

**NCHS Survey Data Linked to CMS MBSF, Claims/Encounters, and Assessment Data
Carrier (Physician/Supplier Part B) Fee-For-Service Line Items**

Date Created: 29JAN2021

Number of Variables: 84

Variable Name	Variable (VAR) Label	VAR Type	Range of Values ¹	Value Description
PATIENT_ID	NHCS Patient ID	Char	ID	Patient Identifier assigned by NCHS. Researchers requesting linked NHCS-CMS data should use PATIENT_ID.
PUBLICID	NHIS Public Use ID	Char	ID	Public-use survey participant identifier assigned by NCHS. Researchers requesting linked NHIS/LSOA II-Medicare data should use PUBLICID.
SEQN	NHANES Respondent Sequence Number	Num	ID	Public-use survey participant identifier assigned by NCHS. Researchers requesting linked NHEFS/NHANES III/NHANES-Medicare data should use SEQN.
RESNUM	NNHS Resident Record (Case) Number	Num	ID	Public-use survey participant identifier assigned by NCHS. Researchers requesting linked 2004 NNHS-Medicare data should use RESNUM.
SURVEY	Survey Name and survey year/cycle	Char		
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)	Num	2016-2018	2016 NHCS has been linked to only 2016-2017 Medicare Data.
NCHS_CLM_ID	NCHS CLAIM ID	Num		
LINE_NUM	Claim Line Number	Num	1-13	
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_THRU_DT	Claim Through Date	Num		Date provided in SAS date (numeric) format.
CARR_PRRNG_PIN_NUM	Carrier Line Performing Provider ID Number (PIN)	Char		
PRF_PHYSN_UPIN	Carrier Line Performing UPIN Number	Char		

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values ¹	Value Description
PRF_PHYSN_NPI	Carrier Line Performing NPI Number	Char		
ORG_NPI_NUM	Carrier Line Performing Group NPI Number	Char		
CARR_LINE_PRVDR_TYPE_CD	Carrier Line Provider Type Code	Char	**OTHER**	Miscoded
			0	Clinics, groups, associations, partnerships, or other entities
			1	Physicians or suppliers reporting as solo practitioners
			3	Institutional provider
			5	Clinics (multiple specialties)
			7	Other entities
TAX_NUM	Line Provider Tax Number	Char		For value description please see website: https://www.resdac.org/cms-data/variables/line-provider-tax-number (accessed on 06/22/2020)
PRVDR_STATE_CD	Line Provider State Code (SSA)	Char		For value description please see website: https://www.resdac.org/cms-data/variables/nch-provider-ssa-state-code (accessed on 06/22/2020)
PRVDR_ZIP	Carrier Line Performing Provider ZIP Code	Char		
PRVDR_SPCLTY	Line CMS Provider Specialty Code	Char		For value description please see website: https://www.resdac.org/cms-data/variables/line-cms-provider-specialty-code (accessed on 06/22/2020)
PRTCPTNG_IND_CD	Line Provider Participating Indicator Code	Char	1	Participating
			2	All or some covered and allowed expenses applied to deductible Participating
			3	Assignment accepted/non-participating

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values ¹	Value Description
			4	Assignment not accepted/non-participating
			5	Assignment accepted but all or some covered and allowed expenses applied to deductible Non-participating.
			6	Assignment not accepted and all covered and allowed expenses applied to deductible non-participating.
			7	Participating provider not accepting assignment.
CARR_LINE_RDCD_PMT_PHYS_ASTN_C	Carrier Line Reduced Payment Physician Assistant Code	Char	0	N/A
			2	75% A) Physician assistants performing services in a hospital (other than assisting surgery) B) Nurse practitioners and clinical nurse specialists performing services in rural areas C) Clinical social worker services
			3	85% A) Physician assistant services for other than assisting surgery B) Nurse practitioners services
LINE_SRVC_CNT	Line Service Count	Num	0.1-9999	
LINE_CMS_TYPE_SRVC_CD	Line CMS Type Service Code	Char	0	Whole blood only eff 01/96, whole blood or packed red cells before 01/96
			1	Medical care
			2	Surgery
			3	Consultation
			4	Diagnostic radiology
			5	Diagnostic laboratory
			6	Therapeutic radiology
			7	Anesthesia
			8	Assistant at surgery
			9	Other medical items or services

