NCHS Survey Data Linked to CMS MBSF, Claims/Encounters, and Assessment Data
Skilled Nursing Facility (SNF) Fee-For-Service Span Codes
Date Created: 18AUG2020
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	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_CLM_TYPE_CD	NCH Claim Type Code	Char	20	Non swing bed SNF claim
			30	Swing bed SNF 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
			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.

Variable Name	Variable (VAR) Label	VAR Type	Range of Values	Value Description
			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 us
			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 day
			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 utiliza
			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 liabl
			80-99	Reserved for state assignment
			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)
CLM_SPAN_FROM_DT	Claim Occurrence Span From Date	Num		Date provided in SAS date (numeric) format.
CLM_SPAN_THRU_DT	Claim Occurrence Span Through Date	Num		Date provided in SAS date (numeric) format.