NCHS Survey Data Linked to CMS MBSF, Claims/Encounters, and Assessment Data
Inpatient Fee-For-Service Base Claims
Date Created: 26JAN2022
Number of Variables: 249

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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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
FI_CLM_PROC_DT	FI Claim Process Date	Num		Date provided in SAS date (numeric) format.
CLAIM_QUERY_CODE	Claim Query Code	Char		
PRVDR_NUM	Provider Number	Char		For value description please see website: https://www.resdac.org/cms-data/variables/provider-number (accessed on 06/22/2020)
CLM_FAC_TYPE_CD	Claim Facility Type Code	Char		
CLM_SRVC_CLSFCTN_TYPE_CD	Claim Service classification Type Code	Char		
CLM_FREQ_CD	Claim Frequency Code	Char		
FI_NUM	FI or MAC Number	Char		For value description please see website: https://www.resdac.org/cms-data/variables/fi-or-mac-number (accessed on 06/22/2020)
CLM_MDCR_NON_PMT_RSN_CD	Claim Medicare Non Payment Reason Code	Char		
CLM_PMT_AMT	Claim (Medicare) Payment Amount	Num	0-2,749,500	Payment/Charged Amount, in dollars.
NCH_PRMRY_PYR_CLM_PD_AMT	NCH Primary Payer (if not Medicare) Claim Paid Amount	Num	0-2,284,900	Payment/Charged Amount, in dollars.
NCH_PRMRY_PYR_CD	NCH Primary Payer Code (if not Medicare)	Char		
FI_CLM_ACTN_CD	FI or MAC Claim Action Code	Char		
PRVDR_STATE_CD	NCH Provider SSA State Code	Char		For value description please see website: https://www.resdac.org/cms-data/variables/nch-provider-ssa-state-code (accessed on 06/22/2020)

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
ORG_NPI_NUM	Organization NPI Number	Char		
AT_PHYSN_UPIN	Claim Attending Physician UPIN Number	Char		
AT_PHYSN_NPI	Claim Attending Physician NPI Number	Char		
AT_PHYSN_SPCLTY_CD	Claim Attending Physician Specialty Code	Char		For value description please see website: https://www.resdac.org/cms-data/variables/claim-attending-physician-specialty-code (accessed on 06/22/2020)
OP_PHYSN_UPIN	Claim Operating Physician UPIN Number	Char		
OP_PHYSN_NPI	Claim Operating Physician NPI Number	Char		
OP_PHYSN_SPCLTY_CD	Claim Operating Physician Specialty Code	Char		For value description please see website: https://www.resdac.org/cms-data/variables/claim-operating-physician-specialty-code (accessed on 06/22/2020)
OT_PHYSN_UPIN	Claim Other Physician UPIN Number	Char		
OT_PHYSN_NPI	Claim Other Physician NPI Number	Char		
OT_PHYSN_SPCLTY_CD	Claim Other Physician Specialty Code	Char		For value description please see website: https://www.resdac.org/cms-data/variables/claim-other-physician-specialty-code (accessed on 06/22/2020)
RNDRNG_PHYSN_NPI	Claim Rendering Physician NPI Number	Char		
RNDRNG_PHYSN_SPCLTY_CD	Claim Rendering Physician Specialty Code	Char		For value description please see website: https://www.resdac.org/cms-data/variables/claim-or-revenue-center-rendering-physician-specialty-code (accessed on 06/22/2020)

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
CLM_MCO_PD_SW	Claim MCO Paid Switch	Char		
PTNT_DSCHRG_STUS_CD	Patient Discharge Status Code	Char		
CLM_PPS_IND_CD	Claim PPS Indicator Code	Char		
CLM_TOT_CHRG_AMT	Claim Total Charge Amount	Num	0-22,092,800	Payment/Charged Amount, in dollars.
CLM_ADMSN_DT	Claim Admission Date	Num		Date provided in SAS date (numeric) format.
CLM_IP_ADMSN_TYPE_CD	Claim Inpatient Admission Type Code	Char		
CLM_SRC_IP_ADMSN_CD	Claim Source Inpatient Admission Code	Char		
NCH_PTNT_STATUS_IND_CD	NCH Patient Status Indicator Code	Char		
CLM_PASS_THRU_PER_DIEM_AMT	Claim Pass Thru Per Diem Amount	Num	0-6,900	Payment/Charged Amount, in dollars.
NCH_BENE_IP_DDCTBL_AMT	NCH Beneficiary Inpatient (or other Part A) Deductible Amount	Num	0-1,400	Payment/Charged Amount, in dollars.
NCH_BENE_PTA_COINSRNC_LBLTY_AM	NCH Beneficiary Part A Coinsurance Liability Amount	Num	0-10,400	Payment/Charged Amount, in dollars.
NCH_BENE_BLOOD_DDCTBL_LBLTY_AM	NCH Beneficiary Blood Deductible Liability Amount	Num	0-2,000	Payment/Charged Amount, in dollars.
NCH_PROFNL_CMPNT_CHRG_AMT	NCH Professional Component Charge Amount	Num	0-128,000	Payment/Charged Amount, in dollars.

