

**Restricted-use Linked NCHS-CMS Medicare Data
Home Health Agency (HHA) Base Claims
DATE CREATED: 02FEB2017
Number of Variables: 116**

| 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 | U | Both Part A and B institutional home health agency (HHA) claim records -- due to HHPPS and HHA A/B split. (effective 10/00) |
| | | | | V | Part A institutional claim record (inpatient (IP), skilled nursing facility (SNF), christian science (CS), home health agency (HHA), or hospice) |
| | | | | W | Part B institutional claim record (outpatient (OP), HHA) |
| NCH_CLM_TYPE_CD | NCH Claim Type Code | Char | 2 | 10 | HHA 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 | | |

Restricted-use Linked NCHS-CMS Medicare Data
Home Health Agency (HHA) Base Claims
DATE CREATED: 02FEB2017
Number of Variables: 116

| Variable Name | Variable Label (VAR) | VAR Type | VAR Length | Range of Values | Value Description |
|--------------------------|--|----------|------------|-----------------|--|
| FI_CLM_PROC_DT | FI Claim Process Date | Num | 4 | | |
| PRVDR_NUM | Provider Number | Char | 10 | - | |
| CLM_FAC_TYPE_CD | Claim Facility Type Code | Char | 1 | 3 | Home health agency (HHA) |
| CLM_SRVC_CLSFCTN_TYPE_CD | Claim Service classification Type Code | Char | 1 | 2 | TYPE1-6,9:Hospital based or Inpatient (Part B only) or home health visits under Part B/TYPE7:Hospital based or independent renal dialysis facility/TYPE8:Hospice (hospital based) |
| | | | | 3 | TYPE1-6,9:Outpatient (HHA-A also)/TYPE7:Free-standing provider based federally qualified health center (FQHC) (eff 10/91)/TYPE8:Ambulatory surgical center in hospital outpatient department |
| CLM_FREQ_CD | Claim Frequency Code | Char | 1 | 0 | Non-payment/zero claims |
| | | | | 1 | Admit thru discharge claim |
| | | | | 2 | Interim - first claim |
| | | | | 3 | Interim - continuing claim (not valid for PPS claims) |
| | | | | 4 | Interim - last claim (not valid for PPS claims) |
| | | | | 5 | Late charge(s) only claim |
| | | | | 7 | Replacement of prior claim (eff 10/93) provider debit |
| | | | | 9 | Final claim -- used in an HH PPS episode to indicate the claim should be processed like debit/credit adjustment to RAP (initial claim) (eff. 10/00) |
| | | | | G | CWF generated adjustment claim (eff 10/93) |
| | | | | H | CMS generated adjustment claim (eff 10/93) |
| | | | | I | Misc adjustment claim (other than PRO or provider) - used to identify a debit adjustment initiated by CMS or an intermediary (other than QIO or Provider) - eff 10/93, used to identify intermediary ini |
| | | | | J | Other adjustment request (eff 10/93) |
| | | | | M | MSP adjustment (eff 10/93) |
| CLM_MDCR_NON_PMT_RSN_CD | Claim Medicare Non Payment Reason Code | Char | 2 | **OTHER** | Miscoded |

**Restricted-use Linked NCHS-CMS Medicare Data
Home Health Agency (HHA) Base Claims
DATE CREATED: 02FEB2017
Number of Variables: 116**

| Variable Name | Variable Label (VAR) | VAR Type | VAR Length | Range of Values | Value Description |
|--------------------------|-------------------------------------|----------|------------|-----------------|---|
| | | | | 00 | MSP cost avoided - COB Contractor |
| | | | | 21 | MSP cost avoided - MIR Group Health Plan (eff.1/2009) |
| | | | | 22 | MSP cost avoided - MIR non-Group Health Plan (eff.1/2009) |
| | | | | 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) |
| | | | | V | MSP cost avoided - litigation settlement (eff. 7/96) (obsolete 6/30/00) |
| | | | | X | MSP cost avoided - generic |
| | | | | Y | MSP cost avoided - IRS/SSA data match project (obsolete 6/30/00) |
| | | | | | |
| CLM_PMT_AMT | Claim Payment Amount | Num | 8 | | |
| | | | | | |
| NCH_PRMRY_PYR_CLM_PD_AMT | NCH Primary Payer Claim Paid Amount | Num | 8 | | |
| | | | | | |
| NCH_PRMRY_PYR_CD | NCH Primary Payer Code | Char | 1 | | Medicare is primary payer (not sure of effective date: in use 1/91, if not earlier) |
| | | | | A | Working aged bene/spouse with employer group health plan (EGHP) |
| | | | | B | End stage renal disease (ESRD) beneficiary in the 18 month coordination period with an employer group health plan |
| | | | | C | Conditional payment by Medicare: future reimbursement expected |
| | | | | D | Automobile no-fault (eff. 4/97: Prior to 3/94, also included any liability insurance) |
| | | | | E | Workers' compensation |

