

**Restricted-use Linked NCHS-CMS Medicare Data  
 Medicare Provider Analysis and Review (MedPAR)  
 DATE CREATED: 02FEB2017  
 Number of Variables: 368**

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	
MEDPAR_YR_NUM	Year of MedPAR Record	Char	4	-	
NCH_CLM_TYPE_CD	NCH Claim Type Code	Char	2	**OTHER**	Miscoded
				20	Non swing bed SNF claim
				30	Swing bed SNF claim
				60	Inpatient claim
				61	Inpatient 'Full-Encounter' claim
				62	Medicare Advantage IME/GME claims
				63	Medicare Advantage (no-pay) claims
				64	Medicare Advantage (paid as FFS) claim
BENE_IDENT_CD	BIC reported on first claim included in stay	Char	2	-	

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
EQTBL_BIC_CD	Equated BIC	Char	2	-	
BENE_AGE_CNT	Age as of Date of Admission.	Num	8		
BENE_SEX_CD	Sex of Beneficiary	Char	1	1	MALE
				2	FEMALE
BENE_RACE_CD	Race of Beneficiary	Char	1	0	UNKNOWN
				1	WHITE
				2	BLACK
				3	OTHER
				4	ASIAN/PACIFIC ISLANDER
				5	HISPANIC
				6	NORTH AMERICAN NATIVE
BENE_MDCR_STUS_CD	Reason for entitlement to Medicare benefits as of CLM_THRU_DT	Char	2	10	Aged without ESRD
				11	Aged with ESRD
				20	Disabled without ESRD
				21	Disabled with ESRD
				31	ESRD only
BENE_RSDNC_SSA_STATE_CD	SSA standard state code of a beneficiary's residence.	Char	2	**OTHER**	Miscoded
				01	Alabama
				02	Alaska
				03	Arizona

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
				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
				17	Kansas
				18	Kentucky
				19	Louisiana
				20	Maine
				21	Maryland
				22	Massachusetts
				23	Michigan
				24	Minnesota
				25	Mississippi
				26	Missouri
				27	Montana

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
				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
				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

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
				52	Wisconsin
				53	Wyoming
				54	Africa
				55	Asia
				56	Canada
				57	Central America and West Indies
				58	Europe
				59	Mexico
				60	Oceania
				61	Philippines
				62	South America
				98	Guam
				99	American Samoa
BENE_RSDNC_SSA_CNTY_CD	SSA standard county code of a beneficiary's residence.	Char	3		
BENE_MLG_CNTCT_ZIP_CD	Zip code of the mailing address where the beneficiary may be contacted.	Char	5		
BENE_DSCHRG_STUS_CD	Code identifying status of patient as of CLM_THRU_DT	Char	1	A	Discharged alive
				B	Discharged dead
				C	Still a patient
FICARR_IDENT_NUM	Intermediary processor identification	Char	5	-	

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
WRNG_IND_CD	Warn ind spcfyng dtld billing info obtnd frm clms analyzd for stay prcss	Char	18	-	
GHO_PD_CD	Code indicating whether or not GHO has paid provider for claim(s)	Char	1		GHO has not paid the provider
				0	GHO has not paid the provider
				1	GHO has paid the provider
PPS_IND_CD	Code indicating whether or not facility is being paid under PPS	Char	1	0	not applicable (claim contains neither PPS nor deemed insured MQGE status indicators)
				2	PPS bill ( claim contains PPS indicator but no deemed insured MQGE status indicator)
ORG_NPI_NUM	Organization NPI Number	Char	10	-	
PRVDR_NUM	MEDPAR Provider Number	Char	10	-	
PRVDR_NUM_SPCL_UNIT_CD	Special num system code for hosp units that are PPS/SNF SB dsgntn excl.	Char	1		Not PPS-exempt or swing-bed designation
				M	PPS-exempt psychiatric unit in CAH
				R	PPS-exempt rehabilitation unit in CAH
				S	PPS-exempt psychiatric unit
				T	PPS-exempt rehabilitation unit
				U	Swing-bed short-term/acute care hospital
				W	Swing-bed long-term hospital
				Y	Swing-bed rehabilitation hospital
				Z	Swing-bed rural primary care hospital, eff 10/97 changed to critical access hospitals
SS_LS_SNF_IND_CD	Code indicating whether stay is short stay, long stay, or SNF	Char	1	L	Long-Stay (All Others)

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
				N	SNF Stay (Prvdr3 = 5, 6, U, W, Y, or Z)
				S	Short-Stay (Prvdr3 = 0, M, R, S, T)
ACTV_XREF_IND	Active Cross-Reference Indicator	Char	1	**OTHER**	Miscoded
SLCT_RSN_CD	Specifies whether this record is a case or control record.	Char	1	-	
STAY_FINL_ACTN_CLM_CNT	Claims (final action) included in stay	Num	8		
LTST_CLM_ACRTN_DT	Date latest claim incl in stay accreted to bene mstr rec at the CWF host	Num	4		
BENE_MDCR_BNFT_EXHST_DT	Last date beneficiary had Medicare coverage	Num	4		
SNF_QUALN_FROM_DT	Beginning date of beneficiary's qualifying stay	Num	4		
SNF_QUALN_THRU_DT	Ending date of beneficiary's qualifying stay	Num	4		
SRC_IP_ADMSN_CD	Admssn to an Inp facility or, for newborn admssn, type of delivery code	Char	1	**OTHER**	Miscoded
				0	ANOMALY: invalid value, if present, translate to "9"
				1	Non-Health Care Facility Point of Origin (Physician Referral) - The patient was admitted to this facility upon an order of a physician.
				2	Clinical referral - The patient was admitted upon the recommendation of this facility's clinic physician.
				3	HMO referral - Reserved for national assignment. (eff. 3/08) Prior to 3/08, HMO referral - The patient was admitted upon the recommendation of a health maintenance organization (HMO) physician.