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values ¹	Value Description
			D	Ambulance (eff 04/95)
			E	Enteral/parenteral nutrients/supplies (eff 04/95)
			F	Ambulatory surgical center (facility usage for surgical services)
			G	Immunosuppressive drugs
			J	Diabetic shoes (eff 04/95)
			K	Hearing items and services (eff 04/95)
			L	ESRD supplies (eff 04/95) (renal supplier in the home before 04/95)
			N	Kidney donor
			P	Lump sum purchase of DME, prosthetics orthotics
			Q	Vision items or services
			R	Rental of DME
			S	Surgical dressings or other medical supplies (eff 04/95)
			T	Psychological therapy (term. 12/31/97) outpatient mental health limitation (eff. 1/1/98)
			U	Occupational therapy
			V	Pneumococcal/flu vaccine (eff 01/96), Pneumococcal/flu/hepatitis B vaccine (eff 04/95-12/95), Pneumococcal only before 04/95
			W	Physical therapy
LINE_PLACE_OF_SRVC_CD	Line Place of Service Code	Char	**OTHER**	Miscoded
			01	Pharmacy. A facility or location where drugs and other medically related items and services are sold, dispensed, or otherwise provided directly to patients.
			02	FFS: Telehealth. The location where health services and health related services are provided or received, through a telecommunication system. (Effective January 1, 2017), MCO: Unassigned. N/A

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values ¹	Value Description
			03	School. A facility whose primary purpose is education.
			04	Homeless Shelter. A facility or location whose primary purpose is to provide temporary housing to homeless individuals (e.g., emergency shelters, individual or family shelters).
			05	Indian Health Service - Free-standing Facility. A facility or location, owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to American Indians and Alaska Natives who do not require hospitalization.
			06	Indian Health Service - Provider-based Facility. A facility or location, owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services rendered by, or under the supervision of, physicians to American Indians and Alaska Natives admitted as inpatients or outpatients.
			07	Tribal 638 - Free-standing Facility. A facility or location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to tribal members who do not require hospitalization.
			08	Tribal 638 Provider-based Facility. A facility or location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, (surgical and non-surgical), and rehabilitation services to tribal members admitted as inpatients or outpatients.therapeutic
			09	Prison/Correctional Facility. A prison, jail, reformatory, work farm, detention center, or any other similar facility maintained by either Federal, State or local authorities for the purpose of confinement or rehabilitation of adult or juvenile criminal offenders.
			11	Office. Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.
			12	Home. Location, other than a hospital or other facility, where the patient receives care in a private residence.

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values ¹	Value Description
			13	Assisted Living Facility. Congregate residential facility with self-contained living units providing assessment of each resident's needs and on-site support 24 hours a day, 7 days a week, with the capacity to deliver or arrange for services including some health care and other services.
			14	Group Home. A residence, with shared living areas, where clients receive supervision and other services such as social and/or behavioral services, custodial service, and minimal services (e.g., medication administration).
			15	Mobile Unit. A facility/unit that moves from place-to-place equipped to provide preventive, screening, diagnostic, and/or treatment services.
			16	Temporary Lodging. A short term accommodation such as a hotel, camp ground, hostel, cruise ship or resort where the patient receives care, and which is not identified by any other POS code.
			17	Walk-in Retail Health Clinic. A walk-in health clinic, other than an office, urgent care facility, pharmacy or independent clinic and not described by any other Place of Service code, that is located within a retail operation and provides, on an ambulatory basis, preventive and primary care services.
			18	Place of Employment – Worksite. A location, not described by any other POS code, owned or operated by a public or private entity where the patient is employed, and where a health professional provides on-going or episodic occupational medical, therapeutic or rehabilitative services to the individual. (This code is available for use effective January 1, 2013 but no later than May 1, 2013)
			19	Off Campus – Outpatient Hospital. A portion of an off-campus hospital provider based department which provides diagnostic, therapeutic (both surgical andnonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization. (Effective January 1, 2016)
			20	Urgent Care Facility. Location, distinct from a hospital emergency room, an office, or a clinic, whose purpose is to diagnose and treat illness or injury for unscheduled, ambulatory patients seeking immediate medical attention.
			21	Inpatient Hospital. A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services by, or under, the supervision of physicians to patients admitted for a variety of medical conditions.

