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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		
NCH_NEAR_LINE_REC_IDENT_CD	NCH Near Line Record Identification Code	Char	1	U	Both Part A and B institutional home health agency (HHA) claim records -- due to HHPPS and HHA A/B split. (effective 10/00)
				V	Part A institutional claim record (inpatient (IP), skilled nursing facility (SNF), christian science (CS), home health agency (HHA), or hospice)
				W	Part B institutional claim record (outpatient (OP), HHA)
NCH_CLM_TYPE_CD	NCH Claim Type Code	Char	2	10	HHA claim
CLM_FROM_DT	Claim From Date	Num	4		
CLM_THRU_DT	Claim Through Date (Determines Year of Claim)	Num	4		
NCH_WKLY_PROC_DT	NCH Weekly Claim Processing Date	Num	4		

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
FI_CLM_PROC_DT	FI Claim Process Date	Num	4		
PRVDR_NUM	Provider Number	Char	10	-	
CLM_FAC_TYPE_CD	Claim Facility Type Code	Char	1	3	Home health agency (HHA)
CLM_SRVC_CLSFCTN_TYPE_CD	Claim Service classification Type Code	Char	1	2	TYPE1-6,9:Hospital based or Inpatient (Part B only) or home health visits under Part B/TYPE7:Hospital based or independent renal dialysis facility/TYPE8:Hospice (hospital based)
				3	TYPE1-6,9:Outpatient (HHA-A also)/TYPE7:Free-standing provider based federally qualified health center (FQHC) (eff 10/91)/TYPE8:Ambulatory surgical center in hospital outpatient department
CLM_FREQ_CD	Claim Frequency Code	Char	1	0	Non-payment/zero claims
				1	Admit thru discharge claim
				2	Interim - first claim
				3	Interim - continuing claim (not valid for PPS claims)
				4	Interim - last claim (not valid for PPS claims)
				5	Late charge(s) only claim
				7	Replacement of prior claim (eff 10/93) provider debit
				9	Final claim -- used in an HH PPS episode to indicate the claim should be processed like debit/credit adjustment to RAP (initial claim) (eff. 10/00)
				G	CWF generated adjustment claim (eff 10/93)
				H	CMS generated adjustment claim (eff 10/93)
				I	Misc adjustment claim (other than PRO or provider) - used to identify a debit adjustment initiated by CMS or an intermediary (other than QIO or Provider) - eff 10/93, used to identify intermediary ini
				J	Other adjustment request (eff 10/93)
				M	MSP adjustment (eff 10/93)
CLM_MDCR_NON_PMT_RSN_CD	Claim Medicare Non Payment Reason Code	Char	2	**OTHER**	Miscoded

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
				00	MSP cost avoided - COB Contractor
				21	MSP cost avoided - MIR Group Health Plan (eff.1/2009)
				22	MSP cost avoided - MIR non-Group Health Plan (eff.1/2009)
				F	MSP cost avoided HMO Rate Cell (eff. 7/3/00)
				G	MSP cost avoided Litigation Settlement (eff. 7/3/00)
				H	MSP cost avoided Employer Voluntary Reporting (eff. 7/3/00)
				J	MSP cost avoided Insurer Voluntary Reporting (eff. 7/3/00)
				K	MSP cost avoided Initial Enrollment Questionnaire (eff. 7/3/00)
				Q	MSP cost avoided - (Contractor #88888) voluntary agreement (eff. 1/98)
				T	MSP cost avoided - IEQ contractor (eff. 7/96) (obsolete 6/30/00)
				V	MSP cost avoided - litigation settlement (eff. 7/96) (obsolete 6/30/00)
				X	MSP cost avoided - generic
				Y	MSP cost avoided - IRS/SSA data match project (obsolete 6/30/00)
CLM_PMT_AMT	Claim Payment Amount	Num	8		
NCH_PRMRY_PYR_CLM_PD_AMT	NCH Primary Payer Claim Paid Amount	Num	8		
NCH_PRMRY_PYR_CD	NCH Primary Payer Code	Char	1		Medicare is primary payer (not sure of effective date: in use 1/91, if not earlier)
				A	Working aged bene/spouse with employer group health plan (EGHP)
				B	End stage renal disease (ESRD) beneficiary in the 18 month coordination period with an employer group health plan
				C	Conditional payment by Medicare: future reimbursement expected
				D	Automobile no-fault (eff. 4/97: Prior to 3/94, also included any liability insurance)
				E	Workers' compensation

Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
				G	Working disabled bene (under age 65 with LGHP)
				H	Black Lung
				J	Any liability insurance (eff. 3/94 - 3/97)
				L	Any liability insurance (eff. 4/97) (eff. 12/90 for carrier claims and 10/93 for FI claims; obsoleted for all claim types 7/1/96)
				M	Override code: EGHP services involved (eff. 12/90 for carrier claims and 10/93 for FI claims; obsoleted for all claim types 7/1/96)
				N	Override code: non-EGHP services involved (eff. 12/90 for carrier claims and 10/93 for FI claims; obsoleted for all claim types 7/1/96)
PRVDR_STATE_CD	NCH Provider State Code	Char	2	01	Alabama
				02	Alaska
				03	Arizona
				04	Arkansas
				05	California
				06	Colorado
				07	Connecticut
				08	Delaware
				09	District of Columbia
				10	Florida
				11	Georgia
				12	Hawaii
				13	Idaho
				14	Illinois
				15	Indiana
				16	Iowa

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
				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
				34	North Carolina
				35	North Dakota
				36	Ohio
				37	Oklahoma
				38	Oregon
				39	Pennsylvania
				40	Puerto Rico

Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
				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
				65	Guam
				67	Texas
				98	Guam
ORG_NPI_NUM	Organization NPI Number	Char	10	-	
AT_PHYSN_UPIN	Claim Attending Physician UPIN Number	Char	12	-	
AT_PHYSN_NPI	Claim Attending Physician NPI Number	Char	12	-	
PTNT_DSCHRG_STUS_CD	Patient Discharge Status Code	Char	2	**OTHER**	Miscoded

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
				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 - swi
				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 n
				06	Discharged/transferred to home care of organized home health service organization.
				07	Left against medical advice or discontinued care.
				08	Discharged/transferred to home under care of a home IV drug therapy provider. (discontinued effective 10/1/05)
				20	Expired (did not recover - Christian Science patient).
				30	Still patient
				43	Discharged/transferred to a federal hospital (eff. 10/1/03)
				50	Hospice - home (eff. 10/96)
				51	Hospice - medical facility (eff. 10/96)
				62	Discharged/transferred to an inpatient rehabilitation facility including distinct parts units of a hospital. (eff. 1/2002)
				63	Discharged/transferred to a long term care hospitals. (eff. 1/2002)
				70	Discharged/transferred to another type of health care institution not defined elsewhere in code list.
				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)
CLM_PPS_IND_CD	Claim PPS Indicator Code	Char	1	**OTHER**	Miscoded
				2	PPS bill (claim contains PPS indicator but no deemed insured MQGE status indicator)
CLM_TOT_CHRG_AMT	Claim Total Charge Amount	Num	8		

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
PRNCPAL_DGNS_CD	Primary Claim Diagnosis Code	Char	7	-	
PRNCPAL_DGNS_VRSN_CD	Primary Claim Diagnosis Code Diagnosis Version Code (ICD-9 or ICD-10)	Char	1	9	ICD-9
ICD_DGNS_CD1	Claim Diagnosis Code I	Char	7	-	
ICD_DGNS_VRSN_CD1	Claim Diagnosis Code I Diagnosis Version Code (ICD-9 or ICD-10)	Char	1	9	ICD-9
ICD_DGNS_CD2	Claim Diagnosis Code II	Char	7	-	
ICD_DGNS_VRSN_CD2	Claim Diagnosis Code II Diagnosis Version Code (ICD-9 or ICD-10)	Char	1	**OTHER**	Miscoded
				9	ICD-9
ICD_DGNS_CD3	Claim Diagnosis Code III	Char	7	-	
ICD_DGNS_VRSN_CD3	Claim Diagnosis Code III Diagnosis Version Code (ICD-9 or ICD-10)	Char	1	**OTHER**	Miscoded
				9	ICD-9
ICD_DGNS_CD4	Claim Diagnosis Code IV	Char	7	-	
ICD_DGNS_VRSN_CD4	Claim Diagnosis Code IV Diagnosis Version Code (ICD-9 or ICD-10)	Char	1	**OTHER**	Miscoded
				9	ICD-9
ICD_DGNS_CD5	Claim Diagnosis Code V	Char	7	-	

