

**NCHS Survey Data Linked to CMS MBSF, Claims/Encounters, and Assessment Data  
Carrier (Physician/Supplier Part B) Fee-For-Service Claims  
Date Created: 29JAN2021  
Number of Variables: 70**

Variable Name	Variable (VAR) Label	VAR Type	Range of Values <sup>1</sup>	Value Description
PATIENT_ID	NHCS Patient ID	Char	ID	Patient Identifier assigned by NCHS. Researchers requesting linked NHCS-CMS data should use PATIENT_ID.
PUBLICID	NHIS Public Use ID	Char	ID	Public-use survey participant identifier assigned by NCHS. Researchers requesting linked NHIS/LSOA II-Medicare data should use PUBLICID.
SEQN	NHANES Respondent Sequence Number	Num	ID	Public-use survey participant identifier assigned by NCHS. Researchers requesting linked NHEFS/NHANES III/NHANES-Medicare data should use SEQN.
RESNUM	NNHS Resident Record (Case) Number	Num	ID	Public-use survey participant identifier assigned by NCHS. Researchers requesting linked 2004 NNHS-Medicare data should use RESNUM.
SURVEY	Survey Name and survey year/cycle	Char		
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)	Num	2016-2018	2016 NHCS has been linked to only 2016-2017 Medicare Data.
NCHS_CLM_ID	NCHS CLAIM ID	Num		
NCH_NEAR_LINE_REC_IDENT_CD	NCH Near Line Record Identification Code (RIC)	Char	O	Part B physician/supplier claim record (processed by local carriers, can include DMEPOS services)
NCH_CLM_TYPE_CD	NCH Claim Type Code	Char	71	RIC O local carrier non-DMEPOS claim
			72	RIC O local carrier DMEPOS claim
CLM_FROM_DT	Claim From Date	Num		Date provided in SAS date (numeric) format.
CLM_THRU_DT	Claim Through Date	Num		Date provided in SAS date (numeric) format.
NCH_WKLY_PROC_DT	NCH Weekly Claim Processing Date	Num		Date provided in SAS date (numeric) format.

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CARR_CLM_ENTRY_CD	Carrier Claim Entry Code	Char		
CLM_DISP_CD	Claim Disposition Code	Char	01	Debit accepted
CARR_NUM	Carrier or MAC Number	Char		
CARR_CLM_PMT_DNL_CD	Carrier Claim Payment Denial Code	Char	**OTHER**	Miscoded
			0	Denied
			00	MSP cost avoided - COB Contractor
			1	Physician/supplier
			12	MSP cost avoided - BC/BS Voluntary Agreements
			14	MSP cost avoided - Workman`s Compensation (WC) Datamatch
			17	MSP cost avoided - No-Fault Insurer VDSA (eff.4/2006)
			2	Beneficiary
			21	MSP cost avoided - MIR Group Health Plan (eff.1/2009)
			22	MSP cost avoided - MIR non-Group Health Plan (eff.1/2009)
			3	Both physician/supplier and beneficiary
			9	PA service
			D	Denied due to demonstration involvement (eff. 5/97)
			E	MSP cost avoided IRS/SSA/HCFDA 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)

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			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
			Y	MSP cost avoided - IRS/SSA data match project (obsolete 6/30/00)
CLM_PMT_AMT	Claim (Medicare) Payment Amount	Num	0-78,400	Payment/Chagred Amount, in dollars.
CARR_CLM_PRMRY_PYR_PD_AMT	NCH Primary Payer (if not Medicare) Claim Paid Amount	Num	0-96,100	Payment/Chagred Amount, in dollars.
RFR_PHYSN_UPIN	Carrier/DMERC Claim Referring Physician UPIN Number	Char		
RFR_PHYSN_NPI	Carrier/DMERC Claim Referring Physician NPI Number	Char		
CARR_CLM_PRVDR_ASGNMT_IND_SW	Carrier Claim Provider Assignment Indicator Switch	Char	A N	Assigned claim Non-assigned claim
NCH_CLM_PRVDR_PMT_AMT	NCH Claim Provider Payment Amount	Num	0-78,400	Payment/Chagred Amount, in dollars.
NCH_CLM_BENE_PMT_AMT	NCH Claim Payment Amount to Beneficiary	Num	0-9,600	Payment/Chagred Amount, in dollars.