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			22	Outpatient Hospital. A portion of a hospital which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.
			23	Emergency Room – Hospital. A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided.
			24	Ambulatory Surgical Center. A freestanding facility, other than a physician’s office, where surgical and diagnostic services are provided on an ambulatory basis.
			25	Birthing Center. A facility, other than a hospital’s maternity facilities or a physician’s office, which provides a setting for labor, delivery, and immediate post-partum care as well as immediate care of new born infants.
			26	Military Treatment Facility. A medical facility operated by one or more of the Uniformed Services. Military Treatment Facility (MTF) also refers to certain former U.S. Public Health Service (USPHS) facilities now designated as Uniformed Service Treatment Facilities (USTF).
			31	Skilled Nursing Facility. A facility which primarily provides inpatient skilled nursing care and related services to patients who require medical, nursing, or rehabilitative services but does not provide the level of care or treatment available in a hospital.
			32	Nursing Facility. A facility which primarily provides to residents skilled nursing care and related services for the rehabilitation of injured, disabled, or sick persons, or, on a regular basis, health-related care services above the level of custodial care to other than mentally retarded individuals.
			33	Custodial Care Facility. A facility which provides room, board and other personal assistance services, generally on a long-term basis, and which does not include a medical component.
			34	Hospice. A facility, other than a patient’s home, in which palliative and supportive care for terminally ill patients and their families are provided.
			41	Ambulance - Land. A land vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.

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			42	Ambulance – Air or Water. An air or water vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.
			49	Independent Clinic. A location, not part of a hospital and not described by any other Place of Service code, that is organized and operated to provide preventive, diagnostic, therapeutic, rehabilitative, or palliative services to outpatients only. (effective 10/1/03)
			50	Fed Qualified Health Ctr. A facility located in a medically underserved area that provides Medicare beneficiaries preventive primary medical care under the general direction of a physician.
			51	Inpatient Psych Facility. A facility that provides inpatient psychiatric services for the diagnosis and treatment of mental illness on a 24-hour basis, by or under the supervision of a physician.
			52	Psychiatric Facility - Partial Hospitalization. A facility for the diagnosis and treatment of mental illness that provides a planned therapeutic program for patients who do not require full time hospitalization, but who need broader programs than are possible from outpatient visits to a hospital-based or hospital-affiliated facility.
			53	Community Mental Health Ctr. A facility that provides the following services: outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically ill, and residents of the CMHC's mental health services area who have been discharged from inpatient treatment at a mental health facility, 24 hour a day emergency care services, day treatment, other partial hospitalization services, or psychosocial rehabilitation services, screening for patients being considered for admission to State mental health facilities to determine the appropriateness of such admission, and consultation and education services.
			54	Intermediate Care/Mentally Retarded Facility. A facility which primarily provides health-related care and services above the level of custodial care to mentally retarded individuals but does not provide the level of care or treatment available in a hospital or SNF.
			55	Residential Substance Abuse Treatment Facility. A facility which provides treatment for substance (alcohol and drug) abuse to live-in residents who do not require acute medical care. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, psychological testing, and room and board.

