

**NCHS Survey Data Linked to CMS MBSF, Claims/Encounters, and Assessment Data
Durable Medical Equipment (DME) Fee-For-Service Line Items
Date Created: 29JAN2021
Number of Variables: 69**

| 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 | 81 | RIC M DMERC non-DMEPOS claim |
| | | | 82 | RIC M DMERC DMEPOS claim |
| CLM_THRU_DT | Claim Through Date | Num | | Date provided in SAS date (numeric) format. |
| 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) |

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| 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 |
| | | | 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. |
| LINE_SRVC_CNT | Line Service Count | Num | 1-9750 | |
| LINE_CMS_TYPE_SRVC_CD | Line CMS Type Service Code | Char | 1 | Medical care |
| | | | 2 | Surgery |
| | | | 9 | Other medical items or services |
| | | | A | Used durable medical equipment (DME) |
| | | | D | Ambulance (eff 04/95) |
| | | | E | Enteral/parenteral nutrients/supplies (eff 04/95) |
| | | | 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) |

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| | | | 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) |
| LINE_PLACE_OF_SRVC_CD | Line Place of Service Code | Char | 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 |
| | | | 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. |
| | | | 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 |
| | | | 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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| | | | 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). |
| | | | 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. |
| | | | 19 | Off Campus – Outpatient Hospital. A portion of an off-campus hospital provider based department which provides diagnostic, therapeutic (both surgical and nonsurgical), 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. |
| | | | 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. |

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| | | | 24 | Ambulatory Surgical Center. A freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis. |
| | | | 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. |
| | | | 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. |
| | | | 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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| | | | 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. |
| | | | 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. |
| | | | 99 | Other Place of Service. Other place of service not identified above. |
| 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 | 0-35,500 | Payment/Charged Amount, in dollars. |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
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| LINE_BENE_PMT_AMT | Line Payment Amount to Beneficiary | Num | 0-5,300 | Payment/Chagred Amount, in dollars. |
| LINE_PRVDR_PMT_AMT | Line Provider Payment Amount | Num | 0-35,500 | Payment/Chagred Amount, in dollars. |
| LINE_BENE_PTBDCTBL_AMT | Line Beneficiary Part B Deductible Amount | Num | 0-200 | Payment/Chagred Amount, in dollars. |
| LINE_BENE_PRMRYPYRCD | Line Primary Payer Code (if not Medicare) | Char | | 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 |
| | | | G | Working disabled bene (under age 65 with LGHP) |
| | | | H | Black Lung |
| | | | 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_PRMRYPYRPDAMT | Line Primary Payer (if not Medicare) Paid Amount | Num | 0-37,600 | Payment/Chagred Amount, in dollars. |
| LINE_COINSRNC_AMT | Line Beneficiary Coinsurance Amount | Num | 0-35,200 | Payment/Chagred Amount, in dollars. |

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| LINE_PRMRY_ALOWD_CHRG_AMT | Line Primary Payer Allowed Charge Amount | Num | 0-5,300 | Payment/Chagred Amount, in dollars. |
| LINE_SBMTD_CHRG_AMT | Line Submitted Charge Amount | Num | 0-99,800 | Payment/Chagred Amount, in dollars. |
| LINE_ALOWD_CHRG_AMT | Line Allowed Charge Amount | Num | 0-45,300 | Payment/Chagred Amount, in dollars. |
| LINE_PRCSG_IND_CD | Line Processing Indicator Code | Char | **OTHER** | Miscoded |
| | | | 12 | MSP cost avoided - BC/BS Voluntary Agreements |
| | | | 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 |
| | | | C | Noncovered care |
| | | | I | Invalid data |
| | | | 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 |
| | | | T | MSP cost avoided - IEQ contractor (eff. 7/76) |
| | | | V | MSP cost avoided - litigation settlement (eff. 7/96) |
| | | | X | MSP cost avoided - generic |
| | | | Y | MSP cost avoided - IRS/SSA data match project |
| LINE_PMT_80_100_CD | Line Payment 80% / 100% Code | Char | | |

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| LINE_SERVICE_DEDUCTIBLE | Line Service Deductible Indicator Switch | Char | 0 | Service Subject to Deductible |
| | | | 1 | Service Not Subject to Deductible |
| 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 | | ICD-9 |
| | | | 0 | ICD-10 |
| | | | 9 | ICD-9 |
| LINE_DME_PRCHS_PRICE_AMT | Line DME Purchase Price Amount | Num | 0-45,300 | Payment/Charged Amount, in dollars. |
| PRVDR_NUM | DMERC Line Supplier Provider Number | Char | | For value description please see website: https://www.resdac.org/cms-data/variables/dmerc-line-supplier-provider-number (accessed on 06/22/2020) |
| PRVDR_NPI | DMERC Line Item Supplier NPI Number | Char | | |
| DMERC_LINE_PRCNG_STATE_CD | DMERC Line Pricing State Code (SSA) | Char | | For value description please see website: https://www.resdac.org/cms-data/variables/dmerc-line-pricing-state-code-ssa (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) |
| DMERC_LINE_SUPPLR_TYPE_CD | DMERC Line Supplier Type Code | Char | 1 | Physicians or suppliers billing as solo practitioners for whom SSN's are shown in the physician ID code field. |
| | | | 2 | Physicians or suppliers billing as solo practitioners for whom the carrier's own physician ID code is shown. |