Restricted-use Linked NCHS-CMS Medicare Data
 Home Health Agency (HHA) Base Claims
 DATE CREATED: 02FEB2017
 Number of Variables: 116

| Variable Name | Variable Label (VAR) | VAR Type | VAR Length | Range of Values | Value Description |
|----------------|-------------------------|----------|------------|-----------------|---|
| | | | | G | Working disabled bene (under age 65 with LGHP) |
| | | | | H | Black Lung |
| | | | | J | Any liability insurance (eff. 3/94 - 3/97) |
| | | | | L | Any liability insurance (eff. 4/97) (eff. 12/90 for carrier claims and 10/93 for FI claims; obsoleted for all claim types 7/1/96) |
| | | | | M | Override code: EGHP services involved (eff. 12/90 for carrier claims and 10/93 for FI claims; obsoleted for all claim types 7/1/96) |
| | | | | N | Override code: non-EGHP services involved (eff. 12/90 for carrier claims and 10/93 for FI claims; obsoleted for all claim types 7/1/96) |
| | | | | | |
| PRVDR_STATE_CD | NCH Provider State Code | Char | 2 | 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 |

Restricted-use Linked NCHS-CMS Medicare Data
Home Health Agency (HHA) Base Claims
DATE CREATED: 02FEB2017
Number of Variables: 116

| Variable Name | Variable Label (VAR) | VAR Type | VAR Length | Range of Values | Value Description |
|---------------|----------------------|----------|------------|-----------------|-------------------|
| | | | | 17 | Kansas |
| | | | | 18 | Kentucky |
| | | | | 19 | Louisiana |
| | | | | 20 | Maine |
| | | | | 21 | Maryland |
| | | | | 22 | Massachusetts |
| | | | | 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 |

Restricted-use Linked NCHS-CMS Medicare Data
Home Health Agency (HHA) Base Claims
DATE CREATED: 02FEB2017
Number of Variables: 116

| Variable Name | Variable Label (VAR) | VAR Type | VAR Length | Range of Values | Value Description |
|---------------------|---------------------------------------|----------|------------|-----------------|-------------------|
| | | | | 41 | Rhode Island |
| | | | | 42 | South Carolina |
| | | | | 43 | South Dakota |
| | | | | 44 | Tennessee |
| | | | | 45 | Texas |
| | | | | 46 | Utah |
| | | | | 47 | Vermont |
| | | | | 48 | Virgin Islands |
| | | | | 49 | Virginia |
| | | | | 50 | Washington |
| | | | | 51 | West Virginia |
| | | | | 52 | Wisconsin |
| | | | | 53 | Wyoming |
| | | | | 55 | California |
| | | | | 65 | Guam |
| | | | | 67 | Texas |
| | | | | 98 | Guam |
| | | | | | |
| ORG_NPI_NUM | Organization NPI Number | Char | 10 | - | |
| | | | | | |
| AT_PHYSN_UPIN | Claim Attending Physician UPIN Number | Char | 12 | - | |
| | | | | | |
| AT_PHYSN_NPI | Claim Attending Physician NPI Number | Char | 12 | - | |
| | | | | | |
| PTNT_DSCHRG_STUS_CD | Patient Discharge Status Code | Char | 2 | **OTHER** | Miscoded |

Restricted-use Linked NCHS-CMS Medicare Data
Home Health Agency (HHA) Base Claims
DATE CREATED: 02FEB2017
Number of Variables: 116