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
				4	Transfer from hospital (Different Facility) - The patient was admitted to this facility as a hospital transfer from an acute care facility where he or she was an inpatient.
				5	Transfer from a skilled nursing facility (SNF) or Intermediate Care Facility (ICF) - The patient was admitted to this facility as a transfer from a SNF or ICF where he or she was a resident.
				6	Transfer from another health care facility - The patient was admitted to this facility as a transfer from another type of health care facility not defined elsewhere in this code list where he or she w
				7	Emergency room - The patient was admitted to this facility after receiving services in this facility's emergency room department. (Obsolete - eff. 7/1/10)
				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. Includes transfers from incarceration facilities
				9	Information not available - The means by which the patient was admitted is not known.
				A	Reserved for National Assignment. (eff. 3/08) Prior to 3/08 defined as: Transfer from a Critical Access Hospital - patient was admitted/referred to this facility as a transfer from a Critical Access H
				D	Transfer from hospital inpatient in the same facility resulting in a separate claim to the payer - The patient was admitted to this facility as a transfer from hospital inpatient within this facility
				E	Transfer from Ambulatory Surgery Center - The patient was admitted to this facility as a transfer from an ambulatory surgery center. (eff. 10/1/2007)
				F	Transfer from Hospice and is under a Hospice Plan of Care or Enrolled in a Hospice Program - The patient was admitted to this facility as a transfer from a hospice. (eff. 10/1/2007)
IP_ADMSN_TYPE_CD	Type and priority of benes admission to facility for Inp hosp stay code	Char	1	0	
				1	Emergency
				2	Urgent
				3	Elective
				4	Newborn
				5	Trauma Center
				6	Reserved
				7	Reserved

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
				8	Reserved
				9	Unknown
ADMSN_DAY_CD	Code indicating day of week beneficiary was admitted to facility.	Char	1	1	Sunday
				2	Monday
				3	Tuesday
				4	Wednesday
				5	Thursday
				6	Friday
				7	Saturday
ADMSN_DT	Date beneficiary admitted for Inpatient care or date care started	Num	4		
DSCHRG_DT	Date beneficiary was discharged or died	Num	4		
DSCHRG_DSTNTN_CD	Destination upon discharge from facility code	Char	2	**OTHER**	Miscoded
				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 - s
				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
				06	Discharged/transferred to home care of organized home health service organization.
				07	Left against medical advice or discontinued care.

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				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)
				61	Discharged/transferred within this institution to a hospital-based Medicare approved swing bed (eff. 9/01)
				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)
				64	Discharged/transferred to a nursing facility certified under Medicaid but not under Medicare (eff. 10/2002)
				65	Discharged/Transferred to a psychiatric hospital or psychiatric distinct unit of a hospital (these types of hospitals were pulled from patient/discharge status code "05" and given their own code). (ef
				66	Discharged/transferred to a Critical Access Hospital (CAH) (eff. 1/1/06)
				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)
				72	Discharged/transferred/referred to this institution for outpatient services as specified by the discharge plan of care (eff. 9/01) (discontinued effective 10/1/05)
CVRD_LVL_CARE_THRU_DT	Date covered level of care ended in a SNF	Num	4		
BENE_DEATH_DT	Date beneficiary died	Num	4		
BENE_DEATH_DT_VRFY_CD	Death Date Verification Code	Char	1	-	

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ADMSN_DEATH_DAY_CNT	Days from date admitted to facility to date of death	Num	8		
LOS_DAY_CNT	Days of beneficiary's stay in a hospital/SNF	Num	8		
OUTLIER_DAY_CNT	Days paid as outliers (either day or cost) under PPS beyond DRG threshold	Num	8		
UTLZTN_DAY_CNT	Covered days of care chargeable to Medicare utilization for stay	Num	8		
TOT_COINSRNC_DAY_CNT	MEDPAR Beneficiary Total Coinsurance Day Count	Num	8		
BENE_LRD_USE_CNT	Lifetime reserve days (LRD) used by beneficiary for stay	Num	8		
BENE_PTA_COINSRNC_AMT	Beneficiary's liability for part A coinsurance for stay (\$)	Num	8		
BENE_IP_DDCTBL_AMT	Beneficiary's liability for stay (\$)	Num	8		
BENE_BLOOD_DDCTBL_AMT	Beneficiary's liability for blood deductible for stay (\$)	Num	8		
BENE_PRMRY_PYR_CD	Primary payer responsibility 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

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
				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)
				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)
BENE_PRMRY_PYR_AMT	Primry payer other than Medicare for covered Medicare chrgs for stay (\$)	Num	8		
DRG_CD	DRG Code	Char	3	-	
DRG_OUTLIER_STAY_CD	Cost or Day Outlier code	Char	1	0	No Outlier (PPS Providers)
				2	Cost Outlier (PPS Providers)
				6	Valid DRG Received From Intermediary (Non PPS Providers)
				7	HCFA-Developed DRG (Non PPS Providers)
				8	HCFA-Developed DRG Using Claim Status Code (Non PPS Providers)
DRG_OUTLIER_PMT_AMT	Addtnl approved due to outlier situation over DRG allowance for stay (\$)	Num	8		
DRG_PRICE_AMT	Wld hv bn pd if no dedctbls,coinsrc,prmry payrs,otlrs were invlvd (\$)	Num	8		

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
IP_DSPRPRNTNT_SHR_AMT	Over the DRG amount for disproportionate share hospital for stay (\$)	Num	8		
IME_AMT	Additional payment made to teaching hospitals for IME for stay (\$)	Num	8		
PASS_THRU_AMT	Total of all claim pass thru for stay (\$)	Num	8		
TOT_PPS_CPTL_AMT	Total payable for capital PPS (\$)	Num	8		
IP_LOW_VOL_PYMT_AMT	Inpatient Low Volume Payment Amount.	Num	8		
TOT_CHRG_AMT	Total all charges for all srvc provided to beneficiary for stay (\$)	Num	8		
TOT_CVR_CHRG_AMT	Portion of total charges covered by Medicare for stay (\$)	Num	8		
MDCR_PMT_AMT	Amt of payment from Medicare trust fund for srvc covered by claim (\$)	Num	8		
ACMDTNS_TOT_CHRG_AMT	Total charge for all accommodations related to beneficiary's stay (\$)	Num	8		
DPRTMNTL_TOT_CHRG_AMT	Total charge for all ancillary depts related to beneficiary's stay (\$)	Num	8		
PRVT_ROOM_DAY_CNT	Private room days used by beneficiary for stay	Num	8		

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SEMIPRVT_ROOM_DAY_CNT	Semi-private room days used by beneficiary for stay	Num	8		
WARD_DAY_CNT	Ward days used by beneficiary for stay	Num	8		
INTNSV_CARE_DAY_CNT	Intensive care days used by beneficiary for stay	Num	8		
CRNRY_CARE_DAY_CNT	Coronary care days used by beneficiary for stay	Num	8		
PRVT_ROOM_CHRG_AMT	Private room accommodations related to beneficiary's stay (\$)	Num	8		
SEMIPRVT_ROOM_CHRG_AMT	Semi-private room accommodations related to beneficiary's stay (\$)	Num	8		
WARD_CHRG_AMT	Ward accommodations related to beneficiary's stay (\$)	Num	8		
INTNSV_CARE_CHRG_AMT	Intensive care accommodations related to beneficiary's stay (\$)	Num	8		
CRNRY_CARE_CHRG_AMT	Coronary care accommodations related to beneficiary's stay (\$)	Num	8		
OTHR_SRVC_CHRG_AMT	Other services related to beneficiary's stay (\$)	Num	8		
PHRMCY_CHRG_AMT	Pharmaceutical costs related to beneficiary's stay (\$)	Num	8		
MDCL_SUPLY_CHRG_AMT	Medical/surgical supplies related to beneficiary's stay (\$)	Num	8		

