP cost avoided Employer Voluntary Reporting (eff. 7/3/00)                |
|                     |                                   |          |            | J               | MSP cost avoided Insurer Voluntary Reporting (eff. 7/3/00)                 |
|                     |                                   |          |            | K               | MSP cost avoided Initial Enrollment Questionnaire (eff. 7/3/00)            |
|                     |                                   |          |            | Q               | MSP cost avoided - (Contractor #88888) voluntary agreement (eff. 1/98)     |
|                     |                                   |          |            | T               | MSP cost avoided - IEQ contractor (eff. 7/96) (obsolete 6/30/00)           |
|                     |                                   |          |            | U               | MSP cost avoided - HMO rate cell adjustment (eff. 7/96) (obsolete 6/30/00) |
|                     |                                   |          |            | V               | MSP cost avoided - litigation settlement (eff. 7/96) (obsolete 6/30/00)    |
|                     |                                   |          |            | X               | MSP cost avoided - generic   |

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|                               |   |          |            | Y               | MSP cost avoided - IRS/SSA data match project (obsolete 6/30/00) |
| CLM_PMT_AMT                   | Claim Payment Amount  | Num      | 8          |                 |  |
| CARR_CLM_PRMRY_PYR_PD_AMT     | Carrier Claim Primary Payer Paid Amount                               | Num      | 8          |                 |  |
| CARR_CLM_PRVDR_ASGNMT_IND_SW  | Claim Provider Assignment Indicator Switch                            | Char     | 1          | A               | Assigned claim   |
|                               |   |          |            | N               | Non-assigned claim   |
| NCH_CLM_PRVDR_PMT_AMT         | NCH Claim Provider Payment Amount                                     | Num      | 8          |                 |  |
| NCH_CLM_BENE_PMT_AMT          | NCH Claim Beneficiary Payment Amount                                  | Num      | 8          |                 |  |
| NCH_CARR_CLM_SBMTD_CHRG_AMT   | NCH Carrier Claim Submitted Charge Amount                             | Num      | 8          |                 |  |
| NCH_CARR_CLM_ALOWD_AMT        | NCH Carrier Claim Allowed Charge Amount                               | Num      | 8          |                 |  |
| CARR_CLM_CASH_DDCTBL_APLD_AMT | Carrier Claim Cash Deductible Applied Amount                          | Num      | 8          |                 |  |
| CARR_CLM_HCPCS_YR_CD          | Carrier Claim HCPCS Year Code   | Char     | 1          | -               |  |
| PRNCPAL_DGNS_CD               | Primary Claim Diagnosis Code  | Char     | 7          | -               |  |
| PRNCPAL_DGNS_VRSN_CD          | Primary Claim Diagnosis Code Diagnosis Version Code (ICD-9 or ICD-10) | Char     | 1          | **OTHER**       | Miscoded   |
|                               |   |          |            | 9               | ICD-9  |
| ICD_DGNS_CD1                  | Claim Diagnosis Code I  | Char     | 7          | -               |  |
| ICD_DGNS_VRSN_CD1             | Claim Diagnosis Code I Diagnosis Version Code (ICD-9 or ICD-10)       | Char     | 1          | **OTHER**       | Miscoded   |

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|-------------------|---|----------|------------|-----------------|-------------------|
|                   |   |          |            | 9               | ICD-9             |
| ICD_DGNS_CD2      | Claim Diagnosis Code II   | Char     | 7          | -               |                   |
| ICD_DGNS_VRSN_CD2 | Claim Diagnosis Code II Diagnosis Version Code (ICD-9 or ICD-10)  | Char     | 1          | **OTHER**       | Miscoded          |
|                   |   |          |            | 9               | ICD-9             |
| ICD_DGNS_CD3      | Claim Diagnosis Code III  | Char     | 7          | -               |                   |
| ICD_DGNS_VRSN_CD3 | Claim Diagnosis Code III Diagnosis Version Code (ICD-9 or ICD-10) | Char     | 1          | **OTHER**       | Miscoded          |
|                   |   |          |            | 9               | ICD-9             |
| ICD_DGNS_CD4      | Claim Diagnosis Code IV   | Char     | 7          | -               |                   |
| ICD_DGNS_VRSN_CD4 | Claim Diagnosis Code IV Diagnosis Version Code (ICD-9 or ICD-10)  | Char     | 1          | **OTHER**       | Miscoded          |
|                   |   |          |            | 9               | ICD-9             |
| ICD_DGNS_CD5      | Claim Diagnosis Code V  | Char     | 7          | -               |                   |
| ICD_DGNS_VRSN_CD5 | Claim Diagnosis Code V Diagnosis Version Code (ICD-9 or ICD-10)   | Char     | 1          | **OTHER**       | Miscoded          |
|                   |   |          |            | 9               | ICD-9             |
| ICD_DGNS_CD6      | Claim Diagnosis Code VI   | Char     | 7          | -               |                   |
| ICD_DGNS_VRSN_CD6 | Claim Diagnosis Code VI Diagnosis Version Code (ICD-9 or ICD-10)  | Char     | 1          | **OTHER**       | Miscoded          |
|                   |   |          |            | 9               | ICD-9             |

