

**Restricted-use Linked NCHS-CMS Medicare Data
Hospice Value 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_VAL_CD_SEQ	Claim Related Value Code Sequence	Char	2	-	
CLM_VAL_CD	Claim Value Code	Char	2	**OTHER**	Miscoded
				02	Hospital Has No Semi-Private Rooms - Entering this code requires \$0.00 amount.
				12	Amount is that portion of higher priority EGHP insurance payment made on behalf of aged bene provider applied to Medicare covered services on this bill. Six zeroes indicate provider claimed condition
				13	Amount is that portion of higher priority EGHP insurance payment made on behalf of ESRD bene provider applied to Medicare covered services on this bill. Six zeroes indicate the provider claimed condit
				14	That portion of payment from higher priority no fault auto/other liability insurance made on behalf of bene provider applied to Medicare covered services on this bill. Six zeroes indicate provider cla

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				15	That portion of a payment from a higher priority WC plan made on behalf of a bene that the provider applied to Medicare covered services on this bill. Six zeroes indicate the provider claimed conditio
				23	Recurring monthly income - Medicaid - Eligibility requirements to be determined at state level. (Medicaid specific/deleted 9/93)
				24	Medicaid rate code - Medicaid - Eligibility requirements to be determined at state level. (Medicaid specific/deleted 9/93)
				27	Offset to the Patient (Payment Amount - Vision and Eye Services) - Vision and eye services paid for out of a long term care facility resident/patient's funds in the billing period submitted (Statement
				41	Amount is that portion of a payment from higher priority BL program made on behalf of bene the provider applied to Medicare covered services on this bill. Six zeroes indicate the provider claimed con
				43	Disabled bene under age 65 with LGHP - Amount is that portion of a payment from a higher priority LGHP made on behalf of a disabled Medicare bene the provider applied to Medicare covered services on t
				44	Amount provider agreed to accept from primary payer when amount less than charges but more than payment received - When a lesser amount is received and the received amount is less than charges, a Medi
				48	Hemoglobin reading - The patient's most recent hemoglobin reading taken before the start of the billing period (eff. 1/3/2006). Prior to 1/3/2006 defined as the latest hemoglobin reading taken during
				61	Location of HHA service or hospice service - the balanced budget act (BBA) requires that the geographic location of where the service was provided be furnished instead of the geographic location of th
				66	Medicare Spend-down Amount -- The dollar amount that was used to meet th4e recipient's spend-down liability for this claim.
				70	Interest amount - (Providers do not report this.) Report the amount applied to this bill.
				73	Drug deductible - (For internal use by third party payers only). Report the amount of the drug deductible to be applied to the claim.
				78	Payer code - This codes is set aside for payer use only. Providers do not report these codes.
				80	Reserved for state assignment.
				81	Reserved for state assignment.
				82	Reserved for state assignment.
				83	Reserved for state assignment.
				84	Reserved for state assignment.
				85	Reserved for state assignment.

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				86	Reserved for state assignment.
				87	Reserved for state assignment.
				88	Reserved for state assignment.
				89	Reserved for state assignment.
				90	Reserved for state assignment.
				91	Reserved for state assignment.
				92	Reserved for state assignment.
				93	Reserved for state assignment.
				94	Reserved for state assignment.
				95	Reserved for state assignment.
				96	Reserved for state assignment.
				97	Reserved for state assignment.
				98	Reserved for state assignment.
				99	Reserved for state assignment.
				A3	Estimated Responsibility Payer A - The amount estimated by the provider to be paid by the indicated payer.
				D3	Estimated Responsibility Patient - The amount estimated by the provider to be paid by the indicated patient.
				G8	Facility Where Inpatient Hospice Service Is Delivered - MSA or Core Based Statistical Area (CBSA) number (or rural state code) of the facility where inpatient hospice is delivered. (Eff. 1/1/08)
CLM_VAL_AMT	Claim Value Amount	Num	8		