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values ¹	Value Description
			56	Psychiatric Residential Treatment Center. A facility or distinct part of a facility for psychiatric care which provides a total 24-hour therapeutically planned and professionally staffed group living and learning environment.
			57	Non-residential Substance Abuse Treatment Facility. A location which provides treatment for substance (alcohol and drug) abuse on an ambulatory basis. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, and psychological testing.
			60	Mass Immunization Center. A location where providers administer pneumococcal pneumonia and influenza virus vaccinations and submit these services as electronic media claims, paper claims, or using the roster billing method. This generally takes place in a mass immunization setting, such as, a public health center, pharmacy, or mall but may include a physician office setting.
			61	Comprehensive Inpatient Rehabilitation Facility. A facility that provides comprehensive rehabilitation services under the supervision of a physician to inpatients with physical disabilities. Services include physical therapy, occupational therapy, speech pathology, social or psychological services, and orthotics and prosthetics services.
			62	Comprehensive Outpatient Rehabilitation Facility. A facility that provides comprehensive rehabilitation services under the supervision of a physician to outpatients with physical disabilities. Services include physical therapy, occupational therapy, and speech pathology services.
			65	End-Stage Renal Disease Treatment Facility. A facility other than a hospital, which provides dialysis treatment, maintenance, and/or training to patients or caregivers on an ambulatory or home-care basis.
			71	Public Health Clinic. A facility maintained by either State or local health departments that provides ambulatory primary medical care under the general direction of a physician.
			72	Rural Health Clinic. A certified facility which is located in a rural medically underserved area that provides ambulatory primary medical care under the general direction of a physician.
			81	Independent Laboratory. A laboratory certified to perform diagnostic and/or clinical tests independent of an institution or a physician's office.

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values ¹	Value Description
			99	Other Place of Service. Other place of service not identified above.
CARR_LINE_PRCNG_LCLTY_CD	Carrier Line Pricing Locality Code	Char		For value description please see website: https://www.resdac.org/cms-data/variables/carrier-line-pricing-locality-code (accessed on 06/22/2020)
LINE_1ST_EXPNS_DT	Line First Expense Date	Num		Date provided in SAS date (numeric) format.
LINE_LAST_EXPNS_DT	Line Last Expense Date	Num		Date provided in SAS date (numeric) format.
HCPCS_CD	Healthcare Common Procedure Coding System (HCPCS) Code	Char		
HCPCS_1ST_MDFR_CD	HCPCS Initial Modifier Code	Char		
HCPCS_2ND_MDFR_CD	HCPCS Second Modifier Code	Char		
BETOS_CD	Line Berenson-Eggers Type of Service (BETOS) Code	Char		For value description please see website: https://www.resdac.org/cms-data/variables/line-berenson-eggers-type-service-betos-code (accessed on 06/22/2020)
LINE_NCH_PMT_AMT	Line NCH Medicare Payment Amount	Num	0-78,400	Payment/Chagred Amount, in dollars.
LINE_BENE_PMT_AMT	Line Payment Amount to Beneficiary	Num	0-6,700	Payment/Chagred Amount, in dollars.
LINE_PRVDR_PMT_AMT	Line Provider Payment Amount	Num	0-78,400	Payment/Chagred Amount, in dollars.
LINE_BENE_PTBL_DDCTBL_AMT	Line Beneficiary Part B Deductible Amount	Num	0-200	Payment/Chagred Amount, in dollars.
LINE_BENE_PRMRY_PYR_CD	Line Primary Payer Code (if not Medicare)	Char		Medicare is primary payer (not sure of effective date: in use 1/91, if not earlier)

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			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
			F	Public Health Service or other federal agency (other than Dept. of Veterans Affairs)
			G	Working disabled bene (under age 65 with LGHP)
			H	Black Lung
			I	Dept. of Veterans Affairs
			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)
			W	Workers` Compensation Medicare Set-Aside Arrangement (WCMSA)
LINE_BENE_PRMRY_PYR_PD_AMT	Line Primary Payer (if not Medicare) Paid Amount	Num	0-57,600	Payment/Chagred Amount, in dollars.
LINE_COINSRNC_AMT	Line Beneficiary Coinsurance Amount	Num	0-20,000	Payment/Chagred Amount, in dollars.
LINE_SBMTD_CHRG_AMT	Line Submitted Charge Amount	Num	0-100,000	Payment/Chagred Amount, in dollars.
LINE_ALOWD_CHRG_AMT	Line Allowed Charge Amount	Num	0-100,000	Payment/Chagred Amount, in dollars.

