NCHS Survey Data Linked to CMS MBSF, Claims/Encounters, and Assessment Data
Skilled Nursing Facility (SNF) Encounter Base Claims
Date Created: 29JAN2021
Number of Variables: 154

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	4018	Hospital Swing Beds
			4021	SNF Skilled Nursing Inpatient
			4028	SNF Skilled Nursing Swing Beds
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.

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Skilled Nursing Facility (SNF) Encounter Base Claims
Date Created: 29JAN2021
Number of Variables: 154

Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
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
			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)
CLM_SRVC_CLSFCTN_TYPE_CD	Claim Service classification Type Code	Char	1	FAC_TYPE 1-6,9: Inpatient/FAC_TYPE 7: Rural Health Clinic (RHC)/ FAC_TYPE 8: Hospice (non-hospital based)
			8	FAC_TYPE 1-6,9: Swing bed

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
CLM_FREQ_CD	Claim Frequency Code	Char	0	Non-payment/zero claims
			1	Admit thru discharge claim
			2	Interim - first claim
			3	Interim - continuing claim
			4	Interim - last claim
			7	Replacement of prior claim
			9	Final claim Final claim (for HH PPS = process as a debit/credit to RAP claim)
CNTRCT_NUM	Medicare Part C Contract Number	Char		
CNTRCT_PBP_NUM	Medicare Part C Plan Benefit Package (PBP) Number	Char		
CLM_MDCL_REC	Claim Medical Record Number	Char		Missing Value
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		
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)

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Number of Variables: 154

Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
OP_PHYSN_NPI	Claim Operating Physician NPI Number	Char		
OT_PHYSN_NPI	Claim Other Physician NPI Number	Char		
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	1	Emergency - The patient required immediate medical intervention as a result of severe, life threatening, or potentially disabling conditions. Generally, the patient was admitted through the emergency room.
			2	Urgent - The patient required immediate attention for the care and treatment of a physical or mental disorder. Generally, the patient was admitted to the first available and suitable accommodation.
			3	Elective - The patient`s condition permitted adequate time to schedule the availability of suitable accommodations.
			4	Newborn - Necessitates the use of special source of admission codes.
			5	Trauma Center - visits to a trauma center/hospital as licensed or designated by the State or local government authority authorized to do so, or as verified by the American College of Surgeons and involving a trauma activation.
			9	Unknown - Information not available
CLM_SRC_IP_ADMSN_CD	Claim Source Inpatient Admission Code	Char		Missing Value
			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 (VAR) Label	VAR Type	Range of Values[1]	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 was an inpatient.
			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.
			B	Transfer from Another Home Health Agency - The patient was admitted to this home health agency as a transfer from another home health agency. (Discontinued July 1, 2010 - See Condition Code 47)
			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 resulting in a separate claim to the payer.
			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)
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.

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
			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.
			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).
			30	Still patient
			40	Expired at home (hospice claims only)
			41	Expired in a medical facility such as hospital, SNF, ICF, or freestanding hospice. (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)

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
			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). (eff. 1/2005).
			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.
			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)
			86	Discharged/transferred to home under care of organized home health service organization 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)
			91	Discharged/transferred to a Medicare certified long term care hospital (LTCH) with a planned acute care hospital inpatient readmission (eff. 10/2103)
			94	Discharged/transferred to a critical access hospital (CAH) 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
			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)
CLM_DAY_CNT	Day Count (Length of Stay)	Num	0-800	Number of days (count)
BENE_DSCHRG_DT	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)
DRVD_DRG_CD	Derived MS-Diagnosis Related Group Code (MS-DRG)	Char		For value description please see website: https://www.resdac.org/cms-data/variables/derived-ms-diagnosis-related-group-code-ms-drg (accessed on 06/22/2020)
ADMTG_DGNS_CD	Claim Admitting Diagnosis Code	Char		
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		
ICD_DGNS_CD5	Claim Diagnosis Code V	Char		

