NCHS Survey Data Linked to CMS MBSF, Claims/Encounters, and Assessment Data
Medicare Provider Analysis and Review (MedPAR)
Date Created: 29JAN2021
Number of Variables: 396

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 MEDPAR Claim (YYYY)	Num	2016-2018	2016 NHCS has been linked to only 2016-2017 Medicare Data.
MEDPAR_YR_NUM	Year of MedPAR Record	Char		
NCH_CLM_TYPE_CD	NCH Claim Type Code	Char	20	Non swing bed SNF claim
			30	Swing bed SNF claim
			60	Inpatient claim
			61	Inpatient `Full-Encounter` claim
			62	Medicare Advantage IME/GME claims
			63	Medicare Advantage (no-pay) claims
			64	Medicare Advantage (paid as FFS) claim

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BENE_IDENT_CD	BIC reported on first claim included in stay	Char		For value description please see website: https://www.resdac.org/cms-data/variables/medpar-beneficiary-identification-code (accessed on 06/22/2020)
EQTBL_BIC_CD	Equated BIC	Char		For value description please see website: https://www.resdac.org/cms-data/variables/equated-bic (accessed on 06/22/2020)
BENE_AGE_CNT	Age as of Date of Admission	Num		
BENE_SEX_CD	Sex of Beneficiary	Char	1	Male
			2	Female
BENE_RACE_CD	Race of Beneficiary	Char	0	Unknown
			1	White
			2	Black
			3	Other
			4	Asian/Pacific Islander
			5	Hispanic
			6	North American Native
BENE_MDCR_STUS_CD	Reason for entitlement to Medicare benefits as of CLM_THRU_DT	Char	10	Aged without ESRD
			11	Aged with ESRD
			20	Disabled without ESRD
			21	Disabled with ESRD
			31	ESRD only

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BENE_RSDNC_SSA_STATE_CD	SSA standard state code of the beneficiarys residence	Char		For value description please see website: https://www.resdac.org/cms-data/variables/medpar-beneficiary-residence-ssa-standard-state-code (accessed on 06/22/2020)
BENE_RSDNC_SSA_CNTY_CD	SSA standard county code of the beneficiarys residence	Char		
BENE_MLG_CNTCT_ZIP_CD	Zip code of the beneficiarys residence	Char		
BENE_DSCHRG_STUS_CD	Code identifying status of patient as of CLM_THRU_DT	Char	A	Discharged
			B	Died
			C	Still patient
FICARR_IDENT_NUM	Fiscal Intermediary (FI) ID Number	Char		For value description please see website: https://www.resdac.org/cms-data/variables/medpar-fiscal-intermediarycarrier-identification-number (accessed on 06/22/2020)
WRNG_IND_CD	Warning indicators code specifying detailed billing info	Char		For value description please see website: https://www.resdac.org/cms-data/variables/medpar-warning-indicators-code (accessed on 06/22/2020)
GHO_PD_CD	Code indicating whether Group Health Organization (GHO) has paid provider for claim(s)	Char		Not paid by GHO/MCO
			0	Not paid by GHO/MCO
			1	Yes, paid by GHO/MCO
PPS_IND_CD	Prospective payment system (PPS) Indicator Code	Char	0	Not applicable (claim contains neither PPS nor deemed insured MQGE status indicators)

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
			2	PPS bill (claim contains PPS indicator but no deemed insured MQGE status indicator)
ORG_NPI_NUM	Organization NPI Number	Char		
PRVDR_NUM	Provider Number	Char		For value description please see website: https://www.resdac.org/cms-data/variables/medpar-provider-number (accessed on 06/22/2020)
PRVDR_NUM_SPCL_UNIT_CD	Provider Number Special Unit Code	Char		Facility is subject to PPS or SNF swing bed designation
			M	PPS-exempt psychiatric unit in a critical access hospital (CAH)
			R	PPS-exempt rehabilitation unit in CAH
			S	PPS-exempt psychiatric unit
			T	PPS-exempt rehabilitation unit
			U	Swing-bed short-term/acute care hospital
			W	Swing-bed long-term hospital
			Z	Swing-bed rural primary care hospital (eff 10/97 changed to critical access hospitals)
SS_LS_SNF_IND_CD	Short Stay/Long Stay/SNF Provider Indicator Code	Char	L	Long-Stay (All Others)
			N	SNF Stay (3rd digit of Provider ID = 5, 6, U, W, Y, or Z)
			S	Short-Stay (3rd digit of Provider ID = 0, M, R, S, T)
ACTV_XREF_IND	MEDPAR Active Cross-Reference Claim Indicator	Char		Missing/Null
SLCT_RSN_CD	Specifies whether this record is a case or control record	Char		

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
STAY_FINL_ACTN_CLM_CNT	Number of claims (final action) included in stay	Num	1-25	
LTST_CLM_ACRTN_DT	Latest Claim Accretion Date	Num		Date provided in SAS date (numeric) format.
BENE_MDCR_BNFT_EXHST_DT	Beneficiary Medicare Benefit Exhausted Date	Num		Date provided in SAS date (numeric) format.
SNF_QUALN_FROM_DT	Beginning date of beneficiarys qualifying SNF stay	Num		Date provided in SAS date (numeric) format.
SNF_QUALN_THRU_DT	Ending date of beneficiarys qualifying SNF stay	Num		Date provided in SAS date (numeric) format.
SRC_IP_ADMSN_CD	Source of admission to an Inpatient facility - for newborn admit is type of delivery code	Char		Missing Value
			1	Non-Health Care Facility Point of Origin (Physician Referral) - The patient was admitted to this facility upon an order of a physician.
			2	Clinical referral - The patient was admitted upon the recommendation of this facility`s clinic physician.
			4	Transfer from hospital (Different Facility) - The patient was admitted to this facility as a hospital transfer from an acute care facility where he or she was an inpatient.
			5	Transfer from a skilled nursing facility (SNF) or Intermediate Care Facility (ICF) - The patient was admitted to this facility as a transfer from a SNF or ICF where he or she was a resident.
			6	Transfer from another health care facility - The patient was admitted to this facility as a transfer from another type of health care facility not defined elsewhere in this code list where he or she was an inpatient.
			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. Includes transfers from incarceration facilities.
			9	Information not available - The means by which the patient was admitted is not known.

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
			D	Transfer from hospital inpatient in the same facility resulting in a separate claim to the payer - The patient was admitted to this facility as a transfer from hospital inpatient within this facility resulting in a separate claim to the payer.
			E	Transfer from Ambulatory Surgery Center - The patient was admitted to this facility as a transfer from an ambulatory surgery center. (eff. 10/1/2007)
			F	Transfer from Hospice and is under a Hospice Plan of Care or Enrolled in a Hospice Program - The patient was admitted to this facility as a transfer from a hospice. (eff. 10/1/2007)
IP_ADMSN_TYPE_CD	Inpatient admission type code	Char	1	Emergency - The patient required immediate medical intervention as a result of severe, life threatening, or potentially disabling conditions. Generally, the patient was admitted through the emergency room.
			2	Urgent - The patient required immediate attention for the care and treatment of a physical or mental disorder. Generally, the patient was admitted to the first available and suitable accommodation.
			3	Elective - The patient`s condition permitted adequate time to schedule the availability of suitable accommodations.
			4	Newborn - Necessitates the use of special source of admission codes.
			5	Trauma Center - visits to a trauma center/hospital as licensed or designated by the State or local government authority authorized to do so, or as verified by the American College of Surgeons and involving a trauma activation.
			9	Unknown - Information not available
ADMSN_DAY_CD	Code indicating day of week beneficiary was admitted to facility	Char	1	Sunday
			2	Monday
			3	Tuesday
			4	Wednesday
			5	Thursday

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
			6	Friday
			7	Saturday
ADMSN_DT	Date beneficiary admitted for Inpatient care or date care started	Num		Date provided in SAS date (numeric) format.
DSCHRG_DT	Date beneficiary was discharged or died	Num		Date provided in SAS date (numeric) format.
DSCHRG_DSTNTN_CD	Destination upon discharge from facility code	Char	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.
			20	Expired (patient did not recover).
			21	Discharged/transferred to court/law enforcement
			30	Still patient.
			43	Discharged/transferred to a federal hospital (eff. 10/1/03)

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
			50	Discharged/transferred to a Hospice – home.
			51	Discharged/transferred to a Hospice – medical facility.
			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)
			64	Discharged/transferred to a nursing facility certified under Medicaid but not under Medicare (eff. 10/2002)
			65	Discharged/Transferred to a psychiatric hospital or psychiatric distinct unit of a hospital (these types of hospitals were pulled from patient/ discharge status code `05` and given their own code). (eff. 1/2005).
			66	Discharged/transferred to a Critical Access Hospital (CAH) (eff. 1/1/06)
			69	Discharged/transferred to a designated disaster alternative care site (starting 10/2013; applies only to particular MS-DRGs*)
			70	Discharged/transferred to another type of health care institution not defined elsewhere in code list.
			71	Discharged/transferred/referred to another 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 inpatient readmission.
			82	Discharged/transferred to a short term general hospital for inpatient care with a planned acute care hospital inpatient readmission.
			83	Discharged/transferred to a skilled nursing facility (SNF) with Medicare certification with a planned acute care hospital inpatient readmission.
			84	Discharged/transferred to a facility that provides custodial or supportive care with a planned acute care hospital inpatient readmission.

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
			85	Discharged/transferred to a designated cancer center or children's hospital with a planned acute care hospital inpatient readmission.
			86	Discharged/transferred to home under care of organized home health service organization with a planned acute care hospital inpatient readmission.
			87	Discharged/transferred to court/law enforcement with a planned acute care hospital inpatient readmission.
			88	Discharged/transferred to a federal health care facility with a planned acute care hospital inpatient readmission.
			89	Discharged/transferred to a hospital-based Medicare approved swing bed with a planned acute care hospital inpatient readmission.
			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.
			91	Discharged/transferred to a Medicare certified long term care hospital (LTCH) with a planned acute care hospital inpatient readmission.
			92	Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare with a planned acute care hospital inpatient readmission.
			93	Discharged/transferred to a psychiatric distinct part unit of a hospital with a planned acute care hospital inpatient readmission.
			94	Discharged/transferred to a critical access hospital (CAH) with a planned acute care hospital inpatient readmission.
			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.
CVRD_LVL_CARE_THRU_DT	Date covered level of care ended in a SNF	Num		Date provided in SAS date (numeric) format.
BENE_DEATH_DT	Date beneficiary died	Num		Death date according to CMS administrative data. Date provided in SAS date (numeric) format.

