

NCHS Survey Data Linked to CMS MBSF, Claims/Encounters, and Assessment Data
Durable Medical Equipment (DME) Fee-For-Service Claims
Date Created: 26JAN2022
Number of Variables: 64

Document version date: 2/3/2025

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values ¹	Value Description
PATIENT_ID	NHCS Patient ID	Char	ID	Patient Identifier assigned by NCHS. Researchers requesting linked NHCS-CMS data should use PATIENT_ID.
PUBLICID	NHIS Public Use ID	Char	ID	Public-use survey participant identifier assigned by NCHS. Researchers requesting linked NHIS/LSOA II-Medicare data should use PUBLICID.
SEQN	NHANES Respondent Sequence Number	Num	ID	Public-use survey participant identifier assigned by NCHS. Researchers requesting linked NHEFS/NHANES III/NHANES-Medicare data should use SEQN.
RESNUM	NNHS Resident Record (Case) Number	Num	ID	Public-use survey participant identifier assigned by NCHS. Researchers requesting linked 2004 NNHS-Medicare data should use RESNUM.
SURVEY	Survey Name and survey year/cycle	Char		
FILE_YEAR4	Year of Medicare Fee-for-Service Claim (YYYY)	Num	2016-2018	2016 NHCS has been linked to only 2016-2017 Medicare Data.
NCHS_CLM_ID	NCHS CLAIM ID	Num		
NCH_NEAR_LINE_REC_IDENT_CD	NCH Near Line Record Identification Code (RIC)	Char		
NCH_CLM_TYPE_CD	NCH Claim Type Code	Char		
CLM_FROM_DT	Claim From Date	Num		Date provided in SAS date (numeric) format.
CLM_THRU_DT	Claim Through Date	Num		Date provided in SAS date (numeric) format.
NCH_WKLY_PROC_DT	NCH Weekly Claim Processing Date	Num		Date provided in SAS date (numeric) format.

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CARR_CLM_ENTRY_CD	Carrier Claim Entry Code	Char		
CLM_DISP_CD	Claim Disposition Code	Char		
CARR_NUM	Carrier or MAC Number	Char		
CARR_CLM_PMT_DNL_CD	Carrier Claim Payment Denial Code	Char		
CLM_PMT_AMT	Claim (Medicare) Payment Amount	Num	0-59,100	Payment/Charged Amount, in dollars.
CARR_CLM_PRMRY_PYR_PD_AMT	NCH Primary Payer (if not Medicare) Claim Paid Amount	Num	0-38,800	Payment/Charged Amount, in dollars.
CARR_CLM_PRVDR_ASGNMT_IND_SW	Carrier Claim Provider Assignment Indicator Switch	Char		
NCH_CLM_PRVDR_PMT_AMT	NCH Claim Provider Payment Amount	Num	0-59,100	Payment/Charged Amount, in dollars.
NCH_CLM_BENE_PMT_AMT	NCH Claim Payment Amount to Beneficiary	Num	0-11,400	Payment/Charged Amount, in dollars.
NCH_CARR_CLM_SBMTD_CHRG_AMT	NCH Carrier Claim Submitted Charge Amount (sum of all line-level submitted charges)	Num	0-100,000	Payment/Charged Amount, in dollars.
NCH_CARR_CLM_ALOWD_AMT	NCH Carrier Claim Allowed Charge Amount (sum of all line-level allowed charges)	Num	0-75,400	Payment/Charged Amount, in dollars.
CARR_CLM_CASH_DDCTBL_APLD_AMT	Carrier Claim Cash Deductible Applied Amount (sum of all line-level deductible amounts)	Num	0-200	Payment/Charged Amount, in dollars.

