

NCHS Survey Data Linked to CMS MBSF, Claims/Encounters, and Assessment Data
Home Health Agency (HHA) Fee-For-Service Base Claims
Date Created: 18AUG2020
Number of Variables: 108

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	Beneficiary Enrollment Reference Year (YYYY)	Num	2014-2018	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	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	10	HHA 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.

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NCH_WKLY_PROC_DT	NCH Weekly Claim Processing Date	Num		Date provided in SAS date (numeric) format.
FI_CLM_PROC_DT	FI Claim Process Date	Num		Date provided in SAS date (numeric) format.
PRVDR_NUM	Provider Number	Char		For value description please see website: https://www.resdac.org/cms-data/variables/provider-number (accessed on 06/22/2020)
CLM_FAC_TYPE_CD	Claim Facility Type Code	Char	3	Home health agency (HHA)
CLM_SRVC_CLSFCTN_TYPE_CD	Claim Service classification Type Code	Char	2	FAC_TYPE 1-6,9: Inpatient or Home Health (covered on Part B)/FAC_TYPE 7: Hospital based or independent renal dialysis facility/ FAC_TYPE 8: Hospice (hospital based)
CLM_FREQ_CD	Claim Frequency Code	Char	0	Non-payment/zero claims
			2	Interim - first claim
			7	Replacement of prior claim
			9	Final claim Final claim (for HH PPS = process as a debit/credit to RAP claim)
			G	CWF generated adjustment claim
			H	CMS generated adjustment claim
			I	Misc adjustment claim Misc. adjustment claim (e.g., initiated by intermediary or QIO)
			J	Other adjustment request
			M	MSP adjustment
FI_NUM	FI or MAC Number	Char		For value description please see website: https://www.resdac.org/cms-data/variables/fi-or-mac-number (accessed on 06/22/2020)
CLM_MDCR_NON_PMT_RSN_CD	Claim Medicare Non Payment Reason Code	Char		Missing Value
			OTHER	Miscoded

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values ¹	Value Description
			00	MSP cost avoided - COB Contractor
			12	MSP cost avoided - BCBS Voluntary Agreements
			14	MSP cost avoided - Workman's Compensation (WC) Datamatch
			19	SEE NOTE4: Coordination of Benefits Contractor 11119 (see CMS Change Request 7906 for identification of the 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 avoid HMO Rate Cell (eff. 7/00)
			G	MSP cost avoided Litigation Settlement (eff. 7/00)
			H	MSP cost avoided Employer Voluntary Reporting (eff. 7/00)
			J	MSP cost avoid Insurer Voluntary Reporting (eff. 7/00)
			K	MSP cost avoid Initial Enrollment Questionnaire (eff. 7/00)
			N	All other reasons for nonpayment
			Q	MSP cost avoided Voluntary Agreement (eff. 7/00)
			T	MSP cost avoided - IEQ contractor (eff. 9/76) (obsolete 6/30/00)
			V	MSP cost avoided - litigation settlement (eff. 9/76) (Obsolete 6/30/00)
			X	MSP cost avoided – generic
			Y	MSP cost avoided - IRS/SSA data match project (obsolete 6/30/00)
			Z	Zero reimbursement RAPs -- zero reimbursement made due to medical review intervention or where provider specific zero payment has been determined. (effective with HHPPS - 10/00)
CLM_PMT_AMT	Claim (Medicare) Payment Amount	Num	0-24,900	Payment/Chagred Amount, in dollars.
NCH_PRMRY_PYR_CLM_PD_AMT	NCH Primary Payer (if not Medicare) Claim Paid Amount	Num	0-64,000	Payment/Chagred Amount, in dollars.