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
BENE_DEATH_DT_VRFY_CD	Death Date Verification Code	Char		Date provided in SAS date (numeric) format.
ADMSN_DEATH_DAY_CNT	Days from date admitted to facility to date of death	Num	0-2,100	Number of days (count)
LOS_DAY_CNT	Days of beneficiarys stay in a hospital/SNF	Num	0-2,600	Number of days (count)
OUTLIER_DAY_CNT	Days paid as outliers (either day or cost) under PPS beyond DRG threshld	Num		Number of days (count)
UTLZTN_DAY_CNT	Covered days of care chargeable to Medicare utilization for stay	Num	0-700	Number of days (count)
TOT_COINSRNC_DAY_CNT	MEDPAR Beneficiary Total Coinsurance Day Count	Num	0-100	Number of days (count)
BENE_LRD_USE_CNT	Lifetime reserve days (LRD) used by beneficiary for stay	Num	0-99	
BENE_PTA_COINSRNC_AMT	Beneficiarys liability for part A coinsurance for stay ($)	Num	0-84,100	Payment/Chagred Amount, in dollars.
BENE_IP_DDCTBL_AMT	Beneficiarys liability for deductible for stay ($)	Num	0-2,700	Payment/Chagred Amount, in dollars.
BENE_BLOOD_DDCTBL_AMT	Beneficiarys liability for blood deductible for stay ($)	Num	0-9,000	Payment/Chagred Amount, in dollars.
BENE_PRMRY_PYR_CD	Primary payer responsibility code	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

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
			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
			I	Dept. of Veterans Affairs
			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)
BENE_PRMRY_PYR_AMT	Primary payer paid amount	Num	0-2,284,900	Payment/Chagred Amount, in dollars.
DRG_CD	Diagnosis Related Group Code (or MS-DRG Code)	Char		For value description please see website: https://www.resdac.org/cms-data/variables/medpar-drg-code (accessed on 06/22/2020)
DRG_OUTLIER_STAY_CD	DRG Cost or Day Outlier code	Char	0	PPS Provider: No Outlier
			2	PPS Provider: Cost Outlier
			6	Non-PPS Provider: Valid DRG Received From Intermediary
			8	Non-PPS Provider: HCFA-Developed DRG Using Claim Status Code
DRG_OUTLIER_PMT_AMT	DRG Outlier Approved Payment Amount ($)	Num	0-1,176,400	Payment/Chagred Amount, in dollars.
DRG_PRICE_AMT	DRG Price Amount ($)	Num	0-7,586,400	Payment/Chagred Amount, in dollars.

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
IP_DSPRPRTNT_SHR_AMT	Inpatient Disproportionate Share (DSH) Amount ($)	Num	0-25,600	Payment/Chagred Amount, in dollars.
IME_AMT	Indirect Medical Education (IME) Amount ($)	Num	0-109,800	Payment/Chagred Amount, in dollars.
PASS_THRU_AMT	Pass Thru Per Diem Amount for stay ($)	Num	0-129,500	Payment/Chagred Amount, in dollars.
TOT_PPS_CPTL_AMT	Total PPS capital Amount ($)	Num	0-332,300	Payment/Chagred Amount, in dollars.
IP_LOW_VOL_PYMT_AMT	Inpatient Low Volume Payment Amount	Num	0-13,500	Payment/Chagred Amount, in dollars.
TOT_CHRG_AMT	Total Charge Amount ($)	Num	0-22,092,800	Payment/Chagred Amount, in dollars.
TOT_CVR_CHRG_AMT	Total Covered Charge Amount ($)	Num	0-22,092,800	Payment/Chagred Amount, in dollars.
MDCR_PMT_AMT	Total Medicare Payment Amount ($)	Num	0-7,586,400	Payment/Chagred Amount, in dollars.
ACMDTNS_TOT_CHRG_AMT	Total charge for all accommodations ($)	Num	0-8,822,100	Payment/Chagred Amount, in dollars.
DPRTMNTL_TOT_CHRG_AMT	Total charge for all ancillary depts related to beneficiarys stay ($)	Num	0-21,855,100	Payment/Chagred Amount, in dollars.
PRVT_ROOM_DAY_CNT	Private room day count	Num	0-200	Number of days (count)
SEMIPRVT_ROOM_DAY_CNT	Semi-private room day count	Num	0-700	Number of days (count)
WARD_DAY_CNT	Ward day count	Num	0-100	Number of days (count)
INTNSV_CARE_DAY_CNT	Intensive care day count	Num	0-300	Number of days (count)

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
CRNRY_CARE_DAY_CNT	Coronary care day count	Num	0-200	Number of days (count)
PRVT_ROOM_CHRG_AMT	Private room charge amount ($)	Num	0-2,113,100	Payment/Chagred Amount, in dollars.
SEMIPRVT_ROOM_CHRG_AMT	Semi-private room charge amount ($)	Num	0-8,822,100	Payment/Chagred Amount, in dollars.
WARD_CHRG_AMT	Ward charge amount ($)	Num	0-647,800	Payment/Chagred Amount, in dollars.
INTNSV_CARE_CHRG_AMT	Intensive care charge amount ($)	Num	0-3,201,500	Payment/Chagred Amount, in dollars.
CRNRY_CARE_CHRG_AMT	Coronary care charge amount ($)	Num	0-1,904,500	Payment/Chagred Amount, in dollars.
OTHR_SRVC_CHRG_AMT	Other services charge amount ($)	Num	0-651,500	Payment/Chagred Amount, in dollars.
PHRMCY_CHRG_AMT	Pharmacy charge amount ($)	Num	0-21,368,100	Payment/Chagred Amount, in dollars.
MDCL_SUPLY_CHRG_AMT	Medical/surgical supplies charge amount ($)	Num	0-1,724,500	Payment/Chagred Amount, in dollars.
DME_CHRG_AMT	Durable Medical Equipment (DME) charge amount ($)	Num	0-19,900	Payment/Chagred Amount, in dollars.
USED_DME_CHRG_AMT	Used Durable Medical Equipment (DME) charge amount ($)	Num	0-300	Payment/Chagred Amount, in dollars.
PHYS_THRPY_CHRG_AMT	Physical therapy charge amount ($)	Num	0-243,000	Payment/Chagred Amount, in dollars.
OCPTNL_THRPY_CHRG_AMT	Occupational therapy charge amount ($)	Num	0-131,700	Payment/Chagred Amount, in dollars.
SPCH_PTHLGY_CHRG_AMT	Speech pathology charge amount ($)	Num	0-146,200	Payment/Chagred Amount, in dollars.

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
INHLTN_THRPY_CHRG_AMT	Inhalation therapy charge amount ($)	Num	0-3,276,700	Payment/Chagred Amount, in dollars.
BLOOD_CHRG_AMT	Blood charge amount ($)	Num	0-90,600	Payment/Chagred Amount, in dollars.
BLOOD_ADMIN_CHRG_AMT	Blood storage and processing charge amount ($)	Num	0-582,600	Payment/Chagred Amount, in dollars.
BLOOD_PT_FRNSH_QTY	Blood pints furnished quantity	Num	0-933	
OPRTG_ROOM_CHRG_AMT	Operating room charge amount ($)	Num	0-1,188,000	Payment/Chagred Amount, in dollars.
LTHTRPSY_CHRG_AMT	Lithotripsy charge amount ($)	Num	0-52,700	Payment/Chagred Amount, in dollars.
CRDLGY_CHRG_AMT	Cardiology charge amount ($)	Num	0-463,500	Payment/Chagred Amount, in dollars.
ANSTHSA_CHRG_AMT	Anesthesia charge amount ($)	Num	0-334,900	Payment/Chagred Amount, in dollars.
LAB_CHRG_AMT	Laboratory charge amount ($)	Num	0-1,925,900	Payment/Chagred Amount, in dollars.
RDLGY_CHRG_AMT	Radiology charge amount (excluding MRI) ($)	Num	0-447,900	Payment/Chagred Amount, in dollars.
MRI_CHRG_AMT	Magnetic resonance imaging (MRI) charge amount ($)	Num	0-109,800	Payment/Chagred Amount, in dollars.
OP_SRVC_CHRG_AMT	Outpatient service charge amount ($)	Num	0-128,400	Payment/Chagred Amount, in dollars.
ER_CHRG_AMT	Emergency room (ER) charge amount ($)	Num	0-407,800	Payment/Chagred Amount, in dollars.
AMBLNC_CHRG_AMT	Ambulance charge amount ($)	Num	0-7,700	Payment/Chagred Amount, in dollars.

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PROFNL_FEES_CHRG_AMT	Professional fees charge amount ($)	Num	0-21,500	Payment/Chagred Amount, in dollars.
ORGN_ACQSTN_CHRG_AMT	Organ acquisition or other donor bank charge amount ($)	Num	0-1,156,900	Payment/Chagred Amount, in dollars.
ESRD_REV_SETG_CHRG_AMT	End Stage Renal Disease (ESRD) charge amount ($)	Num	0-1,478,800	Payment/Chagred Amount, in dollars.
CLNC_VISIT_CHRG_AMT	Clinic visit charge amount ($)	Num	0-70,600	Payment/Chagred Amount, in dollars.
ICU_IND_CD	Intensive Care Unit (ICU) indicator code	Char		Missing/Null
			0	General (revenue center 0200)
			1	Surgical (revenue center 0201)
			2	Medical (revenue center 0202)
			3	Pediatric (revenue center 0203)
			4	Psychiatric (revenue center 0204)
			6	Intermediate ICU; (revenue center 0209) prior to 12/96 update was `post ICU`
			7	Burn care (revenue center 0207)
			8	Trauma (revenue center 0208)
			9	Other intensive care (revenue code 0209)
CRNRY_CARE_IND_CD	Coronary care unit (CCU) indicator code	Char		No coronary care indication
			0	General (revenue code 0210)
			1	Myocardial (revenue code 0211)
			2	Pulmonary care (revenue code 0212)
			3	Heart transplant (revenue code 0213)