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
NCH_IP_NCVRD_CHRG_AMT	NCH Inpatient (or other Part A) Noncovered Charge Amount	Num	0-9,343,400	Payment/Charged Amount, in dollars.
NCH_IP_TOT_DDCTN_AMT	NCH Inpatient (or other Part A) Total Deductible/Coinsurance Amount	Num	0-50,700	Payment/Charged Amount, in dollars.
CLM_TOT_PPS_CPTL_AMT	Claim Total PPS Capital Amount	Num	0-115,300	Payment/Charged Amount, in dollars.
CLM_PPS_CPTL_FSP_AMT	Claim PPS Capital Federal Specific Portion (FSP) Amount	Num	0-17,600	Payment/Charged Amount, in dollars.
CLM_PPS_CPTL_OUTLIER_AMT	Claim PPS Capital Outlier Amount	Num	0-102,600	Payment/Charged Amount, in dollars.
CLM_PPS_CPTL_DSPRPRTNT_SHR_AMT	Claim PPS Capital Disproportionate Share (DSH) Amount	Num	0-2,700	Payment/Charged Amount, in dollars.
CLM_PPS_CPTL_IME_AMT	Claim PPS Capital Indirect Medical Education (IME) Amount	Num	0-6,700	Payment/Charged Amount, in dollars.
CLM_PPS_CPTL_EXCPTN_AMT	Claim PPS Capital Exception Amount	Num	0-100	Payment/Charged Amount, in dollars.
CLM_PPS_OLD_CPTL_HLD_HRMLS_AMT	Claim PPS Old Capital Hold Harmless Amount	Num		Payment/Charged Amount, in dollars.
CLM_PPS_CPTL_DRG_WT_NUM	Claim PPS Capital DRG Weight Number	Num	0-27.1	
CLM_UTLZTN_DAY_CNT	Claim Medicare Utilization Day Count	Num	0-200	Number of days (count)
BENE_TOT_COINSRNC_DAYS_CNT	Beneficiary Total Coinsurance Days Count	Num	0-100	Number of days (count)
BENE_LRD_USED_CNT	Beneficiary Medicare Lifetime Reserve Days (LRD) Used Count	Num	0-100	Number of days (count)

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
CLM_NON_UTLZTN_DAYS_CNT	Claim Medicare Non Utilization Days Count	Num	0-1,700	Number of days (count)
NCH_BLOOD_PNTS_FRNSHD_QTY	NCH Blood Pints Furnished Quantity	Num	0-933	
NCH_VRFD_NCVRD_STAY_FROM_DT	NCH Verified Noncovered Stay From Date	Num		Date provided in SAS date (numeric) format.
NCH_VRFD_NCVRD_STAY_THRU_DT	NCH Verified Noncovered Stay Through Date	Num		Date provided in SAS date (numeric) format.
NCH_ACTV_OR_CVRD_LVL_CARE_THRU	NCH Active or Covered Level Care Thru Date	Num		Date provided in SAS date (numeric) format.
NCH_BENE_MDCR_BNFTS_EXHTD_DT_I	NCH Beneficiary Medicare Benefits Exhausted Date	Num		Date provided in SAS date (numeric) format.
NCH_BENE_DSCHRG_DT	NCH Beneficiary Discharge Date	Num		Date provided in SAS date (numeric) format.
CLM_DRG_CD	Claim Diagnosis Related Group Code (or MS-DRG Code)	Char		For value description please see website: https://www.resdac.org/cms-data/variables/claim-diagnosis-related-group-code-or-ms-drg-code-0 (accessed on 06/22/2020)
CLM_DRG_OUTLIER_STAY_CD	Claim Diagnosis Related Group Outlier Stay Code	Char		
NCH_DRG_OUTLIER_APRVD_PMT_AMT	NCH DRG Outlier Approved Payment Amount	Num	0-1,176,400	Payment/Charged Amount, in dollars.
ADMTG_DGNS_CD	Claim Admitting Diagnosis Code	Char		
PRNCPAL_DGNS_CD	Claim Principal Diagnosis Code	Char		
ICD_DGNS_CD1	Claim Diagnosis Code I	Char		

