Linked NCHS Survey - 2020-2022 CMS T-MSIS Data

Date Created: 16SEP2025 Number of Variables: 65

Variable Name	Variable (VAR) Label	T-MSIS File Type	VAR Type	Additional Notes
SURVEY	Survey Name	Header	char	
PUBLICID	NHIS Public Use ID	Header	char	Public-use identifier for NHIS participants. For information on how to create PUBLICID from the public-use data, please see note in the Methodology and Analytic Considerations report.
SEQN	NHANES Respondent Sequence Number	Header	num	Public-use identifier for NHANES participants.
PATIENT_ID	NAMCS HC and NHCS Patient ID	Header	char	Identifier for NAMCS HC and NHCS patients.
MSIS_SEQN	MSIS sequence number	Header	num	Masked version of the T-MSIS state-assigned unique identifier (MSIS_ID) assigned by NCHS for the linked files. This variable is necessary to merge demographic and eligibility (DE) records with claims data in the other T-MSIS files (inpatient (IP), long term care (LT), other services (OT), and pharmacy (RX)) and when merging claims data in each of the claims file types (header, line, and occurrence) within the same TAF (IP, LT, OT, or RX).
FILE_YEAR4	Year of T-MSIS Claim (YYYY)	Header	num	T-MSIS claim year assigned by NCHS. This variable is necessary to merge demographic and eligibility (DE) records with claims data in the other T-MSIS files and when merging claims data in each of the claims file types (header, line, and occurrence) within the same TAF (IP, LT, OT, or RX).
STATE_CD	Submitting State Alpha Abbreviation	Header	char	
SUBMTG_STATE_CD	Submitting State Entity Code	Header	char	This variable is necessary to merge demographic and eligibility (DE) records with claims data in the other T-MSIS files and when merging claims data in each of the claims file types (header, line, and occurrence) within the same TAF (IP, LT, OT, or RX).
NCHS_CLM_ID	NCHS CLAIM ID	Header	num	Masked version of the T-MSIS claim identifier (CLM_ID) assigned by NCHS for the linked files. This variable is necessary to merge claims data in each of the claims file types (header, line, and occurrence) within the same TAF (IP, LT, OT, or RX).

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Variable Name	Variable (VAR) Label	T-MSIS File Type	VAR Type	Additional Notes
CLM_TYPE_CD	Claim Type Code	Header	char	
CROSSOVER_CLM_IND	Code To Indicate if a Portion of Claim is Paid by Medicare	Header	char	
ADJUST_CD	Claim Adjustment Code	Header	char	
ADJUST_RSN_CD	Adjustment Reason Code	Header	char	
ADJDCTN_DT	Adjudication Date	Header	num	Date provided in SAS date (numeric) format.
MDCD_PD_DT	Medicaid Paid Date	Header	num	Date provided in SAS date (numeric) format.
CMPND_DRUG_IND	Compound Drug Indicator	Header	char	
CLL_CNT	Claim Line Count - Original	Header	num	
CLL_CNT_CALC	Claim Line Count - Calculated	Header	num	
SRVC_TRKNG_TYPE_CD	Service Tracking Type Code	Header	char	
BIRTH_DT	Date of Birth	Header	num	Date provided in SAS date (numeric) format.
PGM_TYPE_CD	Program Type Code	Header	char	
MC_PLAN_ID	Managed Care Plan Identification Number	Header	char	
WVR_TYPE_CD	Waiver Type Code	Header	char	
WVR_ID	Waiver Identification Number	Header	char	