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
			4	Intermediate CCU (revenue code 0214)
			9	Other Coronary Care (revenue code 0219)
PHRMCY_IND_CD	Pharmacy indicatorcode	Char	0	No drugs (revenue code other than those listed below)
			1	General drugs and/pr IV therapy (revenue code 025x, 026x)
			2	Erythropoietin (epoetin: revenue code 0630, 0635, 0637, 0639)
			3	Blood clotting drugs (revenue code 0636)
			4	General drugs and/or IV therapy; and epoetin (combination of values 1 and 2)
			5	General drugs and/or IV therapy; and blood clotting drugs (combination of values 1 and 3)
TRNSPLNT_IND_CD	Organ transplant indicator code	Char	0	No organ or kidney transplant (revenue code not 0362 or 0367)
			2	Organ transplant other than kidney (revenue code 0362)
			7	Kidney transplant (revenue code 0367)
RDLGY_ONCLGY_IND_SW	Oncology indicator	Char	0	No oncology (revenue code not 028x)
			1	Yes oncology (revenue code 028x)
RDLGY_DGNSTC_IND_SW	Diagnostic radiology indicator	Char	0	No diagnostic radiology (revenue code not 032x)
			1	Yes diagnostic radiology (revenue code 032x)
RDLGY_THRPTC_IND_SW	Therapeutic Radiology indicator	Char	0	No therapeutic radiology (revenue code not 033X)
			1	Yes therapeutic radiology (revenue code 033X)
RDLGY_NUCLR_MDCN_IND_SW	Radiology nuclear medicine indicator	Char	0	No nuclear medicine (revenue code not 034x)
			1	Yes nuclear medicine (revenue code 034x)

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
RDLGY_CT_SCAN_IND_SW	Radiology computed tomographic (CT) scan indicator	Char	0	No radiology CT scan (revenue code not 035X)
			1	Yes radiology CT scan (revenue code 035X)
RDLGY_OTHR_IMGNG_IND_SW	Radiology other imaging indicator	Char	0	No other imaging services (revenue code not 040x)
			1	Yes other imaging services (revenue code 040x)
OP_SRVC_IND_CD	Outpatient services/ambulatory surgical care indicator code	Char	0	No outpatient services/ambulatory surgical care (revenue code other than 049X,050X)
			1	Outpatient services (revenue code 050X)
			2	Ambulatory surgical care (revenue code 049X)
ORGN_ACQSTN_IND_CD	Organ acquisition type code	Char		No organ acquisition indication
			01	Other organ acquisition (revenue code 0819)
			B1	Bone donor bank (revenue code 0891)
			H1	Cadaver donor heart (revenue code 0815)
			K1	General classification (revenue code 0810)
			K2	Living donor kidney (revenue code 0811)
			K3	Cadaver donor kidney (revenue code 0812)
			K4	Unknown donor kidney (revenue code 0813)
ESRD_COND_CD	End Stage Renal Disease (ESRD) condition indicator code	Char	00	No dialysis or ESRD services
			71	Billing is for a patient who received staff assisted dialysis services in a hospital or renal dialysis facility.
			72	Self care in unit - Billing is for a patient who managed his own dialysis services without staff assistance in a hospital or renal dialysis facility.

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
			74	Home - Billing is for a patient who received dialysis services at home.
			76	Back-up in facility dialysis - Billing is for a patient who received dialysis services in a back-up facility.
ESRD_SETG_IND_1_CD	Dialysis service type code 1	Char		No ESRD setting indication
			00	IP renal dialysis-general (revenue code 0800)
			01	IP renal dialysis-hemodialysis (revenue code 0801)
			02	IP renal dialysis-peritoneal (non-CAPD: revenue code 0802)
			03	IP renal dialysis-Continuous Ambulatory Peritoneal Dialysis (CAPD) (revenue code 0803)
			04	IP renal dialysis-Continuous Cycling Peritoneal Dialysis (CCPD) (revenue code 0804)
			09	IP renal dialysis-other (revenue code 0809)
			21	Hemodialysis-OP-hemodialysis/composite (revenue code 0821)
			29	Hemodialysis-OP-other (revenue code 0829)
			80	Miscellaneous dialysis-general (revenue code 0880)
			81	Miscellaneous dialysis-ultrafiltration (revenue code 0881)
			89	Miscellaneous dialysis-other (revenue code 0889)
ESRD_SETG_IND_2_CD	Dialysis service type code 2	Char		No ESRD setting indication
			01	IP renal dialysis-hemodialysis (revenue code 0801)
			02	IP renal dialysis-peritoneal (non-CAPD: revenue code 0802)
			03	IP renal dialysis-Continuous Ambulatory Peritoneal Dialysis (CAPD) (revenue code 0803)
			04	IP renal dialysis-Continuous Cycling Peritoneal Dialysis (CCPD) (revenue code 0804)
			09	IP renal dialysis-other (revenue code 0809)

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
			20	Hemodialysis-OP-general (revenue code 0820)
			21	Hemodialysis-OP-hemodialysis/composite (revenue code 0821)
			29	Hemodialysis-OP-other (revenue code 0829)
			80	Miscellaneous dialysis-general (revenue code 0880)
			81	Miscellaneous dialysis-ultrafiltration (revenue code 0881)
			89	Miscellaneous dialysis-other (revenue code 0889)
ESRD_SETG_IND_3_CD	Dialysis service type code 3	Char		No ESRD setting indication
			03	IP renal dialysis-Continuous Ambulatory Peritoneal Dialysis (CAPD) (revenue code 0803)
			04	IP renal dialysis-Continuous Cycling Peritoneal Dialysis (CCPD) (revenue code 0804)
			09	IP renal dialysis-other (revenue code 0809)
			80	Miscellaneous dialysis-general (revenue code 0880)
			81	Miscellaneous dialysis-ultrafiltration (revenue code 0881)
			89	Miscellaneous dialysis-other (revenue code 0889)
ESRD_SETG_IND_4_CD	Dialysis service type code 4	Char		No ESRD setting indication
			04	IP renal dialysis-Continuous Cycling Peritoneal Dialysis (CCPD) (revenue code 0804)
			09	IP renal dialysis-other (revenue code 0809)
ESRD_SETG_IND_5_CD	Dialysis service type code 5	Char		No ESRD setting indication
ADMTG_DGNS_CD	Initial diagnosis at time of admission	Char		
ADMTG_DGNS_VRSN_CD	Admitting Diagnosis Version Code (ICD-9 or ICD-10)	Char		ICD-9

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
			0	ICD-10
DGNS_CD_CNT	Count of diagnosis codes	Num	1-25	
DGNS_VRSN_CD	Diagnosis Version Code (ICD-9 or ICD-10)	Char	9	ICD-9
DGNS_VRSN_CD_1	Diagnosis Version Code 1 (ICD-9 or ICD-10)	Char	0	ICD-10
DGNS_VRSN_CD_2	Diagnosis Version Code 2 (ICD-9 or ICD-10)	Char	0	ICD-10
			9	ICD-9
DGNS_VRSN_CD_3	Diagnosis Version Code 3 (ICD-9 or ICD-10)	Char	0	ICD-10
			9	ICD-9
DGNS_VRSN_CD_4	Diagnosis Version Code 4 (ICD-9 or ICD-10)	Char	0	ICD-10
			9	ICD-9
DGNS_VRSN_CD_5	Diagnosis Version Code 5 (ICD-9 or ICD-10)	Char	0	ICD-10
			9	ICD-9
DGNS_VRSN_CD_6	Diagnosis Version Code 6 (ICD-9 or ICD-10)	Char	0	ICD-10
			9	ICD-9
DGNS_VRSN_CD_7	Diagnosis Version Code 7 (ICD-9 or ICD-10)	Char	0	ICD-10
			9	ICD-9
DGNS_VRSN_CD_8	Diagnosis Version Code 8 (ICD-9 or ICD-10)	Char	0	ICD-10
			9	ICD-9

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
DGNS_VRSN_CD_9	Diagnosis Version Code 9 (ICD-9 or ICD-10)	Char	0	ICD-10
			9	ICD-9
DGNS_VRSN_CD_10	Diagnosis Version Code 10 (ICD-9 or ICD-10)	Char	0	ICD-10
			9	ICD-9
DGNS_VRSN_CD_11	Diagnosis Version Code 11 (ICD-9 or ICD-10)	Char	0	ICD-10
			9	ICD-9
DGNS_VRSN_CD_12	Diagnosis Version Code 12 (ICD-9 or ICD-10)	Char	0	ICD-10
			9	ICD-9
DGNS_VRSN_CD_13	Diagnosis Version Code 13 (ICD-9 or ICD-10)	Char	0	ICD-10
			9	ICD-9
DGNS_VRSN_CD_14	Diagnosis Version Code 14 (ICD-9 or ICD-10)	Char	0	ICD-10
			9	ICD-9
DGNS_VRSN_CD_15	Diagnosis Version Code 15 (ICD-9 or ICD-10)	Char	0	ICD-10
			9	ICD-9
DGNS_VRSN_CD_16	Diagnosis Version Code 16 (ICD-9 or ICD-10)	Char	0	ICD-10
			9	ICD-9
DGNS_VRSN_CD_17	Diagnosis Version Code 17 (ICD-9 or ICD-10)	Char	0	ICD-10
			9	ICD-9

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
DGNS_VRSN_CD_18	Diagnosis Version Code 18 (ICD-9 or ICD-10)	Char	0	ICD-10
			9	ICD-9
DGNS_VRSN_CD_19	Diagnosis Version Code 19 (ICD-9 or ICD-10)	Char	0	ICD-10
			9	ICD-9
DGNS_VRSN_CD_20	Diagnosis Version Code 20 (ICD-9 or ICD-10)	Char	0	ICD-10
			9	ICD-9
DGNS_VRSN_CD_21	Diagnosis Version Code 21 (ICD-9 or ICD-10)	Char	0	ICD-10
			9	ICD-9
DGNS_VRSN_CD_22	Diagnosis Version Code 22 (ICD-9 or ICD-10)	Char	0	ICD-10
			9	ICD-9
DGNS_VRSN_CD_23	Diagnosis Version Code 23 (ICD-9 or ICD-10)	Char	0	ICD-10
			9	ICD-9
DGNS_VRSN_CD_24	Diagnosis Version Code 24 (ICD-9 or ICD-10)	Char	0	ICD-10
			9	ICD-9
DGNS_VRSN_CD_25	Diagnosis Version Code 25 (ICD-9 or ICD-10)	Char	0	ICD-10
			9	ICD-9
DGNS_1_CD	Principal diagnosis code	Char		
DGNS_2_CD	ICD-9-CM Diagnosis code 2	Char		