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NCH_PRMRY_PYR_CD	NCH 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)
			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 SSA State Code	Char		For value description please see website: https://www.resdac.org/cms-data/variables/nch-provider-ssa-state-code (accessed on 06/22/2020)
ORG_NPI_NUM	Organization NPI Number	Char		
SRVC_LOC_NPI_NUM	Claim Service Location NPI Number	Char		
AT_PHYSN_UPIN	Claim Attending Physician UPIN Number	Char		
AT_PHYSN_NPI	Claim Attending Physician NPI Number	Char		

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AT_PHYSN_SPCLTY_CD	Claim Attending Physician Specialty Code	Char		For value description please see website: https://www.resdac.org/cms-data/variables/claim-attending-physician-specialty-code (accessed on 06/22/2020)
OP_PHYSN_NPI	Claim Operating Physician NPI Number	Char		
OP_PHYSN_SPCLTY_CD	Claim Operating Physician Specialty Code	Char		For value description please see website: https://www.resdac.org/cms-data/variables/claim-operating-physician-specialty-code (accessed on 06/22/2020)
OT_PHYSN_NPI	Claim Other Physician NPI Number	Char		
OT_PHYSN_SPCLTY_CD	Claim Other Physician Specialty Code	Char		For value description please see website: https://www.resdac.org/cms-data/variables/claim-other-physician-specialty-code (accessed on 06/22/2020)
RNRNG_PHYSN_NPI	Claim Rendering Physician NPI Number	Char		
RNRNG_PHYSN_SPCLTY_CD	Claim Rendering Physician Specialty Code	Char		For value description please see website: https://www.resdac.org/cms-data/variables/claim-or-revenue-center-rendering-physician-specialty-code (accessed on 06/22/2020)
RFR_PHYSN_NPI	Claim Referring Physician NPI Number	Char		
RFR_PHYSN_SPCLTY_CD	Claim Referring Physician Specialty Code	Char		For value description please see website: https://www.resdac.org/cms-data/variables/claim-referring-physician-specialty-code (accessed on 06/22/2020)
PTNT_DSCHRG_STUS_CD	Patient Discharge Status Code	Char	00	Unknown Value (but present in data)
			01	Discharged to home/self care (routine charge).
			02	Discharged/transferred to other short term general hospital for inpatient care.

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values ¹	Value Description
			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.
			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.
CLM_PPS_IND_CD	Claim PPS Indicator Code	Char	2	PPS bill (claim contains PPS indicator but no deemed insured MQGE status indicator)
CLM_TOT_CHRG_AMT	Claim Total Charge Amount	Num	0-262,400	Payment/Chagred Amount, in dollars.
PRNCPAL_DGNS_CD	Claim Principal Diagnosis Code	Char		
ICD_DGNS_CD1	Claim Diagnosis Code I	Char		
ICD_DGNS_CD2	Claim Diagnosis Code II	Char		

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ICD_DGNS_CD3	Claim Diagnosis Code III	Char		
ICD_DGNS_CD4	Claim Diagnosis Code IV	Char		
ICD_DGNS_CD5	Claim Diagnosis Code V	Char		
ICD_DGNS_CD6	Claim Diagnosis Code VI	Char		
ICD_DGNS_CD7	Claim Diagnosis Code VII	Char		
ICD_DGNS_CD8	Claim Diagnosis Code VIII	Char		
ICD_DGNS_CD9	Claim Diagnosis Code IX	Char		
ICD_DGNS_CD10	Claim Diagnosis Code X	Char		
ICD_DGNS_CD11	Claim Diagnosis Code XI	Char		
ICD_DGNS_CD12	Claim Diagnosis Code XII	Char		
ICD_DGNS_CD13	Claim Diagnosis Code XIII	Char		
ICD_DGNS_CD14	Claim Diagnosis Code XIV	Char		
ICD_DGNS_CD15	Claim Diagnosis Code XV	Char		
ICD_DGNS_CD16	Claim Diagnosis Code XVI	Char		
ICD_DGNS_CD17	Claim Diagnosis Code XVII	Char		

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values ¹	Value Description
ICD_DGNS_CD18	Claim Diagnosis Code XVIII	Char		
ICD_DGNS_CD19	Claim Diagnosis Code XIX	Char		
ICD_DGNS_CD20	Claim Diagnosis Code XX	Char		
ICD_DGNS_CD21	Claim Diagnosis Code XXI	Char		
ICD_DGNS_CD22	Claim Diagnosis Code XXII	Char		
ICD_DGNS_CD23	Claim Diagnosis Code XXIII	Char		
ICD_DGNS_CD24	Claim Diagnosis Code XXIV	Char		
ICD_DGNS_CD25	Claim Diagnosis Code XXV	Char		
FST_DGNS_E_CD	First Claim Diagnosis E Code	Char		
ICD_DGNS_E_CD1	Claim Diagnosis E Code I	Char		
ICD_DGNS_E_CD2	Claim Diagnosis E Code II	Char		
ICD_DGNS_E_CD3	Claim Diagnosis E Code III	Char		
ICD_DGNS_E_CD4	Claim Diagnosis E Code IV	Char		
ICD_DGNS_E_CD5	Claim Diagnosis E Code V	Char		
ICD_DGNS_E_CD6	Claim Diagnosis E Code VI	Char		

