

**Restricted-use Linked NCHS-CMS Medicare Data
Home Health Agency (HHA) Revenue Center
DATE CREATED: 02FEB2017
Number of Variables: 30**

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		
CLM_THRU_DT	Claim Through Date (Determines Year of Claim)	Num	4		
CLM_LINE_NUM	Claim Line Number	Num	8		
NCH_CLM_TYPE_CD	NCH Claim Type Code	Char	2	10	HHA claim
REV_CNTR	Revenue Center Code	Char	4	**OTHER**	Miscoded
				0001	Total charge
				0023	Home Health services paid under PPS submitted as TOB 32X and 33X, effective 10/00. This code may appear multiple times on a claim to identify different HIPPS/Home Health Resource Groups (HRG).
				0121	Semi-private 2 bed (medical or general) medical/surgical/GYN

Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
				0270	Medical/surgical supplies-general classification (also see 062X)
				0271	Medical/surgical supplies-nonsterile supply
				0272	Medical/surgical supplies-sterile supply
				0273	Medical/surgical supplies-take home supplies
				0274	Medical/surgical supplies-prosthetic/orthotic devices
				0277	Medical/surgical supplies-oxygen-take home
				0279	Medical/surgical supplies-other devices
				0291	DME (other than renal)-rental
				0292	DME (other than renal)-purchase of new DME
				0294	DME (other than renal)-related to and listed as DME
				0299	DME (other than renal)-other
				0420	Physical therapy-general classification
				0421	Physical therapy-visit charge
				0422	Physical therapy-hourly charge
				0423	Physical therapy-group rate
				0424	Physical therapy-evaluation or re-evaluation
				0429	Physical therapy-other
				0430	Occupational therapy-general classification
				0431	Occupational therapy-visit charge
				0432	Occupational therapy-hourly charge
				0433	Occupational therapy-group rate
				0434	Occupational therapy-evaluation or re-evaluation
				0439	Occupational therapy-other (may include restorative therapy)
				0440	Speech language pathology-general classification

Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
				0441	Speech language pathology-visit charge
				0442	Speech language pathology-hourly charge
				0443	Speech language pathology-group rate
				0444	Speech language pathology-evaluation or re-evaluation
				0511	Clinic-chronic pain center
				0513	Clinic-psychiatric
				0522	Free-standing clinic-Home visit by RHC/FQHC practitioner (eff. 7/1/06). Prior to 7/1/06 - Rural Health-Home
				0541	Ambulance-supplies
				0550	Skilled nursing-general classification
				0551	Skilled nursing-visit charge
				0552	Skilled nursing-hourly charge
				0559	Skilled nursing-other
				0560	Medical social services-general classification
				0561	Medical social services-visit charge
				0562	Medical social services-hourly charges
				0569	Medical social services-other
				0570	Home health aid (home health)-general classification
				0571	Home health aid (home health)-visit charge
				0572	Home health aid (home health)-hourly charge
				0579	Home health aid (home health)-other
				0580	Other visits (home health)-general classification (under HHPPS, not allowed as covered charges)
				0581	Other visits (home health)-visit charge (under HHPPS, not allowed as covered charges)
				0582	Other visits (home health)-hourly charge (under HHPPS, not allowed as covered charges)
				0589	Other visits (home health)-other (under HHPPS, not allowed as covered charges)

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
				0599	Units of service (home health)-other (under HHPPS, not allowed as covered charges)
				0601	Oxygen/Home Health-stat or port equip/supply or count
				0604	Oxygen/Home Health-stat/equip/portable add-on
				0623	Medical/surgical supplies-surgical dressings (eff 1/95) - extension of 027X
				0640	Home IV therapy-general classification (eff 10/94)
				0651	Hospice services-routine home care
				0989	Professional fees-private duty nurse
				0999	Patient convenience items-other
REV_CNTR_DT	Revenue Center Date	Num	4		
REV_CNTR_1ST_ANSI_CD	Revenue Center 1st ANSI Code	Char	5	-	
REV_CNTR_APC_HIPPS_CD	Revenue Center APC/HIPPS	Char	5	-	
HCPCS_CD	Revenue Center Healthcare Common Procedure Coding System	Char	5	-	
HCPCS_1ST_MDFR_CD	Revenue Center HCPCS Initial Modifier Code	Char	5	-	
HCPCS_2ND_MDFR_CD	Revenue Center HCPCS Second Modifier Code	Char	5	-	
REV_CNTR_PMT_MTHD_IND_CD	Revenue Center Payment Method Indicator Code	Char	2	**OTHER**	Miscoded
				1	Paid standard hospital OPPS amount (status indicators K, S,T,V,X)
				2	Services not paid under OPPS (status indicator A, or no HCPCS code and not certain revenue center codes)

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
				3	Not paid (status indicator M,W,Y,E) or not paid under OPPS (status indicator B,C & Z)
				9	No additional payment, payment included in line items with APCs (status indicator N, or no HCPCS code and certain revenue center codes, or HCPCS codes G0176 (activity therapy), G0129 (occupational the
				A	Services not paid under OPPS
				P	Partial hospitalization services
REV_CNTR_UNIT_CNT	Revenue Center Unit Count	Num	8		
REV_CNTR_RATE_AMT	Revenue Center Rate Amount	Num	8		
REV_CNTR_PMT_AMT_AMT	Revenue Center Payment Amount Amount	Num	8		
REV_CNTR_TOT_CHRG_AMT	Revenue Center Total Charge Amount	Num	8		
REV_CNTR_NCVRD_CHRG_AMT	Revenue Center Non-Covered Charge Amount	Num	8		
REV_CNTR_DDCTBL_COINSRNC_CD	Revenue Center Deductible Coinsurance Code	Char	1	**OTHER**	Miscoded
				0	Charges are subject to deductible and coinsurance
				1	Charges are not subject to deductible
				3	Charges are not subject to deductible or coinsurance
REV_CNTR_STUS_IND_CD	Revenue Center Status Indicator Code	Char	2	**OTHER**	Miscoded
				A	Services not paid under OPPS
				B	Non-allowed item or service for OPPS

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
				E	Non-allowed item or service
				M	Service not billable to FI
				N	Packaged incidental service
				P	Paid partial hospitalization per diem
				S	Significant procedure not subject to multiple procedure discounting
				T	Significant procedure subject to multiple procedure discounting
				V	Medical visit to clinic or emergency department
				W	Invalid HCPCS or invalid revenue code with blank HCPCS
				Y	Non-implantable DME, Therapeutic shoes
				Z	Valid revenue with blank HCPCS and no other SI assigned
REV_CNTR_NDC_QTY	Revenue Center NDC Quantity	Num	8		
REV_CNTR_NDC_QTY_QLFR_CD	Revenue Center NDC Quantity Qualifier Code	Char	2		Miscoded
RNDRNG_PHYSN_UPIN	Revenue Center Rendering Physician UPIN	Char	12	-	
RNDRNG_PHYSN_NPI	Revenue Center Rendering Physician NPI	Char	12	-	
CLM_SPAN_CD		Char	273	**OTHER**	Miscoded