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
DME_CHRG_AMT	DME related to beneficiarys stay (\$)	Num	8		
USED_DME_CHRG_AMT	Used DME related to beneficiarys stay (\$)	Num	8		
PHYS_THRPY_CHRG_AMT	Physical therapy services provided during beneficiarys stay (\$)	Num	8		
OCPTNL_THRPY_CHRG_AMT	Occupational therapy services provided during beneficiarys stay (\$)	Num	8		
SPCH_PTHLGY_CHRG_AMT	Speech pathology services provided during beneficiarys stay (\$)	Num	8		
INHLTN_THRPY_CHRG_AMT	Inhalation therapy services provided during beneficiarys stay (\$)	Num	8		
BLOOD_CHRG_AMT	Blood provided during beneficiarys stay (\$)	Num	8		
BLOOD_ADMIN_CHRG_AMT	Blood storage and processing related to beneficiarys stay (\$)	Num	8		
BLOOD_PT_FRNSH_QTY	Quantity of blood (whole pints) furnished to beneficiary during stay	Num	8		
OPRTG_ROOM_CHRG_AMT	OR, recovery rm, and labor rm delivery used by bene during stay (\$)	Num	8		
LTHTRPSY_CHRG_AMT	Lithotripsy services provided during beneficiarys stay (\$)	Num	8		

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
CRDLGY_CHRG_AMT	Cardiology services and ECG(s) provided during beneficiary's stay (\$)	Num	8		
ANSTHSA_CHRG_AMT	Anesthesia services provided during beneficiary's stay (\$)	Num	8		
LAB_CHRG_AMT	Laboratory costs related to beneficiary's stay (\$)	Num	8		
RDLGY_CHRG_AMT	Radiology costs (excluding MRI) related to a beneficiary's stay (\$)	Num	8		
MRI_CHRG_AMT	MRI services provided during beneficiary's stay (\$)	Num	8		
OP_SRVC_CHRG_AMT	Outpatient services provided during beneficiary's stay (\$)	Num	8		
ER_CHRG_AMT	Emergency room services provided during beneficiary's stay (\$)	Num	8		
AMBLNC_CHRG_AMT	Ambulance services related to beneficiary's stay (\$)	Num	8		
PROFNL_FEES_CHRG_AMT	Professional fees related to beneficiary's stay (\$)	Num	8		
ORGN_ACQSTN_CHRG_AMT	Organ acquisition or oth donor bank svcs related to benes stay (\$)	Num	8		
ESRD_REV_SETG_CHRG_AMT	ESRD services related to beneficiary's stay (\$)	Num	8		
CLNC_VISIT_CHRG_AMT	Clinic visits related to beneficiary's stay (\$)	Num	8		

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ICU_IND_CD	ICU type code	Char	1	**OTHER**	Miscoded
				0	General (revenue center 0200)
				1	Surgical (revenue center 0201)
				2	Medical (revenue center 0202)
				3	Pediatric (revenue center 0203)
				4	Psychiatric (revenue center 0204)
				6	Intermediate IOU, (revenue center 0209) prior to 12/96 update was 'post ICU'
				7	Burn care (revenue center 0207)
				8	Trauma (revenue center 0208)
				9	Other intensive care (revenue code 0209)
CRNRY_CARE_IND_CD	Coronary care unit type code	Char	1		No coronary care indication
				0	General (revenue code 0210)
				1	Myocardial (revenue code 0211)
				2	Pulmonary care (revenue code 0212)
				3	Heart transplant (revenue code 0213)
				4	Intermediate CCU (revenue code 0214)
				9	Other Coronary Care (revenue code 0219)
PHRMCY_IND_CD	Drugs type code	Char	1	0	No drugs
				1	General drugs and/pr IV therapy
				2	Erythropoietin
				3	Blood clotting drugs
				4	General drugs and/or IV therapy, and epoetin

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				5	General drugs and/or IV therapy, and blood clotting drugs
TRNSPLNT_IND_CD	Organ transplant code	Char	1	0	No organ or kidney transplant
				2	Organ transplant other than kidney
				7	Kidney transplant
RDLGY_ONCLGY_IND_SW	Radiology oncology services indicator	Char	1	0	No radiology-oncology
				1	Yes radiology-oncology
RDLGY_DGNSTC_IND_SW	Radiology diagnostic services indicator	Char	1	0	No radiology-diagnostic
				1	Yes radiology-diagnostic
RDLGY_THRPTC_IND_SW	Radiology therapeutic services indicator	Char	1	0	No radiology-therapeutic
				1	Yes radiology-therapeutic
RDLGY_NUCLR_MDCN_IND_SW	Radiology nuclear medicine services indicator	Char	1	0	No nuclear medicine
				1	Yes nuclear medicine
RDLGY_CT_SCAN_IND_SW	Radiology computed tomographic (CT) scan services indicator	Char	1	0	No radiology CT scan
				1	Yes radiology CT scan
RDLGY_OTHR_IMGNG_IND_SW	Radiology other imaging services indicator	Char	1	0	No other imaging services
				1	Yes other imaging services

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OP_SRVC_IND_CD	Outpatient services/ambulatory surgical care code	Char	1	0	No outpatient services/ambulatory surgical care
				1	Outpatient services
				2	Ambulatory surgical care
				3	Outpatient services and ambulatory surgical care
ORGN_ACQSTN_IND_CD	Organ acquisition type code	Char	2		No organ acquisition indication
				01	Other organ acquisition
				02	General acquisition
				03	Organ donor bank other than kidney
				B1	Bone donor bank
				H1	Cadaver donor heart
				H2	Other heart acquisition
				K1	General classification
				K2	Living donor kidney
				K3	Cadaver donor kidney
				K4	Unknown donor kidney
				K5	Other kidney acquisition
				L1	Donor liver
				S1	Skin donor bank
ESRD_COND_CD	ESRD condition code	Char	2	**OTHER**	Miscoded
				00	Ip renal dialysis-general (revenue code 0800)
ESRD_SETG_IND_1_CD	Dialysis type code I	Char	2		No ESRD setting indication
				00	Ip renal dialysis-general (revenue code 0800)