| Variable Name | Variable Label (VAR) | VAR Type | VAR Length | Range of Values | Value Description |
|------------------|---------------------------|----------|------------|-----------------|--|
| | | | | 01 | Discharged to home/self care (routine charge). |
| | | | | 02 | Discharged/transferred to other short term general hospital for inpatient care. |
| | | | | 03 | Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of covered skilled care -- (For hospitals with an approved swing bed arrangement, use Code 61 - swi |
| | | | | 04 | Discharged/transferred to intermediate care facility (ICF). |
| | | | | 05 | Discharged/transferred to another type of institution for inpatient care (including distinct parts). NOTE: Effective 1/2005, psychiatric hospital or psychiatric distinct part unit of a hospital will n |
| | | | | 06 | Discharged/transferred to home care of organized home health service organization. |
| | | | | 07 | Left against medical advice or discontinued care. |
| | | | | 08 | Discharged/transferred to home under care of a home IV drug therapy provider. (discontinued effective 10/1/05) |
| | | | | 20 | Expired (did not recover - Christian Science patient). |
| | | | | 30 | Still patient |
| | | | | 43 | Discharged/transferred to a federal hospital (eff. 10/1/03) |
| | | | | 50 | Hospice - home (eff. 10/96) |
| | | | | 51 | Hospice - medical facility (eff. 10/96) |
| | | | | 62 | Discharged/transferred to an inpatient rehabilitation facility including distinct parts units of a hospital. (eff. 1/2002) |
| | | | | 63 | Discharged/transferred to a long term care hospitals. (eff. 1/2002) |
| | | | | 70 | Discharged/transferred to another type of health care institution not defined elsewhere in code list. |
| | | | | 71 | Discharged/transferred/referred to another institution for outpatient services as specified by the discharge plan of care (eff. 9/01) (discontinued effective 10/1/05) |
| CLM_PPS_IND_CD | Claim PPS Indicator Code | Char | 1 | **OTHER** | Miscoded |
| | | | | 2 | PPS bill (claim contains PPS indicator but no deemed insured MQGE status indicator) |
| CLM_TOT_CHRG_AMT | Claim Total Charge Amount | Num | 8 | | |

Restricted-use Linked NCHS-CMS Medicare Data
Home Health Agency (HHA) Base Claims
DATE CREATED: 02FEB2017
Number of Variables: 116

| Variable Name | Variable Label (VAR) | VAR Type | VAR Length | Range of Values | Value Description |
|----------------------|---|----------|------------|-----------------|-------------------|
| 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 | 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 | 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 | - | |

Restricted-use Linked NCHS-CMS Medicare Data
Home Health Agency (HHA) Base Claims
DATE CREATED: 02FEB2017
Number of Variables: 116

| Variable Name | Variable Label (VAR) | VAR Type | VAR Length | Range of Values | Value Description |
|-------------------|--|----------|------------|-----------------|-------------------|
| 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 |
| 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 | - | |

Restricted-use Linked NCHS-CMS Medicare Data
Home Health Agency (HHA) Base Claims
DATE CREATED: 02FEB2017
Number of Variables: 116

| Variable Name | Variable Label (VAR) | VAR Type | VAR Length | Range of Values | Value Description |
|--------------------|--|----------|------------|-----------------|-------------------|
| 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 |
| 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 |
| ICD_DGNS_CD13 | Claim Diagnosis Code XIII | Char | 7 | - | |
| ICD_DGNS_VRSN_CD13 | Claim Diagnosis Code XIII Diagnosis Version Code (ICD-9 or ICD-10) | Char | 1 | **OTHER** | Miscoded |
| | | | | 9 | ICD-9 |
| ICD_DGNS_CD14 | Claim Diagnosis Code XIV | Char | 7 | - | |
| ICD_DGNS_VRSN_CD14 | Claim Diagnosis Code XIV Diagnosis Version Code (ICD-9 or ICD-10) | Char | 1 | **OTHER** | Miscoded |
| | | | | 9 | ICD-9 |
| ICD_DGNS_CD15 | Claim Diagnosis Code XV | Char | 7 | - | |

Restricted-use Linked NCHS-CMS Medicare Data
Home Health Agency (HHA) Base Claims
DATE CREATED: 02FEB2017
Number of Variables: 116