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|--------------------|--|----------|------------|-----------------|-------------------|
| ICD_DGNS_CD7       | Claim Diagnosis Code VII   | Char     | 7          | -               |                   |
| ICD_DGNS_VRSN_CD7  | Claim Diagnosis Code VII Diagnosis Version Code (ICD-9 or ICD-10)  | Char     | 1          | **OTHER**       | Miscoded          |
|                    |  |          |            | 9               | ICD-9             |
| ICD_DGNS_CD8       | Claim Diagnosis Code VIII  | Char     | 7          | -               |                   |
| ICD_DGNS_VRSN_CD8  | Claim Diagnosis Code VIII Diagnosis Version Code (ICD-9 or ICD-10) | Char     | 1          | **OTHER**       | Miscoded          |
|                    |  |          |            | 9               | ICD-9             |
| ICD_DGNS_CD9       | Claim Diagnosis Code IX  | Char     | 7          | -               |                   |
| ICD_DGNS_VRSN_CD9  | Claim Diagnosis Code IX Diagnosis Version Code (ICD-9 or ICD-10)   | Char     | 1          | **OTHER**       | Miscoded          |
|                    |  |          |            | 9               | ICD-9             |
| ICD_DGNS_CD10      | Claim Diagnosis Code X   | Char     | 7          | -               |                   |
| ICD_DGNS_VRSN_CD10 | Claim Diagnosis Code X Diagnosis Version Code (ICD-9 or ICD-10)    | Char     | 1          | **OTHER**       | Miscoded          |
|                    |  |          |            | 9               | ICD-9             |
| ICD_DGNS_CD11      | Claim Diagnosis Code XI  | Char     | 7          | -               |                   |
| ICD_DGNS_VRSN_CD11 | Claim Diagnosis Code XI Diagnosis Version Code (ICD-9 or ICD-10)   | Char     | 1          | **OTHER**       | Miscoded          |
|                    |  |          |            | 9               | ICD-9             |

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|--------------------|---|----------|------------|-----------------|-----------------------|
| ICD_DGNS_CD12      | Claim Diagnosis Code XII  | Char     | 7          | -               |                       |
| ICD_DGNS_VRSN_CD12 | Claim Diagnosis Code XII Diagnosis Version Code (ICD-9 or ICD-10) | Char     | 1          | **OTHER**       | Miscoded              |
|                    |   |          |            | 9               | ICD-9                 |
| RFR_PHYSN_UPIN     | DMERC Claim Ordering Physician UPIN Number                        | Char     | 12         | -               |                       |
| RFR_PHYSN_NPI      | DMERC Claim Referring Physician NPI Number                        | Char     | 12         | -               |                       |
| CLM_CLNCL_TRIL_NUM | Clinical Trial Number   | Char     | 8          | -               |                       |
| DOB_DT             | Date of Birth from Claim (Date)                                   | Num      | 4          |                 |                       |
| SEX_CD             | Sex Code from Claim   | Char     | 1          | **OTHER**       | Miscoded              |
|                    |   |          |            | 0               | Unknown               |
|                    |   |          |            | 1               | Male                  |
|                    |   |          |            | 2               | Female                |
| BENE_RACE_CD       | Race Code from Claim  | Char     | 1          | **OTHER**       | Miscoded              |
|                    |   |          |            | 0               | Unknown               |
|                    |   |          |            | 1               | White                 |
|                    |   |          |            | 2               | Black                 |
|                    |   |          |            | 3               | Other                 |
|                    |   |          |            | 4               | Asian                 |
|                    |   |          |            | 5               | Hispanic              |
|                    |   |          |            | 6               | North American Native |

