

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

Document version date: 2/3/2025

1

| 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. |

¹The 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.

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

| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|-------------------------------|---|----------|------------------------------|-------------------------------------|
| CARR_CLM_ENTRY_CD | Carrier Claim Entry Code | Char | | |
| | | | | |
| CLM_DISP_CD | Claim Disposition Code | Char | | |
| | | | | |
| CARR_NUM | Carrier or MAC Number | Char | | |
| | | | | |
| CARR_CLM_PMT_DNL_CD | Carrier Claim Payment Denial Code | Char | | |
| | | | | |
| CLM_PMT_AMT | Claim (Medicare) Payment Amount | Num | 0-59,100 | Payment/Charged Amount, in dollars. |
| | | | | |
| CARR_CLM_PRMRY_PYR_PD_AMT | NCH Primary Payer (if not Medicare) Claim Paid Amount | Num | 0-38,800 | Payment/Charged Amount, in dollars. |
| | | | | |
| CARR_CLM_PRVDR_ASGNMT_IND_SW | Carrier Claim Provider Assignment Indicator Switch | Char | | |
| | | | | |
| NCH_CLM_PRVDR_PMT_AMT | NCH Claim Provider Payment Amount | Num | 0-59,100 | Payment/Charged Amount, in dollars. |
| | | | | |
| NCH_CLM_BENE_PMT_AMT | NCH Claim Payment Amount to Beneficiary | Num | 0-11,400 | Payment/Charged Amount, in dollars. |
| | | | | |
| NCH_CARR_CLM_SBMTD_CHRG_AMT | NCH Carrier Claim Submitted Charge Amount (sum of all line-level submitted charges) | Num | 0-100,000 | Payment/Charged Amount, in dollars. |
| | | | | |
| NCH_CARR_CLM_ALOWD_AMT | NCH Carrier Claim Allowed Charge Amount (sum of all line-level allowed charges) | Num | 0-75,400 | Payment/Charged Amount, in dollars. |
| | | | | |
| CARR_CLM_CASH_DDCTBL_APLD_AMT | Carrier Claim Cash Deductible Applied Amount (sum of all line-level deductible amounts) | Num | 0-200 | Payment/Charged Amount, in dollars. |
| | | | | |

¹The 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.

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

| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|----------------------|---|----------|------------------------------|--|
| CARR_CLM_HCPCS_YR_CD | Claim Healthcare Common Procedure Coding System (HCPCS) Year Code | Char | | For value description please see website: https://www.resdac.org/cms-data/variables/claim-healthcare-common-procedure-coding-system-hcpcs-year-code (accessed on 06/22/2020) |
| PRNCPAL_DGNS_CD | Claim Principal Diagnosis Code | Char | | |
| PRNCPAL_DGNS_VRSN_CD | Claim Principal Diagnosis Version Code | Char | | |
| ICD_DGNS_CD1 | Claim Diagnosis Code I | Char | | |
| ICD_DGNS_VRSN_CD1 | Claim Diagnosis Code I Diagnosis Version Code (ICD-9 or ICD-10) | Char | | |
| ICD_DGNS_CD2 | Claim Diagnosis Code II | Char | | |
| ICD_DGNS_VRSN_CD2 | Claim Diagnosis Code II Diagnosis Version Code (ICD-9 or ICD-10) | Char | | |
| ICD_DGNS_CD3 | Claim Diagnosis Code III | Char | | |
| ICD_DGNS_VRSN_CD3 | Claim Diagnosis Code III Diagnosis Version Code (ICD-9 or ICD-10) | Char | | |
| ICD_DGNS_CD4 | Claim Diagnosis Code IV | Char | | |
| ICD_DGNS_VRSN_CD4 | Claim Diagnosis Code IV Diagnosis Version Code (ICD-9 or ICD-10) | Char | | |
| ICD_DGNS_CD5 | Claim Diagnosis Code V | Char | | |

¹The 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.

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

| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|--------------------|--|----------|------------------------------|-------------------|
| ICD_DGNS_VRSN_CD5 | Claim Diagnosis Code V Diagnosis Version Code (ICD-9 or ICD-10) | Char | | |
| ICD_DGNS_CD6 | Claim Diagnosis Code VI | Char | | |
| ICD_DGNS_VRSN_CD6 | Claim Diagnosis Code VI Diagnosis Version Code (ICD-9 or ICD-10) | Char | | |
| ICD_DGNS_CD7 | Claim Diagnosis Code VII | Char | | |
| ICD_DGNS_VRSN_CD7 | Claim Diagnosis Code VII Diagnosis Version Code (ICD-9 or ICD-10) | Char | | |
| ICD_DGNS_CD8 | Claim Diagnosis Code VIII | Char | | |
| ICD_DGNS_VRSN_CD8 | Claim Diagnosis Code VIII Diagnosis Version Code (ICD-9 or ICD-10) | Char | | |
| ICD_DGNS_CD9 | Claim Diagnosis Code IX | Char | | |
| ICD_DGNS_VRSN_CD9 | Claim Diagnosis Code IX Diagnosis Version Code (ICD-9 or ICD-10) | Char | | |
| ICD_DGNS_CD10 | Claim Diagnosis Code X | Char | | |
| ICD_DGNS_VRSN_CD10 | Claim Diagnosis Code X Diagnosis Version Code (ICD-9 or ICD-10) | Char | | |
| ICD_DGNS_CD11 | Claim Diagnosis Code XI | Char | | |
| ICD_DGNS_VRSN_CD11 | Claim Diagnosis Code XI Diagnosis Version Code (ICD-9 or ICD-10) | Char | | |

¹The 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.

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

5

| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|-----------------------|---|----------|------------------------------|--|
| ICD_DGNS_CD12 | Claim Diagnosis Code XII | Char | | |
| ICD_DGNS_VRSN_CD12 | Claim Diagnosis Code XII Diagnosis Version Code (ICD-9 or ICD-10) | Char | | |
| RFR_PHYSN_UPIN | Carrier/DMERC Claim Ordering Physician UPIN Number | Char | | |
| RFR_PHYSN_NPI | Carrier/DMERC Claim Ordering Physician NPI Number | Char | | |
| CLM_CLNCL_TRIL_NUM | Clinical Trial Number | Char | | |
| DOB_DT | Date of Birth from Claim | Num | | Date provided in SAS date (numeric) format. |
| SEX_CD | Sex Code from Claim | Char | | |
| BENE_RACE_CD | Race Code from Claim | Char | | |
| BENE_CNTY_CD | County Code from Claim (SSA) | Char | | |
| BENE_STATE_CD | Beneficiary Residence (SSA) State Code | Char | | For value description please see website: https://www.resdac.org/cms-data/variables/beneficiary-residence-ssa-state-code-ffs (accessed on 06/22/2020) |
| BENE_MLG_CNTCT_ZIP_CD | ZIP Code of Residence from Claim | Char | | |
| CLM_BENE_PD_AMT | Carrier Claim Beneficiary Paid Amount | Num | 0-9,600 | Payment/Charged Amount, in dollars. |
| ACO_ID_NUM | Claim Accountable Care Organization (ACO) Identification Number | Char | | |

¹The 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_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 | | |
| | | | | |

¹The 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.