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
				01	Ip renal dialysis-hemodialysis (revenue code 0801)
				02	Ip renal dialysis-peritoneal (non-capd: revenue code 0802)
				03	Ip renal dialysis-capd (revenue code 0803)
				04	Ip renal dialysis-ccpd (revenue code 0804)
				09	Ip renal dialysis-other (revenue code 0809)
				20	Hemodialysis-op-general (revenue code 0820)
				21	Hemodialysis-op-hemodialysis/composite (revenue code 0821)
				29	Hemodialysis-op-other (revenue code 0829)
				31	Peritoneal-op/home-peritoneal/composite (revenue)
				35	Peritoneal-op/home-support services (revenue code 0835)
				80	Miscellaneous dialysis-general (revenue code 0880)
				81	Miscellaneous dialysis-ultrafiltration (revenue code 0881)
				89	Miscellaneous dialysis-other (revenue code 0889)
ESRD_SETG_IND_2_CD	Dialysis type code II	Char	2		No ESRD setting indication
				01	Ip renal dialysis-hemodialysis (revenue code 0801)
				02	Ip renal dialysis-peritoneal (non-capd: revenue code 0802)
				03	Ip renal dialysis-capd (revenue code 0803)
				04	Ip renal dialysis-ccpd (revenue code 0804)
				09	Ip renal dialysis-other (revenue code 0809)
				21	Hemodialysis-op-hemodialysis/composite (revenue code 0821)
				29	Hemodialysis-op-other (revenue code 0829)
				31	Peritoneal-op/home-peritoneal/composite (revenue)
				80	Miscellaneous dialysis-general (revenue code 0880)
				81	Miscellaneous dialysis-ultrafiltration (revenue code 0881)

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
				89	Miscellaneous dialysis-other (revenue code 0889)
ESRD_SETG_IND_3_CD	Dialysis type code III	Char	2		No ESRD setting indication
				03	Ip renal dialysis-capd (revenue code 0803)
				04	Ip renal dialysis-ccpd (revenue code 0804)
				09	Ip renal dialysis-other (revenue code 0809)
				81	Miscellaneous dialysis-ultrafiltration (revenue code 0881)
				89	Miscellaneous dialysis-other (revenue code 0889)
ESRD_SETG_IND_4_CD	Dialysis type code IV	Char	2		No ESRD setting indication
				04	Ip renal dialysis-ccpd (revenue code 0804)
				09	Ip renal dialysis-other (revenue code 0809)
ESRD_SETG_IND_5_CD	Dialysis type code V	Char	2		No ESRD setting indication
				89	Miscellaneous dialysis-other (revenue code 0889)
ADMTG_DGNS_CD	Initial diagnosis at time of admission	Char	7	-	
ADMTG_DGNS_VRSN_CD	MEDPAR Admitting Diagnosis Version Code	Char	1	-	
DGNS_CD_CNT	Diagnosis codes included in stay	Num	8		
DGNS_VRSN_CD	Version Code - Indicate if diagnosis code is ICD-9 or ICD-10 (Earlier Version)	Char	1	-	
DGNS_VRSN_CD_1	Version Code 01 - Indicate if diagnosis code is ICD-9 or ICD-10.	Char	1	-	

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DGNS_VRSN_CD_2	Version Code 02 - Indicate if diagnosis code is ICD-9 or ICD-10.	Char	1	-	
DGNS_VRSN_CD_3	Version Code 03 - Indicate if diagnosis code is ICD-9 or ICD-10.	Char	1	-	
DGNS_VRSN_CD_4	Version Code 04 - Indicate if diagnosis code is ICD-9 or ICD-10.	Char	1	-	
DGNS_VRSN_CD_5	Version Code 05 - Indicate if diagnosis code is ICD-9 or ICD-10.	Char	1	-	
DGNS_VRSN_CD_6	Version Code 06 - Indicate if diagnosis code is ICD-9 or ICD-10.	Char	1	-	
DGNS_VRSN_CD_7	Version Code 07 - Indicate if diagnosis code is ICD-9 or ICD-10.	Char	1	-	
DGNS_VRSN_CD_8	Version Code 08 - Indicate if diagnosis code is ICD-9 or ICD-10.	Char	1	-	
DGNS_VRSN_CD_9	Version Code 09 - Indicate if diagnosis code is ICD-9 or ICD-10.	Char	1	-	
DGNS_VRSN_CD_10	Version Code 10 - Indicate if diagnosis code is ICD-9 or ICD-10.	Char	1	-	
DGNS_VRSN_CD_11	Version Code 11 - Indicate if diagnosis code is ICD-9 or ICD-10.	Char	1	-	
DGNS_VRSN_CD_12	Version Code 12 - Indicate if diagnosis code is ICD-9 or ICD-10.	Char	1	-	
DGNS_VRSN_CD_13	Version Code 13 - Indicate if diagnosis code is ICD-9 or ICD-10.	Char	1	-	

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
DGNS_VRSN_CD_14	Version Code 14 - Indicate if diagnosis code is ICD-9 or ICD-10.	Char	1	-	
DGNS_VRSN_CD_15	Version Code 15 - Indicate if diagnosis code is ICD-9 or ICD-10.	Char	1	-	
DGNS_VRSN_CD_16	Version Code 16 - Indicate if diagnosis code is ICD-9 or ICD-10.	Char	1	-	
DGNS_VRSN_CD_17	Version Code 17 - Indicate if diagnosis code is ICD-9 or ICD-10.	Char	1	-	
DGNS_VRSN_CD_18	Version Code 18 - Indicate if diagnosis code is ICD-9 or ICD-10.	Char	1	-	
DGNS_VRSN_CD_19	Version Code 19 - Indicate if diagnosis code is ICD-9 or ICD-10.	Char	1	-	
DGNS_VRSN_CD_20	Version Code 20 - Indicate if diagnosis code is ICD-9 or ICD-10.	Char	1	-	
DGNS_VRSN_CD_21	Version Code 21 - Indicate if diagnosis code is ICD-9 or ICD-10.	Char	1	-	
DGNS_VRSN_CD_22	Version Code 22 - Indicate if diagnosis code is ICD-9 or ICD-10.	Char	1	-	
DGNS_VRSN_CD_23	Version Code 23 - Indicate if diagnosis code is ICD-9 or ICD-10.	Char	1	-	
DGNS_VRSN_CD_24	Version Code 24 - Indicate if diagnosis code is ICD-9 or ICD-10.	Char	1	-	