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
ICD_DGNS_VRSN_CD5	Claim Diagnosis Code V Diagnosis Version Code (ICD-9 or ICD-10)	Char	1	**OTHER**	Miscoded
				9	ICD-9
ICD_DGNS_CD6	Claim Diagnosis Code VI	Char	7	-	
ICD_DGNS_VRSN_CD6	Claim Diagnosis Code VI Diagnosis Version Code (ICD-9 or ICD-10)	Char	1	**OTHER**	Miscoded
				9	ICD-9
ICD_DGNS_CD7	Claim Diagnosis Code VII	Char	7	-	
ICD_DGNS_VRSN_CD7	Claim Diagnosis Code VII Diagnosis Version Code (ICD-9 or ICD-10)	Char	1	**OTHER**	Miscoded
				9	ICD-9
ICD_DGNS_CD8	Claim Diagnosis Code VIII	Char	7	-	
ICD_DGNS_VRSN_CD8	Claim Diagnosis Code VIII Diagnosis Version Code (ICD-9 or ICD-10)	Char	1	**OTHER**	Miscoded
				9	ICD-9
ICD_DGNS_CD9	Claim Diagnosis Code IX	Char	7	-	
ICD_DGNS_VRSN_CD9	Claim Diagnosis Code IX Diagnosis Version Code (ICD-9 or ICD-10)	Char	1	**OTHER**	Miscoded
				9	ICD-9
ICD_DGNS_CD10	Claim Diagnosis Code X	Char	7	-	

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
ICD_DGNS_VRSN_CD10	Claim Diagnosis Code X Diagnosis Version Code (ICD-9 or ICD-10)	Char	1	**OTHER**	Miscoded
				9	ICD-9
ICD_DGNS_CD11	Claim Diagnosis Code XI	Char	7	-	
ICD_DGNS_VRSN_CD11	Claim Diagnosis Code XI Diagnosis Version Code (ICD-9 or ICD-10)	Char	1	**OTHER**	Miscoded
				9	ICD-9
ICD_DGNS_CD12	Claim Diagnosis Code XII	Char	7	-	
ICD_DGNS_VRSN_CD12	Claim Diagnosis Code XII Diagnosis Version Code (ICD-9 or ICD-10)	Char	1	**OTHER**	Miscoded
				9	ICD-9
ICD_DGNS_CD13	Claim Diagnosis Code XIII	Char	7	-	
ICD_DGNS_VRSN_CD13	Claim Diagnosis Code XIII Diagnosis Version Code (ICD-9 or ICD-10)	Char	1	**OTHER**	Miscoded
				9	ICD-9
ICD_DGNS_CD14	Claim Diagnosis Code XIV	Char	7	-	
ICD_DGNS_VRSN_CD14	Claim Diagnosis Code XIV Diagnosis Version Code (ICD-9 or ICD-10)	Char	1	**OTHER**	Miscoded
				9	ICD-9
ICD_DGNS_CD15	Claim Diagnosis Code XV	Char	7	-	

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
ICD_DGNS_VRSN_CD15	Claim Diagnosis Code XV Diagnosis Version Code (ICD-9 or ICD-10)	Char	1	**OTHER**	Miscoded
				9	ICD-9
ICD_DGNS_CD16	Claim Diagnosis Code XVI	Char	7	-	
ICD_DGNS_VRSN_CD16	Claim Diagnosis Code XVI Diagnosis Version Code (ICD-9 or ICD-10)	Char	1	**OTHER**	Miscoded
				9	ICD-9
ICD_DGNS_CD17	Claim Diagnosis Code XVII	Char	7	-	
ICD_DGNS_VRSN_CD17	Claim Diagnosis Code XVII Diagnosis Version Code (ICD-9 or ICD-10)	Char	1	**OTHER**	Miscoded
				9	ICD-9
ICD_DGNS_CD18	Claim Diagnosis Code XVIII	Char	7	-	
ICD_DGNS_VRSN_CD18	Claim Diagnosis Code XVIII Diagnosis Version Code (ICD-9 or ICD-10)	Char	1	**OTHER**	Miscoded
				9	ICD-9
ICD_DGNS_CD19	Claim Diagnosis Code XIX	Char	7	-	
ICD_DGNS_VRSN_CD19	Claim Diagnosis Code XIX Diagnosis Version Code (ICD-9 or ICD-10)	Char	1	**OTHER**	Miscoded
				9	ICD-9

