

**Restricted-use Linked NCHS-CMS Medicare Data
Carrier (Physician/Supplier Part B) Line Items
DATE CREATED: 02FEB2017
Number of Variables: 54**

Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
SURVEY	NCHS SURVEY NAME	Char	20	-	
PUBLICID	NHIS PUBLIC USE ID	Char	14	ID	
SEQN	NHANES SAMPLE SEQUENCE NUMBER (PUBLIC ID)	Num	8	ID	
RESNUM	NNHS RESIDENT ID NUMBER (PUBLIC)	Num	8	ID	
PATNUM	Patient/Discharge Record (Case) Number in public-use file	Num	8	ID	
FILE_YEAR4	Beneficiary Enrollment Reference Year (YYYY)	Num	4	1999-2013	
NCHS_CLM_ID	NCHS CLAIM ID	Num	8		
LINE_NUM	Claim Line Number	Num	8		
NCH_CLM_TYPE_CD	NCH Claim Type Code	Char	2	71	RIC O local carrier non-DMEPOS claim
				72	RIC O local carrier DMEPOS claim
CLM_THRU_DT	Claim Through Date (Determines Year of Claim)	Num	4		
CARR_PRRNG_PIN_NUM	Carrier Line Claim Performing PIN Number	Char	15	-	
PRF_PHYSN_UPIN	Carrier Line Performing UPIN Number	Char	12	-	
PRF_PHYSN_NPI	Carrier Line Performing NPI Number	Char	12	-	

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
ORG_NPI_NUM	Carrier Line Performing Group NPI Number	Char	10	-	
CARR_LINE_PRVDR_TYPE_CD	Carrier Line Provider Type Code	Char	1	**OTHER**	Miscoded
				0	Clinics, groups, associations, partnerships, or other entities
				1	Physicians or suppliers reporting as solo practitioners
				2	Suppliers (other than sole proprietorship)
				3	Institutional provider
				4	Independent laboratories
				5	Clinics (multiple specialties)
				6	Groups (single specialty)
				7	Other entities
TAX_NUM	Line Provider Tax Number	Char	10	-	
PRVDR_STATE_CD	Line NCH Provider State Code	Char	2	**OTHER**	Unknown
				01	Alabama
				02	Alaska
				03	Arizona
				04	Arkansas
				05	California
				06	Colorado
				07	Connecticut
				08	Delaware
				09	District of Columbia

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
				10	Florida
				11	Georgia
				12	Hawaii
				13	Idaho
				14	Illinois
				15	Indiana
				16	Iowa
				17	Kansas
				18	Kentucky
				19	Louisiana
				20	Maine
				21	Maryland
				22	Massachusetts
				23	Michigan
				24	Minnesota
				25	Mississippi
				26	Missouri
				27	Montana
				28	Nebraska
				29	Nevada
				30	New Hampshire
				31	New Jersey
				32	New Mexico
				33	New York

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
				34	North Carolina
				35	North Dakota
				36	Ohio
				37	Oklahoma
				38	Oregon
				39	Pennsylvania
				40	Puerto Rico
				41	Rhode Island
				42	South Carolina
				43	South Dakota
				44	Tennessee
				45	Texas
				46	Utah
				47	Vermont
				48	Virgin Islands
				49	Virginia
				50	Washington
				51	West Virginia
				52	Wisconsin
				53	Wyoming
				55	California
				63	U.S. Possessions
				65	Guam
				67	Texas

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
				98	Guam
PRVDR_ZIP	Carrier Line Performing Provider ZIP Code	Char	9	-	
PRVDR_SPCLTY	Line HCFA Provider Specialty Code	Char	3	**OTHER**	Unknown
				01	General practice
				02	General surgery
				03	Allergy/immunology
				04	Otolaryngology
				05	Anesthesiology
				06	Cardiology
				07	Dermatology
				08	Family practice
				09	Interventional Pain Management (IPM) (eff. 4/1/03)
				10	Gastroenterology
				11	Internal medicine
				12	Osteopathic manipulative therapy
				13	Neurology
				14	Neurosurgery
				15	Obstetrics (osteopaths only) (discontinued 5/92 use code 16)
				16	Obstetrics/gynecology
				17	Ophthalmology, otology, laryngology, rhinology (osteopaths only) (discontinued 5/92 use codes 18 or 04 depending on percentage of practice)
				18	Ophthalmology
				19	Oral surgery (dentists only)