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LINE_PRCSG_IND_CD	Line Processing Indicator Code	Char	**OTHER**	Miscoded
			00	MSP cost avoided - COB Contractor
			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)
			21	MSP cost avoided - MIR Group Health Plan (eff.1/2009)
			22	MSP cost avoided - MIR non-Group Health Plan (eff.1/2009)
			A	Allowed
			B	Benefits exhausted
			C	Noncovered care
			L	CLIA (eff 9/92)
			M	Multiple submittal--duplicate line item
			N	Medically unnecessary
			O	Other
			Q	MSP cost avoided (contractor #88888) - voluntary agreement (eff. 1/98)
			R	Reprocessed--adjustments based on subsequent reprocessing of claim
			S	Secondary payer
			T	MSP cost avoided - IEQ contractor (eff. 7/76)
			U	MSP cost avoided - HMO rate cell adjustment (eff. 7/96)
			V	MSP cost avoided - litigation settlement (eff. 7/96)
			X	MSP cost avoided - generic
			Y	MSP cost avoided - IRS/SSA data match project
			Z	Bundled test, no payment (eff. 1/1/98)

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LINE_PMT_80_100_CD	Line Payment 80% / 100% Code	Char		
LINE_SERVICE_DEDUCTIBLE	Line Service Deductible Indicator Switch	Char	0	Service Subject to Deductible
			1	Service Not Subject to Deductible
CARR_LINE_MTUS_CNT	Carrier Line Miles/Time/Units/Services (MTUS) Count	Num	0.1-9999	
CARR_LINE_MTUS_CD	Carrier Line Miles/Time/Units/Services (MTUS) Indicator Code	Char	2	Anesthesia time units
			3	Services
			5	Units of blood
LINE_ICD_DGNS_CD	Line Diagnosis Code	Char		
LINE_ICD_DGNS_VRSN_CD	Line Diagnosis Code Diagnosis Version Code (ICD-9 or ICD-10)	Char	0	ICD-10
HPSA_SCRCTY_IND_CD	Carrier Line Health Professional Shortage Area (HPSA) / Scarcity Indicator Code	Char		Not applicable
			1	HPSA
CARR_LINE_RX_NUM	Carrier Line RX Number	Char		
LINE_HCT_HGB_RSLT_NUM	Hematocrit / Hemoglobin Test Results	Num	0-99	
LINE_HCT_HGB_TYPE_CD	Hematocrit / Hemoglobin Test Type Code	Char		Missing Value
			R1	Hemoglobin Test
			R2	Hematocrit Test

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LINE_NDC_CD	Line National Drug Code (NDC)	Char		
CARR_LINE_CLIA_LAB_NUM	Clinical Laboratory Improvement Amendments (CLIA) monitored laboratory number	Char		
CARR_LINE_ANSTHSA_UNIT_CNT	Carrier Line Anesthesia Unit Count	Num	0-100	Number of units (count)
CARR_LINE_CL_CHRG_AMT	Carrier Line Clinical Lab Charge Amount	Num	0-88,400	Payment/Charged Amount, in dollars.
PHYSN_ZIP_CD	Line Place of Service (POS) Physician Zip Code	Char		
LINE_OTHR_APLD_IND_CD1	Line Other Applied Indicator 1st Code	Char	E	Primary Payer allowed charge
			F	Payment Reduction (Good cause or Late Billing)
			H	Payment Reduction (Sequestration Reduction)
			J	ACO Payment Adjustment Amount (Pioneer reduction) - the amount that would have been paid if not for the Pioneer reduction - eff. 1/2014
			K	Payment Reduction (ASC Quality Reporting Payment Reduction) – eff. 1/2014
			M	Payment Reduction (Physician Quality Reporting System [PQRS] Negative Payment Adjustment) – eff. 1/2015
			N	None (no amount to apply)
			O	Negative or Positive Adjustment (Value Based Modifier [VBM] for reduction) – eff. 1/2015
			P	Value Based Payment Modifier (VBM) Positive Payment Adjustment – eff. 1/2015
			Q	Electronic Health Record (EHR) Negative Payment Adjustment – eff. 1/2015