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
DGNS_3_CD	ICD-9-CM Diagnosis code 3	Char		
DGNS_4_CD	ICD-9-CM Diagnosis code 4	Char		
DGNS_5_CD	ICD-9-CM Diagnosis code 5	Char		
DGNS_6_CD	ICD-9-CM Diagnosis code 6	Char		
DGNS_7_CD	ICD-9-CM Diagnosis code 7	Char		
DGNS_8_CD	ICD-9-CM Diagnosis code 8	Char		
DGNS_9_CD	ICD-9-CM Diagnosis code 9	Char		
DGNS_10_CD	ICD-9-CM Diagnosis code 10	Char		
DGNS_11_CD	ICD-9-CM Diagnosis code 11	Char		
DGNS_12_CD	ICD-9-CM Diagnosis code 12	Char		
DGNS_13_CD	ICD-9-CM Diagnosis code 13	Char		
DGNS_14_CD	ICD-9-CM Diagnosis code 14	Char		
DGNS_15_CD	ICD-9-CM Diagnosis code 15	Char		
DGNS_16_CD	ICD-9-CM Diagnosis code 16	Char		
DGNS_17_CD	ICD-9-CM Diagnosis code 17	Char		

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
DGNS_18_CD	ICD-9-CM Diagnosis code 18	Char		
DGNS_19_CD	ICD-9-CM Diagnosis code 19	Char		
DGNS_20_CD	ICD-9-CM Diagnosis code 20	Char		
DGNS_21_CD	ICD-9-CM Diagnosis code 21	Char		
DGNS_22_CD	ICD-9-CM Diagnosis code 22	Char		
DGNS_23_CD	ICD-9-CM Diagnosis code 23	Char		
DGNS_24_CD	ICD-9-CM Diagnosis code 24	Char		
DGNS_25_CD	ICD-9-CM Diagnosis code 25	Char		
DGNS_POA_CD	Diagnosis Code POA Array	Char	0	Identifies diagnosis codes that are exempt from the POA reporting requirements (replaces the `1`). NOTE: NCH/NMUD will carry a `0` in place of a blank.
POA_DGNS_CD_CNT	Count of Present on Admission (POA) Diagnosis Codes	Num	1-25	
POA_DGNS_1_IND_CD	Diagnosis 1 Present on Admission (POA) Indicator Code	Char	0	Identifies diagnosis codes that are exempt from the POA reporting requirements (replaces the `1`). NOTE: NCH/NMUD will carry a `0` in place of a blank.
			1	Unreported/not used -- exempt from POA reporting -- This code is equivalent to a blank pn the UB-04, however, it was determined that blanks are undesirable when submitting this data via the 4010A. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as "1" for the POA Indicator. The "1" POA Indicator should not be applied to any codes on the HAC list.

[1]The 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.

Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
			N	Diagnosis was not present at the time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as `N` for the POA Indicator.
			U	Documentation is insufficient to determine if the condition was present at the time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as 'U' for the POA Indicator.
			W	Clinically undetermined. Provider is unable to clinically determine whether condition was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as 'W' for the POA Indicator.
			Y	Diagnosis was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as `Y` for the POA Indicator.
POA_DGNS_2_IND_CD	Diagnosis Present on Admission Indicator 2	Char	0	Identifies diagnosis codes that are exempt from the POA reporting requirements (replaces the `1`). NOTE: NCH/NMUD will carry a `0` in place of a blank.
			1	Unreported/not used -- exempt from POA reporting -- This code is equivalent to a blank pn the UB-04, however, it was determined that blanks are undesirable when submitting this data via the 4010A. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as "1" for the POA Indicator. The "1" POA Indicator should not be applied to any codes on the HAC list.
			N	Diagnosis was not present at the time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as `N` for the POA Indicator.
			U	Documentation is insufficient to determine if the condition was present at the time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as 'U' for the POA Indicator.
			W	Clinically undetermined. Provider is unable to clinically determine whether condition was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as 'W' for the POA Indicator.

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
			Y	Diagnosis was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as `Y` for the POA Indicator.
POA_DGNS_3_IND_CD	Diagnosis Present on Admission Indicator 3	Char	0	Identifies diagnosis codes that are exempt from the POA reporting requirements (replaces the `1`). NOTE: NCH/NMUD will carry a `0` in place of a blank.
			1	Unreported/not used -- exempt from POA reporting -- This code is equivalent to a blank pn the UB-04, however, it was determined that blanks are undesirable when submitting this data via the 4010A. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as "1" for the POA Indicator. The "1" POA Indicator should not be applied to any codes on the HAC list.
			N	Diagnosis was not present at the time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as `N` for the POA Indicator.
			U	Documentation is insufficient to determine if the condition was present at the time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as 'U' for the POA Indicator.
			W	Clinically undetermined. Provider is unable to clinically determine whether condition was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as 'W' for the POA Indicator.
			Y	Diagnosis was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as `Y` for the POA Indicator.
POA_DGNS_4_IND_CD	Diagnosis Present on Admission Indicator 4	Char	0	Identifies diagnosis codes that are exempt from the POA reporting requirements (replaces the `1`). NOTE: NCH/NMUD will carry a `0` in place of a blank.
			1	Unreported/not used -- exempt from POA reporting -- This code is equivalent to a blank pn the UB-04, however, it was determined that blanks are undesirable when submitting this data via the 4010A. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as "1" for the POA Indicator. The "1" POA Indicator should not be applied to any codes on the HAC list.

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
			N	Diagnosis was not present at the time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as `N` for the POA Indicator.
			U	Documentation is insufficient to determine if the condition was present at the time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as 'U' for the POA Indicator.
			W	Clinically undetermined. Provider is unable to clinically determine whether condition was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as 'W' for the POA Indicator.
			Y	Diagnosis was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as `Y` for the POA Indicator.
POA_DGNS_5_IND_CD	Diagnosis Present on Admission Indicator 5	Char	0	Identifies diagnosis codes that are exempt from the POA reporting requirements (replaces the `1`). NOTE: NCH/NMUD will carry a `0` in place of a blank.
			1	Unreported/not used -- exempt from POA reporting -- This code is equivalent to a blank pn the UB-04, however, it was determined that blanks are undesirable when submitting this data via the 4010A. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as "1" for the POA Indicator. The "1" POA Indicator should not be applied to any codes on the HAC list.
			N	Diagnosis was not present at the time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as `N` for the POA Indicator.
			U	Documentation is insufficient to determine if the condition was present at the time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as 'U' for the POA Indicator.
			W	Clinically undetermined. Provider is unable to clinically determine whether condition was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as 'W' for the POA Indicator.

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
			Y	Diagnosis was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as `Y` for the POA Indicator.
POA_DGNS_6_IND_CD	Diagnosis Present on Admission Indicator 6	Char	0	Identifies diagnosis codes that are exempt from the POA reporting requirements (replaces the `1`). NOTE: NCH/NMUD will carry a `0` in place of a blank.
			1	Unreported/not used -- exempt from POA reporting -- This code is equivalent to a blank pn the UB-04, however, it was determined that blanks are undesirable when submitting this data via the 4010A. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as "1" for the POA Indicator. The "1" POA Indicator should not be applied to any codes on the HAC list.
			N	Diagnosis was not present at the time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as `N` for the POA Indicator.
			U	Documentation is insufficient to determine if the condition was present at the time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as 'U' for the POA Indicator.
			W	Clinically undetermined. Provider is unable to clinically determine whether condition was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as 'W' for the POA Indicator.
			Y	Diagnosis was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as `Y` for the POA Indicator.
POA_DGNS_7_IND_CD	Diagnosis Present on Admission Indicator 7	Char	0	Identifies diagnosis codes that are exempt from the POA reporting requirements (replaces the `1`). NOTE: NCH/NMUD will carry a `0` in place of a blank.
			1	Unreported/not used -- exempt from POA reporting -- This code is equivalent to a blank pn the UB-04, however, it was determined that blanks are undesirable when submitting this data via the 4010A. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as "1" for the POA Indicator. The "1" POA Indicator should not be applied to any codes on the HAC list.

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
			N	Diagnosis was not present at the time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as `N` for the POA Indicator.
			U	Documentation is insufficient to determine if the condition was present at the time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as 'U' for the POA Indicator.
			W	Clinically undetermined. Provider is unable to clinically determine whether condition was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as 'W' for the POA Indicator.
			Y	Diagnosis was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as `Y` for the POA Indicator.
POA_DGNS_8_IND_CD	Diagnosis Present on Admission Indicator 8	Char	0	Identifies diagnosis codes that are exempt from the POA reporting requirements (replaces the `1`). NOTE: NCH/NMUD will carry a `0` in place of a blank.
			1	Unreported/not used -- exempt from POA reporting -- This code is equivalent to a blank pn the UB-04, however, it was determined that blanks are undesirable when submitting this data via the 4010A. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as "1" for the POA Indicator. The "1" POA Indicator should not be applied to any codes on the HAC list.
			N	Diagnosis was not present at the time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as `N` for the POA Indicator.
			U	Documentation is insufficient to determine if the condition was present at the time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as 'U' for the POA Indicator.
			W	Clinically undetermined. Provider is unable to clinically determine whether condition was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as 'W' for the POA Indicator.

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
			Y	Diagnosis was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as `Y` for the POA Indicator.
POA_DGNS_9_IND_CD	Diagnosis Present on Admission Indicator 9	Char	0	Identifies diagnosis codes that are exempt from the POA reporting requirements (replaces the `1`). NOTE: NCH/NMUD will carry a `0` in place of a blank.
			1	Unreported/not used -- exempt from POA reporting -- This code is equivalent to a blank pn the UB-04, however, it was determined that blanks are undesirable when submitting this data via the 4010A. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as "1" for the POA Indicator. The "1" POA Indicator should not be applied to any codes on the HAC list.
			N	Diagnosis was not present at the time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as `N` for the POA Indicator.
			U	Documentation is insufficient to determine if the condition was present at the time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as 'U' for the POA Indicator.
			W	Clinically undetermined. Provider is unable to clinically determine whether condition was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as 'W' for the POA Indicator.
			Y	Diagnosis was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as `Y` for the POA Indicator.
POA_DGNS_10_IND_CD	Diagnosis Present on Admission Indicator 10	Char	0	Identifies diagnosis codes that are exempt from the POA reporting requirements (replaces the `1`). NOTE: NCH/NMUD will carry a `0` in place of a blank.
			1	Unreported/not used -- exempt from POA reporting -- This code is equivalent to a blank pn the UB-04, however, it was determined that blanks are undesirable when submitting this data via the 4010A. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as "1" for the POA Indicator. The "1" POA Indicator should not be applied to any codes on the HAC list.