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|---------------|------------------------------|----------|------------|-----------------|----------------------|
| BENE_CNTY_CD  | County Code from Claim (SSA) | Char     | 3          |                 |                      |
|               |                              |          |            |                 |                      |
| BENE_STATE_CD | State Code from Claim (SSA)  | Char     | 2          | **OTHER**       | Miscoded             |
|               |                              |          |            | 01              | Alabama              |
|               |                              |          |            | 02              | Alaska               |
|               |                              |          |            | 03              | Arizona              |
|               |                              |          |            | 04              | Arkansas             |
|               |                              |          |            | 05              | California           |
|               |                              |          |            | 06              | Colorado             |
|               |                              |          |            | 07              | Connecticut          |
|               |                              |          |            | 08              | Delaware             |
|               |                              |          |            | 09              | District of Columbia |
|               |                              |          |            | 10              | Florida              |
|               |                              |          |            | 11              | Georgia              |
|               |                              |          |            | 12              | Hawaii               |
|               |                              |          |            | 13              | Idaho                |
|               |                              |          |            | 14              | Illinois             |
|               |                              |          |            | 15              | Indiana              |
|               |                              |          |            | 16              | Iowa                 |
|               |                              |          |            | 17              | Kansas               |
|               |                              |          |            | 18              | Kentucky             |
|               |                              |          |            | 19              | Louisiana            |
|               |                              |          |            | 20              | Maine                |
|               |                              |          |            | 21              | Maryland             |
|               |                              |          |            | 22              | Massachusetts        |

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|---------------|----------------------|----------|------------|-----------------|-------------------|
|               |                      |          |            | 23              | Michigan          |
|               |                      |          |            | 24              | Minnesota         |
|               |                      |          |            | 25              | Mississippi       |
|               |                      |          |            | 26              | Missouri          |
|               |                      |          |            | 27              | Montana           |
|               |                      |          |            | 28              | Nebraska          |
|               |                      |          |            | 29              | Nevada            |
|               |                      |          |            | 30              | New Hampshire     |
|               |                      |          |            | 31              | New Jersey        |
|               |                      |          |            | 32              | New Mexico        |
|               |                      |          |            | 33              | New York          |
|               |                      |          |            | 34              | North Carolina    |
|               |                      |          |            | 35              | North Dakota      |
|               |                      |          |            | 36              | Ohio              |
|               |                      |          |            | 37              | Oklahoma          |
|               |                      |          |            | 38              | Oregon            |
|               |                      |          |            | 39              | Pennsylvania      |
|               |                      |          |            | 40              | Puerto Rico       |
|               |                      |          |            | 41              | Rhode Island      |
|               |                      |          |            | 42              | South Carolina    |
|               |                      |          |            | 43              | South Dakota      |
|               |                      |          |            | 44              | Tennessee         |
|               |                      |          |            | 45              | Texas             |
|               |                      |          |            | 46              | Utah              |



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|-----------------------|----------------------------------|----------|------------|-----------------|---------------------------------|
|                       |                                  |          |            | 47              | Vermont                         |
|                       |                                  |          |            | 48              | Virgin Islands                  |
|                       |                                  |          |            | 49              | Virginia                        |
|                       |                                  |          |            | 50              | Washington                      |
|                       |                                  |          |            | 51              | West Virginia                   |
|                       |                                  |          |            | 52              | Wisconsin                       |
|                       |                                  |          |            | 53              | Wyoming                         |
|                       |                                  |          |            | 54              | Africa                          |
|                       |                                  |          |            | 55              | Asia                            |
|                       |                                  |          |            | 56              | Canada                          |
|                       |                                  |          |            | 57              | Central America and West Indies |
|                       |                                  |          |            | 58              | Europe                          |
|                       |                                  |          |            | 59              | Mexico                          |
|                       |                                  |          |            | 61              | Philippines                     |
|                       |                                  |          |            | 62              | South America                   |
|                       |                                  |          |            | 99              | American Samoa                  |
|                       |                                  |          |            |                 |                                 |
| BENE_MLG_CNTCT_ZIP_CD | Zip Code of Residence from Claim | Char     | 9          |                 |                                 |
|                       |                                  |          |            |                 |                                 |