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NCH_CARR_CLM_SBMTD_CHRG_AMT	NCH Carrier Claim Submitted Charge Amount (sum of all line-level submitted charges)	Num	0-148,500	Payment/Chagred Amount, in dollars.
NCH_CARR_CLM_ALOWD_AMT	NCH Carrier Claim Allowed Charge Amount (sum of all line-level allowed charges)	Num	0-100,000	Payment/Chagred Amount, in dollars.
CARR_CLM_CASH_DDCTBL_APLD_AMT	Carrier Claim Cash Deductible Applied Amount (sum of all line-level deductible amounts)	Num	0-200	Payment/Chagred Amount, in dollars.
CARR_CLM_HCPCS_YR_CD	Claim Healthcare Common Procedure Coding System (HCPCS) Year Code	Char	5	For value description please see website: <a href="https://www.resdac.org/cms-data/variables/claim-healthcare-common-procedure-coding-system-hcpcs-year-code">https://www.resdac.org/cms-data/variables/claim-healthcare-common-procedure-coding-system-hcpcs-year-code</a> (accessed on 06/22/2020)
			6	For value description please see website: <a href="https://www.resdac.org/cms-data/variables/claim-healthcare-common-procedure-coding-system-hcpcs-year-code">https://www.resdac.org/cms-data/variables/claim-healthcare-common-procedure-coding-system-hcpcs-year-code</a> (accessed on 06/22/2020)
			7	For value description please see website: <a href="https://www.resdac.org/cms-data/variables/claim-healthcare-common-procedure-coding-system-hcpcs-year-code">https://www.resdac.org/cms-data/variables/claim-healthcare-common-procedure-coding-system-hcpcs-year-code</a> (accessed on 06/22/2020)
			8	For value description please see website: <a href="https://www.resdac.org/cms-data/variables/claim-healthcare-common-procedure-coding-system-hcpcs-year-code">https://www.resdac.org/cms-data/variables/claim-healthcare-common-procedure-coding-system-hcpcs-year-code</a> (accessed on 06/22/2020)
CARR_CLM_RFRNG_PIN_NUM	Carrier Claim Referring Provider ID Number (PIN)	Char		
PRNCPAL_DGNS_CD	Claim Principal Diagnosis Code	Char		
PRNCPAL_DGNS_VRSN_CD	Claim Principal Diagnosis Version Code	Char	0	ICD-10
ICD_DGNS_CD1	Claim Diagnosis Code I	Char		

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ICD_DGNS_VRSN_CD1	Claim Diagnosis Code I Diagnosis Version Code (ICD-9 or ICD-10)	Char	0	ICD-10
ICD_DGNS_CD2	Claim Diagnosis Code II	Char		
ICD_DGNS_VRSN_CD2	Claim Diagnosis Code II Diagnosis Version Code (ICD-9 or ICD-10)	Char	0	ICD-10
			9	ICD-9
ICD_DGNS_CD3	Claim Diagnosis Code III	Char		
ICD_DGNS_VRSN_CD3	Claim Diagnosis Code III Diagnosis Version Code (ICD-9 or ICD-10)	Char	0	ICD-10
			9	ICD-9
ICD_DGNS_CD4	Claim Diagnosis Code IV	Char		
ICD_DGNS_VRSN_CD4	Claim Diagnosis Code IV Diagnosis Version Code (ICD-9 or ICD-10)	Char	0	ICD-10
			9	ICD-9
ICD_DGNS_CD5	Claim Diagnosis Code V	Char		
ICD_DGNS_VRSN_CD5	Claim Diagnosis Code V Diagnosis Version Code (ICD-9 or ICD-10)	Char	0	ICD-10
			9	ICD-9
ICD_DGNS_CD6	Claim Diagnosis Code VI	Char		
ICD_DGNS_VRSN_CD6	Claim Diagnosis Code VI Diagnosis Version Code (ICD-9 or ICD-10)	Char	0	ICD-10