[1]**The 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.**

Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
			N	Diagnosis was not present at the time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as `N` for the POA Indicator.
			U	Documentation is insufficient to determine if the condition was present at the time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as 'U' for the POA Indicator.
			W	Clinically undetermined. Provider is unable to clinically determine whether condition was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as 'W' for the POA Indicator.
			Y	Diagnosis was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as `Y` for the POA Indicator.
POA_DGNS_11_IND_CD	Diagnosis Present on Admission Indicator 11	Char	0	Identifies diagnosis codes that are exempt from the POA reporting requirements (replaces the `1`). NOTE: NCH/NMUD will carry a `0` in place of a blank.
			1	Unreported/not used -- exempt from POA reporting -- This code is equivalent to a blank pn the UB-04, however, it was determined that blanks are undesirable when submitting this data via the 4010A. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as "1" for the POA Indicator. The "1" POA Indicator should not be applied to any codes on the HAC list.
			N	Diagnosis was not present at the time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as `N` for the POA Indicator.
			U	Documentation is insufficient to determine if the condition was present at the time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as 'U' for the POA Indicator.
			W	Clinically undetermined. Provider is unable to clinically determine whether condition was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as 'W' for the POA Indicator.

[1]The 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.

Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
			Y	Diagnosis was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as `Y` for the POA Indicator.
POA_DGNS_12_IND_CD	Diagnosis Present on Admission Indicator 12	Char	0	Identifies diagnosis codes that are exempt from the POA reporting requirements (replaces the `1`). NOTE: NCH/NMUD will carry a `0` in place of a blank.
			1	Unreported/not used -- exempt from POA reporting -- This code is equivalent to a blank pn the UB-04, however, it was determined that blanks are undesirable when submitting this data via the 4010A. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as "1" for the POA Indicator. The "1" POA Indicator should not be applied to any codes on the HAC list.
			N	Diagnosis was not present at the time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as `N` for the POA Indicator.
			U	Documentation is insufficient to determine if the condition was present at the time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as 'U' for the POA Indicator.
			W	Clinically undetermined. Provider is unable to clinically determine whether condition was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as 'W' for the POA Indicator.
			Y	Diagnosis was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as `Y` for the POA Indicator.
POA_DGNS_13_IND_CD	Diagnosis Present on Admission Indicator 13	Char	0	Identifies diagnosis codes that are exempt from the POA reporting requirements (replaces the `1`). NOTE: NCH/NMUD will carry a `0` in place of a blank.
			1	Unreported/not used -- exempt from POA reporting -- This code is equivalent to a blank pn the UB-04, however, it was determined that blanks are undesirable when submitting this data via the 4010A. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as "1" for the POA Indicator. The "1" POA Indicator should not be applied to any codes on the HAC list.

[1]**The 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.**

Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
			N	Diagnosis was not present at the time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as `N` for the POA Indicator.
			U	Documentation is insufficient to determine if the condition was present at the time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as 'U' for the POA Indicator.
			W	Clinically undetermined. Provider is unable to clinically determine whether condition was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as 'W' for the POA Indicator.
			Y	Diagnosis was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as `Y` for the POA Indicator.
POA_DGNS_14_IND_CD	Diagnosis Present on Admission Indicator 14	Char	0	Identifies diagnosis codes that are exempt from the POA reporting requirements (replaces the `1`). NOTE: NCH/NMUD will carry a `0` in place of a blank.
			1	Unreported/not used -- exempt from POA reporting -- This code is equivalent to a blank pn the UB-04, however, it was determined that blanks are undesirable when submitting this data via the 4010A. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as "1" for the POA Indicator. The "1" POA Indicator should not be applied to any codes on the HAC list.
			N	Diagnosis was not present at the time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as `N` for the POA Indicator.
			U	Documentation is insufficient to determine if the condition was present at the time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as 'U' for the POA Indicator.
			W	Clinically undetermined. Provider is unable to clinically determine whether condition was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as 'W' for the POA Indicator.

[1]**The 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.**

Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
			Y	Diagnosis was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as `Y` for the POA Indicator.
POA_DGNS_15_IND_CD	Diagnosis Present on Admission Indicator 15	Char	0	Identifies diagnosis codes that are exempt from the POA reporting requirements (replaces the `1`). NOTE: NCH/NMUD will carry a `0` in place of a blank.
			1	Unreported/not used -- exempt from POA reporting -- This code is equivalent to a blank pn the UB-04, however, it was determined that blanks are undesirable when submitting this data via the 4010A. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as "1" for the POA Indicator. The "1" POA Indicator should not be applied to any codes on the HAC list.
			N	Diagnosis was not present at the time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as `N` for the POA Indicator.
			U	Documentation is insufficient to determine if the condition was present at the time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as 'U' for the POA Indicator.
			W	Clinically undetermined. Provider is unable to clinically determine whether condition was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as 'W' for the POA Indicator.
			Y	Diagnosis was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as `Y` for the POA Indicator.
POA_DGNS_16_IND_CD	Diagnosis Present on Admission Indicator 16	Char	0	Identifies diagnosis codes that are exempt from the POA reporting requirements (replaces the `1`). NOTE: NCH/NMUD will carry a `0` in place of a blank.
			1	Unreported/not used -- exempt from POA reporting -- This code is equivalent to a blank pn the UB-04, however, it was determined that blanks are undesirable when submitting this data via the 4010A. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as "1" for the POA Indicator. The "1" POA Indicator should not be applied to any codes on the HAC list.

[1]**The 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.**

Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
			N	Diagnosis was not present at the time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as `N` for the POA Indicator.
			U	Documentation is insufficient to determine if the condition was present at the time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as 'U' for the POA Indicator.
			W	Clinically undetermined. Provider is unable to clinically determine whether condition was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as 'W' for the POA Indicator.
			Y	Diagnosis was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as `Y` for the POA Indicator.
POA_DGNS_17_IND_CD	Diagnosis Present on Admission Indicator 17	Char	0	Identifies diagnosis codes that are exempt from the POA reporting requirements (replaces the `1`). NOTE: NCH/NMUD will carry a `0` in place of a blank.
			1	Unreported/not used -- exempt from POA reporting -- This code is equivalent to a blank pn the UB-04, however, it was determined that blanks are undesirable when submitting this data via the 4010A. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as "1" for the POA Indicator. The "1" POA Indicator should not be applied to any codes on the HAC list.
			N	Diagnosis was not present at the time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as `N` for the POA Indicator.
			U	Documentation is insufficient to determine if the condition was present at the time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as 'U' for the POA Indicator.
			W	Clinically undetermined. Provider is unable to clinically determine whether condition was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as 'W' for the POA Indicator.

[1]**The 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.**

Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
			Y	Diagnosis was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as `Y` for the POA Indicator.
POA_DGNS_18_IND_CD	Diagnosis Present on Admission Indicator 18	Char	0	Identifies diagnosis codes that are exempt from the POA reporting requirements (replaces the `1`). NOTE: NCH/NMUD will carry a `0` in place of a blank.
			1	Unreported/not used -- exempt from POA reporting -- This code is equivalent to a blank pn the UB-04, however, it was determined that blanks are undesirable when submitting this data via the 4010A. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as "1" for the POA Indicator. The "1" POA Indicator should not be applied to any codes on the HAC list.
			N	Diagnosis was not present at the time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as `N` for the POA Indicator.
			U	Documentation is insufficient to determine if the condition was present at the time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as 'U' for the POA Indicator.
			W	Clinically undetermined. Provider is unable to clinically determine whether condition was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as 'W' for the POA Indicator.
			Y	Diagnosis was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as `Y` for the POA Indicator.
POA_DGNS_19_IND_CD	Diagnosis Present on Admission Indicator 19	Char	0	Identifies diagnosis codes that are exempt from the POA reporting requirements (replaces the `1`). NOTE: NCH/NMUD will carry a `0` in place of a blank.
			1	Unreported/not used -- exempt from POA reporting -- This code is equivalent to a blank pn the UB-04, however, it was determined that blanks are undesirable when submitting this data via the 4010A. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as "1" for the POA Indicator. The "1" POA Indicator should not be applied to any codes on the HAC list.

[1]**The 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.**

Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
			N	Diagnosis was not present at the time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as `N` for the POA Indicator.
			U	Documentation is insufficient to determine if the condition was present at the time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as 'U' for the POA Indicator.
			W	Clinically undetermined. Provider is unable to clinically determine whether condition was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as 'W' for the POA Indicator.
			Y	Diagnosis was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as `Y` for the POA Indicator.
POA_DGNS_20_IND_CD	Diagnosis Present on Admission Indicator 20	Char	0	Identifies diagnosis codes that are exempt from the POA reporting requirements (replaces the `1`). NOTE: NCH/NMUD will carry a `0` in place of a blank.
			1	Unreported/not used -- exempt from POA reporting -- This code is equivalent to a blank pn the UB-04, however, it was determined that blanks are undesirable when submitting this data via the 4010A. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as "1" for the POA Indicator. The "1" POA Indicator should not be applied to any codes on the HAC list.
			N	Diagnosis was not present at the time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as `N` for the POA Indicator.
			U	Documentation is insufficient to determine if the condition was present at the time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as 'U' for the POA Indicator.
			W	Clinically undetermined. Provider is unable to clinically determine whether condition was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as 'W' for the POA Indicator.