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
				20	Orthopedic surgery
				21	Pathologic anatomy, clinical pathology (osteopaths only) (discontinued 5/92 use code 22)
				22	Pathology
				23	Peripheral vascular disease, medical or surgical (osteopaths only) (discontinued 5/92 use code 76)
				24	Plastic and reconstructive surgery
				25	Physical medicine and rehabilitation
				26	Psychiatry
				27	Psychiatry, neurology (osteopaths only) (discontinued 5/92 use code 86)
				28	Colorectal surgery (formerly proctology)
				29	Pulmonary disease
				30	Diagnostic radiology
				32	Anesthesiologist Assistants (eff. 4/1/03--previously grouped with Certified Registered Nurse Anesthetists (CRNA))
				33	Thoracic surgery
				34	Urology
				35	Chiropractic
				36	Nuclear medicine
				37	Pediatric medicine
				38	Geriatric medicine
				39	Nephrology
				40	Hand surgery
				41	Optometry (revised 10/93 to mean optometrist)
				42	Certified nurse midwife (eff 1/87)
				43	CRNA (eff. 1/87) (Anesthesiologist Assistants were removed from this specialty 4/1/03)

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
				44	Infectious disease
				45	Mammography screening center
				46	Endocrinology (eff 5/92)
				47	Independent Diagnostic Testing Facility (IDTF) (eff. 6/98)
				48	Podiatry
				49	Ambulatory surgical center (formerly miscellaneous)
				50	Nurse practitioner
				52	Medical supply company with certified prosthetist (certified by American Board for Certification In Prosthetics And Orthotics)
				53	Medical supply company with certified prosthetist-orthotist (certified by American Board for Certification in Prosthetics and Orthotics)
				54	Medical supply company not included in 51, 52, or 53. (Revised 10/93 to mean medical supply company for DMERC)
				58	Individuals not included in 55, 56, or 57, (revised 10/93 to mean medical supply company with registered pharmacist)
				59	Ambulance service supplier, e.g., private ambulance companies, funeral homes, etc.
				60	Public health or welfare agencies (federal, state, and local)
				61	Voluntary health or charitable agencies (e.g. National Cancer Society, National Heart Association, Catholic Charities)
				62	Psychologist (billing independently)
				63	Portable X-ray supplier
				64	Audiologist (billing independently)
				65	Physical therapist (private practice added 4/1/03) (independently practicing removed 4/1/03)
				66	Rheumatology (eff 5/92) Note: during 93/94 DMERC also used this to mean medical supply company with respiratory therapist
				67	Occupational therapist (private practice added 4/1/03) (independently practicing removed 4/1/03)
				68	Clinical psychologist

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
				69	Clinical laboratory (billing independently)
				70	Multispecialty clinic or group practice
				71	Registered Dietician/Nutrition Professional (eff. 1/1/02)
				72	Pain Management (eff. 1/1/02)
				73	Mass Immunization Roster Biller (eff. 4/1/03)
				74	Radiation Therapy Centers (added to differentiate them from Independent Diagnostic Testing Facilities (IDTF --eff. 4/1/03)
				75	Slide Preparation Facilities (added to differentiate them from Independent Diagnostic Testing Facilities (IDTFs -- eff. 4/1/03)
				76	Peripheral vascular disease (eff 5/92)
				77	Vascular surgery (eff 5/92)
				78	Cardiac surgery (eff 5/92)
				79	Addiction medicine (eff 5/92)
				80	Licensed clinical social worker
				81	Critical care (intensivists) (eff 5/92)
				82	Hematology (eff 5/92)
				83	Hematology/oncology (eff 5/92)
				84	Preventive medicine (eff 5/92)
				85	Maxillofacial surgery (eff 5/92)
				86	Neuropsychiatry (eff 5/92)
				87	All other suppliers (e.g. drug and department stores) (note: DMERC used 87 to mean department store from 10/93 through 9/94; recoded eff 10/94 to A7; NCH cross-walked DMERC reported 87 to A7.
				88	Unknown supplier/provider specialty (note: DMERC used 87 to mean grocery store from 10/93 - 9/94; recoded eff 10/94 to A8; NCH cross-walked DMERC reported 88 to A8.
				89	Certified clinical nurse specialist
				90	Medical oncology (eff 5/92)

