

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

Outpatient Fee-For-Service Base Claims

Date Created: 29JAN2021

Number of Variables: 164

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		
NCH_NEAR_LINE_REC_IDENT_CD	NCH Near Line Record Identification Code (RIC)	Char	W	Part B institutional claim record (outpatient (OP), HHA)
NCH_CLM_TYPE_CD	NCH Claim Type Code	Char	40	Hospital Outpatient 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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Variable Name	Variable (VAR) Label	VAR Type	Range of Values ¹	Value Description
FI_CLM_PROC_DT	FI Claim Process Date	Num		Date provided in SAS date (numeric) format.
CLAIM_QUERY_CODE	Claim Query Code	Char	3	Final bill
			5	Debit adjustment
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	1	Hospital
			2	Skilled nursing facility (SNF)
			3	Home health agency (HHA)
			7	Clinic or hospital-based renal dialysis facility
			8	Special facility or ASC surgery
CLM_SRVC_CLSFCTN_TYPE_CD	Claim Service classification Type Code	Char	1	FAC_TYPE 1-6,9: Inpatient/FAC_TYPE 7: Rural Health Clinic (RHC)/ FAC_TYPE 8: Hospice (non-hospital based)
			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)
			3	FAC_TYPE 1-6,9: Outpatient (or HHA - covered on Part A)/FAC_TYPE 7: Free-standing provider based federally qualified health center (FQHC)/ FAC_TYPE 8: Ambulatory surgical center (ASC) in hospital outpatient department
			4	FAC_TYPE 1-6,9: Other (Part B) -- (Includes HHA medical and other health services, e.g., SNF osteoporosis-injectable drugs)/FAC_TYPE 7: Other Rehabilitation Facility (ORF)/ FAC_TYPE 8: Freestanding birthing center
			5	FAC_TYPE 1-6,9: Intermediate care - level I/FAC_TYPE 7: Comprehensive Rehabilitation Center (CORF)/ FAC_TYPE 8: Critical Access Hospital - Outpatient Services

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			6	FAC_TYPE 1-6,9: Intermediate care - level II/FAC_TYPE 7: Community Mental Health Center (CMHC)
			7	FAC_TYPE 1-6,9: Subacute Inpatient (revenue code 019X required) (formerly Intermediate care - level III)/FAC_TYPE 7: Federally Qualified Health Center (FQHC)
CLM_FREQ_CD	Claim Frequency Code	Char	0	Non-payment/zero claims
			1	Admit thru discharge claim
			2	Interim - first claim
			3	Interim - continuing claim
			4	Interim - last claim
			5	Late charge(s) only claim
			7	Replacement of prior 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
			00	MSP cost avoided - COB Contractor
			12	MSP cost avoided - BCBS Voluntary Agreements

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values ¹	Value Description
			14	MSP cost avoided - Workman`s Compensation (WC) Datamatch
			16	MSP cost avoided - Liability Insurer VDSA (eff. 4/2006)
			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)
			42	SEE NOTE4: Coordination of Benefits Contractor 11142 (see CMS Change Request 7906 for identification of the contractor.)
			B	Benefit exhausted
			E	MSP cost avoided - IRS/SSA/HCFA Data Match (eff. 7/00)
			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)
			R	Benefits refused, or evidence not submitted
			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)
CLM_PMT_AMT	Claim (Medicare) Payment Amount	Num	0-807,100	Payment/Chagred Amount, in dollars.

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values ¹	Value Description
NCH_PRMRY_PYR_CLM_PD_AMT	NCH Primary Payer (if not Medicare) Claim Paid Amount	Num	0-179,300	Payment/Chagred Amount, in dollars.
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)
			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)
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		

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AT_PHYSN_NPI	Claim Attending Physician NPI Number	Char		
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_UPIN	Claim Operating Physician UPIN Number	Char		
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_UPIN	Claim Other Physician UPIN Number	Char		
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)
RNDRNG_PHYSN_NPI	Claim Rendering Physician NPI Number	Char		
RNDRNG_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		

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values ¹	Value Description
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)
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
PTNT_DSCHRG_STUS_CD	Patient Discharge Status Code	Char		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.
			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 - swing bed. For reporting discharges/transfers to a non-certified SNF, the hospital must use Code 04 - ICF.
			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 no longer be identified by this code. New code is '65'
			06	Discharged/transferred to home care of organized home health service organization.
			07	Left against medical advice or discontinued care.
			08	Discharged/transferred to home under care of a home IV drug therapy provider. (discontinued effective 10/1/05)
			09	Admitted as an inpatient to this hospital (effective 3/1/91). In situations where a patient is admitted before midnight of the third day following the day of an outpatient service, the outpatient services are considered inpatient.
			20	Expired (did not recover - Christian Science patient).