| Variable Name | Variable Label (VAR) | VAR Type | VAR Length | Range of Values | Value Description |
|--------------------|---|----------|------------|-----------------|-------------------|
| ICD_DGNS_VRSN_CD15 | Claim Diagnosis Code XV Diagnosis Version Code (ICD-9 or ICD-10) | Char | 1 | **OTHER** | Miscoded |
| | | | | 9 | ICD-9 |
| ICD_DGNS_CD16 | Claim Diagnosis Code XVI | Char | 7 | - | |
| ICD_DGNS_VRSN_CD16 | Claim Diagnosis Code XVI Diagnosis Version Code (ICD-9 or ICD-10) | Char | 1 | **OTHER** | Miscoded |
| | | | | 9 | ICD-9 |
| ICD_DGNS_CD17 | Claim Diagnosis Code XVII | Char | 7 | - | |
| ICD_DGNS_VRSN_CD17 | Claim Diagnosis Code XVII Diagnosis Version Code (ICD-9 or ICD-10) | Char | 1 | **OTHER** | Miscoded |
| | | | | 9 | ICD-9 |
| ICD_DGNS_CD18 | Claim Diagnosis Code XVIII | Char | 7 | - | |
| ICD_DGNS_VRSN_CD18 | Claim Diagnosis Code XVIII Diagnosis Version Code (ICD-9 or ICD-10) | Char | 1 | **OTHER** | Miscoded |
| | | | | 9 | ICD-9 |
| ICD_DGNS_CD19 | Claim Diagnosis Code XIX | Char | 7 | - | |
| ICD_DGNS_VRSN_CD19 | Claim Diagnosis Code XIX Diagnosis Version Code (ICD-9 or ICD-10) | Char | 1 | **OTHER** | Miscoded |
| | | | | 9 | ICD-9 |

Restricted-use Linked NCHS-CMS Medicare Data
Home Health Agency (HHA) Base Claims
DATE CREATED: 02FEB2017
Number of Variables: 116

| Variable Name | Variable Label (VAR) | VAR Type | VAR Length | Range of Values | Value Description |
|--------------------|---|----------|------------|-----------------|-------------------|
| ICD_DGNS_CD20 | Claim Diagnosis Code XX | Char | 7 | - | |
| ICD_DGNS_VRSN_CD20 | Claim Diagnosis Code XX Diagnosis Version Code (ICD-9 or ICD-10) | Char | 1 | **OTHER** | Miscoded |
| | | | | 9 | ICD-9 |
| ICD_DGNS_CD21 | Claim Diagnosis Code XXI | Char | 7 | - | |
| ICD_DGNS_VRSN_CD21 | Claim Diagnosis Code XXI Diagnosis Version Code (ICD-9 or ICD-10) | Char | 1 | **OTHER** | Miscoded |
| | | | | 9 | ICD-9 |
| ICD_DGNS_CD22 | Claim Diagnosis Code XXII | Char | 7 | - | |
| ICD_DGNS_VRSN_CD22 | Claim Diagnosis Code XXII Diagnosis Version Code (ICD-9 or ICD-10) | Char | 1 | **OTHER** | Miscoded |
| | | | | 9 | ICD-9 |
| ICD_DGNS_CD23 | Claim Diagnosis Code XXIII | Char | 7 | - | |
| ICD_DGNS_VRSN_CD23 | Claim Diagnosis Code XXIII Diagnosis Version Code (ICD-9 or ICD-10) | Char | 1 | **OTHER** | Miscoded |
| | | | | 9 | ICD-9 |
| ICD_DGNS_CD24 | Claim Diagnosis Code XXIV | Char | 7 | - | |
| ICD_DGNS_VRSN_CD24 | Claim Diagnosis Code XXIV Diagnosis Version Code (ICD-9 or ICD-10) | Char | 1 | **OTHER** | Miscoded |

Restricted-use Linked NCHS-CMS Medicare Data
Home Health Agency (HHA) Base Claims
DATE CREATED: 02FEB2017
Number of Variables: 116

| Variable Name | Variable Label (VAR) | VAR Type | VAR Length | Range of Values | Value Description |
|---------------------|--|----------|------------|-----------------|-------------------|
| | | | | 9 | ICD-9 |
| ICD_DGNS_CD25 | Claim Diagnosis Code XXV | Char | 7 | - | |
| ICD_DGNS_VRSN_CD25 | Claim Diagnosis Code XXV Diagnosis Version Code (ICD-9 or ICD-10) | Char | 1 | **OTHER** | Miscoded |
| | | | | 9 | ICD-9 |
| FST_DGNS_E_CD | First Claim Diagnosis E Code | Char | 7 | - | |
| FST_DGNS_E_VRSN_CD | First Claim Diagnosis E Code Diagnosis Version Code (ICD-9 or ICD-10) | Char | 1 | **OTHER** | Miscoded |
| | | | | 9 | ICD-9 |
| ICD_DGNS_E_CD1 | Claim Diagnosis E Code I | Char | 7 | - | |
| ICD_DGNS_E_VRSN_CD1 | Claim Diagnosis E Code I Diagnosis Version Code (ICD-9 or ICD-10) | Char | 1 | **OTHER** | Miscoded |
| | | | | 9 | ICD-9 |
| ICD_DGNS_E_CD2 | Claim Diagnosis E Code II | Char | 7 | - | |
| ICD_DGNS_E_VRSN_CD2 | Claim Diagnosis E Code II Diagnosis Version Code (ICD-9 or ICD-10) | Char | 1 | **OTHER** | Miscoded |
| ICD_DGNS_E_CD3 | Claim Diagnosis E Code III | Char | 7 | - | |
| ICD_DGNS_E_VRSN_CD3 | Claim Diagnosis E Code III Diagnosis Version Code (ICD-9 or ICD-10) | Char | 1 | **OTHER** | Miscoded |

