

NCHS Survey Data Linked to CMS MBSF, Claims/Encounters, and Assessment Data
Inpatient Encounter Base Claims
Date Created: 29JAN2021
Number of Variables: 154

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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	4011	Hospital Inpatient
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

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			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 and 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
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)
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

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			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		
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		
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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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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			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.
			E	Transfer from Ambulatory Surgery Center - The patient was admitted to this facility as a transfer from an ambulatory surgery center. (eff. 10/1/2007)
			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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			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.
			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
			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)
			64	Discharged/transferred to a nursing facility certified under Medicaid but not under Medicare (eff. 10/2002)

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			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)
			87	Discharged/transferred to court/law enforcement with a planned acute care hospital inpatient readmission (eff. 10/2013)
			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)

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			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)
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		

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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		
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		

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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		
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 I 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.

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			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 II 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_SW3	Claim Diagnosis Code III 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.

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			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 IV 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_SW5	Claim Diagnosis Code V 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.

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			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 VI 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_POA_IND_SW7	Claim Diagnosis Code VII 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.

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			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 VIII 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_POA_IND_SW9	Claim Diagnosis Code IX 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.
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			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 X 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_POA_IND_SW11	Claim Diagnosis Code XI 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.

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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_POA_IND_SW12	Claim Diagnosis Code XII 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_POA_IND_SW13	Claim Diagnosis Code XIII 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.

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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_POA_IND_SW14	Claim Diagnosis Code XIV 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_POA_IND_SW15	Claim Diagnosis Code XV Diagnosis Present on Admission 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.
			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.

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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_POA_IND_SW16	Claim Diagnosis Code XVI 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_POA_IND_SW17	Claim Diagnosis Code XVII 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.

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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_POA_IND_SW18	Claim Diagnosis Code XVIII 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_POA_IND_SW19	Claim Diagnosis Code XIX 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.

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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_POA_IND_SW20	Claim Diagnosis Code XX 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_POA_IND_SW21	Claim Diagnosis Code XXI 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.

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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_POA_IND_SW22	Claim Diagnosis Code XXII 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_POA_IND_SW23	Claim Diagnosis Code XXIII 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.

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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_POA_IND_SW24	Claim Diagnosis Code XXIV 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_POA_IND_SW25	Claim Diagnosis Code XXV 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.

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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_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		
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 I 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
			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_SW2	Claim Diagnosis E Code II 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 III 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
			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_SW4	Claim Diagnosis E Code IV 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_SW5	Claim Diagnosis E Code V 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
			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_SW6	Claim Diagnosis E Code VI 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.
			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_SW7	Claim Diagnosis E Code VII 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.

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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_SW8	Claim Diagnosis E Code VIII 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.
			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_SW9	Claim Diagnosis E Code IX 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_SW10	Claim Diagnosis E Code X 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		

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NCHS Survey Data Linked to CMS MBSF, Claims/Encounters, and Assessment Data
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Variable Name	Variable (VAR) Label	VAR Type	Range of Values ¹	Value Description
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		
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.

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values ¹	Value Description
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		
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		

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values ¹	Value Description
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
			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

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values ¹	Value Description
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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