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
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		
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
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_POA_IND_SW1	Claim Diagnosis Code 1 Diagnosis Present on Admission (POA) Indicator Code	Char	0	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.
			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 Indicator.
			W	Clinically undetermined. Provider is unable to clinically determine whether condition was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as 'W' for the POA Indicator.
			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.
CLM_POA_IND_SW2	Claim Diagnosis Code 2 Diagnosis Present on Admission (POA) Indicator Code	Char	0	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.
			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 (VAR) Label	VAR Type	Range of Values[1]	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 Indicator.
			W	Clinically undetermined. Provider is unable to clinically determine whether condition was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as 'W' for the POA Indicator.
			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.
CLM_POA_IND_SW3	Claim Diagnosis Code 3 Diagnosis Present on Admission (POA) Indicator Code	Char	0	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.
			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 Indicator.
			W	Clinically undetermined. Provider is unable to clinically determine whether condition was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as 'W' for the POA Indicator.
			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.
CLM_POA_IND_SW4	Claim Diagnosis Code 4 Diagnosis Present on Admission (POA) Indicator Code	Char	0	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.
			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 (VAR) Label	VAR Type	Range of Values[1]	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 Indicator.
			W	Clinically undetermined. Provider is unable to clinically determine whether condition was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as 'W' for the POA Indicator.
			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.
CLM_POA_IND_SW5	Claim Diagnosis Code 5 Diagnosis Present on Admission (POA) Indicator Code	Char	0	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.
			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 Indicator.
			W	Clinically undetermined. Provider is unable to clinically determine whether condition was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as 'W' for the POA Indicator.
			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.
CLM_POA_IND_SW6	Claim Diagnosis Code 6 Diagnosis Present on Admission (POA) Indicator Code	Char	0	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.
			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 (VAR) Label	VAR Type	Range of Values[1]	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 Indicator.
			W	Clinically undetermined. Provider is unable to clinically determine whether condition was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as 'W' for the POA Indicator.
			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.
CLM_POA_IND_SW7	Claim Diagnosis Code 7 Diagnosis Present on Admission (POA) Indicator Code	Char	0	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.
			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 Indicator.
			W	Clinically undetermined. Provider is unable to clinically determine whether condition was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as 'W' for the POA Indicator.
			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.
CLM_POA_IND_SW8	Claim Diagnosis Code 8 Diagnosis Present on Admission (POA) Indicator Code	Char	0	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.
			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 (VAR) Label	VAR Type	Range of Values[1]	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 Indicator.
			W	Clinically undetermined. Provider is unable to clinically determine whether condition was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as 'W' for the POA Indicator.
			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.
CLM_POA_IND_SW9	Claim Diagnosis Code 9 Diagnosis Present on Admission (POA) Indicator Code	Char	0	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.
			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 Indicator.
			W	Clinically undetermined. Provider is unable to clinically determine whether condition was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as 'W' for the POA Indicator.
			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.
CLM_POA_IND_SW10	Claim Diagnosis Code 10 Diagnosis Present on Admission (POA) Indicator Code	Char	0	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.
			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 (VAR) Label	VAR Type	Range of Values[1]	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 Indicator.
			W	Clinically undetermined. Provider is unable to clinically determine whether condition was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as 'W' for the POA Indicator.
			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.
CLM_POA_IND_SW11	Claim Diagnosis Code 11 Diagnosis Present on Admission (POA) Indicator Code	Char	0	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.
			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 Indicator.
			W	Clinically undetermined. Provider is unable to clinically determine whether condition was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as 'W' for the POA Indicator.
			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.
CLM_POA_IND_SW12	Claim Diagnosis Code 12 Diagnosis Present on Admission (POA) Indicator Code	Char	0	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.
			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.

[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
			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 Indicator.
			W	Clinically undetermined. Provider is unable to clinically determine whether condition was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as 'W' for the POA Indicator.
			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.
CLM_POA_IND_SW13	Claim Diagnosis Code 13 Diagnosis Present on Admission (POA) Indicator Code	Char	0	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.
			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 Indicator.
			W	Clinically undetermined. Provider is unable to clinically determine whether condition was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as 'W' for the POA Indicator.
			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.
CLM_POA_IND_SW14	Claim Diagnosis Code 14 Diagnosis Present on Admission (POA) Indicator Code	Char	0	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.
			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.

[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
			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 Indicator.
			W	Clinically undetermined. Provider is unable to clinically determine whether condition was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as 'W' for the POA Indicator.
			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.
CLM_POA_IND_SW15	Claim Diagnosis Code 15 Diagnosis Present on Admission (POA) Indicator Code	Char	0	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.
			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 Indicator.
			W	Clinically undetermined. Provider is unable to clinically determine whether condition was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as 'W' for the POA Indicator.
			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.
CLM_POA_IND_SW16	Claim Diagnosis Code 16 Diagnosis Present on Admission (POA) Indicator Code	Char	0	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.
			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 (VAR) Label	VAR Type	Range of Values[1]	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 Indicator.
			W	Clinically undetermined. Provider is unable to clinically determine whether condition was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as 'W' for the POA Indicator.
			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.
CLM_POA_IND_SW17	Claim Diagnosis Code 17 Diagnosis Present on Admission (POA) Indicator Code	Char	0	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.
			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 Indicator.
			W	Clinically undetermined. Provider is unable to clinically determine whether condition was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as 'W' for the POA Indicator.
			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.
CLM_POA_IND_SW18	Claim Diagnosis Code 18 Diagnosis Present on Admission (POA) Indicator Code	Char		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.
			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.

[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
			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 Indicator.
			W	Clinically undetermined. Provider is unable to clinically determine whether condition was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as 'W' for the POA Indicator.
			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.
CLM_POA_IND_SW19	Claim Diagnosis Code 19 Diagnosis Present on Admission (POA) Indicator Code	Char	0	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.
			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 Indicator.
			W	Clinically undetermined. Provider is unable to clinically determine whether condition was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as 'W' for the POA Indicator.
			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.
CLM_POA_IND_SW20	Claim Diagnosis Code 20 Diagnosis Present on Admission (POA) Indicator Code	Char	0	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.
			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.