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
DGNS_VRSN_CD_25	Version Code 25 - Indicate if diagnosis code is ICD-9 or ICD-10.	Char	1	-	
DGNS_1_CD	Primary ICD-9-CM code	Char	7	-	
DGNS_2_CD	ICD-9-CM Diagnosis code II	Char	7	-	
DGNS_3_CD	ICD-9-CM Diagnosis code III	Char	7	-	
DGNS_4_CD	ICD-9-CM Diagnosis code IV	Char	7	-	
DGNS_5_CD	ICD-9-CM Diagnosis code V	Char	7	-	
DGNS_6_CD	ICD-9-CM Diagnosis code VI	Char	7	-	
DGNS_7_CD	ICD-9-CM Diagnosis code VII	Char	7	-	
DGNS_8_CD	ICD-9-CM Diagnosis code VIII	Char	7	-	
DGNS_9_CD	ICD-9-CM Diagnosis code IX	Char	7	-	
DGNS_10_CD	ICD-9-CM Diagnosis code X	Char	7	-	
DGNS_11_CD	ICD-9-CM Diagnosis code XI	Char	7	-	
DGNS_12_CD	ICD-9-CM Diagnosis code XII	Char	7	-	
DGNS_13_CD	ICD-9-CM Diagnosis code XIII	Char	7	-	
DGNS_14_CD	ICD-9-CM Diagnosis code XIV	Char	7	-	

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DGNS_15_CD	ICD-9-CM Diagnosis code XV	Char	7	-	
DGNS_16_CD	ICD-9-CM Diagnosis code XVI	Char	7	-	
DGNS_17_CD	ICD-9-CM Diagnosis code XVII	Char	7	-	
DGNS_18_CD	ICD-9-CM Diagnosis code XVIII	Char	7	-	
DGNS_19_CD	ICD-9-CM Diagnosis code XIX	Char	7	-	
DGNS_20_CD	ICD-9-CM Diagnosis code XX	Char	7	-	
DGNS_21_CD	ICD-9-CM Diagnosis code XXI	Char	7	-	
DGNS_22_CD	ICD-9-CM Diagnosis code XXII	Char	7	-	
DGNS_23_CD	ICD-9-CM Diagnosis code XXIII	Char	7	-	
DGNS_24_CD	ICD-9-CM Diagnosis code XXIV	Char	7	-	
DGNS_25_CD	ICD-9-CM Diagnosis code XXV	Char	7	-	
DGNS_POA_CD	Diagnosis Code POA Array	Char	10	-	
POA_DGNS_CD_CNT	MEDPAR Claim Present on Admission Diagnosis Code Count	Num	8		
POA_DGNS_1_IND_CD	Diagnosis Present on Admission Indicator 1	Char	1	-	

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
POA_DGNS_2_IND_CD	Diagnosis Present on Admission Indicator 2	Char	1	-	
POA_DGNS_3_IND_CD	Diagnosis Present on Admission Indicator 3	Char	1	-	
POA_DGNS_4_IND_CD	Diagnosis Present on Admission Indicator 4	Char	1	-	
POA_DGNS_5_IND_CD	Diagnosis Present on Admission Indicator 5	Char	1	-	
POA_DGNS_6_IND_CD	Diagnosis Present on Admission Indicator 6	Char	1	-	
POA_DGNS_7_IND_CD	Diagnosis Present on Admission Indicator 7	Char	1	-	
POA_DGNS_8_IND_CD	Diagnosis Present on Admission Indicator 8	Char	1	-	
POA_DGNS_9_IND_CD	Diagnosis Present on Admission Indicator 9	Char	1	-	
POA_DGNS_10_IND_CD	Diagnosis Present on Admission Indicator 10	Char	1	-	
POA_DGNS_11_IND_CD	Diagnosis Present on Admission Indicator 11	Char	1	-	
POA_DGNS_12_IND_CD	Diagnosis Present on Admission Indicator 12	Char	1	-	
POA_DGNS_13_IND_CD	Diagnosis Present on Admission Indicator 13	Char	1	-	

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
POA_DGNS_14_IND_CD	Diagnosis Present on Admission Indicator 14	Char	1	-	
POA_DGNS_15_IND_CD	Diagnosis Present on Admission Indicator 15	Char	1	-	
POA_DGNS_16_IND_CD	Diagnosis Present on Admission Indicator 16	Char	1	-	
POA_DGNS_17_IND_CD	Diagnosis Present on Admission Indicator 17	Char	1	-	
POA_DGNS_18_IND_CD	Diagnosis Present on Admission Indicator 18	Char	1	-	
POA_DGNS_19_IND_CD	Diagnosis Present on Admission Indicator 19	Char	1	-	
POA_DGNS_20_IND_CD	Diagnosis Present on Admission Indicator 20	Char	1	-	
POA_DGNS_21_IND_CD	Diagnosis Present on Admission Indicator 21	Char	1	-	
POA_DGNS_22_IND_CD	Diagnosis Present on Admission Indicator 22	Char	1	-	
POA_DGNS_23_IND_CD	Diagnosis Present on Admission Indicator 23	Char	1	-	
POA_DGNS_24_IND_CD	Diagnosis Present on Admission Indicator 24	Char	1	-	

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
POA_DGNS_25_IND_CD	Diagnosis Present on Admission Indicator 25	Char	1	-	
DGNS_E_CD_CNT	MEDPAR Diagnosis E Code Count	Num	8		
DGNS_E_VRSN_CD	MEDPAR Diagnosis E Version Code (Earlier Version)	Char	1	-	
DGNS_E_VRSN_CD_1	MEDPAR Diagnosis E Version Code 01	Char	1	-	
DGNS_E_VRSN_CD_2	MEDPAR Diagnosis E Version Code 02	Char	1	-	
DGNS_E_VRSN_CD_3	MEDPAR Diagnosis E Version Code 03	Char	1	-	
DGNS_E_VRSN_CD_4	MEDPAR Diagnosis E Version Code 04	Char	1	-	
DGNS_E_VRSN_CD_5	MEDPAR Diagnosis E Version Code 05	Char	1	-	
DGNS_E_VRSN_CD_6	MEDPAR Diagnosis E Version Code 06	Char	1	-	
DGNS_E_VRSN_CD_7	MEDPAR Diagnosis E Version Code 07	Char	1	-	
DGNS_E_VRSN_CD_8	MEDPAR Diagnosis E Version Code 08	Char	1	-	
DGNS_E_VRSN_CD_9	MEDPAR Diagnosis E Version Code 09	Char	1	-	

