

NCHS Survey Data Linked to CMS MBSF, Claims/Encounters, and Assessment Data

Inpatient Fee-For-Service Span Codes

Date Created: 29JAN2021

Number of Variables: 12

| Variable Name | Variable (VAR) Label | VAR Type | Range of Values | 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_CLM_TYPE_CD | NCH Claim Type Code | Char | 60 | Inpatient claim |
| RLT_SPAN_CD_SEQ | Claim Related Span Code Sequence | Char | | |
| CLM_SPAN_CD | Claim Occurrence Span Code | Char | **OTHER** | Miscoded |
| | | | 70 | Eff 10/93, payer use only, the nonutilization from/thru dates for PPS-inlier stay where bene had exhausted all full/coinsurance days, but covered on cost report. SNF qualifying hospital stay from/thru dates |
| | | | 71 | Hospital prior stay dates - the from/thru dates of any hospital stay that ended within 60 days of this hospital or SNF admission. |
| | | | 72 | First/last visit - the dates of the first and last visits occurring in this billing period if the dates are different from those in the statement covers period. |

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|------------------|------------------------------------|----------|-----------------|---|
| | | | 73 | Benefit eligibility period - the inclusive dates during which CHAMPUS medical benefits are available to a sponsor's bene as shown on the bene's ID card. |
| | | | 74 | Non-covered level of care - the from/thru dates of a period at a noncovered level of care in an otherwise covered stay, excluding any period reported with occurrence span code 76, 77, or 79. |
| | | | 75 | The from/thru dates of SNF level of care during IP hospital stay. Shows PRO approval of patient remaining in hospital because SNF bed not available. Not applicable to swing bed cases. PPS hospitals use in day outlier cases only. |
| | | | 76 | Patient liability - From/thru dates of period of noncovered care for which hospital may charge bene. The FI or PRO must have approved such charges in advance. Patient must be notified in writing 3 days prior to noncovered period |
| | | | 77 | Provider liability (utilization charged) - The from/thru dates of period of noncovered care for which the provider is liable. Eff 3/92, applies to provider liability where bene is charged with utilization and is liable for deductible/coinsurance |
| | | | 78 | SNF prior stay dates - The from/thru dates of any SNF stay that ended within 60 days of this hospital or SNF admission. |
| | | | 79 | Provider Liability (non-utilization) (Payer code) - Eff 3/92, from/thru dates of period of non-covered care where bene is not charged with utilization, deductible, or coinsurance and provider is liable. Eff 9/93, non-covered period of care due to lack of medical necessity. |
| | | | M0 | PRO/UR approved stay dates - Eff 10/93, the first and last days that were approved where not all of the stay was approved. |
| | | | M1 | Provider Liability-No Utilization - from/thru dates of a period of non-covered care that is denied due to lack of medical necessity or custodial care for which the provider is liable. (eff. 10/01) |
| | | | M4 | Residential Level of Care - the from/thru dates of a period of residential level of care during an inpatient hospital stay. |
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| CLM_SPAN_FROM_DT | Claim Occurrence Span From Date | Num | | Date provided in SAS date (numeric) format. |
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| CLM_SPAN_THRU_DT | Claim Occurrence Span Through Date | Num | | Date provided in SAS date (numeric) format. |
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