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CARR_CLM_HCPCS_YR_CD	Claim Healthcare Common Procedure Coding System (HCPCS) Year Code	Char		For value description please see website: https://www.resdac.org/cms-data/variables/claim-healthcare-common-procedure-coding-system-hcpcs-year-code (accessed on 06/22/2020)
PRNCPAL_DGNS_CD	Claim Principal Diagnosis Code	Char		
PRNCPAL_DGNS_VRSN_CD	Claim Principal Diagnosis Version Code	Char		
ICD_DGNS_CD1	Claim Diagnosis Code I	Char		
ICD_DGNS_VRSN_CD1	Claim Diagnosis Code I Diagnosis Version Code (ICD-9 or ICD-10)	Char		
ICD_DGNS_CD2	Claim Diagnosis Code II	Char		
ICD_DGNS_VRSN_CD2	Claim Diagnosis Code II Diagnosis Version Code (ICD-9 or ICD-10)	Char		
ICD_DGNS_CD3	Claim Diagnosis Code III	Char		
ICD_DGNS_VRSN_CD3	Claim Diagnosis Code III Diagnosis Version Code (ICD-9 or ICD-10)	Char		
ICD_DGNS_CD4	Claim Diagnosis Code IV	Char		
ICD_DGNS_VRSN_CD4	Claim Diagnosis Code IV Diagnosis Version Code (ICD-9 or ICD-10)	Char		
ICD_DGNS_CD5	Claim Diagnosis Code V	Char		

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ICD_DGNS_VRSN_CD5	Claim Diagnosis Code V Diagnosis Version Code (ICD-9 or ICD-10)	Char		
ICD_DGNS_CD6	Claim Diagnosis Code VI	Char		
ICD_DGNS_VRSN_CD6	Claim Diagnosis Code VI Diagnosis Version Code (ICD-9 or ICD-10)	Char		
ICD_DGNS_CD7	Claim Diagnosis Code VII	Char		
ICD_DGNS_VRSN_CD7	Claim Diagnosis Code VII Diagnosis Version Code (ICD-9 or ICD-10)	Char		
ICD_DGNS_CD8	Claim Diagnosis Code VIII	Char		
ICD_DGNS_VRSN_CD8	Claim Diagnosis Code VIII Diagnosis Version Code (ICD-9 or ICD-10)	Char		
ICD_DGNS_CD9	Claim Diagnosis Code IX	Char		
ICD_DGNS_VRSN_CD9	Claim Diagnosis Code IX Diagnosis Version Code (ICD-9 or ICD-10)	Char		
ICD_DGNS_CD10	Claim Diagnosis Code X	Char		
ICD_DGNS_VRSN_CD10	Claim Diagnosis Code X Diagnosis Version Code (ICD-9 or ICD-10)	Char		
ICD_DGNS_CD11	Claim Diagnosis Code XI	Char		
ICD_DGNS_VRSN_CD11	Claim Diagnosis Code XI Diagnosis Version Code (ICD-9 or ICD-10)	Char		

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ICD_DGNS_CD12	Claim Diagnosis Code XII	Char		
ICD_DGNS_VRSN_CD12	Claim Diagnosis Code XII Diagnosis Version Code (ICD-9 or ICD-10)	Char		
RFR_PHYSN_UPIN	Carrier/DMERC Claim Ordering Physician UPIN Number	Char		
RFR_PHYSN_NPI	Carrier/DMERC Claim Ordering Physician NPI Number	Char		
CLM_CLNCL_TRIL_NUM	Clinical Trial Number	Char		
DOB_DT	Date of Birth from Claim	Num		Date provided in SAS date (numeric) format.
SEX_CD	Sex Code from Claim	Char		
BENE_RACE_CD	Race Code from Claim	Char		
BENE_CNTY_CD	County Code from Claim (SSA)	Char		
BENE_STATE_CD	Beneficiary Residence (SSA) State Code	Char		For value description please see website: https://www.resdac.org/cms-data/variables/beneficiary-residence-ssa-state-code-ffs (accessed on 06/22/2020)
BENE_MLG_CNTCT_ZIP_CD	ZIP Code of Residence from Claim	Char		
CLM_BENE_PD_AMT	Carrier Claim Beneficiary Paid Amount	Num	0-9,600	Payment/Charged Amount, in dollars.
ACO_ID_NUM	Claim Accountable Care Organization (ACO) Identification Number	Char		

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CLM_BENE_ID_TYPE_CD	Claim Beneficiary Identifier Type Code (For CMS Internal Use)	Char		
CLM_RSDL_PYMT_IND_CD	Claim Residual Payment Indicator Code	Char		

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