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
CLM_POA_IND_SW1	Claim Diagnosis Code I Diagnosis Present on Admission (POA) Indicator Code	Char		
ICD_DGNS_CD2	Claim Diagnosis Code II	Char		
CLM_POA_IND_SW2	Claim Diagnosis Code II Diagnosis Present on Admission (POA) Indicator Code	Char		
ICD_DGNS_CD3	Claim Diagnosis Code III	Char		
CLM_POA_IND_SW3	Claim Diagnosis Code III Diagnosis Present on Admission (POA) Indicator Code	Char		
ICD_DGNS_CD4	Claim Diagnosis Code IV	Char		
CLM_POA_IND_SW4	Claim Diagnosis Code IV Diagnosis Present on Admission (POA) Indicator Code	Char		
ICD_DGNS_CD5	Claim Diagnosis Code V	Char		
CLM_POA_IND_SW5	Claim Diagnosis Code V Diagnosis Present on Admission (POA) Indicator Code	Char		
ICD_DGNS_CD6	Claim Diagnosis Code VI	Char		
CLM_POA_IND_SW6	Claim Diagnosis Code VI Diagnosis Present on Admission Indicator Code	Char		
ICD_DGNS_CD7	Claim Diagnosis Code VII	Char		
CLM_POA_IND_SW7	Claim Diagnosis Code VII Diagnosis Present on Admission Indicator Code	Char		

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
ICD_DGNS_CD8	Claim Diagnosis Code VIII	Char		
CLM_POA_IND_SW8	Claim Diagnosis Code VIII Diagnosis Present on Admission Indicator Code	Char		
ICD_DGNS_CD9	Claim Diagnosis Code IX	Char		
CLM_POA_IND_SW9	Claim Diagnosis Code IX Diagnosis Present on Admission Indicator Code	Char		
ICD_DGNS_CD10	Claim Diagnosis Code X	Char		
CLM_POA_IND_SW10	Claim Diagnosis Code X Diagnosis Present on Admission Indicator Code	Char		
ICD_DGNS_CD11	Claim Diagnosis Code XI	Char		
CLM_POA_IND_SW11	Claim Diagnosis Code XI Diagnosis Present on Admission Indicator Code	Char		
ICD_DGNS_CD12	Claim Diagnosis Code XII	Char		
CLM_POA_IND_SW12	Claim Diagnosis Code XII Diagnosis Present on Admission Indicator Code	Char		
ICD_DGNS_CD13	Claim Diagnosis Code XIII	Char		
CLM_POA_IND_SW13	Claim Diagnosis Code XIII Diagnosis Present on Admission Indicator Code	Char		
ICD_DGNS_CD14	Claim Diagnosis Code XIV	Char		

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
CLM_POA_IND_SW14	Claim Diagnosis Code XIV Diagnosis Present on Admission Indicator Code	Char		
ICD_DGNS_CD15	Claim Diagnosis Code XV	Char		
CLM_POA_IND_SW15	Claim Diagnosis Code XV Diagnosis Present on Admission Indicator Code	Char		
ICD_DGNS_CD16	Claim Diagnosis Code XVI	Char		
CLM_POA_IND_SW16	Claim Diagnosis Code XVI Diagnosis Present on Admission Indicator Code	Char		
ICD_DGNS_CD17	Claim Diagnosis Code XVII	Char		
CLM_POA_IND_SW17	Claim Diagnosis Code XVII Diagnosis Present on Admission Indicator Code	Char		
ICD_DGNS_CD18	Claim Diagnosis Code XVIII	Char		
CLM_POA_IND_SW18	Claim Diagnosis Code XVIII Diagnosis Present on Admission Indicator Code	Char		
ICD_DGNS_CD19	Claim Diagnosis Code XIX	Char		
CLM_POA_IND_SW19	Claim Diagnosis Code XIX Diagnosis Present on Admission Indicator Code	Char		
ICD_DGNS_CD20	Claim Diagnosis Code XX	Char		