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			R	Part B Drug Payment Model
			T	Comprehensive Primary Care Plus (CPC+) Payment Adjustment – eff. 4/2017
LINE_OTHR_APLD_IND_CD2	Line Other Applied Indicator 2nd Code	Char	B	Interest addition
			H	Payment Reduction (Sequestration Reduction)
			I	Payment Reduction (ePrescribing Negative Adjustment)
			J	ACO Payment Adjustment Amount (Pioneer reduction) - the amount that would have been paid if not for the Pioneer reduction - eff. 1/2014
			K	Payment Reduction (ASC Quality Reporting Payment Reduction) – eff. 1/2014
			L	ACO Payment Adjustment Amount (Pioneer reduction) - the actual amount of the Pioneer reduction – eff. 1/2014
			M	Payment Reduction (Physician Quality Reporting System [PQRS] Negative Payment Adjustment) – eff. 1/2015
			N	None (no amount to apply)
			O	Negative or Positive Adjustment (Value Based Modifier [VBM] for reduction) – eff. 1/2015
			P	Value Based Payment Modifier (VBM) Positive Payment Adjustment – eff. 1/2015
			Q	Electronic Health Record (EHR) Negative Payment Adjustment – eff. 1/2015
			R	Part B Drug Payment Model
			T	Comprehensive Primary Care Plus (CPC+) Payment Adjustment – eff. 4/2017
LINE_OTHR_APLD_IND_CD3	Line Other Applied Indicator 3rd Code	Char	B	Interest addition

¹The range of values field contain approximate values for the payment, cost, and count variables. The actual values may include extreme outliers (positive or negative). Users may wish to consider applying top or bottom coding.

**NCHS Survey Data Linked to CMS MBSF, Claims/Encounters, and Assessment Data
Carrier (Physician/Supplier Part B) Fee-For-Service Line Items
Date Created: 29JAN2021
Number of Variables: 84**

Variable Name	Variable (VAR) Label	VAR Type	Range of Values ¹	Value Description
			J	ACO Payment Adjustment Amount (Pioneer reduction) - the amount that would have been paid if not for the Pioneer reduction - eff. 1/2014
			K	Payment Reduction (ASC Quality Reporting Payment Reduction) – eff. 1/2014
			L	ACO Payment Adjustment Amount (Pioneer reduction) - the actual amount of the Pioneer reduction – eff. 1/2014
			M	Payment Reduction (Physician Quality Reporting System [PQRS] Negative Payment Adjustment) – eff. 1/2015
			N	None (no amount to apply)
			O	Negative or Positive Adjustment (Value Based Modifier [VBM] for reduction) – eff. 1/2015
			P	Value Based Payment Modifier (VBM) Positive Payment Adjustment – eff. 1/2015
			Q	Electronic Health Record (EHR) Negative Payment Adjustment – eff. 1/2015
			R	Part B Drug Payment Model
			T	Comprehensive Primary Care Plus (CPC+) Payment Adjustment – eff. 4/2017
LINE_OTHR_APLD_IND_CD4	Line Other Applied Indicator 4th Code	Char	B	Interest addition
			L	ACO Payment Adjustment Amount (Pioneer reduction) - the actual amount of the Pioneer reduction – eff. 1/2014
			M	Payment Reduction (Physician Quality Reporting System [PQRS] Negative Payment Adjustment) – eff. 1/2015
			N	None (no amount to apply)
			O	Negative or Positive Adjustment (Value Based Modifier [VBM] for reduction) – eff. 1/2015
			P	Value Based Payment Modifier (VBM) Positive Payment Adjustment – eff. 1/2015

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**NCHS Survey Data Linked to CMS MBSF, Claims/Encounters, and Assessment Data
Carrier (Physician/Supplier Part B) Fee-For-Service Line Items
Date Created: 29JAN2021
Number of Variables: 84**