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			9	ICD-9
ICD_DGNS_CD7	Claim Diagnosis Code VII	Char		
ICD_DGNS_VRSN_CD7	Claim Diagnosis Code VII Diagnosis Version Code (ICD-9 or ICD-10)	Char	0	ICD-10
			9	ICD-9
ICD_DGNS_CD8	Claim Diagnosis Code VIII	Char		
ICD_DGNS_VRSN_CD8	Claim Diagnosis Code VIII Diagnosis Version Code (ICD-9 or ICD-10)	Char	0	ICD-10
			9	ICD-9
ICD_DGNS_CD9	Claim Diagnosis Code IX	Char		
ICD_DGNS_VRSN_CD9	Claim Diagnosis Code IX Diagnosis Version Code (ICD-9 or ICD-10)	Char		ICD-9
			0	ICD-10
ICD_DGNS_CD10	Claim Diagnosis Code X	Char		
ICD_DGNS_VRSN_CD10	Claim Diagnosis Code X Diagnosis Version Code (ICD-9 or ICD-10)	Char	0	ICD-10
			9	ICD-9
ICD_DGNS_CD11	Claim Diagnosis Code XI	Char		
ICD_DGNS_VRSN_CD11	Claim Diagnosis Code XI Diagnosis Version Code (ICD-9 or ICD-10)	Char	0	ICD-10

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			9	ICD-9
ICD_DGNS_CD12	Claim Diagnosis Code XII	Char		
ICD_DGNS_VRSN_CD12	Claim Diagnosis Code XII Diagnosis Version Code (ICD-9 or ICD-10)	Char	0	ICD-10
			9	ICD-9
CLM_CLNCL_TRIL_NUM	Clinical Trial Number	Char		
DOB_DT	Date of Birth from Claim	Num		Date provided in SAS date (numeric) format.
GNDR_CD	Gender Code from Claim	Char	1	Male
			2	Female
BENE_RACE_CD	Race Code from Claim	Char	0	Unknown
			1	White
			2	Black
			3	Other
			4	Asian/Pacific Islander
			5	Hispanic
			6	North American Native
BENE_CNTY_CD	Beneficiary County Code from Claim (SSA)	Char		
BENE_STATE_CD	Beneficiary Residence (SSA) State Code	Char		For value description please see website: <a href="https://www.resdac.org/cms-data/variables/beneficiary-residence-ssa-state-code-ffs">https://www.resdac.org/cms-data/variables/beneficiary-residence-ssa-state-code-ffs</a> (accessed on 06/22/2020)

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BENE_MLG_CNTCT_ZIP_CD	Beneficiary ZIP Code of Residence	Char		
CLM_BENE_PD_AMT	Carrier Claim Beneficiary Paid Amount	Num	0-100,000	Payment/Chagred Amount, in dollars.
CPO_PRVDR_NUM	Care Plan Oversight (CPO) Provider Number	Char		
CPO_ORG_NPI_NUM	CPO Organization NPI Number	Char		
CARR_CLM_BLG_NPI_NUM	Carrier Claim Billing NPI Number	Char		
ACO_ID_NUM	Claim Accountable Care Organization (ACO) Identification Number	Char		
CARR_CLM_SOS_NPI_NUM	Carrier Claim Site of Service NPI Number	Char		
CLM_BENE_ID_TYPE_CD	Claim Beneficiary Identifier Type Code (For CMS Internal Use)	Char		
CLM_RSDL_PYMT_IND_CD	Claim Residual Payment Indicator Code	Char		Missing Value
			X	Residual payment
PRVDR_VLDTN_TYPE_CD	Provider Validation Type Code	Char		Missing Value

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