[1]**The 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.**

Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
			Y	Diagnosis was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as `Y` for the POA Indicator.
POA_DGNS_21_IND_CD	Diagnosis Present on Admission Indicator 21	Char	0	Identifies diagnosis codes that are exempt from the POA reporting requirements (replaces the `1`). NOTE: NCH/NMUD will carry a `0` in place of a blank.
			1	Unreported/not used -- exempt from POA reporting -- This code is equivalent to a blank pn the UB-04, however, it was determined that blanks are undesirable when submitting this data via the 4010A. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as "1" for the POA Indicator. The "1" POA Indicator should not be applied to any codes on the HAC list.
			N	Diagnosis was not present at the time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as `N` for the POA Indicator.
			U	Documentation is insufficient to determine if the condition was present at the time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as 'U' for the POA Indicator.
			W	Clinically undetermined. Provider is unable to clinically determine whether condition was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as 'W' for the POA Indicator.
			Y	Diagnosis was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as `Y` for the POA Indicator.
POA_DGNS_22_IND_CD	Diagnosis Present on Admission Indicator 22	Char	0	Identifies diagnosis codes that are exempt from the POA reporting requirements (replaces the `1`). NOTE: NCH/NMUD will carry a `0` in place of a blank.
			1	Unreported/not used -- exempt from POA reporting -- This code is equivalent to a blank pn the UB-04, however, it was determined that blanks are undesirable when submitting this data via the 4010A. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as "1" for the POA Indicator. The "1" POA Indicator should not be applied to any codes on the HAC list.

[1]**The 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.**

Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
			N	Diagnosis was not present at the time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as `N` for the POA Indicator.
			U	Documentation is insufficient to determine if the condition was present at the time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as 'U' for the POA Indicator.
			W	Clinically undetermined. Provider is unable to clinically determine whether condition was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as 'W' for the POA Indicator.
			Y	Diagnosis was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as `Y` for the POA Indicator.
POA_DGNS_23_IND_CD	Diagnosis Present on Admission Indicator 23	Char		Identifies diagnosis codes that are exempt from the POA reporting requirements (replaces the `1`). NOTE: NCH/NMUD will carry a `0` in place of a blank.
			1	Unreported/not used -- exempt from POA reporting -- This code is equivalent to a blank pn the UB-04, however, it was determined that blanks are undesirable when submitting this data via the 4010A. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as "1" for the POA Indicator. The "1" POA Indicator should not be applied to any codes on the HAC list.
			N	Diagnosis was not present at the time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as `N` for the POA Indicator.
			U	Documentation is insufficient to determine if the condition was present at the time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as 'U' for the POA Indicator.
			W	Clinically undetermined. Provider is unable to clinically determine whether condition was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as 'W' for the POA Indicator.

[1]**The 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.**

Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
			Y	Diagnosis was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as `Y` for the POA Indicator.
POA_DGNS_24_IND_CD	Diagnosis Present on Admission Indicator 24	Char	0	Identifies diagnosis codes that are exempt from the POA reporting requirements (replaces the `1`). NOTE: NCH/NMUD will carry a `0` in place of a blank.
			1	Unreported/not used -- exempt from POA reporting -- This code is equivalent to a blank pn the UB-04, however, it was determined that blanks are undesirable when submitting this data via the 4010A. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as "1" for the POA Indicator. The "1" POA Indicator should not be applied to any codes on the HAC list.
			N	Diagnosis was not present at the time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as `N` for the POA Indicator.
			U	Documentation is insufficient to determine if the condition was present at the time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as 'U' for the POA Indicator.
			W	Clinically undetermined. Provider is unable to clinically determine whether condition was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as 'W' for the POA Indicator.
			Y	Diagnosis was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as `Y` for the POA Indicator.
POA_DGNS_25_IND_CD	Diagnosis Present on Admission Indicator 25	Char	0	Identifies diagnosis codes that are exempt from the POA reporting requirements (replaces the `1`). NOTE: NCH/NMUD will carry a `0` in place of a blank.
			1	Unreported/not used -- exempt from POA reporting -- This code is equivalent to a blank pn the UB-04, however, it was determined that blanks are undesirable when submitting this data via the 4010A. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as "1" for the POA Indicator. The "1" POA Indicator should not be applied to any codes on the HAC list.

[1]**The 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.**

Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
			N	Diagnosis was not present at the time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as `N` for the POA Indicator.
			U	Documentation is insufficient to determine if the condition was present at the time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as 'U' for the POA Indicator.
			W	Clinically undetermined. Provider is unable to clinically determine whether condition was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as 'W' for the POA Indicator.
			Y	Diagnosis was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as `Y` for the POA Indicator.
DGNS_E_CD_CNT	Count of Diagnosis E Codes	Num	0-1	
DGNS_E_VRSN_CD	Diagnosis E Version Code (Earlier Version)	Char	9	ICD-9
DGNS_E_VRSN_CD_1	Diagnosis E Version Code 1	Char	0	ICD-10
			9	ICD-9
DGNS_E_VRSN_CD_2	Diagnosis E Version Code 2	Char	9	ICD-9
DGNS_E_VRSN_CD_3	Diagnosis E Version Code 3	Char	9	ICD-9
DGNS_E_VRSN_CD_4	Diagnosis E Version Code 4	Char	9	ICD-9
DGNS_E_VRSN_CD_5	Diagnosis E Version Code 5	Char	9	ICD-9
DGNS_E_VRSN_CD_6	Diagnosis E Version Code 6	Char	9	ICD-9

[1]**The 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.**

Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
DGNS_E_VRSN_CD_7	Diagnosis E Version Code 7	Char	9	ICD-9
DGNS_E_VRSN_CD_8	Diagnosis E Version Code 8	Char	9	ICD-9
DGNS_E_VRSN_CD_9	Diagnosis E Version Code 9	Char	9	ICD-9
DGNS_E_VRSN_CD_10	Diagnosis E Version Code 10	Char	9	ICD-9
DGNS_E_VRSN_CD_11	Diagnosis E Version Code 11	Char	9	ICD-9
DGNS_E_VRSN_CD_12	Diagnosis E Version Code 12	Char	9	ICD-9
DGNS_E_1_CD	Diagnosis E Code 1	Char		
DGNS_E_2_CD	Diagnosis E Code 2	Char		
DGNS_E_3_CD	Diagnosis E Code 3	Char		
DGNS_E_4_CD	Diagnosis E Code 4	Char		
DGNS_E_5_CD	Diagnosis E Code 5	Char		
DGNS_E_6_CD	Diagnosis E Code 6	Char		
DGNS_E_7_CD	Diagnosis E Code 7	Char		
DGNS_E_8_CD	Diagnosis E Code 8	Char		
DGNS_E_9_CD	Diagnosis E Code 9	Char		

[1]**The 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.**

Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
DGNS_E_10_CD	Diagnosis E Code 10	Char		
DGNS_E_11_CD	Diagnosis E Code 11	Char		
DGNS_E_12_CD	Diagnosis E Code 12	Char		
POA_DGNS_E_CD_CNT	Count of Present on Admission (POA) Diagnosis E Codes	Num	0-1	
POA_DGNS_E_1_IND_CD	Diagnosis E Code Present on Admission Indicator 1	Char	0	Identifies diagnosis codes that are exempt from the POA reporting requirements (replaces the `1`). NOTE: NCH/NMUD will carry a `0` in place of a blank.
POA_DGNS_E_2_IND_CD	Diagnosis E Code Present on Admission Indicator 2	Char	0	Identifies diagnosis codes that are exempt from the POA reporting requirements (replaces the `1`). NOTE: NCH/NMUD will carry a `0` in place of a blank.
POA_DGNS_E_3_IND_CD	Diagnosis E Code Present on Admission Indicator 3	Char	0	Identifies diagnosis codes that are exempt from the POA reporting requirements (replaces the `1`). NOTE: NCH/NMUD will carry a `0` in place of a blank.
POA_DGNS_E_4_IND_CD	Diagnosis E Code Present on Admission Indicator 4	Char	0	Identifies diagnosis codes that are exempt from the POA reporting requirements (replaces the `1`). NOTE: NCH/NMUD will carry a `0` in place of a blank.
POA_DGNS_E_5_IND_CD	Diagnosis E Code Present on Admission Indicator 5	Char	0	Identifies diagnosis codes that are exempt from the POA reporting requirements (replaces the `1`). NOTE: NCH/NMUD will carry a `0` in place of a blank.
POA_DGNS_E_6_IND_CD	Diagnosis E Code Present on Admission Indicator 6	Char	0	Identifies diagnosis codes that are exempt from the POA reporting requirements (replaces the `1`). NOTE: NCH/NMUD will carry a `0` in place of a blank.

[1]**The 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.**

Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
POA_DGNS_E_7_IND_CD	Diagnosis E Code Present on Admission Indicator 7	Char	0	Identifies diagnosis codes that are exempt from the POA reporting requirements (replaces the `1`). NOTE: NCH/NMUD will carry a `0` in place of a blank.
POA_DGNS_E_8_IND_CD	Diagnosis E Code Present on Admission Indicator 8	Char	0	Identifies diagnosis codes that are exempt from the POA reporting requirements (replaces the `1`). NOTE: NCH/NMUD will carry a `0` in place of a blank.
POA_DGNS_E_9_IND_CD	Diagnosis E Code Present on Admission Indicator 9	Char	0	Identifies diagnosis codes that are exempt from the POA reporting requirements (replaces the `1`). NOTE: NCH/NMUD will carry a `0` in place of a blank.
POA_DGNS_E_10_IND_CD	Diagnosis E Code Present on Admission Indicator 10	Char	0	Identifies diagnosis codes that are exempt from the POA reporting requirements (replaces the `1`). NOTE: NCH/NMUD will carry a `0` in place of a blank.
POA_DGNS_E_11_IND_CD	Diagnosis E Code Present on Admission Indicator 11	Char	0	Identifies diagnosis codes that are exempt from the POA reporting requirements (replaces the `1`). NOTE: NCH/NMUD will carry a `0` in place of a blank.
POA_DGNS_E_12_IND_CD	Diagnosis E Code Present on Admission Indicator 12	Char	0	Identifies diagnosis codes that are exempt from the POA reporting requirements (replaces the `1`). NOTE: NCH/NMUD will carry a `0` in place of a blank.
SRGCL_PRCDR_IND_SW	Surgical procedure indicator	Char	0	No surgery indicated
			1	Yes surgery indicated
SRGCL_PRCDR_CD_CNT	Surgical procedure codes included in stay	Num	0-25	
SRGCL_PRCDR_VRSN_CD	Surgical Procedure Version Code (Earlier Version)	Char	9	ICD-9-CM
SRGCL_PRCDR_VRSN_CD_1	MEDPAR Surgical Procedure Version Code 1 (ICD-9-CM or ICD-10-PCS)	Char	0	ICD-10-PCS