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
CLM_POA_IND_SW20	Claim Diagnosis Code XX Diagnosis Present on Admission Indicator Code	Char		
ICD_DGNS_CD21	Claim Diagnosis Code XXI	Char		
CLM_POA_IND_SW21	Claim Diagnosis Code XXI Diagnosis Present on Admission Indicator Code	Char		
ICD_DGNS_CD22	Claim Diagnosis Code XXII	Char		
CLM_POA_IND_SW22	Claim Diagnosis Code XXII Diagnosis Present on Admission Indicator Code	Char		
ICD_DGNS_CD23	Claim Diagnosis Code XXIII	Char		
CLM_POA_IND_SW23	Claim Diagnosis Code XXIII Diagnosis Present on Admission Indicator Code	Char		
ICD_DGNS_CD24	Claim Diagnosis Code XXIV	Char		
CLM_POA_IND_SW24	Claim Diagnosis Code XXIV Diagnosis Present on Admission Indicator Code	Char		
ICD_DGNS_CD25	Claim Diagnosis Code XXV	Char		
CLM_POA_IND_SW25	Claim Diagnosis Code XXV Diagnosis Present on Admission Indicator Code	Char		
FST_DGNS_E_CD	First Claim Diagnosis E Code	Char		
ICD_DGNS_E_CD1	Claim Diagnosis E Code I	Char		

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
CLM_E_POA_IND_SW1	Claim Diagnosis E Code I Diagnosis Present on Admission Indicator Code	Char		
ICD_DGNS_E_CD2	Claim Diagnosis E Code II	Char		
CLM_E_POA_IND_SW2	Claim Diagnosis E Code II Diagnosis Present on Admission Indicator Code	Char		
ICD_DGNS_E_CD3	Claim Diagnosis E Code III	Char		
CLM_E_POA_IND_SW3	Claim Diagnosis E Code III Diagnosis Present on Admission Indicator Code	Char		
ICD_DGNS_E_CD4	Claim Diagnosis E Code IV	Char		
CLM_E_POA_IND_SW4	Claim Diagnosis E Code IV Diagnosis Present on Admission Indicator Code	Char		
ICD_DGNS_E_CD5	Claim Diagnosis E Code V	Char		
CLM_E_POA_IND_SW5	Claim Diagnosis E Code V Diagnosis Present on Admission Indicator Code	Char		
ICD_DGNS_E_CD6	Claim Diagnosis E Code VI	Char		
CLM_E_POA_IND_SW6	Claim Diagnosis E Code VI Diagnosis Present on Admission Indicator Code	Char		
ICD_DGNS_E_CD7	Claim Diagnosis E Code VII	Char		
CLM_E_POA_IND_SW7	Claim Diagnosis E Code VII Diagnosis Present on Admission Indicator Code	Char		

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
ICD_DGNS_E_CD8	Claim Diagnosis E Code VIII	Char		
CLM_E_POA_IND_SW8	Claim Diagnosis E Code VIII Diagnosis Present on Admission Indicator Code	Char		
ICD_DGNS_E_CD9	Claim Diagnosis E Code IX	Char		
CLM_E_POA_IND_SW9	Claim Diagnosis E Code IX Diagnosis Present on Admission Indicator Code	Char		
ICD_DGNS_E_CD10	Claim Diagnosis E Code X	Char		
CLM_E_POA_IND_SW10	Claim Diagnosis E Code X Diagnosis Present on Admission Indicator Code	Char		
ICD_DGNS_E_CD11	Claim Diagnosis E Code XI	Char		
CLM_E_POA_IND_SW11	Claim Diagnosis E Code XI Diagnosis Present on Admission Indicator Code	Char		
ICD_DGNS_E_CD12	Claim Diagnosis E Code XII	Char		
CLM_E_POA_IND_SW12	Claim Diagnosis E Code XII Diagnosis Present on Admission Indicator Code	Char		
ICD_PRCDR_CD1	Claim Procedure Code I	Char		
PRCDR_DT1	Claim Procedure Code I Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD2	Claim Procedure Code II	Char		

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
PRCDR_DT2	Claim Procedure Code II Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD3	Claim Procedure Code III	Char		
PRCDR_DT3	Claim Procedure Code III Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD4	Claim Procedure Code IV	Char		
PRCDR_DT4	Claim Procedure Code IV Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD5	Claim Procedure Code V	Char		
PRCDR_DT5	Claim Procedure Code V Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD6	Claim Procedure Code VI	Char		
PRCDR_DT6	Claim Procedure Code VI Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD7	Claim Procedure Code VII	Char		
PRCDR_DT7	Claim Procedure CodeVII Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD8	Claim Procedure Code VIII	Char		
PRCDR_DT8	Claim Procedure Code VIII Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD9	Claim Procedure Code IX	Char		
PRCDR_DT9	Claim Procedure Code IX Date	Num		Date provided in SAS date (numeric) format.