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values ¹	Value Description
			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)
			61	Discharged/transferred within this institution to a hospital-based Medicare approved swing bed (eff. 9/01)
			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.
			72	Discharged/transferred/referred to this institution for outpatient services as specified by the discharge plan of care (eff. 9/01) (discontinued effective 10/1/05)
			81	Discharged to home or self-care with a planned acute care hospital readmission (eff. 10/2013)
			82	Discharged/transferred to a short term general hospital for inpatient care with a planned acute care hospital inpatient readmission (eff. 10/2013)
			83	Discharged/transferred to a skilled nursing facility (SNF) with Medicare certification with a planned acute care hospital inpatient readmission (eff. 10/2013)
			84	Discharged/transferred to a facility that provides custodial or supportive care with a planned acute care hospital inpatient readmission (eff. 10/2013)
			86	Discharged/transferred to home under care of organized home health service organization with a planned acute care hospital inpatient readmission (eff. 10/2013)
			88	Discharged/transferred to a federal health care facility with a planned acute care hospital inpatient readmission (eff. 10/2013)

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values ¹	Value Description
			90	Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital with a planned acute care hospital inpatient readmission (eff. 10/2013)
			91	Discharged/transferred to a Medicare certified long term care hospital (LTCH) with a planned acute care hospital inpatient readmission (eff. 10/2103)
			95	Discharged/transferred to another type of health care institution not defined elsewhere in this code list with a planned acute care hospital inpatient readmission (eff. 10/2013)
CLM_TOT_CHRG_AMT	Claim Total Charge Amount	Num	0-2,481,100	Payment/Chagred Amount, in dollars.
NCH_BENE_BLOOD_DDCTBL_LBLTY_AM	NCH Beneficiary Blood Deductible Liability Amount	Num	0-1,200	Payment/Chagred Amount, in dollars.
NCH_PROFNL_CMPNT_CHRG_AMT	NCH Professional Component Charge Amount	Num	0-28,300	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		
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		

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values ¹	Value Description
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		
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		

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values ¹	Value Description
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		
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		

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values ¹	Value Description
ICD_DGNS_E_CD11	Claim Diagnosis E Code XI	Char		
ICD_DGNS_E_CD12	Claim Diagnosis E Code XII	Char		
ICD_PRCDR_CD1	Claim Procedure Code I	Char		
PRCDR_DT1	Claim Procedure Code I Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD2	Claim Procedure Code II	Char		
PRCDR_DT2	Claim Procedure Code II Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD3	Claim Procedure Code III	Char		
PRCDR_DT3	Claim Procedure Code III Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD4	Claim Procedure Code IV	Char		
PRCDR_DT4	Claim Procedure Code IV Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD5	Claim Procedure Code V	Char		
PRCDR_DT5	Claim Procedure Code V Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD6	Claim Procedure Code VI	Char		
PRCDR_DT6	Claim Procedure Code VI Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD7	Claim Procedure Code VII	Char		

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values ¹	Value Description
PRCDR_DT7	Claim Procedure CodeVII Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD8	Claim Procedure Code VIII	Char		
PRCDR_DT8	Claim Procedure Code VIII Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD9	Claim Procedure Code IX	Char		
PRCDR_DT9	Claim Procedure Code IX Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD10	Claim Procedure Code X	Char		
PRCDR_DT10	Claim Procedure Code X Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD11	Claim Procedure Code XI	Char		
PRCDR_DT11	Claim Procedure Code XI Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD12	Claim Procedure Code XII	Char		
PRCDR_DT12	Claim Procedure Code XII Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD13	Claim Procedure Code XIII	Char		
PRCDR_DT13	Claim Procedure Code XIII Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD14	Claim Procedure Code XIV	Char		
PRCDR_DT14	Claim Procedure Code XIV Date	Num		Date provided in SAS date (numeric) format.