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| | | | 3 | Suppliers (other than sole proprietorship) for whom EI numbers are used in coding the ID field. |
| | | | 4 | Suppliers (other than sole proprietorship) for whom the carrier's own code has been shown. |
| HCPCS_3RD_MDFR_CD | HCPCS Third Modifier Code | Char | | |
| HCPCS_4TH_MDFR_CD | HCPCS Fourth Modifier Code | Char | | |
| DMERC_LINE_SCRN_SVGS_AMT | DMERC Line Screen Savings Amount | Num | | Payment/Chagred Amount, in dollars. |
| DMERC_LINE_MTUS_CNT | DMERC Line Miles/Time/Units/Services (MTUS) Count | Num | 1-9750 | |
| DMERC_LINE_MTUS_CD | DMERC Line Miles/Time/ Units/Services (MTUS) Indicator Code | Char | 3 | Number of services |
| | | | 4 | Oxygen volume units |
| LINE_HCT_HGB_RSLT_NUM | Hematocrit / Hemoglobin Test Results | Num | 0-26 | |
| LINE_HCT_HGB_TYPE_CD | Hematocrit / Hemoglobin Test Type Code | Char | | Missing Value |
| | | | R2 | Hematocrit Test |
| LINE_NDC_CD | Line National Drug Code (NDC) | Char | | |
| LINE_OTHR_APLD_IND_CD1 | Line Other Applied Indicator 1 Code | Char | C | Positive rounding adjustment (due to line item distribution from total claim reimbursement amount) |
| | | | D | Negative rounding adjustment (due to line item distribution from total claim reimbursement amount) |
| | | | E | Primary Payer allowed charge |

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| | | | H | Payment Reduction (Sequestration Reduction) |
| | | | N | None (no amount to apply) |
| | | | | |
| LINE_OTHR_APLD_IND_CD2 | Line Other Applied Indicator 2 Code | Char | B | Interest addition |
| | | | C | Positive rounding adjustment (due to line item distribution from total claim reimbursement amount) |
| | | | D | Negative rounding adjustment (due to line item distribution from total claim reimbursement amount) |
| | | | E | Primary Payer allowed charge |
| | | | F | Payment Reduction (Good cause or Late Billing) |
| | | | G | Payment Reduction (PMDP Demonstration Reduction) |
| | | | N | None (no amount to apply) |
| | | | | |
| LINE_OTHR_APLD_IND_CD3 | Line Other Applied Indicator 3 Code | Char | C | Positive rounding adjustment (due to line item distribution from total claim reimbursement amount) |
| | | | D | Negative rounding adjustment (due to line item distribution from total claim reimbursement amount) |
| | | | E | Primary Payer allowed charge |
| | | | G | Payment Reduction (PMDP Demonstration Reduction) |
| | | | N | None (no amount to apply) |
| | | | | |
| LINE_OTHR_APLD_IND_CD4 | Line Other Applied Indicator 4 Code | Char | C | Positive rounding adjustment (due to line item distribution from total claim reimbursement amount) |
| | | | D | Negative rounding adjustment (due to line item distribution from total claim reimbursement amount) |
| | | | N | None (no amount to apply) |
| | | | | |
| LINE_OTHR_APLD_IND_CD5 | Line Other Applied Indicator 5 Code | Char | N | None (no amount to apply) |

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| LINE_OTHR_APLD_IND_CD6 | Line Other Applied Indicator 6 Code | Char | N | None (no amount to apply) |
| LINE_OTHR_APLD_IND_CD7 | Line Other Applied Indicator 7 Code | Char | N | None (no amount to apply) |
| LINE_OTHR_APLD_AMT1 | Line Other Applied 1 Amount | Num | 0-800 | Payment/Chagred Amount, in dollars. |
| LINE_OTHR_APLD_AMT2 | Line Other Applied 2 Amount | Num | 0-13,600 | Payment/Chagred Amount, in dollars. |
| LINE_OTHR_APLD_AMT3 | Line Other Applied 3 Amount | Num | 0-9,200 | Payment/Chagred Amount, in dollars. |
| LINE_OTHR_APLD_AMT4 | Line Other Applied 4 Amount | Num | 0-5,900 | Payment/Chagred Amount, in dollars. |
| LINE_OTHR_APLD_AMT5 | Line Other Applied 5 Amount | Num | | Payment/Chagred Amount, in dollars. |
| LINE_OTHR_APLD_AMT6 | Line Other Applied 6 Amount | Num | | Payment/Chagred Amount, in dollars. |
| LINE_OTHR_APLD_AMT7 | Line Other Applied 7 Amount | Num | | Payment/Chagred Amount, in dollars. |
| LINE_RSDDL_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 |
| | | | R | Bypass representative payee |
| DMERC_LINE_FRGN_ADR_IND | Line Foreign Address Indicator | Char | | Missing Value |
| | | | EX | Expatriate Beneficiary |
| LINE_RR_BRD_EXCLSN_IND_SW | Line Railroad Board Exclusion Indicator Switch | Char | | Subject RRB beneficiary services to prior authorization |

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