NCHS Survey Data Linked to CMS MBSF, Claims/Encounters, and Assessment Data
Outpatient Encounter Base Claims
Date Created: 29JAN2021
Number of Variables: 115

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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 Advantage (MA) Encounter (YYYY)	Num	2016	2016 NHCS has been linked to only 2016-2017 Medicare Data.
NCHS_ENC_JOIN_KEY	NCHS ENCOUNTER JOIN KEY	Num		
CLM_TYPE_CD	Claim Type Code	Char	4012	Hospital Inpatient (covered by Medicare Part B – not Part A)
			4013	Hospital Outpatient
			4014	Hospital Laboratory Services Provided to Non-patients
			4022	SNF Skilled Nursing Inpatient (covered by Medicare Part B – not Part A)
			4023	SNF Skilled Nursing Outpatient
			4034	Home Health + Laboratory Services Provided to Non-patients
			4071	Clinic (RHC) Rural Health
			4072	Clinic (ESRD) Renal Dialysis Hospital Based or Independent

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			4073	Clinic Freestanding
			4074	Clinic (ORF) Outpatient Rehab Facility
			4075	Clinic (CORF) Comprehensive Outpatient Rehab Facility
			4076	Clinic (CMHC) Community Mental Health Centers
			4077	Clinic (FQHC) Federal Qualified Health Center
			4079	Clinic - Other
			4083	Special Facility (ASC) Ambulatory Surgery Center
			4085	Special Facility (CAH) Critical Access Hospital
			4089	Special Facility - Other
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.
SRVC_MONTH	Service Month	Num		Date provided in SAS date (numeric) format.
CLM_CHRT_RVW_SW	Claim Chart Review Switch	Char		Record is not a chart review
			N	Record is not a chart review
			Y	Record is a chart review
NCHS_CLM_CNTL_NUM	NCHS CLAIM CONTROL NUMBER	Num		
NCHS_CLM_ORIG_CNTL_NUM	NCHS CLAIM ORIGINAL CONTROL NUMBER	Num		
CLM_FINL_ACTN_IND	Claim Final Action Indicator	Char		Subsequent adjustments to the claim exist or the final action was to void the claim

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			N	Subsequent adjustments to the claim exist or the final action was to void the claim
			Y	Final action and the claim is not voided
CLM_LTST_CLM_IND	Latest Claim Indicator	Char	N	Subsequent adjustments or resubmissions to the claim exist
			Y	Latest action adn the record could be a chart review
EDPS_CREATE_DT	Encounter Data Processing System (EDPS) Create Date	Num		Date provided in SAS date (numeric) format.
CLM_RCPT_DT	Claim Receipt Date	Num		Date provided in SAS date (numeric) format.
CLM_FAC_TYPE_CD	Claim Facility Type Code	Char	1	Hospital
			2	Skilled nursing facility (SNF)
			3	Home health agency (HHA)
			7	Clinic or hospital-based renal dialysis facility
			8	Special facility or ASC surgery
CLM_SRVC_CLSFCTN_TYPE_CD	Claim Service classification Type Code	Char	**OTHER**	Miscoded
			1	FAC_TYPE 1-6,9: Inpatient/FAC_TYPE 7: Rural Health Clinic (RHC)/ FAC_TYPE 8: Hospice (non-hospital based)
			2	FAC_TYPE 1-6,9: Inpatient or Home Health (covered on Part B)/FAC_TYPE 7: Hospital based or independent renal dialysis facility/ FAC_TYPE 8: Hospice (hospital based)
			3	FAC_TYPE 1-6,9: Outpatient (or HHA - covered on Part A)/FAC_TYPE 7: Free-standing provider based federally qualified health center (FQHC)/ FAC_TYPE 8: Ambulatory surgical center (ASC) in hospital outpatient department