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ICD_PRCDR_CD15	Claim Procedure Code XV	Char		
PRCDR_DT15	Claim Procedure Code XV Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD16	Claim Procedure Code XVI	Char		
PRCDR_DT16	Claim Procedure Code XVI Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD17	Claim Procedure Code XVII	Char		
PRCDR_DT17	Claim Procedure Code XVII Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD18	Claim Procedure Code XVIII	Char		
PRCDR_DT18	Claim Procedure Code XVIII Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD19	Claim Procedure Code XIX	Char		
PRCDR_DT19	Claim Procedure Code XIX Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD20	Claim Procedure Code XX	Char		
PRCDR_DT20	Claim Procedure Code XX Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD21	Claim Procedure Code XXI	Char		
PRCDR_DT21	Claim Procedure Code XXI Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD22	Claim Procedure Code XXII	Char		

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PRCDR_DT22	Claim Procedure Code XXII Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD23	Claim Procedure Code XXIII	Char		
PRCDR_DT23	Claim Procedure Code XXIII Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD24	Claim Procedure Code XXIV	Char		
PRCDR_DT24	Claim Procedure Code XXIV Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD25	Claim Procedure Code XXV	Char		
PRCDR_DT25	Claim Procedure Code XXV Date	Num		Date provided in SAS date (numeric) format.
RSN_VISIT_CD1	Reason for Visit Diagnosis Code I	Char		
RSN_VISIT_CD2	Reason for Visit Diagnosis Code II	Char		
RSN_VISIT_CD3	Reason for Visit Diagnosis Code III	Char		
NCH_BENE_PTB_DDCTBL_AMT	NCH Beneficiary Part B Deductible Amount	Num	0-200	Payment/Chagred Amount, in dollars.
NCH_BENE_PTB_COINSRNC_AMT	NCH Beneficiary Part B Coinsurance Amount	Num	0-74,200	Payment/Chagred Amount, in dollars.
CLM_OP_PRVDR_PMT_AMT	Claim Outpatient Provider Payment Amount	Num	0-807,100	Payment/Chagred Amount, in dollars.
CLM_OP_BENE_PMT_AMT	Claim Outpatient Payment Amount to Beneficiary	Num	0-2,900	Payment/Chagred Amount, in dollars.
DOB_DT	Date of Birth from Claim	Num		Date provided in SAS date (numeric) format.

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values ¹	Value Description
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	ZIP Code of Residence from Claim	Char		
CLM_MDCL_REC	Claim Medical Record Number	Char		Missing Value
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)
			8	Benefits refused
NCH_BLOOD_PNTS_FRNSHD_QTY	NCH Blood Pints Furnished Quantity	Num	0-201	

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values ¹	Value Description
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_OP_TRANS_TYPE_CD	Claim Outpatient transaction type	Char	0	Christian Science SNF
			1	Psychiatric Hospital Facility
			2	TB Hospital Facility
			3	General Care Hospital
			4	Regular SNF
			A	Outpatient Psychiatric Hospital
			B	Outpatient tuberculosis (TB) Hospital
			C	Outpatient General Care Hospital
			D	Outpatient Skilled Nursing Facility (SNF)
			F	Comprehensive Health Care
			H	Rural Health Clinic
			I	Satellite Dialysis Facility
			J	Limited Care Facility
CLM_OP_ESRD_MTHD_CD	Claim Outpatient End Stage Renal Disease (ESRD) Method of Reimbursement Code	Char	0	Not ESRD
CLM_NEXT_GNRTN_ACO_IND_CD1	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Population based payments (PBP)	Char		Missing Value

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

Outpatient Fee-For-Service Base Claims

Date Created: 29JAN2021

Number of Variables: 164

Variable Name	Variable (VAR) Label	VAR Type	Range of Values ¹	Value Description
			1	Population Based Payments (PBP)
			2	Telehealth
			5	Capitation
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		
CLM_BENE_ID_TYPE_CD	Claim Beneficiary Identifier Type Code (For CMS Internal Use)	Char		
CLM_RSDDL_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

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.