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
			9	ICD-9-CM
SRGCL_PRCDR_VRSN_CD_2	MEDPAR Surgical Procedure Version Code 2	Char	0	ICD-10-PCS
			9	ICD-9-CM
SRGCL_PRCDR_VRSN_CD_3	MEDPAR Surgical Procedure Version Code 3	Char	0	ICD-10-PCS
			9	ICD-9-CM
SRGCL_PRCDR_VRSN_CD_4	MEDPAR Surgical Procedure Version Code 4	Char	0	ICD-10-PCS
			9	ICD-9-CM
SRGCL_PRCDR_VRSN_CD_5	MEDPAR Surgical Procedure Version Code 5	Char	0	ICD-10-PCS
			9	ICD-9-CM
SRGCL_PRCDR_VRSN_CD_6	MEDPAR Surgical Procedure Version Code 6	Char	0	ICD-10-PCS
			9	ICD-9-CM
SRGCL_PRCDR_VRSN_CD_7	MEDPAR Surgical Procedure Version Code 7	Char	0	ICD-10-PCS
			9	ICD-9-CM
SRGCL_PRCDR_VRSN_CD_8	MEDPAR Surgical Procedure Version Code 8	Char	0	ICD-10-PCS
			9	ICD-9-CM
SRGCL_PRCDR_VRSN_CD_9	MEDPAR Surgical Procedure Version Code 9	Char		ICD-9-CM
			0	ICD-10-PCS
SRGCL_PRCDR_VRSN_CD_10	MEDPAR Surgical Procedure Version Code 10	Char	0	ICD-10-PCS

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
			9	ICD-9-CM
SRGCL_PRCDR_VRSN_CD_11	MEDPAR Surgical Procedure Version Code 11	Char	0	ICD-10-PCS
			9	ICD-9-CM
SRGCL_PRCDR_VRSN_CD_12	MEDPAR Surgical Procedure Version Code 12	Char	0	ICD-10-PCS
			9	ICD-9-CM
SRGCL_PRCDR_VRSN_CD_13	MEDPAR Surgical Procedure Version Code 13	Char	0	ICD-10-PCS
			9	ICD-9-CM
SRGCL_PRCDR_VRSN_CD_14	MEDPAR Surgical Procedure Version Code 14	Char	0	ICD-10-PCS
			9	ICD-9-CM
SRGCL_PRCDR_VRSN_CD_15	MEDPAR Surgical Procedure Version Code 15	Char	0	ICD-10-PCS
			9	ICD-9-CM
SRGCL_PRCDR_VRSN_CD_16	MEDPAR Surgical Procedure Version Code 16	Char	0	ICD-10-PCS
			9	ICD-9-CM
SRGCL_PRCDR_VRSN_CD_17	MEDPAR Surgical Procedure Version Code 17	Char	0	ICD-10-PCS
			9	ICD-9-CM
SRGCL_PRCDR_VRSN_CD_18	MEDPAR Surgical Procedure Version Code 18	Char	0	ICD-10-PCS
			9	ICD-9-CM
SRGCL_PRCDR_VRSN_CD_19	MEDPAR Surgical Procedure Version Code 19	Char	0	ICD-10-PCS

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
			9	ICD-9-CM
SRGCL_PRCDR_VRSN_CD_20	MEDPAR Surgical Procedure Version Code 20	Char	0	ICD-10-PCS
			9	ICD-9-CM
SRGCL_PRCDR_VRSN_CD_21	MEDPAR Surgical Procedure Version Code 21	Char	0	ICD-10-PCS
			9	ICD-9-CM
SRGCL_PRCDR_VRSN_CD_22	MEDPAR Surgical Procedure Version Code 22	Char	0	ICD-10-PCS
			9	ICD-9-CM
SRGCL_PRCDR_VRSN_CD_23	MEDPAR Surgical Procedure Version Code 23	Char	0	ICD-10-PCS
			9	ICD-9-CM
SRGCL_PRCDR_VRSN_CD_24	MEDPAR Surgical Procedure Version Code 24	Char	0	ICD-10-PCS
			9	ICD-9-CM
SRGCL_PRCDR_VRSN_CD_25	MEDPAR Surgical Procedure Version Code 25	Char	0	ICD-10-PCS
			9	ICD-9-CM
SRGCL_PRCDR_1_CD	Principal Procedure code	Char		
SRGCL_PRCDR_2_CD	Procedure Code 2	Char		
SRGCL_PRCDR_3_CD	Procedure Code 3	Char		
SRGCL_PRCDR_4_CD	Procedure Code 4	Char		

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
SRGCL_PRCDR_5_CD	Procedure Code 5	Char		
SRGCL_PRCDR_6_CD	Procedure Code 6	Char		
SRGCL_PRCDR_7_CD	Procedure Code 7	Char		
SRGCL_PRCDR_8_CD	Procedure Code 8	Char		
SRGCL_PRCDR_9_CD	Procedure Code 9	Char		
SRGCL_PRCDR_10_CD	Procedure Code 10	Char		
SRGCL_PRCDR_11_CD	Procedure Code 11	Char		
SRGCL_PRCDR_12_CD	Procedure Code 12	Char		
SRGCL_PRCDR_13_CD	Procedure Code 13	Char		
SRGCL_PRCDR_14_CD	Procedure Code 14	Char		
SRGCL_PRCDR_15_CD	Procedure Code 15	Char		
SRGCL_PRCDR_16_CD	Procedure Code 16	Char		
SRGCL_PRCDR_17_CD	Procedure Code 17	Char		
SRGCL_PRCDR_18_CD	Procedure Code 18	Char		
SRGCL_PRCDR_19_CD	Procedure Code 19	Char		

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
SRGCL_PRCDR_20_CD	Procedure Code 20	Char		
SRGCL_PRCDR_21_CD	Procedure Code 21	Char		
SRGCL_PRCDR_22_CD	Procedure Code 22	Char		
SRGCL_PRCDR_23_CD	Procedure Code 23	Char		
SRGCL_PRCDR_24_CD	Procedure Code 24	Char		
SRGCL_PRCDR_25_CD	Procedure Code 25	Char		
SRGCL_PRCDR_DT_CNT	Dates associated with surgical procedures included in stay	Num		Date provided in SAS date (numeric) format.
SRGCL_PRCDR_PRFRM_1_DT	Principal Procedure Date	Num		Date provided in SAS date (numeric) format.
SRGCL_PRCDR_PRFRM_2_DT	Procedure Date 2	Num		Date provided in SAS date (numeric) format.
SRGCL_PRCDR_PRFRM_3_DT	Procedure Date 3	Num		Date provided in SAS date (numeric) format.
SRGCL_PRCDR_PRFRM_4_DT	Procedure Date 4	Num		Date provided in SAS date (numeric) format.
SRGCL_PRCDR_PRFRM_5_DT	Procedure Date 5	Num		Date provided in SAS date (numeric) format.
SRGCL_PRCDR_PRFRM_6_DT	Procedure Date 6	Num		Date provided in SAS date (numeric) format.
SRGCL_PRCDR_PRFRM_7_DT	Procedure Date 7	Num		Date provided in SAS date (numeric) format.
SRGCL_PRCDR_PRFRM_8_DT	Procedure Date 8	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
SRGCL_PRCDR_PRFRM_9_DT	Procedure Date 9	Num		Date provided in SAS date (numeric) format.
SRGCL_PRCDR_PRFRM_10_DT	Procedure Date 10	Num		Date provided in SAS date (numeric) format.
SRGCL_PRCDR_PRFRM_11_DT	Procedure Date 11	Num		Date provided in SAS date (numeric) format.
SRGCL_PRCDR_PRFRM_12_DT	Procedure Date 12	Num		Date provided in SAS date (numeric) format.
SRGCL_PRCDR_PRFRM_13_DT	Procedure Date 13	Num		Date provided in SAS date (numeric) format.
SRGCL_PRCDR_PRFRM_14_DT	Procedure Date 14	Num		Date provided in SAS date (numeric) format.
SRGCL_PRCDR_PRFRM_15_DT	Procedure Date 15	Num		Date provided in SAS date (numeric) format.
SRGCL_PRCDR_PRFRM_16_DT	Procedure Date 16	Num		Date provided in SAS date (numeric) format.
SRGCL_PRCDR_PRFRM_17_DT	Procedure Date 17	Num		Date provided in SAS date (numeric) format.
SRGCL_PRCDR_PRFRM_18_DT	Procedure Date 18	Num		Date provided in SAS date (numeric) format.
SRGCL_PRCDR_PRFRM_19_DT	Procedure Date 19	Num		Date provided in SAS date (numeric) format.
SRGCL_PRCDR_PRFRM_20_DT	Procedure Date 20	Num		Date provided in SAS date (numeric) format.
SRGCL_PRCDR_PRFRM_21_DT	Procedure Date 21	Num		Date provided in SAS date (numeric) format.
SRGCL_PRCDR_PRFRM_22_DT	Procedure Date 22	Num		Date provided in SAS date (numeric) format.
SRGCL_PRCDR_PRFRM_23_DT	Procedure Date 23	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
SRGCL_PRCDR_PRFRM_24_DT	Procedure Date 24	Num		Date provided in SAS date (numeric) format.
SRGCL_PRCDR_PRFRM_25_DT	Procedure Date 25	Num		Date provided in SAS date (numeric) format.
CLM_PTNT_RLTNSHP_CD	Claim Patient Relationship Code	Char		Missing/Null
			18	Patient is insured
			39	Organ donor Null/missing
CARE_IMPRVMT_MODEL_1_CD	Care Improvement Model 1 Code	Char		Not using model
			61	Care Improvement Model 1 is used
CARE_IMPRVMT_MODEL_2_CD	Care Improvement Model 2 Code	Char		Not using model
			62	Care Improvement Model 2 is used
CARE_IMPRVMT_MODEL_3_CD	Care Improvement Model 3 Code	Char		Not using model
CARE_IMPRVMT_MODEL_4_CD	Care Improvement Model 4 Code	Char		Not using model
			64	Care Improvement Model 4 is used
VBP_PRTCPNT_IND_CD	Value Based Purchasing (VBP) Participant Indicator Code	Char		Not participating in Hospital Value Based Purchasing
			N	Not participating in Hospital Value Based Purchasing
			Y	Participating in Hospital Value Based Purchasing
HRR_PRTCPNT_IND_CD	Hospital Readmission Reduction (HRR) Participant Indicator Code	Char		Not participating
			0	Not participating