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
ICD_DGNS_CD20	Claim Diagnosis Code XX	Char	7	-	
ICD_DGNS_VRSN_CD20	Claim Diagnosis Code XX Diagnosis Version Code (ICD-9 or ICD-10)	Char	1	**OTHER**	Miscoded
				9	ICD-9
ICD_DGNS_CD21	Claim Diagnosis Code XXI	Char	7	-	
ICD_DGNS_VRSN_CD21	Claim Diagnosis Code XXI Diagnosis Version Code (ICD-9 or ICD-10)	Char	1	**OTHER**	Miscoded
				9	ICD-9
ICD_DGNS_CD22	Claim Diagnosis Code XXII	Char	7	-	
ICD_DGNS_VRSN_CD22	Claim Diagnosis Code XXII Diagnosis Version Code (ICD-9 or ICD-10)	Char	1	**OTHER**	Miscoded
				9	ICD-9
ICD_DGNS_CD23	Claim Diagnosis Code XXIII	Char	7	-	
ICD_DGNS_VRSN_CD23	Claim Diagnosis Code XXIII Diagnosis Version Code (ICD-9 or ICD-10)	Char	1	**OTHER**	Miscoded
				9	ICD-9
ICD_DGNS_CD24	Claim Diagnosis Code XXIV	Char	7	-	
ICD_DGNS_VRSN_CD24	Claim Diagnosis Code XXIV Diagnosis Version Code (ICD-9 or ICD-10)	Char	1	**OTHER**	Miscoded

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
				9	ICD-9
ICD_DGNS_CD25	Claim Diagnosis Code XXV	Char	7	-	
ICD_DGNS_VRSN_CD25	Claim Diagnosis Code XXV Diagnosis Version Code (ICD-9 or ICD-10)	Char	1	**OTHER**	Miscoded
				9	ICD-9
FST_DGNS_E_CD	First Claim Diagnosis E Code	Char	7	-	
FST_DGNS_E_VRSN_CD	First Claim Diagnosis E Code Diagnosis Version Code (ICD-9 or ICD-10)	Char	1	**OTHER**	Miscoded
				9	ICD-9
ICD_DGNS_E_CD1	Claim Diagnosis E Code I	Char	7	-	
ICD_DGNS_E_VRSN_CD1	Claim Diagnosis E Code I Diagnosis Version Code (ICD-9 or ICD-10)	Char	1	**OTHER**	Miscoded
				9	ICD-9
ICD_DGNS_E_CD2	Claim Diagnosis E Code II	Char	7	-	
ICD_DGNS_E_VRSN_CD2	Claim Diagnosis E Code II Diagnosis Version Code (ICD-9 or ICD-10)	Char	1	**OTHER**	Miscoded
ICD_DGNS_E_CD3	Claim Diagnosis E Code III	Char	7	-	
ICD_DGNS_E_VRSN_CD3	Claim Diagnosis E Code III Diagnosis Version Code (ICD-9 or ICD-10)	Char	1	**OTHER**	Miscoded

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
ICD_DGNS_E_CD4	Claim Diagnosis E Code IV	Char	7	-	
ICD_DGNS_E_VRSN_CD4	Claim Diagnosis E Code IV Diagnosis Version Code (ICD-9 or ICD-10)	Char	1	**OTHER**	Miscoded
ICD_DGNS_E_CD5	Claim Diagnosis E Code V	Char	7	-	
ICD_DGNS_E_VRSN_CD5	Claim Diagnosis E Code V Diagnosis Version Code (ICD-9 or ICD-10)	Char	1	**OTHER**	Miscoded
ICD_DGNS_E_CD6	Claim Diagnosis E Code VI	Char	7	-	
ICD_DGNS_E_VRSN_CD6	Claim Diagnosis E Code VI Diagnosis Version Code (ICD-9 or ICD-10)	Char	1	**OTHER**	Miscoded
ICD_DGNS_E_CD7	Claim Diagnosis E Code VII	Char	7	-	
ICD_DGNS_E_VRSN_CD7	Claim Diagnosis E Code VII Diagnosis Version Code (ICD-9 or ICD-10)	Char	1	**OTHER**	Miscoded
ICD_DGNS_E_CD8	Claim Diagnosis E Code VIII	Char	7	-	
ICD_DGNS_E_VRSN_CD8	Claim Diagnosis E Code VIII Diagnosis Version Code (ICD-9 or ICD-10)	Char	1	**OTHER**	Miscoded
ICD_DGNS_E_CD9	Claim Diagnosis E Code IX	Char	7	-	