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Variable (VAR) Label	T-MSIS File Type	VAR Type	Additional Notes
Indicator Insured is Covered by Another Plan (Not Medicare or Medicaid)	Header	char	
1115(A) Demonstration Participation Indicator	Header	char	
Prescribed Date	Header	num	Date provided in SAS date (numeric) format.
Prescription Fill Date	Header	num	Date provided in SAS date (numeric) format.
Billing Provider Identification Number	Header	char	
Billing Provider NPI	Header	char	
Billing Provider Taxonomy Code	Header	char	
Billing Provider Specialty Code	Header	char	
Prescribing Provider Identification Number	Header	char	
Prescribing Provider NPI	Header	char	
Dispensing Provider Identification Number	Header	char	
Dispensing Provider NPI	Header	char	
Provider Location Code	Header	char	
Border State Indicator	Header	char	
	Indicator Insured is Covered by Another Plan (Not Medicare or Medicaid)  1115(A) Demonstration Participation Indicator  Prescribed Date  Prescription Fill Date  Billing Provider Identification Number  Billing Provider Taxonomy Code  Billing Provider Specialty Code  Prescribing Provider Identification Number  Dispensing Provider Identification Number  Dispensing Provider NPI  Provider Location Code	Indicator Insured is Covered by Another Plan (Not Medicare or Medicaid)  Header  Header  Prescribed Date  Header  Prescription Fill Date  Header  Billing Provider Identification Number  Header  Billing Provider Specialty Code  Header  Header  Prescribing Provider Identification Number  Header  Header	Indicator Insured is Covered by Another Plan (Not Medicare or Medicaid)  Header  Char  Prescribed Date  Header  Prescription Fill Date  Header  Billing Provider Identification Number  Header  Billing Provider Specialty Code  Header  Prescribing Provider Identification Number  Header  Char  Header  Char

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ed Payment Indicator  vice Tracking Payment Amount  yment Level Indicator - Header or Line	Header Header	char	
	Header	n	
yment Level Indicator - Header or Line		num	Payment/Charged Amount, in dollars.
	Header	char	
al Claim Billed Amount	Header	num	Payment/Charged Amount, in dollars.
al Medicaid Allowed Amount	Header	num	Payment/Charged Amount, in dollars.
al Amount Paid By Medicaid	Header	num	Payment/Charged Amount, in dollars.
al Copay Amount Paid by Beneficiary	Header	num	Payment/Charged Amount, in dollars.
al Medicare Deductible Amount	Header	num	Payment/Charged Amount, in dollars.
al Medicare Coinsurance Amount	Header	num	Payment/Charged Amount, in dollars.
neficiary Coinsurance Amount	Header	num	Payment/Charged Amount, in dollars.
neficiary Copayment Amount	Header	num	Payment/Charged Amount, in dollars.
neficiary Deductible Amount	Header	num	Payment/Charged Amount, in dollars.
icator Signifying Copay was Waived by Provider	Header	char	
al Third Party Liability Paid Amount	Header	num	Payment/Charged Amount, in dollars.
al a	Medicaid Allowed Amount  Amount Paid By Medicaid  Copay Amount Paid by Beneficiary  Medicare Deductible Amount  Medicare Coinsurance Amount  eficiary Coinsurance Amount  eficiary Copayment Amount  ator Signifying Copay was Waived by Provider	Medicaid Allowed Amount  Amount Paid By Medicaid  Copay Amount Paid by Beneficiary  Header  Medicare Deductible Amount  Header  Medicare Coinsurance Amount  Header  Header  Header  Header  Header  Header  Header  Header  Header	Medicaid Allowed Amount  Amount Paid By Medicaid  Header  num  Copay Amount Paid by Beneficiary  Header  num  Medicare Deductible Amount  Header  num  Medicare Coinsurance Amount  Header  num  Header  num

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Date Created: 16SEP2025 Number of Variables: 65