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
ICD_PRCDR_CD10	Claim Procedure Code X	Char		
PRCDR_DT10	Claim Procedure Code X Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD11	Claim Procedure Code XI	Char		
PRCDR_DT11	Claim Procedure Code XI Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD12	Claim Procedure Code XII	Char		
PRCDR_DT12	Claim Procedure Code XII Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD13	Claim Procedure Code XIII	Char		
PRCDR_DT13	Claim Procedure Code XIII Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD14	Claim Procedure Code XIV	Char		
PRCDR_DT14	Claim Procedure Code XIV Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD15	Claim Procedure Code XV	Char		
PRCDR_DT15	Claim Procedure Code XV Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD16	Claim Procedure Code XVI	Char		
PRCDR_DT16	Claim Procedure Code XVI Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD17	Claim Procedure Code XVII	Char		

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
PRCDR_DT17	Claim Procedure Code XVII Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD18	Claim Procedure Code XVIII	Char		
PRCDR_DT18	Claim Procedure Code XVIII Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD19	Claim Procedure Code XIX	Char		
PRCDR_DT19	Claim Procedure Code XIX Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD20	Claim Procedure Code XX	Char		
PRCDR_DT20	Claim Procedure Code XX Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD21	Claim Procedure Code XXI	Char		
PRCDR_DT21	Claim Procedure Code XXI Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD22	Claim Procedure Code XXII	Char		
PRCDR_DT22	Claim Procedure Code XXII Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD23	Claim Procedure Code XXIII	Char		
PRCDR_DT23	Claim Procedure Code XXIII Date	Num		Date provided in SAS date (numeric) format.
ICD_PRCDR_CD24	Claim Procedure Code XXIV	Char		
PRCDR_DT24	Claim Procedure Code XXIV Date	Num		Date provided in SAS date (numeric) format.

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
ICD_PRCDR_CD25	Claim Procedure Code XXV	Char		
PRCDR_DT25	Claim Procedure Code XXV Date	Num		Date provided in SAS date (numeric) format.
IME_OP_CLM_VAL_AMT	Operating Indirect Medical Education (IME) Amount	Num	0-109,800	Payment/Charged Amount, in dollars.
DSH_OP_CLM_VAL_AMT	Operating Disproportionate Share Amount	Num	0-25,600	Payment/Charged Amount, in dollars.
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	Beneficiary 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	Beneficiary ZIP Code of Residence	Char		
CLM_MDCL_REC	Claim Medical Record Number	Char		
CLM_TRTMT_AUTHRZTN_NUM	Claim Treatment Authorization Number	Char		
CLM_PRCR_RTRN_CD	Claim Pricer Return Code	Char		For value description please see website: https://www.resdac.org/cms-data/variables/claim-pricer-return-code (accessed on 06/22/2020)

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
CLM_SRVC_FAC_ZIP_CD	Claim service facility ZIP code (where service was provided)	Char		
CLM_IP_LOW_VOL_PMT_AMT	Claim Inpatient Low Volume Payment Amount	Num	0-13,500	Payment/Charged Amount, in dollars.
CLM_CARE_IMPRVMT_MODEL_CD1	Claim Care Improvement Model 1 Code (budled payment)	Char		
CLM_CARE_IMPRVMT_MODEL_CD2	Claim Care Improvement Model 2 Code	Char		
CLM_CARE_IMPRVMT_MODEL_CD3	Claim Care Improvement Model 3 Code	Char		
CLM_CARE_IMPRVMT_MODEL_CD4	Claim Care Improvement Model 4 Code	Char		
CLM_BNDLD_MODEL_1_DSCNT_PCT	Claim Bundled Model 1 Discount Percent	Num	0-0.01	
CLM_BASE_OPRTG_DRG_AMT	Claim Base Operating DRG Amount	Num	0-223,900	Payment/Charged Amount, in dollars.
CLM_VBP_PRTCPNT_IND_CD	Claim Value-Based Purchasing (VBP) Participant Indicator Code	Char		
CLM_VBP_ADJSTMT_PCT	Claim VBP Adjustment Percent	Num	0-1.04	
CLM_HRR_PRTCPNT_IND_CD	Claim Hospital Readmission Rdctn (HRR) Participant Indicator Code	Char		
CLM_HRR_ADJSTMT_PCT	Claim HRR Adjustment Percent	Num	0-1	
CLM_MODEL_4_READMSN_IND_CD	Claim Model 4 Readmission Indicator Code	Char		
CLM_UNCOMPD_CARE_PMT_AMT	Claim Uncompensated Care Payment Amount	Num	0-77,500	Payment/Charged Amount, in dollars.