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
ICD_DGNS_E_VRSN_CD9	Claim Diagnosis E Code IX Diagnosis Version Code (ICD-9 or ICD-10)	Char	1	**OTHER**	Miscoded
ICD_DGNS_E_CD10	Claim Diagnosis E Code X	Char	7	-	
ICD_DGNS_E_VRSN_CD10	Claim Diagnosis E Code X Diagnosis Version Code (ICD-9 or ICD-10)	Char	1	**OTHER**	Miscoded
ICD_DGNS_E_CD11	Claim Diagnosis E Code XI	Char	7	-	
ICD_DGNS_E_VRSN_CD11	Claim Diagnosis E Code XI Diagnosis Version Code (ICD-9 or ICD-10)	Char	1	**OTHER**	Miscoded
ICD_DGNS_E_CD12	Claim Diagnosis E Code XII	Char	7	-	
ICD_DGNS_E_VRSN_CD12	Claim Diagnosis E Code XII Diagnosis Version Code (ICD-9 or ICD-10)	Char	1	**OTHER**	Miscoded
CLM_HHA_LUPA_IND_CD	Claim HHA Low Utilization Payment Adjustment (LUPA) Indicator Code	Char	1		Not a LUPA claim
				L	LUPA claim
CLM_HHA_RFRL_CD	Claim HHA Referral Code	Char	1	**OTHER**	Miscoded
				1	Physician referral - The patient was admitted upon the recommendation of a personal physician.
				2	Clinic referral - The patient was admitted upon the recommendation of this facility's clinic physician.
				3	HMO referral - The patient was admitted upon the recommendation of a health maintenance organization (HMO) physician.
				4	Transfer from hospital - The patient was admitted as an inpatient transfer from an acute care facility.

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
				5	Transfer from a skilled nursing facility (SNF) - The patient was admitted as an inpatient transfer from a SNF.
				6	Transfer from another health care facility - The patient was admitted as a transfer from a health care facility other than an acute care facility or SNF.
				7	Emergency room - The patient was admitted upon the recommendation of this facility's emergency room physician.
				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.
				9	Information not available - The means by which the patient was admitted is not known.
				A	Transfer from a Critical Access Hospital - patient was admitted/referred to this facility as a transfer from a Critical Access Hospital.
				B	Transfer from another HHA - Beneficiaries are permitted to transfer from one HHA to another unrelated HHA under HH PPS. (eff. 10/00)
				C	Readmission to same HHA - If a beneficiary is discharged from an HHA and then readmitted within the original 60-day episode, the original episode must be closed early and a new one created. NOTE: the
CLM_HHA_TOT_VISIT_CNT	Claim HHA Total Visit Count	Num	3		
CLM_ADMSN_DT	Claim HHA Care Start Date	Num	4		
DOB_DT	Date of Birth from Claim (Date)	Num	4		
SEX_CD	Sex Code from Claim	Char	1	**OTHER**	Miscoded
				0	Unknown
				1	Male
				2	Female
BENE_RACE_CD	Race Code from Claim	Char	1	**OTHER**	Miscoded
				0	Unknown

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
				1	White
				2	Black
				3	Other
				4	Asian
				5	Hispanic
				6	North American Native
BENE_CNTY_CD	County Code from Claim (SSA)	Char	3		
BENE_STATE_CD	State Code from Claim (SSA)	Char	2	**OTHER**	Miscoded
				01	Alabama
				02	Alaska
				03	Arizona
				04	Arkansas
				05	California
				06	Colorado
				07	Connecticut
				08	Delaware
				09	District of Columbia
				10	Florida
				11	Georgia
				12	Hawaii
				13	Idaho
				14	Illinois
				15	Indiana

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
				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
				34	North Carolina
				35	North Dakota
				36	Ohio
				37	Oklahoma
				38	Oregon
				39	Pennsylvania

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
				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	Asia
				56	Canada
				57	Central America and West Indies
				58	Europe
				59	Mexico
				61	Philippines
				99	American Samoa
BENE_MLG_CNTCT_ZIP_CD	Zip Code of Residence from Claim	Char	9		