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
				91	Surgical oncology (eff 5/92)
				92	Radiation oncology (eff 5/92)
				93	Emergency medicine (eff 5/92)
				94	Interventional radiology (eff 5/92)
				95	Competative Acquisition Program (CAP) Vendor (eff. 07/01/06). Prior to 07/01/06, known as Independent physiological laboratory (eff. 5/92)
				96	Optician (eff 10/93)
				97	Physician assistant (eff 5/92)
				98	Gynecologist/oncologist (eff 10/94)
				99	Unknown physician specialty
				A0	Hospital (eff 10/93) (DMERCs only)
				A4	HHA (eff 10/93) (DMERCs only)
				A5	Pharmacy (eff 10/93) (DMERCs only)
				A7	Department store (for DMERC use: eff 10/94, but cross-walked from code 87 eff 10/93)
PRTCPTNG_IND_CD	Line Provider Participating Indicator Code	Char	1	1	Participating
				2	All or some covered and allowed expenses applied to deductible Participating
				3	Assignment accepted/non-participating
				4	Assignment not accepted/non-participating
				5	Assignment accepted but all or some covered and allowed expenses applied to deductible Non-participating.
				6	Assignment not accepted and all covered and allowed expenses applied to deductible non-participating.
				7	Participating provider not accepting assignment.

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
CARR_LINE_RDCD_PMT_PHYS_ASTN_C	Carrier Line Reduced Payment Physician Assistant Code	Char	1	**OTHER**	Miscoded
				0	N/A
				1	65% A) Physician assistants assisting in surgery B) Nurse midwives
				2	75% A) Physician assistants performing services in a hospital (other than assisting surgery) B) Nurse practitioners and clinical nurse specialists performing services in rural areas C) Clinical social
				3	85% A) Physician assistant services for other than assisting surgery B) Nurse practitioners services
LINE_SRVC_CNT	Line Service Count	Num	4		
LINE_CMS_TYPE_SRVC_CD	Line HCFA Type Service Code	Char	1	**OTHER**	Miscoded
				0	Whole blood only eff 01/96, whole blood or packed red cells before 01/96
				1	Medical care
				2	Surgery
				3	Consultation
				4	Diagnostic radiology
				5	Diagnostic laboratory
				6	Therapeutic radiology
				7	Anesthesia
				8	Assistant at surgery
				9	Other medical items or services
				A	Used durable medical equipment (DME)
				B	High risk screening mammography (obsolete 1/1/98)
				C	Low risk screening mammography (obsolete 1/1/98)
				D	Ambulance (eff 04/95)

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
				E	Enteral/parenteral nutrients/supplies (eff 04/95)
				F	Ambulatory surgical center (facility usage for surgical services)
				G	Immunosuppressive drugs
				H	Hospice services (discontinued 01/95)
				J	Diabetic shoes (eff 04/95)
				K	Hearing items and services (eff 04/95)
				L	ESRD supplies (eff 04/95) (renal supplier in the home before 04/95)
				M	Monthly capitation payment for dialysis
				N	Kidney donor
				P	Lump sum purchase of DME, prosthetics orthotics
				Q	Vision items or services
				R	Rental of DME
				S	Surgical dressings or other medical supplies (eff 04/95)
				T	Psychological therapy (term. 12/31/97) outpatient mental health limitation (eff. 1/1/98)
				U	Occupational therapy
				V	Pneumococcal/flu vaccine (eff 01/96), Pneumococcal/flu/hepatitis B vaccine (eff 04/95-12/95), Pneumococcal only before 04/95
				W	Physical therapy
LINE_PLACE_OF_SRVC_CD	Line Place Of Service Code	Char	2	**OTHER**	Miscoded
				10	Unassigned
				11	Office, 'Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF)
				12	Home, 'Location, other than a hospital or other facility, where the patient receives care in a private residence.'

Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
				13	Assisted Living Facility, 'Congregate residential facility with self-contained living units providing assessment of each resident's needs and on-site support 24 hours a day, 7 days a week, with the ca
				14	Group Home, 'A residence, with shared living areas, where clients receive supervision and other services such as social and/or behavioral services, custodial service, and minimal services (e.g., medic
				15	Mobile Unit, 'A facility/unit that moves from place-to-place equipped to provide preventive, screening, diagnostic, and/or treatment services.'
				16	Temporary Lodging, 'A short term accommodation such as a hotel, camp ground, hostel, cruise ship or resort where the patient receives care, and which is not identified by any other POS code.'
				17	Walk-in Retail Health Clinic, 'A walk-in health clinic, other than an office, urgent care facility, pharmacy or independent clinic and not described by any other Place of Service code, that is located
				18	Unassigned N/A
				19	Unassigned N/A
				20	Urgent Care Facility 'Location, distinct from a hospital emergency room, an office, or a clinic, whose purpose is to diagnose and treat illness or injury for unscheduled, ambulatory patients seeking i
				21	Inpatient Hospital 'A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services by, or under, the supervision of p
				22	Outpatient Hospital 'A portion of a hospital which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitali
				23	Emergency Room - Hospital A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided.
				24	Ambulatory Surgical Center 'A freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis.'
				25	Birthing Center 'A facility, other than a hospital's maternity facilities or a physician's office, which provides a setting for labor, delivery, and immediate post-partum care as well as immediate car

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
				26	Military Treatment Facility A medical facility operated by one or more of the Uniformed Services. Military Treatment Facility (MTF) also refers to certain former U.S. Public Health Service (USPHS) fac
				27	Unassigned N/A
				28	Unassigned N/A
				29	Unassigned N/A
				30	Unassigned N/A
				31	Skilled Nursing Facility 'A facility which primarily provides inpatient skilled nursing care and related services to patients who require medical, nursing, or rehabilitative services but does not pro
				32	Nursing Facility 'A facility which primarily provides to residents skilled nursing care and related services for the rehabilitation of injured, disabled, or sick persons, or, on a regular basis, heal
				33	Custodial Care Facility 'A facility which provides room, board and other personal assistance services, generally on a long-term basis, and which does not include a medical component.'
				34	Hospice 'A facility, other than a patient's home, in which palliative and supportive care for terminally ill patients and their families are provided.'
				35	Unassigned N/A
				36	Unassigned N/A
				37	Unassigned N/A
				38	Unassigned N/A
				39	Unassigned N/A
				40	Unassigned N/A
				41	Ambulance - Land 'A land vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.'
				42	Ambulance - Air or Water 'An air or water vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.'
				43	Unassigned N/A
				44	Unassigned N/A

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				45	Unassigned N/A
				46	Unassigned N/A
				47	Unassigned N/A
				48	Unassigned N/A
				49	Independent Clinic 'A location, not part of a hospital and not described by any other Place of Service code, that is organized and operated to provide preventive, diagnostic, therapeutic, rehabilitat
				50	Federally Qualified Health Center A facility located in a medically underserved area that provides Medicare beneficiaries preventive primary medical care under the general direction of a physician.
				51	Inpatient Psychiatric Facility 'A facility that provides inpatient psychiatric services for the diagnosis and treatment of mental illness on a 24-hour basis, by or under the supervision of a physicia
				52	Psychiatric Facility-Partial Hospitalization 'A facility for the diagnosis and treatment of mental illness that provides a planned therapeutic program for patients who do not require full time hospita
				53	Community Mental Health Center 'A facility that provides the following services: outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronica
				54	Intermediate Care Facility/Mentally Retarded A facility which primarily provides health-related care and services above the level of custodial care to mentally retarded individuals but does not provid
				55	Residential Substance Abuse Treatment Facility 'A facility which provides treatment for substance (alcohol and drug) abuse to live-in residents who do not require acute medical care. Services include
				56	Psychiatric Residential Treatment Center A facility or distinct part of a facility for psychiatric care which provides a total 24-hour therapeutically planned and professionally staffed group living
				57	Non-residential Substance Abuse Treatment Facility 'A location which provides treatment for substance (alcohol and drug) abuse on an ambulatory basis. Services include individual and group therapy and
				60	Mass Immunization Center 'A location where providers administer pneumococcal pneumonia and influenza virus vaccinations and submit these services as electronic media claims, paper claims, or using th