Variable Name	Variable (VAR) Label	VAR Type	Range of Values ¹	Value Description
			Q	Electronic Health Record (EHR) Negative Payment Adjustment – eff. 1/2015
			R	Part B Drug Payment Model
LINE_OTHR_APLD_IND_CD5	Line Other Applied Indicator 5th Code	Char	B	Interest addition
			M	Payment Reduction (Physician Quality Reporting System [PQRS] Negative Payment Adjustment) – eff. 1/2015
			N	None (no amount to apply)
			O	Negative or Positive Adjustment (Value Based Modifier [VBM] for reduction) – eff. 1/2015
			P	Value Based Payment Modifier (VBM) Positive Payment Adjustment – eff. 1/2015
LINE_OTHR_APLD_IND_CD6	Line Other Applied Indicator 6th Code	Char	B	Interest addition
			N	None (no amount to apply)
			O	Negative or Positive Adjustment (Value Based Modifier [VBM] for reduction) – eff. 1/2015
			P	Value Based Payment Modifier (VBM) Positive Payment Adjustment – eff. 1/2015
LINE_OTHR_APLD_IND_CD7	Line Other Applied Indicator 7th Code	Char	N	None (no amount to apply)
LINE_OTHR_APLD_AMT1	Line Other Applied Amount for 1st Code	Num	0-68,100	Payment/Charged Amount, in dollars.
LINE_OTHR_APLD_AMT2	Line Other Applied Amount for 2nd Code	Num	0-20,000	Payment/Charged Amount, in dollars.
LINE_OTHR_APLD_AMT3	Line Other Applied Amount for 3rd Code	Num	0-4,300	Payment/Charged Amount, in dollars.
LINE_OTHR_APLD_AMT4	Line Other Applied Amount for 4th Code	Num	0-2,900	Payment/Charged Amount, in dollars.

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**NCHS Survey Data Linked to CMS MBSF, Claims/Encounters, and Assessment Data
Carrier (Physician/Supplier Part B) Fee-For-Service Line Items**

Date Created: 29JAN2021

Number of Variables: 84

Variable Name	Variable (VAR) Label	VAR Type	Range of Values ¹	Value Description
LINE_OTHR_APLD_AMT5	Line Other Applied Amount for 5th Code	Num	0-100	Payment/Chagred Amount, in dollars.
LINE_OTHR_APLD_AMT6	Line Other Applied Amount for 6th Code	Num	0-100	Payment/Chagred Amount, in dollars.
LINE_OTHR_APLD_AMT7	Line Other Applied Amount for 7th Code	Num		Payment/Chagred Amount, in dollars.
THRPY_CAP_IND_CD1	Line Therapy cap Indicator 1 Code	Char		Missing Value
			C	The therapy cap exceptions process, as indicated by the submission of the KX modifier, no longer applies for this date of service (this indicator will be used on both institutional and professional claims).
THRPY_CAP_IND_CD2	Line Therapy cap Indicator 2 Code	Char		Missing Value
THRPY_CAP_IND_CD3	Line Therapy cap Indicator 3 Code	Char		Missing Value
THRPY_CAP_IND_CD4	Line Therapy cap Indicator 4 Code	Char		Missing Value
THRPY_CAP_IND_CD5	Line Therapy cap Indicator 5 Code	Char		Missing Value
CLM_NEXT_GNRTN_ACO_IND_CD1	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Population based payments (PBP)	Char		Missing Value
			0	Base record (no enhancements)
			1	Population Based Payments (PBP)
			2	Telehealth
			3	Post Discharge Home Health Visits
			5	Capitation
CLM_NEXT_GNRTN_ACO_IND_CD2	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Telehealth	Char		Missing Value

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**NCHS Survey Data Linked to CMS MBSF, Claims/Encounters, and Assessment Data
Carrier (Physician/Supplier Part B) Fee-For-Service Line Items
Date Created: 29JAN2021
Number of Variables: 84**

Variable Name	Variable (VAR) Label	VAR Type	Range of Values ¹	Value Description
			0	Base record (no enhancements)
			1	Population Based Payments (PBP)
			2	Telehealth
			3	Post Discharge Home Health Visits
CLM_NEXT_GNRTN_ACO_IND_CD3	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Post Discharge HH visits	Char		Missing Value
			3	Post Discharge Home Health Visits
CLM_NEXT_GNRTN_ACO_IND_CD4	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - 3 day SNF waiver	Char		Missing Value
CLM_NEXT_GNRTN_ACO_IND_CD5	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Capitation	Char		Missing Value
CARR_LINE_MDPP_NPI_NUM	Carrier Line Medicare Diabetes Prevention Program (MDPP) NPI Number	Char		
LINE_RSDL_PYMT_IND_CD	Line Residual Payment Indicator Code	Char		Missing Value
			X	Residual payment
LINE_RP_IND_CD	Line Representative Payee (RP) Indicator Code	Char		Missing Value
LINE_PRVDR_VLDTN_TYPE_CD	Line Provider Validation Type Code	Char		Missing Value

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