

**Restricted-use Linked NCHS-CMS Medicare Data**  
**Hospice Occurrence Codes**  
**DATE CREATED: 02FEB2017**  
**Number of Variables: 11**

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_CLM_TYPE_CD	NCH Claim Type Code	Char	2	50	Hospice claim
RLT_OCRNC_CD_SEQ	Claim Related Occurrence Code Sequence	Char	2	-	
CLM_RLT_OCRNC_CD	Claim Related Occurrence Code	Char	2	**OTHER**	Miscoded
				01	Auto accident - The date of an auto accident.
				04	Accident/employment related - The date of an accident relating to the patient's employment.
				05	Other accident - The date of an accident not described by the codes 01 thru 04.
				07	Reserved for national assignment.
				08	Reserved for national assignment.
				11	Onset of symptoms/illness - The date the patient first became aware of symptoms/illness.

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
				12	Date of onset for a chronically dependent individual - Code indicates the date the patient/bene became a chronically dependent individual.
				13	Reserved for national assignment.
				14	Reserved for national assignment.
				15	Reserved for national assignment.
				16	Reserved for national assignment.
				17	Date outpatient occupational therapy plan established or last reviewed - Code indicating the date an occupational therapy plan was established or last reviewed (eff 3/93)
				18	Date of retirement (patient/bene) - Code indicates the date of retirement for the patient/bene.
				19	Date of retirement spouse - Code indicates the date of retirement for the patient's spouse.
				24	Date insurance denied - The date the insurer's denial of coverage was received by a higher priority payer.
				25	Date benefits terminated by primary payer - The date on which coverage (including worker's compensation benefits or no-fault coverage) is no longer available to the patient.
				27	Date of Hospice Certification or Re-Certification -- code indicates the date of certification or recertification of the hospice benefit period, beginning with the first two initial benefit periods of
				30	Date speech pathology plan treatment established or last reviewed - The date a speech pathology plan of treatment was established or last reviewed. Not used by hospital unless owner of facility
				33	First day of the Medicare coordination period for ESRD bene - During which Medicare benefits are secondary to benefits payable under an EGHP. Required only for ESRD beneficiaries.
				40	Scheduled date of admission - The date on which a patient will be admitted as an inpatient to the hospital. (This code may only be used on an outpatient claim.)
				41	Date of First Test for Pre-admission Testing - The date on which the first outpatient diagnostic test was performed as part of a pre-admission testing (PAT) program. This code may only be used if a da
				42	Date of discharge/termination of hospice care - for the final bill for hospice care. Eff 5/93, definition revised to apply only to date patient revoked hospice election.
				43	Scheduled Date of Canceled Surgery - date which ambulatory surgery was scheduled. (eff. 9/01)
				45	Date treatment started for speech therapy - Code indicates the date services were initiated by the billing provider for speech therapy.
				47	Date Cost Outlier Status Begins - code indicates that this is the first day the cost outlier threshold is reached. For Medicare purposes, a bene must have regular coinsurance and/or lifetime reserve d

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
				48	Payer code - Code reserved for internal use only by third party payers. HCFA assigns as needed for your use. Providers will not report it.
				49	Payer code - Code reserved for internal use only by third party payers. HCFA assigns as needed for your use. Providers will not report it.
				50	Reserved for state assignment
				51	Reserved for state assignment
				52	Reserved for state assignment
				53	Reserved for state assignment
				54	Reserved for state assignment
				55	Reserved for state assignment
				56	Reserved for state assignment
				57	Reserved for state assignment
				58	Reserved for state assignment
				59	Reserved for state assignment
				60	Reserved for state assignment
				61	Reserved for state assignment
				62	Reserved for state assignment
				63	Reserved for state assignment
				64	Reserved for state assignment
				65	Reserved for state assignment
				66	Reserved for state assignment
				67	Reserved for state assignment
				68	Reserved for state assignment
				69	Reserved for state assignment
				A1	Birthdate, Insured A - The birthdate of the individual in whose name the insurance is carried. (Eff 10/93)

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
				A2	Effective date, Insured A policy - A code indicating the first date insurance is in force. (eff 10/93)
				B1	Birthdate, Insured B - The birthdate of the individual in whose name the insurance is carried. (eff 10/93)
				B2	Effective date, Insured B policy - A code indicating the first date insurance is in force. (eff 10/93)
				C1	Birthdate, Insured C - The birthdate of the individual in whose name the insurance is carried. (eff 10/93)
CLM_RLT_OCRNC_DT	Claim Related Occurrence Date	Num	4		