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
DGNS_E_VRSN_CD_10	MEDPAR Diagnosis E Version Code 10	Char	1	-	
DGNS_E_VRSN_CD_11	MEDPAR Diagnosis E Version Code 11	Char	1	-	
DGNS_E_VRSN_CD_12	MEDPAR Diagnosis E Version Code 12	Char	1	-	
DGNS_E_1_CD	E Diagnosis Code 1 - Extrnl cause of injury, poisoning, or oth adverse effect	Char	7	-	
DGNS_E_2_CD	E Diagnosis Code 2 - Extrnl cause of injury, poisoning, or oth adverse effect	Char	7	-	
DGNS_E_3_CD	E Diagnosis Code 3 - Extrnl cause of injury, poisoning, or oth adverse effect	Char	7	-	
DGNS_E_4_CD	E Diagnosis Code 4 - Extrnl cause of injury, poisoning, or oth adverse effect	Char	7	-	
DGNS_E_5_CD	E Diagnosis Code 5 - Extrnl cause of injury, poisoning, or oth adverse effect	Char	7	-	
DGNS_E_6_CD	E Diagnosis Code 6 - Extrnl cause of injury, poisoning, or oth adverse effect	Char	7	-	
DGNS_E_7_CD	E Diagnosis Code 7 - Extrnl cause of injury, poisoning, or oth adverse effect	Char	7	-	
DGNS_E_8_CD	E Diagnosis Code 8 - Extrnl cause of injury, poisoning, or oth adverse effect	Char	7	-	

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
DGNS_E_9_CD	E Diagnosis Code 9 - Extrl cause of injury, poisoning, or oth adverse effect	Char	7	-	
DGNS_E_10_CD	E Diagnosis Code 10 - Extrl cause of injury, poisoning, or oth adverse effect	Char	7	-	
DGNS_E_11_CD	E Diagnosis Code 11 - Extrl cause of injury, poisoning, or oth adverse effect	Char	7	-	
DGNS_E_12_CD	E Diagnosis Code 12 - Extrl cause of injury, poisoning, or oth adverse effect	Char	7	-	
POA_DGNS_E_CD_CNT	MEDPAR Claim Present on Admission Diagnosis E Code Count	Num	8		
POA_DGNS_E_1_IND_CD	Diagnosis E Code Present on Admission Indicator 1	Char	1		Identifies diagnosis codes that are exempt from the POA reporting requirements (replaces the "1"). NOTE: NCH/NMUD will carry a "0" in place of a blank.
				**OTHER**	Miscoded
				1	Unreported/not used -- exempt from POA reporting -- This code is equivalent to a blank pn the UB-04, however, it was determined that blanks are undesirable when submitting this data via the 4010A. CMS
				N	Diagnosis was not present at the time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as 'N' for the POA Indicator.
				U	Documentation is insufficient to determine if the condition was present at the time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as 'U' for the POA In
				Y	Diagnosis was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as 'Y' for the POA Indicator.
POA_DGNS_E_2_IND_CD	Diagnosis E Code Present on Admission Indicator 2	Char	1		Identifies diagnosis codes that are exempt from the POA reporting requirements (replaces the "1"). NOTE: NCH/NMUD will carry a "0" in place of a blank.
				**OTHER**	Miscoded

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
				1	Unreported/not used -- exempt from POA reporting -- This code is equivalent to a blank pn the UB-04, however, it was determined that blanks are undesirable when submitting this data via the 4010A. CMS
				N	Diagnosis was not present at the time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as 'N' for the POA Indicator.
				U	Documentation is insufficient to determine if the condition was present at the time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as 'U' for the POA In
				Y	Diagnosis was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as 'Y' for the POA Indicator.
POA_DGNS_E_3_IND_CD	Diagnosis E Code Present on Admission Indicator 3	Char	1		Identifies diagnosis codes that are exempt from the POA reporting requirements (replaces the "1"). NOTE: NCH/NMUD will carry a "0" in place of a blank.
				**OTHER**	Miscoded
				1	Unreported/not used -- exempt from POA reporting -- This code is equivalent to a blank pn the UB-04, however, it was determined that blanks are undesirable when submitting this data via the 4010A. CMS
				N	Diagnosis was not present at the time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as 'N' for the POA Indicator.
				U	Documentation is insufficient to determine if the condition was present at the time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as 'U' for the POA In
				Y	Diagnosis was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as 'Y' for the POA Indicator.
POA_DGNS_E_4_IND_CD	Diagnosis E Code Present on Admission Indicator 4	Char	1		Identifies diagnosis codes that are exempt from the POA reporting requirements (replaces the "1"). NOTE: NCH/NMUD will carry a "0" in place of a blank.
				1	Unreported/not used -- exempt from POA reporting -- This code is equivalent to a blank pn the UB-04, however, it was determined that blanks are undesirable when submitting this data via the 4010A. CMS
				N	Diagnosis was not present at the time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as 'N' for the POA Indicator.

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
				U	Documentation is insufficient to determine if the condition was present at the time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as 'U' for the POA In
				Y	Diagnosis was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as 'Y' for the POA Indicator.
POA_DGNS_E_5_IND_CD	Diagnosis E Code Present on Admission Indicator 5	Char	1		Identifies diagnosis codes that are exempt from the POA reporting requirements (replaces the "1"). NOTE: NCH/NMUD will carry a "0" in place of a blank.
				U	Documentation is insufficient to determine if the condition was present at the time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as 'U' for the POA In
POA_DGNS_E_6_IND_CD	Diagnosis E Code Present on Admission Indicator 6	Char	1		Identifies diagnosis codes that are exempt from the POA reporting requirements (replaces the "1"). NOTE: NCH/NMUD will carry a "0" in place of a blank.
POA_DGNS_E_7_IND_CD	Diagnosis E Code Present on Admission Indicator 7	Char	1		Identifies diagnosis codes that are exempt from the POA reporting requirements (replaces the "1"). NOTE: NCH/NMUD will carry a "0" in place of a blank.
POA_DGNS_E_8_IND_CD	Diagnosis E Code Present on Admission Indicator 8	Char	1		Identifies diagnosis codes that are exempt from the POA reporting requirements (replaces the "1"). NOTE: NCH/NMUD will carry a "0" in place of a blank.
POA_DGNS_E_9_IND_CD	Diagnosis E Code Present on Admission Indicator 9	Char	1		Identifies diagnosis codes that are exempt from the POA reporting requirements (replaces the "1"). NOTE: NCH/NMUD will carry a "0" in place of a blank.
POA_DGNS_E_10_IND_CD	Diagnosis E Code Present on Admission Indicator 10	Char	1		Identifies diagnosis codes that are exempt from the POA reporting requirements (replaces the "1"). NOTE: NCH/NMUD will carry a "0" in place of a blank.
POA_DGNS_E_11_IND_CD	Diagnosis E Code Present on Admission Indicator 11	Char	1		Identifies diagnosis codes that are exempt from the POA reporting requirements (replaces the "1"). NOTE: NCH/NMUD will carry a "0" in place of a blank.
POA_DGNS_E_12_IND_CD	Diagnosis E Code Present on Admission Indicator 12	Char	1		Identifies diagnosis codes that are exempt from the POA reporting requirements (replaces the "1"). NOTE: NCH/NMUD will carry a "0" in place of a blank.
SRGCL_PRCDR_IND_SW	Surgical procedures indicator	Char	1	-	