Variable (VAR) Label	T-MSIS File Type	VAR Type	Additional Notes
Third Party Coinsurance Paid Amount	Header	num	Payment/Charged Amount, in dollars.
Third Party Copayment Paid Amount	Header	num	Payment/Charged Amount, in dollars.
Total Other Than Medicare or Medicaid -Insurance Paid Amount	Header	num	Payment/Charged Amount, in dollars.
Other Third Party Collection Code	Header	char	
Code To Indicate Source of Non-Federal Funding	Header	char	
Funding Source Non-Federal Share Code	Header	char	
TAF Production Run Identifier (unique for each TAF run)	Header	num	
TMSIS State Data Processing Run Identifier	Header	num	
Rx Version Representing the Iteration of the File	Header	char	
RX File Date - Represents the Year and Month of the Reporting Period	Header	num	Date provided in SAS date (numeric) format.
CCW Load Date	Header	num	Date provided in SAS date (numeric) format.
Indicator of a Claim for a Person	Header	num	
Federally Assigned Service Category Code Added During TAF Production	Header	char	
	Third Party Coinsurance Paid Amount  Third Party Copayment Paid Amount  Total Other Than Medicare or Medicaid -Insurance Paid Amount  Other Third Party Collection Code  Code To Indicate Source of Non-Federal Funding  Funding Source Non-Federal Share Code  TAF Production Run Identifier (unique for each TAF run)  TMSIS State Data Processing Run Identifier  Rx Version Representing the Iteration of the File  RX File Date - Represents the Year and Month of the Reporting Period  CCW Load Date  Indicator of a Claim for a Person  Federally Assigned Service Category Code Added During	Third Party Coinsurance Paid Amount  Header  Third Party Copayment Paid Amount  Header  Total Other Than Medicare or Medicaid -Insurance Paid Amount  Header  Other Third Party Collection Code  Header  Code To Indicate Source of Non-Federal Funding  Header  Funding Source Non-Federal Share Code  Header  TAF Production Run Identifier (unique for each TAF run)  Header  TMSIS State Data Processing Run Identifier  Rx Version Representing the Iteration of the File  RX File Date - Represents the Year and Month of the Reporting Period  CCW Load Date  Header  Header  Header	Third Party Coinsurance Paid Amount  Third Party Copayment Paid Amount  Third Party Copayment Paid Amount  Total Other Than Medicare or Medicaid -Insurance Paid Amount  Header  Other Third Party Collection Code  Header  Code To Indicate Source of Non-Federal Funding  Funding Source Non-Federal Share Code  Header  TAF Production Run Identifier (unique for each TAF run)  TMSIS State Data Processing Run Identifier  Header  RX File Date - Represents the Year and Month of the Reporting Period  CCW Load Date  Header  Indicator of a Claim for a Person  Header  Inum  Third Party Coinsurance Paid Amount  Header  Inum  Theader  Inum  Theader  Inum  Theader  Inum  Indicator of a Claim for a Person  Header  Inum  Indicator of a Claim for a Person  Header  Inum  Indicator of a Claim for a Person  Header  Inum  Indicator of a Claim for a Person  Header  Inum  Indicator of a Claim for a Person  Header  Inum  Indicator of a Claim for a Person  Header  Inum  Indicator of a Claim for a Person  Header  Inum  Indicator of a Claim for a Person  Header  Inum  Indicator of a Claim for a Person  Header  Inum  Indicator of a Claim for a Person  Header  Inum  Indicator of a Claim for a Person  Inum  Indicator of a Claim for a Person  Inum  Indicator of a Claim for a Person  Inum  Inum  Indicator of a Claim for a Person  Inum  Inum

Linked NCHS Survey - 2020-2022 CMS T-MSIS Data

Date Created: 16SEP2025 Number of Variables: 47

Variable Name	Variable (VAR) Label	T-MSIS File Type	VAR Type	Additional Notes
SURVEY	Survey Name	Line	char	
PUBLICID	NHIS Public Use ID	Line	char	Public-use identifier for NHIS participants. For information on how to create PUBLICID from the public-use data, please see note in the Methodology and Analytic Considerations report.
SEQN	NHANES Respondent Sequence Number	Line	num	Public-use identifier for NHANES participants.
PATIENT_ID	NAMCS HC and NHCS Patient ID	Line	char	Identifier for NAMCS HC and NHCS patients.
MSIS_SEQN	MSIS sequence number	Line	num	Masked version of the T-MSIS state-assigned unique identifier (MSIS_ID) assigned by NCHS for the linked files. This variable is necessary to merge demographic and eligibility (DE) records with claims data in the other T-MSIS files (inpatient (IP), long term care (LT), other services (OT), and pharmacy (RX)) and when merging claims data in each of the claims file types (header, line, and occurrence) within the same TAF (IP, LT, OT, or RX).
FILE_YEAR4	Year of T-MSIS Claim (YYYY)	Line	num	T-MSIS claim year assigned by NCHS. This variable is necessary to merge demographic and eligibility (DE) records with claims data in the other T-MSIS files and when merging claims data in each of the claims file types (header, line, and occurrence) within the same TAF (IP, LT, OT, or RX).
STATE_CD	Submitting State Alpha Abbreviation	Line	char	
SUBMTG_STATE_CD	Submitting State Entity Code	Line	char	This variable is necessary to merge demographic and eligibility (DE) records with claims data in the other T-MSIS files and when merging claims data in each of the claims file types (header, line, and occurrence) within the same TAF (IP, LT, OT, or RX).
NCHS_CLM_ID	NCHS CLAIM ID	Line	num	Masked version of the T-MSIS claim identifier (CLM_ID) assigned by NCHS for the linked files. This variable is necessary to merge claims data in each of the claims file types (header, line, and occurrence) within the same TAF (IP, LT, OT, or RX).