Restricted-use Linked NCHS-CMS Medicare Data
Home Health Agency (HHA) Base Claims
DATE CREATED: 02FEB2017
Number of Variables: 116

| Variable Name | Variable Label (VAR) | VAR Type | VAR Length | Range of Values | Value Description |
|---------------------|---|----------|------------|-----------------|-------------------|
| ICD_DGNS_E_CD4 | Claim Diagnosis E Code IV | Char | 7 | - | |
| ICD_DGNS_E_VRSN_CD4 | Claim Diagnosis E Code IV Diagnosis Version Code (ICD-9 or ICD-10) | Char | 1 | **OTHER** | Miscoded |
| ICD_DGNS_E_CD5 | Claim Diagnosis E Code V | Char | 7 | - | |
| ICD_DGNS_E_VRSN_CD5 | Claim Diagnosis E Code V Diagnosis Version Code (ICD-9 or ICD-10) | Char | 1 | **OTHER** | Miscoded |
| ICD_DGNS_E_CD6 | Claim Diagnosis E Code VI | Char | 7 | - | |
| ICD_DGNS_E_VRSN_CD6 | Claim Diagnosis E Code VI Diagnosis Version Code (ICD-9 or ICD-10) | Char | 1 | **OTHER** | Miscoded |
| ICD_DGNS_E_CD7 | Claim Diagnosis E Code VII | Char | 7 | - | |
| ICD_DGNS_E_VRSN_CD7 | Claim Diagnosis E Code VII Diagnosis Version Code (ICD-9 or ICD-10) | Char | 1 | **OTHER** | Miscoded |
| ICD_DGNS_E_CD8 | Claim Diagnosis E Code VIII | Char | 7 | - | |
| ICD_DGNS_E_VRSN_CD8 | Claim Diagnosis E Code VIII Diagnosis Version Code (ICD-9 or ICD-10) | Char | 1 | **OTHER** | Miscoded |
| ICD_DGNS_E_CD9 | Claim Diagnosis E Code IX | Char | 7 | - | |

Restricted-use Linked NCHS-CMS Medicare Data
Home Health Agency (HHA) Base Claims
DATE CREATED: 02FEB2017
Number of Variables: 116

| Variable Name | Variable Label (VAR) | VAR Type | VAR Length | Range of Values | Value Description |
|----------------------|--|----------|------------|-----------------|---|
| ICD_DGNS_E_VRSN_CD9 | Claim Diagnosis E Code IX Diagnosis Version Code (ICD-9 or ICD-10) | Char | 1 | **OTHER** | Miscoded |
| ICD_DGNS_E_CD10 | Claim Diagnosis E Code X | Char | 7 | - | |
| ICD_DGNS_E_VRSN_CD10 | Claim Diagnosis E Code X Diagnosis Version Code (ICD-9 or ICD-10) | Char | 1 | **OTHER** | Miscoded |
| ICD_DGNS_E_CD11 | Claim Diagnosis E Code XI | Char | 7 | - | |
| ICD_DGNS_E_VRSN_CD11 | Claim Diagnosis E Code XI Diagnosis Version Code (ICD-9 or ICD-10) | Char | 1 | **OTHER** | Miscoded |
| ICD_DGNS_E_CD12 | Claim Diagnosis E Code XII | Char | 7 | - | |
| ICD_DGNS_E_VRSN_CD12 | Claim Diagnosis E Code XII Diagnosis Version Code (ICD-9 or ICD-10) | Char | 1 | **OTHER** | Miscoded |
| CLM_HHA_LUPA_IND_CD | Claim HHA Low Utilization Payment Adjustment (LUPA) Indicator Code | Char | 1 | | Not a LUPA claim |
| | | | | L | LUPA claim |
| CLM_HHA_RFRL_CD | Claim HHA Referral Code | Char | 1 | **OTHER** | Miscoded |
| | | | | 1 | Physician referral - The patient was admitted upon the recommendation of a personal physician. |
| | | | | 2 | Clinic referral - The patient was admitted upon the recommendation of this facility's clinic physician. |
| | | | | 3 | HMO referral - The patient was admitted upon the recommendation of a health maintenance organization (HMO) physician. |
| | | | | 4 | Transfer from hospital - The patient was admitted as an inpatient transfer from an acute care facility. |