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values ¹	Value Description
ICD_DGNS_E_CD7	Claim Diagnosis E Code VII	Char		
ICD_DGNS_E_CD8	Claim Diagnosis E Code VIII	Char		
ICD_DGNS_E_CD9	Claim Diagnosis E Code IX	Char		
ICD_DGNS_E_CD10	Claim Diagnosis E Code X	Char		
ICD_DGNS_E_CD11	Claim Diagnosis E Code XI	Char		
ICD_DGNS_E_CD12	Claim Diagnosis E Code XII	Char		
CLM_HHA_LUPA_IND_CD	Claim HHA Low Utilization Payment Adjustment (LUPA) Indicator Code	Char		Not a Low utilization payment adjustment (LUPA) claim
			L	Low utilization payment adjustment (LUPA) claim
CLM_HHA_RFRL_CD	Claim HHA Referral Code	Char	**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.
			4	Transfer from hospital - The patient was admitted as an inpatient transfer from an acute care facility.
			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.
			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.

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values ¹	Value Description
			9	Information not available - The means by which the patient was admitted is not known.
			D	Unknown/invalid code.
CLM_HHA_TOT_VISIT_CNT	Claim HHA Total Visit Count	Num	0-400	Number of visits (count)
CLM_ADMSN_DT	Claim Admission Date	Num		Date provided in SAS date (numeric) format.
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: https://www.resdac.org/cms-data/variables/beneficiary-residence-ssa-state-code-ffs (accessed on 06/22/2020)
BENE_MLG_CNTCT_ZIP_CD	Beneficiary ZIP Code of Residence	Char		

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CLM_MDCL_REC	Claim Medical Record Number	Char		Missing Value
CLAIM_QUERY_CODE	Claim Query Code	Char	1	Interim bill
			3	Final bill
			5	Debit adjustment
FI_CLM_ACTN_CD	FI or MAC Claim Action Code	Char	1	Original debit action (always a 1 for all regular bills)
			5	Force action code 3 (secondary debit adjustment)
CLM_MCO_PD_SW	Claim MCO Paid Switch	Char		No managed care organization (MCO) payment
			0	No managed care organization (MCO) payment
			1	MCO paid provider for the claim
NCH_BENE_DSCHRG_DT	NCH Beneficiary Discharge Date	Num		Date provided in SAS date (numeric) format.
CLM_TRTMT_AUTHRZTN_NUM	Claim Treatment Authorization Number	Char		
CLM_PRCR_RTRN_CD	Claim Pricer Return Code	Char		For value description please see website: https://www.resdac.org/cms-data/variables/claim-pricer-return-code (accessed on 06/22/2020)
CLM_SRVC_FAC_ZIP_CD	Claim service facility ZIP code (where service was provided)	Char		
CLM_NEXT_GNRTN_ACO_IND_CD1	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Population based payments (PBP)	Char		Missing Value
			1	Population Based Payments (PBP)
			5	Capitation

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CLM_NEXT_GNRTN_ACO_IND_CD2	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Telehealth	Char		Missing Value
CLM_NEXT_GNRTN_ACO_IND_CD3	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Post Discharge HH visits	Char		Missing Value
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
ACO_ID_NUM	Claim Accountable Care Organization (ACO) Identification Number	Char		
FINL_STD_AMT	Claim Final Standard Amount	Num		Payment/Chagred Amount, in dollars.
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
RR_BRD_EXCLSN_IND_SW	Railroad Board Exclusion Indicator Switch	Char		Subject RRB beneficiary services to prior authorization

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PPS_STD_VAL_PYMT_AMT	Claim PPS Standard Value Payment Amount	Num		Payment/Chagred Amount, in dollars.

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