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Date Created: 16SEP2025 Number of Variables: 47

Variable Name	Variable (VAR) Label	T-MSIS File Type	VAR Type	Additional Notes
LINE_NUM	Sequential Claim Line Number	Line	num	
ADJDCTN_DT	Adjudication Date	Line	num	Date provided in SAS date (numeric) format.
LINE_CLAIM_STUS_CD	Claim Line Status Code	Line	char	
LINE_ADJUST_CD	Claim Line Adjustment Code	Line	char	
BNFT_TYPE_CD	Benefit Type Code	Line	char	
TOS_CD	Type of Service Code	Line	char	
XIX_SRVC_CTGRY_CD	CMS-64 Form Category of Service for the Paid Claim	Line	char	
XXI_SRVC_CTGRY_CD	CMS-21 Form Category of Service for the Paid Claim	Line	char	
CMS_64_FED_CTGRY_CD	CMS-64 Form Code for Federal Reimbursement	Line	char	
RX_FILL_DT	Prescription Fill Date	Line	num	Date provided in SAS date (numeric) format.
NDC	National Drug Code	Line	char	
NDC_UOM_CD	NDC Unit of Measure Code	Line	char	
NDC_QTY	NDC Quantity Dispensed	Line	num	
MTRC_DCML_QTY	Metric Decimal Quantity of Product	Line	num	
NDC_QTY_ALOWD	NDC Quantity Allowed	Line	num	

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Date Created: 16SEP2025 Number of Variables: 47

Variable Name	Variable (VAR) Label	T-MSIS File Type	VAR Type	Additional Notes
DAYS_SUPPLY	Days Supply	Line	num	
NEW_RX_REFILL_NUM	New Prescription Indicator (00) or Number of Refills	Line	char	
BRND_GNRC_CD	Brand - Generic Code	Line	char	
DOSAGE_FORM_CD	Medication Dosage Form Code	Line	char	
REBT_ELGBL_CD	Rebate Eligible Code	Line	char	
DRUG_UTLZTN_CD	Drug Utilization Code	Line	char	
RSN_SRVC_CD	Reason for Service Code	Line	char	
PROF_SRVC_CD	Professional Service Code	Line	char	
RSLT_SRVC_CD	Result of Service Code	Line	char	
IMNZTN_TYPE_CD	Immunization Type Code	Line	char	
DSPNSNG_FEE_AMT	Dispensing Fee Amount	Line	num	Payment/Charged Amount, in dollars.
LINE_BILLED_AMT	Line Billed Amount	Line	num	Payment/Charged Amount, in dollars.
LINE_MDCD_ALOWD_ AMT	Line Medicaid Allowed Amount	Line	num	Payment/Charged Amount, in dollars.
LINE_MDCD_PD_AMT	Line Medicaid Paid Amount	Line	num	Payment/Charged Amount, in dollars.

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Date Created: 16SEP2025 Number of Variables: 47

Variable Name	Variable (VAR) Label	T-MSIS File Type	VAR Type	Additional Notes
LINE_MDCD_FFS_EQUIV_ AMT	Line Medicaid Fee For Service Equivalent Amount	Line	num	Payment/Charged Amount, in dollars.
LINE_MDCR_PD_AMT	Line Medicare Paid Amount	Line	num	Payment/Charged Amount, in dollars.
LINE_MDCR_DDCTBL_ PD_AMT	Line Medicare Deductible Amount	Line	num	Payment/Charged Amount, in dollars.
LINE_MDCR_COINSRNC_ PD_AMT	Line Medicare Coinsurance Amount	Line	num	Payment/Charged Amount, in dollars.
LINE_COPAY_AMT	Line Beneficiary Copayment Amount	Line	num	Payment/Charged Amount, in dollars.
LINE_TP_PD_AMT	Line Third Party Liability Paid Amount	Line	num	Payment/Charged Amount, in dollars.
LINE_OTHR_INSRNC_PD_ AMT	Line Other Than Medicare or Medicaid -Insurance Paid Amount	Line	num	Payment/Charged Amount, in dollars.
DA_RUN_ID	TAF Production Run Identifier (unique for each TAF run)	Line	num	
TMSIS_RUN_ID	TMSIS State Data Processing Run Identifier	Line	num	