Restricted-use Linked NCHS-CMS Medicare Data
Home Health Agency (HHA) Base Claims
DATE CREATED: 02FEB2017
Number of Variables: 116

| Variable Name | Variable Label (VAR) | VAR Type | VAR Length | Range of Values | Value Description |
|-----------------------|---------------------------------|----------|------------|-----------------|--|
| | | | | 5 | Transfer from a skilled nursing facility (SNF) - The patient was admitted as an inpatient transfer from a SNF. |
| | | | | 6 | Transfer from another health care facility - The patient was admitted as a transfer from a health care facility other than an acute care facility or SNF. |
| | | | | 7 | Emergency room - The patient was admitted upon the recommendation of this facility's emergency room physician. |
| | | | | 8 | Court/law enforcement - The patient was admitted upon the direction of a court of law or upon the request of a law enforcement agency's representative. |
| | | | | 9 | Information not available - The means by which the patient was admitted is not known. |
| | | | | A | Transfer from a Critical Access Hospital - patient was admitted/referred to this facility as a transfer from a Critical Access Hospital. |
| | | | | B | Transfer from another HHA - Beneficiaries are permitted to transfer from one HHA to another unrelated HHA under HH PPS. (eff. 10/00) |
| | | | | C | Readmission to same HHA - If a beneficiary is discharged from an HHA and then readmitted within the original 60-day episode, the original episode must be closed early and a new one created. NOTE: the |
| CLM_HHA_TOT_VISIT_CNT | Claim HHA Total Visit Count | Num | 3 | | |
| CLM_ADMSN_DT | Claim HHA Care Start Date | Num | 4 | | |
| 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 |

Restricted-use Linked NCHS-CMS Medicare Data
 Home Health Agency (HHA) Base Claims
 DATE CREATED: 02FEB2017
 Number of Variables: 116

| Variable Name | Variable Label (VAR) | VAR Type | VAR Length | Range of Values | Value Description |
|---------------|------------------------------|----------|------------|-----------------|-----------------------|
| | | | | 1 | White |
| | | | | 2 | Black |
| | | | | 3 | Other |
| | | | | 4 | Asian |
| | | | | 5 | Hispanic |
| | | | | 6 | North American Native |
| | | | | | |
| 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 |

Restricted-use Linked NCHS-CMS Medicare Data
Home Health Agency (HHA) Base Claims
DATE CREATED: 02FEB2017
Number of Variables: 116

| Variable Name | Variable Label (VAR) | VAR Type | VAR Length | Range of Values | Value Description |
|---------------|----------------------|----------|------------|-----------------|-------------------|
| | | | | 16 | Iowa |
| | | | | 17 | Kansas |
| | | | | 18 | Kentucky |
| | | | | 19 | Louisiana |
| | | | | 20 | Maine |
| | | | | 21 | Maryland |
| | | | | 22 | Massachusetts |
| | | | | 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 |

Restricted-use Linked NCHS-CMS Medicare Data
 Home Health Agency (HHA) Base Claims
 DATE CREATED: 02FEB2017
 Number of Variables: 116

| Variable Name | Variable Label (VAR) | VAR Type | VAR Length | Range of Values | Value Description |
|-----------------------|----------------------------------|----------|------------|-----------------|---------------------------------|
| | | | | 40 | Puerto Rico |
| | | | | 41 | Rhode Island |
| | | | | 42 | South Carolina |
| | | | | 43 | South Dakota |
| | | | | 44 | Tennessee |
| | | | | 45 | Texas |
| | | | | 46 | Utah |
| | | | | 47 | Vermont |
| | | | | 48 | Virgin Islands |
| | | | | 49 | Virginia |
| | | | | 50 | Washington |
| | | | | 51 | West Virginia |
| | | | | 52 | Wisconsin |
| | | | | 53 | Wyoming |
| | | | | 55 | Asia |
| | | | | 56 | Canada |
| | | | | 57 | Central America and West Indies |
| | | | | 58 | Europe |
| | | | | 59 | Mexico |
| | | | | 61 | Philippines |
| | | | | 99 | American Samoa |
| | | | | | |
| BENE_MLG_CNTCT_ZIP_CD | Zip Code of Residence from Claim | Char | 9 | | |
| | | | | | |