

Restricted-use Linked NCHS-CMS Medicare Data
Outpatient 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	40	Outpatient 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.
				02	No-fault insurance involved, including auto accident/other - The date of an accident where the state has applicable no-fault liability laws, (i.e., legal basis for settlement without admission or proof)
				03	Accident/tort liability - The date of an accident resulting from a third party's action that may involve a civil court process in an attempt to require payment by the third party, other than no-fault
				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.

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				06	Crime victim - Code indicating the date on which a medical condition resulted from alleged criminal action committed by one or more parties.
				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.
				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.
				21	UR notice received - Code indicating the date of receipt by the hospital & SNF of the UR committee's finding that the admission or future stay was not medically necessary.
				22	Active care ended - The date on which a covered level of care ended in a SNF or general hospital, or date active care ended in a psychiatric or tuberculosis hospital or date on which patient was relea
				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.
				26	Date skilled nursing facility (SNF) bed available - The date on which a SNF bed became available to a hospital inpatient who required only SNF level of care.
				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
				28	Date comprehensive outpatient rehabilitation plan established or last reviewed - Code indicating the date a comprehensive outpatient rehabilitation plan was established or last reviewed. not used by h

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
				29	Date OPT plan established or last reviewed - the date a plan of treatment was established for outpatient physical therapy. Not used by hospital unless owner of facility
				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
				31	Date bene notified of intent to bill (accommodations) - The date of the notice provided to the patient by the hospital stating that he no longer required a covered level of IP care.
				32	Date bene notified of intent to bill (procedures or treatment) - The date of the notice provided to the patient by the hospital stating requested care (diagnostic procedures or treatments) is not cons
				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.
				34	Date of election of extended care facilities - The date the guest elected to receive extended care services (used by Religious Nonmedical Health Care Institutions only).
				35	Date treatment started for physical therapy - Code indicates the date services were initiated by the billing provider for physical therapy.
				36	Date of discharge for the IP hospital stay when patient received a transplant procedure - Hospital is billing for immunosuppressive drugs.
				37	The date of discharge for the IP hospital stay when patient received a noncovered transplant procedure - Hospital is billing for immunosuppressive drugs.
				38	Date treatment started for home IV therapy - Date the patient was first treated in his home for IV therapy.
				39	Date discharged on a continuous course of IV therapy - Date the patient was discharged from the hospital on a continuous course of IV therapy.
				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
				43	Scheduled Date of Canceled Surgery - date which ambulatory surgery was scheduled. (eff. 9/01)
				44	Date treatment started for occupational therapy - Code indicates the date services were initiated by the billing provider for occupational therapy.
				45	Date treatment started for speech therapy - Code indicates the date services were initiated by the billing provider for speech therapy.
				46	Date treatment started for cardiac rehabilitation - Code indicates the date services were initiated by the billing provider for cardiac rehabilitation.

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				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
				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)
				A2	Effective date, Insured A policy - A code indicating the first date insurance is in force. (eff 10/93)

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Variable Name	Variable Label (VAR)	VAR Type	VAR Length	Range of Values	Value Description
				A3	Benefits exhausted - Code indicating the last date for which benefits are available and after which no payment can be made to payer A. (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)
				C2	Effective date, Insured C policy - A code indicating the first date insurance is in force. (eff 10/93)
CLM_RLT_OCRNC_DT	Claim Related Occurrence Date	Num	4		