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
			1	Participating and not equal to 1.0000
BNDLD_MODEL_DSCNT_PCT	Bundled Payment Model Discount Percent	Num	0-0.01	
VBP_ADJSTMT_PCT	Value Based Purchasing (VBP) Adjustment Percent	Num	0-1.04	
HRR_ADJSTMT_PCT	Hospital Readmission Reduction (HRR) Adjustment Percent	Num	0-1	
INFRMTL_ENCTR_IND_SW	Informational Encounter Indicator	Char	N	No, beneficiary is not a MCO enrollee
			Y	Yes, beneficiary is a Managed care enrollee (hospital expects to receive payment from a MCO)
MA_TCHNG_IND_SW	MA Teaching Indicator	Char	N	No additional IME/DGME/N&AH payment requested
			Y	Yes, provider requests a supplemental payment for IME/DGME/N&AH
PROD_RPLCMT_LIFECYC_SW	Product Replacement within Product Lifecycle (early)	Char	N	No, product not replaced early (or not applicable)
			Y	Yes, product replaced early/within product lifecycle
PROD_RPLCMT_RCLL_SW	Product Replacement for Recall of Product	Char	N	No, product not recalled (or not applicable)
			Y	Yes, product recalled
CRED_RCVD_RPLCD_DVC_SW	Credit Received Replaced Device	Char	N	No credit received
			Y	Credit received
OBSRVTN_SW	Observation Unit Indicator	Char	N	No observation unit services
			Y	Yes, claim included services in an observation unit

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
NEW_TCHNLGY_ADD_ON_AMT	New Technology Add-On Amount	Num	0-31,100	Payment/Chagred Amount, in dollars.
BASE_OPRTG_DRG_AMT	Base Operating DRG Amount	Num	0-223,900	Payment/Chagred Amount, in dollars.
OPRTG_HSP_AMT	Operating Hospital Amount	Num	0-83,100	Payment/Chagred Amount, in dollars.
MDCL_SRGCL_GNRL_AMT	Medical/Surgical General Amount ($)	Num	0-1,158,800	Payment/Chagred Amount, in dollars.
MDCL_SRGCL_NSTRL_AMT	Medical/Surgical Non-Sterile Supplies Amount ($)	Num	0-820,900	Payment/Chagred Amount, in dollars.
MDCL_SRGCL_STRL_AMT	Medical/Surgical Sterile Supplies Amount ($)	Num	0-993,800	Payment/Chagred Amount, in dollars.
TAKE_HOME_AMT	Medical/Surgical Supplies Take Home Amount ($)	Num	0-26,300	Payment/Chagred Amount, in dollars.
PRSTHTC_ORTHTC_AMT	Medical/Surgical Supplies Prosthetic Orthotic Amount ($)	Num	0-348,100	Payment/Chagred Amount, in dollars.
MDCL_SRGCL_PCMKR_AMT	Medical/Surgical Pacemaker Amount ($)	Num	0-374,500	Payment/Chagred Amount, in dollars.
INTRAOCULAR_LENS_AMT	Medical/Surgical Supplies Intraocular Lens Amount ($)	Num	0-27,000	Payment/Chagred Amount, in dollars.
OXYGN_TAKE_HOME_AMT	Medical/Surgical Supplies Oxygen Take Home Amount ($)	Num		Payment/Chagred Amount, in dollars.
OTHR_IMPLANTS_AMT	Medical/Surgical Supplies Other Implants Amount ($)	Num	0-1,708,200	Payment/Chagred Amount, in dollars.

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
OTHR_SUPLIES_DVC_AMT	Medical/Surgical Supplies Other Device Amount ($)	Num	0-653,600	Payment/Chagred Amount, in dollars.
INCDNT_RDLGY_AMT	Medical/Surgical Supplies Incident Radiology Amount ($)	Num	0-97,500	Payment/Chagred Amount, in dollars.
INCDNT_DGNSTC_SRVCS_AMT	Medical/Surgical Supplies Incident Diagnostic Services Amount ($)	Num	0-45,900	Payment/Chagred Amount, in dollars.
MDCL_SRGCL_DRSNG_AMT	Medical/Surgical Dressing Amount ($)	Num	0-9,700	Payment/Chagred Amount, in dollars.
INVSTGTNL_DVC_AMT	Medical/Surgical Supplies Investigational Device Amount ($)	Num	0-632,100	Payment/Chagred Amount, in dollars.
MDCL_SRGCL_MISC_AMT	Medical/Surgical Miscellaneous Amount ($)	Num		Payment/Chagred Amount, in dollars.
RDLGY_ONCOLOGY_AMT	Oncology Amount ($)	Num	0-16,400	Payment/Chagred Amount, in dollars.
RDLGY_DGNSTC_AMT	Radiology Diagnostic Amount ($)	Num	0-378,300	Payment/Chagred Amount, in dollars.
RDLGY_THRPTC_AMT	Radiology Therapeutic Amount ($)	Num	0-409,300	Payment/Chagred Amount, in dollars.
RDLGY_NUCLR_MDCN_AMT	Radiology Nuclear Medicine Amount ($)	Num	0-425,100	Payment/Chagred Amount, in dollars.
RDLGY_CT_SCAN_AMT	Radiology CT Scan Amount ($)	Num	0-443,700	Payment/Chagred Amount, in dollars.
RDLGY_OTHR_IMGNG_AMT	Radiology Other Imaging Amount ($)	Num	0-105,600	Payment/Chagred Amount, in dollars.
OPRTG_ROOM_AMT	Operating & Recovery Room Amount ($)	Num	0-1,188,000	Payment/Chagred Amount, in dollars.
OR_LABOR_DLVRY_AMT	Labor Room & Delivery Amount ($)	Num	0-44,800	Payment/Chagred Amount, in dollars.

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
CRDC_CATHRZTN_AMT	Cardiac Catheterization Lab Amount	Num	0-452,500	Payment/Chagred Amount, in dollars.
SQSTRTN_RDCTN_AMT	Sequestration Reduction Amount	Num	0-154,900	Payment/Chagred Amount, in dollars.
UNCOMPD_CARE_PYMT_AMT	Uncompensated Care Payment Amount	Num	0-77,500	Payment/Chagred Amount, in dollars.
BNDLD_ADJSTMT_AMT	Bundled Payment Adjustment Amount	Num		Payment/Chagred Amount, in dollars.
VBP_ADJSTMT_AMT	Hospital Value Based Purchasing (VBP) Amount	Num	0-2,400	Payment/Chagred Amount, in dollars.
HRR_ADJSTMT_AMT	Hospital Readmission Reduction (HRR) Adjustment Amount	Num		Payment/Chagred Amount, in dollars.
EHR_PYMT_ADJSTMT_AMT	Electronic Health Record (EHR) Payment Adjustment Amount	Num	0-4,100	Payment/Chagred Amount, in dollars.
PPS_STD_VAL_PYMT_AMT	Standard Payment Amount	Num	0-1,276,800	Payment/Chagred Amount, in dollars.
FINL_STD_AMT	Final standard payment amount	Num	0-7,582,000	Payment/Chagred Amount, in dollars.
HAC_RDCTN_PMT_AMT	Hospital Acquired Conditions (HAC) Reduction Payment Amount	Num		Payment/Chagred Amount, in dollars.
IPPS_FLEX_PYMT_7_AMT	Flexible Payment Amount - 7th (placeholder)	Num		Payment/Chagred Amount, in dollars.
PTNT_ADD_ON_PYMT_AMT	Patient Add-On Payment Amount (new pt)	Num		Payment/Chagred Amount, in dollars.
HAC_PGM_RDCTN_IND_SW	Hospital Acquired Conditions (HAC) Program Reduction Indicator	Char		Missing Value

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
PGM_RDCTN_IND_SW	Electronic Health Records (EHR) Program Reduction Indicator	Char		Not applicable
PA_IND_CD	Prior Authorization Indicator Code	Char		
UNIQ_TRKNG_NUM	Unique Tracking Number	Char		
STAY_2_IND_SW	Two Midnight Stay Indicator	Char	N	No outpatient services immediately prior to admission
			Y	Yes, the beneficiary received outpatient services within the hospital, prior to admission
CLM_SITE_NTRL_PYMT_CST_AMT	Claim Site Neutral Payment Based on Cost Amount	Num	0-27,200	Payment/Chagred Amount, in dollars.
CLM_SITE_NTRL_PYMT_IPPS_AMT	Claim Site Neutral Payment Based on IPPS Amount	Num	0-49,600	Payment/Chagred Amount, in dollars.
CLM_FULL_STD_PYMT_AMT	Claim Full Standard Payment Amount	Num	0-223,100	Payment/Chagred Amount, in dollars.
CLM_SS_OUTLIER_STD_PYMT_AMT	Claim Short Stay Outlier (SSO) Standard Payment Amount	Num	0-107,200	Payment/Chagred Amount, in dollars.
CLM_NGACO_IND_1_CD	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code 1	Char		Missing Value
			1	Population Based Payments (PBP)
			4	3-Day SNF Waiver
			5	Capitation
CLM_NGACO_IND_2_CD	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code 2	Char		Missing Value
			4	3-Day SNF Waiver

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
CLM_NGACO_IND_3_CD	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code 3	Char		Missing Value
CLM_NGACO_IND_4_CD	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code 4	Char		Missing Value
CLM_NGACO_IND_5_CD	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code 5	Char		Missing Value
CLM_RSDL_PYMT_IND_CD	Claim Residual Payment Indicator Code	Char		Missing Value
			X	Residual payment
CLM_RP_IND_CD	Claim Representative Payee (RP) Indicator Code	Char		Missing Value
RC_RP_IND_CD	Revenue Center Representative Payee (RP) Indicator Code	Char		Missing Value
ACO_ID_NUM	Accountable Care Organization (ACO) Identification Number	Char		
RC_ALLOGENEIC_STEM_CELL_AMT	Revenue Center Allogeneic Stem Cell Acquisition/Donor Services Amount	Num	0-381,900	Payment/Chagred Amount, in dollars.
ISLET_ADD_ON_PYMT_AMT	Islet Add-On Payment Amount	Num		Payment/Chagred Amount, in dollars.
CLM_IP_INITL_MS_DRG_CD	Claim Inpatient Initial MS-DRG Code	Char		
VAL_CD_Q1_PYMT_RDCTN_AMT	Value Code Q1 Payment Reduction Amount	Num		Payment/Chagred Amount, in dollars.

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