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SRGCL_PRCDR_CD_CNT	Surgical procedure codes included in stay	Num	8		
SRGCL_PRCDR_VRSN_CD	MEDPAR Surgical Procedure Version Code (Earlier Version)	Char	1	-	
SRGCL_PRCDR_VRSN_CD_1	MEDPAR Surgical Procedure Version Code 01	Char	1	-	
SRGCL_PRCDR_VRSN_CD_2	MEDPAR Surgical Procedure Version Code 02	Char	1	-	
SRGCL_PRCDR_VRSN_CD_3	MEDPAR Surgical Procedure Version Code 03	Char	1	-	
SRGCL_PRCDR_VRSN_CD_4	MEDPAR Surgical Procedure Version Code 04	Char	1	-	
SRGCL_PRCDR_VRSN_CD_5	MEDPAR Surgical Procedure Version Code 05	Char	1	-	
SRGCL_PRCDR_VRSN_CD_6	MEDPAR Surgical Procedure Version Code 06	Char	1	-	
SRGCL_PRCDR_VRSN_CD_7	MEDPAR Surgical Procedure Version Code 07	Char	1	-	
SRGCL_PRCDR_VRSN_CD_8	MEDPAR Surgical Procedure Version Code 08	Char	1	-	
SRGCL_PRCDR_VRSN_CD_9	MEDPAR Surgical Procedure Version Code 09	Char	1	-	
SRGCL_PRCDR_VRSN_CD_10	MEDPAR Surgical Procedure Version Code 10	Char	1	-	

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
SRGCL_PRCDR_VRSN_CD_11	MEDPAR Surgical Procedure Version Code 11	Char	1	-	
SRGCL_PRCDR_VRSN_CD_12	MEDPAR Surgical Procedure Version Code 12	Char	1	-	
SRGCL_PRCDR_VRSN_CD_13	MEDPAR Surgical Procedure Version Code 13	Char	1	-	
SRGCL_PRCDR_VRSN_CD_14	MEDPAR Surgical Procedure Version Code 14	Char	1	-	
SRGCL_PRCDR_VRSN_CD_15	MEDPAR Surgical Procedure Version Code 15	Char	1	-	
SRGCL_PRCDR_VRSN_CD_16	MEDPAR Surgical Procedure Version Code 16	Char	1	-	
SRGCL_PRCDR_VRSN_CD_17	MEDPAR Surgical Procedure Version Code 17	Char	1	-	
SRGCL_PRCDR_VRSN_CD_18	MEDPAR Surgical Procedure Version Code 18	Char	1	-	
SRGCL_PRCDR_VRSN_CD_19	MEDPAR Surgical Procedure Version Code 19	Char	1	-	
SRGCL_PRCDR_VRSN_CD_20	MEDPAR Surgical Procedure Version Code 20	Char	1	-	
SRGCL_PRCDR_VRSN_CD_21	MEDPAR Surgical Procedure Version Code 21	Char	1	-	

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
SRGCL_PRCDR_VRSN_CD_22	MEDPAR Surgical Procedure Version Code 22	Char	1	-	
SRGCL_PRCDR_VRSN_CD_23	MEDPAR Surgical Procedure Version Code 23	Char	1	-	
SRGCL_PRCDR_VRSN_CD_24	MEDPAR Surgical Procedure Version Code 24	Char	1	-	
SRGCL_PRCDR_VRSN_CD_25	MEDPAR Surgical Procedure Version Code 25	Char	1	-	
SRGCL_PRCDR_1_CD	Principal Procedure code	Char	7	-	
SRGCL_PRCDR_2_CD	Procedure Code II	Char	7	-	
SRGCL_PRCDR_3_CD	Procedure Code III	Char	7	-	
SRGCL_PRCDR_4_CD	Procedure Code IV	Char	7	-	
SRGCL_PRCDR_5_CD	Procedure Code V	Char	7	-	
SRGCL_PRCDR_6_CD	Procedure Code VI	Char	7	-	
SRGCL_PRCDR_7_CD	Procedure Code VII	Char	7	-	
SRGCL_PRCDR_8_CD	Procedure Code VIII	Char	7	-	
SRGCL_PRCDR_9_CD	Procedure Code IX	Char	7	-	
SRGCL_PRCDR_10_CD	Procedure Code X	Char	7	-	

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
SRGCL_PRCDR_11_CD	Procedure Code XI	Char	7	-	
SRGCL_PRCDR_12_CD	Procedure Code XII	Char	7	-	
SRGCL_PRCDR_13_CD	Procedure Code XIII	Char	7	-	
SRGCL_PRCDR_14_CD	Procedure Code XIV	Char	7	-	
SRGCL_PRCDR_15_CD	Procedure Code XV	Char	7	-	
SRGCL_PRCDR_16_CD	Procedure Code XVI	Char	7	-	
SRGCL_PRCDR_17_CD	Procedure Code XVII	Char	7	-	
SRGCL_PRCDR_18_CD	Procedure Code XVIII	Char	7	-	
SRGCL_PRCDR_19_CD	Procedure Code XIX	Char	7	-	
SRGCL_PRCDR_20_CD	Procedure Code XX	Char	7	-	
SRGCL_PRCDR_21_CD	Procedure Code XXI	Char	7	-	
SRGCL_PRCDR_22_CD	Procedure Code XXII	Char	7	-	
SRGCL_PRCDR_23_CD	Procedure Code XXIII	Char	7	-	
SRGCL_PRCDR_24_CD	Procedure Code XXIV	Char	7	-	
SRGCL_PRCDR_25_CD	Procedure Code XXV	Char	7	-	