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
				61	Comprehensive Inpatient Rehabilitation Facility 'A facility that provides comprehensive rehabilitation services under the supervision of a physician to inpatients with physical disabilities. Services
				62	Comprehensive Outpatient Rehabilitation Facility 'A facility that provides comprehensive rehabilitation services under the supervision of a physician to outpatients with physical disabilities. Service
				63	Unassigned N/A
				64	Unassigned N/A
				65	End-Stage Renal Disease Treatment Facility 'A facility other than a hospital, which provides dialysis treatment, maintenance, and/or training to patients or caregivers on an ambulatory or home-care b
				66	Unassigned N/A
				67	Unassigned N/A
				68	Unassigned N/A
				69	Unassigned N/A
				70	Unassigned N/A
				71	Public Health Clinic A facility maintained by either State or local health departments that provides ambulatory primary medical care under the general direction of a physician.
				72	Rural Health Clinic A certified facility which is located in a rural medically underserved area that provides ambulatory primary medical care under the general direction of a physician.
				73	Unassigned N/A
				74	Unassigned N/A
				75	Unassigned N/A
				76	Unassigned N/A
				77	Unassigned N/A
				78	Unassigned N/A
				79	Unassigned N/A
				80	Unassigned N/A

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				81	Independent Laboratory A laboratory certified to perform diagnostic and/or clinical tests independent of an institution or a physician's office.
				82	Unassigned N/A
				83	Unassigned N/A
				84	Unassigned N/A
				85	Unassigned N/A
				86	Unassigned N/A
				87	Unassigned N/A
				88	Unassigned N/A
				89	Unassigned N/A
				90	Unassigned N/A
				91	Unassigned N/A
				92	Unassigned N/A
				93	Unassigned N/A
				94	Unassigned N/A
				95	Unassigned N/A
				96	Unassigned N/A
				97	Unassigned N/A
				98	Unassigned N/A
				99	Other Place of Service Other place of service not identified above.
CARR_LINE_PRCNG_LCLTY_CD	Carrier Line Pricing Locality Code	Char	2	-	
LINE_1ST_EXPNS_DT	Line First Expense Date	Num	4		
LINE_LAST_EXPNS_DT	Line Last Expense Date	Num	4		

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HCPCS_CD	Line Healthcare Common Procedure Coding System	Char	5	-	
HCPCS_1ST_MDFR_CD	Line HCPCS Initial Modifier Code	Char	5	-	
HCPCS_2ND_MDFR_CD	Line HCPCS Second Modifier Code	Char	5	-	
BETOS_CD	Line NCH BETOS Code	Char	3	-	
LINE_NCH_PMT_AMT	Line NCH Payment Amount	Num	8		
LINE_BENE_PMT_AMT	Line Beneficiary Payment Amount	Num	8		
LINE_PRVDR_PMT_AMT	Line Provider Payment Amount	Num	8		
LINE_BENE_PTB_DDCTBL_AMT	Line Beneficiary Part B Deductible Amount	Num	8		
LINE_BENE_PRMRY_PYR_CD	Line Beneficiary Primary Payer Code	Char	1		Medicare is primary payer (not sure of effective date: in use 1/91, if not earlier)
				OTHER	Miscoded
				A	Working aged bene/spouse with employer group health plan (EGHP)
				B	End stage renal disease (ESRD) beneficiary in the 18 month coordination period with an employer group health plan
				C	Conditional payment by Medicare; future reimbursement expected
				D	Automobile no-fault (eff. 4/97; Prior to 3/94, also included any liability insurance)
				E	Workers' compensation
				F	Public Health Service or other federal agency (other than Dept. of Veterans Affairs)
				G	Working disabled bene (under age 65 with LGHP)