[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
			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 Indicator.
			W	Clinically undetermined. Provider is unable to clinically determine whether condition was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as 'W' for the POA Indicator.
			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.
CLM_POA_IND_SW21	Claim Diagnosis Code 21 Diagnosis Present on Admission (POA) Indicator Code	Char	0	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.
			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 Indicator.
			W	Clinically undetermined. Provider is unable to clinically determine whether condition was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as 'W' for the POA Indicator.
			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.
CLM_POA_IND_SW22	Claim Diagnosis Code 22 Diagnosis Present on Admission (POA) Indicator Code	Char	0	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.
			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.

[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
			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 Indicator.
			W	Clinically undetermined. Provider is unable to clinically determine whether condition was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as 'W' for the POA Indicator.
			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.
CLM_POA_IND_SW23	Claim Diagnosis Code 23 Diagnosis Present on Admission (POA) Indicator Code	Char	0	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.
			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 Indicator.
			W	Clinically undetermined. Provider is unable to clinically determine whether condition was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as 'W' for the POA Indicator.
			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.
CLM_POA_IND_SW24	Claim Diagnosis Code 24 Diagnosis Present on Admission (POA) Indicator Code	Char	0	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.
			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.

[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
			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 Indicator.
			W	Clinically undetermined. Provider is unable to clinically determine whether condition was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as 'W' for the POA Indicator.
			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.
CLM_POA_IND_SW25	Claim Diagnosis Code 25 Diagnosis Present on Admission (POA) Indicator Code	Char	0	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.
			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 Indicator.
			W	Clinically undetermined. Provider is unable to clinically determine whether condition was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as 'W' for the POA Indicator.
			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.
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		

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
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		
ICD_DGNS_E_CD9	Claim Diagnosis E Code IX	Char		
ICD_DGNS_E_CD10	Claim Diagnosis E Code X	Char		
CLM_E_POA_IND_SW1	Claim Diagnosis E Code 1 Diagnosis Present on Admission Indicator Code	Char	0	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.
			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 Indicator.
			W	Clinically undetermined. Provider is unable to clinically determine whether condition was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as 'W' for the POA Indicator.

[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
			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.
CLM_E_POA_IND_SW2	Claim Diagnosis E Code 2 Diagnosis Present on Admission Indicator Code	Char	0	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.
			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 Indicator.
			W	Clinically undetermined. Provider is unable to clinically determine whether condition was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as 'W' for the POA Indicator.
			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.
CLM_E_POA_IND_SW3	Claim Diagnosis E Code 3 Diagnosis Present on Admission Indicator Code	Char	0	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 Indicator.
			W	Clinically undetermined. Provider is unable to clinically determine whether condition was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as 'W' for the POA Indicator.
			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.

[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_E_POA_IND_SW4	Claim Diagnosis E Code 4 Diagnosis Present on Admission Indicator Code	Char	0	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.
			W	Clinically undetermined. Provider is unable to clinically determine whether condition was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as 'W' for the POA Indicator.
CLM_E_POA_IND_SW5	Claim Diagnosis E Code 5 Diagnosis Present on Admission Indicator Code	Char	0	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.
			W	Clinically undetermined. Provider is unable to clinically determine whether condition was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as 'W' for the POA Indicator.
CLM_E_POA_IND_SW6	Claim Diagnosis E Code 6 Diagnosis Present on Admission Indicator Code	Char	0	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.
			W	Clinically undetermined. Provider is unable to clinically determine whether condition was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as 'W' for the POA Indicator.
CLM_E_POA_IND_SW7	Claim Diagnosis E Code 7 Diagnosis Present on Admission Indicator Code	Char	0	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.
CLM_E_POA_IND_SW8	Claim Diagnosis E Code 8 Diagnosis Present on Admission Indicator Code	Char	0	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.
CLM_E_POA_IND_SW9	Claim Diagnosis E Code 9 Diagnosis Present on Admission Indicator Code	Char	0	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.

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
CLM_E_POA_IND_SW10	Claim Diagnosis E Code 10 Diagnosis Present on Admission Indicator Code	Char	0	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.
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		
ICD_PRCDR_CD11	Claim Procedure Code XI	Char		
ICD_PRCDR_CD12	Claim Procedure Code XII	Char		
ICD_PRCDR_CD13	Claim Procedure Code XIII	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
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.
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		

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NCHS Survey Data Linked to CMS MBSF, Claims/Encounters, and Assessment Data
Skilled Nursing Facility (SNF) Encounter Base Claims
Date Created: 29JAN2021
Number of Variables: 154

Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
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
BENE_RACE_CD	Race Code from Claim	Char		Missing Value
			0	Unknown
			1	White
			2	Black

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values[1]	Value Description
			3	Other
			4	Asian/Pacific Islander
			5	Hispanic
			6	North American Native
DOB_DT	Date of Birth from Claim (Date)	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)

[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.**