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CLM_BNDLD_ADJSTMT_PMT_AMT	Claim Bundled Adjustment Payment Amount	Num		Payment/Charged Amount, in dollars.
CLM_VBP_ADJSTMT_PMT_AMT	Claim Value Based Purchasing Adjustment Payment Amount	Num	0-2,300	Payment/Charged Amount, in dollars.
CLM_HRR_ADJSTMT_PMT_AMT	Claim Hospital Readmission Reduction (HRR) Adjustment Payment Amount	Num		Payment/Charged Amount, in dollars.
EHR_PYMT_ADJSTMT_AMT	Claim Electronic Health Record (EHR) Payment Adjustment Amount	Num	0-2,900	Payment/Charged Amount, in dollars.
PPS_STD_VAL_PYMT_AMT	Standard Payment Amount	Num	0-1,208,100	Payment/Charged Amount, in dollars.
FINL_STD_AMT	Claim Final Standard Payment Amount	Num	0-2,754,100	Payment/Charged Amount, in dollars.
HAC_PGM_RDCTN_IND_SW	Claim Hospital Acquired Condition (HAC) Program Reduction Indicator Switch	Char		
EHR_PGM_RDCTN_IND_SW	Claim Electronic Health Records (EHR) Program Reduction Indicator Switch	Char		
CLM_SITE_NTRL_PYMT_CST_AMT	Claim Site Neutral Payment Based on Cost Amount	Num	0-27,200	Payment/Charged Amount, in dollars.
CLM_SITE_NTRL_PYMT_IPPS_AMT	Claim Site Neutral Payment Based on inpatient prospective payment system (IPPS) Amounts	Num	0-49,600	Payment/Charged Amount, in dollars.
CLM_FULL_STD_PYMT_AMT	Claim Full Standard Payment Amount	Num	0-192,200	Payment/Charged Amount, in dollars.
CLM_SS_OUTLIER_STD_PYMT_AMT	Claim Short Stay Outlier (SSO) Standard Payment Amount	Num	0-107,200	Payment/Charged Amount, in dollars.

[1]**The range of values field contain approximate values for the payment, cost, and count variables. The actual values may include extreme outliers (positive or negative). Users may wish to consider applying top or bottom coding.**

Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
CLM_NEXT_GNRTN_ACO_IND_CD1	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Population based payments (PBP)	Char		
CLM_NEXT_GNRTN_ACO_IND_CD2	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Telehealth	Char		
CLM_NEXT_GNRTN_ACO_IND_CD3	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Post Discharge HH visits	Char		
CLM_NEXT_GNRTN_ACO_IND_CD4	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - 3 day SNF waiver	Char		
CLM_NEXT_GNRTN_ACO_IND_CD5	Claim Next Generation (NG) Accountable Care Organization (ACO) Indicator Code - Capitation	Char		
ACO_ID_NUM	Claim Accountable Care Organization (ACO) Identification Number	Char		
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		
CLM_RP_IND_CD	Claim Representative Payee (RP) Indicator Code	Char		
PRVDR_VLDTN_TYPE_CD	Provider Validation Type Code	Char		
RR_BRD_EXCLSN_IND_SW	Railroad Board Exclusion Indicator Switch	Char		

[1]**The range of values field contain approximate values for the payment, cost, and count variables. The actual values may include extreme outliers (positive or negative). Users may wish to consider applying top or bottom coding.**

Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
CLM_IP_INITL_MS_DRG_CD	Claim Inpatient Initial MS DRG Code	Char		For value description please see website: https://www.resdac.org/cms-data/variables/claim-inpatient-initial-ms-drg-code (accessed on 06/22/2020)

[1]**The range of values field contain approximate values for the payment, cost, and count variables. The actual values may include extreme outliers (positive or negative). Users may wish to consider applying top or bottom coding.**