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
SRGCL_PRCDR_DT_CNT	Dates associated with surgical procedures included in stay	Num	8		
SRGCL_PRCDR_PRFRM_1_DT	Principal Procedure Date	Num	4		
SRGCL_PRCDR_PRFRM_2_DT	Procedure Date II	Num	4		
SRGCL_PRCDR_PRFRM_3_DT	Procedure Date III	Num	4		
SRGCL_PRCDR_PRFRM_4_DT	Procedure Date IV	Num	4		
SRGCL_PRCDR_PRFRM_5_DT	Procedure Date V	Num	4		
SRGCL_PRCDR_PRFRM_6_DT	Procedure Date VI	Num	4		
SRGCL_PRCDR_PRFRM_7_DT	Procedure Date VII	Num	4		
SRGCL_PRCDR_PRFRM_8_DT	Procedure Date VIII	Num	4		
SRGCL_PRCDR_PRFRM_9_DT	Procedure Date IX	Num	4		
SRGCL_PRCDR_PRFRM_10_DT	Procedure Date X	Num	4		
SRGCL_PRCDR_PRFRM_11_DT	Procedure Date XI	Num	4		
SRGCL_PRCDR_PRFRM_12_DT	Procedure Date XII	Num	4		
SRGCL_PRCDR_PRFRM_13_DT	Procedure Date XIII	Num	4		
SRGCL_PRCDR_PRFRM_14_DT	Procedure Date XIV	Num	4		

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
SRGCL_PRCDR_PRFRM_15_DT	Procedure Date XV	Num	4		
SRGCL_PRCDR_PRFRM_16_DT	Procedure Date XVI	Num	4		
SRGCL_PRCDR_PRFRM_17_DT	Procedure Date XVII	Num	4		
SRGCL_PRCDR_PRFRM_18_DT	Procedure Date XVIII	Num	4		
SRGCL_PRCDR_PRFRM_19_DT	Procedure Date XIX	Num	4		
SRGCL_PRCDR_PRFRM_20_DT	Procedure Date XX	Num	4		
SRGCL_PRCDR_PRFRM_21_DT	Procedure Date XXI	Num	4		
SRGCL_PRCDR_PRFRM_22_DT	Procedure Date XXII	Num	4		
SRGCL_PRCDR_PRFRM_23_DT	Procedure Date XXIII	Num	4		
SRGCL_PRCDR_PRFRM_24_DT	Procedure Date XXIV	Num	4		
SRGCL_PRCDR_PRFRM_25_DT	Procedure Date XXV	Num	4		
CLM_PTNT_RLTNSHP_CD	Claim Patient Relationship Code	Char	2	-	
CARE_IMPRVMT_MODEL_1_CD	Care Improvement Model 1 Code	Char	2	-	
CARE_IMPRVMT_MODEL_2_CD	Care Improvement Model 2 Code	Char	2	-	
CARE_IMPRVMT_MODEL_3_CD	Care Improvement Model 3 Code	Char	2	-	

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
CARE_IMPRVMT_MODEL_4_CD	Care Improvement Model 4 Code	Char	2	-	
VBP_PRTCPNT_IND_CD	VBP Participant Indicator Code	Char	1	-	
HRR_PRTCPNT_IND_CD	HRR Participant Indicator Code	Char	1	-	
BNDLD_MODEL_DSCNT_PCT	Bundled Model Discount Percent	Num	8	0-0	
VBP_ADJSTMT_PCT	VBP Adjustment Percent	Num	8	0-1	
HRR_ADJSTMT_PCT	HRR Adjustment Percent	Num	8	0-1	
INFRMTL_ENCTR_IND_SW	Informational Encounter Indicator Switch	Char	1	-	
MA_TCHNG_IND_SW	MA Teaching Indicator Switch	Char	1	-	
PROD_RPLCMT_LIFECYC_SW	Prod Replacement Lifecycle Switch	Char	1	-	
PROD_RPLCMT_RCLL_SW	Prod Replacement Recall Switch	Char	1	-	
CRED_RCVD_RPLCD_DVC_SW	Credit Received Replaced Device Switch	Char	1	-	
OBSRVTN_SW	Observation Switch	Char	1	-	
NEW_TCHNLGY_ADD_ON_AMT	New Technology Add-On Amount	Num	8		
BASE_OPRTG_DRG_AMT	Base Operating DRG Amount	Num	8		
OPRTG_HSP_AMT	Operating Hospital Amount	Num	8		

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
MDCL_SRGCL_GNRL_AMT	Medical/Surgical General Amount	Num	8		
MDCL_SRGCL_NSTRL_AMT	Medical/Surgical Non-Sterile Amount	Num	8		
MDCL_SRGCL_STRL_AMT	Medical/Surgical Sterile Amount	Num	8		
TAKE_HOME_AMT	Take Home Amount	Num	8		
PRSTHTC_ORTHTC_AMT	Prosthetic Orthotic Amount	Num	8		
MDCL_SRGCL_PCMKR_AMT	Medical/Surgical Pacemaker Amount	Num	8		
INTRAOCULAR_LENS_AMT	Intraocular Lens Amount	Num	8		
OXYGN_TAKE_HOME_AMT	Oxygen Take Home Amount	Num	8		
OTHR_IMPLANTS_AMT	Other Implants Amount	Num	8		
OTHR_SUPLIES_DVC_AMT	Other Supplies Device Amount	Num	8		
INCDNT_RDLGY_AMT	Incident Radiology Amount	Num	8		
INCDNT_DGNSTC_SRVCS_AMT	Incident Diagnostic Services Amount	Num	8		
MDCL_SRGCL_DRNG_AMT	Medical/Surgical Dressing Amount	Num	8		
INVSTGTNL_DVC_AMT	Investigational Device Amount	Num	8		
MDCL_SRGCL_MISC_AMT	Medical/Surgical Miscellaneous Amount	Num	8		

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
RDLGY_ONCOLOGY_AMT	Radiology/Oncology Amount	Num	8		
RDLGY_DGNSTC_AMT	Radiology Diagnostic Amount	Num	8		
RDLGY_THRPTC_AMT	Radiology Therapeutic Amount	Num	8		
RDLGY_NUCLR_MDCN_AMT	Radiology Nuclear Medicine Amount	Num	8		
RDLGY_CT_SCAN_AMT	Radiology CT Scan Amount	Num	8		
RDLGY_OTHR_IMGNG_AMT	Radiology Other Imaging Amount	Num	8		
OPRTG_ROOM_AMT	Operating Room Amount	Num	8		
OR_LABOR_DLVRY_AMT	O/R Labor Delivery Amount	Num	8		
CRDC_CATHRZTN_AMT	Cardiac Catheterization Amount	Num	8		
SQSTRTN_RDCTN_AMT	Sequestration Reduction Amount	Num	8		
UNCOMPD_CARE_PYMT_AMT	Uncompensated Care Payment Amount	Num	8		
BNDLD_ADJSTMT_AMT	Bundled Adjustment Amount	Num	8		
VBP_ADJSTMT_AMT	Hospital Value Based Purchasing (VBP) Amount	Num	8		
HRR_ADJSTMT_AMT	Hospital Readmission Reduction (HRR) Adjustment Amount	Num	8		