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
			4	FAC_TYPE 1-6,9: Other (Part B) -- (Includes HHA medical and other health services, e.g., SNF osteoporosis-injectable drugs)/FAC_TYPE 7: Other Rehabilitation Facility (ORF)/ FAC_TYPE 8: Freestanding birthing center
			5	FAC_TYPE 1-6,9: Intermediate care - level I/FAC_TYPE 7: Comprehensive Rehabilitation Center (CORF)/ FAC_TYPE 8: Critical Access Hospital - Outpatient Services
			6	FAC_TYPE 1-6,9: Intermediate care - level II/FAC_TYPE 7: Community Mental Health Center (CMHC)
			7	FAC_TYPE 1-6,9: Subacute Inpatient (revenue code 019X required) (formerly Intermediate care - level III)/FAC_TYPE 7: Federally Qualified Health Center (FQHC)
CLM_FREQ_CD	Claim Frequency Code	Char	**OTHER**	Miscoded
			0	Non-payment/zero claims
			1	Admit thru discharge claim
			2	Interim - first claim
			3	Interim - continuing claim
			4	Interim - last claim
			5	Late charge(s) only claim
			7	Replacement of prior claim
			9	Final claim Final claim (for HH PPS = process as a debit/credit to RAP claim)
			A	Admission election notice (when hospice or Religious Nonmedical Health Care Institution is submitting the HCFA-1450 as an admission notice; this is to establish a hospice benefit period)
CNTRCT_NUM	Medicare Part C Contract Number	Char		
CNTRCT_PBP_NUM	Medicare Part C Plan Benefit Package (PBP) Number	Char		

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values¹	Value Description
CLM_MDCL_REC	Claim Medical Record Number	Char		Missing Value
			8	MAO is deleting the diagnoses on the record
ORG_NPI	Organization NPI Number	Char		
ORG_TXNMY_CD	Organization Taxonomy Code	Char		For value description please see website: https://www.resdac.org/cms-data/variables/organization-taxonomy-code (accessed on 06/22/2020)
RNDRNG_PHYSN_NPI	Claim Rendering Physician NPI Number	Char		
RFRG_PHYSN_NPI	Claim Referring Physician NPI Number	Char		
AT_PHYSN_NPI	Claim Attending Physician NPI Number	Char		
AT_PHYSN_TXNMY_CD	Claim Attending Physician Taxonomy Code	Char		For value description please see website: https://www.resdac.org/cms-data/variables/claim-attending-physician-taxonomy-code (accessed on 06/22/2020)
OP_PHYSN_NPI	Claim Operating Physician NPI Number	Char		
OT_PHYSN_NPI	Claim Other Physician NPI Number	Char		
PTNT_DSCHRG_STUS_CD	Patient Discharge Status Code	Char	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 - swing bed. For reporting discharges/transfers to a non-certified SNF, the hospital must use Code 04 - ICF.

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
			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 no longer be identified by this code. New code is `65`
			06	Discharged/transferred to home care of organized home health service organization.
			07	Left against medical advice or discontinued care.
			08	Discharged/transferred to home under care of a home IV drug therapy provider. (discontinued effective 10/1/05)
			09	Admitted as an inpatient to this hospital (effective 3/1/91). In situations where a patient is admitted before midnight of the third day following the day of an outpatient service, the outpatient services are considered inpatient.
			20	Expired (did not recover - Christian Science patient).
			21	Discharged/transferred to Court/Law Enforcement
			30	Still patient
			41	Expired in a medical facility such as hospital, SNF, ICF, or freestanding hospice. (Hospice claims only)
			42	Expired - place unknown (Hospice claims only)
			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)

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
			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). (eff. 1/2005).
			66	Discharged/transferred to a Critical Access Hospital (CAH) (eff. 1/1/06)
			69	Discharged/transferred to a designated disaster alternative care site (eff. 10/2013)
			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)
			81	Discharged to home or self-care with a planned acute care hospital readmission (eff. 10/2013)
			82	Discharged/transferred to a short term general hospital for inpatient care with a planned acute care hospital inpatient readmission (eff. 10/2013)
			83	Discharged/transferred to a skilled nursing facility (SNF) with Medicare certification with a planned acute care hospital inpatient readmission (eff. 10/2013)
			84	Discharged/transferred to a facility that provides custodial or supportive care with a planned acute care hospital inpatient readmission (eff. 10/2013)
			85	Discharged/transferred to a designated cancer center or childrens hospital with a planned acute care hospital inpatient readmission (eff. 10/2013)
			86	Discharged/transferred to home under care of organized home health service organization with a planned acute care hospital inpatient readmission (eff. 10/2013)
			87	Discharged/transferred to court/law enforcement with a planned acute care hospital inpatient readmission (eff. 10/2013)