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				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)
LINE_BENE_PRMRY_PYR_PD_AMT	Line Beneficiary Primary Payer Paid Amount	Num	8		
LINE_COINSRNC_AMT	Line Coinsurance Amount	Num	8		
LINE_SBMTD_CHRG_AMT	Line Submitted Charge Amount	Num	8		
LINE_ALOWD_CHRG_AMT	Line Allowed Charge Amount	Num	8		
LINE_PRCSG_IND_CD	Line Processing Indicator Code	Char	2	**OTHER**	Miscoded
				00	MSP cost avoided - COB Contractor
				12	MSP cost avoided - BC/BS Voluntary Agreements
				14	MSP cost avoided - Workman's Compensation (WC) Datamatch
				17	MSP cost avoided - No-Fault Insurer VDSA (eff.4/2006)
				21	MSP cost avoided - MIR Group Health Plan (eff.1/2009)
				22	MSP cost avoided - MIR non-Group Health Plan (eff.1/2009)
				26	MSP cost avoided - Recovery Audit Contractor - Florida (eff.10/2005)
				A	Allowed
				B	Benefits exhausted

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
				C	Noncovered care
				I	Invalid data
				L	CLIA (eff 9/92)
				M	Multiple submittal--duplicate line item
				N	Medically unnecessary
				O	Other
				P	Physician ownership denial (eff 3/92)
				Q	MSP cost avoided (contractor #88888) - voluntary agreement (eff. 1/98)
				R	Reprocessed--adjustments based on subsequent reprocessing of claim
				S	Secondary payer
				T	MSP cost avoided - IEQ contractor (eff. 7/76)
				U	MSP cost avoided - HMO rate cell adjustment (eff. 7/96)
				V	MSP cost avoided - litigation settlement (eff. 7/96)
				X	MSP cost avoided - generic
				Y	MSP cost avoided - IRS/SSA data match project
				Z	Bundled test, no payment (eff. 1/1/98)
LINE_PMT_80_100_CD	Line Payment 80%/100% Code	Char	1	-	
LINE_SERVICE_DEDUCTIBLE	Line Service Deductible Indicator Switch	Char	1	0	SERVICE SUBJECT TO DEDUCTIBLE
				1	SERVICE NOT SUBJECT TO DEDUCTIBLE
CARR_LINE_MTUS_CNT	Carrier Line Miles/Time/Units/Services Count	Num	8		

**Restricted-use Linked NCHS-CMS Medicare Data
 Carrier (Physician/Supplier Part B) Line Items
 DATE CREATED: 02FEB2017
 Number of Variables: 54**

Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
CARR_LINE_MTUS_CD	Carrier Line Miles/Time/Units/Services Indicator Code	Char	1	0	Values reported as zero (no allowed activities)
				1	Transportation (ambulance) miles
				2	Anesthesia time units
				3	Services
				4	Oxygen units
				5	Units of blood
LINE_ICD_DGNS_CD	Line Diagnosis Code Code	Char	7	-	
LINE_ICD_DGNS_VRSN_CD	Line Diagnosis Code Diagnosis Version Code (ICD-9 or ICD-10)	Char	1	**OTHER**	Miscoded
				0	ICD-10
				9	ICD-9
HPSA_SCRCTY_IND_CD	Carrier Line HPSA/Scarcity Indicator Code	Char	1		Not applicable
				OTHER	Miscoded
				1	HPSA
				2	Scarcity
				3	Both
CARR_LINE_RX_NUM	Carrier Line RX Number	Char	30	-	
LINE_HCT_HGB_RSLT_NUM	Hematocrit/Hemoglobin Test Results	Num	8		
LINE_HCT_HGB_TYPE_CD	Hematocrit/Hemoglobin Test Type code	Char	2	**OTHER**	Miscoded

**Restricted-use Linked NCHS-CMS Medicare Data
 Carrier (Physician/Supplier Part B) Line Items
 DATE CREATED: 02FEB2017
 Number of Variables: 54**

Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
				R1	Hemoglobin Test
				R2	Hematocrit Test
LINE_NDC_CD	Line National Drug Code	Char	11	-	
CARR_LINE_CLIA_LAB_NUM	Clinical Laboratory Improvement Amendments monitored laboratory number	Char	10	-	
CARR_LINE_ANSTHSA_UNIT_CNT	Carrier Line Anesthesia Unit Count	Num	3		