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
			88	Discharged/transferred to a federal health care facility with a planned acute care hospital inpatient readmission (eff. 10/2013)
			89	Discharged/transferred to a hospital-based Medicare approved swing bed with a planned acute care hospital inpatient readmission (eff. 10/2013)
			90	Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital with a planned acute care hospital inpatient readmission (eff. 10/2013)
			91	Discharged/transferred to a Medicare certified long term care hospital (LTCH) with a planned acute care hospital inpatient readmission (eff. 10/2103)
			92	Discharged/transferred to nursing facility certified under Medicaid but not certified under Medicare with a planned acute care hospital inpatient readmission (eff. 10/2013)
			93	Discharged/transferred to a psychiatric hospital/distinct part unit of a hospital with a planned acute care hospital inpatient readmission (eff. 10/2013)
			94	Discharged/transferred to a critical access hospital (CAH) with a planned acute care hospital inpatient readmission (eff. 10/2013)
			95	Discharged/transferred to another type of health care institution not defined elsewhere in this code list with a planned acute care hospital inpatient readmission (eff. 10/2013)
PRNCPAL_DGNS_CD	Claim Principal Diagnosis Code	Char		
ICD_DGNS_CD1	Claim Diagnosis Code I	Char		
ICD_DGNS_CD2	Claim Diagnosis Code II	Char		
ICD_DGNS_CD3	Claim Diagnosis Code III	Char		
ICD_DGNS_CD4	Claim Diagnosis Code IV	Char		

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
ICD_DGNS_CD5	Claim Diagnosis Code V	Char		
ICD_DGNS_CD6	Claim Diagnosis Code VI	Char		
ICD_DGNS_CD7	Claim Diagnosis Code VII	Char		
ICD_DGNS_CD8	Claim Diagnosis Code VIII	Char		
ICD_DGNS_CD9	Claim Diagnosis Code IX	Char		
ICD_DGNS_CD10	Claim Diagnosis Code X	Char		
ICD_DGNS_CD11	Claim Diagnosis Code XI	Char		
ICD_DGNS_CD12	Claim Diagnosis Code XII	Char		
ICD_DGNS_CD13	Claim Diagnosis Code XIII	Char		
ICD_DGNS_CD14	Claim Diagnosis Code XIV	Char		
ICD_DGNS_CD15	Claim Diagnosis Code XV	Char		
ICD_DGNS_CD16	Claim Diagnosis Code XVI	Char		
ICD_DGNS_CD17	Claim Diagnosis Code XVII	Char		
ICD_DGNS_CD18	Claim Diagnosis Code XVIII	Char		
ICD_DGNS_CD19	Claim Diagnosis Code XIX	Char		

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
ICD_DGNS_CD20	Claim Diagnosis Code XX	Char		
ICD_DGNS_CD21	Claim Diagnosis Code XXI	Char		
ICD_DGNS_CD22	Claim Diagnosis Code XXII	Char		
ICD_DGNS_CD23	Claim Diagnosis Code XXIII	Char		
ICD_DGNS_CD24	Claim Diagnosis Code XXIV	Char		
ICD_DGNS_CD25	Claim Diagnosis Code XXV	Char		
CLM_1ST_DGNS_E_CD	First Claim Diagnosis E Code	Char		
ICD_DGNS_E_CD1	Claim Diagnosis E Code I	Char		
ICD_DGNS_E_CD2	Claim Diagnosis E Code II	Char		
ICD_DGNS_E_CD3	Claim Diagnosis E Code III	Char		
ICD_DGNS_E_CD4	Claim Diagnosis E Code IV	Char		
ICD_DGNS_E_CD5	Claim Diagnosis E Code V	Char		
ICD_DGNS_E_CD6	Claim Diagnosis E Code VI	Char		
ICD_DGNS_E_CD7	Claim Diagnosis E Code VII	Char		
ICD_DGNS_E_CD8	Claim Diagnosis E Code VIII	Char		

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
ICD_DGNS_E_CD9	Claim Diagnosis E Code IX	Char		
ICD_DGNS_E_CD10	Claim Diagnosis E Code X	Char		
RSN_VISIT_CD1	Reason for Visit Diagnosis Code I	Char		
RSN_VISIT_CD2	Reason for Visit Diagnosis Code II	Char		
RSN_VISIT_CD3	Reason for Visit Diagnosis Code III	Char		
ICD_PRCDR_CD1	Claim Procedure Code I	Char		
ICD_PRCDR_CD2	Claim Procedure Code II	Char		
ICD_PRCDR_CD3	Claim Procedure Code III	Char		
ICD_PRCDR_CD4	Claim Procedure Code IV	Char		
ICD_PRCDR_CD5	Claim Procedure Code V	Char		
ICD_PRCDR_CD6	Claim Procedure Code VI	Char		
ICD_PRCDR_CD7	Claim Procedure Code VII	Char		
ICD_PRCDR_CD8	Claim Procedure Code VIII	Char		
ICD_PRCDR_CD9	Claim Procedure Code IX	Char		
ICD_PRCDR_CD10	Claim Procedure Code X	Char		

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
ICD_PRCDR_CD11	Claim Procedure Code XI	Char		
ICD_PRCDR_CD12	Claim Procedure Code XII	Char		
ICD_PRCDR_CD13	Claim Procedure Code XIII	Char		
PRCDR_DT1	Claim Procedure Code I Date	Num		Date provided in SAS date (numeric) format.
PRCDR_DT2	Claim Procedure Code II Date	Num		Date provided in SAS date (numeric) format.
PRCDR_DT3	Claim Procedure Code III Date	Num		Date provided in SAS date (numeric) format.
PRCDR_DT4	Claim Procedure Code IV Date	Num		Date provided in SAS date (numeric) format.
PRCDR_DT5	Claim Procedure Code V Date	Num		Date provided in SAS date (numeric) format.
PRCDR_DT6	Claim Procedure Code VI Date	Num		Date provided in SAS date (numeric) format.
PRCDR_DT7	Claim Procedure CodeVII Date	Num		Date provided in SAS date (numeric) format.
PRCDR_DT8	Claim Procedure Code VIII Date	Num		Date provided in SAS date (numeric) format.
PRCDR_DT9	Claim Procedure Code IX Date	Num		Date provided in SAS date (numeric) format.
PRCDR_DT10	Claim Procedure Code X Date	Num		Date provided in SAS date (numeric) format.
PRCDR_DT11	Claim Procedure Code XI Date	Num		Date provided in SAS date (numeric) format.
PRCDR_DT12	Claim Procedure Code XII 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
PRCDR_DT13	Claim Procedure Code XIII Date	Num		Date provided in SAS date (numeric) format.
CLM_OBSLT_DT	Claim Obsolete Date	Num		Date provided in SAS date (numeric) format.
CLM_BPRVDR_CITY_NAME	Billing Provider Address - City	Char		
CLM_BPRVDR_USPS_STATE_CD	Billing Provider Address - USPS State Code	Char		For value description please see website: https://www.resdac.org/cms-data/variables/ billing-provider-address-usps-state-code (accessed on 06/22/2020)
CLM_BPRVDR_ADR_ZIP_CD	Billing Provider Address - ZIP Code	Char		
CLM_SUBSCR_CITY_NAME	Medicare Subscriber Address - City	Char		
CLM_SUBSCR_USPS_STATE_CD	Medicare Subscriber Address - USPS State Code	Char		For value description please see website: https://www.resdac.org/cms-data/variables/ medicare-subscriber-address-usps-state-code (accessed on 06/22/2020)
CLM_SUBSCR_ADR_ZIP_CD	Medicare Subscriber Address - ZIP Code	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-encounter (accessed on 06/22/2020)
BENE_MLG_CNTCT_ZIP_CD	Beneficiary ZIP Code of Residence	Char		
SEX_CD	Sex Code from Claim	Char	1	Male
			2	Female

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
BENE_RACE_CD	Race Code from Claim	Char		Missing Value
			0	Unknown
			1	White
			2	Black
			3	Other
			4	Asian/Pacific Islander
			5	Hispanic
			6	North American Native
DOB_DT	Date of Birth from Claim	Num		Date provided in SAS date (numeric) format.
BENE_MDCR_STUS_CD	Beneficiary Medicare Status Code	Char		Missing Value
			10	Aged without ESRD
			11	Aged with ESRD
			20	Disabled without ESRD
			21	Disabled with ESRD
			31	ESRD only
TAX_NUM	Provider Tax Number	Char		For value description please see website: https://www.resdac.org/cms-data/variables/provider-tax-number (accessed on 06/22/2020)
BENE_STATE	Beneficiary State Postal Code	Char		For value description please see website: https://www.resdac.org/cms-data/variables/ state-beneficiary-postal-abbreviation (accessed on 06/22/2020)

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